THE respond PROJECT

UGANDA

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

AT A GLANCE

An estimated 7.35 million Ugandan women will be of reproductive age in 2010.

41% of married women have an unmet need for contraception.

50% of all pregnancies are unintended.

Only 3% of the total demand for FP is met by use of the most effective methods.

58% of FP users discontinue using a method within 12 months.

Addressing unmet need for FP could avert more than 5,500 maternal deaths and more than 451,000 child deaths by the MDG target date of 2015.

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Ugandan government is aiming to increase the contraceptive prevalence rate (CPR) from 23% in 2001 to 40% by 2010. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Uganda faces a daunting family planning (FP) challenge. The CPR rose only slightly (from 23% to 24%) between 2001 and 2006, and unmet need for FP remains high, at 41% among married women. Prevalence has not kept pace with the increasing numbers of people who wish to space or limit births. Meanwhile, the population continues to grow. By 2015, there will be nearly 1.8 million more women of reproductive age in Uganda than there are today. For the Government of Uganda to fulfill its population's unmet need for FP in support of the fifth Millennium Development Goal (MDG), it would need to reach a CPR of 64%. To meet this goal, 3.6 million users would need to be served, three times the number served in 2009.

Yet at the current rate, Uganda is projected to reach a CPR of 25%, less than two-thirds of its stated national goal for 2010 and only 39% of what is required to reach the Fifth MDG. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals. Recognizing the benefits of LA/PMs, the Government of Uganda is striving to make these highly effective methods more widely available, to support its ambitious contraceptive prevalence goal. Improving LA/PM service capacity is an explicit part of the government's Strategy to Improve RH in Uganda (2005–2010). Uganda is experiencing a shift from LA/PMs toward short-acting methods. Implants and the IUD have consistently represented a small proportion of the modern method mix; the percentage of contraceptive users relying on female sterilization has dropped from 30% in 1988 to 13% in 2006, while their reliance on injectables, currently the

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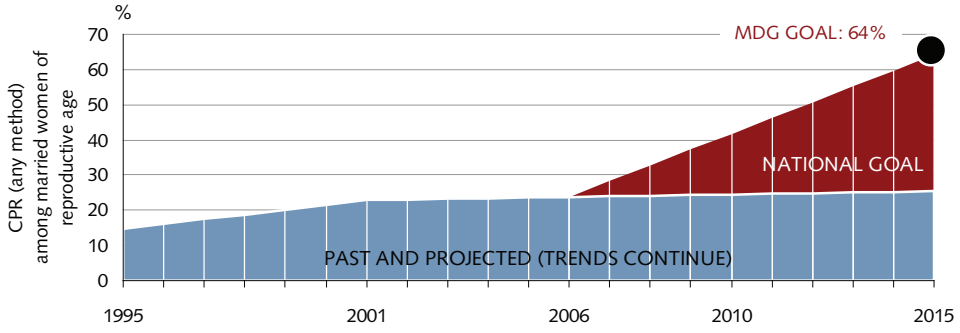
** LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).*

FIGURE 1: MEETING UGANDA'S NATIONAL GOALS



Sources: 1995, 2001, and 2006 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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most widely used method in Uganda, has risen from less than 20% 20 years ago to 60% in 2006. There is a clear need to improve access to FP services in general, and to LA/PMs in particular, to enable women to achieve their fertility desires.

HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Uganda could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

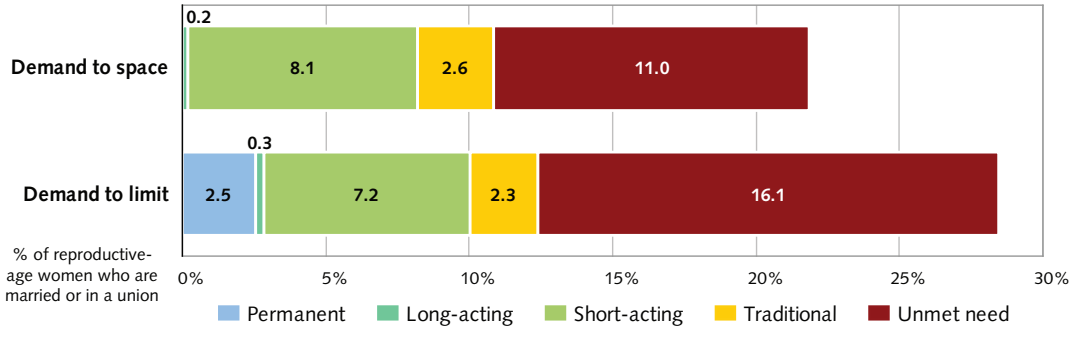
In Uganda, there is more unmet need than met need. (See Figure 2, below.) Barely half of the women who want to space births are using a method. Though IUDs and implants are the most effective methods for Ugandan women looking to space their births, a tiny proportion of spacers use these methods. Additionally, while there is a greater demand for limiting births than for spacing births in Uganda, fewer than one-quarter of those using a method are using LA/PMs. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

RESPOND TO UGANDA'S NEEDS

The RESPOND Project can assist the Ministry of Health to successfully implement its strategy to improve RH by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality* √, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service and training projections for programming and contraceptive security (introduced to date in four Ugandan districts—Apac, Hoima, Mayuge, and Sembabule)
- Strategies to revitalize specific methods, such as sterilization, IUDs, and implants, including the introduction of Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), for which registration is currently under review in Uganda
- State-of-the-art technical assistance to strengthen service delivery support systems (training, supervision, and contraceptive security) and communications campaigns to address LA/PMs
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

FIGURE 2: UGANDA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2006 Demographic and Health Survey