PERFORMANCE MONITORING FOR ACTION

PMA UGANDA

Results from Phase 1 baseline survey

September–October 2020

FAMILY PLANNING

OVERALL KEY FINDINGS

Quality of FP counseling remains low/poor with only **2 in 5** current FP users reporting receipt of comprehensive information on contraceptive methods (MII+).

There is inequitable receipt of FP information from health care workers, disfavoring adolescents.

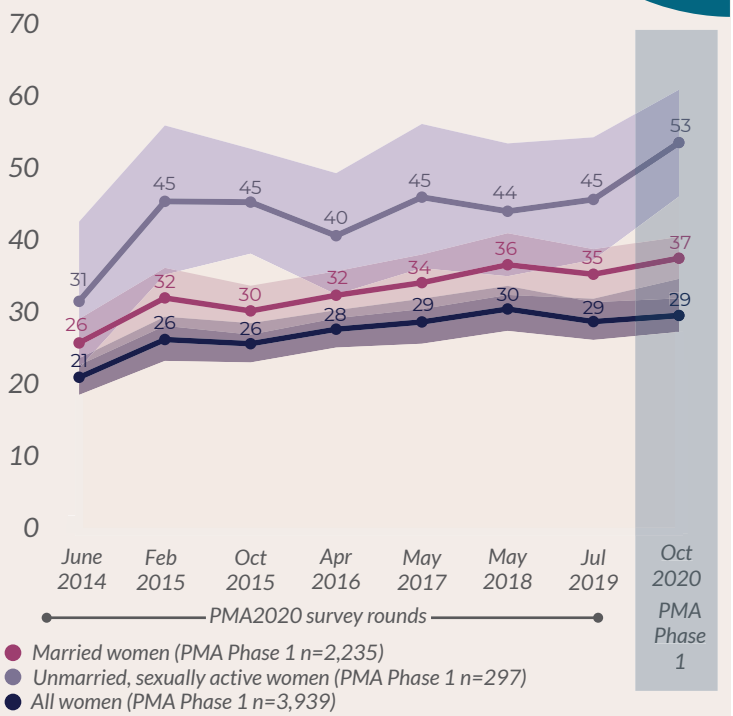
A quarter of facilities that offer implants, and **43%** of those offering IUDs do not have a trained provider and instrument/supplies for insertion/removal.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

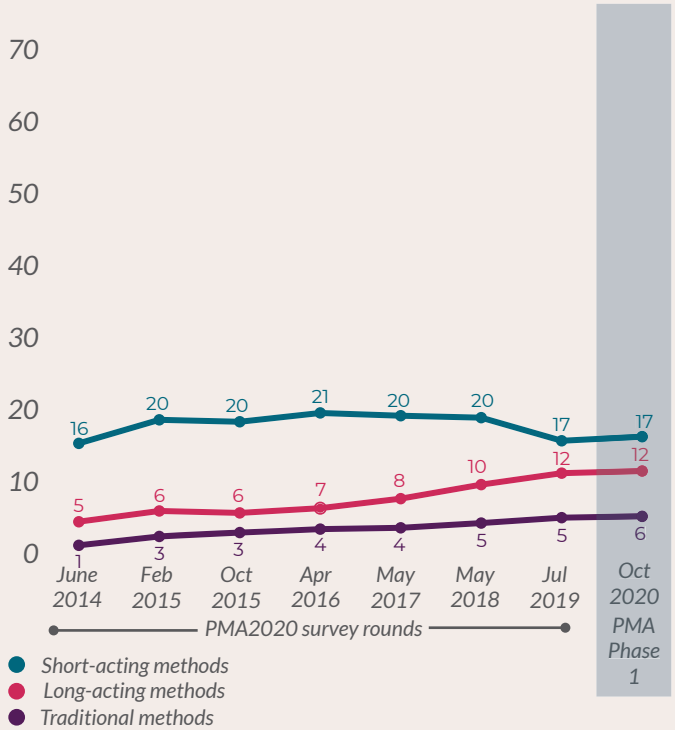
1.2% *average annual increase in mCPR for all women*

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=3,939)



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MAKERERE UNIVERSITY

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Bill & Melinda Gates Institute for Population and Reproductive Health

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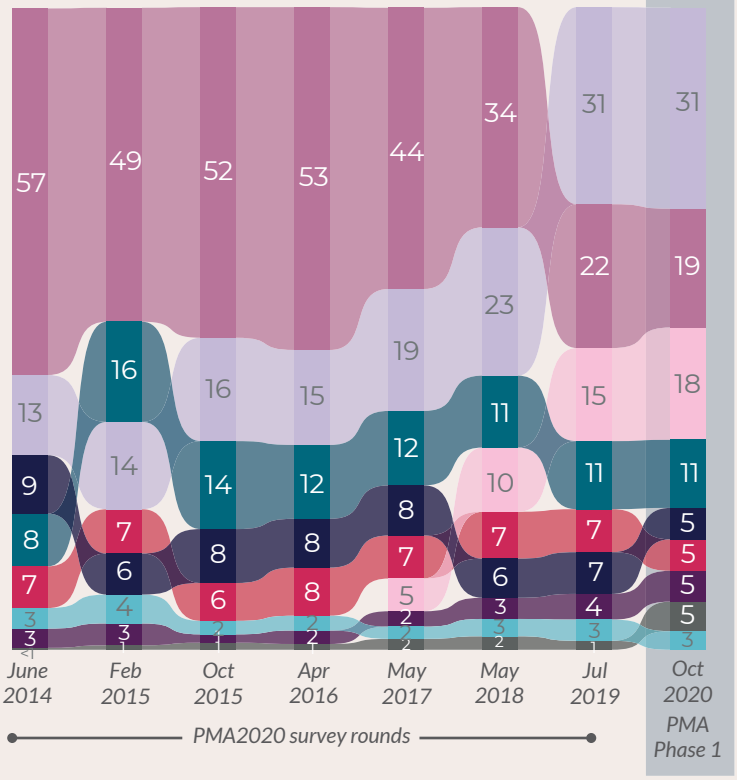
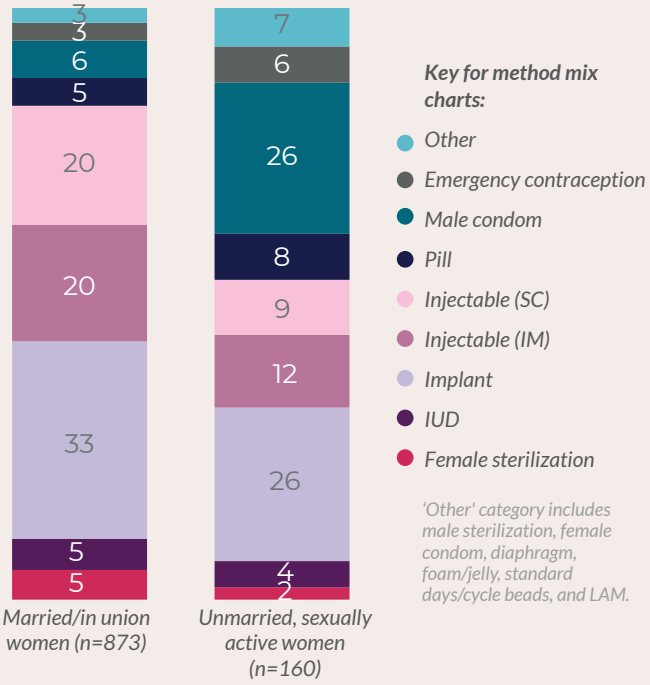
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users (all women) age 15-49 by method and year (PMA Phase 1 n=1,173)



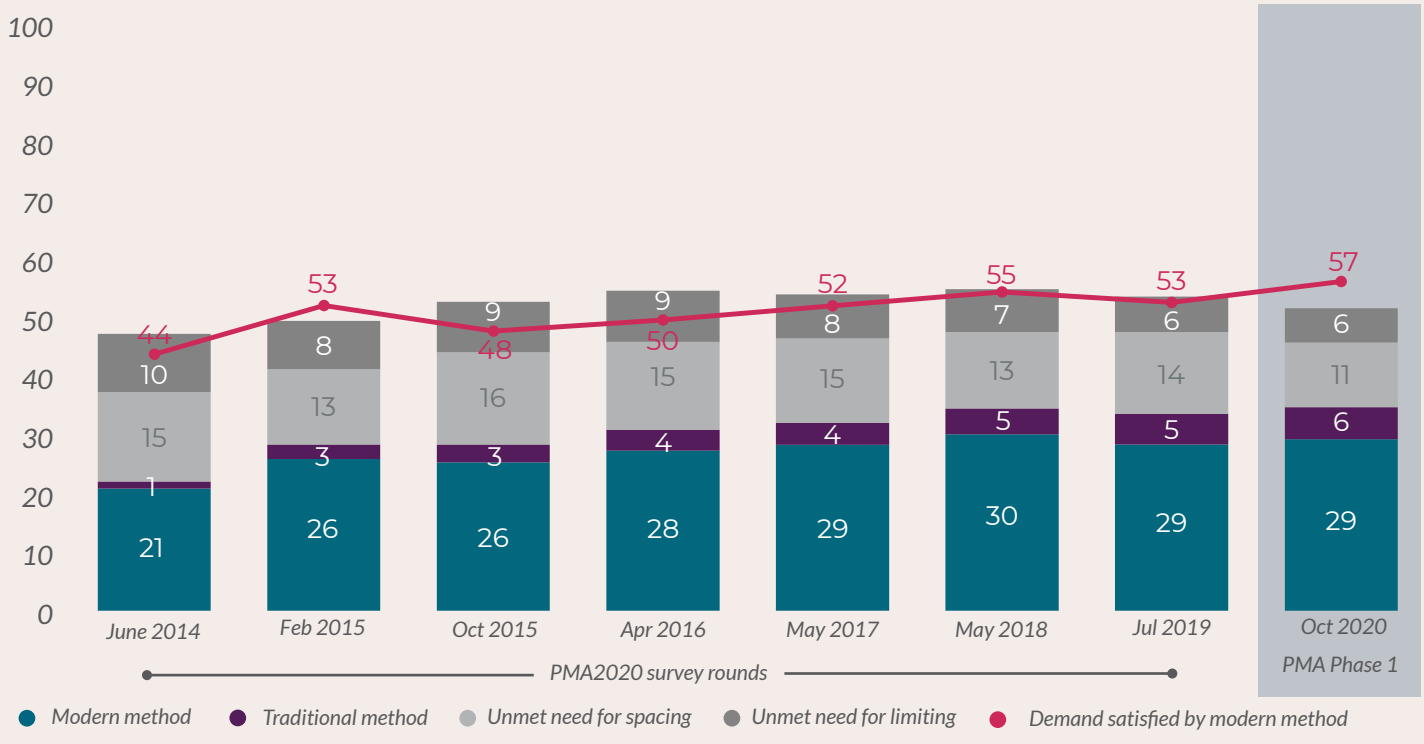
MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=3,939)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

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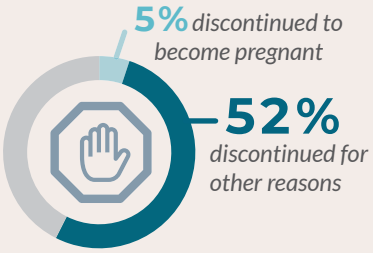
12-MONTH DISCONTINUATION RATE

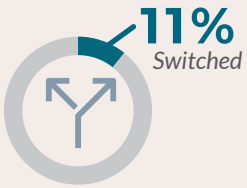
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,734 episodes)



Reasons for discontinuation:

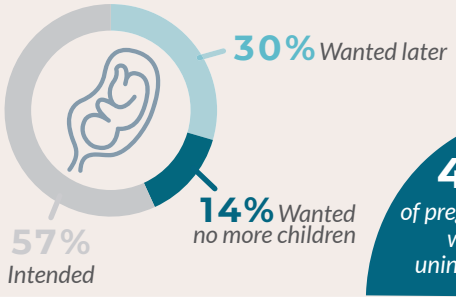
- **5%** experienced method failure
- **15%** were concerned over side effects or health
- **17%** had other fertility related reasons
- **3%** other method-related reasons
- **5%** wanted a more effective method
- **8%** other/don't know

Discontinued but switched methods:



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=2,266)



44% *of pregnancies were unintended*

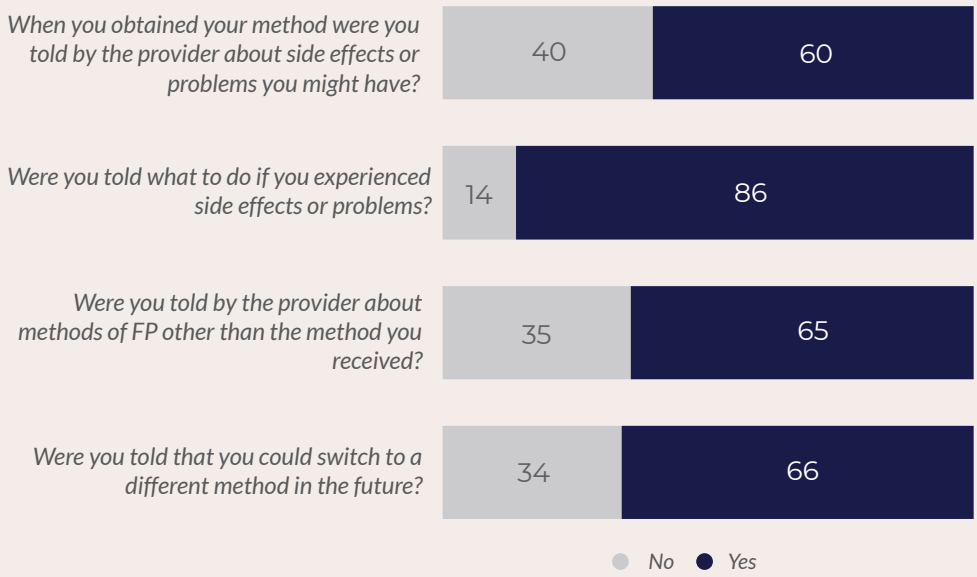
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *There is a consistent increase in LARC and use of traditional methods.*
- *There is a consistent rise of DMPA-SC as method of injectable administration.*
- *Unintended pregnancies are still very high, with nearly* **2 out of 5** *of last pregnancies wanted later or not wanted.*

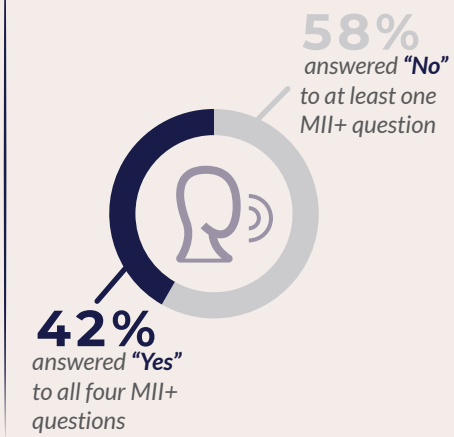
SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=1,131)



Percent of women who responded "Yes" to all four MII+ questions



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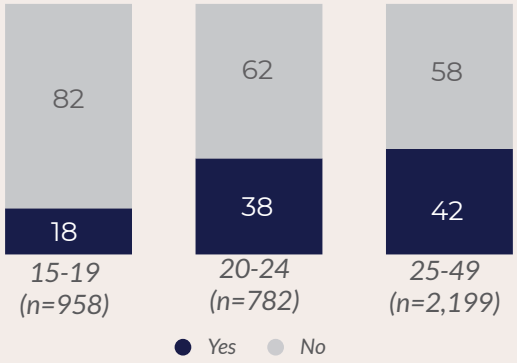
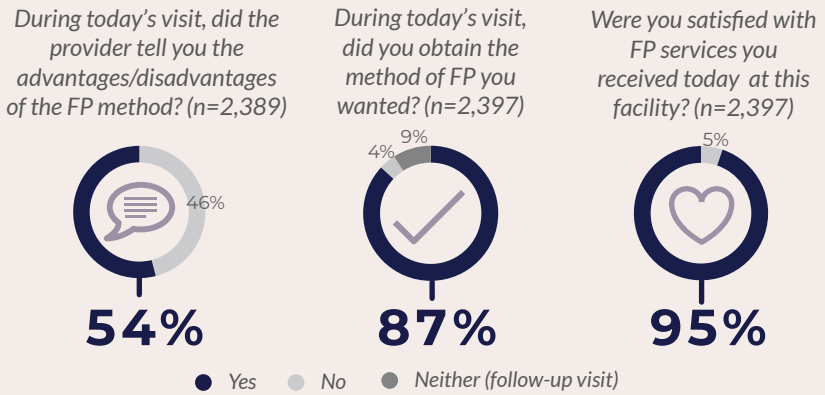
DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



CLIENT EXIT INTERVIEWS

Percent of female clients age 15-49 who said yes to the following questions



Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

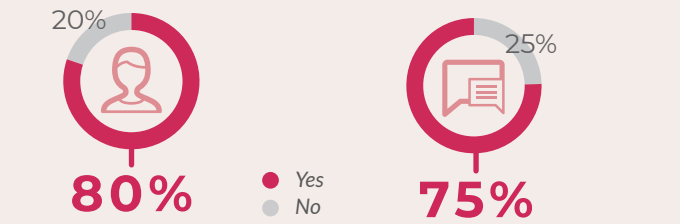
KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

- *Only* **2 in 5** *current FP users reported receipt of comprehensive information on contraceptive methods (MII+).*
- *Adolescents girls are least likely to have received FP information from a health provider/CHW in the past year.*
- **Nearly half** *of women exiting health facilities were not told of the advantages/disadvantages of the FP method received.*

SECTION 3: PARTNER DYNAMICS

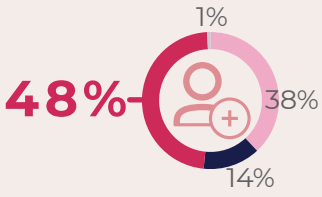
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=1,145)

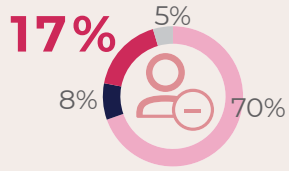


Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statements



Percent of women who are not currently using FP and agree with the following statements



Joint decision
Mainly respondent
Mainly partner
Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- *Among women using a modern method that can be concealed,* **20%** *report that their partner does not know that they are using contraception.*
- *Discussion of fertility decisions among couples are still sub-optimal.*
- **Fifteen percent** *of current users reported that decision to use FP was mainly by their partner or someone else.*

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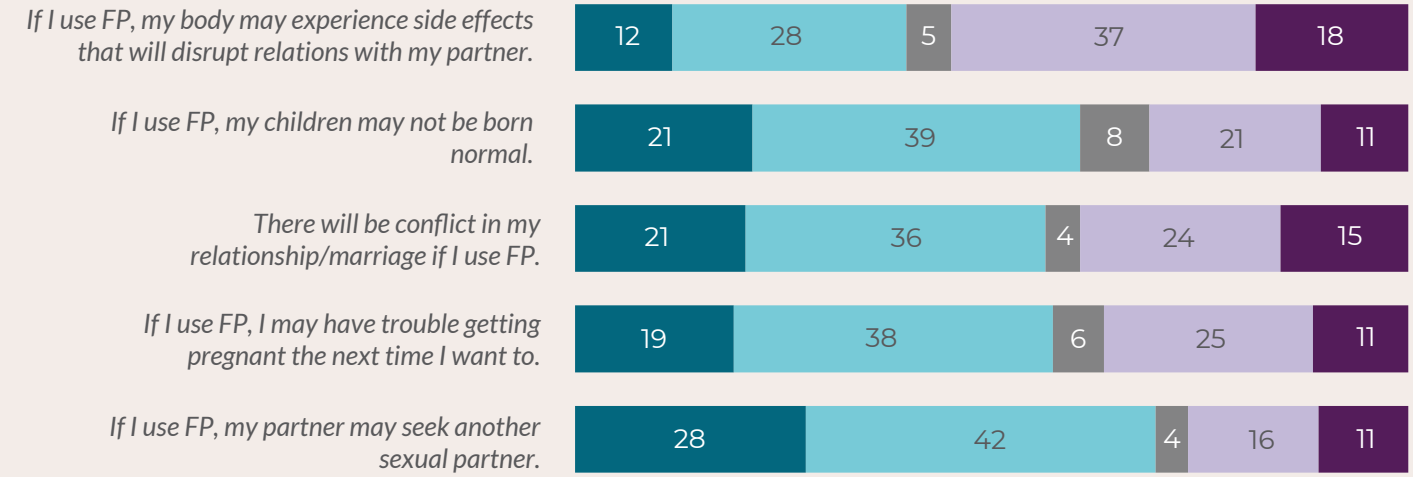
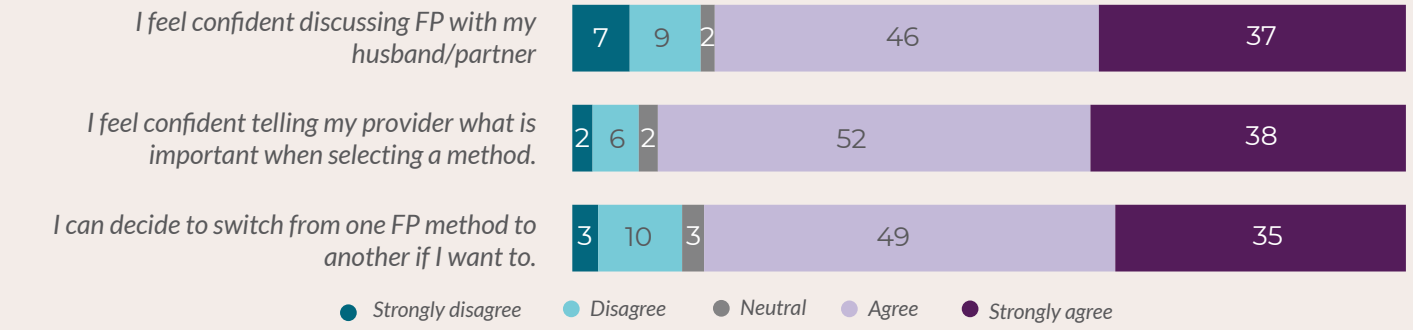
AGREEMENT WITH CONTRACEPTIVE EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

Existence of choice (motivational autonomy) for contraception (n=2,275)



Exercise of choice (self-efficacy, negotiation) for contraception (n=2,314)



WOMEN AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR CONTRACEPTION

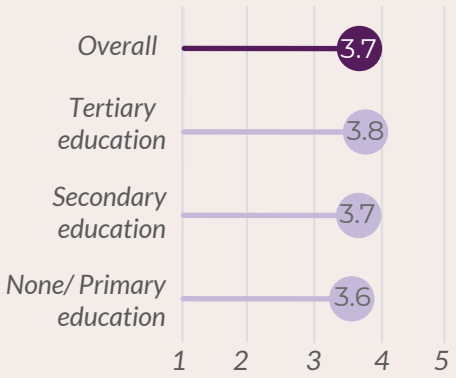
The Women and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, contraception, and sex outcomes in married/in union women.

Presented results are only for the existence of choice and exercise of choice domains for contraception.

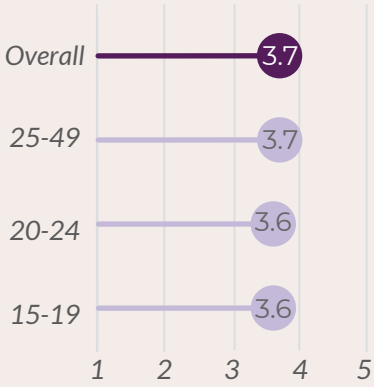
Scores from each contraceptive empowerment domain were summed and divided by number of items per domain (existence of choice=5 items; exercise of choice=3 items). Domains were then combined and equally weighted.

Range for the combined WGE contraception score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education



Mean WGE score, by age



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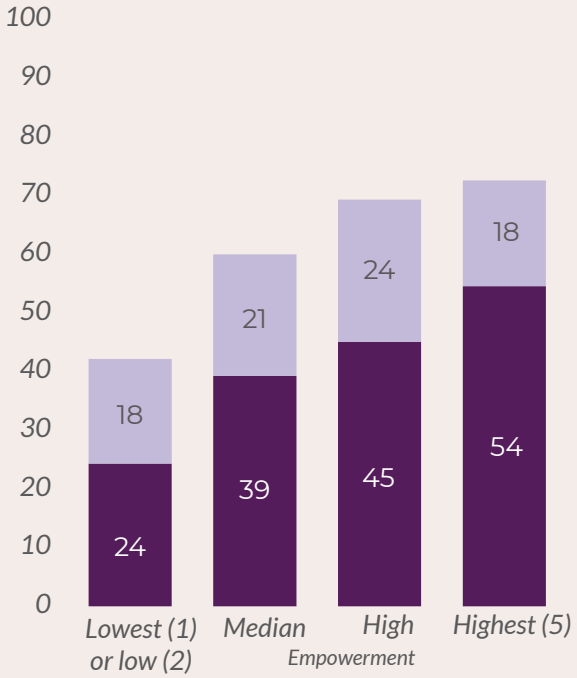
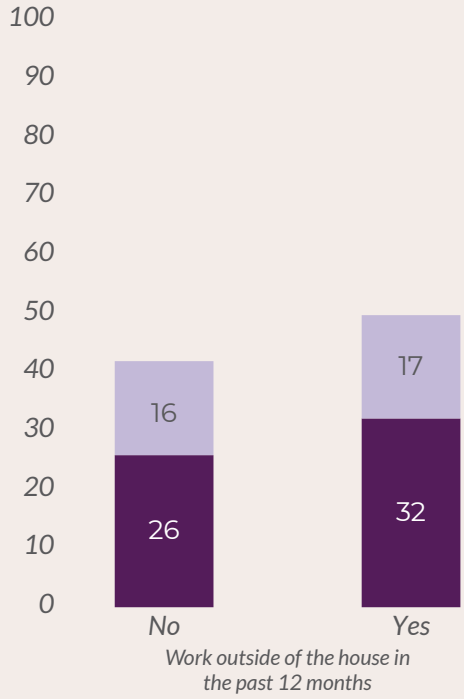
mCPR and intent to use contraception, by categorical WGE score

Percent of married/in union women using a modern method of contraception and percent of married/in union women who intend to use contraception in the next year by categorical WGE score (n=2,131)



mCPR and intent to use contraception, by employment status

Percent of all women using a modern method of contraception and percent of all women who intend to use contraception in the next year by employment status (n=3,939)



mCPR Intent to use contraception

KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- *Women who score higher on the empowerment scale are more likely to be using a modern contraceptive method.*
- *Women and girls' sexual and reproductive health empowerment remains sub-optimal, and does not vary by age or education levels.*

SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

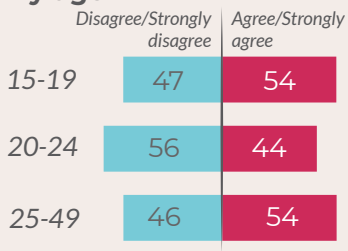
PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age and contraceptive use status

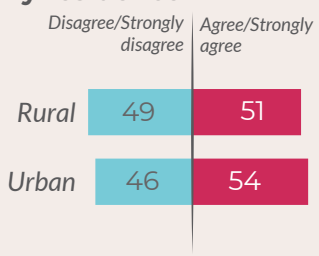
Adolescents who use FP are promiscuous.

(n=3,918)

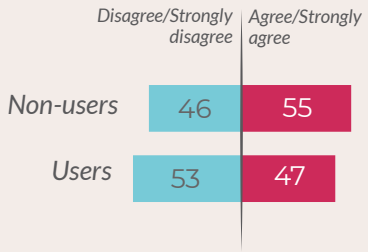
By age



By residence



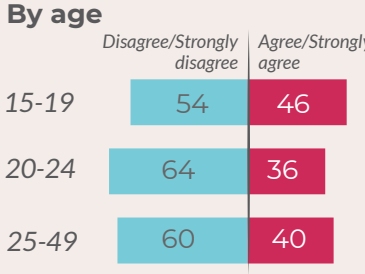
By contraceptive use status



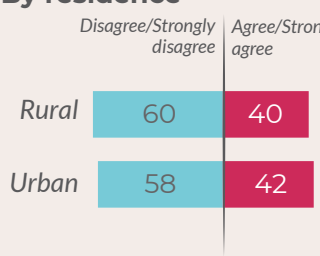
FP is only for married women.

(n=3,928)

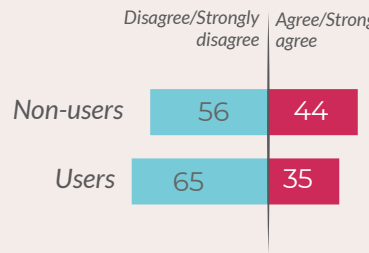
By age



By residence



By contraceptive use status



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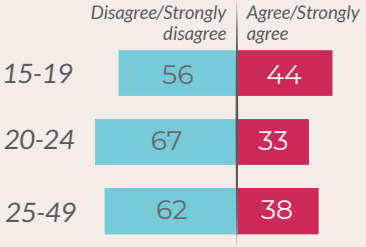
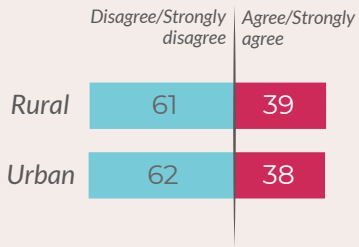
FP is only for women who don't want any more children.

(n=3,919)

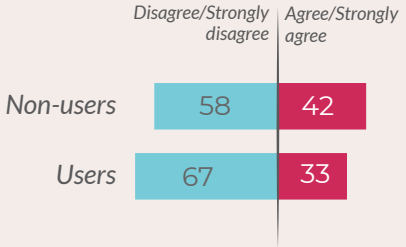
By age



By residence



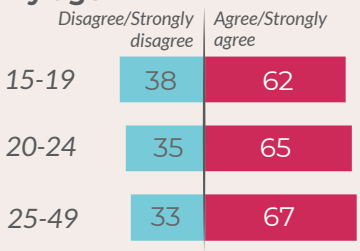
By contraceptive use status



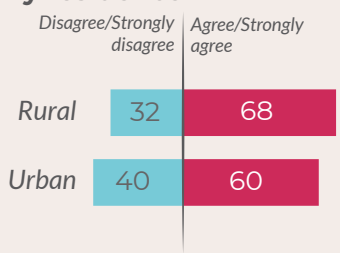
People who use FP have a better quality of life.

(n=3,919)

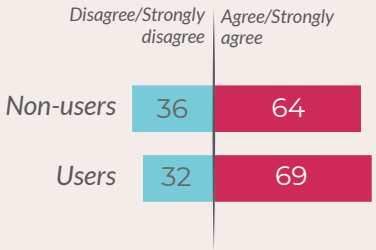
By age



By residence



By contraceptive use status



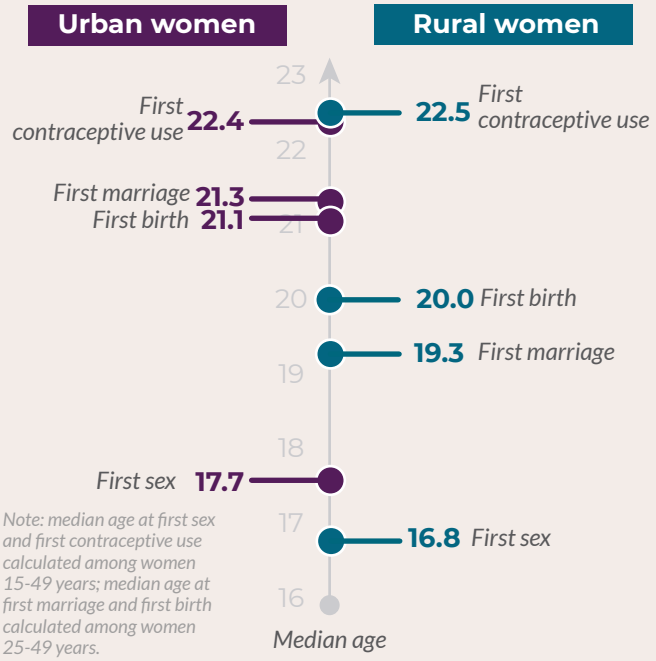
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- *Attitudes towards contraceptive use are largely poor regarding adolescent use of methods, use for only married women and for only those who want to limit childbearing.*
- *More than 60% of the women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference by age, residence or use of FP.*

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

Median age at reproductive events (n=1,168)



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

Urban women

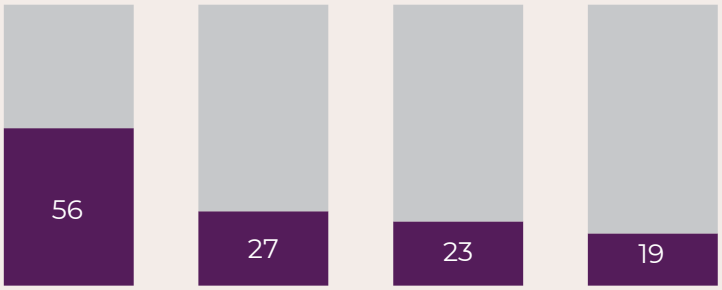
1.4 *average children at first use*

Rural women

2.3 *average children at first use*

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=1,168)



Had first sex by age 18 | *Married by age 18* | *Gave birth by age 18* | *Used contraceptives by age 18*

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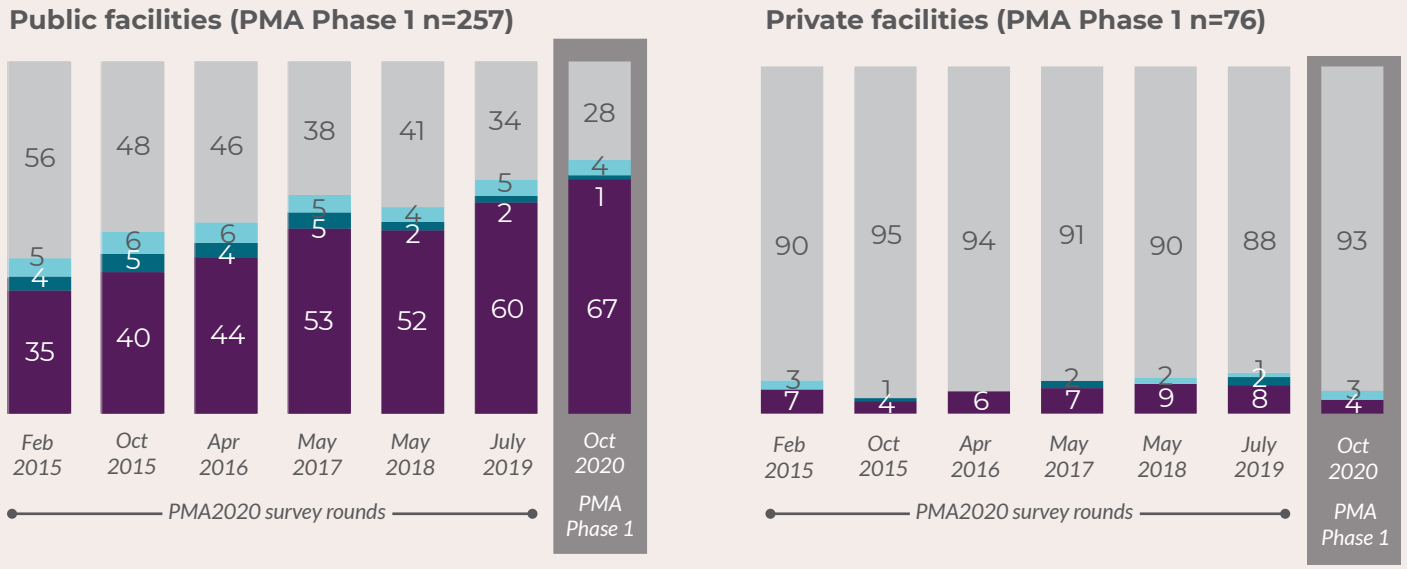
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

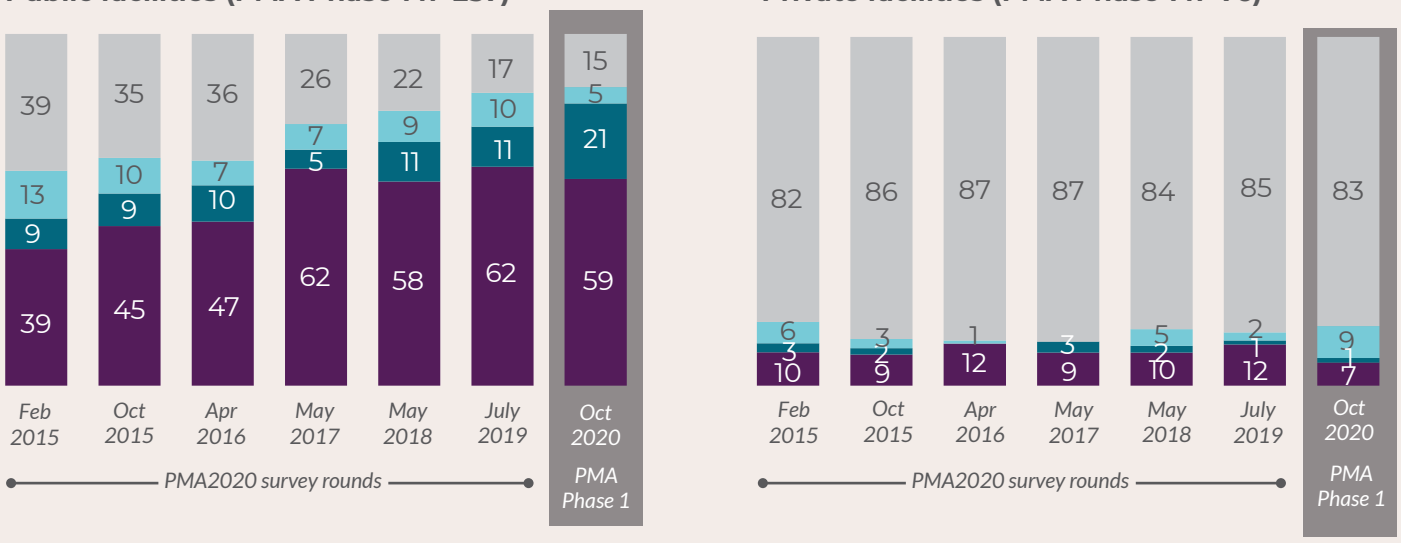
- *The gap between median age at first sex and first contraceptive use among rural women is* **5.7** *years.*
- **Fifty-six percent** *of young women have had sex for the first time by age 18, however only* **19%** *used contraceptives.*

SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD



TRENDS IN METHOD AVAILABILITY: IMPLANT



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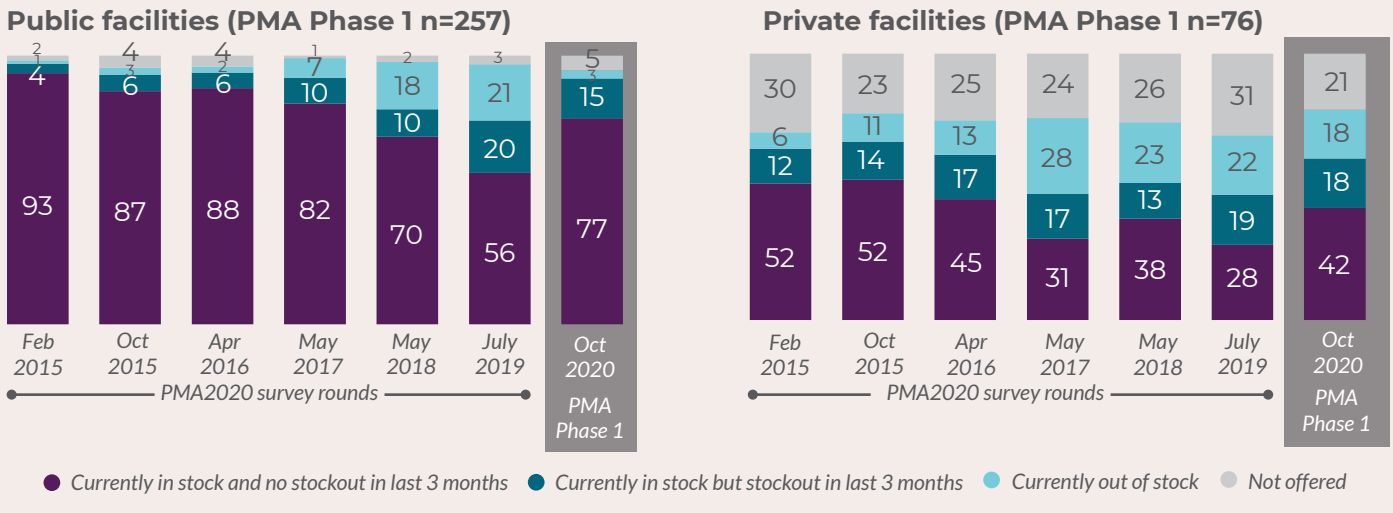
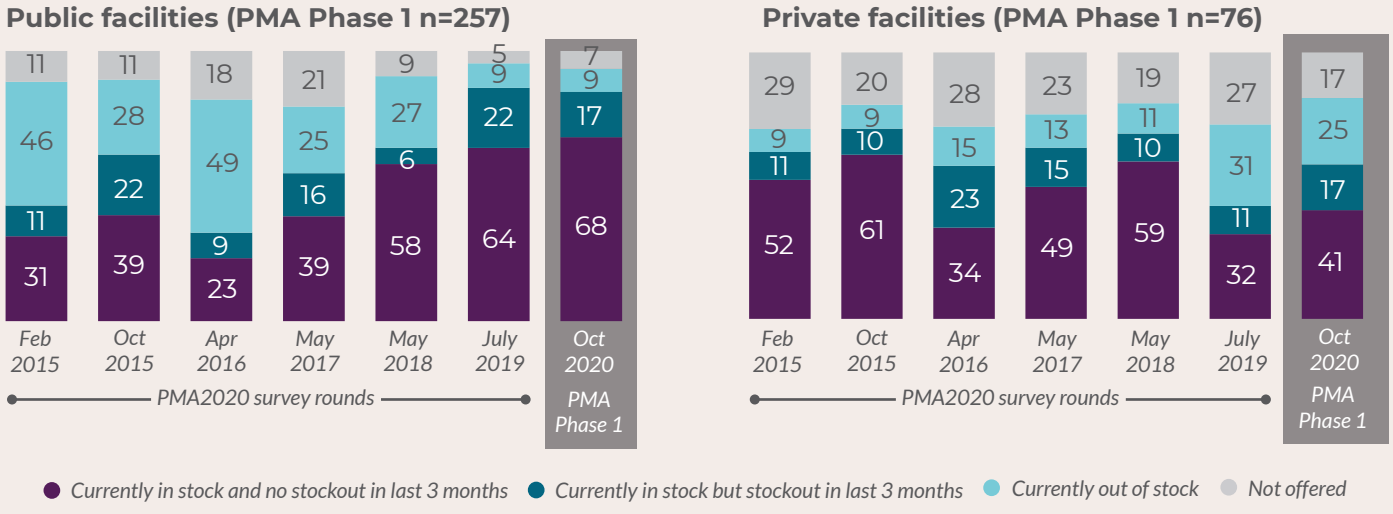
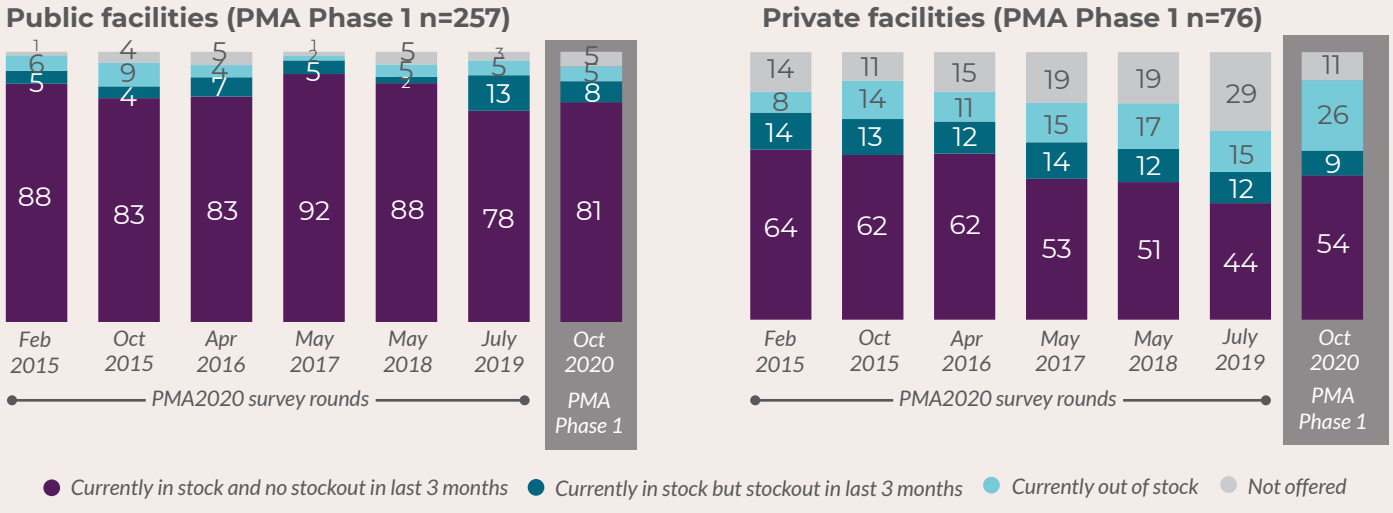
TRENDS IN METHOD AVAILABILITY: INJECTABLES



TRENDS IN METHOD AVAILABILITY: PILLS



TRENDS IN METHOD AVAILABILITY: MALE CONDOM



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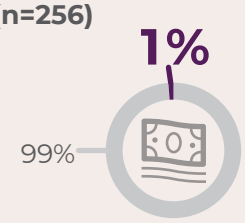
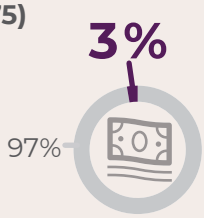
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=256)



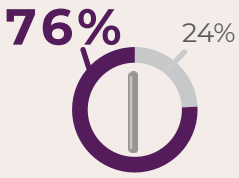
Private facilities (n=75)



- *Fees*
- *No fees*

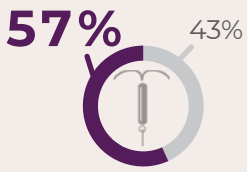
FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=231)



- *Yes*
- *No*

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=190)



55% *of women obtained their current modern method from a public facility (n=1,145)*

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- *The percent of facilities offering and currently stocked with LARC (IUD/implant) is increasing.*
- *There is an increase in current stock of injectables, with nearly* **9 in 10** *public facilities stocked compared to 2 years ago where approximately* **8 in 10** *were stocked.*
- **A quarter** *of facilities that offer implants, and* **43%** *of those offering IUD, do not have a trained provider and instrument/supplies for insertion/removal.*

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-June 2014	3,716	22.17	1.30	19.69	24.86	20.98	1.26	18.59	23.60	25.36	1.31	22.86	28.03
PMA 2020	R2	Jan-Feb 2015	3,631	28.60	1.57	25.58	31.82	26.12	1.52	23.23	29.24	21.14	1.19	18.87	23.60
PMA 2020	R3	Sept-Oct 2015	3,690	28.69	1.39	26.01	31.52	25.59	1.35	23.00	28.37	24.48	1.47	21.68	27.51
PMA 2020	R4	Mar-Apr 2016	3,793	31.13	1.36	28.50	33.89	27.51	1.29	25.03	30.14	23.85	1.12	21.70	26.13
PMA 2020	R5	Apr-May 2017	4,119	32.27	1.66	29.07	35.64	28.51	1.54	25.55	31.66	22.13	1.50	19.29	25.25
PMA 2020	R6	Apr-May 2018	4,227	34.73	1.76	31.33	38.30	30.28	1.54	27.31	33.43	20.49	1.35	17.95	23.29
PMA	R6FU	May-Jul 2019	4,481	33.90	1.36	31.26	36.64	28.58	1.30	26.08	31.22	20.01	1.21	17.72	22.51
PMA	Phase 1	Sep-Oct 2020	3,939	34.94	1.08	32.83	37.11	29.42	1.15	27.19	31.74	17.01	0.68	15.69	18.41

WOMEN IN UNION

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-June 2014	2,404	27.27	1.66	24.1	30.69	25.69	1.58	22.68	28.95	34.66	1.56	31.63	37.82
PMA 2020	R2	Jan-Feb 2015	2,252	34.93	2.05	30.98	39.11	31.80	1.99	27.98	35.88	29.92	1.74	26.59	33.47
PMA 2020	R3	Sept-Oct 2015	2,369	34.35	1.78	30.91	37.95	30.04	1.67	26.83	33.46	31.72	2.00	27.90	35.80
PMA 2020	R4	Mar-Apr 2016	2,511	36.94	1.65	33.74	40.26	32.16	1.61	29.06	35.43	30.50	1.41	27.77	33.36
PMA 2020	R5	Apr-May 2017	2,590	38.40	1.93	34.64	42.30	33.88	1.87	30.28	37.68	29.62	2.05	25.73	33.83
PMA 2020	R6	Apr-May 2018	2,675	41.78	2.33	37.24	46.46	36.29	2.12	32.19	40.59	25.98	1.69	22.77	29.47
PMA	R6FU	May-Jul 2019	2,801	41.92	1.77	38.45	45.47	34.98	1.70	31.68	38.43	26.21	1.56	23.23	29.43
PMA	Phase 1	Sep-Oct 2020	2,325	44.76	1.39	42.02	47.54	37.18	1.43	34.39	40.07	23.87	1.10	21.77	26.12

PMA Uganda collects information on knowledge, practice, and coverage of family planning services in 122 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The results are representative at the national level and within urban/rural strata. Data were collected between September and October 2020 from 4,023 households (97% response rate), 3,939 females age 15-49 (96.8% response rate), 349 facilities (97.8% completion rate), and 2,397 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/uganda.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Uganda is led by the Makerere University School of Public Health at the College of Health Sciences (Mak/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBOS) and the Ministry of Health. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.