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.

Family Planning Fund Flow Map: Uganda

April 2021

ThinkWell conducted the FP fund flow map activity using existing consolidated data and analysis from Track 20, UNFPA, Nederlands Interdisciplinair Demografisch Instituut (NIDI), and the Reproductive Health Supplies Coalition (RHSC).
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.

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%).

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.

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.

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.

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