

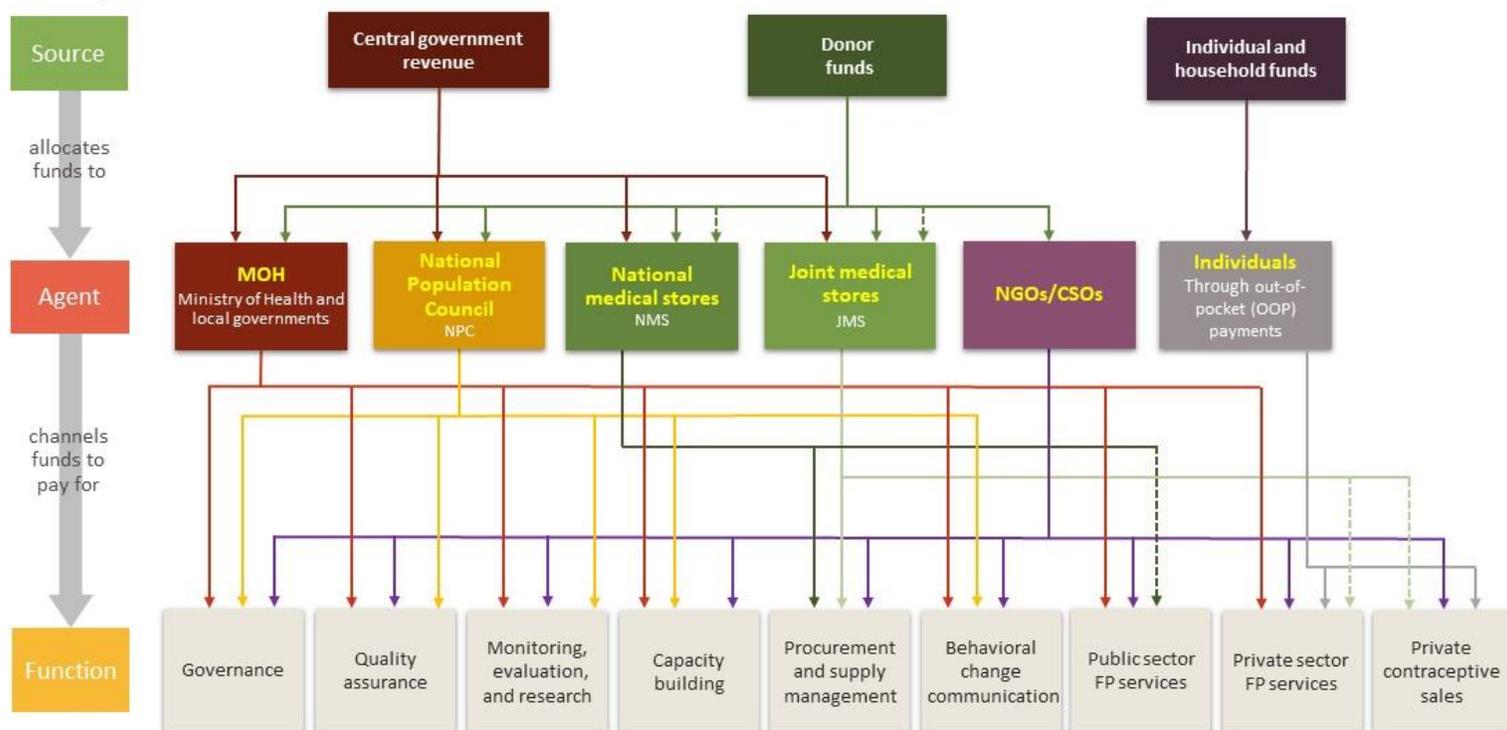
THINKWELL

- This fund flow map presents the **sources of funds** available for FP in Uganda, the **functions that comprise a FP program**, and the **agents who receive funds from sources to pay for FP functions**.
- The purpose of the fund flow map is to provide a simplified but comprehensive schematic of FP financing arrangements, highlighting the relationships between key actors. The map, and the collaborative process of developing it, supports sustainable FP policy and planning.

Fund flows →

Medical supplies and commodity flows - - - - -

FAMILY PLANNING FUND FLOW – UGANDA



Source

- Major donors for FP in Uganda include USAID, DFID and UNFPA.
- As revenue generation is highly centralized, there is no significant role for local government revenue or health insurance premiums in FP funding.
- Central government funds and on-budget funds from donors are channeled to line ministries and other government agents via the Ministry of Finance, Planning, and Economic Development (MoFPED) (not shown in the map).

Agent

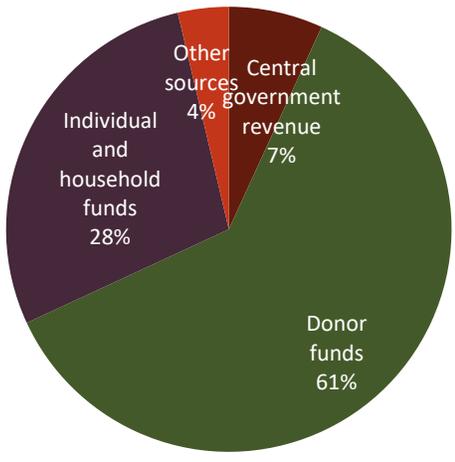
- MOH acts as a purchasing agent to channel funds to other agents (i.e., NGOs, NPC, and JMS) to pay for FP.
- NMS receive funds directly from MoFPED to purchase FP commodities for public facilities. JMS receive earmarked funding from the MOH to purchase FP commodities for private-not-for-profit facilities.
- While decentralization reforms have delegated authority to districts to manage delivery of FP services, their autonomy is limited in practice.

Function

- The private sector plays an influential role in provision of FP services. Inadequate purchasing of public sector FP services has resulted in service delivery gaps and the private sector has grown to meet unmet demand, contributing to high OOP expenditures for FP.
- To fill funding gaps, NGOs have historically played a significant role in FP, supporting all FP functions while contributing to fragmentation in the FP purchasing landscape.

Proportion of Funds for FP by Source

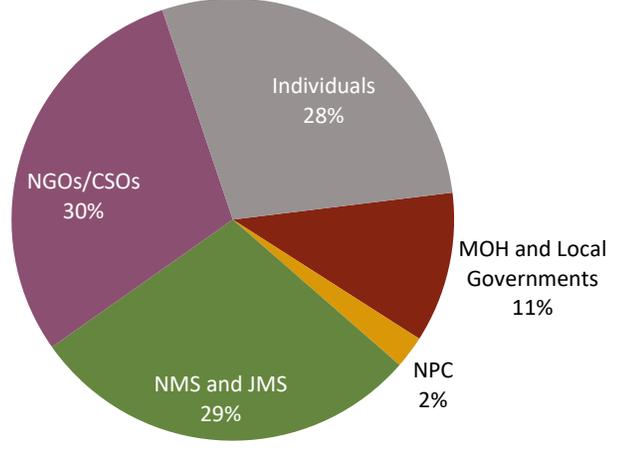
Source: NIDI and UNFPA 2018; UBOS 2018



Funding for FP is heavily dependent on donor funds (61%), resulting in a lack of sustainability for purchasing FP functions in Uganda. Funds derived from the central government represent a small proportion of FP spending (7%) by regional standards, while funds from individuals and households are high (28%).

Proportion of Funds for FP by Agent

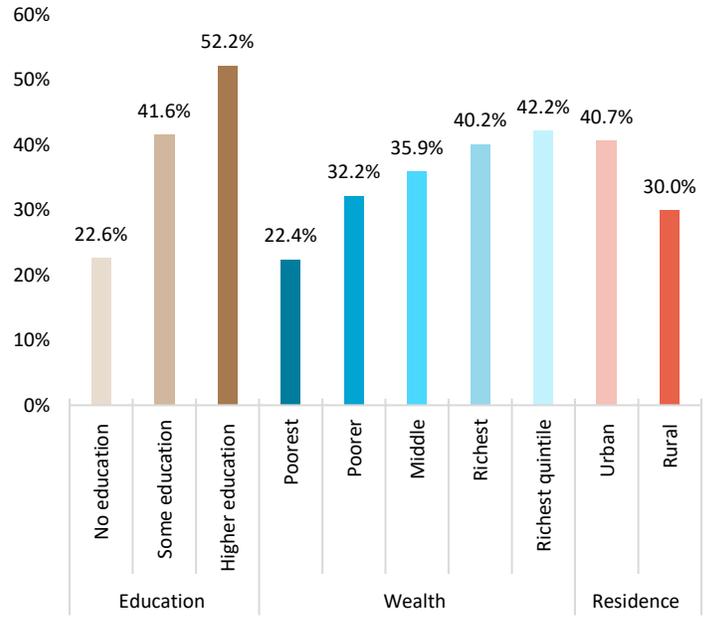
Source: NIDI 2018, UBOS 2018, RHSC 2019, NPC 2018



NGOs control the largest share of FP funding and support most FP functions. The NMS and JMS purchase FP commodities, but also warehouses and distribute commodities purchased by donors. Funds controlled by the MOH and local governments are minimal and are primarily channeled towards staff wages for execution of FP functions. However, current estimates may not adequately capture all public sector staff costs.

mCPR (Married Women) Across Key Domains

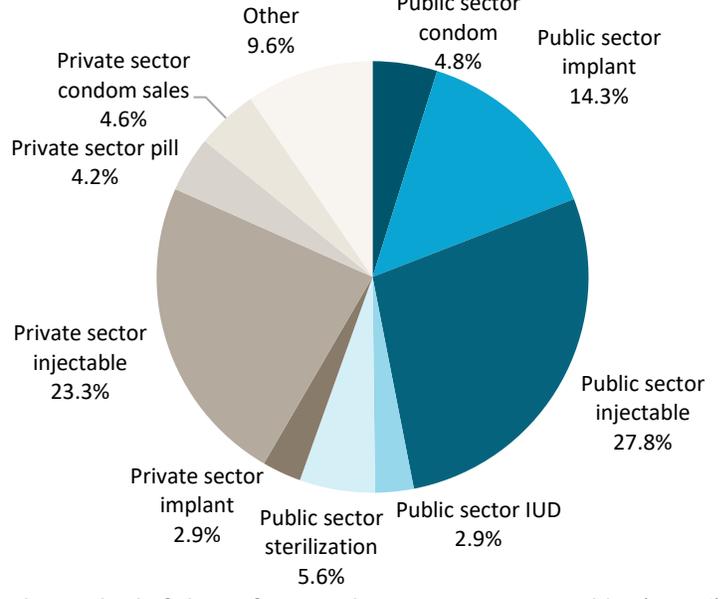
Source: Uganda DHS 2016



The overall uptake of modern contraception is low (29.3%), and there are clear inequities, with particularly low mCPR in lower wealth quintiles, as well as in rural and uneducated women. However, Uganda does not see the extreme inequity in FP use that plagues neighbors, such as Kenya, and broad approaches to FP financing may be more appropriate than highly targeted strategies.

FP Method Use by Source (All Women)

Source: Analysis of data from Track20 and Uganda DHS 2016



The method of choice for Ugandan women are injectables (51.3%), which are accessed in both the public (54.2%) and private (45.8%) sectors. Women using long-acting and permanent methods typically access these methods from the public sector, while those seeking short-term methods primarily go to the private sector. Opportunities in Uganda to increase the role of the private sector in providing long-acting methods may be one pathway to improve mCPR.

Future Considerations for Purchasing FP: Results-Based Financing Reforms (RBF)

- As a strategy to improve access and equity to FP, the Government of Uganda (GoU) has embraced RBF reforms in the last two decades that include supply- and [demand-side](#) purchasing mechanisms. These mechanisms are meant to complement the input-based financing for FP and increase access by engaging the private sector.
- Sourced primarily from donors, RBF funds are channeled through MOFPED, MOH, NGOs, district health departments, and directly to facilities to manage and pay for public and private sector FP services.
- While Uganda has more than a decade of MNCH- and FP-focused RBF experiences, FP has not yet seen robust service uptake when part of a broader RMNCH benefits package. Evidence from ThinkWell's documentation of RMNCH voucher experiences suggests that this is in part due to FP not being the central focus of benefits packages for either targeted beneficiaries or providers. Voucher programs with a central FP focus are reported to have generated better results but have ceased operations as of 2021.
- [Uganda's RBF experiences offer a wealth of lessons learned that can inform integration of purchasing approaches for FP with government systems.](#) Based on results to date and the potential of RBF as an approach, the GoU should take steps to expand government purchasing efforts from providers of all types to improve FP access and uptake.