

Launch of the Uganda Family Planning Costed Implementation Plan: 2015–2020

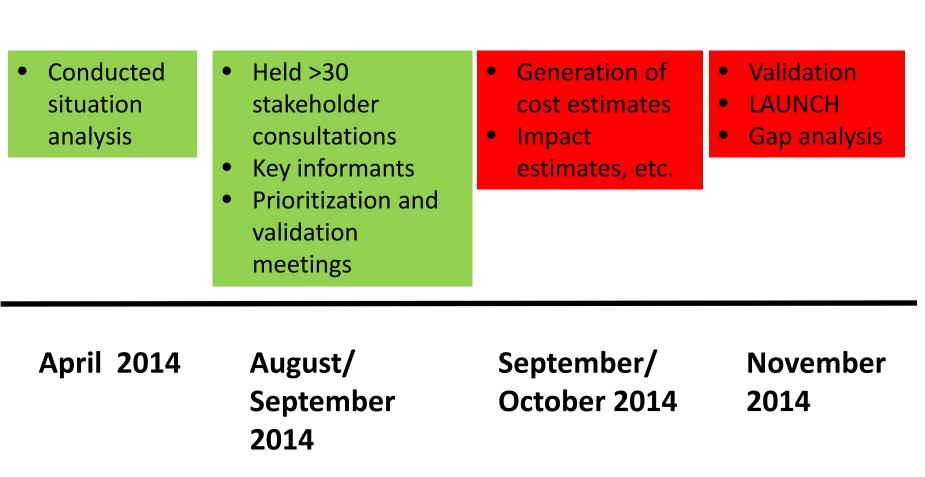
27th November 2014

Imperial Royale Hotel Kampala, Uganda

The FP-CIP

- Foreword Hon MoSH-PHC
- Signed by Rt. Hon Prime Minister, as it is multisectoral
- DGHS acknowledgement

CIP Development Process and Timeline



Plan a small manageabl family for a better life.

H.E. the President's re-commitment

"Family planning is good for the health of the mother, good for the health of the children. It [family planning] is good for the welfare of the family; [it] is good for the welfare of the country."

H.E. Yoweri Kaguta Museveni,
President of Uganda
National FP Conference, 28 July 2014

The FP-CIP has 7 sections

Section 1: Introduction

Goals of CIP for Uganda

- $\circ~$ Reduce unmet need for FP to 10%
- Increase modern contraceptive prevalence rate (mCPR) amongst married and women in union to 50% by 2020

Introduction

- In line with national frameworks [VISION 2040, NDP2 etc.] and taking advantage of the momentum gained to scale up FP in Uganda, MoH in April 2014, commissioned the development of the FP Costed Implementation Plan
- The development of FP-CIP was led by the MoH with support from UNFPA, Futures Group/FHI 360, and other partners

Background

- Globally, FP services are one of the most costeffective interventions to prevent maternal, infant, and child deaths.
- Uganda has a high total fertility rate at 6.0, high unmet for FP at 34%, a high MMR at 438/100,000 live births, and a child mortality rate at 56/1000.
- By lowering fertility and child mortality rates, Uganda will be better placed to harness the demographic dividend for economic growth as desired in the Vision 2040.

Rationale and how the CIP will help Uganda's FP Program



- 1. Implementation Roadmap
- 2. Planning & Management Tool
- 3. Performance Monitoring Plan
- 4. Resource Mobilization Tool
- 5. Advocacy Tool



Context of CIP



- Global Context—FP2020 & London summit commitments
- Regional Context
- Uganda Context—Vision 2040, NDP2, APR2013, HDP



Key Issues & Challenges

- Satisfying existing demand and creating more
- Access to and actual service delivery
- FP commodity issues
- Policy and enabling environment
- Leadership, stewardship, & accountability

Section 2: Linkages Between Key Issues & Strategies

Section 3: CIP in Detail

- 1. Country Vision
- 2. Operational Goals



 Priority # 1: Increase age-appropriate information and access and utilization of family planning among young people, 10–24 years



 Priority # 2: Promote and nurture change in social and individual behaviour to address myths and misconceptions and side effects, and improve acceptance and continued use of family planning to prevent unintended pregnancies



 Priority # 3: Implement task-sharing to increase access, especially to rural and underserved populations



 Priority # 4: Mainstream implementation of FP policy, interventions, and delivery of services in multisectoral domains to facilitate a holistic contribution to social and economic transformation



 Priority # 5: Improve forecasting, procurement, and distribution, and ensure full financing for commodity security in the public and private sectors



CIP Thematic Areas

- 1. Demand creation
- 2. Service delivery
- 3. Contraceptive commodity security
- 4. Policy and environment
- 5. Financing
- 6. Stewardship, management, and accountability

Section 4: Costing

Overall Costs of CIP 2015–2020



- The total cost of the plan is 622 billion Uganda shillings (UGX) or \$235 million USD between 2015 and 2020.
- The Uganda health budget of 2014/15 is 1,1978 billion (UGX) compared to the CIP budget of 2014 of 77.83 billion (i.e., 7%).
- This will lead to an increased number of women in Uganda using modern contraception from 1.7 million in 2014 to 3.7 million in 2020.

Overall CIP Cost Distribution by Thematic Areas, 2015–2020

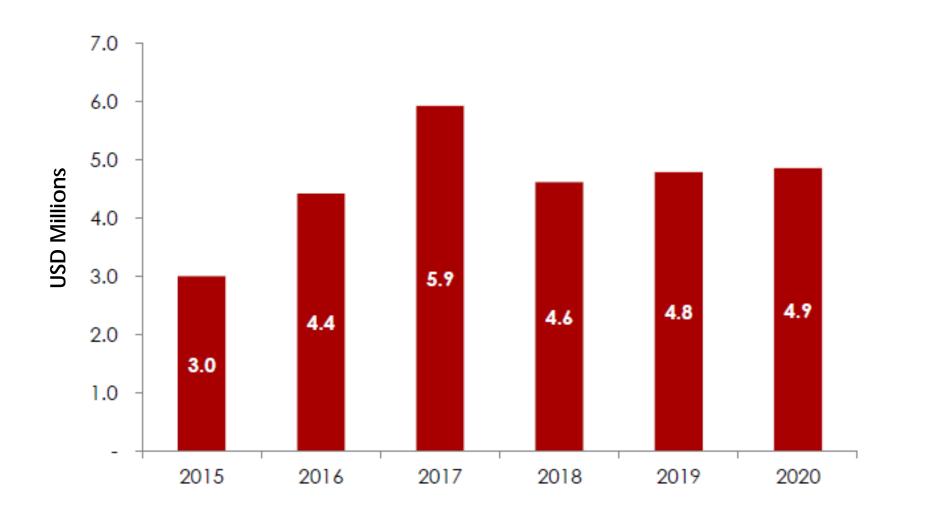




	Demand	12%		
	Service delivery	20%		
	Contraceptive security	4%		
	Policy and enabling environment	1%		
	Financing	>1%		
	Stewardship, management, and accountability	14%		
-	Commodities (contraceptives and consumables)	49%		

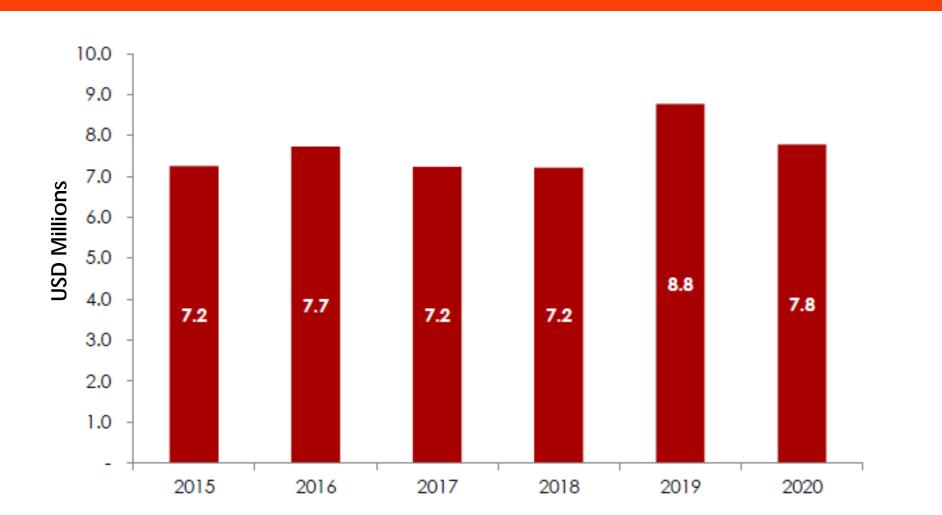






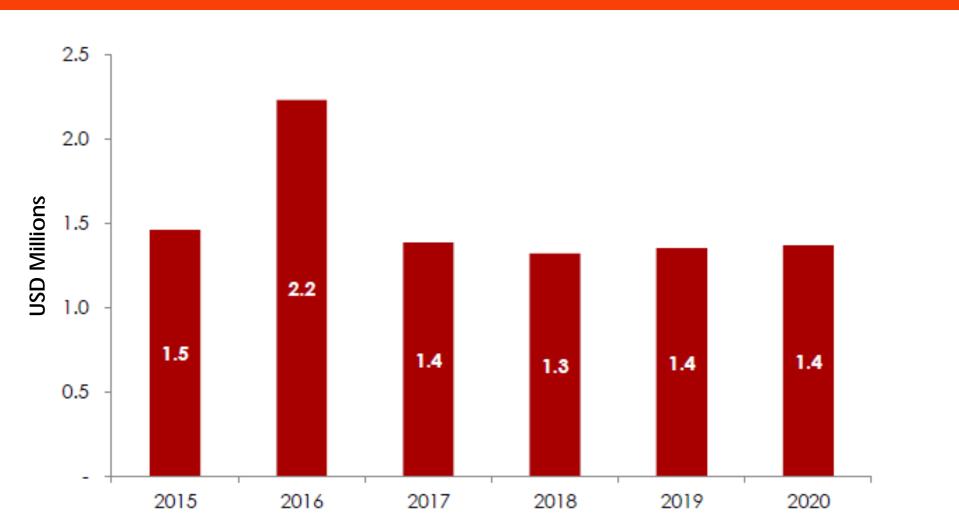
Service Delivery Costs





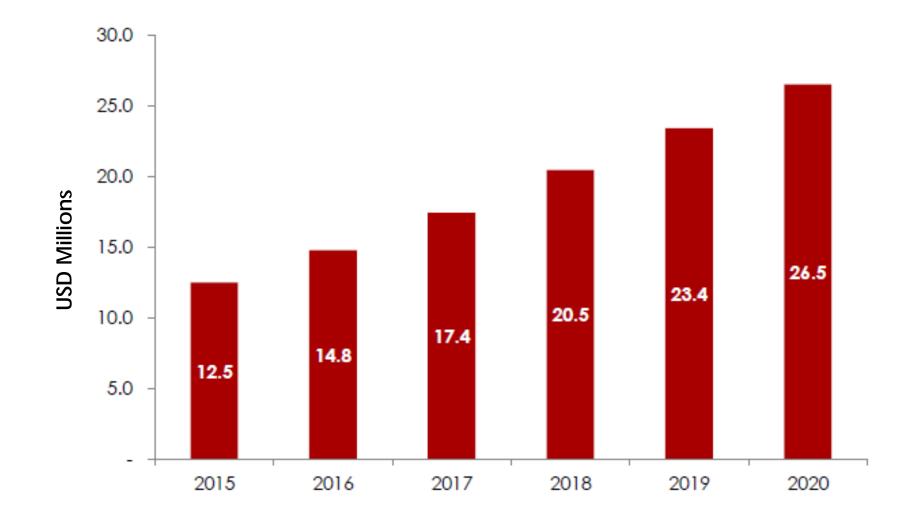
Contraceptive Security (**Program**) **Costs**





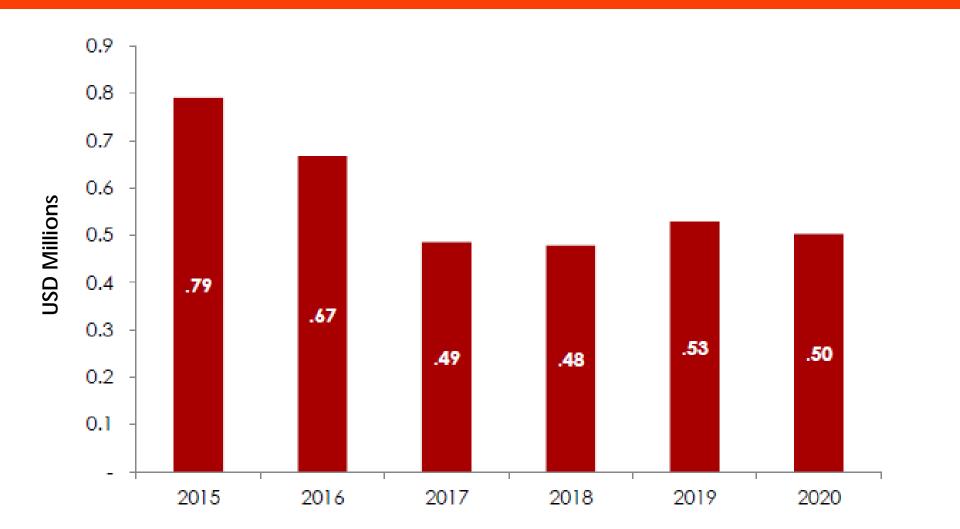
Contraceptive Security (commodities and consumables) Costs

Plan a small manageable family for a better life.



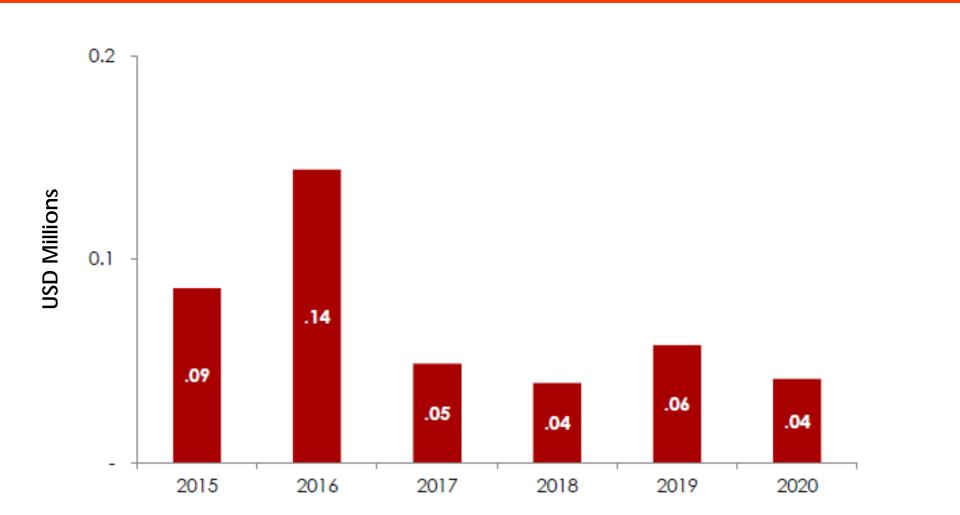
Policy and Enabling Environment Costs





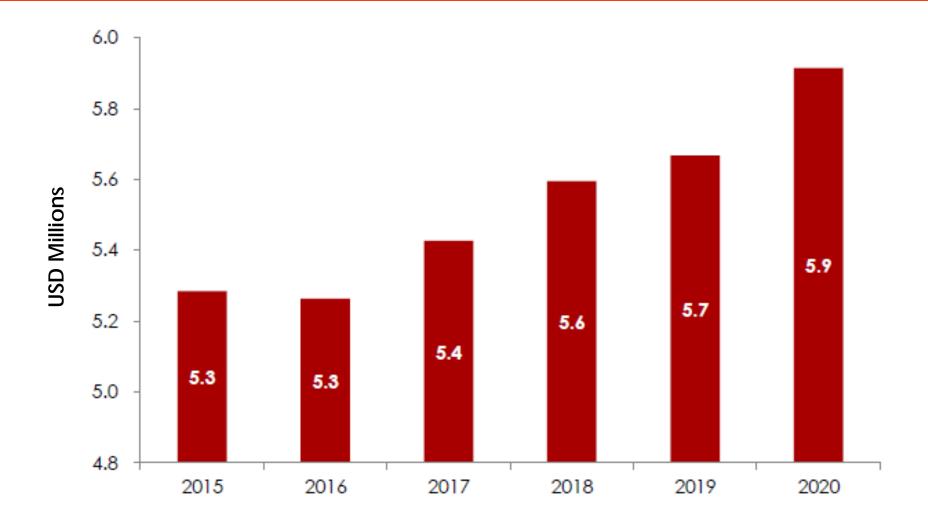
Financing Costs





Stewardship, Management, and Accountability Costs





Section 5: Details in Panel Discussion



Section 6: Impacts of CIP

	2015	2016	2017	2018	2019	2020	Total
Unintended pregnancies averted	503,981	571,828	640,983	711,443	783,211	856,285	4,067,731
Abortions averted	71,805	81,471	91,324	101,363	111,588	121,999	579,550
Maternal deaths averted	868	938	999	1,051	1,092	1,124	6,072
Child deaths averted	14,707	16,686	18,704	20,761	22,855	24,987	118,700
Unsafe abortions averted	68,760	78,017	87,452	97,065	106,857	116,826	554,977
Maternal and infant health care costs saved (millions, USD)	15.7	17.8	20.0	22.1	24.4	26.7	\$126.7 million USD

Section 7: Institutional **Arrangements and Roles and** Responsibilities (the rest annexes)

The Road Ahead





- Increase staffing within MOH/RH unit; hire an FP-CIP Coordinator
- 2 Ensure country-wide dissemination of the CIP
- 3 Establish a multisectoral coordination framework
- 4 Concerted effort to mobilize financial resources, various sources
- 5 Establish CIP performance monitoring and accountability system
- 6 Joint partner planning and review



The Road Ahead

Key Principal Actions

- FP by choice
- Unity for a common goal
- Deliberate actions, including equity
- Broad, multisectoral engagement
- Partnerships for inclusive action
- Shared ownership and responsibility
- Commitment and accountability for results

Call to Action



- Sustain the momentum gained in FP
- Sustain GoU increased funding
- DPs to support implementation of the FP-CIP
- Mainstream FP into all other sectors and interventions
- Explore why there is unmet need for FP if we must reduce Uganda's TFR

Acknowledgements



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- The consulting team:
 - Prof. Orach Garimoi, Dr. Pulane, Nichole Zlatunich, Taryn Couture, Lasway, and other colleagues
- The National Task Team for spearheading the exercise
- All participants whose views informed the CIP
- All ppts present here

THANK YOU