FAMILY PLANNING COMMODITY

# FINANCING AND SUPPLY CHAIN

IN UGANDA


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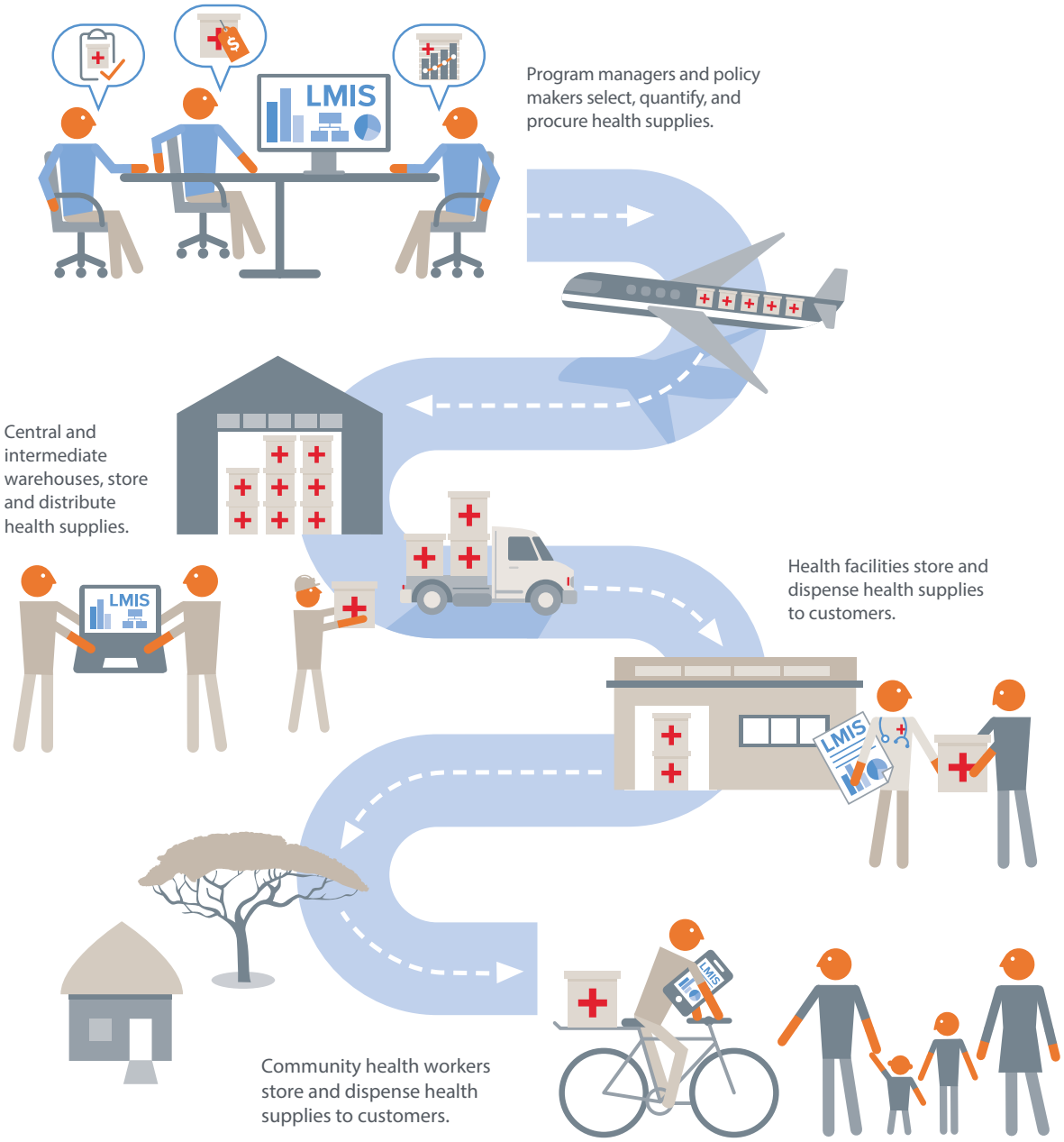
# INTEGRATED PUBLIC HEALTH SUPPLY CHAINS




*Source: John Snow, Inc. 2017. The Supply Chain Manager's Handbook, A Practical Guide to the Management of Health Commodities*

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# ACRONYMS

| | |
|---|---|
| ADS | Alternative distribution strategy |
| COC | Combined oral pill |
| ECP | Emergency contraceptive pill |
| EMHS | Essential medicines and health supplies |
| FPCIP | Family Planning Costed Implementation Plan |
| FP2020 | Family Planning 2020 |
| HDPs | Health Development Partners |
| HEPS | Coalition for Health Promotion and Social Development |
| JMS | Joint Medical Store |
| IUD | Intra-uterine device |
| IRA | Insurance Regulatory Authority |
| M&E | Monitoring and evaluation |
| mCPR | Modern contraceptive prevalence rate |
| NHIS | National Health Insurance Scheme |
| PFP | Private-for-profit (facility) |
| PMA | Performance Monitoring for Action |
| PNFP | Private-not-for-profit (facility) |
| PPPH | Public-Private Partnership for Health |
| RH | Reproductive health |
| RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| TMA | Total market approach |
| UDHS | Uganda Demographic Health Survey |
| UHC | Universal Health Coverage |
| UHMG | Uganda Health Marketing Group |
| UNFPA | United Nations Population Fund |
| URA | Uganda Revenue Authority |
| URMCHIP | Uganda Reproductive, Maternal and Child Services Improvement Project |
| USAID | United States Agency for International Development |

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Thank you all,

**DR. DENIS KIBIRA**
Executive Director
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# EXECUTIVE SUMMARY

**$5m** In 2012, GOU pledged to allocate $5m to FP supplies per year for 5 years. This pledge was renewed in 2017

Uganda was represented at the 2012 London Family Planning (FP) Summit at the highest political level by President Yoweri Museveni who pledged to ensure an enabling policy environment to allow women to exercise their FP choices, to increase the country's financial investment in FP, and to strengthen service delivery. Government of Uganda (GOU) pledged to increase its annual budget allocation for FP supplies from USD 3.3 million (FY 2012) to USD 5 million for the next five years and to mobilize an additional USD 5 million annually from donors. This would be supported by the development of a reproductive health (RH) sub-account to track RH resource flows.

During the 2017 London FP Summit, GOU renewed its FP2020 commitments, but this time around the it pledged to raise an additional USD 20 million annually from Health Development Partners (HDPs) to top up on to the USD 5 million annually from the domestic budget.

A substantial number of clients access FP commodities from the private sector through out-of-pocket payments. Out-of-pocket payments expose the population to catastrophic and impoverishing health expenditures, increasing socioeconomic inequality, thereby undermining progress towards Universal Health Coverage (UHC). The national health insurance scheme (NHIS), which would have cushioned people against such risks, has dragged and existing schemes do not cover FP.

**12.8%** The financial need for FP commodities for FY2020/21 is estimated $32.93m, of which GOU's contribution from domestic resources is estimated at $4.21m, representing just 12.8%

FP commodities for use in the public sector are included in the Uganda Clinical Guidelines (UCG) and the Essential Medicines and Health Supplies (EMHS) List of Uganda. These commodities also must be registered by the National Drug Authority (NDA). The Ministry of Health's National RMNCAH Quantification Report guides GOU and partners on the quantities of commodities required and when to procure them. Guided by the Supply Plans in the quantification report, GOU and Health Development Partners (HDPs) make financial commitments and initiate the procurements of the commodities.

The main funders of FP commodities include GOU, UNFPA, USAID and the Global Fund. GOU funding consists of direct allocations from the national budget and grants and loans from HDPs. The commodities are then cleared through customs and warehoused at National Medical Stores (NMS) for the public sector and Joint Medical Store (JMS) for private-not-for-profit (PNFP) sector.

In spite of the increased financial allocation by GOU and HDPs to FP commodities, major gaps in financing and access to contraceptives continue to persist in Uganda. The financial need for FP for FY2020/21 is estimated at USD 32.93 million, of which GOU's contribution from domestic resources is estimated at USD 4.21 million, leaving a funding gap of USD 28.72 million to be filled by HDPs, grants and loans.

**2%** Up to 98% of the domestic funding for FP commodities goes to mama kits alone, leaving a paltry proportion for contraceptives

It is important to note that out of the domestic finances invested in FP commodities, 98% of these investments have been used to procure mama kits. Additionally, in 2020, World Bank donated USD 15 million (UGX 57 billion) from its maternal child health project to the COVID-19 national response. Part of these funds had been intended for sexual and reproductive health (SRH) essential medicines and commodities, including FP commodities.[1]

1 https://ugandaradionetwork.net/story/world-bank-donates-shs-57bn-to-fight-covid-19

# 1. BACKGROUND

## 1.1 Uganda's family planning programming landscape

3% Uganda has one of the youngest populations, growing at 3%; more than half the population is younger than age 15

Uganda has one of the fastest-growing populations globally, expanding at a rate of 3% per year[1], with the current estimated population of 42.8 million (2021) projected to reach 55 million by 2030. This rapid growth, attributed to a high fertility rate of 5.4 children per woman, has resulted in Uganda having one of the youngest populations in the world, with more than half the population being younger than age 15 and more than three quarters of being under age 30. Adolescents comprise 30% of the national population.[2]

The country's high fertility rate has been attributed to the high unmet need for family planning[3], which is estimated at 28%; low contraceptive use of 39%; high desired family size of 5.7 for men and 4.8 for women; a high teenage pregnancy of 25%; and a high preference of the male sex by couples, among others.[4] According to the 2016 Uganda Demographic and Health Survey (UDHS), more than half of the Ugandan girls have had first sex by age 18, and teenage pregnancy is at an average of 25%.

10% FP-CIP 2015-20 set ambitious targets to reduce the unmet need for FP from 28% to 10% and increase Contraceptive Prevalence Rate (CPR) among married women from 26% to 50% by 2020

The Government of Uganda (GOU) has provided a supportive policy environment for family planning programming. A Costed Implementation Plan for family planning (FP-CIP) 2015-2020 – currently under review – was accordingly developed and launched in 2014 as the national blueprint for FP resource mobilization and programming in Uganda. The FP-CIP had a set of ambitious targets to reduce the unmet need for family planning (FP) from 28% to 10% and increase Contraceptive Prevalence Rate (CPR) among married women from 26% to 50% by 2020. At the sub-national level, district local governments were also supported to develop district-specific costed implementation plans (D-CIPs). The national and district CIPs have been critical in resource mobilization for family planning programming.

1.2 Over the past five years, the overall CPR for married women grew at an annual average rate of 1.2 percentage points

Indeed, the country has made significant progress over the course the FP-CIP period, as GOU and health development partners (HDPs) increased funding for FP commodities and reforms were implemented in the logistics supply and management chain. Over the past five years, the overall CPR for married women grew at an annual average rate of 1.2 percentage points; the demand satisfied by modern methods steadily increased from 44% to 57%; the use of traditional methods increased from 1% to 6%; while the unmet need for FP reduced from 25% to 17%.[5]

1 National Housing and Population Census Main Report 2014

2 National Population & Housing Census, 2014

3 Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who are want to stop or delay childbearing but are not using any method of contraception.

4 National Population Council (2020). Key facts on Uganda's population. https://npcsec.go.ug/key-facts-on-ugandas-population/

5 MoH 2020. Evaluation of Uganda Family Planning Costed Implementation Plan 2015-2020, Ministry of Health

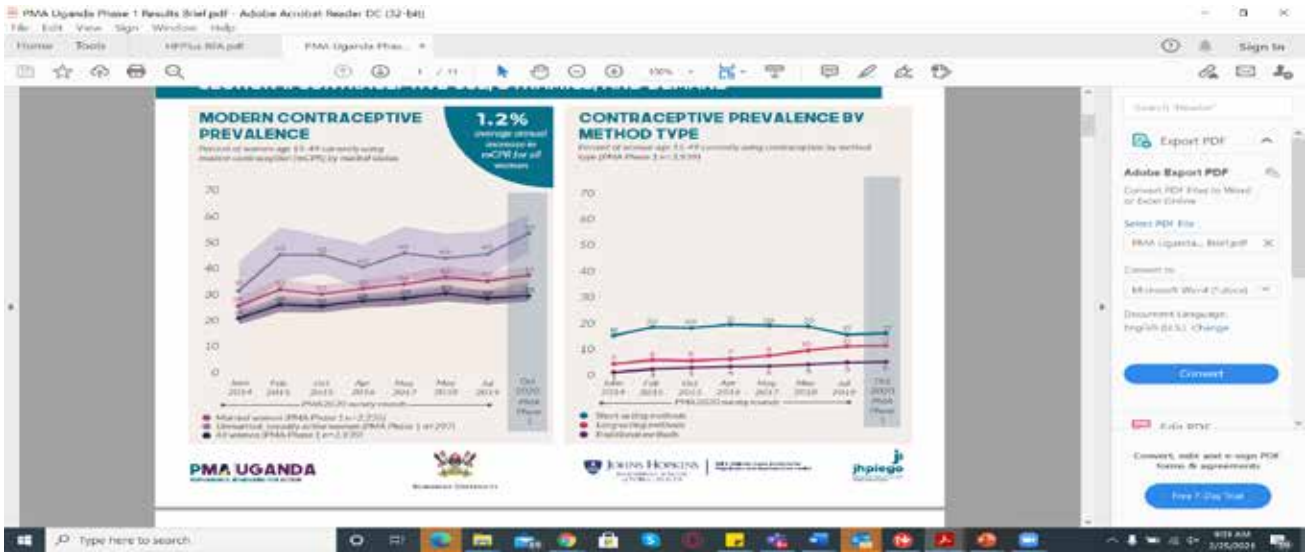



*Figure 1: Trends in contraceptive use by women of reproductive age.*[6]

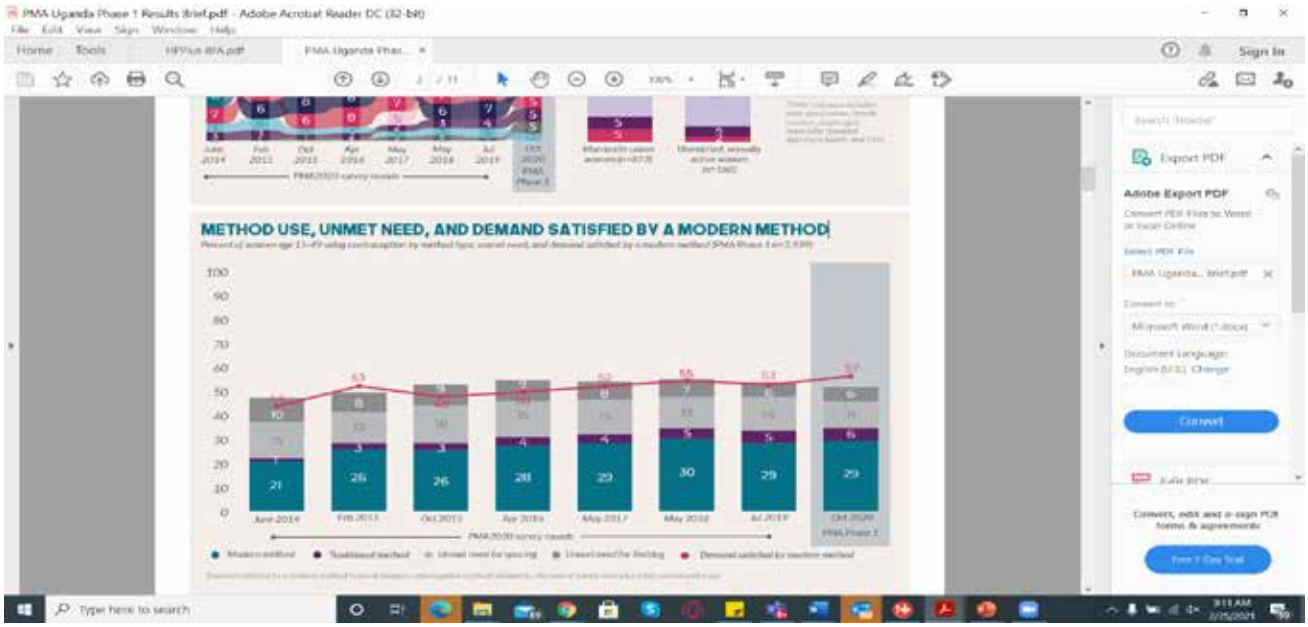



*Figure 2: Method use, unmet need, and demand satisfied by a modern method.*[7]

**37%** The final evaluation of the FP-CIP showed that After implementing the FP-CIP, Uganda was only able to attain an mCPR of 37%, below the target of 50%

However, while the country has progressed on some key indicators, many Ugandan women and girls who want to avoid pregnancy are still not using effective contraception as the country failed to achieve the targets set in the just-concluded FP-CIP (2015-2020).[8] It has been noted that secure and sustained access to quality and affordable commodity supplies is a critical driver of reproductive and sexual health.[9] The final evaluation of the FP-CIP showed that after its implementation, Uganda was only able to attain a modern contraceptive prevalence rate (mCPR) of 37%, and to reduce the unmet need for contraception to 17% among married women.[10]

6 PMA Uganda, 2020. Results from Phase 1 baseline survey. Performance Monitoring for Action

7 PMA Uganda, 2020. Results from Phase 1 baseline survey. Performance Monitoring for Action

8 Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. www.DHSprogram.com

9 Nel Druce (2006). Country Case Studies Synthesis: Cambodia, Nigeria, Uganda and Zambia. DFID Health Resource Centre. https://www.rhsupplies.org/uploads/tx_rhscpublications/DFID%20%26%20NL_RHCS%20synthesis_2006.pdf

10 MoH,2020. Evaluation of Uganda Family Planning Costed Implementation Plan 2015-2020

**52%** An estimated 52% discontinue contraception, many of them due to side effects

The evaluation of the FP-CIP (2015-2020) and stakeholder consultations identified several reasons for under-performance, including inadequate financing of the Plan, limited use of data to drive FP programming, and over-reliance on the public sector for the provision of FP services that were largely supported by donors and implementing partners. On the demand side, there was a high discontinuation rate, estimated at up to 52%. Women on contraception discontinued use for different reasons – the commonest reason being the fear of side effects (15%).[11]

**$15m** In 2020, World Bank diverted $15m from Uganda Reproductive Maternal Child Health Improvement Project to contribute to the country's COVID-19 national response

The situation was exacerbated by the COVID-19 pandemic, which not only restricted access to FP services and commodities, but led to diversion of critical funding from sexual and reproductive health and rights (SRHR) and other health programs. A case in point is that of the Uganda Reproductive Maternal Child Health Improvement Project (URMCHIP), from which World Bank reprogrammed USD 15 million (UGX 57bn) to fund the country's COVID-19 national response. It is not clear whether the gap created by the re-allocation was ever filled.[12]

In the move to the global renewal of the FP2020 partnership towards the 2030 Agenda, Uganda needs to reaffirm its commitment to FP by aligning to the global post-2020 agenda.

## 1.2 The concept of health commodity supply chain management

A supply chain is a complex set-up of organizations, people, activities, information and resources, with actors at different levels delivering health products and services of the right quality, quantity and condition to the right places, at the right time and at a reasonable cost. The health commodity logistics cycle involves product selection; forecasting, planning, and procurement; storage, distribution and customer service; logistics information management; and commodity financing.

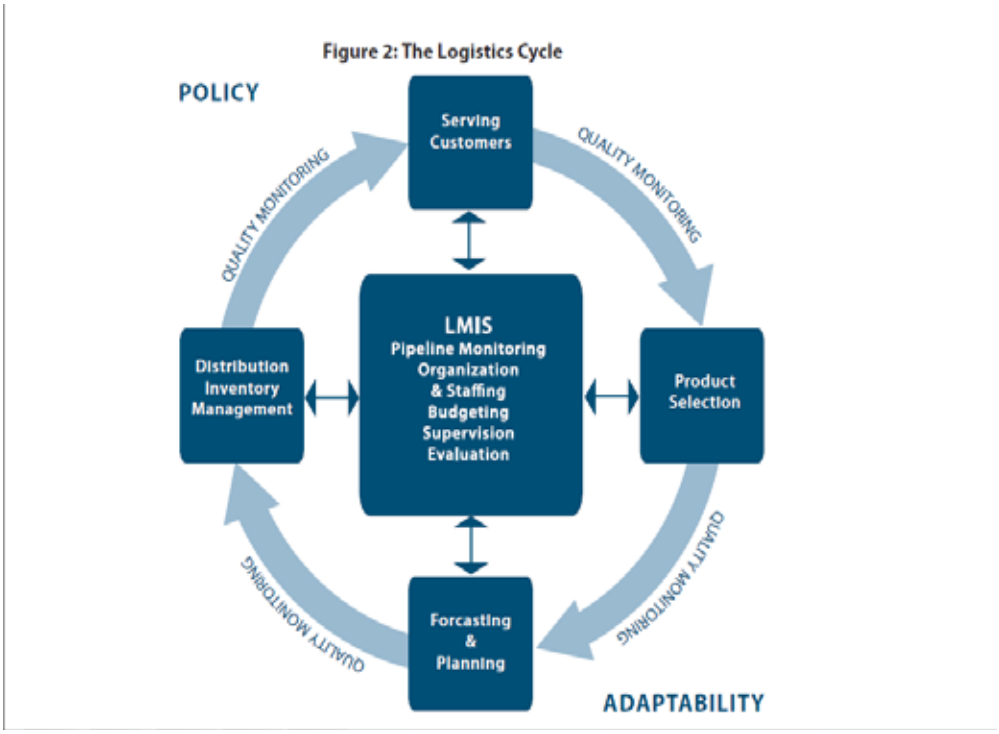



*Figure 3: The commodity logistics cycle*

11 PMA2018 Round 6.
12 https://ugandaradionetwork.net/story/world-bank-donates-shs-57bn-to-fight-covid-19

- **Step I: Product selection**

  The selection of FP commodities for use in the public sector in Uganda is guided by the Uganda Clinical Guidelines (UCG) and the Essential Medicines and Health Supplies List (EML). All dealers in the pharmaceutical sector are by law certified by National Drug Authority (NDA) for quality assurance.

- **Step II: Forecasting, planning, and procurement**

  After product selection, the next step is to estimate the quantities to be procured. The Quantification and Procurement Planning Unit (QPPU), in the Department of Pharmaceuticals and Natural Medicines (DPNM) of the Ministry of Health, is responsible for the quantification of health commodity requirements. Contraceptives are included in the 3-year rolling National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Quantification Report, which is updated annually. This report contains estimates of all national commodity requirements, covering the public, private and private-not-for-profit (PNFP) sectors. The report also contains annual supply plans which should ensure central-level stocks are within the minimum-maximum levels.

  Upon completion of the annual procurement plans, Ministry of Health convenes HDPs and/or their procurement agents to make commitments in line with the national supply plan. GOU and HDPs then use their procurement procedures to deliver commodities to the central warehouses. USAID uses Chemonics/ Global Health Supply Chain (GHSC), UNFPA uses the Procurement Services Branch (PSB), while GOU uses NMS.

- **Step III: Storage, distribution, and customer service**

  Imported commodities undergo verification and customs clearance by NDA and Uganda Revenue Authority (URA). URA clears condoms only after they have undergone NDA's post-shipment testing. Commodities are then distributed. National Medical Stores (NMS) and Joint Medical Store (JMS) are the main storage and distribution agencies for free public FP commodities. The FP commodities are distributed to service delivery points in the public and PNFP facilities. Community distribution is allowed for some commodities in line with government policy.

- **Step IV: Logistics management information system (LMIS)**

  The LMIS consists of all records and reports used in the supply chain. LMIS generates information that is used for decision-making, including forecasting and planning.

- **Step V: Commodity financing**

  Finances and budgets are required throughout the supply chain if the supply chain is to achieve its objectives. At the 2012 London Summit, the global community committed to enabling 120 million additional women and girls in the world's 69 poorest countries to access and use contraception by 2020. At the 2012 and 2017 London summits, GOU committed to allocate USD 5 million annually from the domestic budget to FP commodities. It also committed to mobilizing an additional USD 20 million annually from HDPs for the procurement of FP commodities.[13]

  These financial commitments need to be tracked to ensure that they are translated into actual procurements of the right FP commodities as per the national contraceptive supply plans. In 2020, Ministry of Health with support from the Partners in Population and Development Africa Regional Office (PPD ARO) and UNFPA developed a harmonized FP tracking tool to ensure consistency and reproducibility of FP tracking results.[14]

  While many clients continue to access the free commodities procured by government and donor resources, out-of-pocket payments are still very dominant in Uganda, contributing a significant proportion to total health sector expenditure.[15] Out-of-pocket spending on health is associated with high financial risk leading to financial hardships for poor health consumers. Studies have shown that households in Uganda cope with these out-of-pocket expenditures through depletion of savings and selling of assets, including some households being driven into debt.[16]

13 FP2020. http://summit2017.familyplanning2020.org/revitalized-commitments.html#Uganda

14 Lukwago, D. (2020). Family Planning Resource Tracking in Uganda. Harmonized and Standardized Methodology. MoH/ UNFPA/ PPD ARO.

15 MOH (2016). The Health Sector Financing strategy 2015/15- 2024/25.

16 Leive, A. & Xu, K. (2008). Coping with out-of-pocket health payments: Empirical evidence from 15 African countries. *Bulletin of*

Out-of-pocket payments for health care also increase socio-economic inequality, undermining efforts towards Universal Health Coverage (UHC). One way to protect these people is the introduction of the national health insurance scheme (NHIS), given that the existing private insurance schemes do not cover FP services and commodities. As the world embraces the post-2020 agenda and the FP2030, countries are adopting total market approaches (TMA) and health insurance schemes to ensure equitable access to FP services.

## 1.3 Access to and use of modern contraceptives in Uganda

Public sector facilities represent the primary source of modern contraceptives (over 80%). However, private and PNFP facilities play an influential role in the provision of FP services.

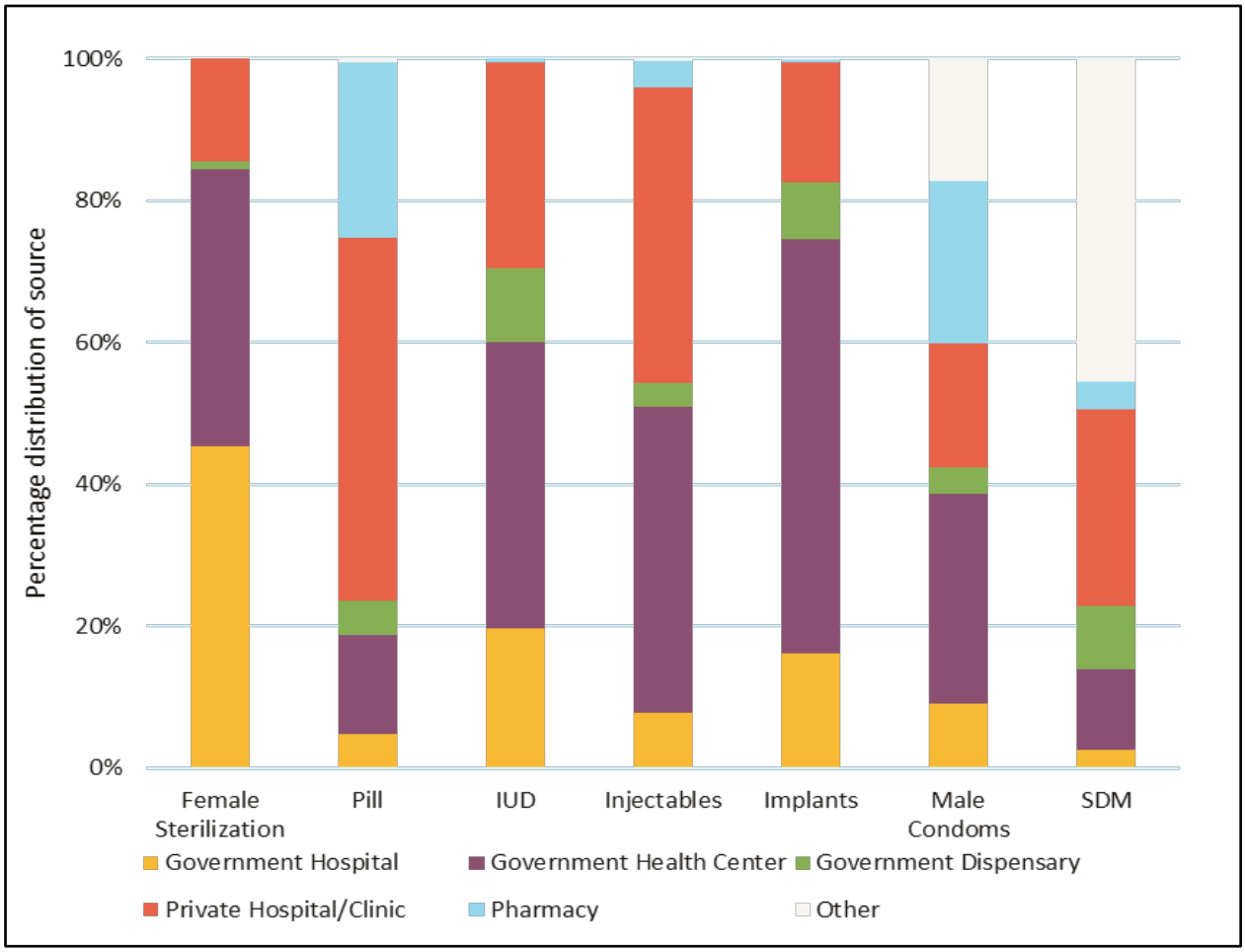



*Figure 4: Provider source for women accessing FP by method type (2016).*[17]

Injectable contraceptives have remained the most used method of contraception among Ugandan women of reproductive age, contributing to more than half of the current users. Implants are also steadily gaining popularity and their contribution to the method mix is estimated at 17.3%.

*the World Health Organization* 2008, 86(11):817-908

17 Track20 (2020). Exploring Opportunities for MCPR Growth in Uganda. Glastonbury

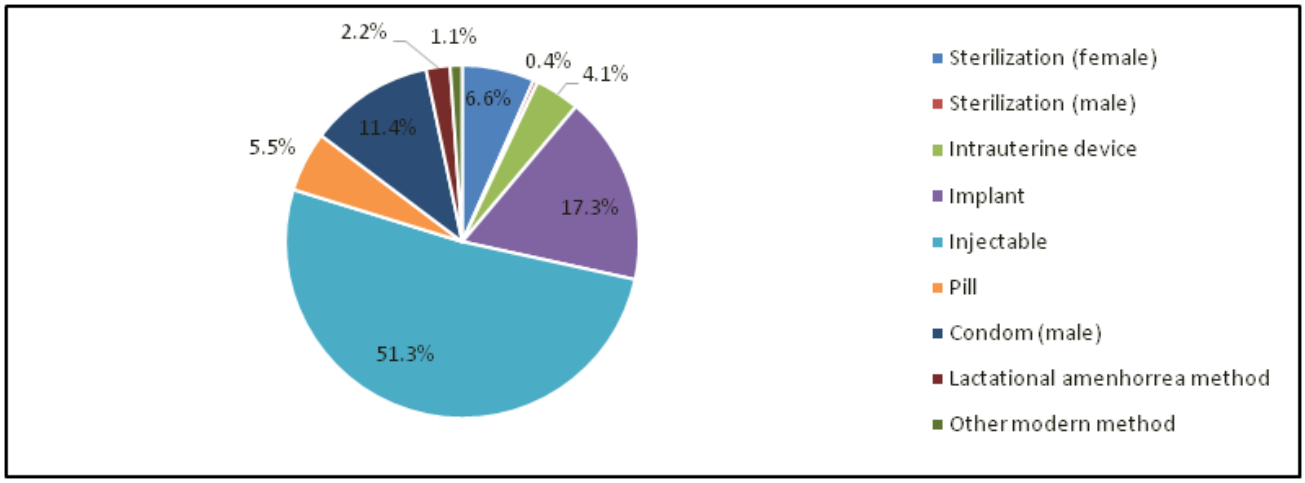



*Figure 5: FP methods used by women in Uganda (% of all women of reproductive age 2019).*[18]

## 1.4 Objectives of the study

The main objective of the study was to document and analyze current FP financing and supply chain issues, including quantification, financing, procurement, and distribution of contraceptives in Uganda.

Specific objectives included:

1) Track the flow of FP commodities from product selection, quantification, financing through the different funding streams to the storage and distribution to the final consumers in Uganda;

2) Establish the FY2020/21 GOU RH/FP commodities budget allocations and financing gaps.

3) Analyze and document the trends in donor funding for FP commodities to GOU, including for FY2020/21, in the context of FP2020 commitments and share the progress Uganda has made on the realization of the FP2020 financial commitments, especially for FP commodity procurement.

4) Track FP budget allocations and expenditures from GOU and HDPs from FY2016/17 in at least two UNFPA focus districts.

18 Uganda Bureau of Statistics (UBOS) (2018). "Uganda Demographic and Health Survey 2016." www.DHSprogram.com

# 2. METHODOLOGY

This FP budget tracking and supply chain mapping study adopted the methodology recommended in the Ministry of Health's harmonized FP resources tracking methodology.[19]

## 2.1 Scope of the study

The study mapped the current FP financing and supply chain in Uganda to support the understanding of the supplies landscape in Uganda.

## 2.2 Data sources and analysis

The FP budget tracking and supply chain mapping process involved a review of relevant documents and the conduct of personal interviews with key informants. A review of the Health Sector Ministerial Policy Statement for FY 2020/21 was undertaken to determine the resources allocated to the RH commodities budget line. The allocated funds were analyzed against the annual FP2020 commitment of USD 5 million and also the annual quantifications to determine the existing financing gaps.

The donor commitments were determined using reports from the Quantification and Procurement Planning Unit (QPPU) of the Ministry of Health's Department of Pharmaceuticals and Natural Medicines (DPNM).

GOU procurements were established by reviewing reports from the NMS and the Uganda Reproductive, Maternal and Child Services Improvement Project (URMCHIP). Procurements by the Global Fund (male condoms), UNFPA, and USAID were retrieved from the Reproductive Health Coalition (RHSC) website.[20]

The actual procurements were reconciled with Ministry of Health Contraceptive Supply Plans and commodity receipts at the central warehouses.

## 2.3 Limitations of the study

The study was limited to the FP commodities financing. Other programmatic activities that support FP service delivery were not covered in this tracking study. Other areas that were not covered include: Sub-national or locally generated budgets for commodity procurement at district or health facility levels; and commodity financing in the private sector.

19 Lukwago D, 2020. Family Planning Resource Tracking in Uganda. Harmonized and Standardized Methodology. MoH/ UNFPA/ PPD ARO

20 Tool - Reproductive Health Supplies Coalition (rhsupplies.org)

# 3. FINDINGS

This section presents the key findings under each specific objective. It is important to note that none of the different contraceptive methods are produced locally within Uganda, therefore significant procurement and supply management costs are incurred to deliver these commodities to the intended users at the service delivery points. The procurement and management costs include the value of the items, pre-shipment inspections, carriage to the ports of entry, insurance, customs clearance, mandatory post-shipment testing (especially for condoms), NDA verification fees, warehousing, and in-country distribution costs.

## 3.1 GOU reproductive health commodities budget allocation and public sector expenditure

**80%** In FY2020/21, GOU allocated $3,966,928m for procurement of RH commodities representing 80% of its FP2020 commitment

GOU allocated UGX 14.72 billion[21] to NMS (Vote 116) for the procurement of reproductive health (RH) commodities under vote function "Supply of Reproductive Health Items", according to the Health Sector Ministerial Policy Statement for FY 2020/21. At an exchange rate of UGX 3,710.68 per US dollar[22], the allocation for procurement of RH commodities for FY2020/21 was equivalent to USD 3,966,928, representing about 80% of the FP2020 commitment of USD 5 million per year.

Despite the substantial increments in GOU funding towards the procurement of RH commodities, the investment is still below the London commitments of USD 5 million annually. Up to 98% of the domestic financing for FP has been used to procure RH medical supplies, specifically mama kits.

Additionally, World Bank reallocated USD 15 million (UGX 57 billion) from the Uganda Reproductive Maternal Child Health Improvement Project (URMCHIP) to the COVID-19 national response in 2020. Some of these funds were intended for RH essential medicines and commodities including FP commodities.[23] It was anticipated that this money would be put back from the Fast-Track Facility, which is funding the COVID-19 response in different countries. However, it is not yet clear whether this was done.

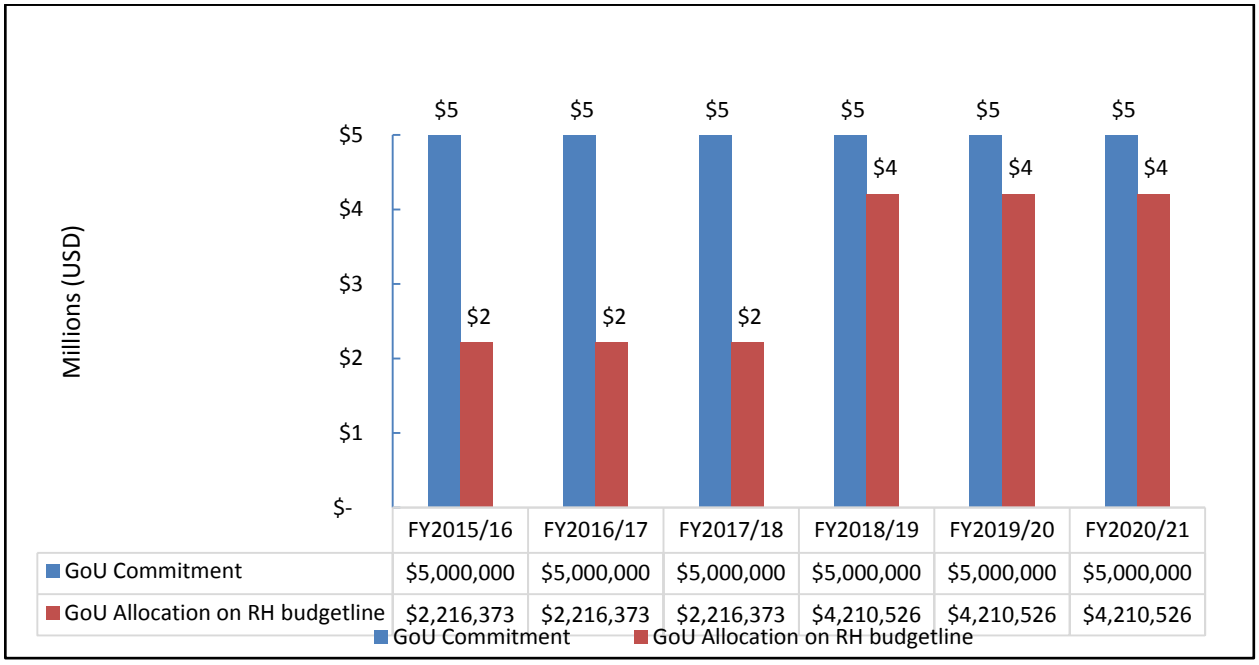



*Figure 6: GOU reproductive health commodities budget allocation vs FP 2020 commitments*

21 Health Sector Ministerial Policy Statement, FY 2020/21

22 Bank of Uganda Monetary policy report, December 2020

23 https://ugandaradionetwork.net/story/world-bank-donates-shs-57bn-to-fight-covid-19

## 3.2 GOU budget allocation versus the funding need for FP commodities

GOU annual budget allocation of about USD 4 million for the procurement of FP commodities leaves a financing gap of USD 28.72 million to be filled by HDPs, grants/ loans and the private sector.[24]

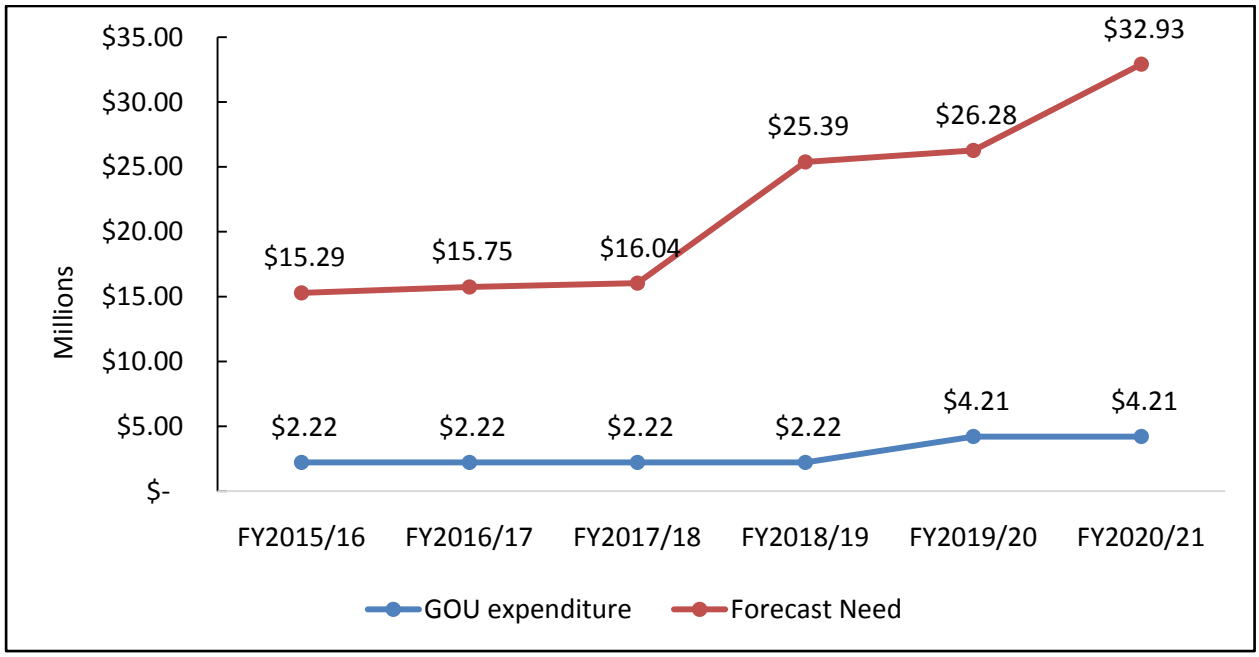



*Figure 7: GOU allocation versus contraceptive needs for Uganda*

An analysis of the FP procurements from the RH budget-line undertaken over the past three years showed that the GOU budget has been mainly used to procure the combined oral pills, copper IUD, emergency contraceptives, and injectable contraceptive.

***Table 1: FP commodities procured under GOU RH budget line over the years in UGX[25]***

| Contraceptive product description | Supplier name | FY2017/18 | | FY2018/19 | | FY2019/20 | |
|---|---|---|---|---|---|---|---|
| | | Quantity | Amount | Quantity | Amount | Quantity | Amount |
| Ethinylestradiol0.03+Levonorgestrel 0.15mg 3 cycles (COC) | Norvik Enterprises Ltd | 0 | 0 | 20,834 | 156,255,000 | 0 | 0 |
| IUD-copper containing device TCU380a | Norvik Enterprises Ltd | 0 | 0 | 1,000 | 380,000,000 | 0 | 0 |
| Levonorgestrel 0.75mg tab (ECP) | Norvik Enterprises Ltd | 0 | 0 | 12,850 | 35,980,000 | 0 | 0 |
| Medroxyprogesterone Acetate 150mg/ml w/syringe (Depo) | Norvik Enterprises Ltd | 0 | 0 | 1,150 | 159,225,000 | 0 | 0 |
| **Grand Total** | | | **0** | | **31,460,000** | | **0** |

However, further analysis of the RH budget expenditure shows that most of this budget is spent on the procurement of mama kits and Misoprostol, with FP commodities consistently below 5% of the annual allocation for the past five years.

***Table 2. Proportion of GOU expenditure on FP commodities under the RH commodity budget line[1]***

| Financial year | FY2015/16 | FY2016/17 | FY2017/18 | FY2018/19 | FY2019-20 |
|---|---|---|---|---|---|
| Budgwt allocation (billions UGX) | 6.13 | 8.00 | 8.00 | 16.33 | 15.21 |
| Expenditure (billions UGX) | 1.87 | 0.00 | 0.00 | 0.73 | 0.00 |
| Percentage expenditure on FP commodities | 31% | 0% | 0% | 4% | 0% |

24 Ministry of Health (2020). The Uganda national RMNCAH quantification, updated 2020.

25 From NMS procurement data

### 3.3 GOU domestic budget and mobilization versus donor funding

At the 2012 London FP Summit, the President of Uganda committed to mobilizing USD 5 million from domestic sources and an additional USD 5 million from HDPs, annually, for the next five years, towards procurement of contraceptives. The commitment to mobilize USD 5 million from HDPs was surpassed in FY2016/17.

Five years later, at the 2017 London FP Summit, GOU pledged to mobilize an additional USD 20 million annually from HDPs for the next 3 years before the end of 2020. However, this was not attained in the following two years.

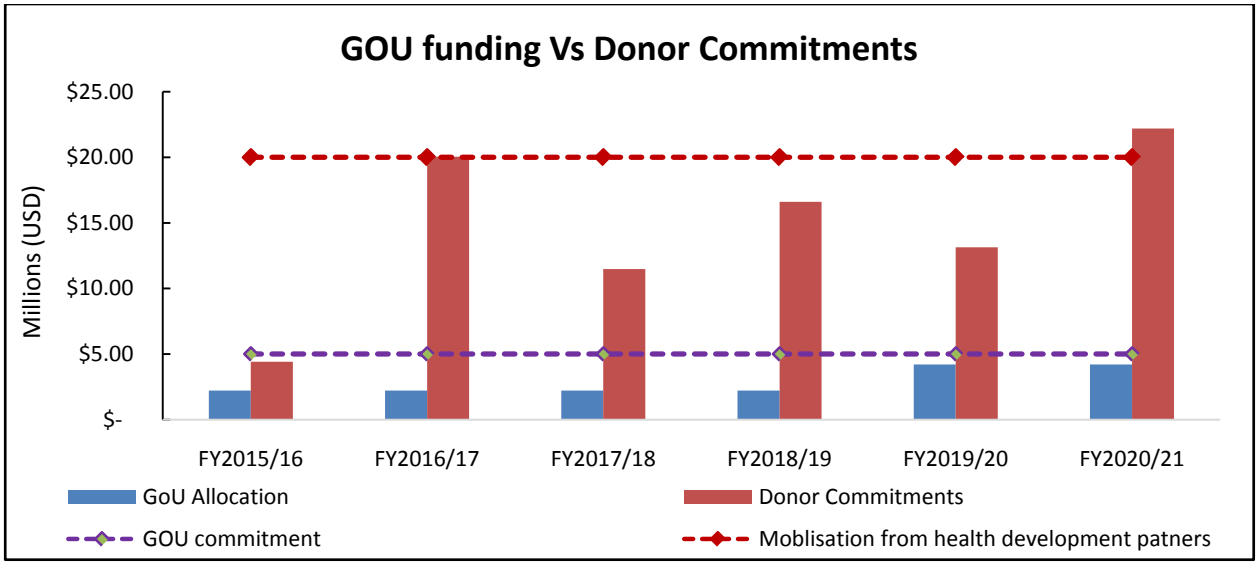



*Figure 8: GOU financial allocation and mobilization Vs FP2020 commitments.*

The failure to reach the government target of mobilizing an additional USD 20 million from HDPs has been mostly attributed to the disruption of the FP Social Marketing Activity, implemented by the Uganda Health Marketing Group (UHMG) and funded by USAID, which was contributing more than USD 5 million annually.[26] USAID's cancellation of UHMG's contract in 2018, effectively ended FP social marketing in Uganda.

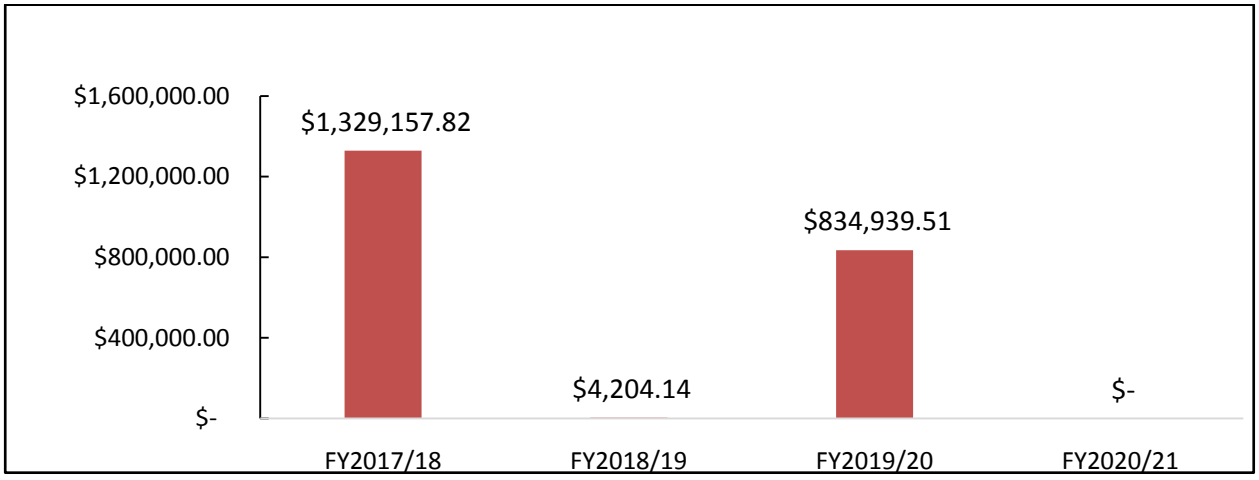



*Figure 9. Social marketing commodities Procured by USAID Social Marketing Activity*[27]

26 Data from the MoH Quantification and Procurement Planning Unit

27 Analysis of distribution data from the Joint Medical Store

## 3.4 Trends in donor funding for FP commodities

Over the past 5 years, the proportion of donor contributions towards the procurement of FP commodities has remained high, above 80%. The total commitments from GOU and HDPs have always left a funding gap, except in FY2015/16 when the total commitments were more than the forecasted need.

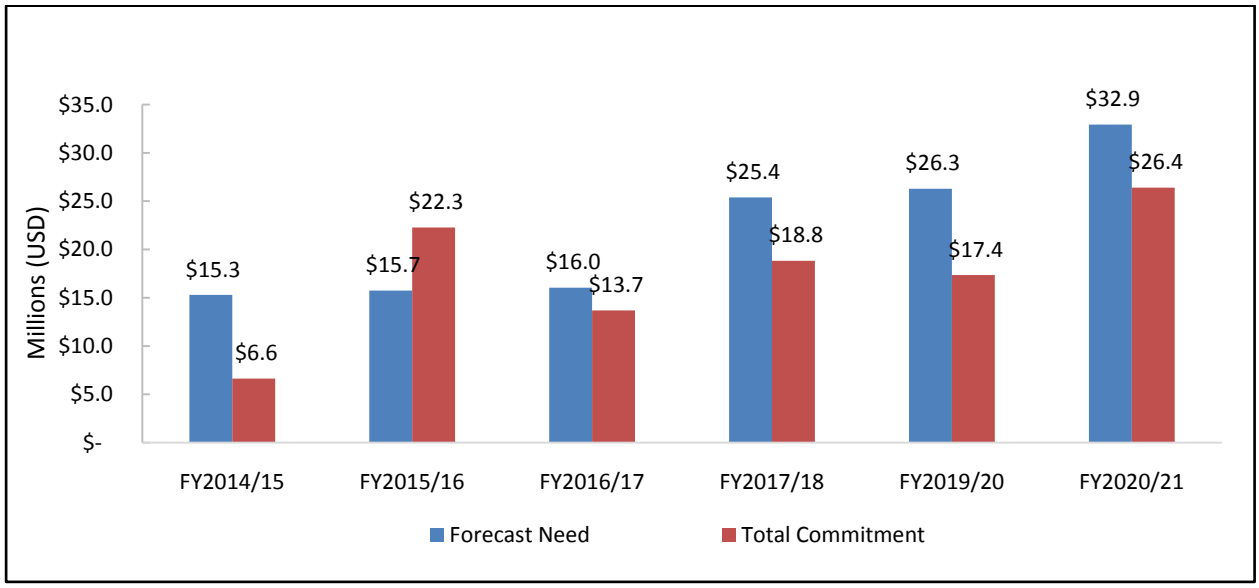



*Figure 10: Funding gap analysis for FP commodities*

## 3.5 Forecasted need, commitments and procurements made

It is only in FY 2015/16 when there was no financing gap for commodities. According to the Ministry of Health QPPU, in that year, procurements under a World Bank loan were realized, and there was adequate funding of the social marketing sector by USAID, both of which contributed to this good commodity outlook.

However, it is worth noting that commodities from World Bank had been expected much earlier. While the commodities procured under Phase 1 of the URMCHIP project were expedted to come over three years beginning with FY 2017/18, all these commodities were received in FY 2020/21 due to the long lead times of the World Bank's procurements. Interestingly, even in FY 2020/21, there still existed a financing gap, which arose from USAID's discontinuation lack of funding for socially marketed FP products, mostly injectables and male condoms.

***Table 3: Funding gap analysis for FP commodities***

| Period | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|---|
| Forecast need | 15,288,702.46 | 15,747,363.53 | 16,039,334.72 | 25,386,763.00 | 26,277,292.00 | 32,925,307.00 |
| GOU allocation | 2,216,373 | 2,216,373 | 2,216,373 | 4,210,526 | 4,210,526 | 4,210,526 |
| World Bank/GFF (URMCHIP) | - | - | - | - | - | 11,000,000 |
| Global Fund (condoms) | | | 1,519,680 | 2,015,649 | 3,858,057 | 1,105,067 |
| USAID | 2,561,748 | 17,216,416 | 6,303,150 | 6,166,125 | 4,476,150 | 4,658,850 |
| UNFPA | 1,851,053 | 2,835,572 | 3,654,330 | 8,420,220 | 4,808,087 | 5,423,969 |
| **Total procurements** | **6,629,174** | **22,268,361** | **13,693,533** | **18,818,367** | **17,352,820** | **26,398,412** |
| **Gap** | **8,659,528.00** | **-** | **2,345,801.26** | **6,568,395.68** | **8,924,471.68** | **6,526,894.68** |

Overall, actual procurements have been less than the forecasted need. The Ministry of Health's QPPU has attributed the gap to inadequate financial commitments from GOU and HDPs. However, even during years when the commitments matched the forecasts, long lead times of some procurements, especially procurements associated with World Bank – two years on average – have made expected delivery dates unpredictable.

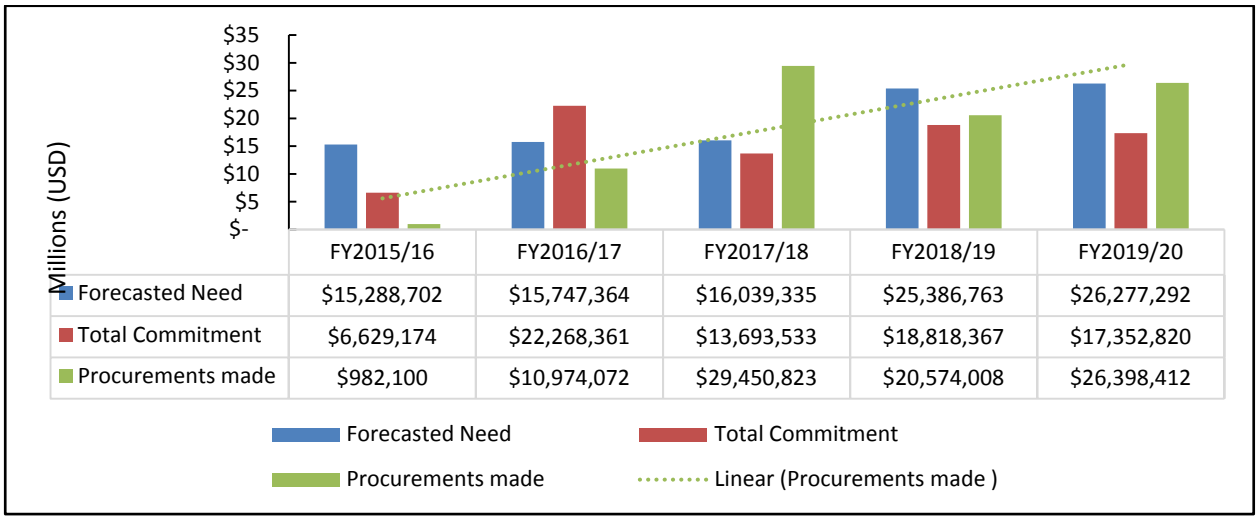



*Figure 11. Comparing forecasted need, financial commitments, and actual procurements*

## 3.6 FP supply chain mapping

### *3.6.1 The alternative distribution strategy*

In 2012, Ministry of Health introduced the Alternative Distribution Strategy (ADS) for contraceptives and selected RH commodities to decongest NMS and to increase access to these commodities in the PNFP and private sectors, which were not being supplied by NMS. Under the ADS arrangement, implementing partners in the non-public sector were to receive commodities through UHMG, and to use some of them for outreaches at public health facilities.[28] In FY2019/20, the role of storage and distribution for ADS was transferred from UHMG to JMS.

Currently, free commodities for use in the public sector are stored and distributed by NMS, while those for the PNFP sector are stored and distributed by JMS. Socially marketed commodities are stored by private organizations contracted by the social marketing organizations, while the private sector has its own channels of storage and distribution.

The FP market in the private sector is very small and is dominated by short-term methods, i.e. male condoms and oral pills. Implants and IUDs are not easily accessible in the private sector as the market is flooded with highly subsided commodities in the public sector, making long-term and reversible methods (LARCs) unviable for private importers.[29] Since there are no private importers for LARCs, they may not be accessible in the private sector or private wings of public hospitals at the moment, even when FP gets included in the private health insurance schemes, unless Ministry of Health deliberately creates a conducive environment for private investors in the FP commodity market through the Total Market Approaches (TMA).

### *3.6.2 The one-facility-one-warehouse policy*

The establishment of ADS reduced stock-outs and increased access to commodities in the public and PNFP sectors. The ADS also reduced the potential loss of commodities through obsolescence at NMS.[30] However, commodity buffering and outreaches at public facilities, resulted in NMS not keeping a full method mix, because public facilities were not keen on submitting orders to NMS as their needs were largely met by implementing partners through outreaches.[31]

In a bid to streamline the flow of the free contraceptives and RH commodities in the public sector, Ministry of Health introduced the One-Facility-One-Warehouse policy in FY2091/2020. Under this policy, all public facilities receive commodities through the NMS, while all non-public facilities are supplied by the "alternative supplier", JMS under ADS.[32] To increase efficiency, the policy provides

28 MOH (2016).The alternative distribution strategy for contraceptives and selected RH commodities 2016/17-2020/21

29 MOH (2021). The Total Market Strategy for family planning commodities: Market bread analysis for Uganda.

30 MoH 2016. Report on the Evaluation of the Alternative Distribution Strategy (2012-2015)

31 MoH 2019. Meeting Notes- Meeting held to streamline the distribution of RH commodities.

32 See the One-Facility-One-Warehouse Policy Guidelines in Annex 6.

for transfer of stocks between warehouses and between districts. Implementing partners and district health officers can place emergency orders for public facilities from JMS if NMS is unable to supply within the required timeframe.

Donor-procured commodities, mainly funded by UNFPA and USAID, are shipped directly to JMS for distribution to the PNFP service delivery points. However, NMS can access these commodities through inter-warehouse transfer. Policy makers anticipate that the one-facility-one-warehouse policy will help strengthen the public sector supply chain as implementing partners will build the capacity of health facilities and district health offices to quantify and place their orders instead of picking and distributing commodities.

In March 2021, Ministry of Health authorized the distribution and administration of injectable contraceptives in drug shops.[33] However, while the initial pilots of this policy were successful, the disruption of social marketing in 2018 led to stock-outs in the private sector. The absence of socially marketed injectables in the private sector prompted Ministry of Health to allow the distribution of the free products by accredited drug shops, with clear guidance to provide commodities free of charge and only charge for the supplies used for providing the method and a prescribed service fee.

A recent assessment conducted by the Uganda Family Planning Consortium (UFPC) to monitor the implementation of the one-facility-one-warehouse policy revealed that there were still gaps in its implementation. These gaps included low awareness, with only 50% of the health facilities; absence of district dissemination meetings in over 76% of the health facilities; and limited dissemination of the policy guidelines, with over 71% of the health facilities having not received the communication circular from Ministry of Health. Furthermore, it was also observed that a large proportion (65%) of public health facilities received emergency supplies from JMS implying that either the facilities under quantified their needs during the procurement planning process resulting in non-fulfillment of their orders or NMS was stocked-out of the FP commodities.[34]

### *3.6.3 EMHS redistribution policy*

Ministry of Health developed EMHS National Redistribution Guidelines that allow commodities to be moved from facilities where they are over-stocked to those that with stock-outs or under-stocks. The redistribution policy aims to ensure the effective use of the available stocks by minimizing stockpiling and stock-outs at facility level.

### *3.6.4 The use of village health teams to distribute FP commodities*

The lowest level of commodity distribution is through village health teams (VHTs). These community health workers are trained on a limited range of contraceptives, such as male condoms, oral pills and injectable contraceptives, that they can distribute – free-of-charge – to clients in their communities. Given that they serve clients within their communities, they are relatively easily reached by the clients. They pick commodities for distribution from the nearest public or PNFP health facilities.

VHTs have also distribute commodities from the private sector, where they are allowed to make a small mark-up on the items they successfully distribute. This approach is being promoted by implanting partners such as Living Goods and Healthy Entrepreneurs and others.

33 See Annex 6.8

34 MoH/ UFPC (2021). Assessment of Implementation of the One Facility, One Warehouse Policy Guidelines

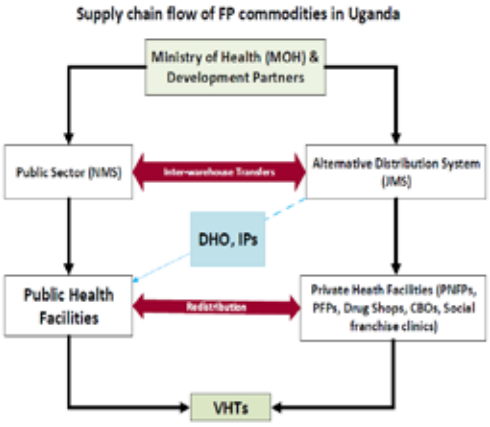



*Figure 12. The distribution of free contraceptive commodities in Uganda*

While all supplies through JMS involve facilities planning and making orders, for the public sector, higher-level public facilities (HC IVs and hospitals) place their orders from NMS on a bimonthly basis (every two months) based on the quantities they planned for during the annual procurement planning process. HC IIs and HC IIIs receive predetermined kits under the so-called "push system" every two months but based on the quantities the districts and facilities determined during the annual procurement planning process.

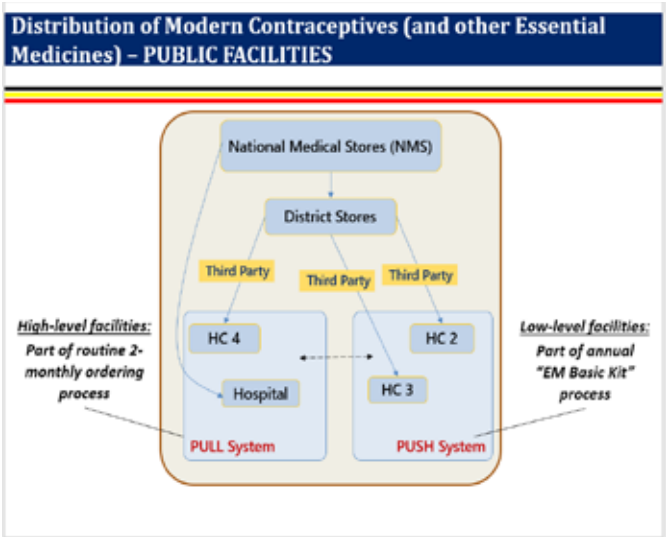



*Figure 13. Ordering and distribution system for public health facilities*

### *3.6.5 Logistics Management Information System (LMIS)*

At the central level, stock management is computerized as the warehouses have robust Enterprise Resource Planning (ERP) systems. However, at the facility level, stock management is largely manual, using stock control cards and books, except for a few higher-level facilities.

Ministry of Health, with support from partners, is in the process of introducing and rolling out the web-based system for ordering and reporting the use of RH commodities (RH eLMIS) from NMS and JMS. When successfully rolled-out, this will be a major step towards supply chain maturity as the central warehouses will be having visibility of facility-level stocks and consumption rates every two months.

The ordering and distribution of commodities for the public and the ADS sectors are based on the delivery schedules that are published and disseminated by the central warehouses.[35]

35 See Annexes 6.6 and 6.7

## 3.7 Central warehouse stock status and pipeline information

As of January 31, 2021, central warehouses were well stocked with most of the commodities above the recommended three months of stock, meaning that the country was well stock to serve the country's FP requirements at the time of this assessment. Where NMS or JMS becomes understocked stocked, inter-warehouse transfers have normally been initiated guided by the QPPU, to ensure the warehouse in question meets the needs of its beneficiaries.

The following were the national-level stock concerns as of February 1, 2021:

1) The central-level stocks of Implanon NXT® (Etonogestrel), a 3-year one-rod implant, were almost depleted and had consistently been below the minimum stock levels for the last two financial years.[36] Ministry of Health needs to urgently flag this to USAID and UNFPA to frontload the current stocks in the pipeline to avert a potential stock-out situation at the service delivery points. In the meantime, Ministry of Health is working with partners to establish the facility-level stock status and undertake inter-facility redistributions where possible. In the long-term, the ministry may need to consider introducing another WHO-prequalified 3-year implant (Levoplant) to stabilize the situation.

2) The stock of Medroxyprogesterone acetate intra-muscular injection (DMPA IM or Depo Provera) is expected to run out at JMS by June 2021. There are no visible stocks in the pipeline.

***Table 4: Central level stock status report, January 31, 2021[37]***

| **NMS stock status report - as of *31st Jan 2021*** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Item Description** | **UOM** | **Closing Bal** | **AMC** | **Jan-21** | **Feb-21** | **Mar-21** | **Apr-21** | **May-21** | **Jun-21** |
| **Injectables** | | | | | | | | | |
| Medroxyprogesterone Acetate 150 mg/ml IM (Depo-Provera) | 1 vial | 141,000 | 150,900 | 0.9 | 2.7 | 1.7 | 0.7 | 0.0 | 0.0 |
| Medroxyprogesterone Acetate 104 mg/0.65 SC (Sayana Press) | 1 | 300,000 | 114,753 | 2.6 | 5.3 | 6.1 | 5.1 | 4.1 | 3.1 |
| **LARCs** | | | | | | | | | |
| Copper Containing Device TCU380A - IUD | 1 | 159,938 | 4,655 | 34.4 | 33.4 | 32.4 | 31.4 | 30.4 | 29.4 |
| Etonogestrel 68 mg/rod, 1 rod Implant (Implanon NXT ) | 1 | 63,978 | 28,818 | 2.2 | 1.2 | 0.2 | 0.0 | 0.0 | 0.0 |
| Levonorgestrel 75mg/rod, 2 rod Implant (Jadelle) | 1 | 14,560 | 5,255 | 2.8 | 27.9 | 26.9 | 25.9 | 24.9 | 23.9 |
| **Condoms** | | | | | | | | | |
| Male Condoms | 1 | - | 4,245,408 | 0.0 | 27.3 | 26.3 | 25.3 | 24.3 | 23.3 |
| **Pills** | | | | | | | | | |
| Combined Oral Contraceptives (Microgynon) | 1 cycle | 629,239 | 60,052 | 10.5 | 9.5 | 8.5 | 7.5 | 6.5 | 5.5 |
| Levonorgestrel 1.5mg (Emergency Contraceptive) | 1 tab | - | 7,078 | 0.0 | 5.4 | 4.4 | 3.4 | 2.4 | 1.4 |
| Levonorgestrel 30 mcg (Microlut) | 1 cycle | - | 3,261 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Maternal Health** | | | | | | | | | |
| Mama Kit (Safe Maternity Kit) | 1 | 306,150 | 34,167 | 9.0 | 8.0 | 7.0 | 6.0 | 5.0 | 4.0 |
| Misoprostol 200mcg Tabs | 100 | 31,903 | 2,282 | 14.0 | 16.9 | 15.9 | 14.9 | 13.9 | 12.9 |

| **JMS stock status reports - as of *31st Jan 2021*** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Item Description** | **UOM** | **Closing Bal** | **AMC** | **Jan-21** | **Feb-21** | **Mar-21** | **Apr-21** | **May-21** | **Jun-21** |
| **Injectables** | | | | | | | | | |
| Medroxyprogesterone Acetate 150 mg/ml IM (Depo-Provera) | 1 vial | 293,820 | 128,610 | 2.3 | 7.8 | 11.3 | 10.3 | 9.3 | 11.4 |
| Medroxyprogesterone Acetate 104 mg/0.65 mL SC (Sayana Press) | 1 | 569,196 | 106,975 | 5.3 | 8.6 | 15.2 | 17.3 | 16.3 | 24.8 |
| **LARCs** | | | | | | | | | |
| Etonogestrel 68 mg/rod, 1 rod Implant (Implanon NXT ) | 1 | 37,934 | 31,085 | 1.2 | 0.2 | 0.0 | 0.0 | 0.0 | 2.9 |
| Levonorgestrel 75mg/rod, 2 rod Implant (Jadelle) | 1 | 124,060 | 29,228 | 4.2 | 3.2 | 2.2 | 3.3 | 4.5 | 3.5 |
| Copper Containing Device TCU380A - IUD | 1 | 252,525 | 10,569 | 23.9 | 22.9 | 21.9 | 28.0 | 27.0 | 32.5 |
| **Condoms** | | | | | | | | | |
| Male Condoms | 1 | 158,970,604 | 8,920,620 | 17.8 | 31.3 | 37.4 | 36.4 | 35.4 | 34.4 |
| Female Condoms | 1 | 496,149 | 50,225 | 9.9 | 20.8 | 19.8 | 18.8 | 17.8 | 37.8 |
| **Pills** | | | | | | | | | |
| Levonorgestrel 1.5 mg(Emergency Contraceptive) | 1 | 175,921 | 34,133 | 5.2 | 4.5 | 3.5 | 2.5 | 1.5 | 0.5 |
| Combined Oral Contraceptives (Microgynon) | 1 cycle | 531,051 | 63,395 | 8.4 | 18.7 | 17.7 | 30.2 | 29.2 | 28.2 |
| Levonorgestrel 30 mcg (Microlut) | 1 | 277,852 | 31,854 | 8.7 | 7.7 | 6.7 | 5.7 | 4.7 | 3.7 |
| Misoprostol 200mcg Tabs | 100 | 3 | 136 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Other** | | | | | | | | | |
| Cycle Beads | 1 | 52,666 | 7,065 | 7.5 | 6.5 | 5.5 | 4.5 | 3.5 | 2.5 |

36 Analysis of the MOH stock status reports 2018/19- 2020/21

37 MoH 2021. The February 1st Stock Status Report. Department of Pharmaceuticals and Natural Medicines.

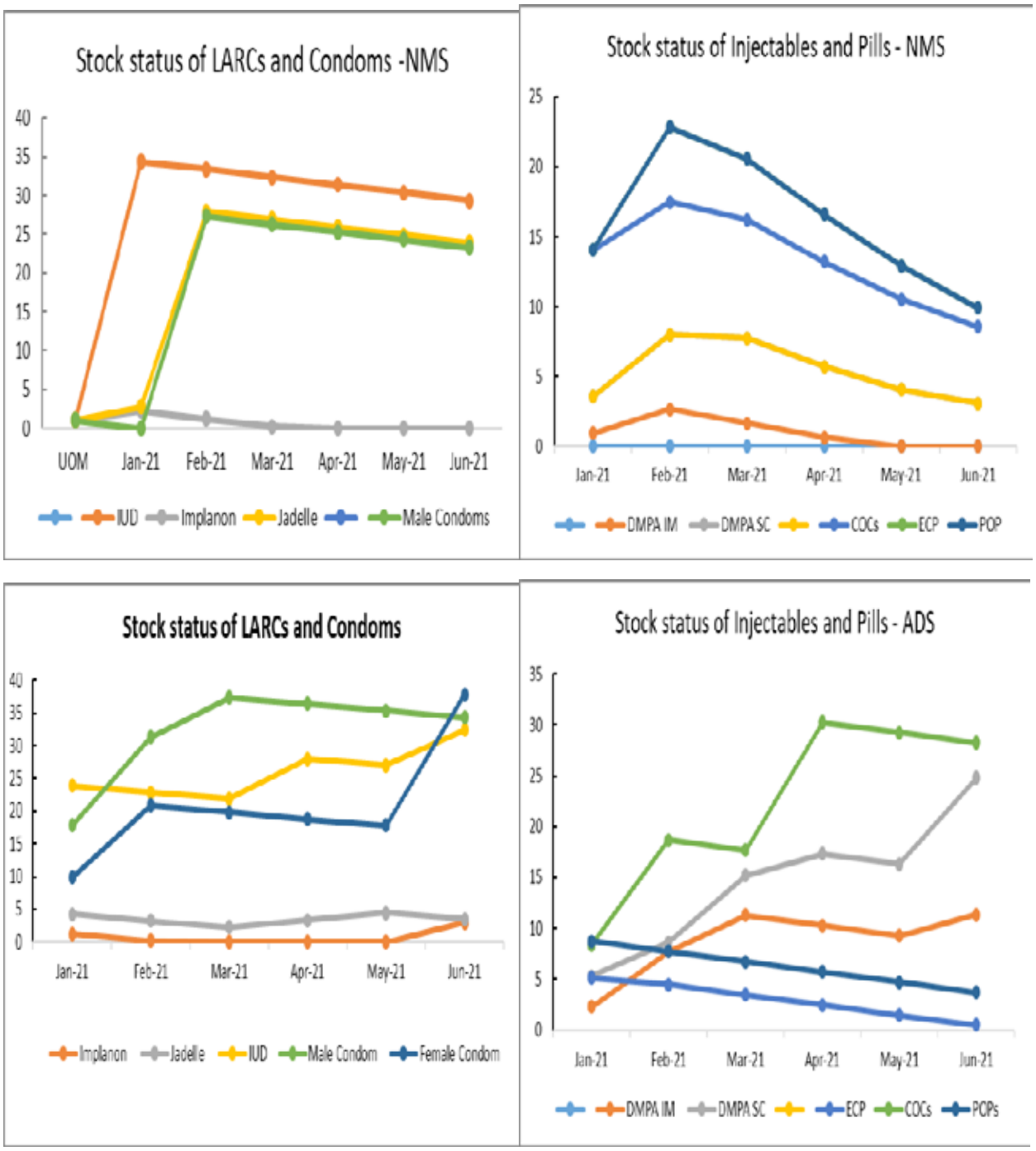



*Figure 15: Projections of the central level stock status for FP commodities*

## 3.8 Funding commitments and pipeline information

Ministry of Health pipeline information was due to be updated at the end of March 2021, after the process of updating the national RMNCAH quantification report has been concluded.

*Table 5: Outlook of the national FP pipeline*[38]

| RH commodity Pipeline | | | | | |
|---|---|---|---|---|---|
| **Commodity** | **Expected Shipments 2** | **Expected Date** | **AMC** | **MOS** | **Funding Source** |
| Depo-IM | 335,500 | Feb-21 | 128,610 | 2.6 | USAID |
| | 500,000 | Feb-21 | 128,610 | 3.9 | UNFPA |
| | 583,500 | Mar-21 | 128,610 | 4.5 | USAID |
| | 395,000 | Jun-21 | 128,610 | 3.1 | USAID |
| | 403,600 | Sep-21 | 128,610 | 3.1 | USAID |
| Sayana | 804700 | Mar-21 | 106,975 | 7.5 | USAID |
| | 336,000 | Apr-21 | 106,975 | 3.1 | UNFPA |
| | 426,200 | Jun-21 | 106,975 | 4.0 | UNFPA |
| | 389200 | Jun-21 | 106,975 | 3.6 | USAID |
| | 200,000 | Jun-21 | 106,975 | 1.9 | UNFA |
| | 398000 | Sep-21 | 106,975 | 3.7 | USAID |
| Implanon | 91,500 | Jun-21 | 31,085 | 2.9 | UNFPA |
| Female condoms | 11,384 | Feb-21 | 50,225 | 0.2 | UNFPA |
| IUD | 75,000 | Apr-21 | 10,569 | 7.1 | UNFPA |
| | 68,400 | Jun-21 | 10,569 | 6.5 | USAID |
| | 76,800 | Oct-21 | 10,569 | 7.3 | USAID |
| Microlut | 49,920 | Sep-21 | 31,854 | 1.6 | UNFPA |
| Microgynon | 429,755 | Feb-21 | 63,395 | 6.8 | USAID |
| | 286,020 | Feb-21 | 63,395 | 4.5 | UNFPA |
| | 860,741 | Apr-21 | 63,395 | 13.6 | USAID |
| | 83,520 | Sep-21 | 63,395 | 1.3 | UNFPA |
| ECP | 11,384 | May-21 | 34,133 | 0.3 | UNFPA |
| Jadelle | 59,600 | Apr-21 | 29,228 | 2.0 | USAID |
| | 65,000 | May-21 | 29,228 | 2.2 | UNFPA |
| | 89,600 | Jul-21 | 29,228 | 3.1 | USAID |
| | 81,275 | Oct-21 | 29,228 | 2.8 | USAID |
| Male condoms | 14,400,000 | Feb-21 | 8,920,620 | 1.6 | GF |
| | 22,357,440 | Feb-21 | 8,920,620 | 2.5 | UNFA |
| | 15,351,000 | Aug-21 | 8,920,620 | 1.7 | USAID |
| | 22,896,000 | Feb-21 | 8,920,620 | 2.6 | GF |
| | 26,127,360 | Mar-21 | 8,920,620 | 2.9 | GF |
| | 21,600,000 | Apr-21 | 8,920,620 | 2.4 | GF |
| | 21,600,000 | May-21 | 8,920,620 | 2.4 | GF |
| | 40,896,000 | Mar-21 | 8,920,620 | 4.6 | GF |
| | 22,357,440 | | 8,920,620 | 2.5 | GF |
| Personal lubricants | 921 | Feb-21 | 165,500 | 0.01 | USAID |
| | 744 | May-21 | 165,500 | 0.00 | USAID |
| | 772 | Aug-21 | 165,500 | 0.00 | USAID |
| | 756 | Nov-21 | 165,500 | 0.00 | USAID |

38 Extracted from the National RH Pipeline software database

# 4. DISCUSSION

## 4.1 GOU contribution to the RH budget and the effect of COVID-19 pandemic

Findings from this study indicate that for the last three financial years, GOU has maintained its contribution to the RH budget line at about UGX 16 billion. However, given the population growth rate of about 3% per year, the average demand for RH services and contraceptives increases in tandem, as approximately 3% of the girls are entering the childbearing bracket annually. This is worsened by inflation of the Uganda shilling and its depreciation against major currencies. The fact that there is no single contraceptive that is manufactured locally in Uganda and all of them have to be procured using foreign currency, the minimum annual increase in the RH budget line needs to be maintained at a rate that caters for population growth, inflation and currency depreciation.

While the government has done a good job in mobilizing FP funds from HDPs, these funds need to be ring-fenced to avoid diversion, which leaves the country with funding gaps to meet national FP commodity needs.

## 4.2 Progress on the FP2020 commitments

While GOU committed itself to allocate USD 5 million annually for the procurement of contraceptives, the actual allocation to FP commodities procurement has been below 5% of the RH budget line. This has contributed to the stock-outs in the public sector. Stock-outs lead to numerous negative consequences for women, including unplanned and unintended pregnancy, stress, domestic conflict, and increased costs to them and their families.[39]

## 4.3 Predictability of donor funding

FP programming has lost considerable support from USAID through the Social Marketing Activity (SMA). Since the disruption of social marketing, there are persistent stock-outs of injectable contraceptives and oral pills in the private sector (pharmacies, drug shops and clinics). It is important to maintain a vibrant social marketing sector as clients gradually get weaned off the free public sector commodities.[40] Ministry of Health needs to develop a clear transition plan of how consumers move from the free, fully-subsidized commodities, to partially-subsidized commodities in the social marketing sector, to fully-priced commodities by implementing the Total Market Approach (TMA).

In some cases where funding has been secured, the lead times have been so long and unpredictable making it difficult for Ministry of Health to correctly schedule the rest of the shipments. This has been more pronounced with procurements associated with the World Bank.

Ministry of Health's QPPU was concerned that after sharing the quantification with the URMCHIP (a World Bank Project), regular updates on the procurement process by the Bank are not shared promptly. This has affected the supply plans as other shipments are postponed in anticipation of World Bank supplies, leading to unnecessary stock-outs and emergency procurements.

## 4.4 Uganda's RH supply chain

The One-Facility-One-Warehouse Guidelines were intended to strengthen the public sector supply chain towards self-reliance. However, these are yet to be widely disseminated at the sub-national level to ensure that public facilities plan for supplies for both routine supply and outreaches organized by implementing partners.

The new web-based ordering and reporting system for RMNCAH commodities (RH eLMIS) is expected to improve the visibility of facility-level logistics at the central level, which in turn should improve the availability of data for quantification and forecasting. The RH eLMIS will also facilitate the transition from the 'PUSH' to the 'PULL' system for lower-level health facilities. If the program is implemented well, this could provide a 'Blue Print' for transitioning from the kit-based system for all EMHS.

39 Grindlay K, Turyakira E, Kyamwanga IT, Nickerson A, Blanchard K, 2016. The experience and impact of contraceptive stock-outs among women, providers and policymakers in two districts of Uganda. International Perspectives on Sexual and Reproductive Health, 2016;42(3):141-50

40 Ministry of Health (2020). The Draft TMA Strategy and Implementation Plan

# 5. CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Conclusions

1) The introduction and roll-out of the web-based system for ordering and reporting RH commodity status and consumption and the one-facility-one-warehouse policy have streamlined the distribution of RH commodities and will potentially aid the transition from the 'PUSH' or kit-based system to the 'PULL' system for lower-level health facilities.

2) The financing for FP commodities for both public and social marketing is highly donor-dependent, with the country's development partners contributing over 80% of the country's RH commodity procurements in the last three financial years.

3) In 2020/21 GOU has surpassed its FP2020 commitment of raising $5 million domestically and mobilizing an additional $20 million from HDPs. The increase in domestic funding was a result of direct funding from the national budget (Vote 116) and deliveries from the URMCHIP project.

4) Delays in World Bank procurements distorted national supply planning. All the Phase I supplies arrived in the FY 2020/21 instead of being spread out in the last three years as was planned. The Phase II procurement under URMCHIP was still in the pipeline at the time of this assessment.

5) There is currently no active social marketing for injectable contraceptives and oral pills following the end of the USAID-funded Social Marketing Activity (SMA).

6) Over 95% of the RH budget line has been used for the procurement of mama kits, leaving less than a paltry 5% for contraceptives.

7) The under-funding and stock-outs at the different levels of the health system affect progress toward UHC by keeping out-of-pocket spending on accessing FP services/commodities and the cost of managing the resulting unintended pregnancies and large families, high.

## 5.2 Recommendations

1) The flow of FP commodities should be streamlined, effectively implemented and monitored to ensure the maintenance of good logistics data to support accurate forecasting and planning.

2) There should be a stand-alone FP budget line to avoid the current situation where nearly the whole RH budget spend on mama kits, leaving contraceptives barely funded, yet it is well known that effective use of contraceptives will reduce the need for mama kits in the future.

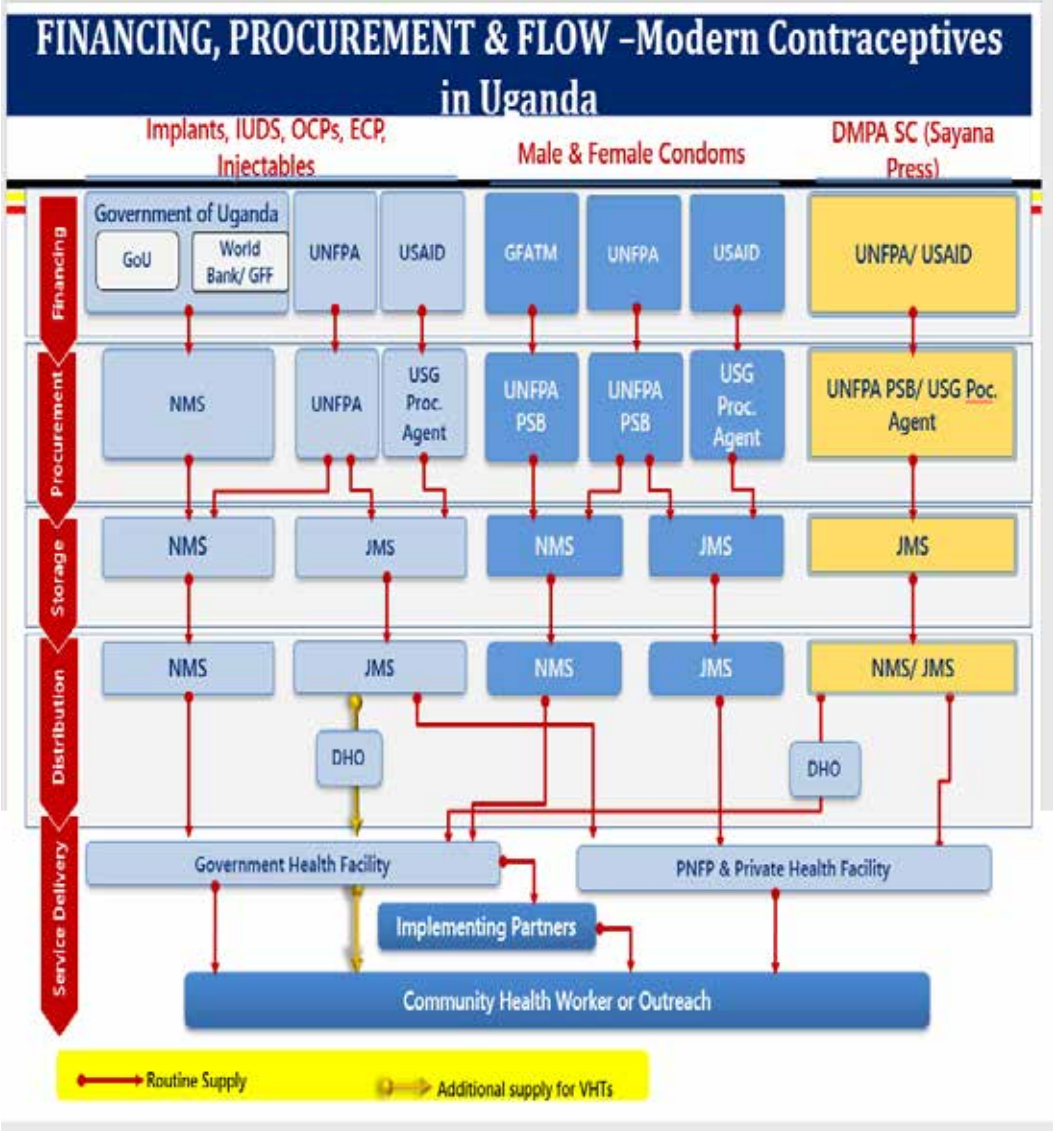
3) Ministry of Health should finalize the TMA strategy and its implementation guidelines to revitalize the social marketing and private sectors. This will guide the ministry, HDPs, the private sector and implementing partners on how to effectively contribute to ensure sustainable and equitable access to FP services and commodities while helping the country avoid shocks that arise from uncertain donor funding. A vibrant private sector will also ensure that supplies are available for clients covered under the National Health Insurance schemes who may choose to access the services from the private sector.

4) Phase II of the URMCHIP procurements initiated in 2020, valued at about USD 4.6 million, should be expedited to improve stock availability in FY2021/22.

5) The National Health Insurance Scheme should be expedited, with FP as part of the insurance package, to help tame out-of-pocket spending, and reduce the financial burden on households.

# 6. ANNEX

**Supply chain mapping for FP commodities in Uganda**

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