



BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH



PMA2017/Uganda: Highlights from Rounds 1-5

Summary of Results

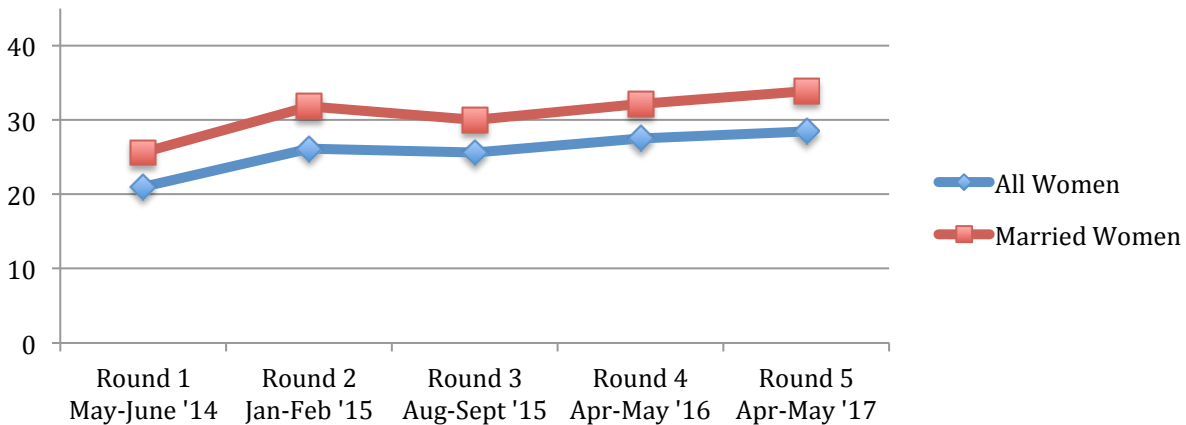
Performance Monitoring and Accountability 2020 (PMA2020) has been collecting data on key family planning indicators in Uganda every six months since May 2014. Over the past three and a half years, the country has continued to make progress in improving family planning access and use for all women. A growing proportion of both married and unmarried women are using long-acting methods of contraception, and family planning demand is increasing in both groups. Despite these gains, disparities remain between rural and urban women, particularly among adolescents. For example, rural women have on average 2.6 children before they start using a contraceptive method. Urban women only have 1.3 children before their first use. The survey results point to the need for continued efforts to improve access to reproductive health services and education for adolescents.

Highlights in Contraceptive Use

More women are using modern methods of contraception

The percentage of married women using modern methods of contraception continues to increase. In the three years since the first round of PMA2020 data collection (2014), the percentage of married women using a modern method (mCPR) increased by 6.5 percentage points, from 25.7% to 32.2%.

**Modern Contraceptive Prevalence Among Women 15-49 Years:
2014-2017**





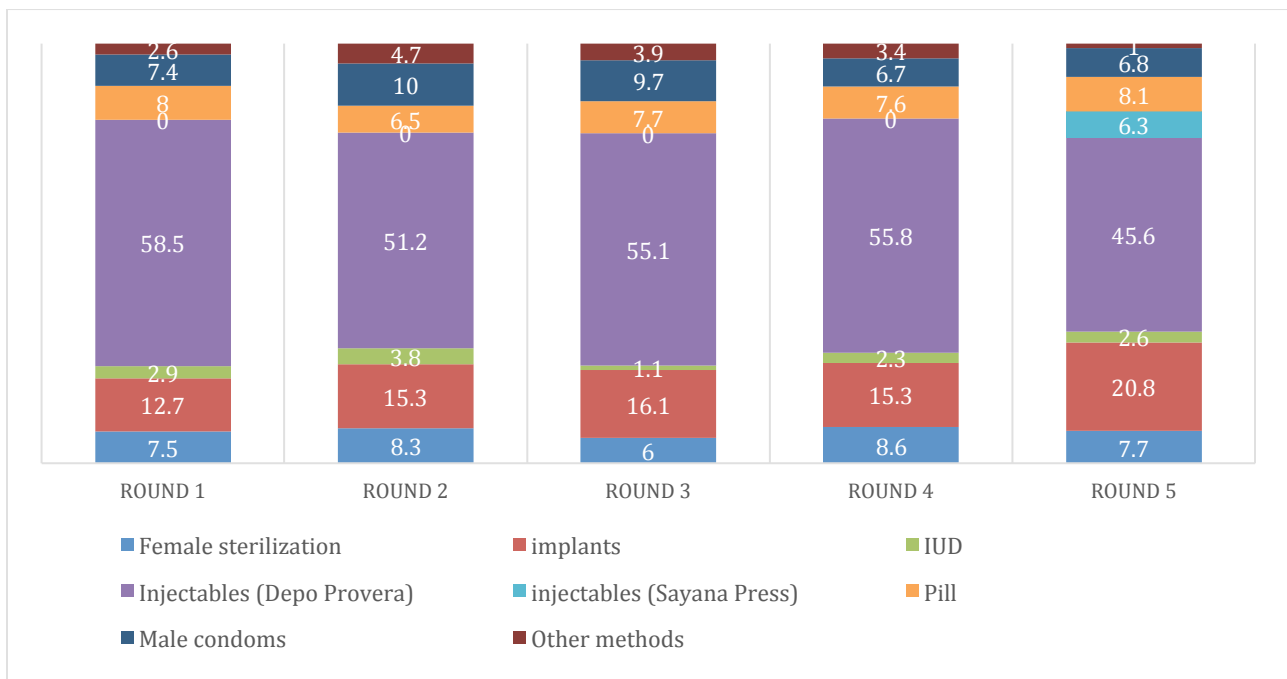
BILL & MELINDA GATES INSTITUTE, for
POPULATION and REPRODUCTIVE HEALTH



Use of long-acting family planning methods increases

An increasing proportion of married women are using highly effective, long-acting forms of contraceptives. The PMA2020 survey has been able to detect this growing popularity of implants and intrauterine devices (IUDs) in Uganda. **The proportion of married women using long-acting methods increased from 6.0% to 10.6% from 2014 to 2017.** The contraceptive implant has seen the largest jump among married women – nearly eight percentage points up from 12.7% in 2014 to 20.8% in 2017.

Trends in Contraceptive Use by Method Among Married Women



Data show remarkable uptake in Sayana Press

The PMA2017/Uganda survey collected new information on knowledge, use, and stock levels of Sayana Press, a self-injectable contraceptive that was first rolled out in the country in March 2015. The data captured (for the first time) nationally representative data on utilization of Sayana Press, detecting that 6.3% of married modern method users are using Sayana Press.



BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH



Highlights for Contraceptive Access, Equity, Quality and Choice

Quality of care improves for contraceptive services

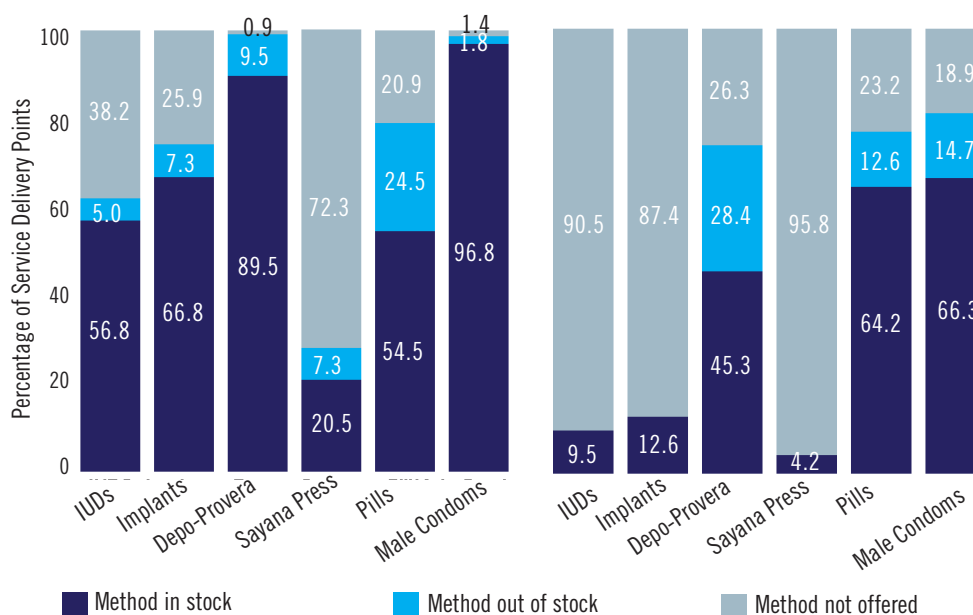
The fifth round of the PMA2020/Uganda survey shows consistent improvements in key quality of care measures at both public and private health facilities. The survey measured several indicators that assess quality of care including the percentage of users counseled on side effects, those who obtained their method of choice, and those who chose their method of choice by themselves or jointly with their partner or provider. These three measures increased in the last three years, with the percentage of all clients who reported receiving counseling on side effects growing from 53.9% in 2014 to 57.5% in 2017. Women who said they obtained the method of their choice at the health facility rose 5% in the same timeframe from 91.7% to 96.9%. Lastly, the percentage of users who said they made the decision to obtain their current method by themselves or jointly with their partner or provider increased from 88.9% to 93.6%.

Stock-outs of contraceptive methods persist

The PMA2020 platform routinely collects data on stock-outs at public and private health facilities. Results from the fifth round indicate that the proportion of facilities that offer family planning methods but were stocked out on the day of the interview are improving only modestly. The most commonly out-of-stock method at public facilities continues to be pills (24.5% at public facilities and 12.6% at private). Male condoms were stocked out at 14.7% of private facilities. The results from the 2017 survey suggest that there is slow progress on the stock-out issue in Uganda, especially for pills at both public and private facilities.

The survey found a limited number of private facilities that offer Sayana Press, with 95.8% of private facilities not offering this method. The public sector has 20.5% offering the method.

Percent of facilities offering family planning, by method



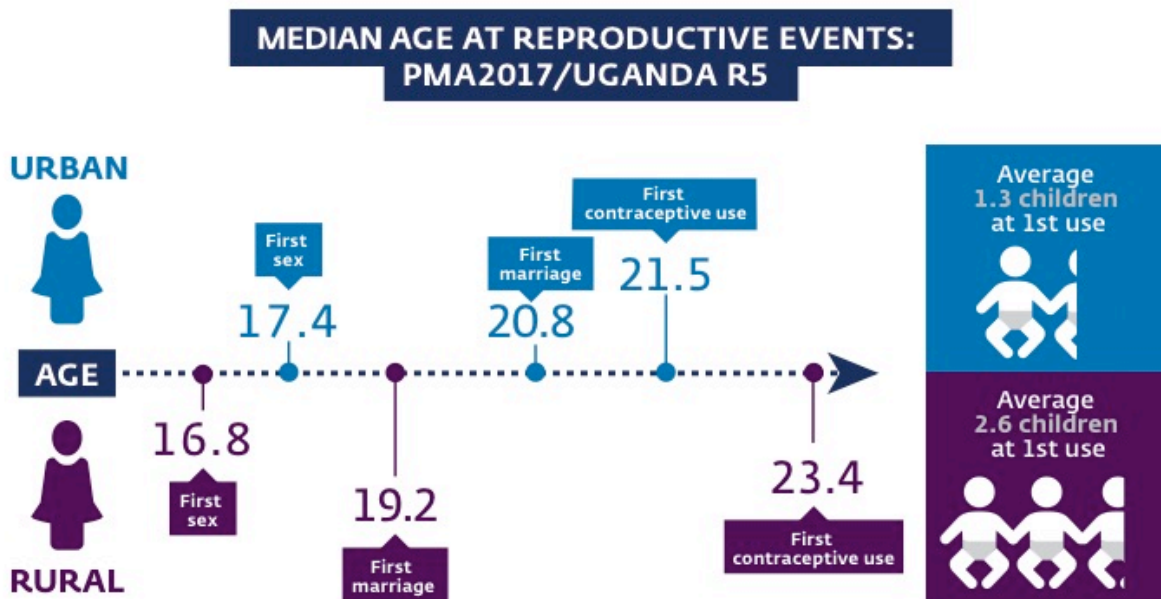


Adolescent Reproductive Health

Pronounced disparities exist between rural and urban adolescents

Most young women in Uganda live in the rural areas of the country, and there are stark disparities between rural and urban women ages 15 to 25. Rural women in large part initiate sex before marriage and have children early. Rural women also have their first birth at age 20.2 but do not start using family planning until over three years later, at age 23.4. By that time, women in rural areas already have 2.6 children on average. By contrast, urban women have their first birth at age 21.3 and start using contraceptive very soon after, by the time they are 21.5 years. At this age, 21 years, urban women will have had on average 1.3 children.

This suggests that unmet need for family planning among young, rural women may be particularly high. This presents an opportunity to expand family planning offerings and increase contraceptive coverage in this group.



Average age at reproductive events

Most young women, married and unmarried who are sexually active and currently using a contraceptive method use male condoms, which are largely obtained from small private facilities. Unmarried young women are not receiving quality counseling. There are clear differences in quality of care between married and unmarried women of the same age. Only 41.4% of unmarried users are counseled on other contraceptive methods, compared with 54.1% of married young women. Moreover, the percent of unmarried women counseled on possible side effects of their current methods is 36.8%, whereas 51.6% of married users receive this type of counseling.



BILL & MELINDA GATES INSTITUTE for
POPULATION and REPRODUCTIVE HEALTH



About PMA2020/Uganda

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Uganda is led by the Makerere University's School of Public Health at the College of Health Sciences (MakU/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBoS) and the Ministry of Health. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation.

PMA2017/Uganda-R5, the fifth round of data collection in Uganda, used a two-stage cluster design with urban-rural and region as strata was used. For this survey round, a new set of 110 enumeration areas (EAs) were selected, adjacent to EAs used in the previous four rounds, drawn by UBoS from its master sampling frame. In each EA, households and health facilities were listed and mapped, with 44 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample (and completion rates) included 4,503 households (95.7%), 4,119 de facto females (96.0%) and 336 health facilities (96.3%). Data collection was conducted April to May 2017.