PMA2016/UGANDA-R4
PERFORMANCE MONITORING AND ACCOUNTABILITY 2020

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 ten 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.

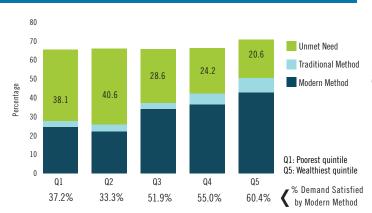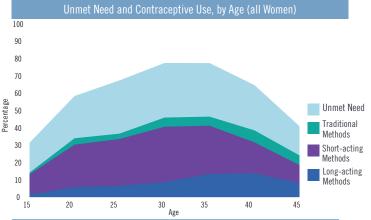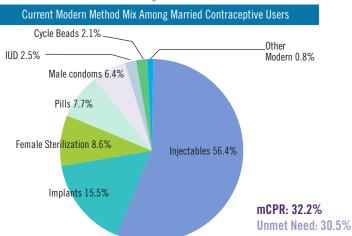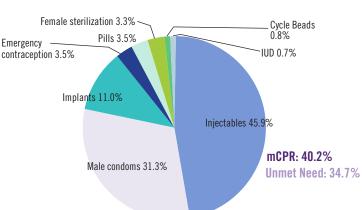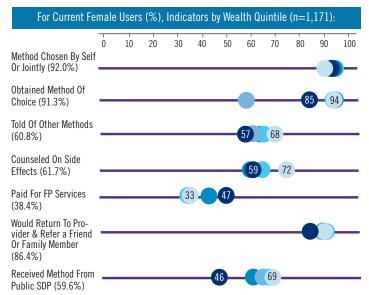For more information on PMA2020 please visit, http://www.pma2020.org

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Married and All Women, Age 15-49)

	PMA2015 - R2		PMA2015 - R3		PMA2016 - R4	
	All	Married	All	Married	All	Married
Contraceptive Prevalence						
All Methods CPR	28.7	35.0	28.6	34.3	31.1	36.9
Modern Methods mCPR	26.1	31.8	25.6	30.0	27.5	32.2
Long Acting CPR	6.3	8.7	6.0	7.1	6.7	8.6
Total Unmet Need	21.1	29.9	24.5	31.8	23.8	30.5
For Limiting	8.3	11.8	8.7	11.5	8.8	11.3
For Spacing	12.9	18.1	15.8	20.3	15.1	19.2
Total Demand	49.8	65.0	53.2	66.1	55.0	67.4
Demand Satisfied by Modern Method (%)	52.4	48.9	48.1	45.5	50.0	47.7

Fertility Indicators (All Women)

	PMA2015 Round 2	PMA2015 Round 3	PMA2016 Round 4
Recent Births Unintended (%)	47.4	42.6	**44.0**
Wanted Later	29.1	27.7	**27.2**
Wanted No More	18.3	14.9	**16.8**

Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile

Legend: Unmet Need, Traditional Method, Modern Method

Q1: Poorest quintile
Q5: Wealthiest quintile

% Demand Satisfied by Modern Method

Q1	Q2	Q3	Q4	Q5
38.1	40.6	28.6	24.2	20.6
37.2%	33.3%	51.9%	55.0%	60.4%

Unmet Need and Contraceptive Use, by Age (all Women)

Legend: Unmet Need, Traditional Methods, Short-acting Methods, Long-acting Methods

Current Modern Method Mix Among Married Contraceptive Users

- Cycle Beads 2.1%
- IUD 2.5%
- Male condoms 6.4%
- Pills 7.7%
- Female Sterilization 8.6%
- Implants 15.5%
- Injectables 56.4%
- Other Modern 0.8%

mCPR: 32.2%
Unmet Need: 30.5%

Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users

- Female sterilization 3.3%
- Emergency contraception 3.5%
- Pills 3.5%
- Cycle Beads 0.8%
- IUD 0.7%
- Implants 11.0%
- Male condoms 31.3%
- Injectables 45.9%

mCPR: 40.2%
Unmet Need: 34.7%

PMA2016/UGANDA-ROUND 4
INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%), Indicators by Wealth Quintile (n=1,171):

- Method Chosen By Self Or Jointly (92.0%)
- Obtained Method Of Choice (91.3%) — 85 / 94
- Told Of Other Methods (60.8%) — 57 / 68
- Counseled On Side Effects (61.7%) — 59 / 72
- Paid For FP Services (38.4%) — 33 / 47
- Would Return To Provider & Refer a Friend Or Family Member (86.4%)
- Received Method From Public SDP (59.6%) — 46 / 69

Births in the Past Five Years, or Current Pregnancies:

- Last Birth Unintended (44.0%) — 34 / 54

Indicator (average %)
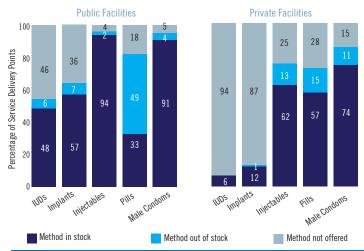Q1: Poorest quintile
Q5: Wealthiest quintile

Q1 Q2 Q3 Q4 Q5

For Current Female Non-Users (n=1,707):

Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)

Not Married	28.6
Perceived Not-At-Risk/Lack of Need	51.2
Method or Health-related Concerns	28.9
Opposition to Use	16.4
Lack of Access/Knowledge	4.8
Other	12.2

Reproductive Health and Contraceptive Indicators

	Total	Rural	Urban
Median Age at First Marriage (25 to 49 years)	19.0	18.8	20.5
Median Age at First Sex (25 to 49 years)	16.4	16.3	17.4
Median Age at First Contraceptive Use	23.3	24.1	21.5
Median Age at First Birth (15 to 49 years)	19.9	19.8	20.2
Mean No. Of Living Children At First Contraceptive Use	2.9	3.1	1.8
Women Having First Birth by Age 18 (18 to 24 years) (%)	19.8	22.3	10.6
Received FP Info. From Provider In Last 12 Months (%)	39.4	40.6	34.4
Exposed to FP Media in Last Few Months (%)	79.8	84.5	80.7

Percent of Facilities Offering & Currently In/Out of Stock, by method

Public Facilities / Private Facilities

Legend: Method in stock / Method out of stock / Method not offered

Percent of Public Facilities Offering at Least 3 or 5 Modern Contraceptive Methods

Facility Type	3 or more methods	5 or more methods
Higher:		
Hospital	97.0	84.8
Health Center 4	98.1	76.9
Primary:		
Health Center 3	73.0	29.7
Health Centre 2	41.5	6.2
Total	73.2	42.0

Service Delivery Points (n= 350, 224 public, 126 private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning	99.6	85.7	94.6
With Mobile Teams Visiting Facility In Last 12 Months (%)	71.4	7.1	48.3
Supporting Community Health Workers From This Service Delivery	58.5	8.7	40.6
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	5.5	6.2	5.8
Offering Female Sterilization (%)	20.6	5.6	15.7
Offering Family Planning Counseling/Services To Adolescents (%)	89.7	52.8	77.6
Charging Fees For Family Planning Services (%)	0.4	80.6	26.6
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	93.5	61.5	89.8
HIV Services (among all offering HIV services)	99.5	91.8	98.0
Post-Abortion Services (among all offering post-abortion services)	92.2	81.0	90.8

SAMPLE DESIGN

The PMA2016/Uganda-R4 survey is the fourth round of data collection in Uganda and uses a two-stage cluster design with urban-rural and region as strata. A sample of 110 enumeration areas (EAs) was drawn by the Uganda Bureau of Statistics 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 4,191 households (94.5%), 3,793 females (95.0%) and 350 health facilities (94.6%). Data collection was conducted between April to May 2016.