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MONEY.

PALLISA DISTRICT - UGANDA

## Modeling Family Planning 2020 Investments

*Just like the rest of the country, Pallisa district is not performing well enough to achieve the national family planning (FP) targets and commitments. In spite of impetus that followed the launch of the national FP costed plan 2015-2020, interventions remain under-funded, service delivery has gaps, and uptake remains poor. Results from ImpactNow modelling show that Pallisa can avert unintended pregnancies, unsafe abortions and maternal and child deaths – and make savings on healthcare costs – if the district invests in FP to the target levels*

### CONTEXT

Ensuring universal access to family planning (FP) has been identified as a key priority for realizing the Sustainable Development Goals (SDGs), and as one of the most cost-effective SDG targets.<sup>1</sup> Voluntary, high quality FP can help curb rapid population growth, improve health, and drive development.

However, many women in Uganda who want to avoid or delay pregnancy do not have access to contraceptives, leading to unintended pregnancies, large unmanageable families, unsafe abortions, ill-health and deaths of children and mothers.

At the national level, contraceptive prevalence (modern and traditional methods) stands at 39% among married women, and at 51%

among sexually active unmarried women; the unmet need for FP<sup>2</sup> standards at 28%; while the total fertility rate (TFR)<sup>3</sup> is as high as 5.4.<sup>4</sup>

The situation is not any different in Pallisa district, where TFR is estimated at 6.1; teenage pregnancy at 25%, contraceptive prevalence at 31%; FP use among married women at 20%; and the unmet need at 69%.<sup>5</sup> This is mainly because health facilities in Pallisa district face persistent stock outs of FP commodities, health workers lack capacity to offer FP services, the huge number of

1 Copenhagen Consensus Center. Post-2015 Consensus: The smartest targets for the world 2016-30. [http://www.copenhagenconsensus.com/sites/default/files/post-2015\\_presentation\\_3.pdf](http://www.copenhagenconsensus.com/sites/default/files/post-2015_presentation_3.pdf)

2 Unmet need is the proportion of sexually-active women who wish to delay or avoid pregnancy but are currently not using any FP method.

3 Total fertility rate refers to the average number of children produced per woman in a lifetime.

4 Uganda Bureau of Statistics, 2017. Uganda Health and Demographic Survey 2016

5 LQS results for 2015

adolescents' lack SRH information and there is a high unmet need for FP.

In 2012, during the London Family Planning Summit, the Government of Uganda made a set of political, financial, program and service delivery pledges to reduce unmet need for FP from the current 40% to 10% by 2022. And to achieve this, the country launched a national FP Costed Implementation Plan (CIP, 2015-2020) in 2014, targeting to reduce the unmet need for FP to 10% and increase use of modern contraceptives to 50% by 2020.

The CIP lays out strategies for demand creation; service delivery and access; contraceptive security; policy and enabling environment; financing; and stewardship, management, and accountability. The cost of the total plan is US\$236 million between 2015 and 2020, which should increase the number of women using modern contraception from about 1.7 million in 2014 to 3.7 million in 2020.

There has been progress on President Museveni's pledge to allocate US\$5 million to FP per year and to mobilize an additional US\$20 million from development partners.

However, at the current rate, the country is unlikely to achieve these targets, unless there is renewed momentum and concerted effort from all actors at the different levels – including local government. Ministry of Health assessment found that the country has a total a total FP funding gap of about US\$113 million for all six years of the FP-CIP.

Given that the total cost of FP-CIP interventions is estimated at US\$235.8 million, the funding gap means that less than half of the activity costs in the CIP are covered by currently planned funding between 2015 and 2020. The size of the gap in Uganda differs by year; the largest gap is in 2019 (US\$21.8 million).

At the district level, Pallisa District Local Government does not have a specific budget for FP programming in the district. Amidst uncertain donor funding, and an increased need for domestic investment, HEPS-Uganda has prepared this brief to illustrate to Pallisa District Local Government and other district-level actors, in concrete terms, the cost-effective benefits the district can derive from investing in FP, including the numbers of lives of mothers and children that will be saved.

## PALLISA DISTRICT SITUATION ANALYSIS

The population of Pallisa district is estimated at 283,765 people, of which 55% are children below 18 years of age. The population of adolescents and young people is estimated at 98,750, while the total population of women in the reproductive age group (15-49 years) is 20.2% – equivalent to 57,321 women.

The proportion of married women who use modern FP has not increased in recent years. Nearly one in five married women and almost two in four teenagers do not want to

have a child but are not using contraceptives. The access for FP services is poor, while institutional deliveries by the teenage pregnant mothers is low. Some of the causes for this include the negative provider bias, lack of adolescent-responsive services at the district health facilities, and FP-related community stigma and discrimination.

## MODELING FP INVESTMENT SCENARIOS

**H**EPS-Uganda used a modeling tool known as ImpactNow to predict the short-term future health and economic benefits of FP investments using three different scenarios – conservative, moderate and ambitious investment scenarios.

ImpactNow is an Excel-based model that estimates the health and economic impacts of FP in the near term (2-7 years). It is designed to model the impacts of different policy scenarios, and to compare the results of those scenarios. ImpactNow was adapted from Marie Stopes International’s (MSI) Impact 2 model as a collaboration between MSI and the Health Policy Project (HPP), with support from USAID.

In this analysis, the **conservative scenario** refers to the current situation (business as usual), if the increase in FP investments is at basic 2% per annum; the **moderate scenario** assumes makes the necessary investments

(5 percentage point annual increment) to achieve the CIP target of modern Contraceptive Prevalence Rate (mCPR) of 50% by 2020; while the **ambitious scenario** assumes that the district will invest to achieve the target mCPR of 50% and over the period gradually achieve a shift in contraceptive method mix toward long-acting reversible contraceptives (LARCs).

For each of these scenarios, the model predicts:

- Maternal deaths averted
- Child deaths averted
- Unintended pregnancies averted
- Unsafe abortions averted
- Financial savings to the healthcare system (e.g., maternal and infant healthcare costs averted, post-abortion care costs averted)
- Cost-benefit ratios of investing in family planning
- Incremental cost-effectiveness ratios.

## PREDICTED BENEFITS OF FP INVESTMENTS

### a) Scenario comparison

Table 1: Different scenarios showing mCPR and method mix

	Base (2015)	Conservative (2020)	Moderate (2020)	Ambitious (2020)
<b>mCPR</b>	<b>35%</b>	<b>42%</b>	<b>50%</b>	<b>50%</b>
<i>Modern Method mix</i>	<i>UDHS, 2016</i>	<i>UDHS, 2016</i>	<i>UDHS, 2016</i>	<i>UDHS, 2016/ LARCs</i>
Male condoms	6.90%	6.90%	6.90%	7.39%
<b>Injectables</b>	<b>53.16%</b>	<b>53.16%</b>	<b>53.16%</b>	<b>43.11%</b>
Pills	5.46%	5.46%	5.46%	8.58%
Male sterilization	0.29%	0.29%	0.29%	0.40%
Female sterilization	7.76%	7.76%	7.76%	7.98%
IUDs	4.31%	4.31%	4.31%	7.98%
Implants	18.10%	18.10%	18.10%	23.96%
SDM	0.00%	0.00%	0.00%	0.00%
Other modern	4.02%	4.02%	4.02%	0.60%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

### **Conservative scenario**

Under the current investment scenario (conservative), the mCPR among married women is projected to increase 42% by 2020, from 35% (UDHS 2016 data) in 2015. The total number of users is estimated to increase from 13,672 to 17,949 by 2020. Unmet need

FP would be reduced from 28 to 25% by 2020. To achieve a CPR of 42% the total costs for FP would increase from 108,651 in 2018 to 112,905 in 2020 and in the next 2 years Pallisa would require to invest 332,329.

*Table 2: Total number of family planning users by scenario*

Year Scenario	2015	2016	2017	2018	2019	2020
<b>Conservative</b>	13 672	13 949	14 228	14 509	14 792	15 077
<b>Moderate</b>	13 672	14 512	15 360	16 216	17 078	17 949
<b>Ambitious (CIP)</b>	13 672	14 512	15 360	16 216	17 078	17 949

### **Moderate scenario**

In the moderate scenario, an investment of an additional US\$51,412 in Pallisa using the base-year method mix will yield an mCPR of 50% by 2020. The total number of users is estimated to increase from 13,672 to 15,077 by 2020. Unmet need FP would be reduced

from 28 to 17% by 2020. To achieve a CPR of 50% the total costs for FP would increase from 121,434 in 2018 to 134,411 in 2020 and in the next 2 years Pallisa would require to invest 383,741.

### **Ambitious scenario**

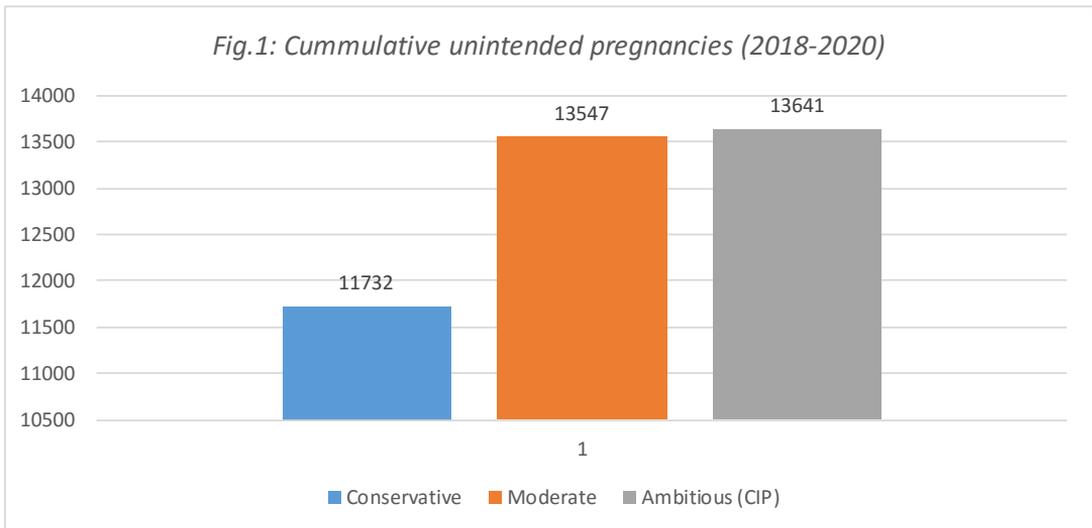
In the ambitious scenario, mCPR among married women is projected to increase to 50% by 2020. However, this will be achieved at a reduced additional investment of US\$39,039 by reducing the use of injectable contraceptives (Depo Provera) and increasing in the use of the cost-effective male and female sterilization, intra-uterine devices (IUDs) and Implants.

The total number of users is estimated to increase from US\$ 13,672 to 17,949 by 2020. Unmet need for FP would be reduced from 28% to 17% by 2020. To achieve a CPR of 50% the total costs for FP would increase from US\$118,521 in 2018 to US\$129,039 in 2020 and in the next two years Pallisa would require to invest US\$371,367.

## b) Unintended pregnancies averted

By increasing rate of mCPR annually by five percentage points to reach the CIP target – and diversifying method mix – Pallisa district would prevent cumulatively more than 130,000 unintended pregnancies by

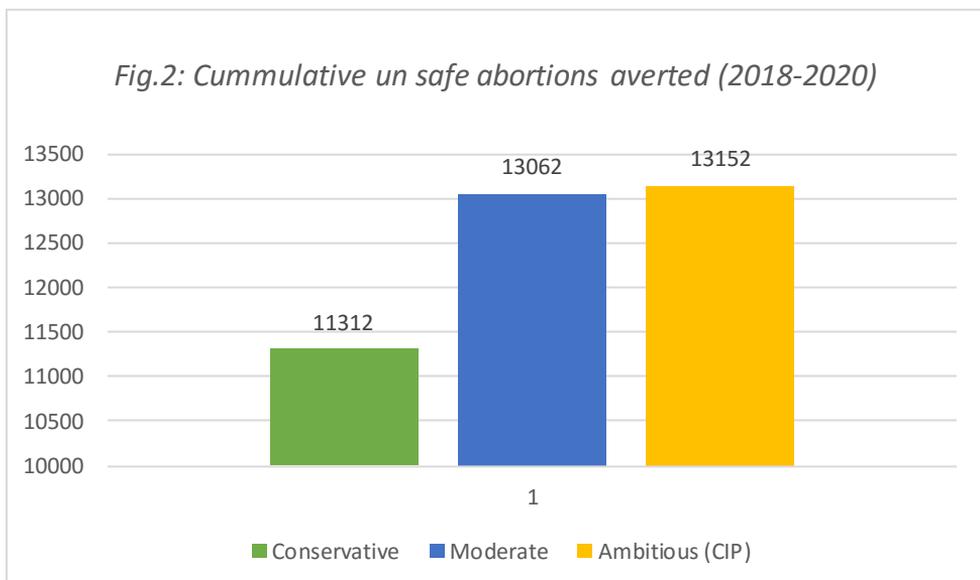
2020. This implies an additional 1,909 more unintended pregnancies averted than if a conservative scenario is maintained, as shown in the Figure 1.



## c) Unsafe abortions averted

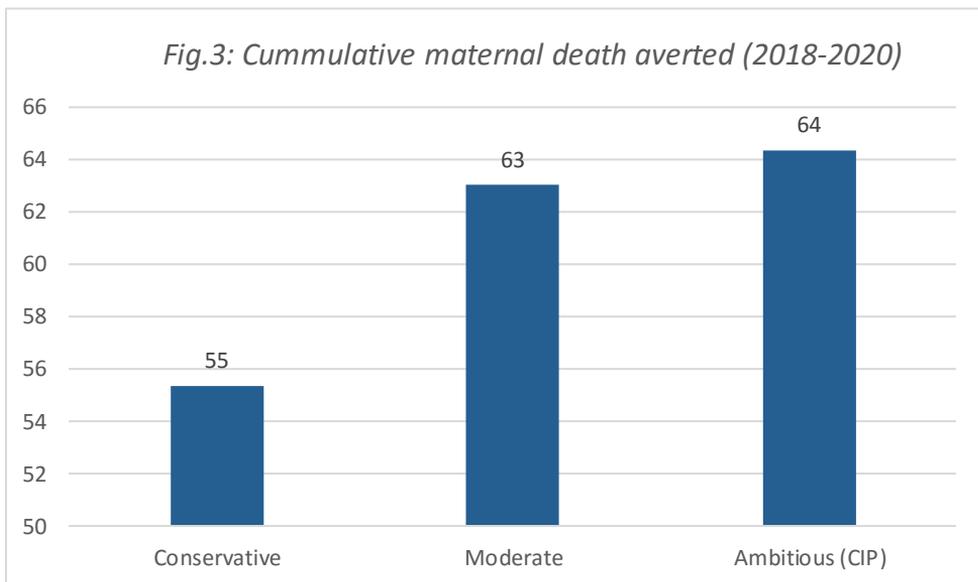
Palisa district would prevent 1,840 more unsafe abortions by accelerating expanded access to, and use of, modern methods by

2020 compared to the conservative scenario as shown in Figure 2.



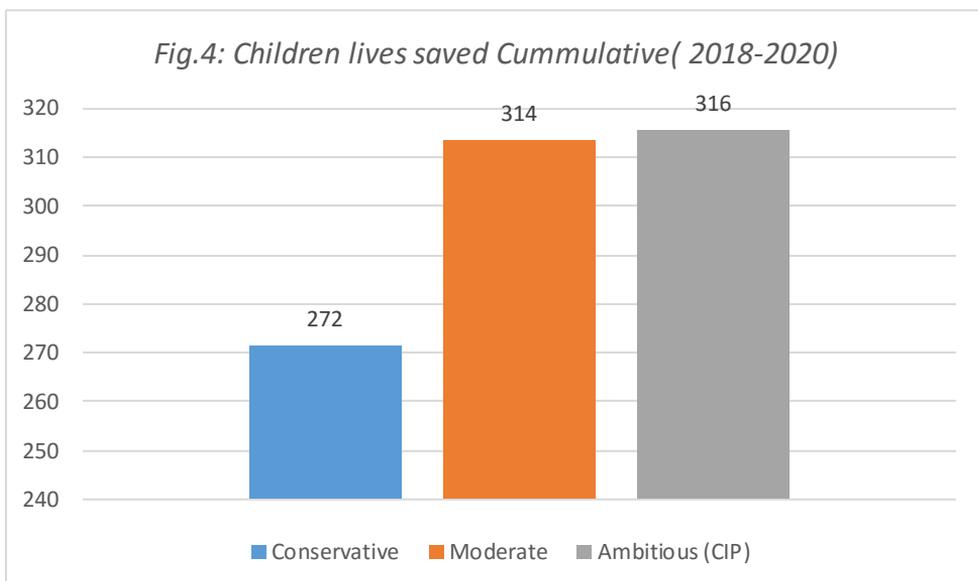
#### d) Mothers' lives saved

Pallisa district would save an additional nine mothers' lives by investing in long acting and permanent methods compared to a conservative scenario by 2020 as shown in Figure 3.



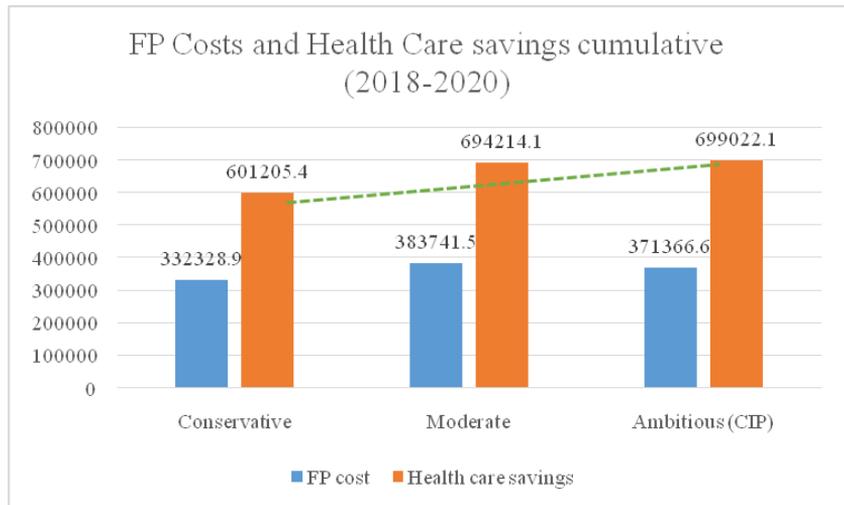
#### e) Children's lives saved

Accelerating the use of modern methods in Pallisa district by 2020, compared to a conservative scenario (Figure 4) would save an additional 44 children's lives



**f) Healthcare cost savings**

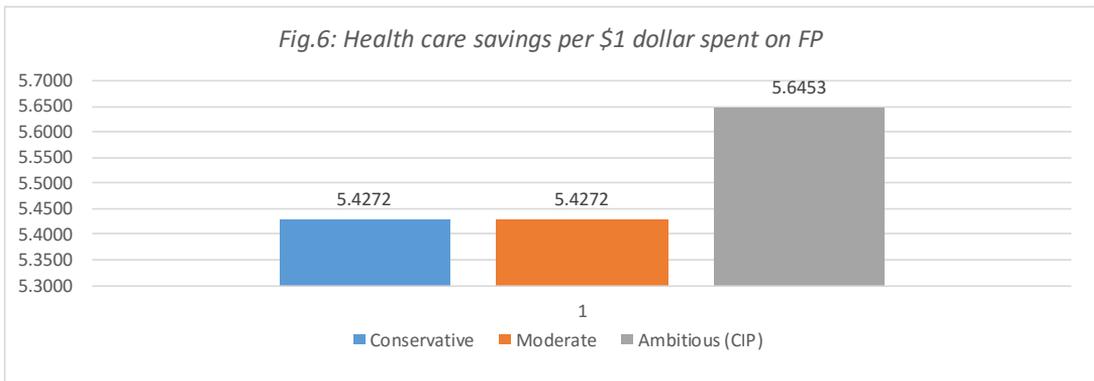
By investing in modern, long acting and permanent FP methods, Pallisa district would save an additional US\$97,817 in healthcare costs by 2020. In addition, the FP costs decrease with the increased use of LARCs; FP costs increase with current method mix and decrease with increased use of LARCs (Figure 5).



**g) Cost-benefit analysis**

Currently, every US dollar (equivalent of Shs 3600) spent on FP saves Shs 5,4272 in direct healthcare costs in Pallisa. Increasing

the uptake of contraception in line with the national goals can increase these savings to Shs 5,6453 per Shs 3,600 spent.



**h) Incremental cost effectiveness ratio (ICER)**

On unsafe abortions averted, the ICER reveals that setting an ambitious policy goal that aspires to increase contraceptive prevalence and decrease maternal deaths could avert one unsafe abortion for every US\$21 invested in FP.

On child deaths averted, the ICER reveals that by making a policy goal that aspires to increase contraceptive prevalence and decrease child death would avert one child death for every US\$ 891 invested in FP.

## RECOMMENDATIONS

For Pallisa district to achieve the potential health and economic benefits of FP, the district must prioritize investments in voluntary and high-quality FP. In order to do this, Pallisa District Local Government should:

- Develop a district costed FP plan and establish FP specific budget line within the district program-based budgets and allocate the funds appropriately.
- Adapt and implement national policies at the district level, including the community health workers (CHEWs) strategy and use them to mobilize communities and create FP demand, improve service quality and enhance access.
- Scale-up training and counselling for FP service providers on the provision of LARC and permanent methods.
- Ensure multisector involvement in FP especially youth-responsive FP services.
- Conduct tracking of resource spending on FP commodities, in-service trainings, and facility improvement based on budget allocations.

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