



UGANDA FAMILY PLANNING ATLAS

April 2019



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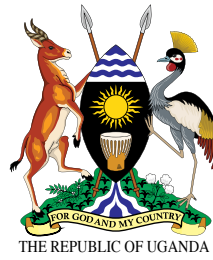
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Abbreviations

CPR	Contraceptive Prevalence Rate
CYP	Couple-Years of Protection
FP	Family Planning
FP-CIP	Family Planning Costed Implementation Plan
MCPR	Modern Contraceptive Prevalence Rate
SMAM	Singulate Mean Age at marriage
TFR	Total Fertility Rate
UDHS	Uganda Demographic and Health Survey
VHT	Village Health Team

1.0 INTRODUCTION

Family planning (FP) is one of the most cost-effective and beneficial investments in global health. At the London Summit in 2012, the FP community committed to enabling 120 million additional women and girls to use contraceptives by 2020, creating the FP2020 global partnership. Repositioning FP is evident in Uganda by the increased stewardship and strengthened enabling environment for effective, equitable and sustainable FP programming. The extent of policymakers' support for FP and the completeness of the implementation process in Uganda is evident by the development of the Uganda Family Planning Costed Implementation Plan, 2015–2020 (FP-CIP) based on FP2020 targets.

Family planning is one aspect of the targets around universal access to sexual and reproductive health

found in the SDGs (3.7 and 5.6). Uganda is an FP2020 focus country/commitment maker. It points out that by 2030 there should be universal access to sexual and reproductive health care services, including FP information and education, and the integration of reproductive health into national strategies and programs and a right to have access to these services.

Long-term investment and prioritization of monitoring and evaluation (M&E) in FP programmes globally resulted in well-established and validated indicators. Some of these indicators are presented in this atlas.

The main Objective of this atlas is to:

- help explain factors associated with FP use as well as trends in the FP indicators.

- provide analysis that will support policy advocacy and direct intervention areas.
- give a pictorial presentation of the family planning situation in Uganda to bring out inequalities in utilization and service delivery.

This atlas has been developed based on further analysis of existing survey datasets such as the Uganda Demographic and Health Surveys (UDHS), Performance Monitoring and Accountability (PMA) 2020, FP resource flows survey, Ministry of Health-Health Management Information System and the use of models such as Spectrum and the FamPlan module.

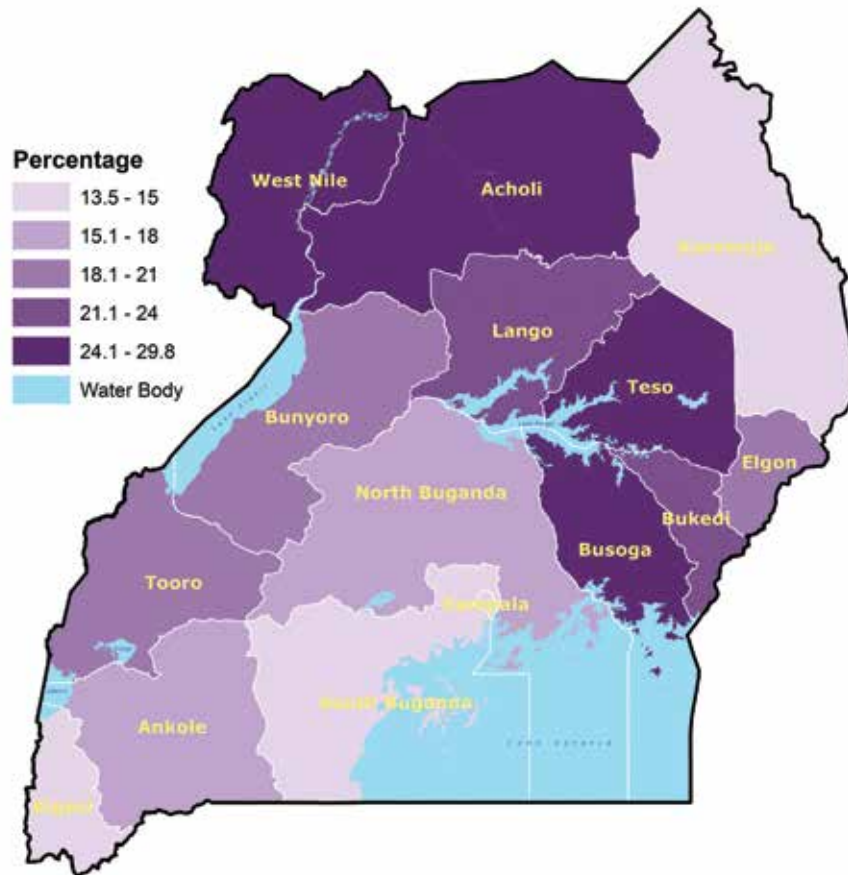
2.0 Population of women of reproductive age

In order to plan and implement Family planning interventions it is important to know how many women are in the reproductive age. This refers to women in those years of life between menarche

and menopause, roughly from ages 15 to 49 years. According to the 2014 Census, West Nile, Acholi, Teso and Busoga sub regions had the highest proportions of women in the reproductive age group

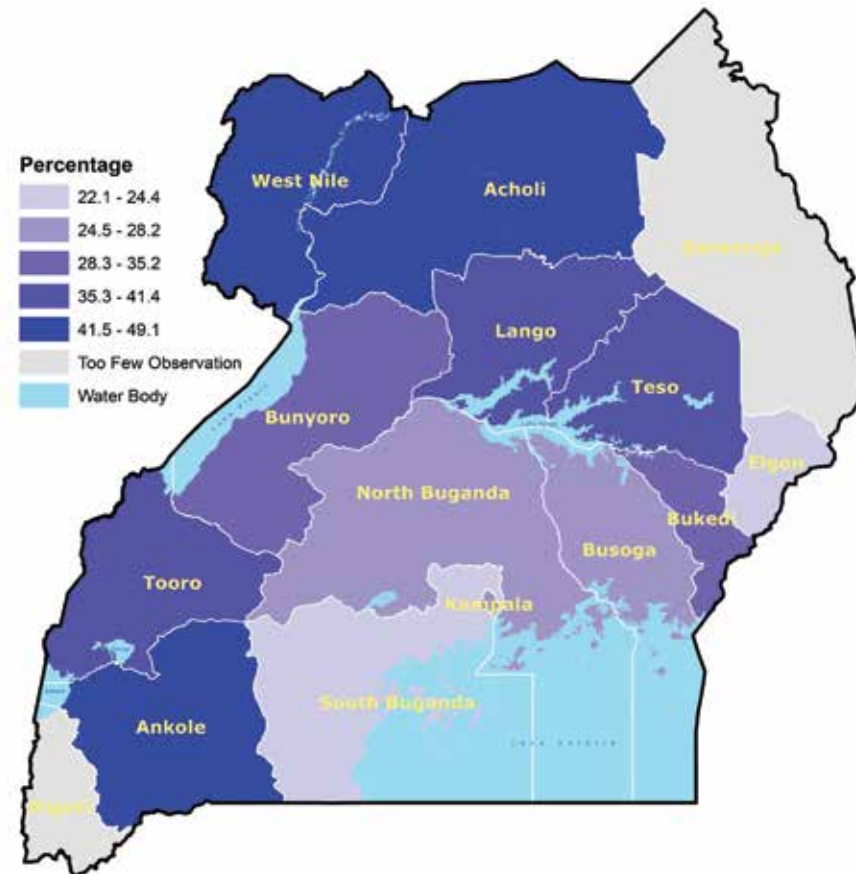
(15-49 years). In some regions the proportion of women of reproductive age is less than a quarter (24%) and about half of these are sexually active and unmarried such as Lango, Tooro and Ankole.

M1: Women of reproductive age by Region (%)



Source: 2016 Uganda Demographic and Health Survey

M2: Sexually active unmarried women age 15-49 by Region (%)



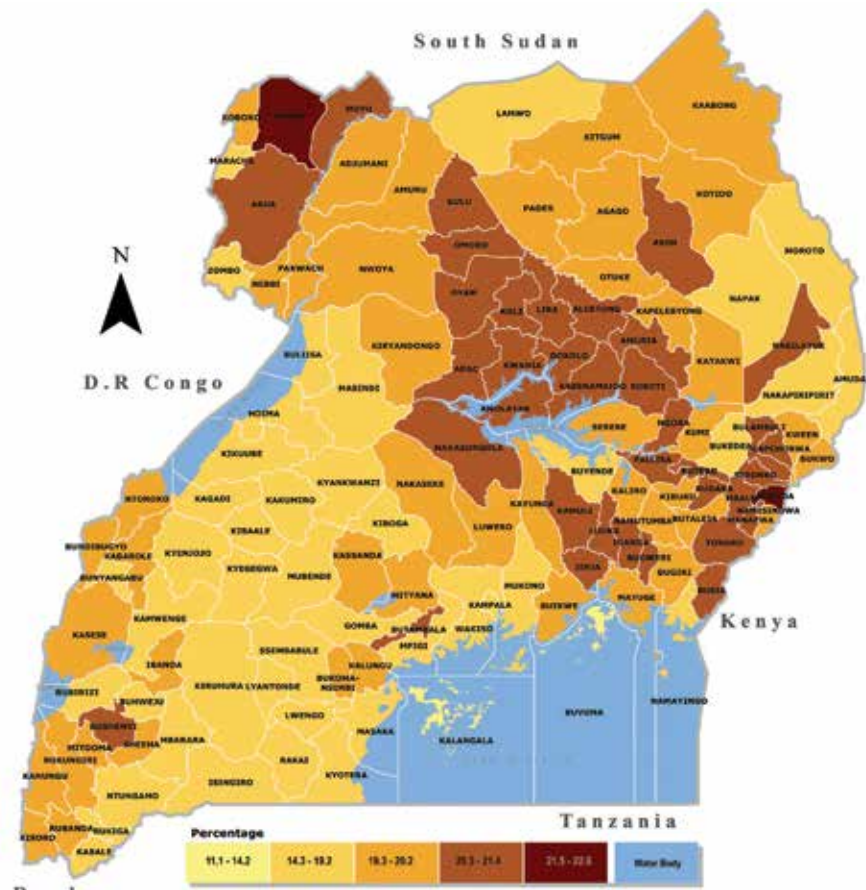
Source: 2016 Uganda Demographic and Health Survey

In terms of family planning targeting areas with a dense population of female adolescents is ideal. The map M3 shows that Yumbe and Bududa districts have the highest proportion of females

who are adolescents, these are closely followed by districts in Lango region, parts of West Nile region (Arua, Moyo districts) and part of Acholi region (Gulu, Omoro districts). These districts with

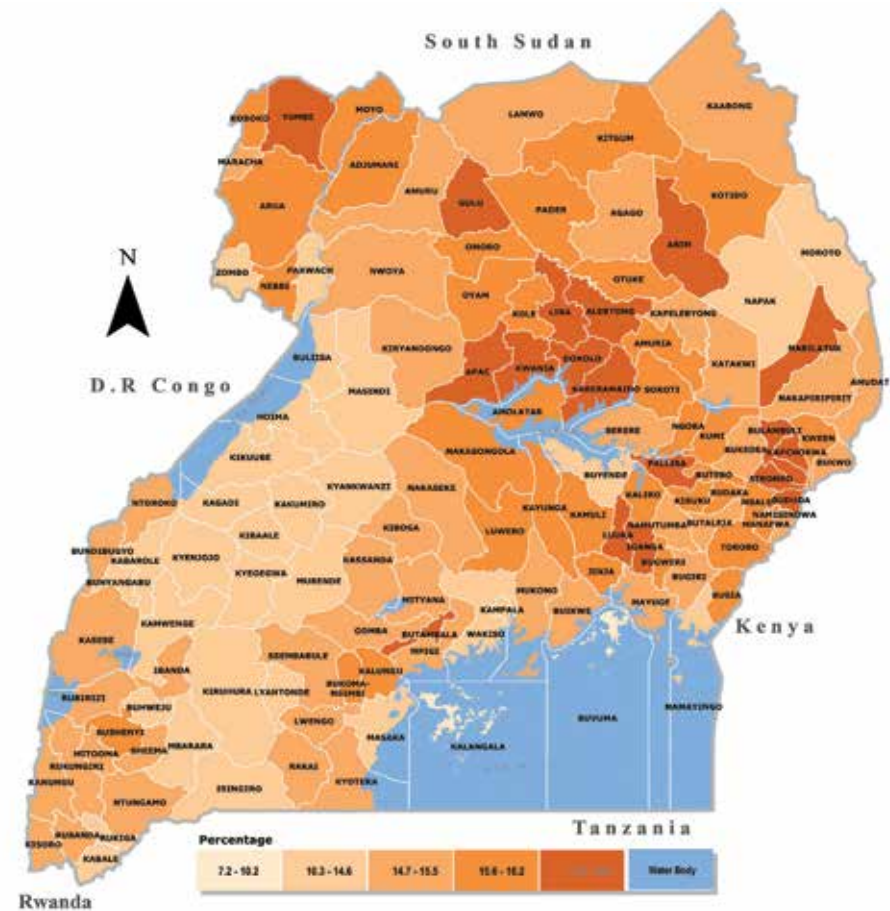
more adolescents are also characterized by high proportions of the girl child as seen in map M4.

M3: Share of adolescents (12-19 years) among all females (%)



Source: 2014 National Population and Housing Census

M4: Share of children (12-17 years) among all females (%)



Source: 2014 National Population and Housing Census

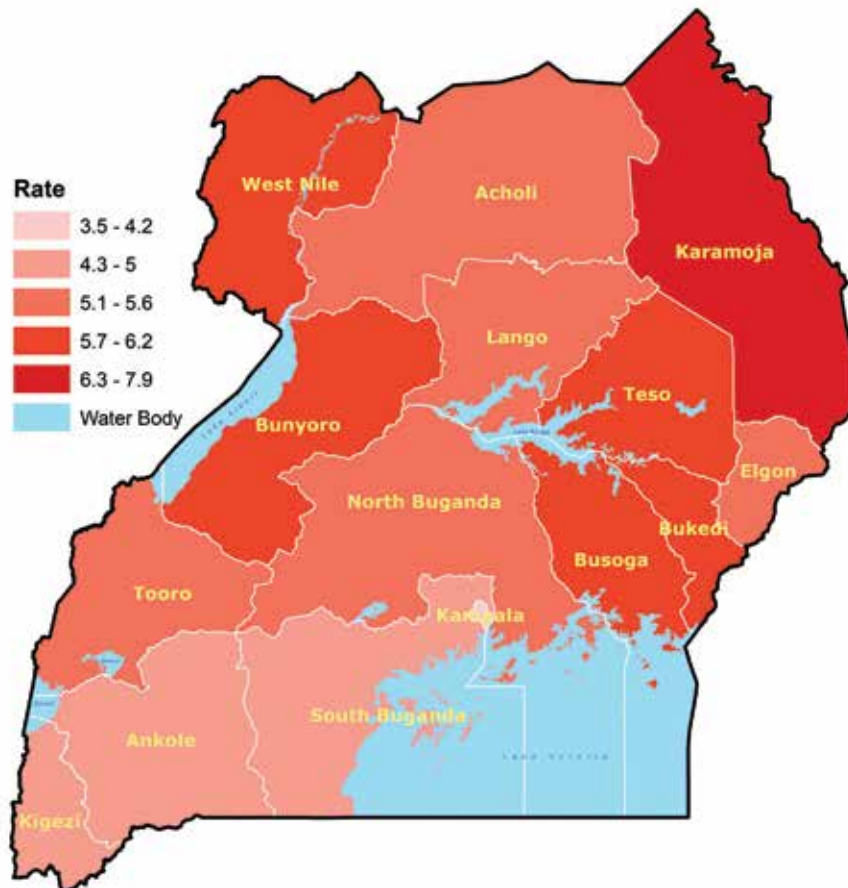
3.0 Total Fertility Rate

The Total Fertility Rate (TFR) is the average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility

rates. Map M5 and M6 paint the picture that fertility is highest in Karamoja sub region and the districts around Lake Kyoga. Within Buganda Region, Rakai has the highest TFR. In Tooro sub region,

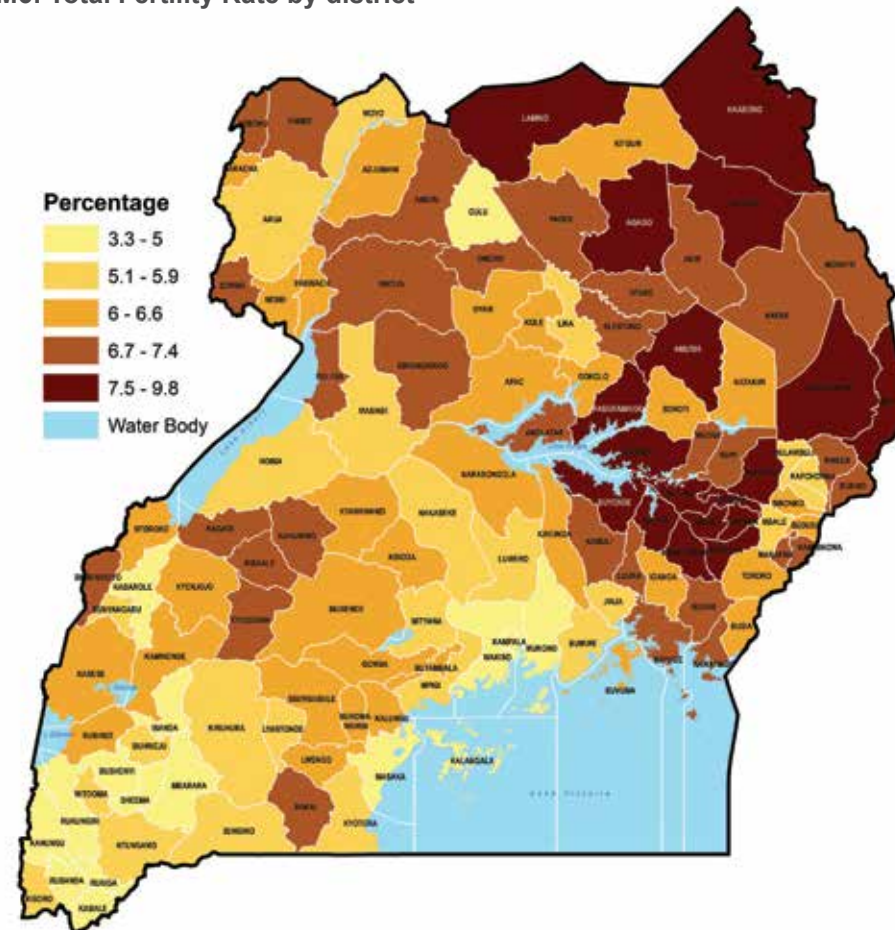
Kyegegwa and Bundibugyo have the highest TFR. Although Acholi region has lower fertility, Lamwo and Agago districts have very high rates.

M5: Total Fertility Rate by Region



Source: 2016 Uganda Demographic and Health Survey

M6: Total Fertility Rate by district

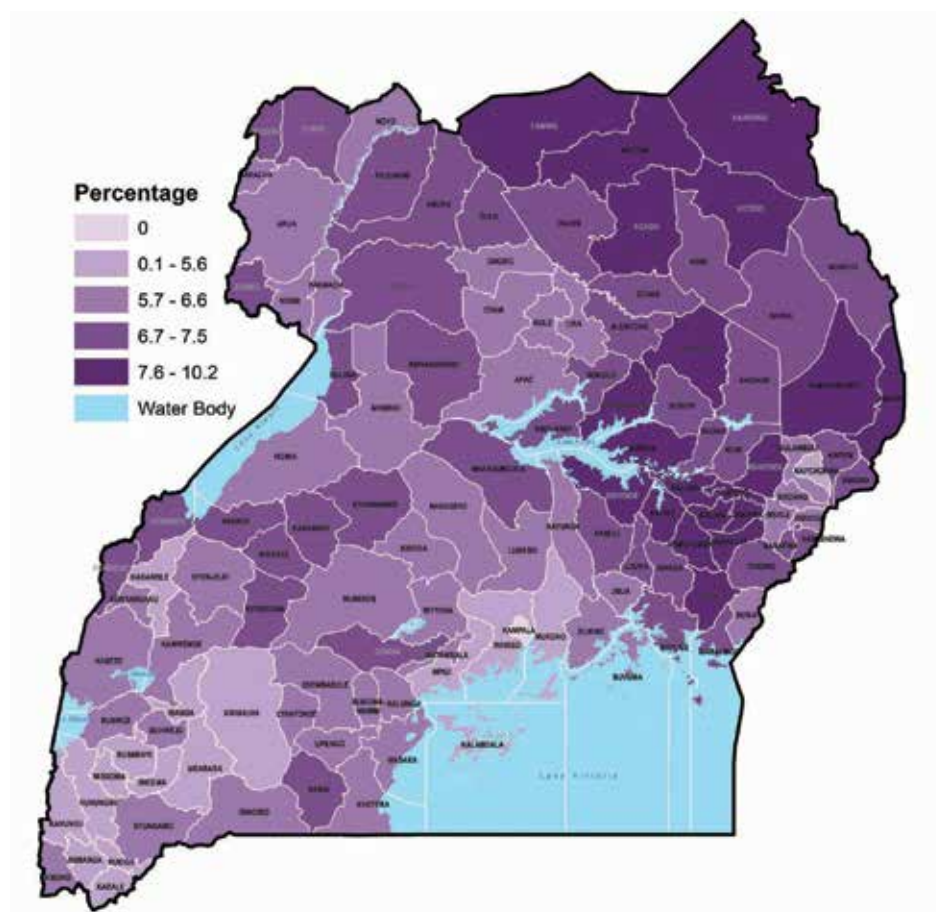


Source: 2014 National Population and Housing Census

Normally, TFR in rural areas is likely to be higher than that of urban areas but we observe the reverse in some urban areas mostly in the Northern and Eastern regions. Maps M7 and M8 show that the districts with high fertility in

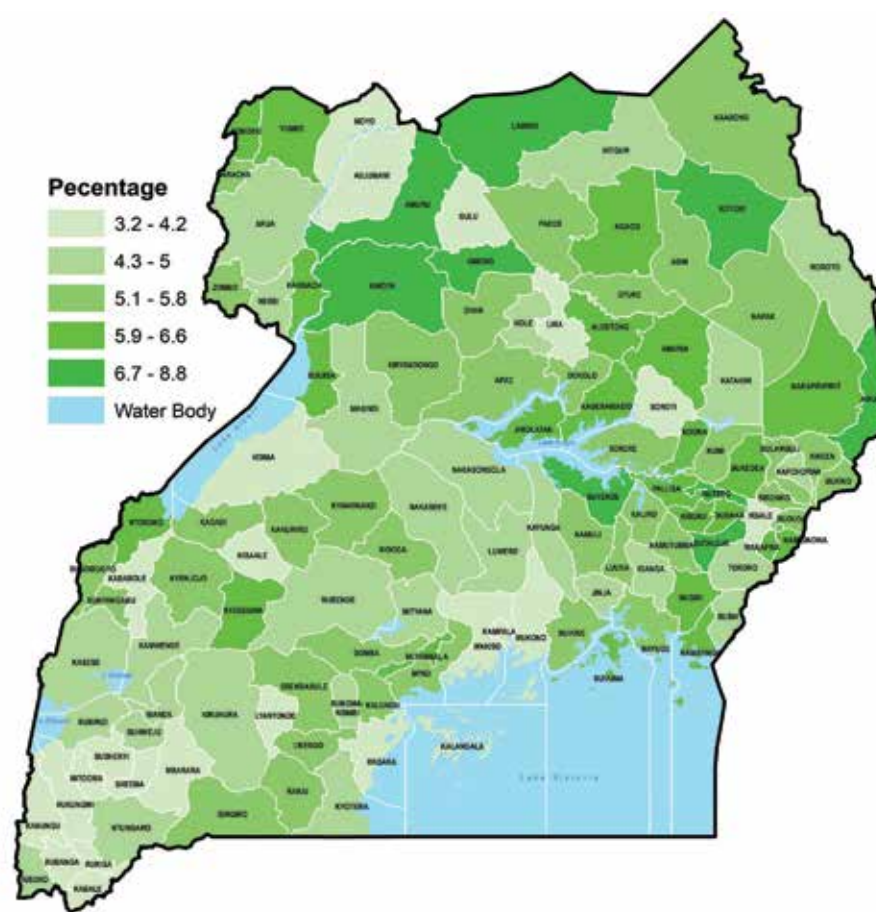
the rural area and lower fertility in the urban area generally have high fertility, although districts like Lamwo, Kotido, Nakapiripirit, Amudat and Buyende have both the rural and urban fertility being high.

M7: Fertility Rate in the rural areas by district



Source: 2014 National Population and Housing Census

M8: Fertility Rate in the Urban areas by district



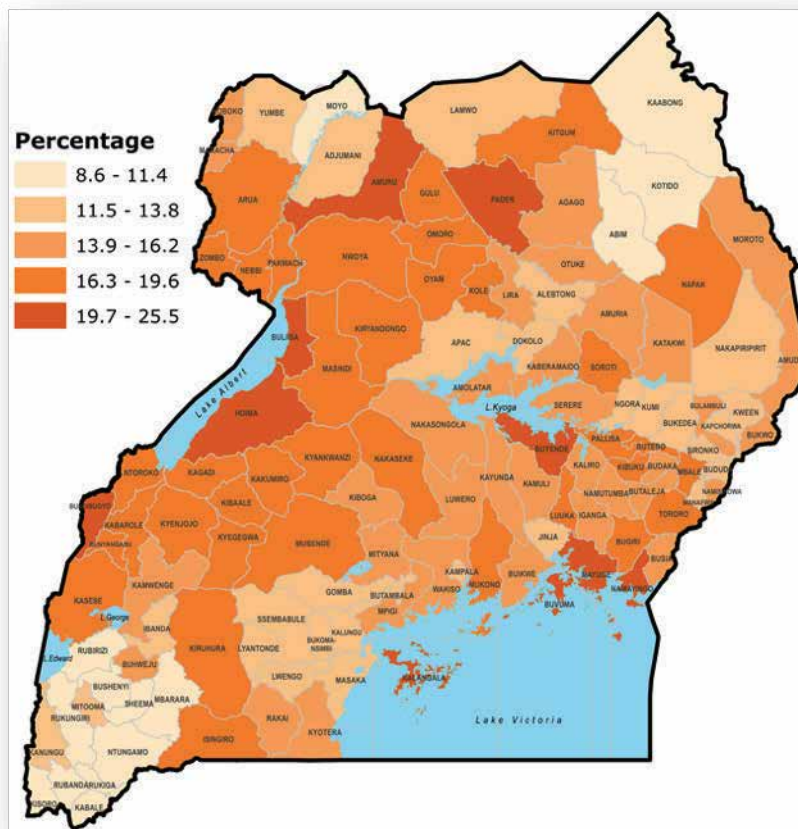
Source: 2014 National Population and Housing Census

4.1 Adolescent Birth Rate

This is the number of births to adolescent females aged 15-19 occurring during a given reference period per 1,000 adolescent females. It is obvious from

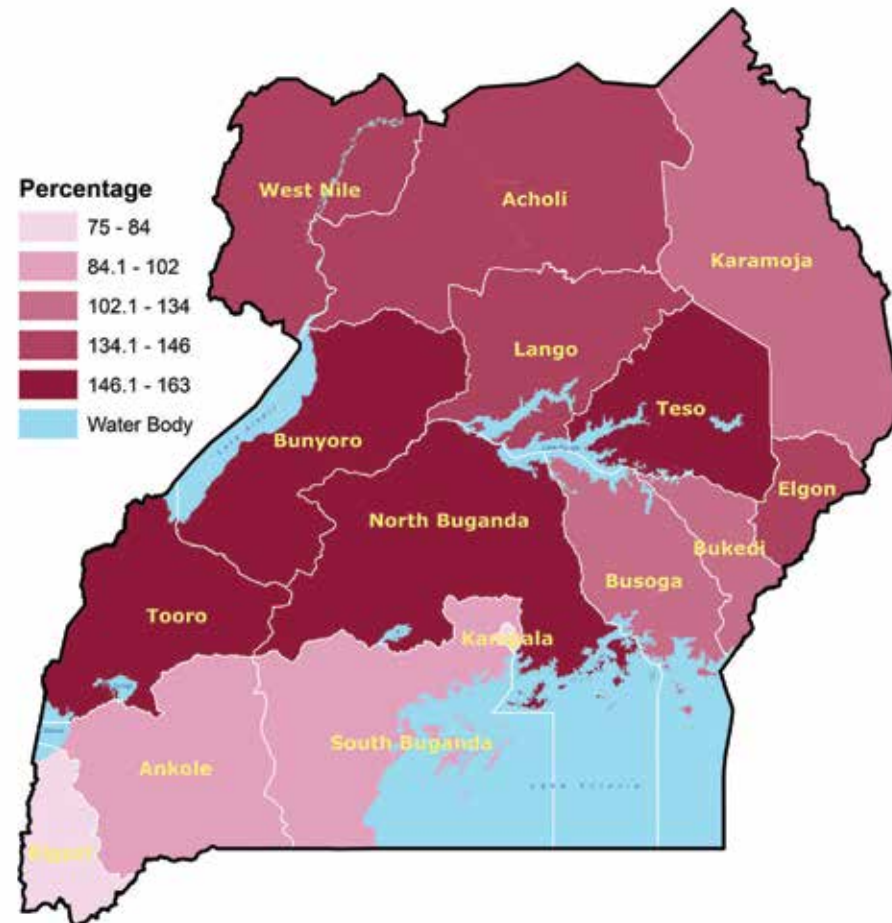
the map M10 that Bunyoro, Tooro, North Buganda and Teso had the highest number of adolescents who have had a birth.

M9: Adolescent motherhood by district



Source: 2014 National Population and Housing Census

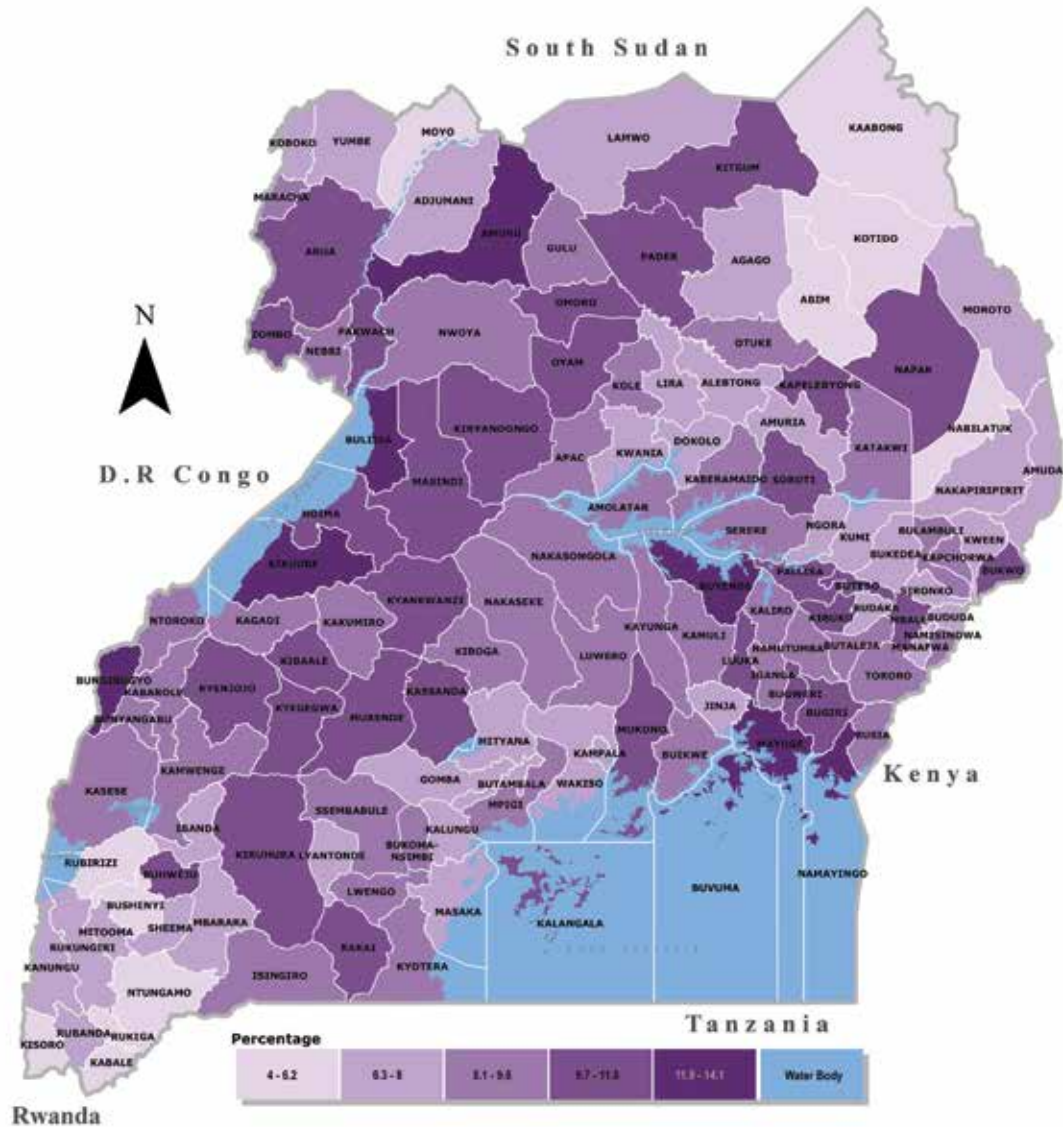
M10: Adolescent Birth Rate by Region



Source: 2016 Uganda Demographic and Health Survey

4.2 ADOLESCENT MOTHERHOOD

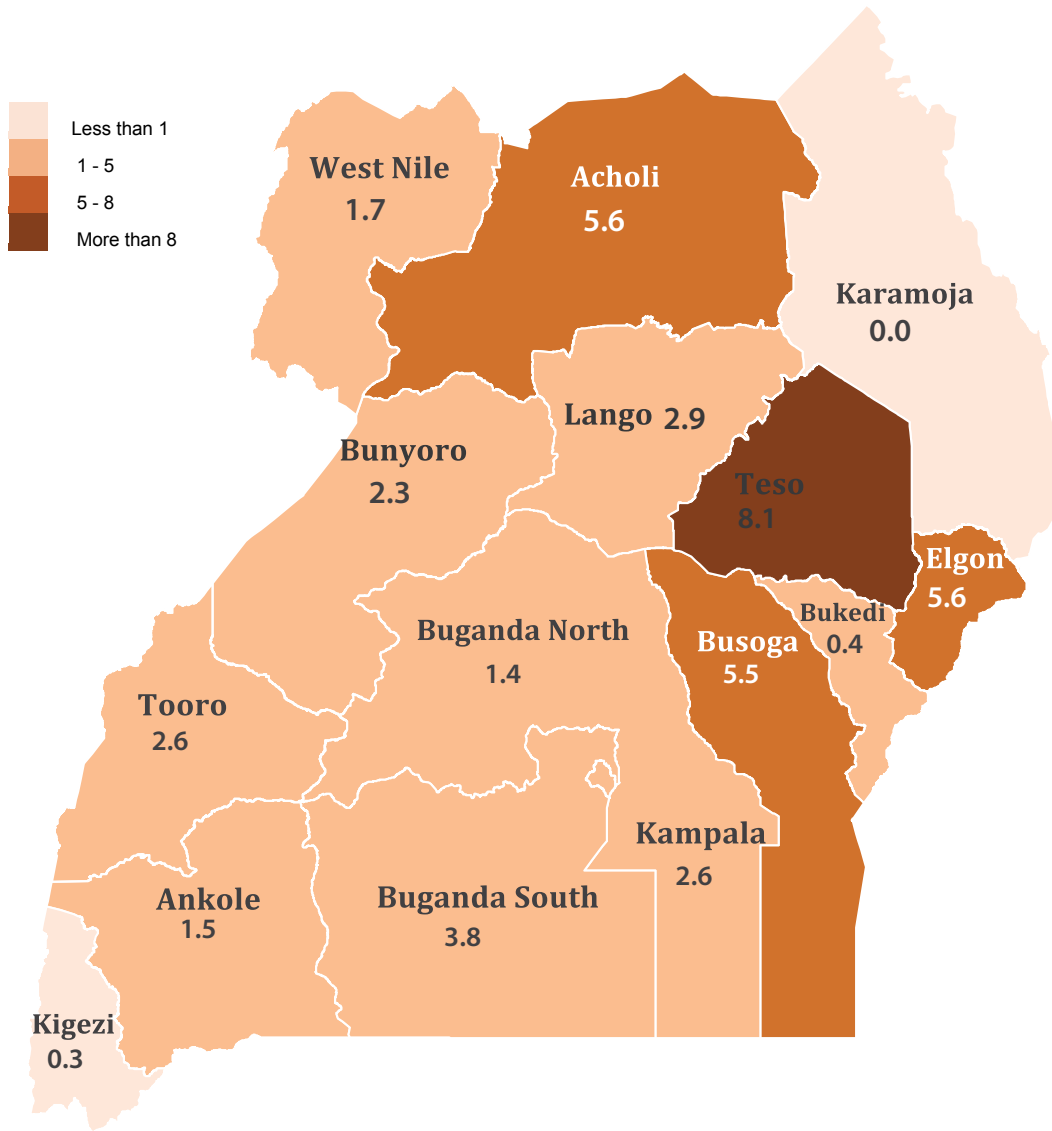
M11: Percent distribution of Adolescent Motherhood age 12 to 19 years



Source: 2014 National Population and Housing Census

Map M11 shows the proportion of adolescents who had a recent birth (12 months prior to the 2014 population census). It shows that the districts around the lakes including: Kalangala, Buvuma, Mayuge, Buyende, Kikuube and Bullisa have high rates of adolescent motherhood. In addition, those in the hilly areas of Bundibugyo and Bukwo have the high percentages of adolescents that had recently given birth. Kigezi region generally has low percentage of adolescent mothers. Although Karamoja generally has low rates, Napak has the highest rate in the region.

M12: Female age 15-19 with 2 or more births (%)

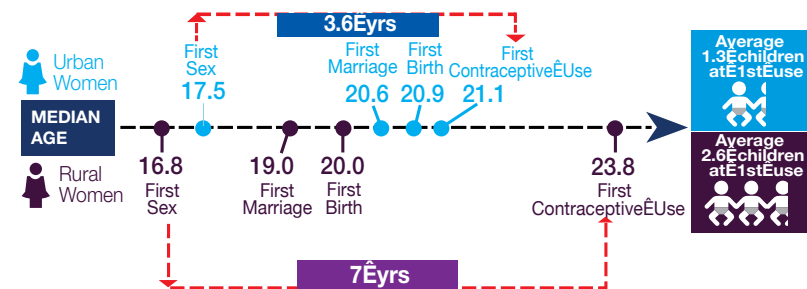


Source: 2016 Uganda Demographic and Health Survey

Map M12 shows that Teso region has the highest percentage of adolescents who have given birth to two or more children. The regions that follow closely in rank are Busoga, Elgon and Acholi.

Figure 1 shows that the adolescents in rural areas start using contraceptives at the age of 23.8 years yet their first sexual intercourse happened at 16.8 years which is earlier than those in the urban areas who start using contraceptives earlier. This implies a rural woman spends seven years after her first sex before she starts contraception compared to the urban counterpart who spends only 3.6 years. Rural women therefore should be targeted early to use contraception.

Fig 1: Timing of first contraceptive use among women in Uganda



Source: PMA2018/Uganda Round 6

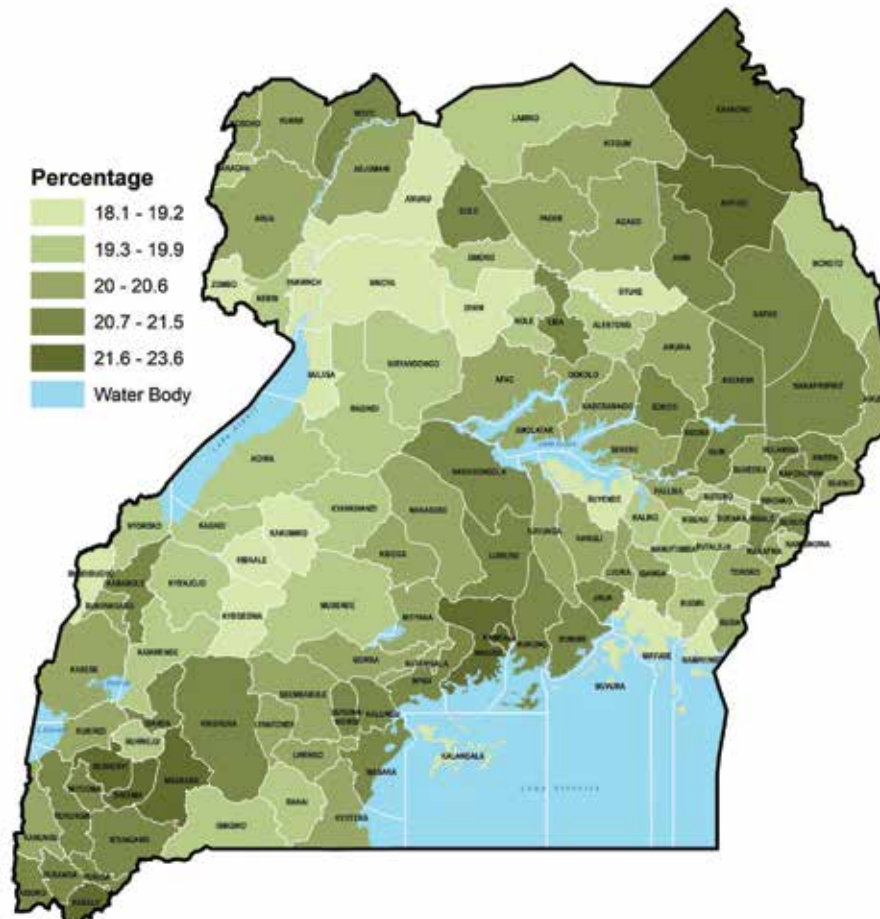
5.0 Child Marriage

The Singulate Mean Age at marriage (SMAM) is a proxy measure of age at first marriage. Maps M13 and M14 show that the pattern of age at first marriage is similar for both male and female i.e where there are early marriages for female, it is

also early for the males. These could be potential users for FP among the adolescents such as: Otuke, Buyende, Namayingo, Mayuge, Buvuma, Kalangala, Kyegegwa, Kibale, Kakumiro, Bullisa, Nwoya, and Oyam. The high SMAM in Kaabong,

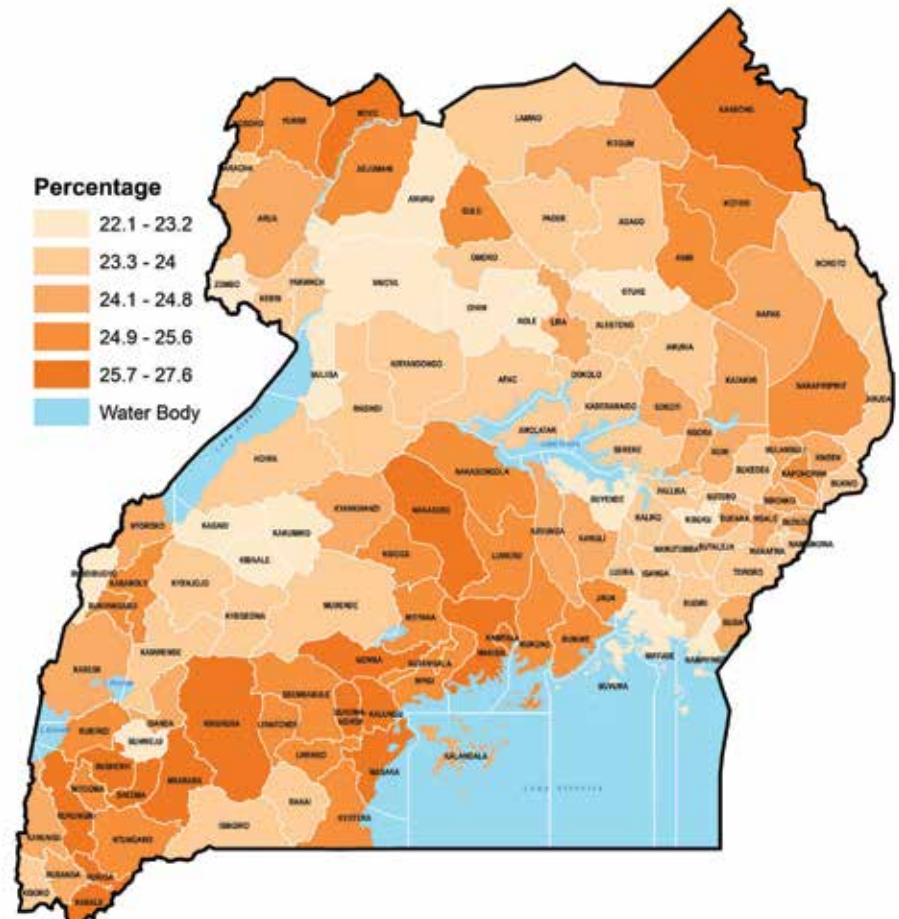
Kotido and most of the districts in Kigezi explains the low level of adolescent motherhood in these regions (see maps M9 to M11) and the low level of child marriages (see map M15).

M13: Female SMAM by district



Source: 2014 National Population and Housing census

M14: Male SMAM by district



Source: 2014 National Population and Housing Census

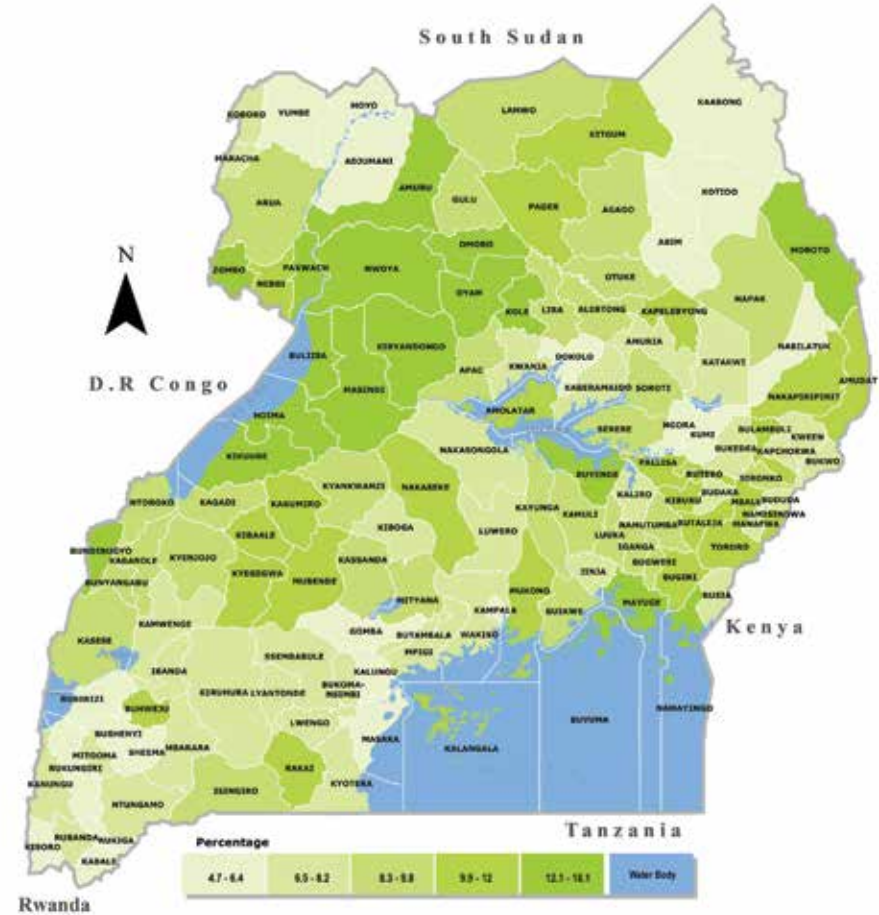
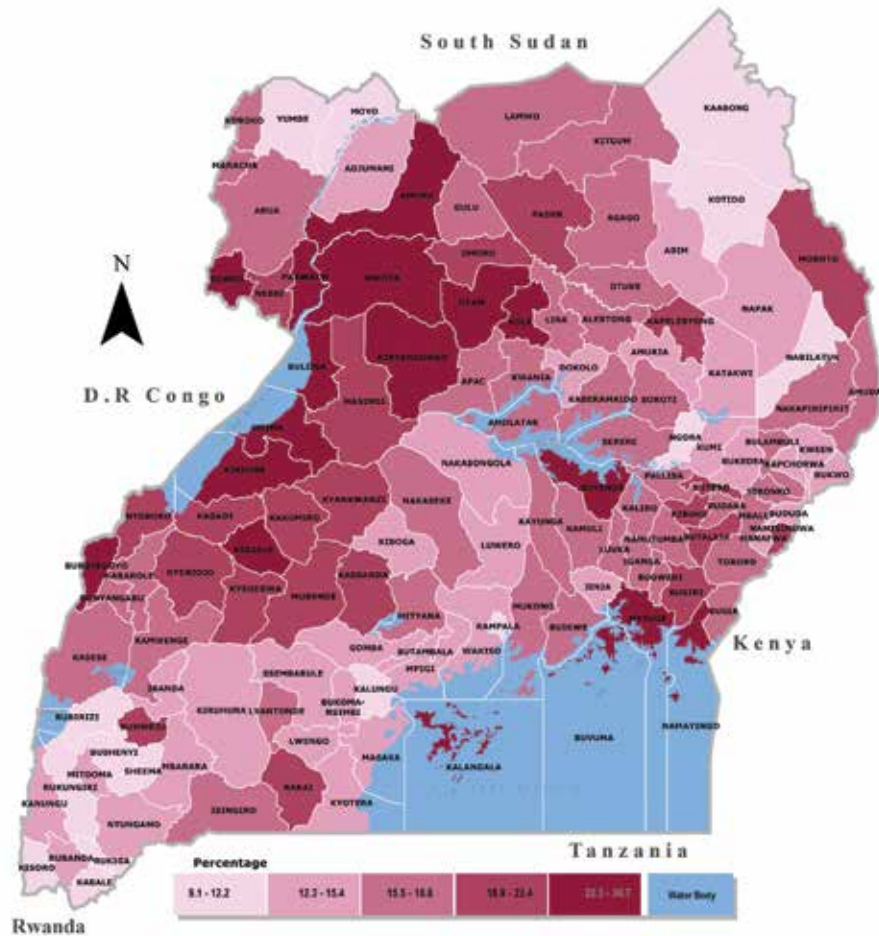
Child marriage contributes to higher total fertility as women marrying earlier tend to both have children earlier and bear more children over their lifetime than if they had married later. Child marriages are

high in selected districts across the country and there are no major differences in the proportion of adolescents and children. Maps M15 and M16 show that districts in Bunyoro, Tooro and part of

Acholi region including Busoga and Moroto district have high levels of child marriages hence the high adolescent birth rates (see M9 and M10).

M15: Female adolescents age 12-19 who have ever married (%)

M16: Female children age 12-17 who have ever married (%)



Source: 2014 National Population and Housing Census

Source: 2014 National Population and Housing Census

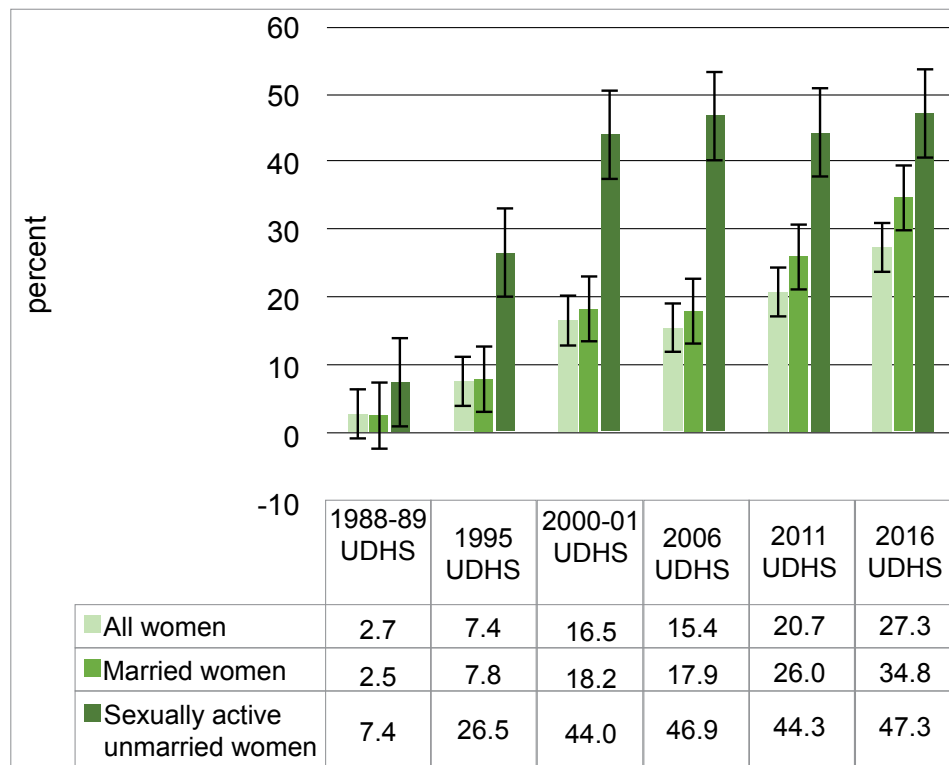
6.0 Modern Contraceptive Prevalence Rate

Modern contraceptive prevalence rate (mCPR) refers to the percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in

time. Figure 2 shows that the mCPR has increased over time for example among married women it increased from 3% in 1988/89 to 35% in 2016. Map M17 shows that the North Buganda, Elgon

and Kigezi regions have the highest percentage of women using a modern method while Karamoja and West Nile regions have the least.

Fig 2: Modern Contraceptive Prevalence Rate



Source: Uganda Demographic and Health Survey

M17: Use of mCPR by region



Source: 2016 Uganda Demographic and Health Survey

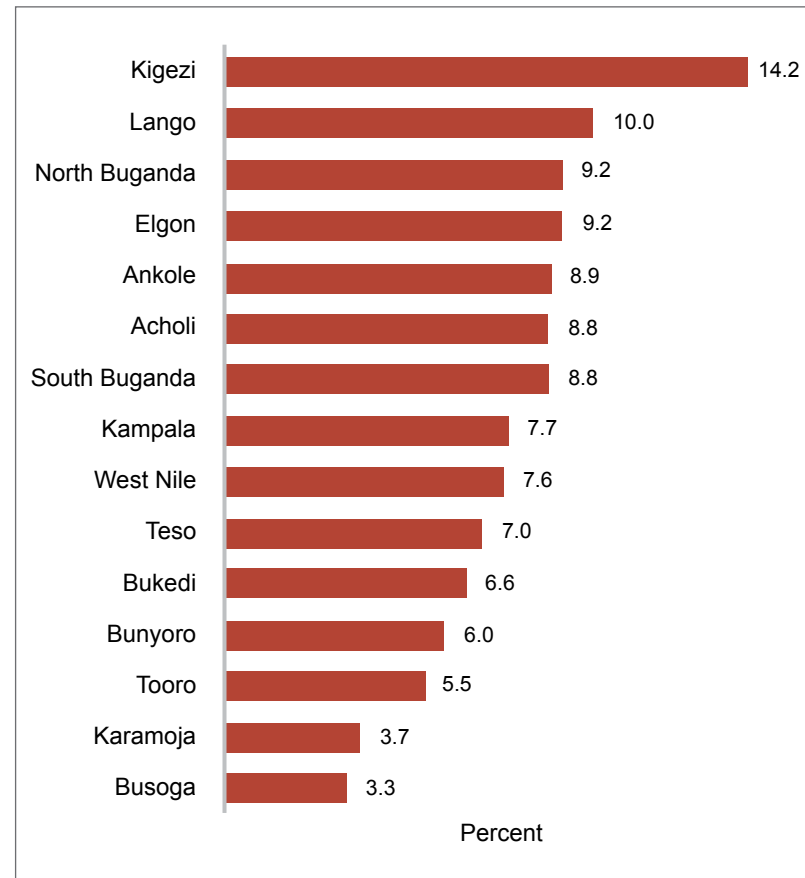
Using of Long Acting Reversible Contraceptives (LARCs) - Intrauterine Devices and implants is generally low in Uganda with Kigezi sub region having the highest proportion of users. Karamoja and Busoga regions have the least percentage of users (map M18 and figure 3).

M18: Users of Long Acting Reversible Contraceptives (%)



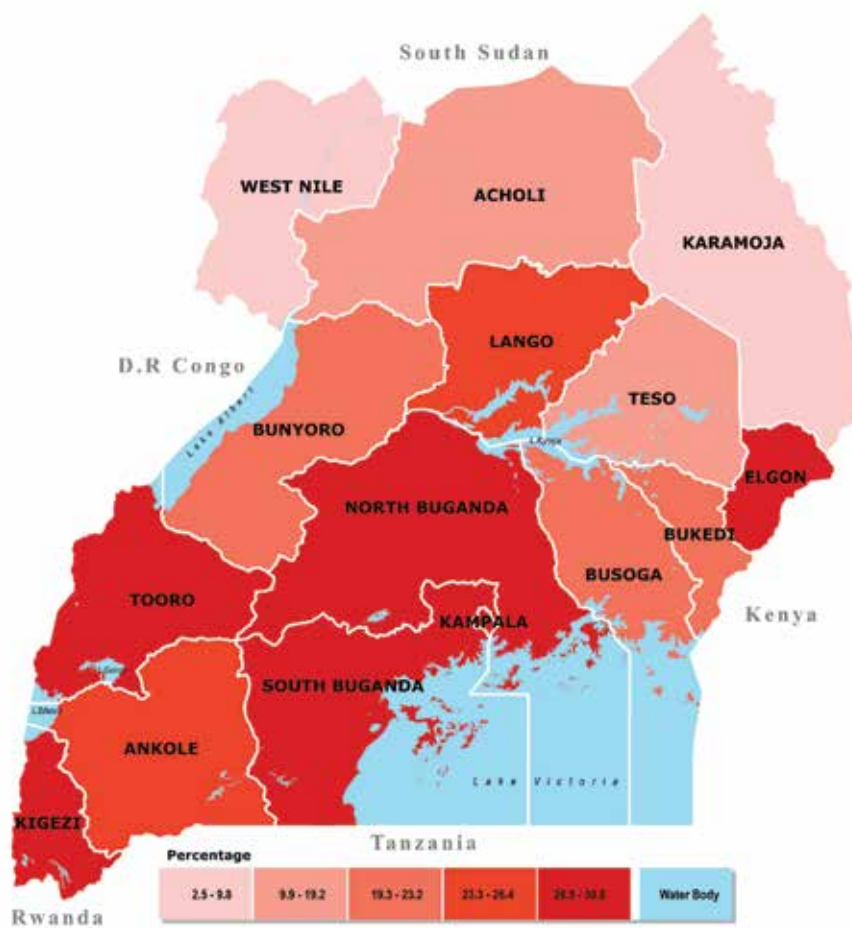
Source: 2016 Uganda Demographic and Health Survey

Fig 3: Percent of women using LARCs by region



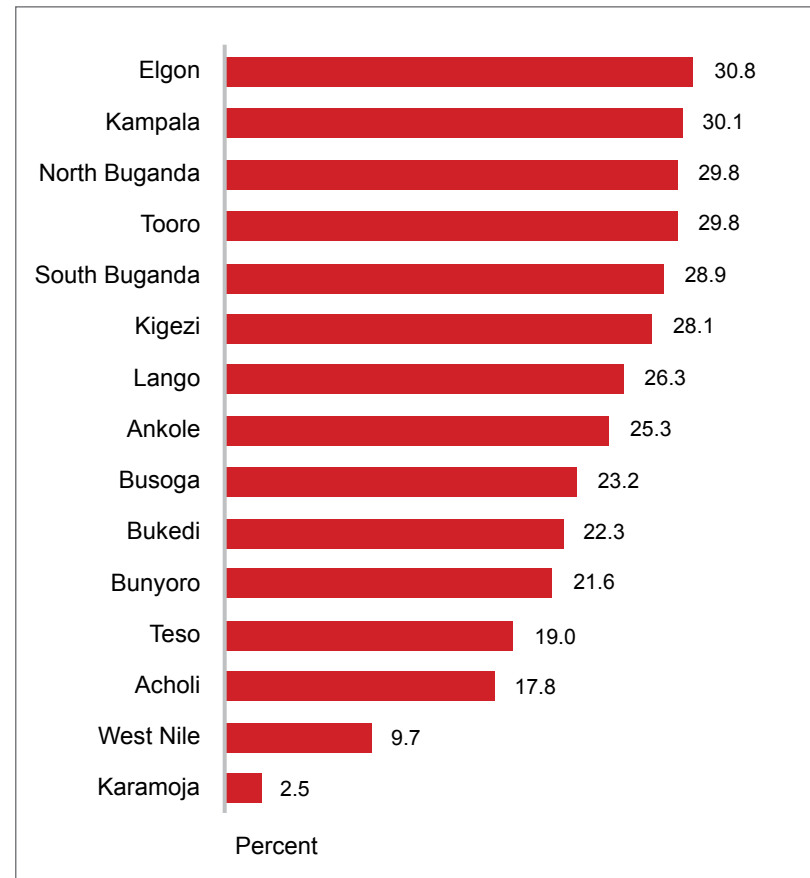
Short acting contraceptives include the oral contraceptive pills, condoms, injectables, emergency contraceptives, standard days contraceptives, lactational Amenorrhea and other modern methods excluding intrauterine devices and implants. They are widely used in Uganda by at least two in every 10 women within a region except for Karamoja and West Nile regions that have the least percentage of users. (map M19 and figure 4)

M19: Users of short acting Contraceptive methods (%)



Source: 2016 Uganda Demographic and Health Survey

Fig 4: Percent of women using Short acting contraceptive methods by region



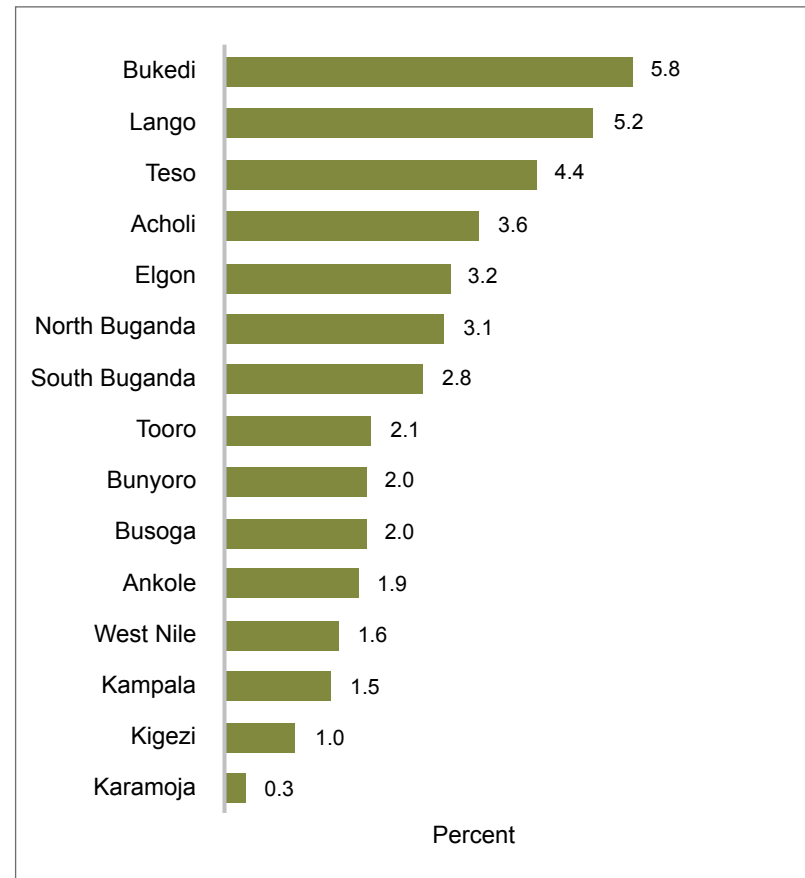
Female sterilization is generally low in Uganda, Map M20 and Figure 5 show that it is highest in Bukedi, Lango and Teso regions at slightly over four percent.

M20: Women who are sterilized (%)



Source: 2016 Uganda Demographic and Health Survey

Fig 5: Percent of women who are sterilized by region



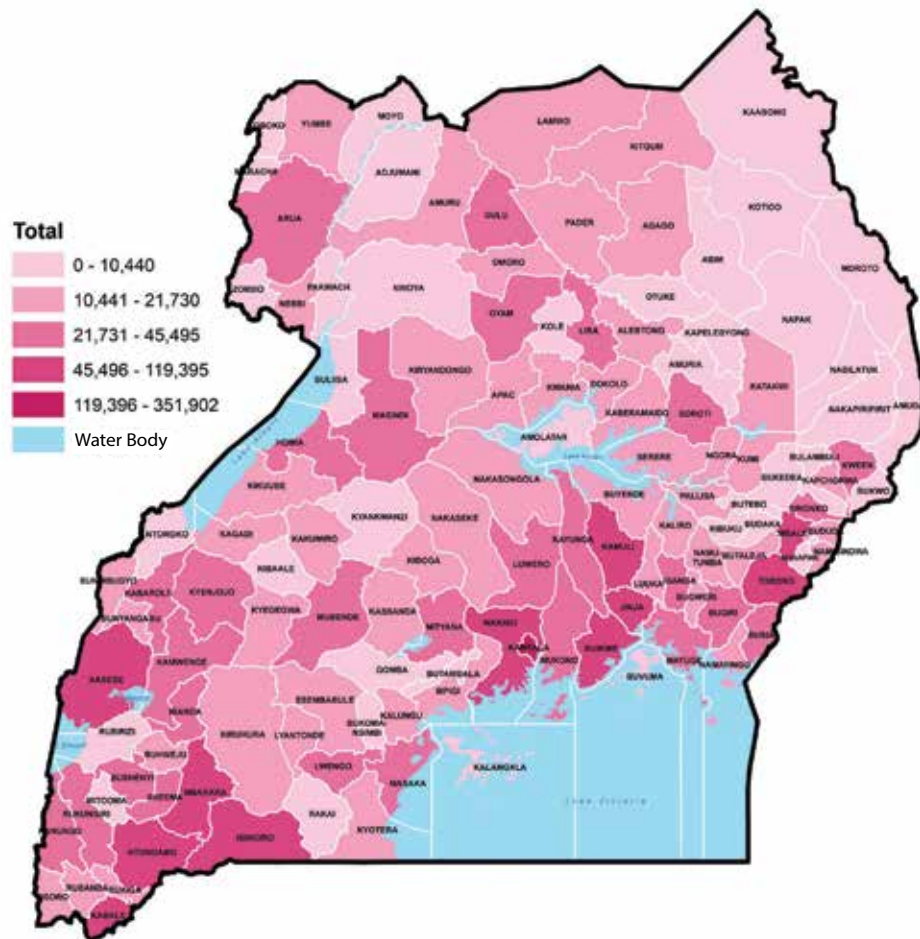
7.0 Registered Family Planning Users

Taking stock of family planning users in a country helps to program the progress in family planning uptake over time.

Map M21 shows that the districts within Karamoja sub region had the least number of family planning users in Uganda in a year. If this map is compared with maps M5 and M6 showing TFR, then one can

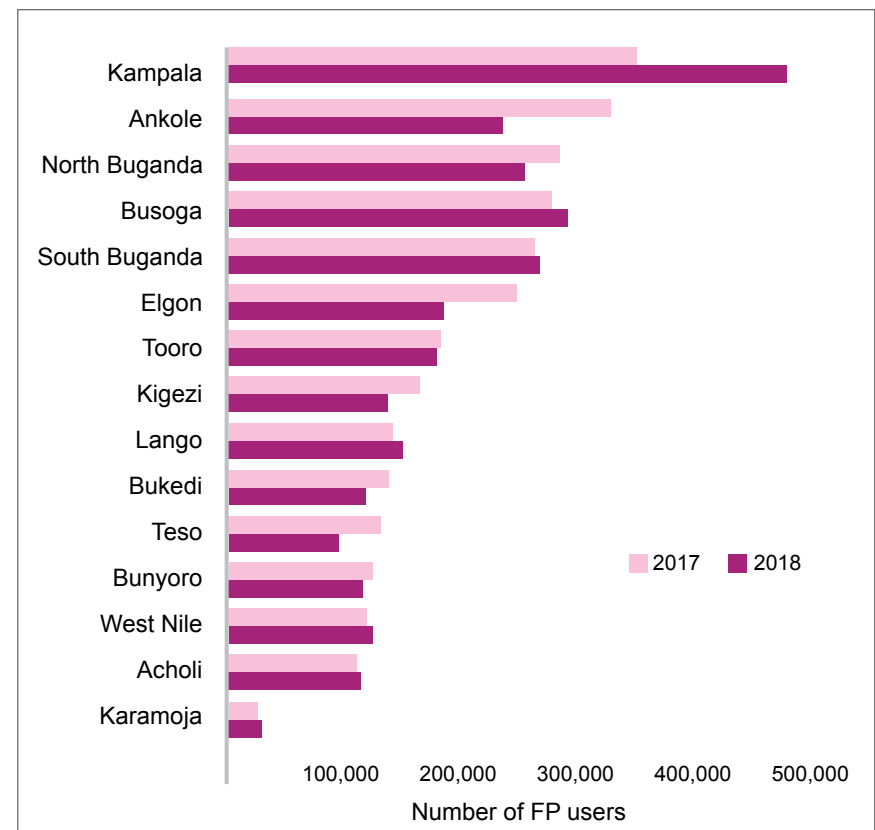
ably see that these are the very areas with higher TFR in Uganda. Figure 6 shows that Kampala has the greatest increase in registered users while Ankole and Elgon had a decrease.

M21: Number of family planning users registered in health facilities, 2018



Source: Ministry of Health, DHIS 2

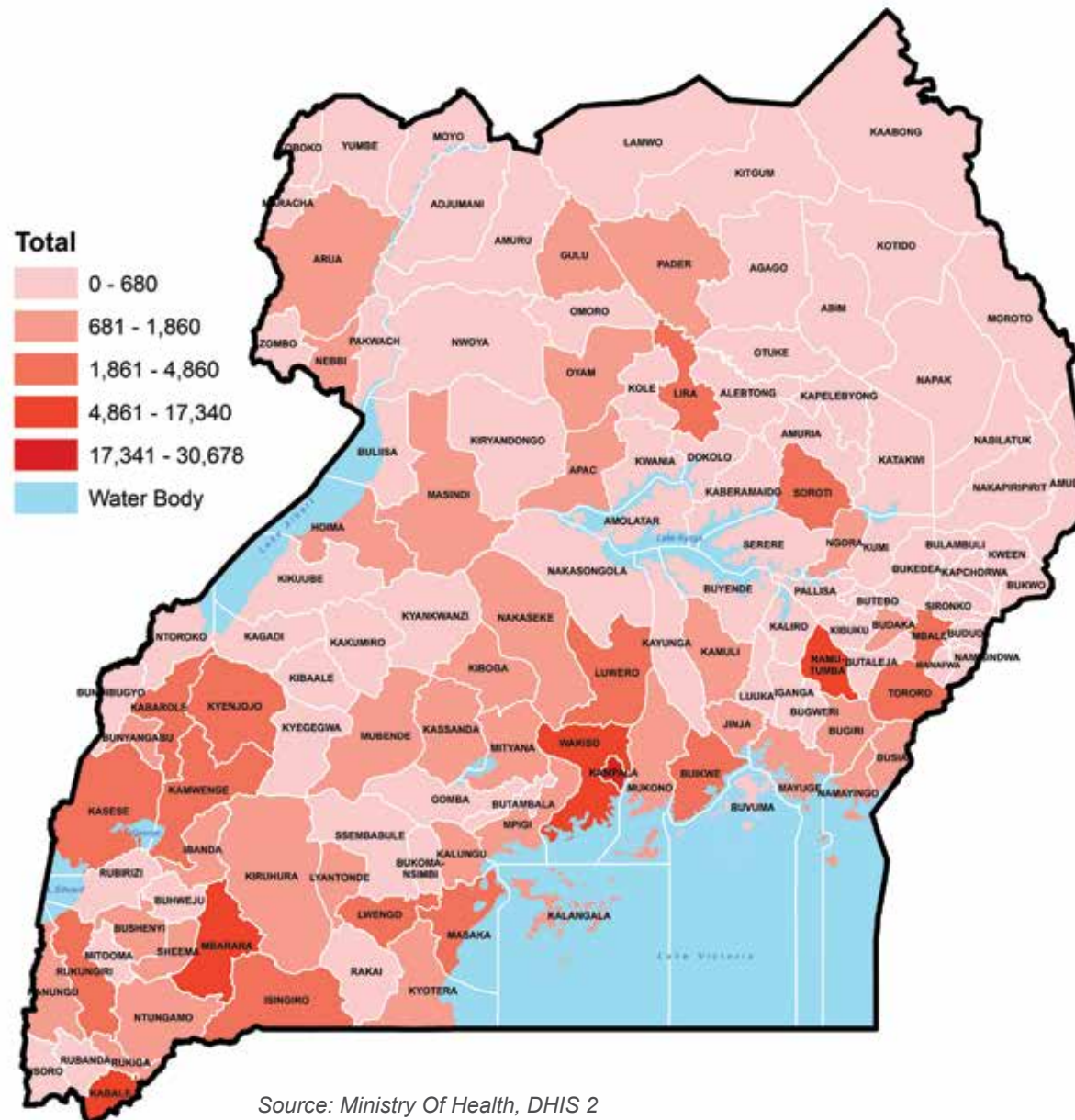
Fig 6: Trend of registered Family Planning users



Voluntary family planning and other reproductive health programmes empower women living with HIV to prevent health complications related to unintended pregnancies and to plan pregnancies based on their child-bearing desires and health needs. Global commitments to eliminate new pediatric HIV infections recognize that preventing unintended pregnancies among women with HIV is essential to achieving this goal. Women and couples living with HIV who do not wish to become pregnant, family planning offers the added benefit of helping prevent mother-to-child transmission of HIV (PMTCT).

Map M22 shows that the districts of Kampala, Wakiso, Kabale, Mbarara, Namutumba and Soroti had the highest proportion of HIV positive family planning users registered at the health facilities.

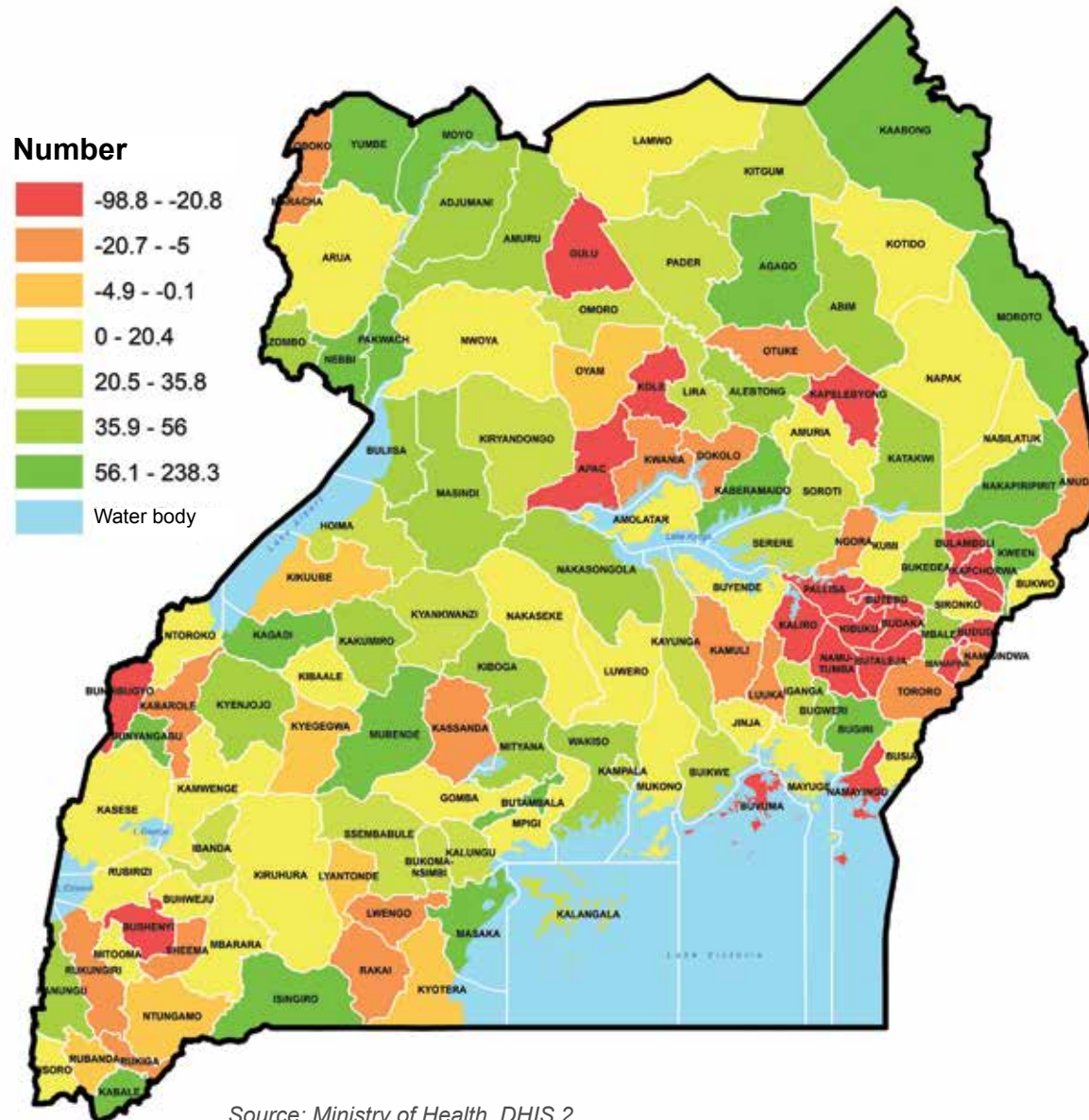
M22: Number of HIV positive family planning users registered in health facilities, 2018



Source: Ministry Of Health, DHIS 2

8.0 Number of additional users of modern methods of contraception

M23: Number of additional FP users in 2017 compared to 2016



The number of additional women (or their partners) of reproductive age in 2017 who were currently using a modern contraceptive method compared to 2016.

Map M23 shows that the districts of Gulu, Kole, Apac, Bundibugyo and a number of districts in Bukedi region recorded a reduction in use of modern contraceptive methods

Source: Ministry of Health, DHIS 2

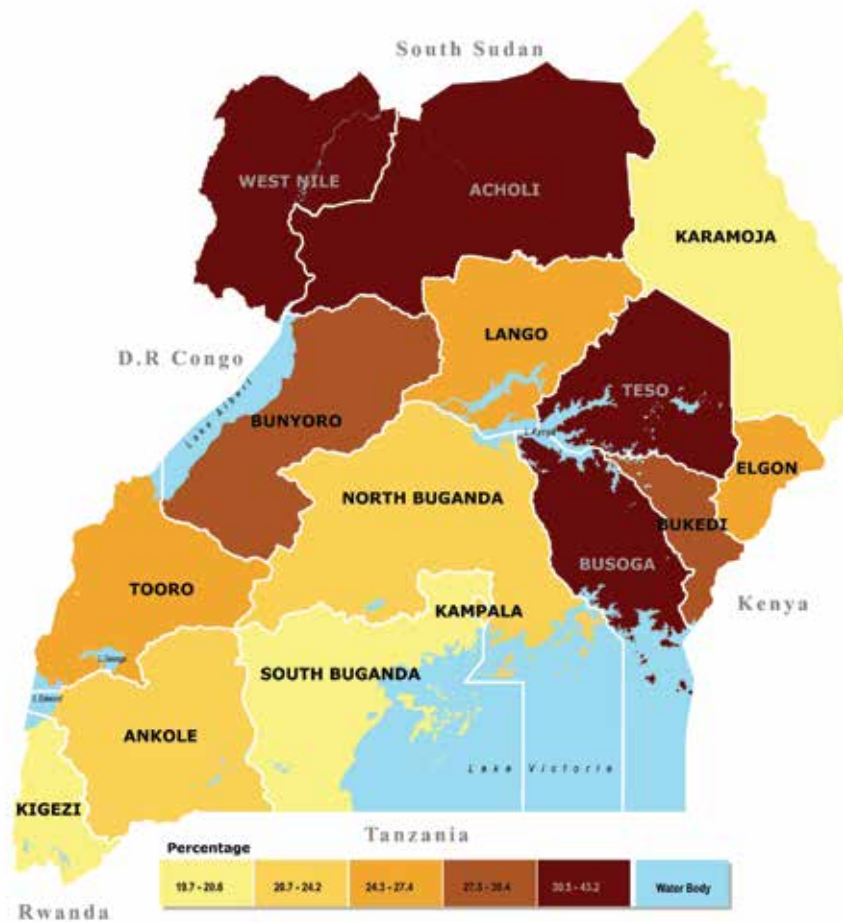
9.0 Unmet need for modern contraception

Unmet need for modern contraception refers to the percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a contraceptive method, plus women who are currently using a

traditional method of family planning. Women using a traditional method are assumed to have an unmet need for modern contraception. Maps M24 and M25 show that although Ankole and South Buganda have lower levels of unmet need

for modern contraceptives they have the highest percentage of users of traditional methods. On the other hand, West Nile, Acholi, Teso and Busoga have the highest unmet need and low use of traditional methods.

M24: Women with an unmet need for modern contraception (%)



Source: 2016 Uganda Demographic and Health Survey

M25: Women using a traditional method of family planning (%)



Source: 2016 Uganda Demographic and Health Survey

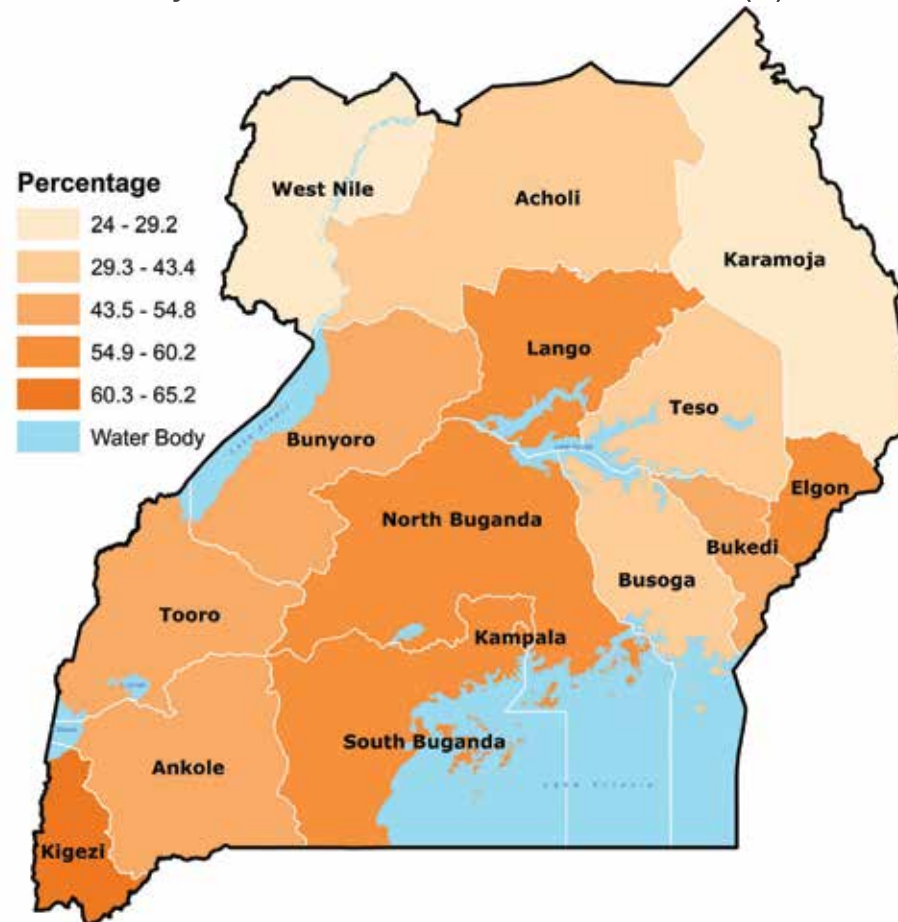
10.0 Demand satisfied with a modern method of contraception

The percentage of women (or their partners) who desire either to have no additional children or to postpone the next child and who are currently using a modern contraceptive method have their demand satisfied. Couples can only realize their

reproductive goals when they use contraceptive methods consistently and correctly. Discontinuation of a method is a major concern for managers of family planning programmes. The proportion of women whose demand is satisfied can be

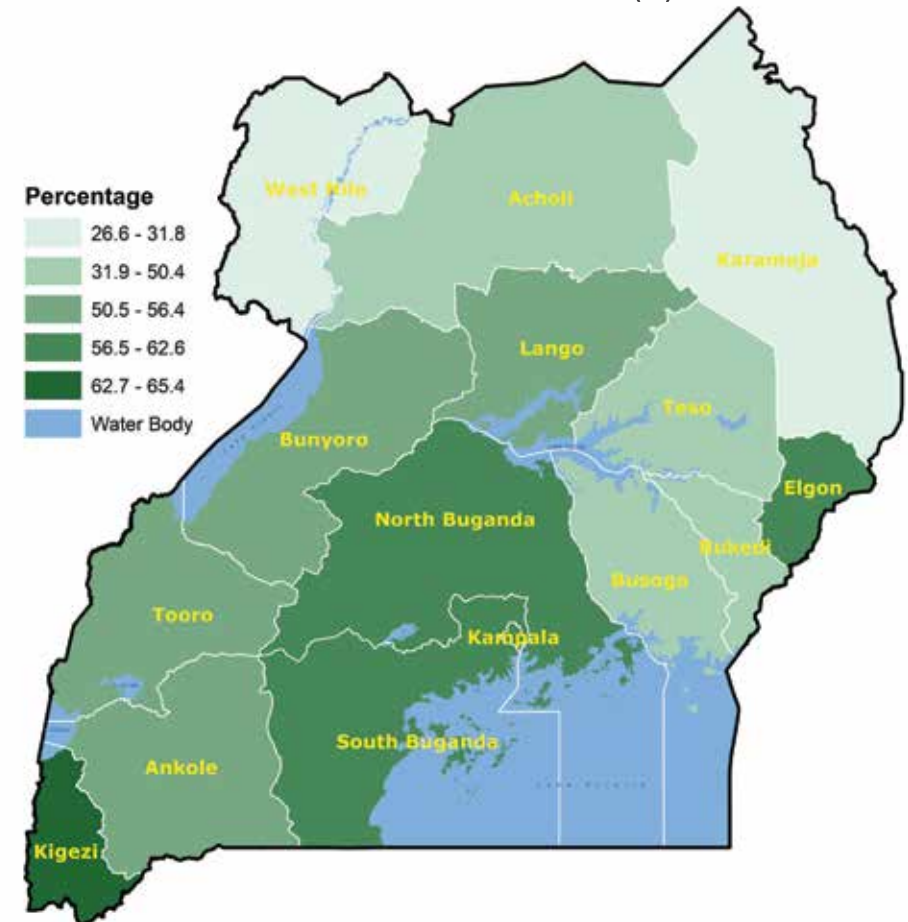
increased by increase in FP use and reduction in unmet need for FP. Maps M26 and M27 show that Buganda, Kigezi and Elgon sub regions have the highest proportions of women whose demand is satisfied with modern contraceptives.

M26: Currently married women whose demand is satisfied (%)



Source: 2016 Uganda Demographic and Health Survey

M27: All women whose demand is satisfied (%)



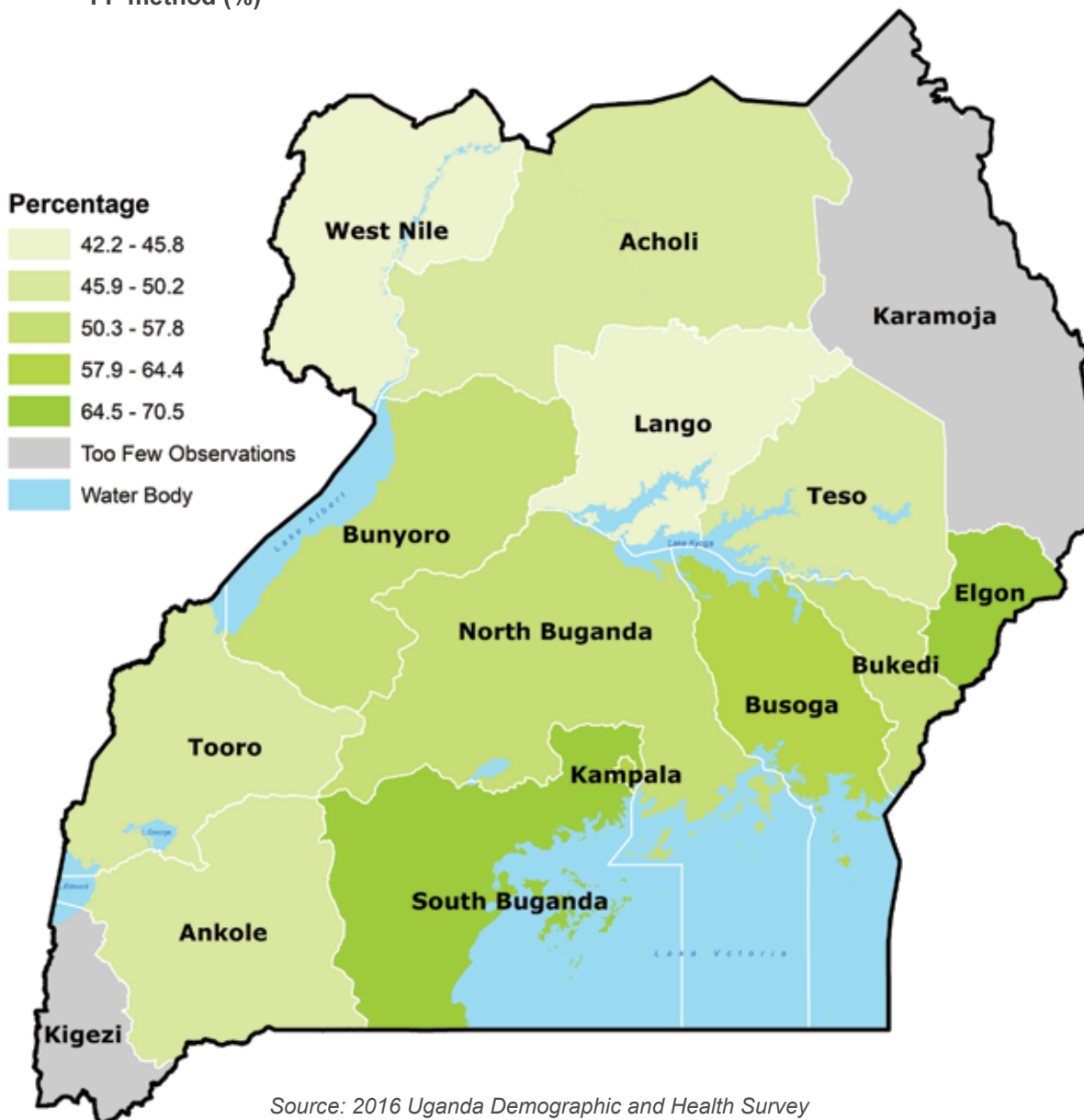
Source: 2016 Uganda Demographic and Health Survey

The sexually active unmarried women include among others: students and commercial sex workers.

Map M28 shows that in Lango region, fewer sexually active unmarried women are satisfied by a modern method compared to those who are married (see map M26). While for Busoga and Bunyoro, there are more sexually active unmarried women that are satisfied compared to those who are currently married. This could be one of the reasons for high TFR in these regions.

In terms of targeted FP interventions, West Nile and Lango regions have the least percentage of sexually active unmarried women whose demand for modern methods is satisfied.

M28: Sexually active unmarried women whose demand is satisfied with a modern FP method (%)



Source: 2016 Uganda Demographic and Health Survey

11.0 Unintended pregnancies

These refer to the number of pregnancies that occurred at a time when women (and their partners) either did not want additional children or wanted to delay the next birth. Usually measured with regard to last or recent pregnancies, including current pregnancies. M29 shows that the regions

of West Nile, Acholi and Teso that have the highest unmet need for modern contraceptives also have the highest percentage of unintended pregnancies. Karamoja is unique in the sense that it has the lowest percentage of users of contraceptives, it also has lowest percent

of women with unmet need and yet has the lowest percentage of unintended pregnancies. These low percentages make it have the highest total fertility rate.

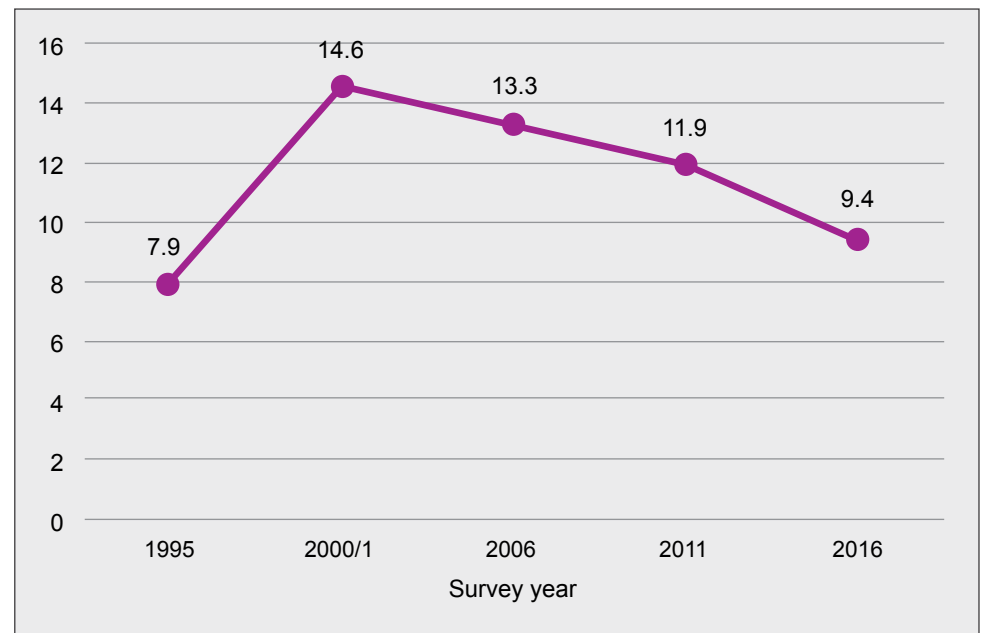
M29: Unintended Pregnancies by Region (%)



Source: 2016 Uganda Demographic and Health Survey

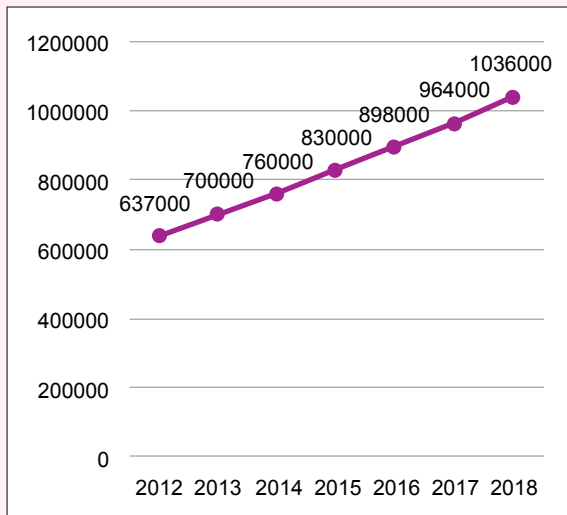
Figure 7 shows that on the overall there is a declining trend in the percentage of women with unintended pregnancies.

Fig7: Trend of unintended pregnancies (%)



12.0 Unintended pregnancies averted

Fig8: Number of unintended pregnancies averted due to modern contraceptive use

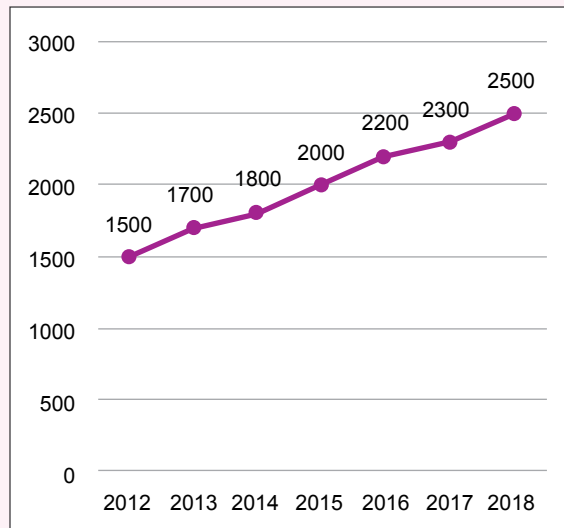


Source: FP2020 Core Indicator Summary Sheet: 2017-2018 Annual Progress Report

Figure 8 shows that the number of unintended pregnancies that did not occur as a result of the protection provided by modern contraceptive use during the period 2012 to 2018 has had an upward trend.

13.0 Unsafe abortions averted

Fig9: Number of unsafe abortions averted due to modern contraceptive use

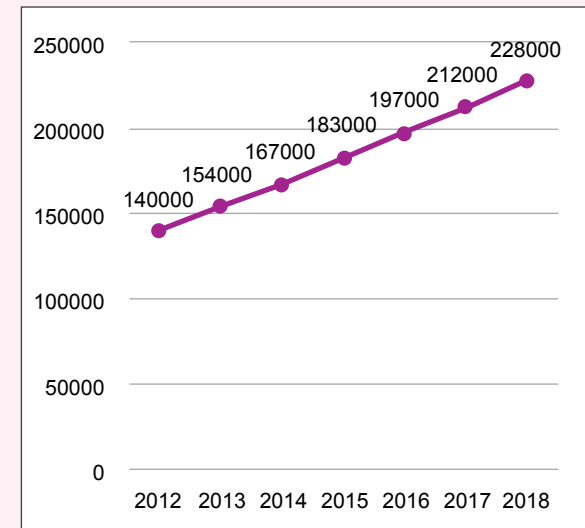


Source: FP2020 Core Indicator Summary Sheet: 2017-2018 Annual Progress Report

Figure 9 shows that the number of unsafe abortions that did not occur during the period 2012 to 2018 as a result of the protection provided by modern contraceptive use has been increasing.

14.0 Maternal deaths averted

Fig10: Number of maternal deaths averted due to modern contraceptive use



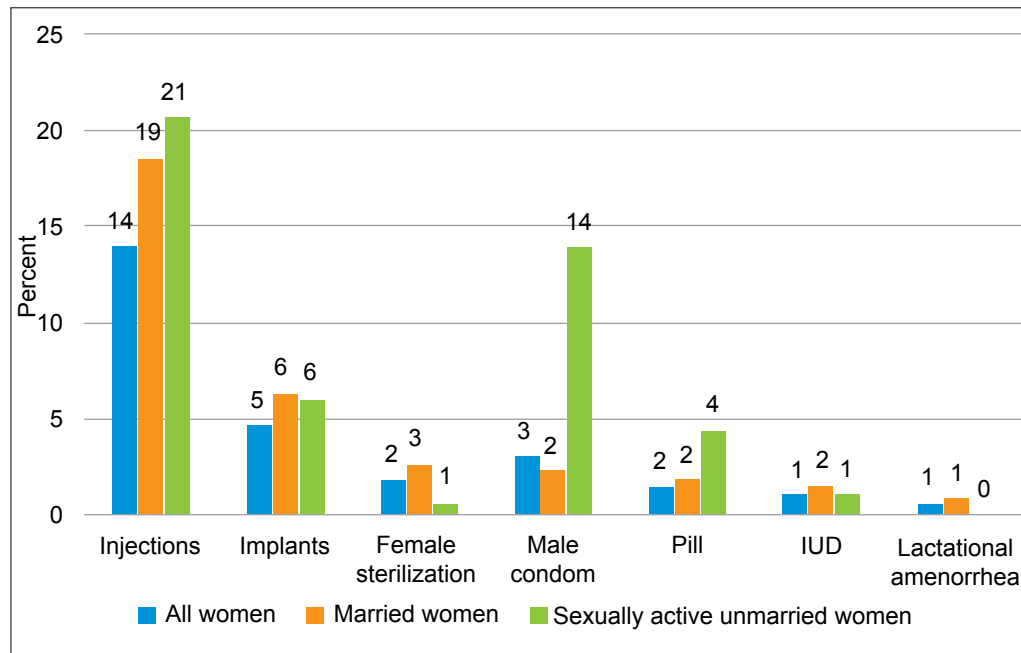
Source: FP2020 Core Indicator Summary Sheet: 2017-2018 Annual Progress Report

Figure 10 shows that the number of maternal deaths that did not occur during the period 2012 to 2018 as a result of the protection provided by modern contraceptive use steadily increased.

15.0 Use of modern contraceptive methods

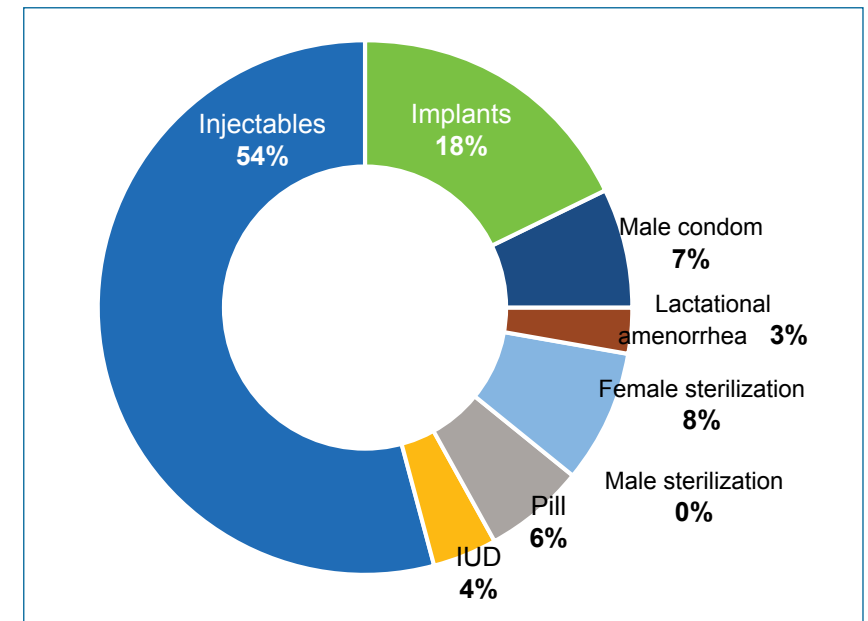
Figure 11 shows that injectables, male condoms and the pill are more popular among the sexually active unmarried women while the long acting and permanent methods are slightly more among the married women such as the implants, IUDs and sterilization.

Fig 11: Women by current contraceptive method used (%)



Source: 2016 UDHS

Fig 12: Contribution of each method to M CPR

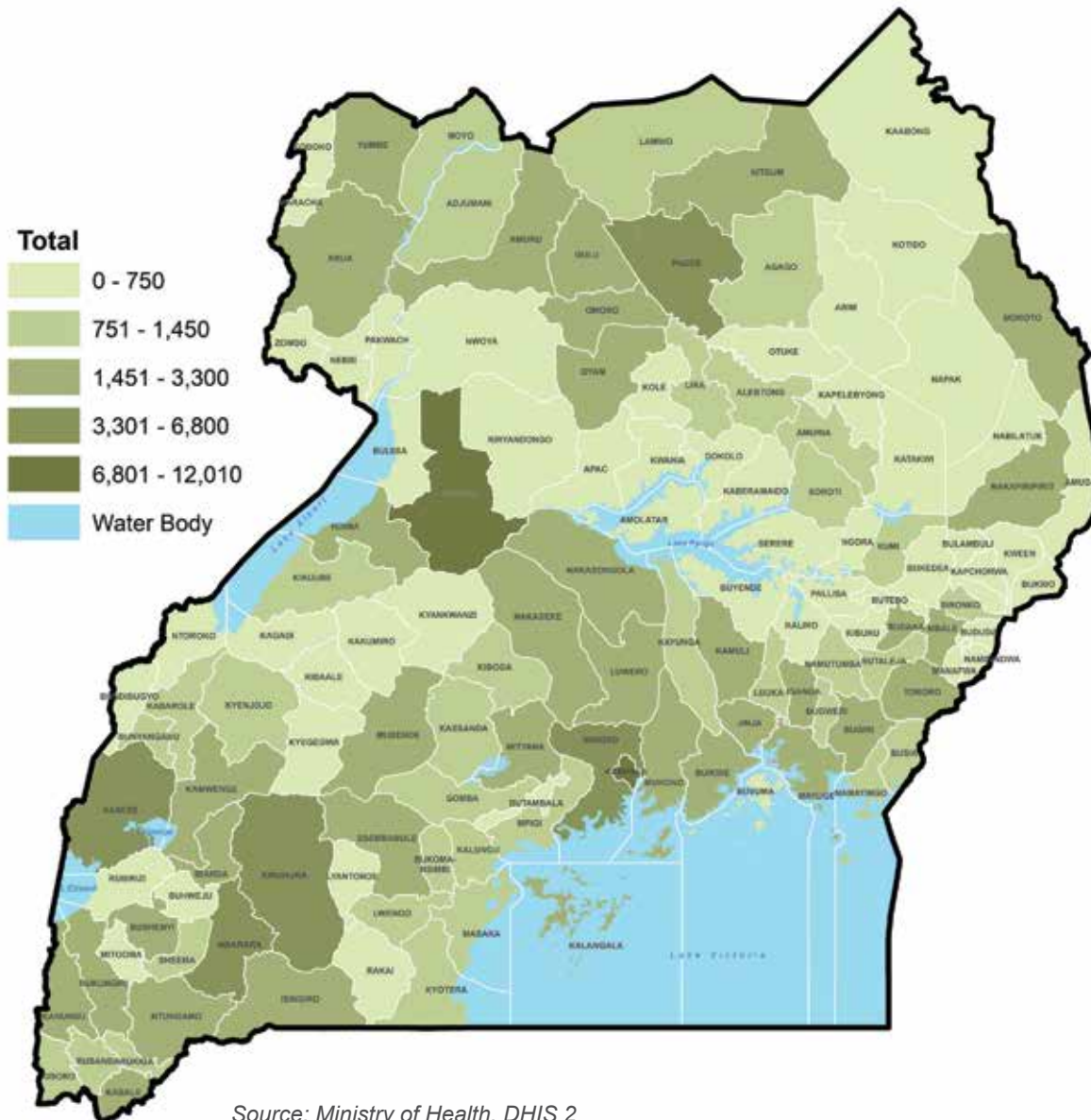


Source: 2016 UDHS

Figure 12 shows that injectables contribute to 54% of the users of modern contraceptives, this is followed by the long acting reversible methods (Implants and IUDs) contributing to 22% of the users.

16.0 Dispension of contraceptives

M30: Number of contraceptives dispensed by health facilities

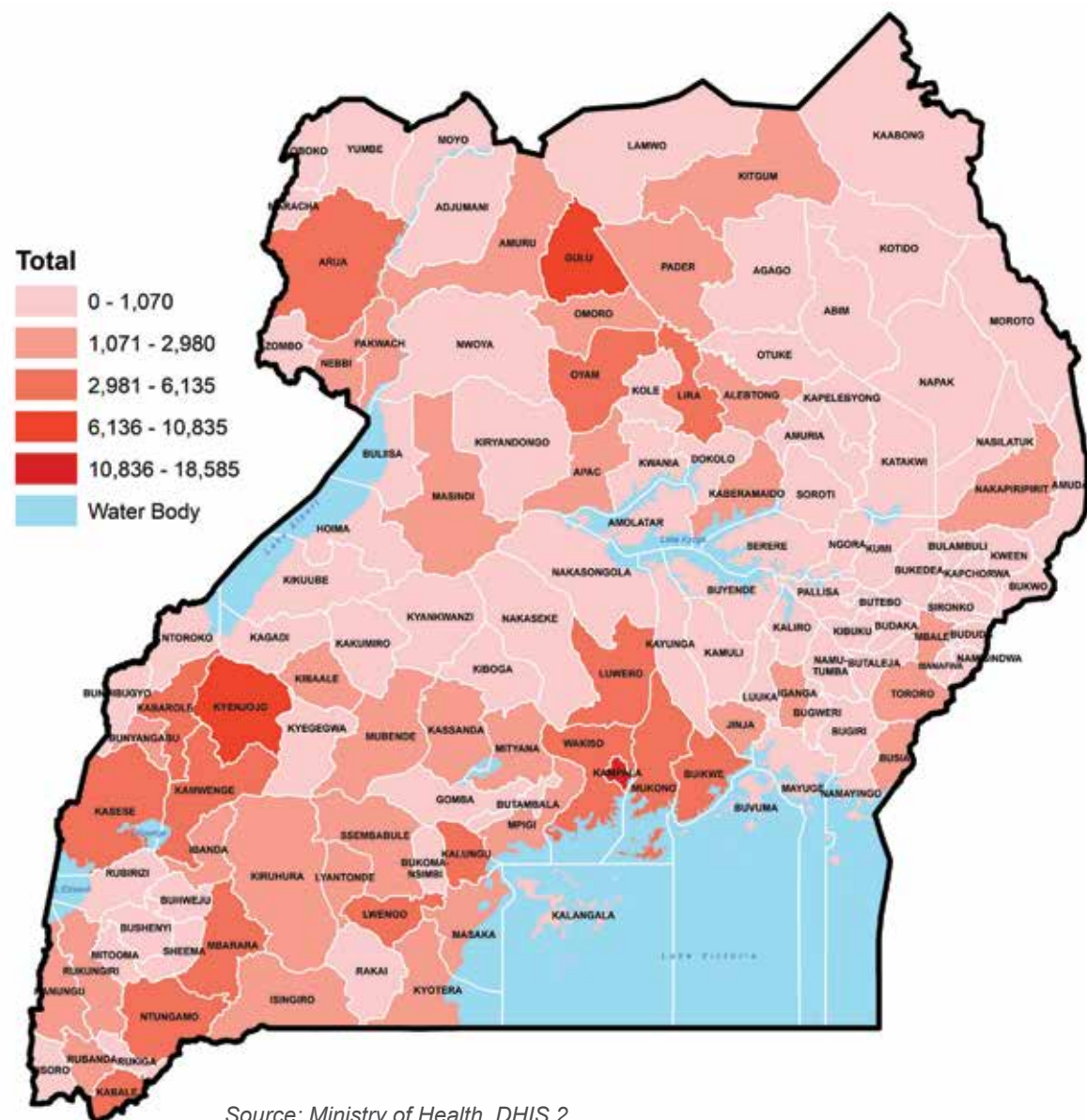


The maps M30 to M37 show the contribution of health facilities in as far as providing FP services are concerned.

Health centres II-IV represent the nation's single largest primary health care system serving medically underserved populations. Virtually all health centres should provide family planning services to make the services easily accessible to the community. However, a large section of the population across the country has low volume of contraceptives dispensed in health facilities. In some parts of the north (Pader district), Kasese, Kiruhura and Mbarara districts in the west and Kabale district in the south west of the country, have slightly higher number of contraceptives dispensed ranging from 3,300 to 6,800 persons per health facility while Masindi district in the Mid west has the highest with over 6,801 contraceptives distributed in the health facilities per year.

16.1 IUDs inserted at the health facilities

M31: Number of IUDs inserted at the health facilities, 2018

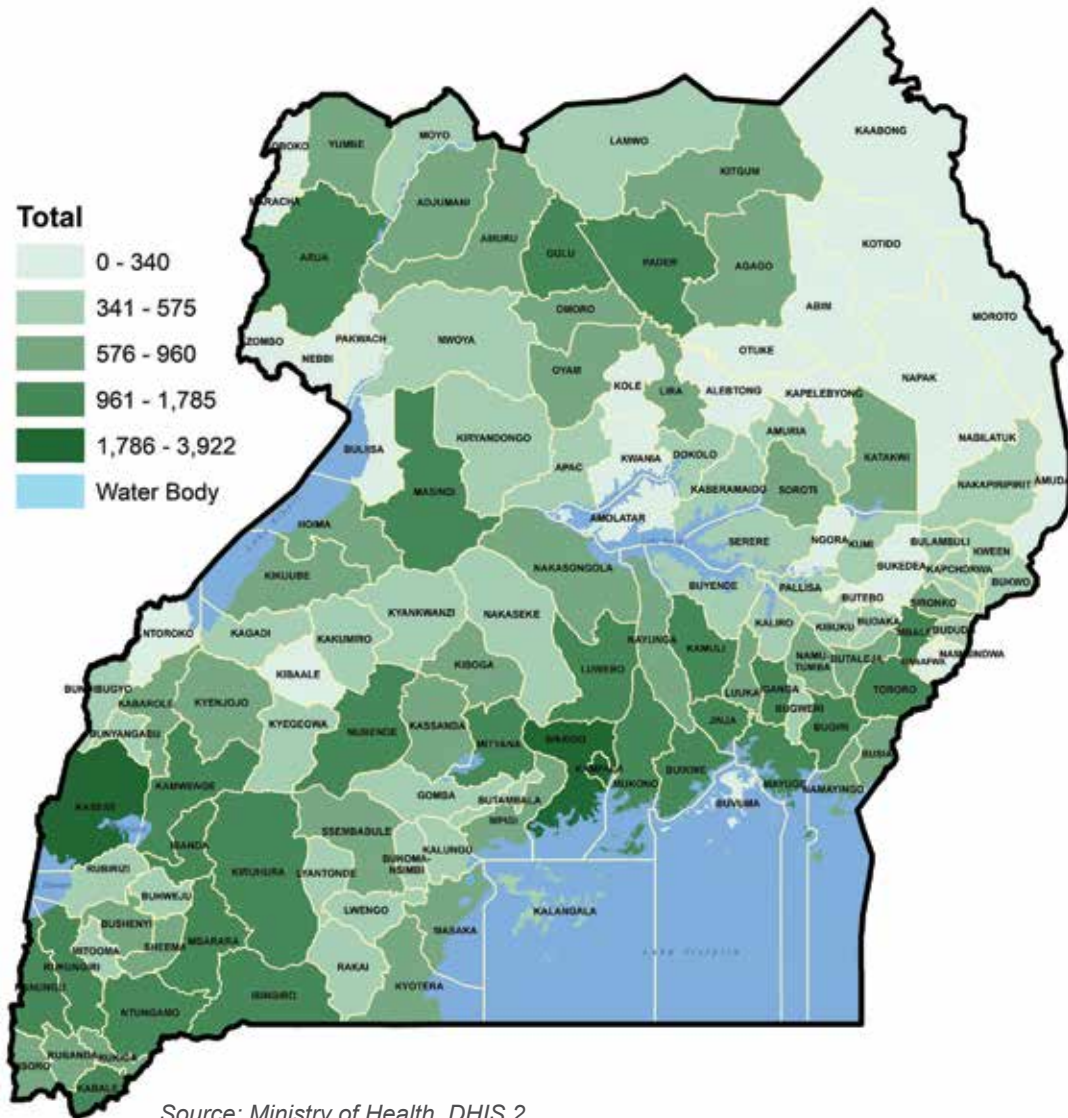


An Intrauterine Device (IUD) is a small contraceptive device that is put into the uterus (womb) of a woman to prevent pregnancy. There are two types available on the market; the copper IUD and the hormonal IUD (Mirena). Both types are among the most effective methods of contraception and can stay in place for at least five years.

Map M31 shows the number of IUDs inserted in women in 2018. The districts of Kampala, Gulu and Kyenjojo had the highest number of IUDs inserted ranging from 10,836 to 18,585 while the districts of Arua, Oyam, Lira, Luwero, Wakiso, Mukono, Buikwe, Masindi, Kabarore, Kamwenge, Mbarara, Ntungamo and Kabale were in the range of 2,981 to 6,135 IUDs inserted and the rest of the districts had a low coverage of less than 1,070 IUDs inserted.

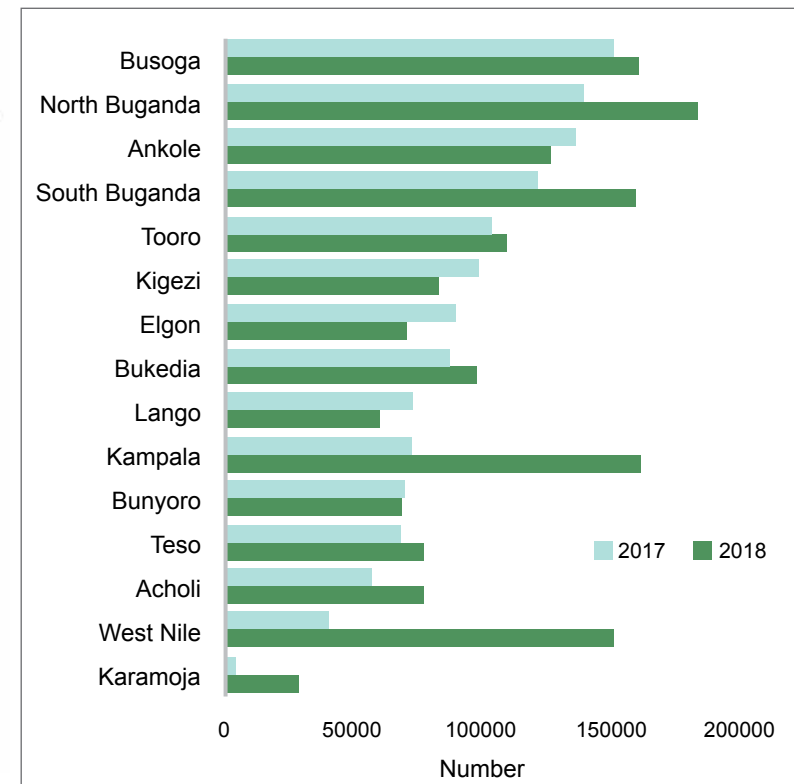
16.2 Family Planning injections given at the health facilities

M32: Number of Family Planning injections given, 2018



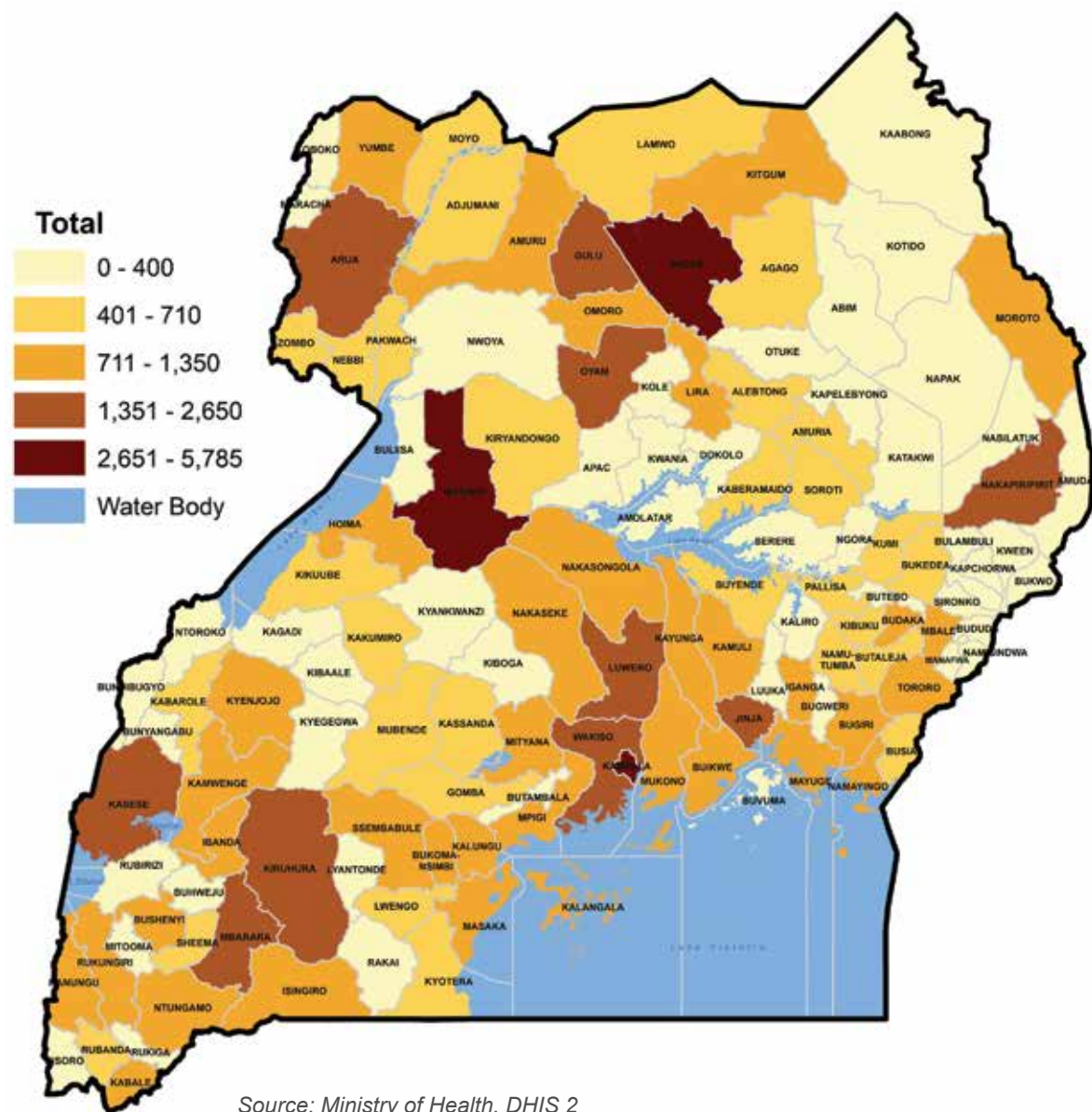
Map M32 shows the number of FP injections given out per district in Uganda in 2018. The districts of Karamoja gave out the least number of contraceptive injections to women less than 340 compared to the districts of Masindi, Kampala, Arua, Gulu, Pader, Tororo, Wakiso and Kasese that gave out the highest number of contraceptive injections to women in the range of 1786 to 3922. Generally, many of the districts were in the range of 576 to 960 injections given out to women in 2018.

Fig13: Trend of Family Planning injection given



16.3 Implants inserted at the health facilities

M33: Number of implants inserted at the health facilities, 2018

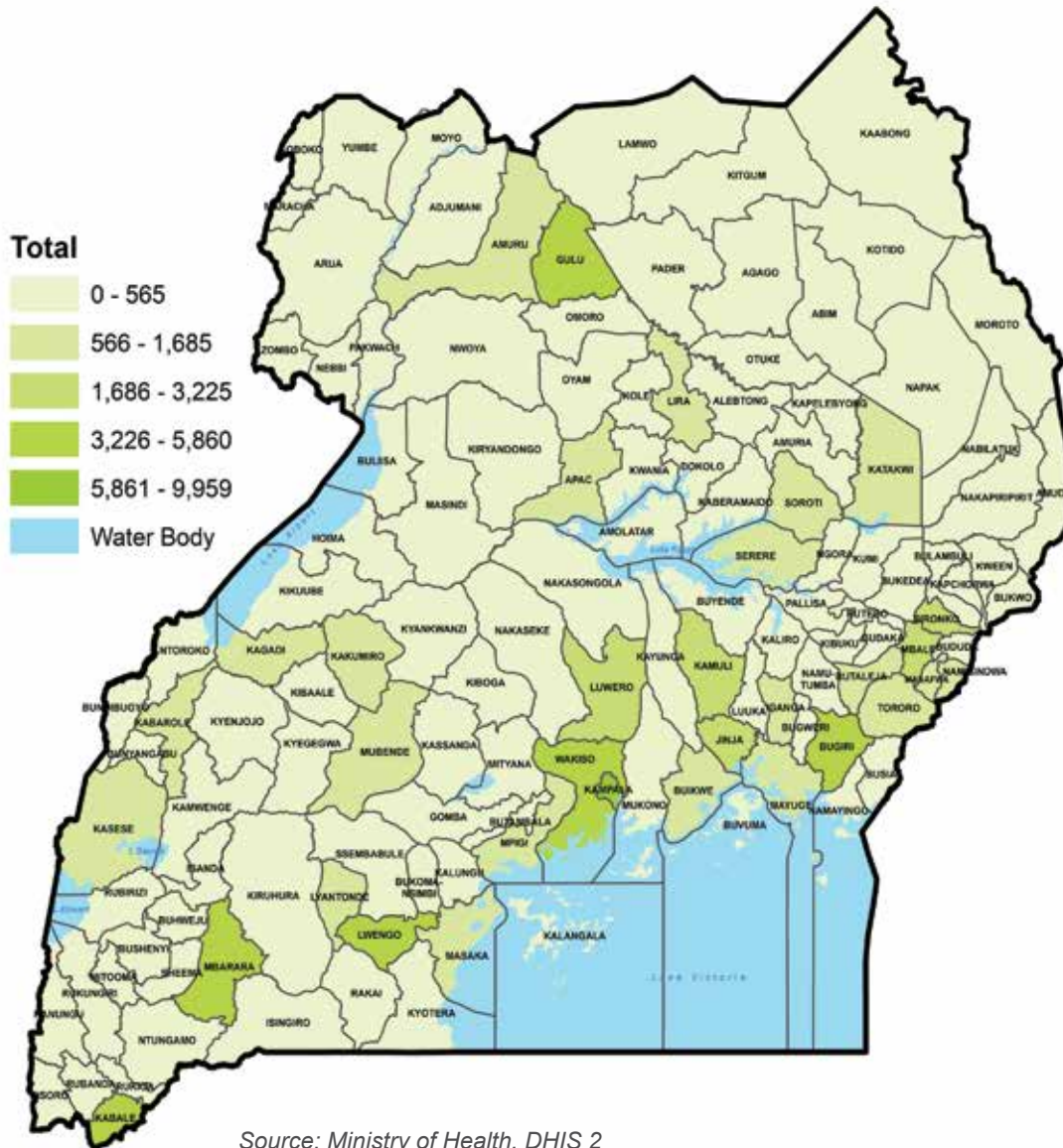


The contraceptive implant (Implanon NXT®) is a soft plastic stick about 4 cm long. The implant is inserted (injected) under the skin of a woman's inner upper arm by a trained doctor or midwife/nurse and it slowly releases a hormone (progestogen) into her body. It takes about seven days to start working to prevent pregnancy in a woman.

Map M33 shows the number of implants inserted by health facilities in districts in 2018 in the country. Apart from the districts of Moroto and Nakapiripirit the rest of the districts in Karamoja region had health facilities giving out implants to women in the range of zero to 400 in a year. A similar trend is observed in the districts north of Lake Kyoga, Kisoro, Rakai, Rukiga, Kiboga, kyakwanzi, Kagadi, Kibale and Kyegegwa etc. Majority of the health facilities that inserted implants were in the range of 401 to 710 throughout the country in 2018.

16.4 Female condoms given out

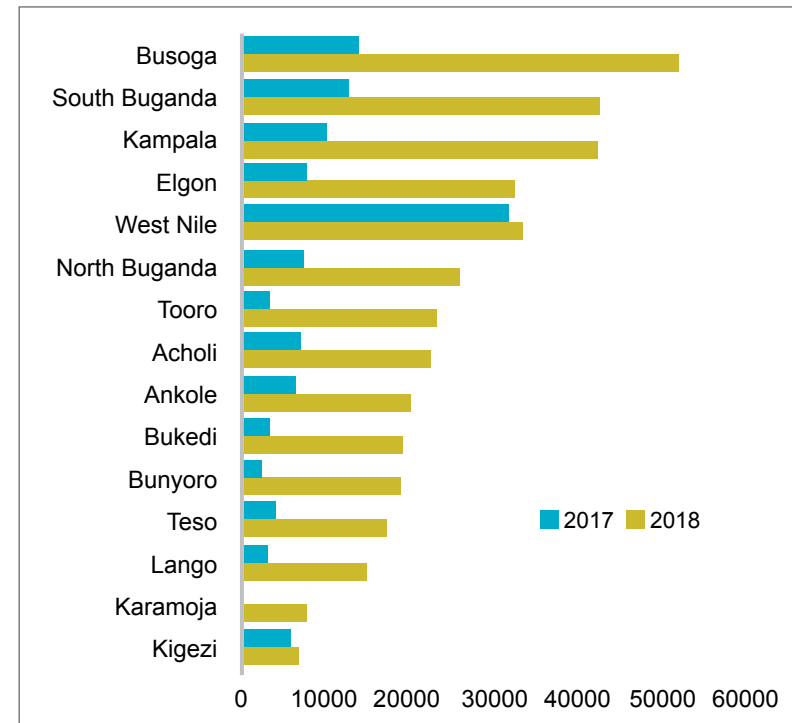
M34: Number of female condoms given out, 2018



Female condoms (Femidom) are made from soft thin plastic (polyurethane) that are inserted inside the vagina to prevent semen getting to the womb. This contraceptive is provided in health facilities throughout the country.

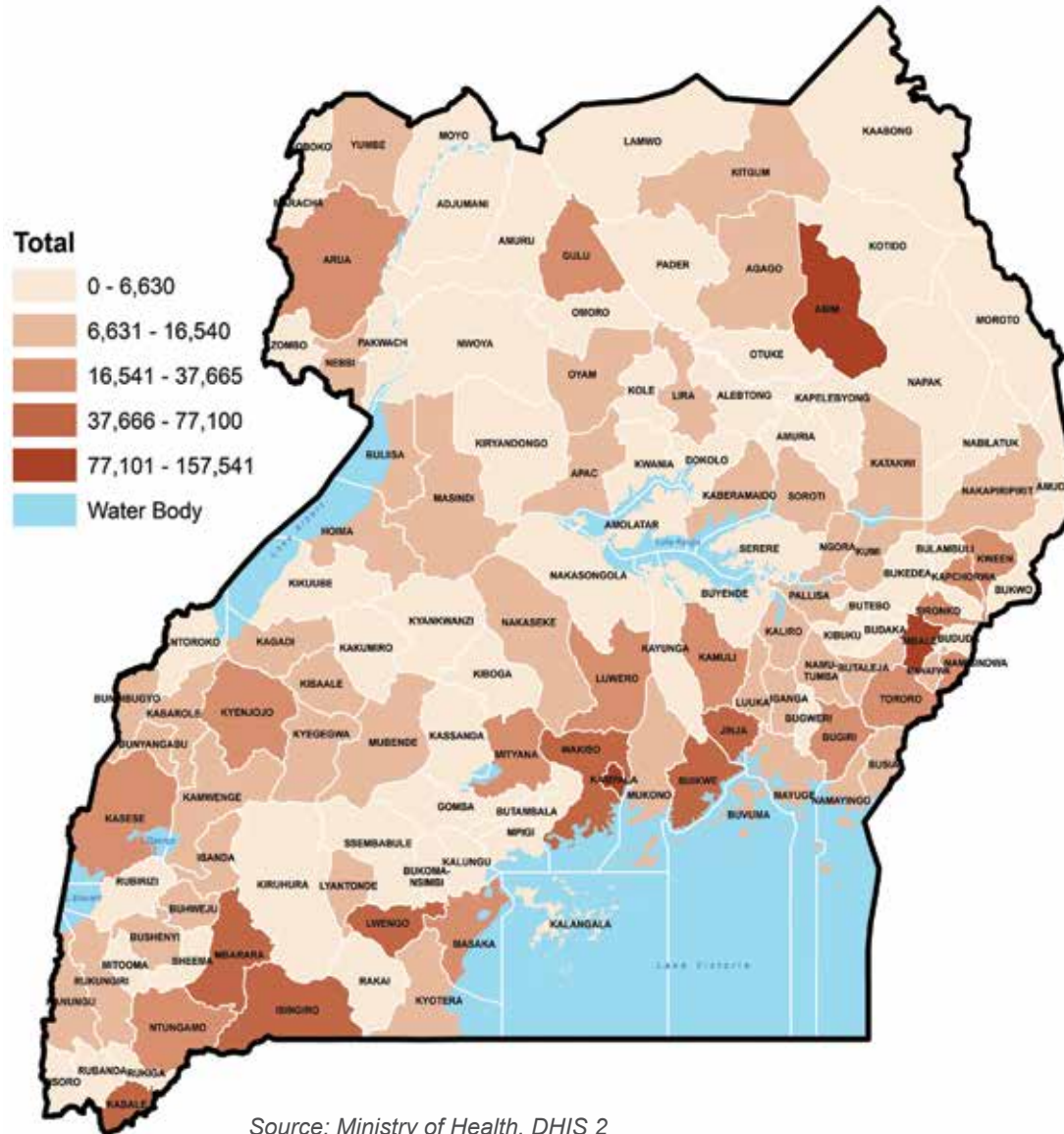
Map M34 shows the number of female condoms given out by health facilities in 2018. The districts of Gulu, Mukono, Luwero, Kampala, Mbarara, Kabale, Lwengo, Bugiri, Jinja, Mbale and Sironko had the highest number of female condoms given out.

Fig14: Trend of female condoms given out



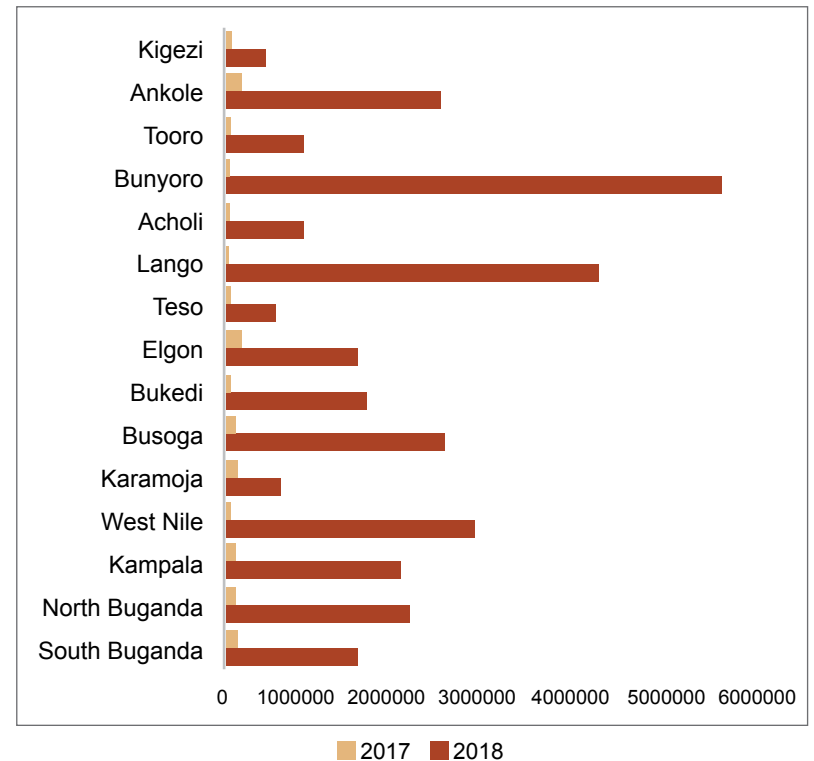
16.5 Male condoms dispensed

M35: Number of Male condoms dispensed, 2018



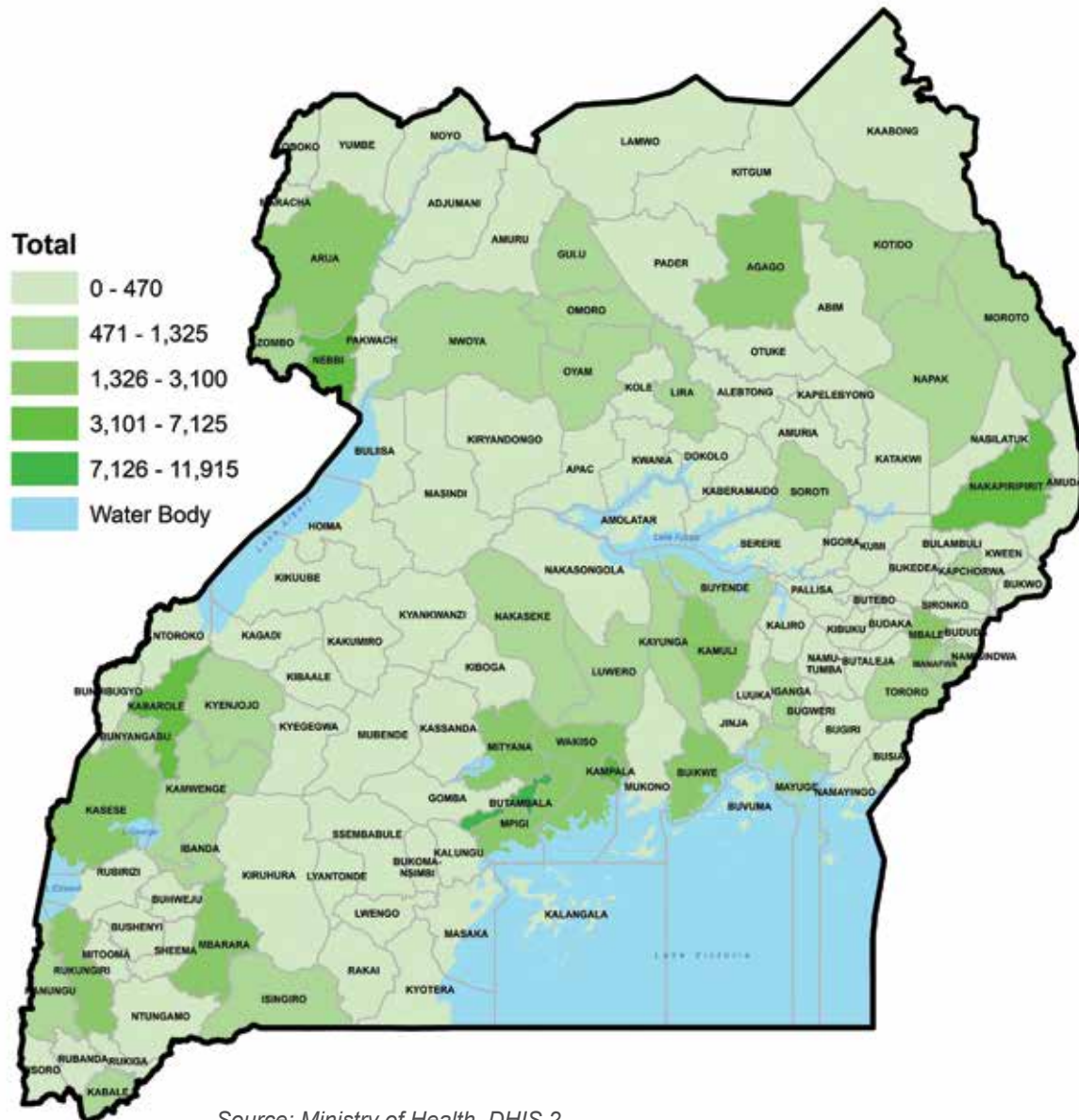
Map M35 shows the number of male condoms given out at health facilities by district in 2018. The districts of Abim, Mbale and Kampala had the highest number of male condoms given out while districts including: Koboko, Moyo, Lamwo, Kaabong, Moroto, Bukwo, Rakai, Lyantonde, Ntoroko and Zombo had given out the least number of male condoms in 2018.

Fig15: Trend of male condoms dispensed



16.6 Natural methods dispensed

M36: Number of Natural methods dispensed, 2018

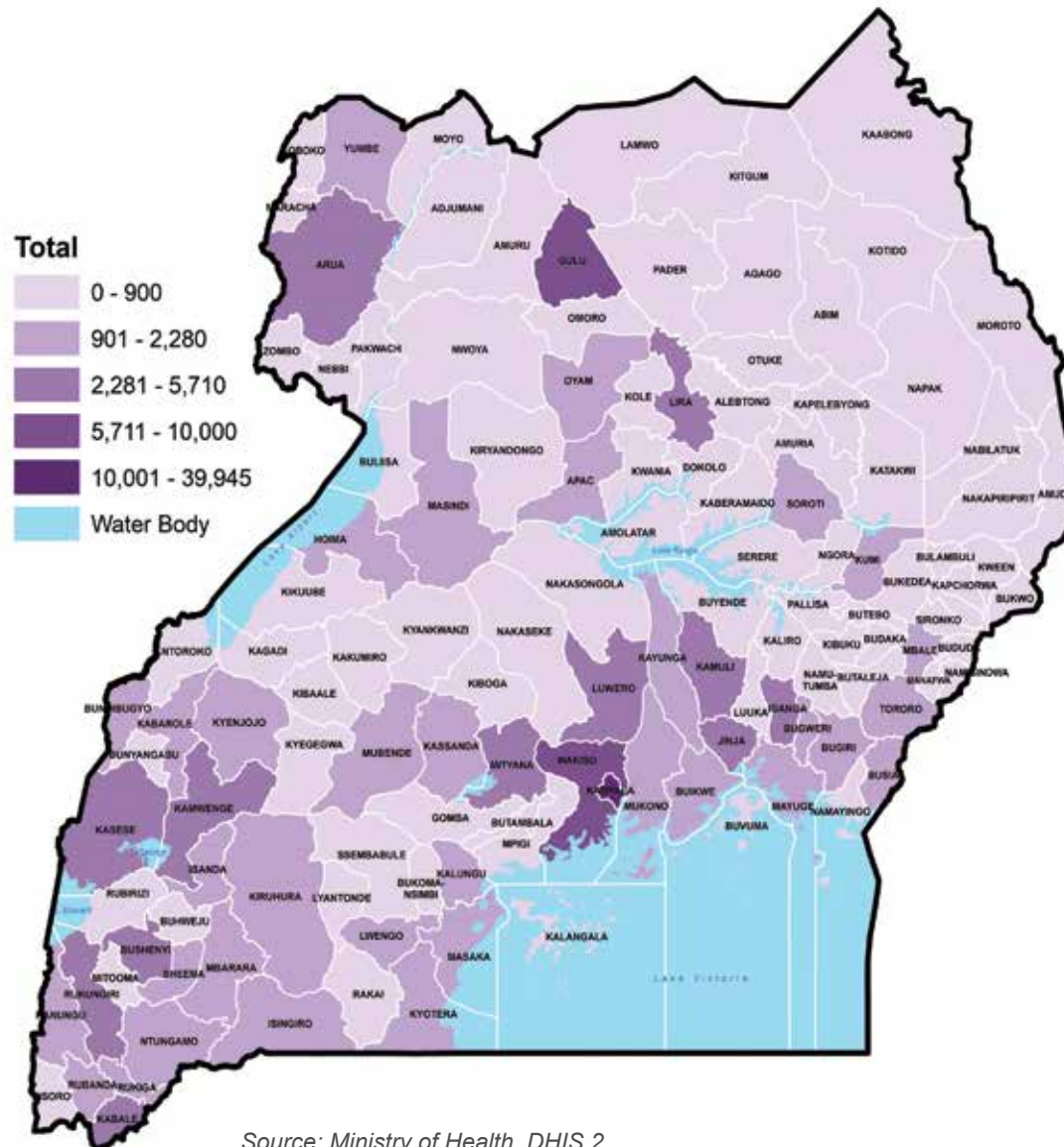


Natural Family Planning (NFP) refers to a variety of methods used to prevent or plan pregnancy, based on identifying a woman's fertile days. It includes among others abstinence or avoiding unprotected intercourse during the fertile days i.e. prevents pregnancy. Besides abstinence, natural family planning also includes withdrawal or Coitus interruptus, Calendar methods - based on calculations of cycle length and Lactational Amenorrhea Method (LAM) among many others.

The Ministry of Health promotes natural family planning through the use of moon beads. Map M36 shows the spread of natural family planning commodities dispensed in 2018. The districts of Nakapiripirit, Nebbi, Butambala and Kabarole had the highest distribution of NFP method while many of the districts registered less than 470.

16.7 Number of Oral contraceptives distributed

M37: Number of Oral contraceptives distributed, 2018

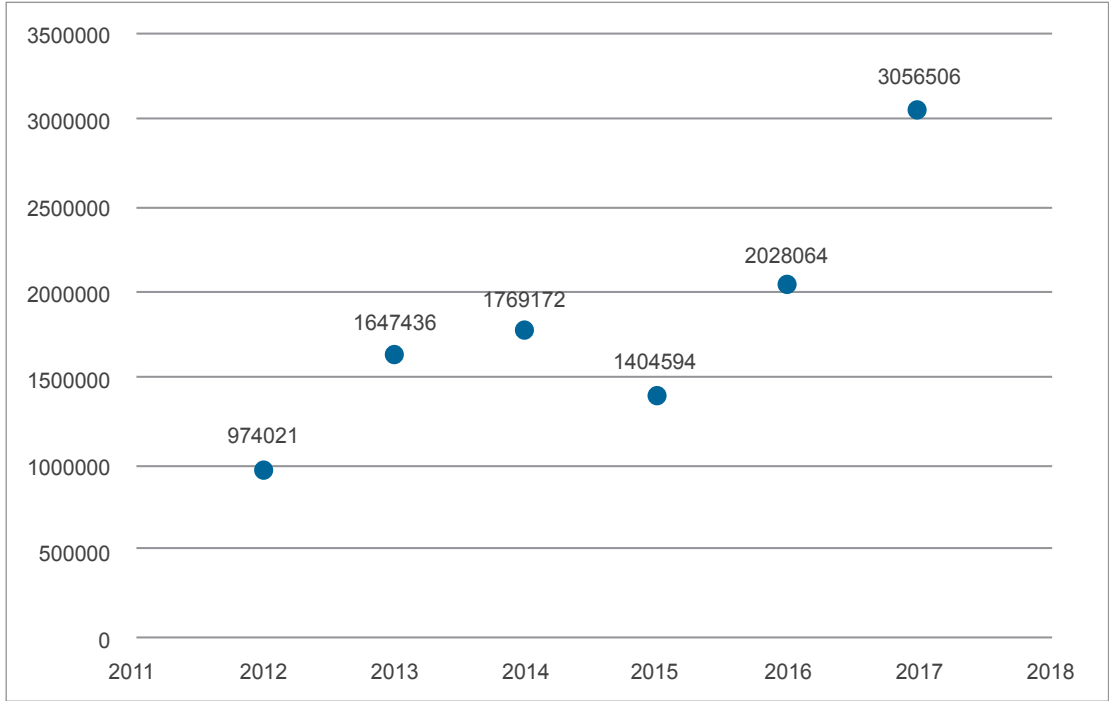


Oral contraceptives are pills that a woman takes by mouth to prevent the occurrence of pregnancy. Oral contraceptives are commonly known as ‘the pill’, ‘combined pill’, ‘birth control’ or ‘mini-pill’.

Map M37 shows the number of pills given out by health facilities in 2018. Most districts in the country gave pills to less than 900 women. However, the districts of Gulu, Wakiso, Kasese, Arua and Kabale had the higher number of pills given out to women while Kampala had the highest.

17.0 Couple-Years of Protection (CYP)

Fig16: Couple Years of Protection



Source: FP2020 Core Indicator Summary Sheet: 2017-2018 Annual Progress Report

The CYP refers to the estimated protection provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method. They are a standard metric that help us to track our progress in delivering family planning services.

The couple years of protection in 2017 were 3,056,506. Number of couple years of protection among contraceptive users in the country have continued to raise from 974,021 in the year 2012 to 1,769,172 in 2014. This trend was temporarily broken when it dropped to 1,404,594 in 2015, however the trend is back on course when 2,028,064 couple years of protection were recorded in 2016.

18.0 Method information index

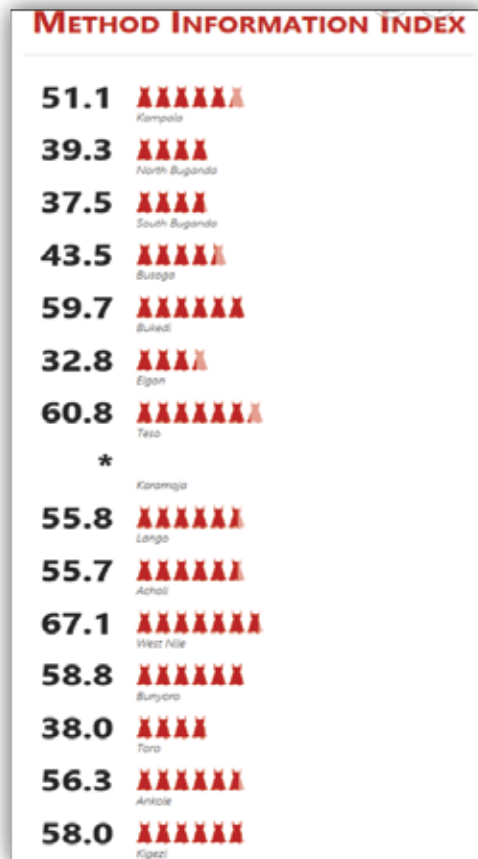
An index measuring the extent to which women were given specific information when they received family planning services. The index is composed of three questions asked to women of reproductive age: 1) Were you informed about other methods? 2) Were you informed about

side effects? 3) Were you told what to do if you experienced side effects? The reported Method Information Index value is the percent of women who responded “yes” to all three questions.

Map M38 shows that the Elgon region had the

lowest information index of 33 percent compared to 67 percent recorded for West Nile sub region. About half of the regions registered an information index of more than 55 percent. The dark shade in Karamoja should be interpreted with Caution because of few observations

M38: Family Planning Method Information Index by Region



Source: 2016 UDHS. * Insufficient observations

19.0 Provision of information on family planning

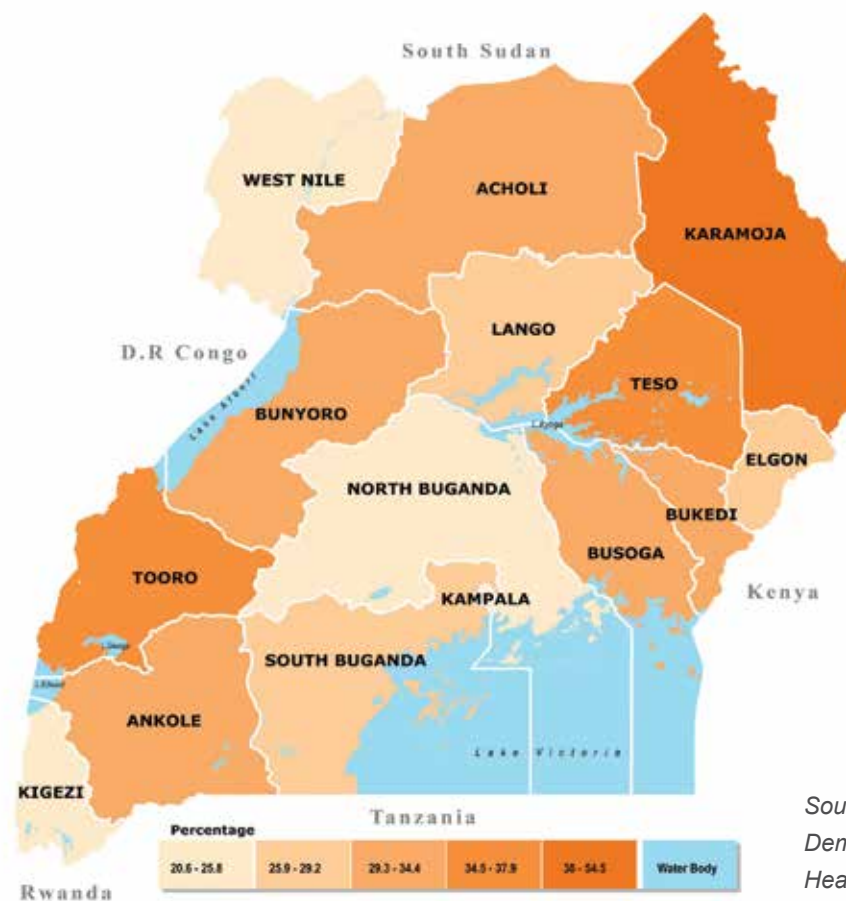
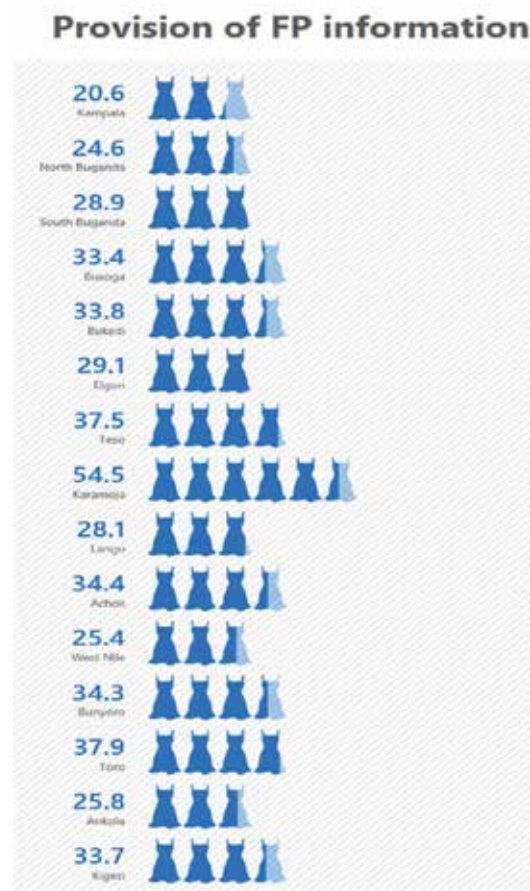
This refers to the percentage of women who were provided information on family planning within the previous 12 months through contact with a health service provider or fieldworker. These are women who had gone to get a health care service for one reason or another and they were given information

voluntarily.

This section shows the percent of women who had received information about family planning while seeing for a health care service in the previous 12 months in 2016. The illustrations show that

Karamoja region had the highest percent (55) of women who reported to have received family planning information followed by Tooro sub region at 38%. Kampala city had the least (21%) of women who reported to have got information about family planning in the last 12 months in 2016.

M39: Provision of FP information at the health facility

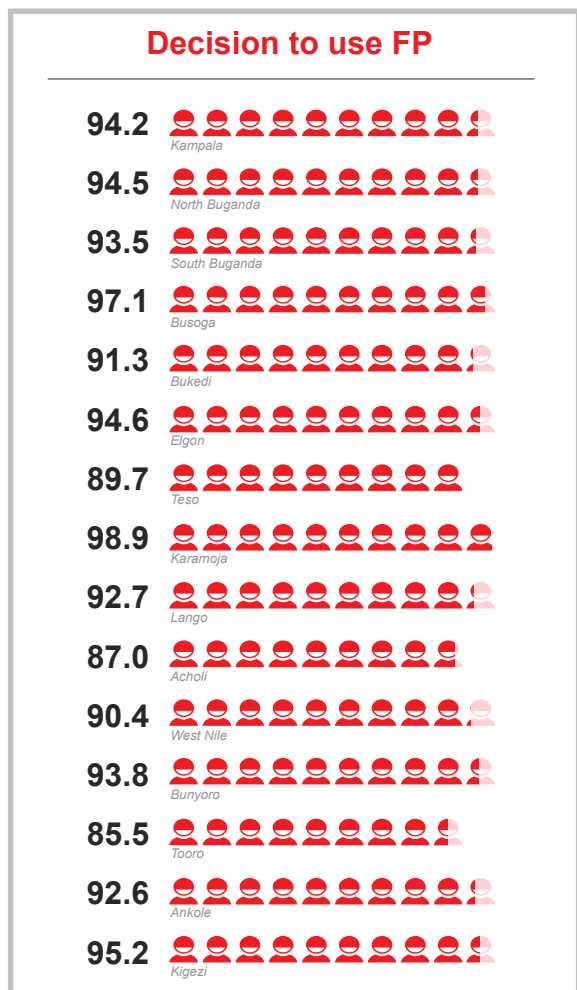


Source: 2016 Uganda Demographic and Health Survey.

20.0 Decision to use family planning

The percentage of women currently using family planning whose decision to use was made mostly alone or jointly with their husband/partner either alone or joint decisions are made, Karamoja region had the highest

percent at 99 while the lowest was reported in Tooro region at 86 percent. Generally, alone or joint decision making with regard to use of family planning is high in all regions.



M39: Decision to use Family planning



21.0 Contraceptive discontinuation rate

This refers to the percentage of episodes where a specific contraceptive method is discontinued within 12 months after beginning its use. The figure 17 shows that the long acting reversible methods have lower discontinuation rates compared to the short acting methods and the pill recorded the highest discontinuation rate of 67 percent. Majority of the women discontinuing do so while still in need of contraception

Fig17: Contraceptive Discontinuation Rate, 2016

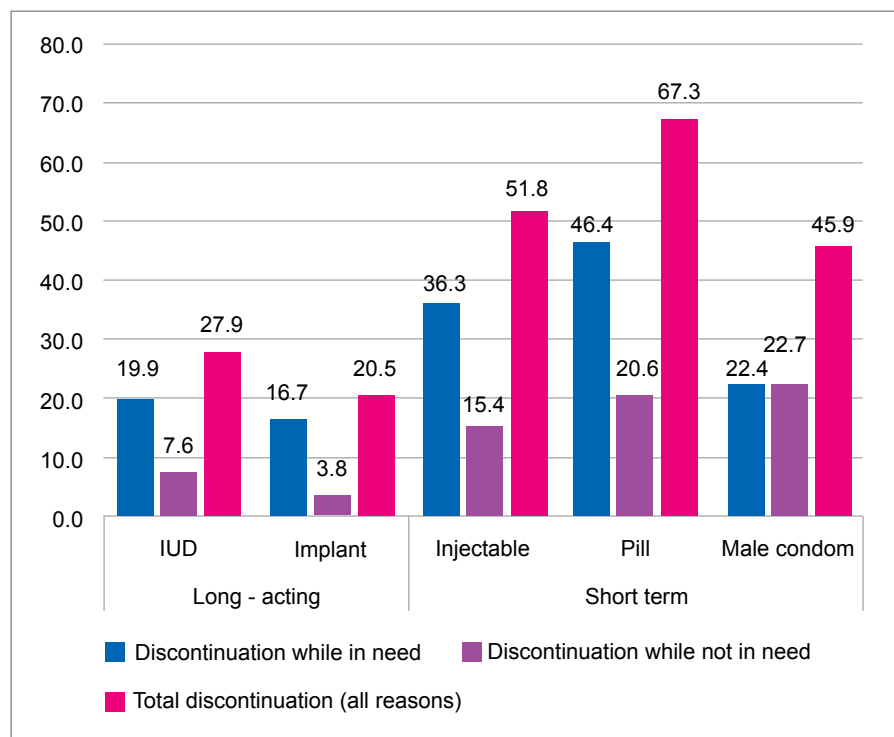
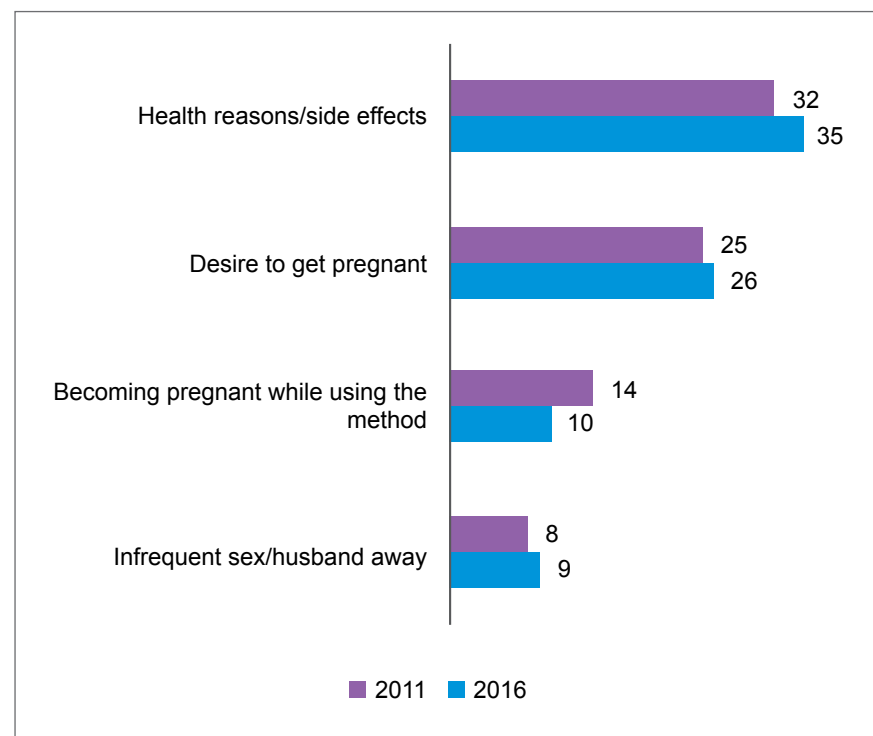


Figure 18 shows the main reasons sighted for discontinuing a contraceptive method, it is observed that there is a slight increase from 32 percent in 2011 to 35 percent in 2016 among women reporting health related reasons including fear of side effects. On the other hand, there is a reduction in reporting method failure from 14 percent to 10 percent in the same period.

Fig18: Reasons for discontinuation:



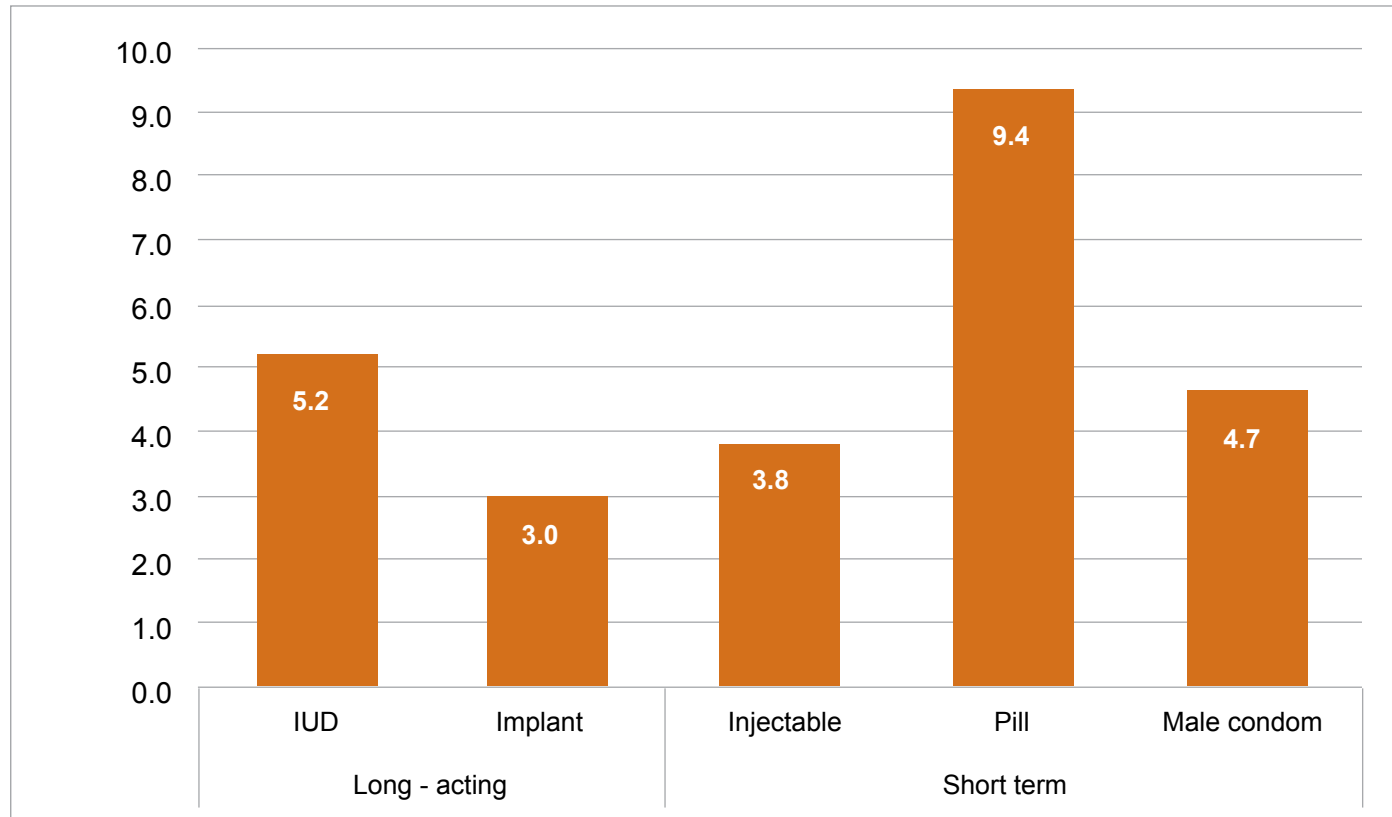
Source: 2016 Uganda demographic and Health Survey

22.0 Contraceptive method switching

This refers to the percentage of episodes where the specific method is discontinued within 12 months after beginning its use, and use of a different method begins after no more than one month of non-contraceptive use.

Figure 19 shows the percentage of contraceptive method switching. Among the users of long term acting methods women tend to switch more to the IUD method at five percent and less to implants at three percent. While among the short term acting methods, women switch more to the pill at nine percent compared to the male condom at five percent.

Fig19: Contraceptive method switching (%)



Source: 2016 Uganda demographic and Health Survey

23.0 Community-based family planning services

This section shows the extent to which FP services offered by community health workers/ Village Health Teams (VHTs) are utilized. The figure and map M40 show the percentage of women who report that they were visited by a VHT and discussed about FP in the past 12 months.

Obtained FP information from a VHT



M40: Visited by a VHT and discussed about FP (%)



This indicator assesses contact with a community health worker and is therefore one measure of access to FP-related information and services within the community. For postpartum FP programmes, this indicator is particularly relevant because of the emphasis placed on “no missed opportunity” with regard to FP counseling, education, and services. It helps to estimate the level of community-based programme activity, outreach, and utilization in an area.

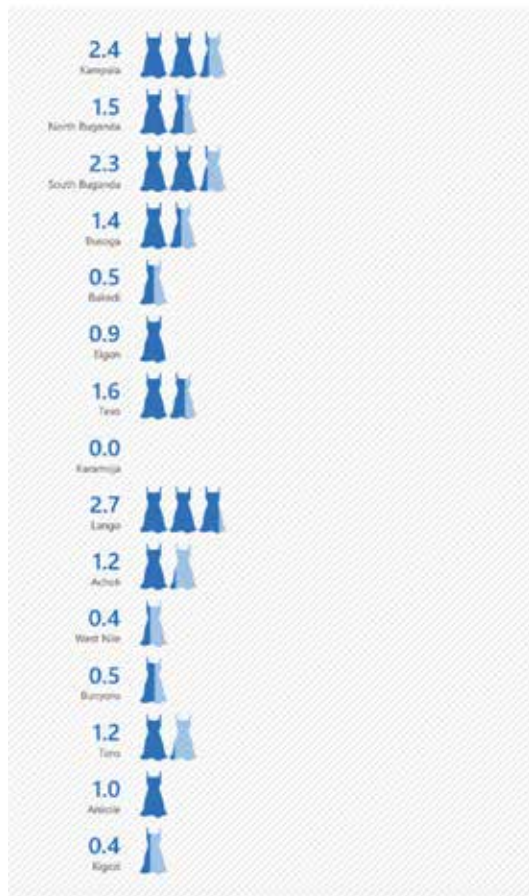
Karamoja sub region had the highest percentage of women who reported that they discussed family planning with a community health worker while the West Nile region had the least percentage.

Source: 2016 Uganda Demographic and Health Survey

Obtained their current method from a VHT

M41: Obtained their current method from a VHT by region

Obtained FP from community (%)



Source: 2016 Uganda Demographic and Health Survey

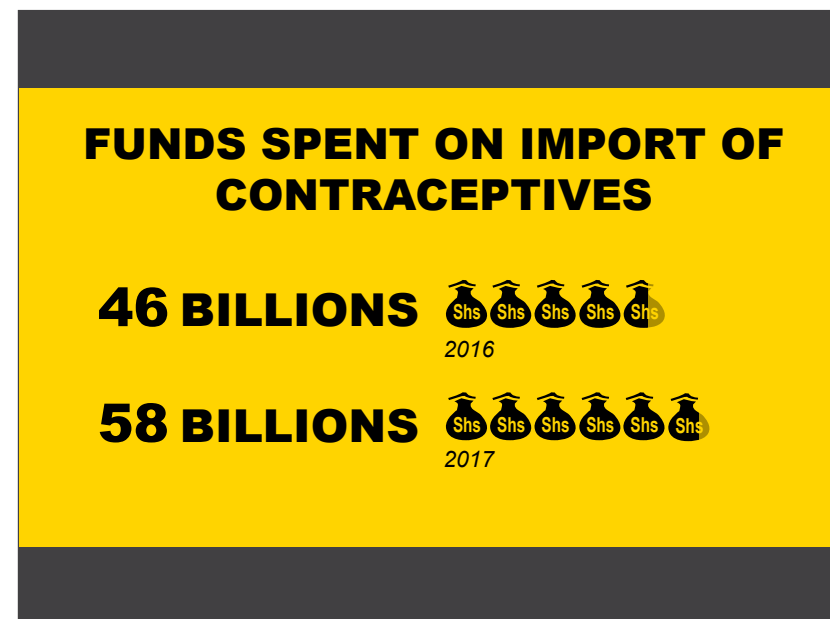
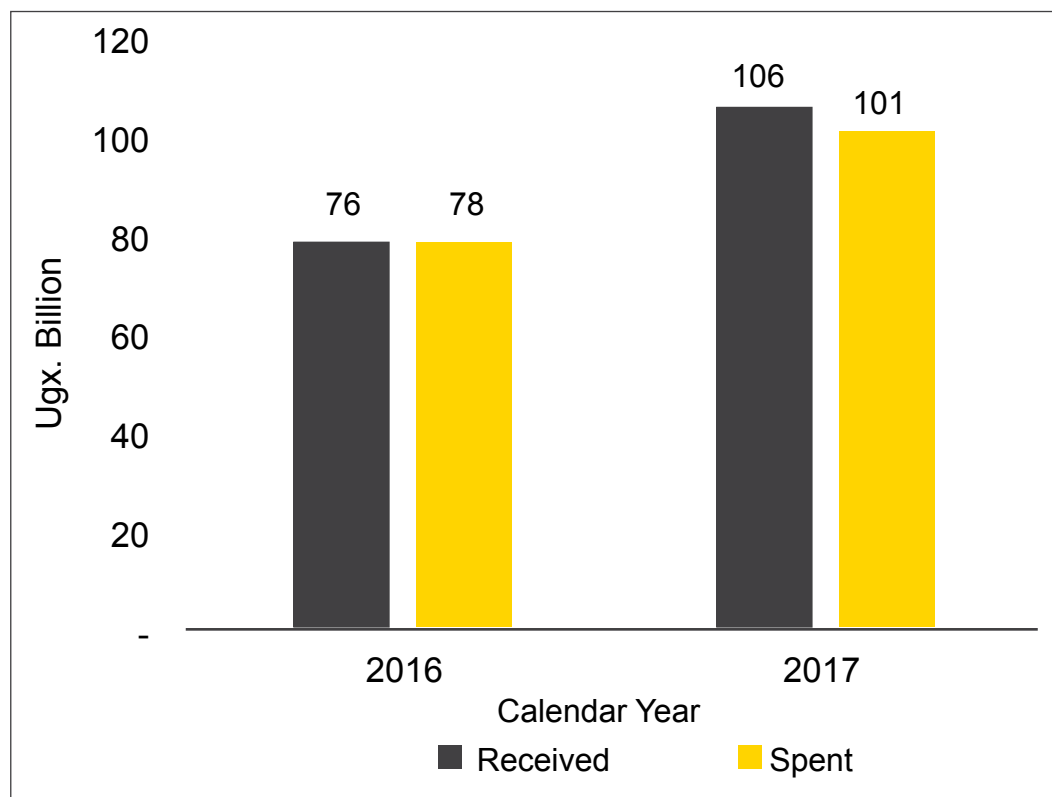
The goal of using community-based providers is to increase contraceptive use by increasing access and raising demand through information, education, and communication activities. Broadly, this indicator measures how much of a role community-based providers play in providing access to FP methods. Specifically, it measures how well community-based distribution of contraception provides coverage of FP services to a given area. Modern FP methods obtained from a community-based provider include hormonal pills, injectables, male and female condoms, and foam/jelly. Traditional or ‘non-modern’ methods include periodic abstinence, withdrawal and folk methods.

24.0 Financing for family planning

Figure 20 shows that there was a 34 percent increment in funds received for family planning activities in Uganda between the year 2016 and 2017.

Funds spent on importation of Family planning contraceptives increased from UGX 46Billion in 2016 to UGX 58Billion in 2017.

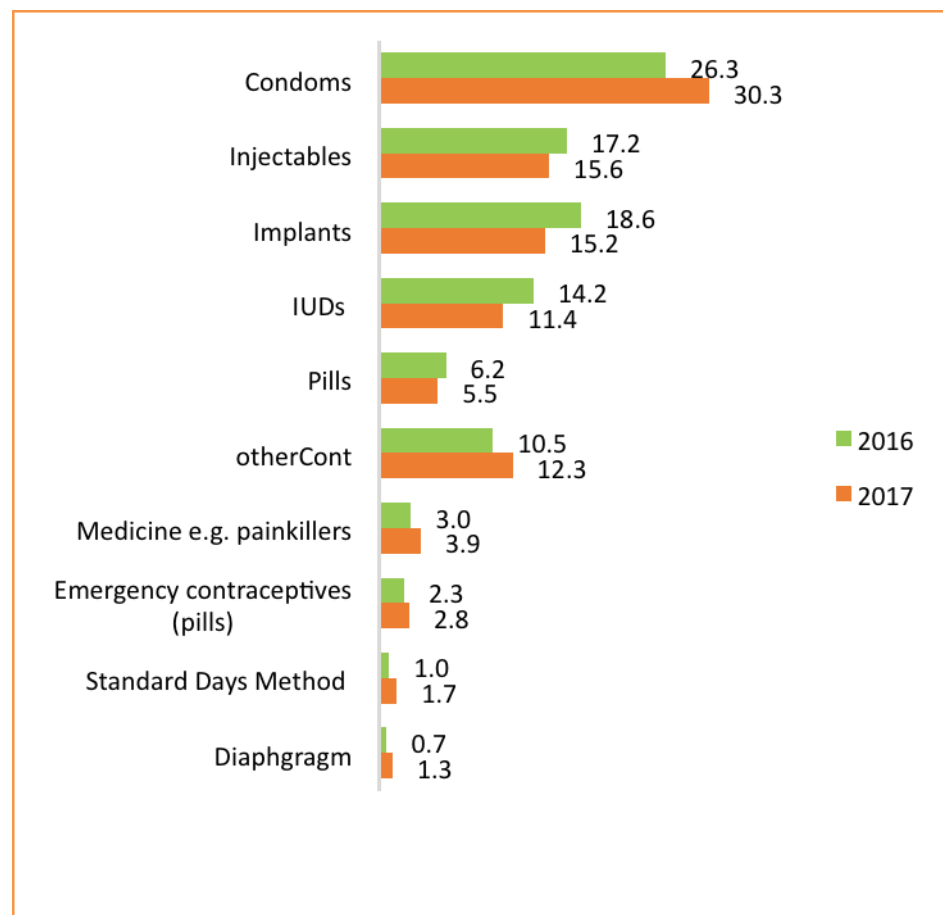
Fig20: Total Income Received and Spent on Family Planning Activities



Source: 2018 Resource Flows Survey on Family Planning in Uganda.
 UNFPA/NIDI: United Nations Population Fund and Netherlands
 Interdisciplinary Demographic Institute Resource Tracking Project on Family
 Planning Expenditures

In Uganda, about a third of the expenditure on family planning consumables is spent on purchasing condoms. There is an observed increase in the share on condoms and a big decrease for the other FP methods between 2016 and 2017.

Fig21: Share of Family Planning expenditure on consumables by type of method provided, 2016-2017, (%)

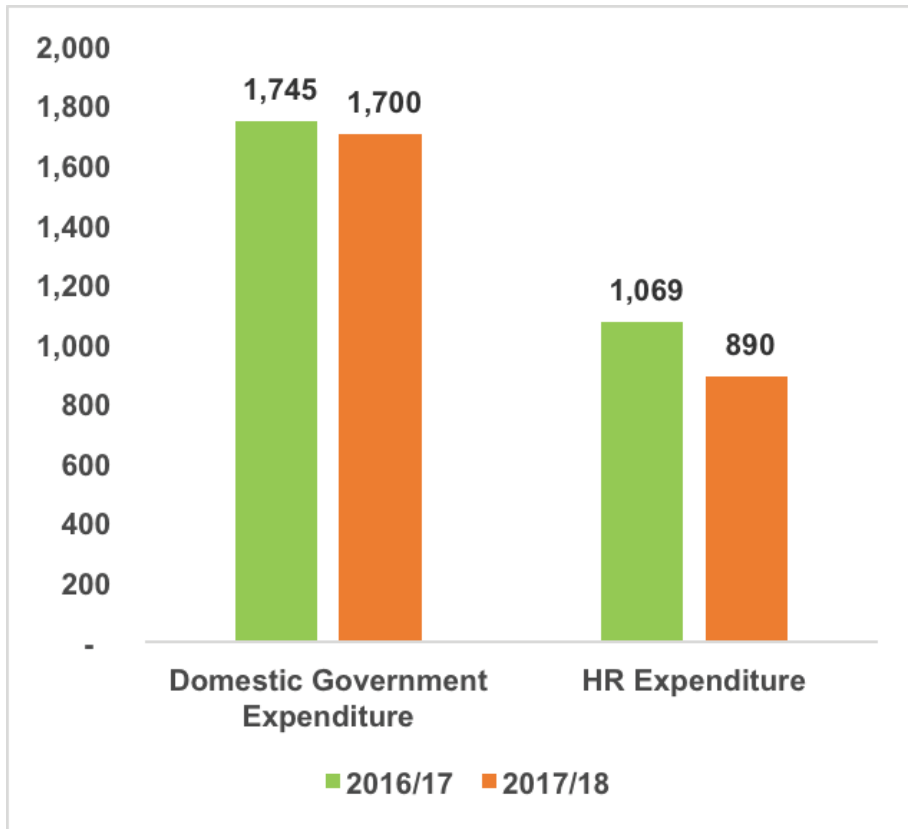


Source: 2018 Resource Flows Survey on Family Planning in Uganda. UNFPA/NIDI: United Nations Population Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Family Planning Expenditures

Fig22: Share of Family Planning expenditure on service offered and method consumables (%)

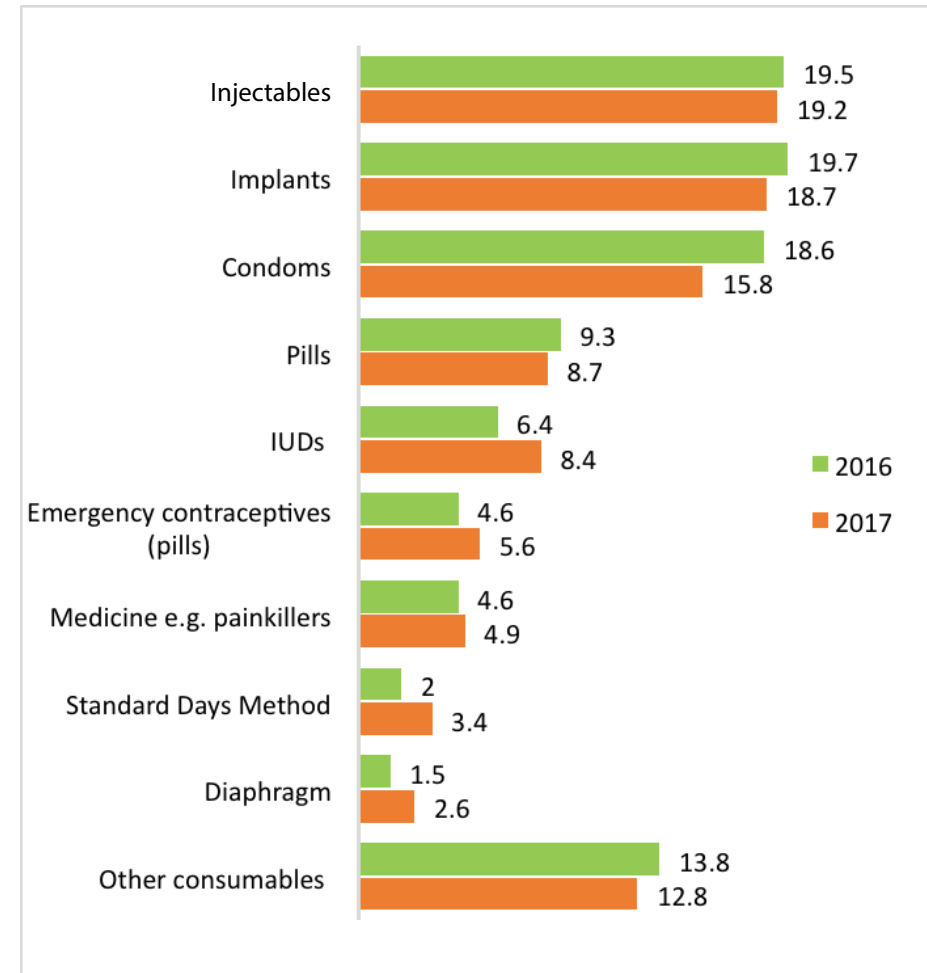
FAMILY PLANNING EXPENDITURES	2016	2017
Recurrent Expenses		
Internal service staff costs	35.2	27.5
Contraceptives, medicine & other consumables	25.5	11.7
Information, Education and Communication (IEC)	9.2	7.7
Logistics/transportation of contraceptives etc.	8.0	12.1
Management Information System (MIS) 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

Fig23: Expenditure on Family Planning Activities from National budget, 2016/17-2017/18, (UGX 'Millions')



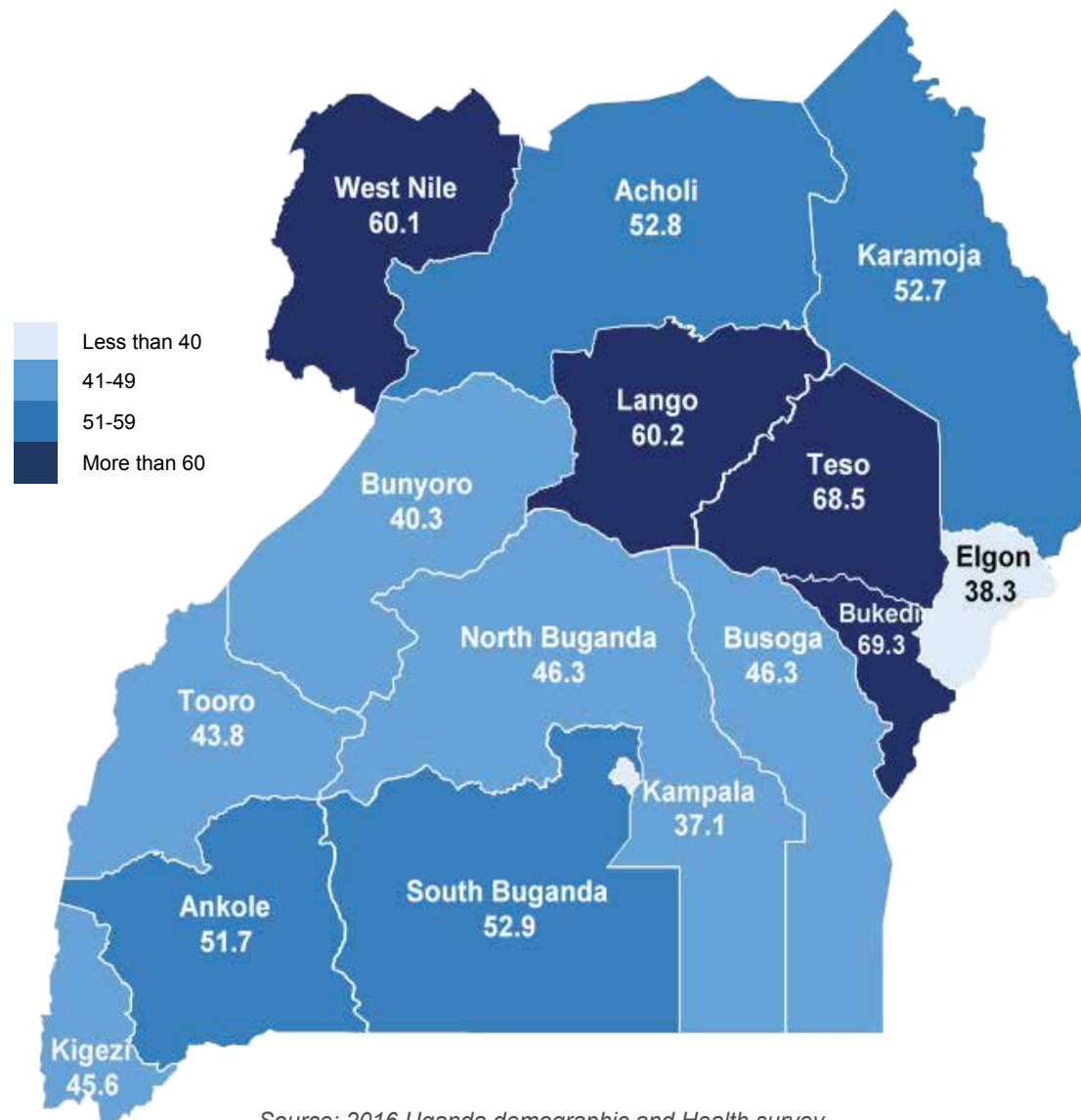
Source: 2018 Resource Flows Survey on Family Planning in Uganda. UNFPA/NIDI: United Nations Population Fund and Netherlands Interdisciplinary Demographic Institute Resource Tracking Project on Family Planning Expenditures

Fig24: Share of FP expenditure on consumables in private health facilities, 2016-2017, (%)



25.0 Gender issues that influence FP use

M42: Women age 15-49 who have ever experienced physical violence since age 15 (%)

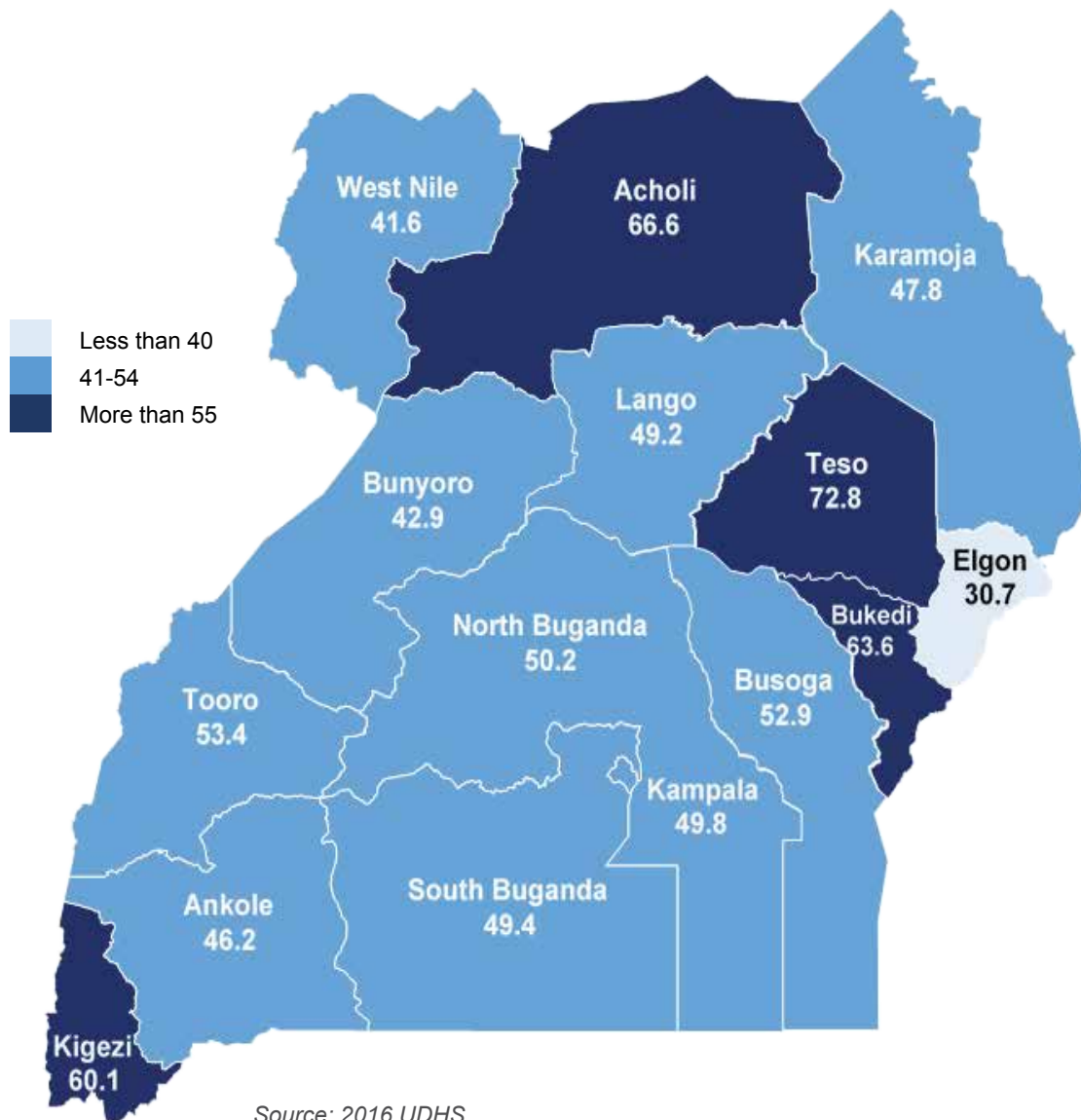


Source: 2016 Uganda demographic and Health survey

Several studies have been done on domestic violence and its association with unwanted pregnancy, abortion, and other contraceptive attitude. Women in abusive relationships may have limited control over the timing of sexual intercourse, which would limit the effectiveness of some methods, particularly barrier methods

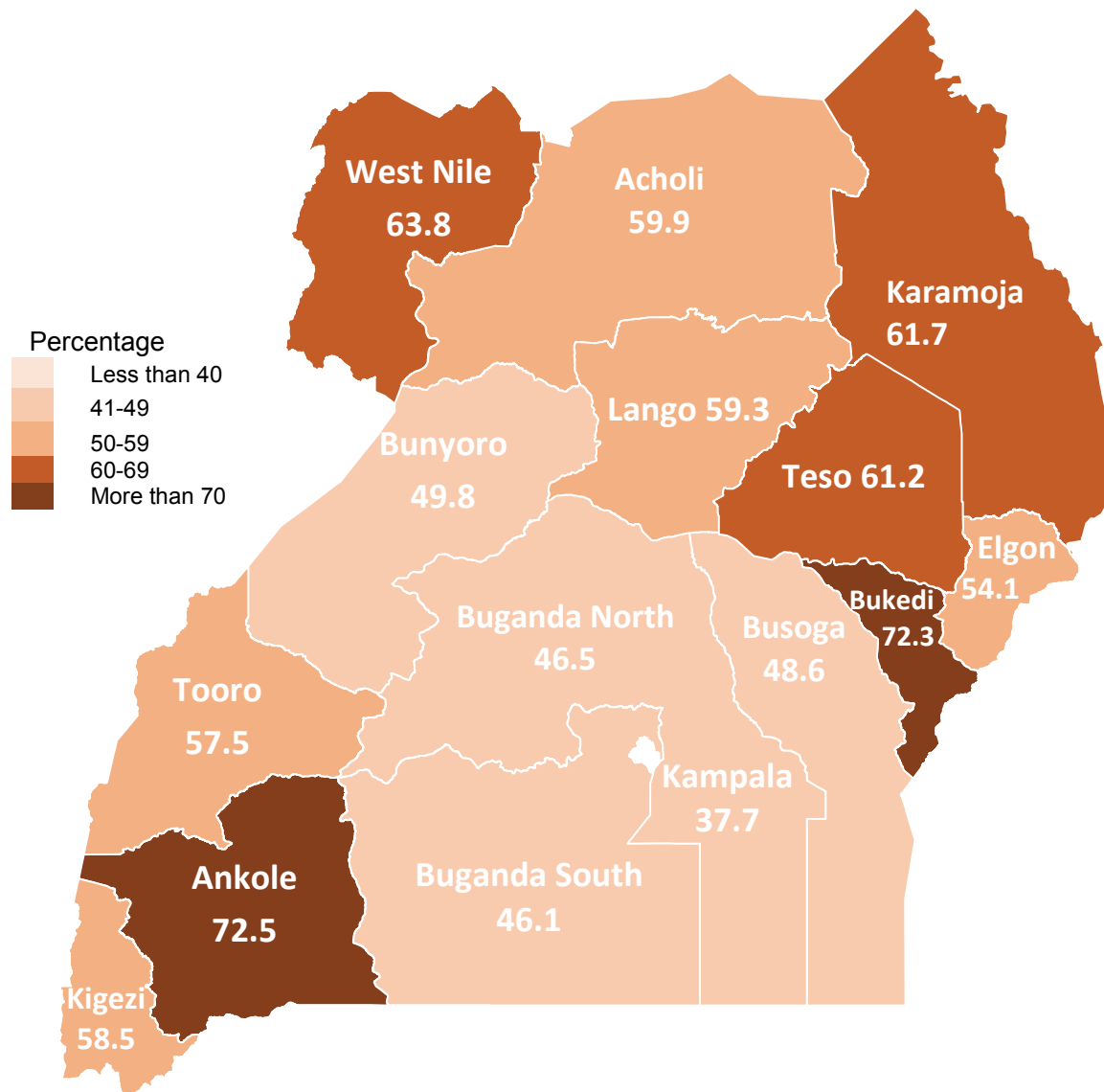
Physical violence can be severe and recurring hence the need to know those who have ever experienced physical violence. Map M42 shows that across all regions about half of the women have ever experienced physical violence with the following regions having the highest: Bukedi (69%), Teso (69%), Lango (60%) and West Nile (60%).

M43: Men age 15-49 who have ever experienced physical violence since age 15 (%)



Map M43 shows regional variations among men who have ever experienced physical violence since the age of 15 years. The Elgon region had the least percentage of men who reported having experienced physical violence (31%) while the following regions have the highest prevalence of physical violence among men: Teso (73%), Acholi (67%), Bukedi (64%) and Kigezi (60%).

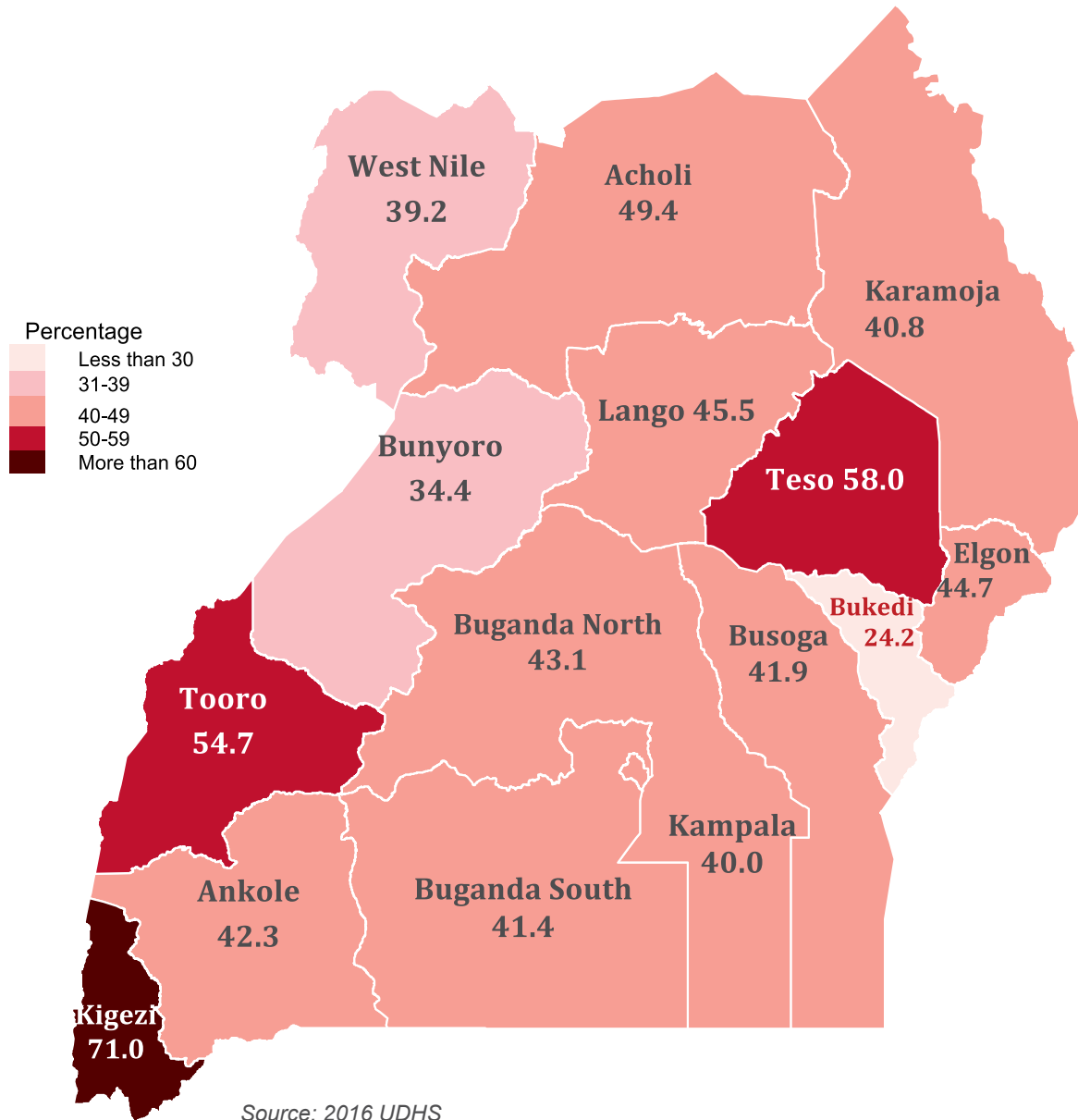
M44: Women who experienced any form of spousal violence (%)



Map M44 shows regional distribution of married women who have ever experienced any form of physical, sexual or emotional violence committed by their current partner. Bukedi and Ankole region had the highest percentage of women who experience any of spousal violence while Kampala city had the least.

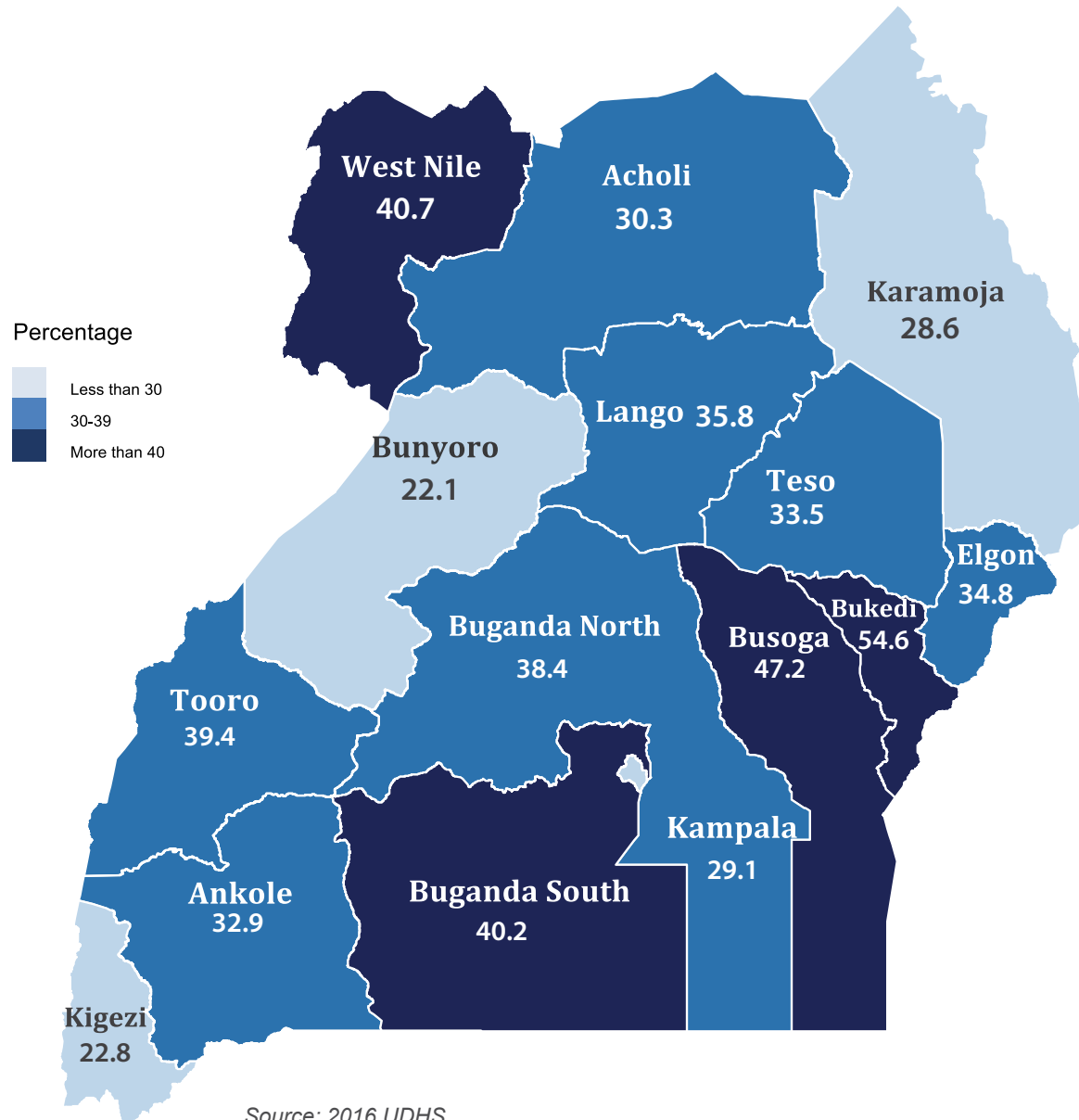
Source: 2016 UDHS

M45: Men who experienced any form of spousal violence (%)



Map M45 shows regional variations of spousal violence reported by men in 2016. The men in Teso, Tooro and Kigezi had the highest percentage reporting spousal violence.

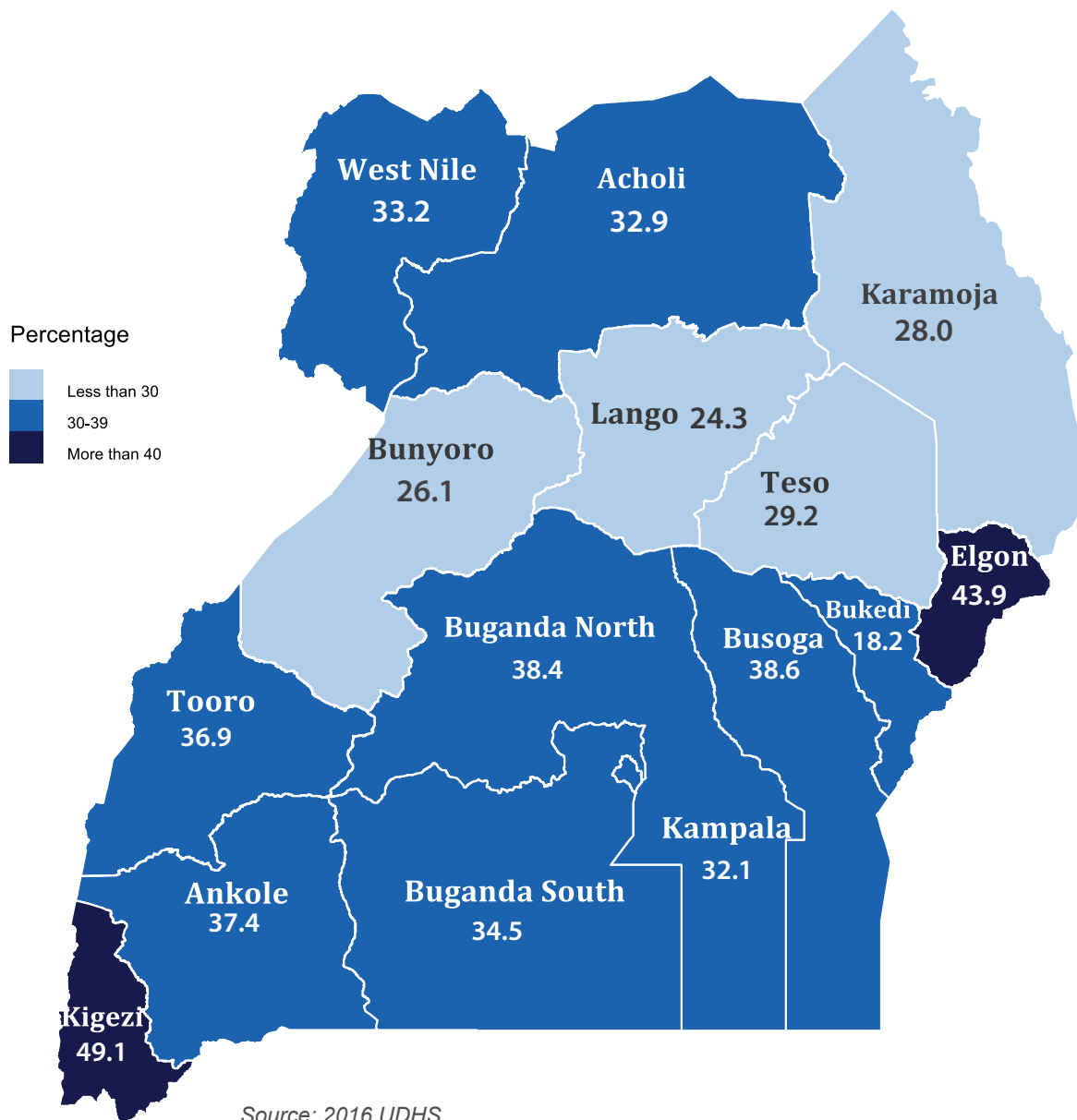
M46: Marital control exercised by husbands (%)



Marital control may affect the ability to decide to use a family planning method. That is if a woman/man experienced any of the following controlling behaviours from a partner: is jealous or angry if she/he talks to other men/women, frequently accuses her/him of being unfaithful, does not permit her/him to meet her/his female/male friends, tries to limit her/his contact with her/his family, and insists on knowing where she/he is at all times.

Map M46 shows that Bukedi region has one of the highest proportion of husbands that exercise marital control (displays three or more of the specific behaviours of marital control) compared to the other regions (54.6%).

M47: Marital control exercised by wives (%)



Map M47 shows that marital control among women is highest among women in the Elgon (44%) and Kigezi regions (49%).

Source: 2016 UDHS

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