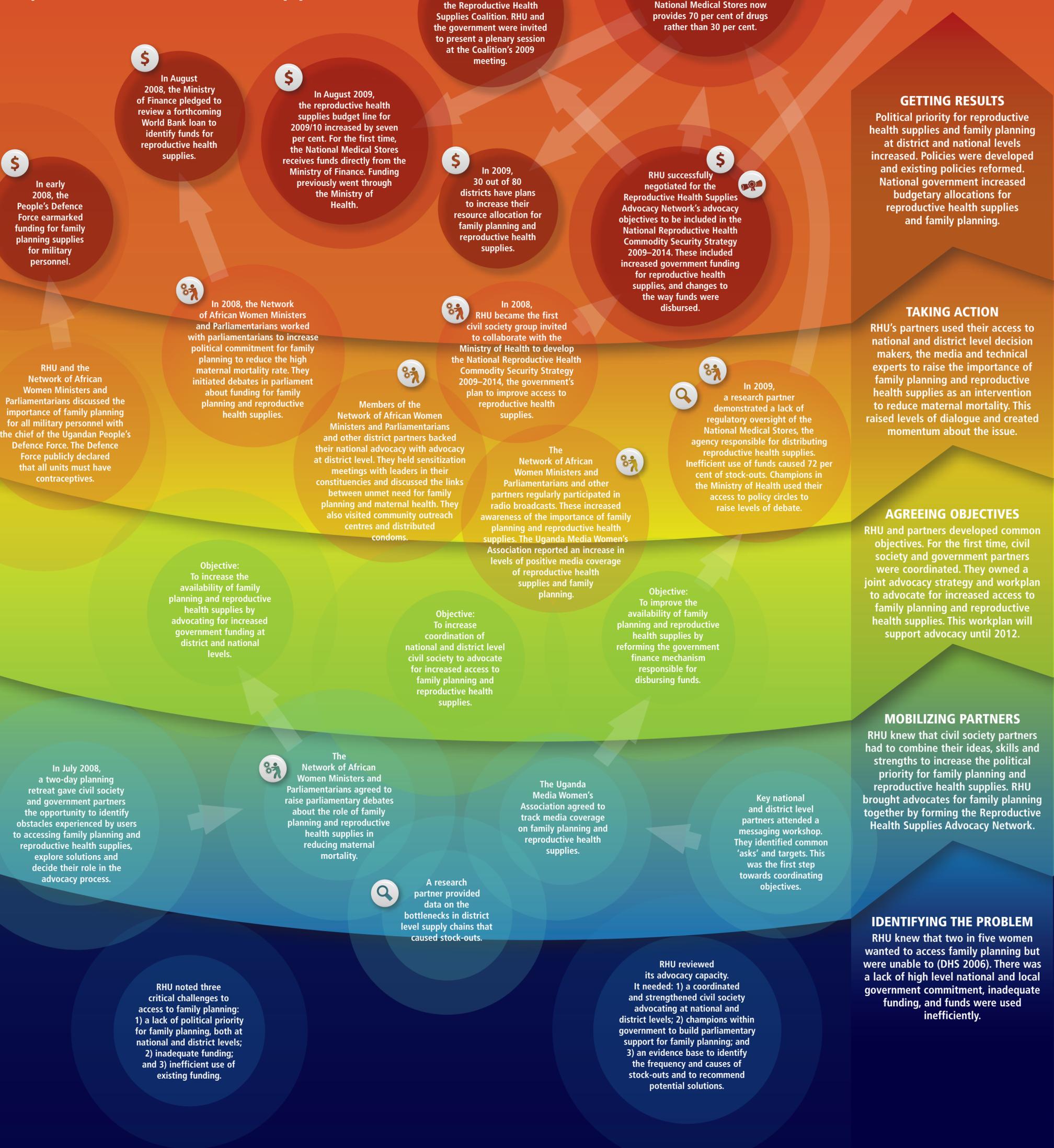


# The power of networks:

## How do you mobilize funds for reproductive health supplies?



# The power of networks:

## How to mobilize funds for reproductive health supplies in Uganda

### Reproductive health supplies

Unmet need for family planning in Uganda has remained stubbornly high, at 40.6 per cent (DHS 2006). Yet each year the budget line for reproductive health supplies has remained unspent, and there are frequent stock-outs at district level. The maternal mortality rate remains high at 435 per 100,000 live births. The Uganda National Minimum Health Care Package notes that family planning and emergency obstetric care needs are still largely unmet, and includes a target increase in contraceptive prevalence rate from 23 to 40 per cent. Low levels of government funding, the lack of a reproductive health commodity security strategy and ineffective use of existing funds have proved challenging obstacles to reducing the unmet need for family planning.

The Poverty Eradication Action Plan reveals that access to reproductive health services has not improved, that contraceptive prevalence is too low and that there are stock-outs of reproductive health supplies.

The plan includes a stock target for injectables of 80 per cent, and for 60 per cent of health units to provide emergency contraceptives by 2009/10.

### Policy and funding environment

The government generates some of its own funds to finance the health sector. There is a national budget line for contraceptives, funded by the Poverty Action Fund: these funds are allocated to national and district budget lines. Approximately 14 per cent of contraceptive needs are covered by direct government financing.

However, the government appears to base its health funding decisions on the amount of donor assistance rather than striving to increase internal funding. In 2008, there were no indications that government funding would increase.

The government's Poverty Eradication Action Plan recognizes the link between poverty and economic growth and contains targets for family planning.

### Identifying the problems

Storage and distribution of reproductive health supplies for the Ministry of Health are handled by the National Medical Stores. Contraceptives procured for the Ministry are now part of the essential medicines distribution system. They are not prioritized and funds for essential medicines are received too late and are often not used effectively.

The main logistics challenge is how to access reproductive health supplies at district level. Reproductive health supplies are not always included in district level budgets.

Civil society advocacy in support of increasing access to reproductive health supplies was strong but lacked coordination. Decentralization of the health system and health budgets meant that national level advocacy had to be supported by advocacy at the district level, to ensure the policy and funding changes were reflected and access to reproductive health supplies at district level improved.

### Main results

Reproductive Health Uganda aimed to increase access to reproductive health supplies. It achieved the following:

- reproductive health supplies are now earmarked in the People's Defence Force budget
- there is a National Reproductive Health Commodity Security Strategy
- the Ugandan government was the first developing country government to join the Reproductive Health Supplies Coalition
- 30 district leaders committed to include reproductive health supplies and family planning in district level budgets
- funds to the National Medical Stores are now dispersed annually, reducing stock-outs by up to 72 per cent
- there is a commitment to review a World Bank loan to increase funding for contraceptive supplies

Maternal deaths  
**435**  
per 100,000 live births  
DHS (2006)

Total fertility rate  
**6.7**  
DHS (2006)

Contraceptive use, all methods  
**23.7%**  
among married women, ages 15-49  
DHS (2006)

Contraceptive use, modern methods  
**17.9%**  
among married women, ages 15-49  
DHS (2006)

Unmet need for family planning  
**40.6%**  
among married women, ages 15-49  
DHS (2006)

Most used contraceptive method  
**Injectable (10.2%)**  
among married women, ages 15-49  
DHS (2006)

Source of supply of modern contraceptive methods  
**public sector 34.8%**  
DHS (2006)

### Fundación Mexicana para la Planeación Familiar, A.C. (MEXFAM)

- The Inter Institutional Health Group adopted new indicators to monitor progress towards increasing access to contraception for young people.
- MEXFAM nurtured relationships with key civil society partners and raised the profile of family planning with these agencies.
- The National Population Commission now regards MEXFAM as a technical advisor.

### Asociación Pro-Bienestar de la Familia Nicaragüense (PROFAMILIA)

- The Ministry of Health renewed its interest in the National Contraceptive Security Committee which is supportive of a new strategic plan.
- Government pledged to retain current levels of investment in contraception – despite a 38 per cent cut in the 2010 revenue budget.
- A media forum inspired radio journalists to form a network and broadcast PROFAMILIA's messages.

201 million women worldwide have an unmet need for contraception. Meeting this need could prevent 23 million unplanned births, 22 million induced abortions and 142,000 pregnancy-related deaths (including 53,000 from unsafe abortions).<sup>1</sup> These could be prevented if shortfalls in funding for contraceptive supplies met the demand.

However, donors have significantly reduced procurement assistance. The United Nations Population Fund (UNFPA) has estimated that this gap could increase to US\$737 million by 2015, leaving millions of men and women unable to access basic reproductive health supplies.

The growth of coordinated aid mechanisms – such as the sector wide approaches, direct budget support and the World Bank-promoted poverty reduction strategies – puts control of development aid in the hands of national governments and reduces the influence of the donor. Increased emphasis on country ownership offers opportunities for civil society organizations to help shape the policy and funding environment in which they operate. It also has risks: sexual and reproductive health is at risk of becoming marginalized by unsupportive governments.

The response of IPPF Member Associations to these challenges is to mobilize national multi-stakeholder networks to raise political and financial status for sexual and reproductive health, and to mobilize civil society to shout with one voice for increased funding and policy for reproductive health supplies. IPPF has rolled out this advocacy programme in six countries: Bangladesh, Ghana, Mexico, Nicaragua, Tanzania and Uganda.

UNFPA has identified four indicators for contraceptive security. Our Member Associations are using these indicators to lead advocacy for change in their countries by:

- getting reproductive health supplies on to national essential medicines lists
- setting up or joining an existing reproductive health supply coordination committee
- ensuring there is a government budget line for reproductive health supplies, and that it is used
- integrating reproductive health supplies into financing mechanisms

By creating six national advocacy campaigns, our objective was to raise the profile of reproductive health supplies on national political agendas, and to ensure that governments in these countries enacted supportive budget and policy decisions to improve contraceptive security. Our overall aim is to ensure that women, men and young people everywhere can take control of their sexual and reproductive health and rights.

<sup>1</sup> Guttmacher Institute (2004) *Adding it up*.

### Family Planning Association of Bangladesh (FPAB)

- The government added two contraceptive methods to the National Essential Medicines List.
- The Ministry of Health and Family Welfare reconvened the Logistical Coordination Forum and granted it legal status.
- FPAB is providing training for the Logistics and Supply Unit on store management, procurement and the logistical management system.
- The Ministry pledged funds to fill a gap in donor funding for contraceptives.

### Chama Cha Uzazi na Malezi Bora Tanzania (UMATI)

- UMATI worked with the media to campaign for government funding for family planning.
- A government promise was secured to increase the 2009/10 budget from US\$2.65 million to US\$7.26 million. The government has allocated US\$1.9 million.
- District leaders in four districts pledged to increase family planning funding in local budgets.

### Planned Parenthood Association of Ghana (PPAG)

- The government added eight contraceptives to the National Essential Medicines List. These contraceptives will now be stocked in public health facilities.
- PPAG is providing technical support, including briefing papers to the Minister of Health for the forthcoming review of the National Health Insurance Act.
- PPAG's advocacy strategy for increasing access for reproductive health supplies was adopted by the Inter-Agency Committee on Contraceptive Security in Ghana.

