MITYANA DISTRICT LOCAL GOVERNMENT

Second Family Planning Costed Implementation Plan

2024/5 - 2029/30

ensuring equitable, sustainable access and impact of family planning services

Development of this document was done with technical facilitation and compilation by Transformational Measurement and Learning for Health (TML) consults Limited.

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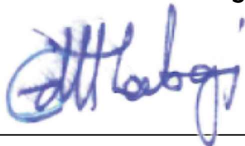
FORWARD

It is with great pride and commitment that I present the 2nd Mityana District Costed Family Planning Implementation Plan, a critical step in advancing the health and well-being of our community. Family planning is a cornerstone of public health, empowering individuals and families to make informed choices about their reproductive health while contributing to the overall development of our district.

This plan reflects the collective efforts of health professionals, local authorities, community leaders, and health implementing partners, all working toward a common goal: ensuring that every individual has access to quality family planning services. By addressing the specific needs of our population and providing a clear, costed roadmap for implementation, this plan will guide our efforts over the coming years and support the achievement of key health and development goals.

The successful implementation of this plan will require continued collaboration, adequate resources, and unwavering commitment from all stakeholders. I am confident that, together, we can improve access to family planning services and, in doing so, contribute to healthier families and a more prosperous future for our district.

I extend my sincere gratitude to everyone who contributed to the development of this plan, and I look forward to working closely with all partners to achieve our shared vision.



Ms. Edith Mutabazi
Chief Administrative Officer
Mityana District

ACKNOWLEDGEMENTS

The successful development of this 2nd Mityana District Costed District Family Planning Implementation Plan would not have been possible without the invaluable contributions and support of numerous individuals and organizations. Thanks to the Mityana District Health Office for their leadership and vision in advancing family planning and reproductive health services and whose insights and local knowledge were essential in tailoring this plan to the specific needs and context of our district.

We are also profoundly grateful to the financial support provided by Action for Health Uganda (A4HU) that facilitated the effective technical assistance to compile this document. Thanks to all district health implementing partners for your active participation and technical inputs that made this initiative possible.

This plan would not have been complete without the involvement of the community stakeholders, including community leaders, women's groups, and youth advocates. Their perspectives helped ensure that the plan addresses the diverse needs of the community. We also appreciate the contributions of the health workers and community health volunteers who shared their frontline experiences, providing practical insights that were essential to shaping realistic and effective interventions.

We would like to recognize the role of Transformational Measurement and Learning for Health (TML) Limited who provided additional support and expertise throughout the drafting process. Their contributions have greatly enriched the quality of this plan.

The District CIP Task Team also deserves special mention for their tireless efforts and dedication in overseeing the development and finalization of this plan. Their collaboration, commitment, and attention to detail have been crucial to the plan's success.

Dr. Kawooya Vincent
District Health Officer
Mityana District Local Government

LIST OF ABBREVIATIONS

A4HU	Action for Health Uganda
ABC	Activity-based costing
CAO	Chief Administrative Officer
CBOs	Community-based Organizations
CIP	Costed Implementation Plan
CSOs	Civil Society Organizations
CYPs	Couple Years of Protection
DFPCIP	District Family Planning Costed Implementation Plan
DHIS2	District Health Information System 2
DHO	District Health Officer
DHT	District Health Team
FAM	Fertility Awareness Methods
FP	Family Planning
HC	Health Centre
HIV	Human Immunodeficiency Virus
HSDs	Health Sub-Districts
ICPD	International Conference on Population and Development
IUD	Intra-uterine device
JMS	Joint Medical Stores
LAM	Long-Acting Methods
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Rate
Mityana DLG	Mityana District Local Government
NGOs	Non-Governmental Organizations
NMS	National Medical Stores
PNFP	Private-Not-For Profit
PSI	Population Services International
SBCC	Social Behavioural Change and Communication
SDGs	Sustainable Development Goals
SWOT	Strengths Weaknesses Opportunities and Threats (Analysis)
TFR	Total Fertility Rate
TMA	Total Market Approach
TML Ltd	Transformational Measurement and Learning for Health (TML) Limited
UPMB	Uganda Medical Protestant Bureau
USD	United States Dollar
VHTs	Village Health Teams

DEFINITION OF KEY TERMS

Behaviour Change Communication (BCC): A strategic approach to influencing positive behaviours and attitudes towards family planning through targeted communication efforts.

Community-Based Distribution (CBD): A strategy where trained community health workers provide family planning services and information at the community level, often in rural or hard-to-reach areas.

Contraceptive Commodities: Refers to the different types of contraception (e.g., pills, injectables, condoms, implants) required to meet the family planning needs of a population.

Contraceptive Prevalence Rate (CPR): The percentage of women of reproductive age (15-46 years) or their partners who are using, or whose sexual partner is using, at least one method of contraception.

Costed Implementation Plan (CIP): A detailed roadmap that outlines the investments, actions, and timelines required to reach family planning goals, including the financial resources needed for implementation.

Couple Years of Protection (CYP): A measure of the estimated protection provided by family planning services or commodities during a one-year period, based on the volume of contraceptive use.

Demand Generation: Activities aimed at increasing awareness and motivation for family planning services and methods, to create demand among individuals and couples.

Family Planning (FP): A voluntary practice by individuals or couples to control the number and timing of their children, through the use of contraceptive methods, including natural family planning, barrier methods, hormonal contraception, and sterilization.

Health Management Information Systems (HMIS): Systems designed to collect, analyse, and use health-related data to improve service delivery, including family planning service tracking.

Service Delivery Points (SDP): Locations where family planning services are provided, including health facilities, pharmacies, mobile outreach, and community-based distribution.

Supply Chain Management (SCM): The system for procuring, storing, and distributing family planning commodities to ensure consistent availability and avoid stockouts.

Task Shifting/Task Sharing: The process of redistributing tasks among healthcare workforce members to optimize efficiency and expand access to family planning services, particularly in resource-limited settings.

Total Market Approach (TMA): A strategy that engages public, private, and non-profit sectors in providing a range of family planning options to meet the diverse needs of different population segments.

Unmet Need for Family Planning: The proportion of women of reproductive age who want to delay or avoid pregnancy but are not using any method of contraception.

EXECUTIVE SUMMARY

There has been no implementation reference for family planning commodities and services delivery in Mityana District ever since the end of the 1st District CIP in 2021. It is noteworthy that the 2nd Mityana District Local Government Family Planning Costed Implementation Plan has been developed at the of the end of implementation period of the 2nd National FP CIP and ahead of the 3rd National FP CIP. This ambitious plan is a result of a series of multi-stakeholder processes leading to consensus on impact projections/modelling, implementation strategies, and activities. The 2nd Mityana District CIP presents a refreshed and sharpened look at current family planning situation at from the global, national, and subnational perspectives and builds onto foundations set by implementation of the 1st CIP.

The plan includes projections/modelling that was done using the most recent and available data from global, national and district level baseline references. Furthermore, implementation of this plan is staged with a midway pause-point set in 2027 to review implementation progress, review/renew context and update targets, including alignment to the 3rd National CIP.

The 2nd District CIP builds onto the foundations set by implementation of the 1st CIP. The 2nd District CIP is aimed at ensuring equitable access to quality modern family planning services by reaching more populations in need and ensuring for sustainable impact. The overall goal of the 2nd Mityana District CIP is to contribute to significant reduction unmet need for family planning and increase in Contraceptive Prevalence Rate (CPR) in Mityana District by the end of its implementation period. Specifically,

1. Increase CPR by 6%
2. Reduce Total Fertility Rate (TFR) by 17%
3. Reduce unmet need by 13.3%

This shall be realized by targeting the limited resources where there is most need to remove barriers to equitable access to family planning services and achieving the following priority outcomes;

1. Improved availability, access and use of family planning commodities and services
2. A strengthened/robust and reliable supply chain for contraceptive commodities for Mityana District
3. Enhanced and sustainable demand for family planning services across all age groups in the district.
4. An enabling policy and operational environment created for effective family planning commodities and services delivery
5. Increased funding allocation and budget efficiencies for family planning in Mityana District

6. Strengthened district and sub-district capacity and processes for effective family planning leadership and accountability

Central to the success of this implementation plan is the commitment to strengthening health systems, rationally allocating resources, fostering multi-sectoral collaboration, and promoting community engagement.

An estimated Uganda Shillings 8 billion is needed to fully implement the 2nd district CIP. The return on investment is an improved mFP method mix with an increasing share of LARCs (at 22.5%) a up to 17% reduction in the overall share of short-term methods - presenting a moderate to ambitious rebalancing of the distribution of family planning methods provided/used. Successful implementation of this CIP will enable reach of an estimated 136,645 new users with the different methods and generate 146,058 CYPs.

WHY WAS THE SECOND MITYANA DISTRICT FP-CIP DEVELOPED?

Family planning is the single most important service in improving sexual reproductive health outcomes and consequently better population dividends. Uganda has the lowest modern contraceptive prevalence rate, highest unmet need for modern family planning in the region. Uganda has the fastest growing population with the biggest proportion being young people aged 10-24 years of age. Furthermore, Uganda is a signatory to global and regional instruments for improving access and use of modern contraceptive services. A Costed Implementation Plan (CIP) is a multi-year actionable roadmap designed to help governments achieve their family planning goals. Therefore, a CIP is critical in translating ambitious family planning commitments under the SDG 2030 agenda, such as those made through Family Planning 2030, the Ouagadougou Partnership and the 2016 -2030 global strategy to improving women's, children's and adolescents' health, among others, into concrete programs and policies at national and sub-national level.

Uganda is now implementing the second National FP CIP 2020 – 2025 and the third FP CIP 2025 – 2030 is expected to follow. The CIP translates government family planning commitments as prioritized in the national development plan, national health policy and health sector strategic and investment plan. Likewise, the Mityana District Local Government (Mityana DLG) developed and implemented the first district FP-CIP 2016 – 2021, with the aims of reducing unmet need and increasing prevalence of modern contraceptive use in the district. Access and utilization of contraceptives in Mityana district remain below the national targets with unmet need as high as 24% compounded by a high fertility rate of over 4.6%. Findings of the endline evaluation of the Mityana District FP-CIP revealed the need for renewed and sustained effort to increase access and use of modern family planning services in the district.

Therefore, the second Mityana District Family Planning costed implementation plan 2024/5 – 2026/30 (2nd FP-CIP 2024/5 – 2026/30) will leverage on progress made since implementation of the first CIP and present an ambitious and renewed commitment increase access and utilization of modern FP services in the district. The 2nd FP-CIP 2024/5 – 2026/30 will present new goals and targets and identified aligned strategic implementation priorities and resources needed to achieve

these targets. The Mityana DLG recognizes that 2nd FP-CIP 2024/5 – 2026/30 is developed at the end of the 2nd National FP CIP and ahead of the 3rd national CIP. Hence, a mid-term implementation review and alignment with the 3rd national CIP will be considered.

PROCESS OF DEVELOPING THE 2ND DISTRICT FP-CIP

The process to develop the 2nd Mityana District FP-CIP 2024/5 – 2026/30 was an adaptation of the FP2030 10-steps methodology and tools with technical facilitation by consultants from TML Ltd. This involved implementation of overlapping and reinforcing processes of the three phases of developing the FP-CIP; that is, Plan and Develop and Execute. Specifically, the Plan and Develop phases were undertaken as summarized below.

The Planning phase involved obtaining buy-in and preparing CIP development processes. District multi-stakeholder buy-in was secured and a District-led taskforce to develop the DCIP was formed and a roadmap for the process to develop the DFP-CIP developed and agreed upon. Stakeholders mapping was undertaken by applying multi-sectoral and Total Market Approach (TMA) lenses to identify key Mityana District family planning stakeholders.

The Development phase involved a series of overlapping processes. This included conducting Mityana District rapid FP situation analysis by gathering information on the current family planning context, programs, and resources. The analysis included context analysis, beneficiary profile analysis, current/desired state analysis, resource mapping, and program performance analysis. This was achieved through extensive documents review complemented with key stakeholders' interviews. Consequently, a Miyana District FP Program SWOT analysis was undertaken to identify what has worked to expand family planning services (strengths), why some areas or populations lack services (weaknesses), how services can be expanded in the district (opportunities), and what constraints need to be recognized and addressed (threats). Furthermore, essential elements of FP programming including Policy/ Advocacy, Demand generation, Service Systems, Human Resource, Methods/ Commodities, were analysed. This was followed by prioritization of issues and analysis of root causes through a multi-stakeholder engagement process.

Formulation of the CIP technical strategy and implementation plan for 2024/5 – 2026/30 involved setting and refining the Mityana District FP goals to reduce unmet need and increase coverage of services and identifying priority interventions to achieve priority outcomes/results. The priority interventions were based on a comprehensive Human Rights-Based, Voluntary Family Planning Framework. The priority interventions are targeted to address key bottlenecks and to enable interventions that go beyond the "business-as-usual" work of the family planning program to accelerate achievement of the outcomes, results, and family planning goal. Therefore, a results framework was developed validated by all stakeholders before setting indicators and selecting targets. Avenior Health's FamPlan tool (Spectrum) was adapted and used to conduct a sub-national project for Mityana District FP coverage targets and an implementation plan with specific activities was developed for each priority area.

The above processes were followed by estimation of costs and funding gap analysis for the 2nd District FP-CIP, using an activity-based costing approach. The FP-CIP funding gaps analysis was informed by the mapping of Mityana District family planning resources and commitments mapping conducted during the situation analysis process. This was followed by defining implementation and accountability arrangements/mechanisms necessary to achieve set priorities before the final document was reviewed and validated by all stakeholders. The Mityana DLG 2nd FP-CIP 2024/5 – 2026/30 was approved by the District Leadership.

SECTION ONE: BACKGROUND AND RATIONALE

GLOBAL AND NATIONAL CONTEXT

Globally, 623 million women desire to avoid or delay pregnancy, yet only three quarters are using contraceptives with more 218 million women still grappling with unmet need of family planning. It is estimated that effective access to family planning services and information has annual return of reducing maternal deaths by 30%, save the lives of 1.4 million children under 5, save USD 6 for every 1 USD invested and is critical in achieving all the 17 SDGs by 2030 (USAID,2020). Access to family planning services, information and education globally is underpinned by the International Conference on Population and Development 1664 (ICPD), SDG3 specifically target 3.7, FP2030 and the global strategy on mother's, children's and adolescents' health 2016-2030 that aims to ensure that the lives of mothers and children are not only saved but also thrive in the long run.

Uganda has ratified all the global commitments to increasing access to family planning services and has prioritized family planning services delivery in the National Development Plan 4 and these prioritized are operationalized in the national health policy and the sectors strategic and investment plans. The Ministry of Health Reproductive and Child health department is responsible for implementation of the national family planning program, with support from health partners, as defined in the national costed family planning implementation plan. As such, steady progress in family planning access and use has been achieved.

However, Uganda's population is currently estimated to be at least 42.8 million and projected to increase to more than 50 million with a growth rate of 3.2%. Despite increasing mCPR among women in union to 34% in 2022, Uganda's total fertility rate remains high at 5.2 and there remains a high unmet need of 30.5%. In addition, maternal mortality and infant mortality rates remain high and above the national and global targets at 336 per 100,000 live births and 36 per 1000 live births respectively. In addition, it is estimated that 52% of women are discontinuing contraceptives due to several reasons including fear for side effects at 15%. This threatens to reverse the gains made in improving access to family planning services. Other barriers to access of family planning in Uganda include, myths and misconceptions, cultural and religious barriers, insufficient

commodities and supplies, limited service delivery points and other attendant barriers. Some of these barriers undermine the rights-based approach to access of family planning especially for the poor and marginalized women in different geographies and widens the health equity gap. While the government is making attempts to overcome these barriers, a lot needs to be done at sub-national level to address geography-specific challenges and increase coverage and access for every woman who needs timely and quality contraceptive services.

THE CONTEXT OF MITYANA DISTRICT

Socio-economic context of Mityana District

Mityana District was curved out of Mubende District in 2005 and is part of Buganda Kingdom. Kiboga District borders Mityana to the north, Nakaseke and Wakiso districts to the east, Mpigi, Butambala and Gomba districts to the south and Mubende, Kassanda Districts to the west. The district headquarters are about 74 kms west of Kampala, and a two-hour drive from the city. It has 10 sub-counties and four (4) Town councils, one (1) municipality with three (3) Divisions, 86 parishes and 614 villages. The district covers a total area of 1,550 square kilometres.

Agriculture is the backbone of the district's economy, with over 86% characterized as subsistence production.[1] Subsistence agriculture results from ownership of low acreage of land due to increasing family sizes and subdivisions of land. There are a few actors in commercial agriculture[2] which relies on migrant labour from refugee camps. In some parts of the district, non-perennial crops such as maize, tomatoes, sweet potatoes, and beans are grown commercially. The growing of food crops for sale has attracted traders from the capital city and increased the per capita earnings of the residents. However, it is important to note the gender inequities, especially when sharing proceeds from the farm; women receive a small share, yet they contribute over 75 % of the labour. The presence of Lake Wamala has promoted fishing in the district, although it is challenged by indiscriminate fishing at Lusalira, Katiko, Butebi and Gombe landing sites, among others.

[1] Mityana District Development Plan 2015-2020

[2] Such as TAMTECO, Madhivan and Namutamba tea growers.

The district is endowed with a range of social amenities and social services (schools, water, health, electricity, banking and telecommunication services). This is partially because of the proximity to the capital city. Social services and amenities have attracted small and medium-sized business entities. The rapid growth of Mityana Town Council resulted in its elevation to a Municipal status and Busunju to a Town Council.

The district has 2 counties, 4 HSDs, 10 sub counties, 64 parishes and 640 Villages. The district has a total of 71 Health facilities: Hospital: 1 (Gov't), HC IVs: 4 (3 Gov't G 1 PNFP), HC III: 28 (12 Gov't G 11 PNFP, 5 PFP), HC II: 38 (16 Gov't, 13 PNFP G 6 PFP)

Implementation review of the 1st District FP-CIP

The First Mityana District Family Planning Costed Implementation Plan (DCIP1) was implemented from 2016 to 2021 under the auspices of the Mityana District Health Department supported by partners. It was implemented in all sub-counties and parishes in Mityana District. The Plan was developed in alignment with the national Family Planning goals of reducing unmet need for family planning (FP) to 10 percent and increasing the modern contraceptive prevalence rate to 50 percent by 2021. It was driven by 5 strategic priority areas.

- **Strategic priority #1**: Increase age-appropriate information, access, and use of family planning amongst young people, ages 10–24 years
- **Strategic priority # 2**: Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies
- **Strategic priority # 3**: Implement task sharing to increase access, especially for rural and underserved populations
- **Strategic priority # 4**: Mainstream implementation of family planning policy, interventions, and delivery of services in multisectoral domains to facilitate a holistic contribution to social and economic transformation
- **Strategic priority # 5**: Improve forecasting, procurement, and distribution and ensure full financing for commodity security in the public and private sectors

Implementation design of the 1st district CIP was guided by the standard thematic areas of the CIP, including demand creation, service delivery, contraceptive security, policy and enabling environment, stewardship, management and accountability and financing. The CIP I endline evaluation findings revealed that whereas this was a muti-sectoral plan coordinated by the district health office, implementation was left to the DHO's office alone. In addition, the plan was ambitious, lacked a clear monitoring framework and focal person to track progress at all levels and implementation. These elements, among others, compromised the ability of the district to achieve the ambitious targets set for the implementation period.

Goals Performance (adaptation from the CIP I evaluation report, 2022):

Since there was no monitoring and evaluation framework performance of CIP I against mFP indicators was not estimated. However, the national mFP outlook over the same implementation period was, by proxy used to assess progress of the district CIP.

Goal 1: Reduce unmet need for family planning to 10%: The findings of the end evaluation report suggest that by 2021, the unmet need in Uganda was reduced by 1.2 percentage points, reflecting a positive trend toward attaining the goal.

Goal 2: Increase the modern contraceptive prevalence rate amongst married and women in a union to 50% by 2021. The end evaluation report reveals that the Modern Contraceptive Prevalence Rate (married women) increased from 31.8% in 2015 to 36% in 2021. The proportion of women (married or in a union) whose demand is satisfied with a modern method of contraception increased over the five years period.

However, over the 5 years of CIP I implementation, it was reported that, implementation of the district plan increased access to family planning in the district and enabled supporting partners to align efforts towards a unified FP direction of increasing FP service provision. Among others, the endline evaluation recommended the need to roll out an appropriate family planning campaign/social and behavioural change communication strategy in Mityana District. The SBCC strategy should include tailored messages that are translated in the local language and targeted at

addressing social, religious and cultural norms that inhibit the uptake of family planning in the sub counties.

Furthermore, to sustain gains from implementation of CIP and address the new emerging needs of mFP commodities and services delivery, the endline evaluation recommended development of the second Mityana District family panning costed implementation plan.

Mityana District FP or Health priorities

The District Health Office coordinates and oversee implementation of the district health priorities including annual operational planning. While there was no district plan at the time of developing the 2nd CIP, the 2020/21 Mityana District Local Government Health Plan identified family planning services delivery as a priority with a target of increasing modern contraceptive prevalence in the district to 50%. The plan notes that stigma on the use as a key bottleneck to uptake and use of family planning services and recommends continued education of family planning as a response strategy. Performance of this district of achieving family planning is set to be measured by the proportion of health facilities offering a method mix, number of clients provided with modern family planning services and couple years of protection produced.

As evidenced in the CIP I evaluation findings, little progress was made over the past few years, moreover with the advent of the Covid-6 pandemic that disrupted routine health services delivery. In the fiscal year 2022/23, the district reported downward trend of performance against set targets after providing only 50% of the planned family planning services in the preceding fiscal year of 2021/22. It is estimated that up to 43% of women and men aged 15 – 36 years old spend one or more hours to access the preferred mFP commodity/services.

STATUS OF MFP IN MITYANA DISTRICT

Service delivery

Family planning services are part of the integrated routine health services delivery at all levels of care in the district. This is true for all government health facilities and majority of private sector health facilities. It is reported that up to 54 health facilities in the district are providing family

planning services and MCH services including routine immunization. It is estimated that more than two thirds of the population prefer to get their services from government owned health facilities with less than 20 percent preferring to go to the private health service providers. Furthermore, there is uneven distribution of public health facilities in the district with Banda and Kalangalo sub-county having no Health Centre II, Manyi Sub County has only one HCIII. However, Mityana district has various family planning implementing partners such as Team Up/ Action 4 Health Uganda, Baylor Uganda, BRAC Uganda, Marie Stopes Uganda, Reproductive Health Uganda, and PATH-Sayana project. The Mityana District family planning method mix is dominated by short-term methods (more than two thirds) and yielding low on couple of years of protection.

Table 1: Mityana District Family Planning Method Mix

Method	Number	Attribute
Injectable DMPA – Depo (3 months)	11757	31.5%
Male Condoms	6736	18.0%
Subcutaneous DMPA – Sayana press (3 months)	5523	14.8%
Implants – 3years	5246	14.0%
Implants – 5years	4167	11.1%
Pills - Microgynon	1207	3.2%
Intra-Uterine Device (IUD) - Copper -T	1201	3.2%
Pills – Emergency Contraceptive Pills	548	1.5%
Pills – Levonorgestrel	473	1.3%
Fertility Amenorrhea Method – SDM Method	168	0.4%
Fertility Amenorrhea Method – LAM	101	0.3%
Ovrette	68	0.3%
Female Condoms	55	0.1%
Tubal ligation	44	0.1%
Oral Lo-femenal	41	0.1%
Vasectomy	6	0.0%
Total	**37374**	**100.0%**

Source: DHIS2 report 2023

Health facilities such as private for-profit are incorporated into the district plans, and they contribute a lot to service delivery, including HIV counselling and testing, Antenatal care and Immunization. However, it is estimated that up to 40% of private sector outlets sell only one or two types of mFP products while 18% provide none. In addition, it is estimated that only 42.8% of private sector outlets provide injectable methods yet this is the most preferred short-term mFP method in the district. Therefore, intensifying efforts for implementation of a comprehensive total market approach and deepening integration mFP services, within the total market approach has potential help reach more people with mFP services. Furthermore, there are community-based service and distribution points that are established in some places in sub-counties such as Sekanyonyi, Kakindu, Bulera, Busimbi, Kikandwa, Kalangalo, Bbanda and Manyi. This is in addition to VHTs that have been trained in distribution of Sayana Press, management of side effects and techniques of community mobilization for better health and family planning. Leveraging and strengthening/expanding such platforms with innovative approaches can enable sustainable coverage and access to a different segment of unmet demand in the rural population.

Contraceptive commodities security

The successful provision of family planning commodities and services hinges on several factors and importantly on the complexity of the supply chain that underpins availability. Contraceptives stock out at health facilities is one the outstanding challenges to access of family planning services specially in the rural communities. This further denies the women girls the chance to utilize contraceptives of their choice, exacerbates discontinuation rates, and creates negative attitude towards the contraceptive method. In a family planning health facility assessment conducted in 2022 in Mityana District, most of the facilities that reported mFP commodity stockouts of pills for more than average 10 out of 30 days.

Family planning commodities are supplied using the push system by the national medical or joint medical stores for public health facilities (including private not for profit). This arrangement ensures a consistent flow of contraceptives to these facilities, albeit on a quarterly basis. However, the push approach is challenged by the fact there is no district-level forecasting and district

supplies quantified at national level. As a result, district needs may not be accurately estimated leading to potential shortages or surpluses.

The private for-profit health facilities are supplied by other actors in the social marketing space, e.g., Marie Stopes, DKT International, Population Services International and other pharmaceutical suppliers. another key challenge facing the district family planning supply chain is double reporting and accountability of services/commodities provided. This is because of implementing partners and public health facilities reporting the same product dispensation and it distorts inventory records and hinder accurate forecasting. Additionally, the lack of implementing partners' own stock while providing services within public health facilities exacerbates the problem, as they rely solely on public facility stock, which may be insufficient or unavailable.

While there are mechanisms in place to supply contraceptives to public and private health facilities in Mityana district, challenges such as inaccurate forecasting, double reporting, and stockouts hinder contraceptive security and limit choice in family planning service delivery. Addressing these issues is crucial to ensuring sustainable and equitable access to modern family planning methods for the community.

Demand creation

The gap between family planning services targets and achievements for the district is significantly driven by inadequate communication knowledge and misconceptions surrounding family planning commodities and services. Mityana District is implementing various family planning demand creation strategies including men supporting the use of modern contraceptives for themselves and their partners, partnership with cultural and religious leaders like the Uganda Medical Protestant Bureau (UPMB) to expand access to and use of family planning, including Fertility Awareness Methods (FAM). Furthermore, it is reported that there is high level of family planning knowledge amongst young people aged 10–24 years. However more needs to be done to address the myths and misconceptions/stigma related to mFP use. However, there are only a few implementing partners including Action 4 Health Uganda that are supporting interventions to reach the 10-24-year-old category with information concerning reproductive health services and Family planning.

Such efforts need to be complemented with the roll out of the Sexuality Education Framework and School Health Policy to ensure that age-appropriate information is shared with young people 10-24 years as prescribed in the National Sexuality Education Framework 2018. Reaching the adolescents and young adults requires emphasis on reaching the hard-to-reach areas and use of tested approaches like peer educators, empowerment and livelihood clubs to reach young people with correct information on family planning and contraception.

In addition, the district is working partnership with PSI, Marie Stopes Uganda, DKT, Action 4 Health and is implementing social marketing of family planning products through the private sector. As noted by the 1st CIP endline evaluation, there is need to review and localize the national family planning behaviour change communication strategy with emphasis innovative communication approaches and messaging to address social, religious and cultural norms that inhibit the uptake of family planning in the sub-counties. In addition, it is recommended to localize the National Male Involvement strategy which emphases using men as social agents, recruiting men as Community Health Workers working as community psychosocial facilitators, working with men as clients and men as role models. Leveraging community level structures including Village Health Teams enables deeper penetration of mFP messaging.

Policy and enabling environment

The district health system and structure are defined in the national decentralisation policy. The District Health Office operationalises national health strategies and plans through operational planning, budgeting, implementation, reporting and accountability. Mityana district implements family planning services delivery aligning to national policies that include the national development plan, national health policy, national population policy, national health sector development plan one health facility and the one warehouse for commodities and supplies management. These policies are however not disseminated to the different service delivery points and hence not understood by the service providers.

At district level, family planning services delivery is coordinated through the office the Assistant District Health officer in-charge of Maternal and Child Health under the district health team and the district multisectoral committee. This function is played with assistance from District Health Educator, Biostatician and Health facility in-charges. The district defines family planning priorities and sets performance targets, and this includes both public and private health facilities. This arrangement provides an enabling environment for service delivery in health facilities and a platform for multi-partner support.

The biggest proportion of the women who receive contraceptives especially Long acting and reversible contraceptives are served by implementing partners at public health facilities just like other many other districts. Reporting of family planning services provided in public health facilities and by implementing partners is done via the mainstream DHIS2 platform and this enables consolidation and monitoring of performance.
However, more efforts are needed in ensuring update priorities and targets are set along with appropriate implementation guidance are in place.

Financing family planning in Mityana District

Implementing a decentralized service delivery system, like Uganda's health sector, is intended to increase access to services, and requires adequate financing/allocation at sub-national level and effective accountability mechanisms to maximize use of limited resources within a plethora of competing priorities. Thus, financing for family planning service delivery is through district health regular budgets that are largely limited and leading to lack of funding for major family planning service delivery activities. Financing family planning services delivery (in health facilities and outreaches) in Mityana District is dominated by implementing partner supported project indicating heavy reliance on external funding sources and this often causes challenges of sustainability of interventions in the medium to long term. The reliance on external funding is, partly, due to lack of a district budget allocation for family planning. In the private sector, access price for commodities is a key constraint and this coupled with uncoordinated supply chains further limit access to most in need.

In addition, there is need to ensure that effective policies and strategies are implemented by the government to reach the most in need, especially the adolescents, youth and young adults that face extreme difficulties to access family planning services and commodities. Innovative approaches such as social marketing and enterprising can be considered to increase availability and affordability of family planning commodities in rural communities. These approaches should take consideration of the three family planning market segments, that is, the market that is served by commercial market players where individuals have the potential to pay for the services, the market that is unable to pay and served by the public sector plus the market that can afford a little amount money and end being served by the public health system where services are not paid for.

Stewardship, management, and accountability

In Mityana district, stewardship, management, and accountability mechanisms are primarily overseen by the District Health Office (DHO) in collaboration with the Ministry of Health and other relevant government units. These functions are addressed as follows.

Responsibility and Oversight: The DHO holds sole responsibility for health service delivery in the district, with support from the Ministry of Health and supervision from the Office of the Chief Administrative Officer (CAO) and the Ministry of Health, particularly the Office of the Permanent Secretary. This hierarchical structure ensures that health services are managed and delivered effectively, with clear lines of accountability.

District Health Office Functions: The DHO plays a central role in guiding service delivery, behavioural change communication, data management, and coordination of implementing partners and stakeholders. This comprehensive approach ensures that all aspects of health service provision are overseen and coordinated at the district level.

Management of Public Health Facilities: Public health facilities in Mityana district are managed by health centre in-charges who report to the DHO, led by the District Health Team (DHT). Routine meetings are conducted with these facilities to review performance and address any emerging issues, fostering a culture of continuous improvement and accountability.

Oversight of Implementing Partners: Implementing partners involved in health service delivery, including family planning, are closely monitored and assessed by the district authorities. Regular meetings are held to evaluate progress, identify opportunities, and address any challenges affecting service delivery. This ensures that external actors align with district priorities and standards.

Supervision of Private Health Facilities: Private health facilities operating in the district are supervised by the DHT to ensure compliance with service delivery standards and regulatory requirements. This oversight helps maintain quality and consistency across both public and private health sectors.

By actively engaging with public and private stakeholders, the district health authorities can effectively oversee service delivery, address challenges, and drive improvements in health outcomes for the community.

Addressing key family planning Cross -cutting areas

Gender Equity and Women's Empowerment: In Mityana, efforts to promote gender equity and women's empowerment are essential for ensuring that women have the autonomy to make informed choices about their reproductive health. This includes initiatives to provide education and economic opportunities for women, address harmful gender norms, and promote male involvement in family planning. Messages on gender equity are propagated through mass media by civil society organizations and NGOs.

Adolescent and Youth Health: Adolescents and young people represent a significant demographic in Mityana district, with unique family planning needs. Comprehensive sexuality education, youth-friendly services, and access to a range of contraceptive options are provided by some organizations like Action for Health Uganda, Reproductive Health Uganda among others.

Health Systems Strengthening: Strong health systems are fundamental to the delivery of quality family planning services. In Mityana, investments in health infrastructure, human resources,

supply chain management, and data systems have been done to a relatively good extent to ensure the availability, accessibility, and quality of family planning services across the district.

Community Engagement and Social Norms: Community engagement is essential for increasing awareness, dispelling myths, and addressing cultural barriers related to family planning. In Mityana, community-based approaches such as community health education sessions, peer education programs, and engagement with traditional and religious leaders are being carried out to help promote positive social norms and attitudes towards family planning. More efforts are needed to ensure better outcomes.

Mityana District FP SWOT Analysis

SWOT analysis provides insight into internal and external factors influencing District Family planning efforts, helping stakeholders identify areas for improvement and strategic interventions. The analysis is aligned to the standard CIP thematic areas FP service delivery, including service delivery, financing, contraceptive security, policy and enabling environment, demand generation, stewardship, management and accountability. Analysis of each of these areas through the lens of strengths, weaknesses, opportunities and threats was conducted in a multi-stakeholder engagement process.

Table 2: Mityana District family planning SWOT analysis

STRENGTH	**WEAKNESSES**
• Trained staff available • Infrastructure availability • Existing functional community structures e.g. VHTs • Data officers and Health information assistants in place • Electronic health systems in place • District budget allocation for FP • Existing policies, guidelines and protocols for FP at the District • Mandate to formulate bylaws and ordinances for effective FP provision • Integrated community outreaches for marginalized communities • Community media communication Platforms, village radios • Family Planning is free in public and private not for profit facilities • Support from development and Implementing partners in FP space	• Poor side effects management systems • Low community sensitization coverage • Low financing allocation to FP • FP commodities stockouts • Provider bias towards some FP methods • Providers poor basic computer skills • Incomplete data • Inadequate staff • Inadequate data analysis and usage • Inconsistent Funding • Lack of a direct code for FP • Lack of FP policies in some facilities where FP is provided • Inadequate resources for FP policy implementation • Resource constraints for FP mobilization
OPPORTUNITIES	**THREATS**
• Presence of IPs that support FP services • High community demand for FP • Available FP Funding opportunity from UgIFT (Uganda Intergovernmental Fiscal Transfers) • Vibrant Private- Sector • Policy support • Availability of organized youth groups • Availability of donors • Policy Support • Government support	• Low male involvement • Some cultural and religious opposition to modern FP services • Donor funding cuts • IPs phasing out • Delays in procurement of FP commodities and Sundries by NMS • Poor policy regulation on FP services • Stigma and misinformation • Stockouts and short expiry dates • Stock forecasting challenges • Cyber-attack on data- Data protection

SECTION TWO: THE 2024/5 – 202G/30 MITYANA FP STRATEGIC FRAMEWORK

INTRODUCTION AND STRATEGIC RATIONALE

There has been no implementation reference for family planning commodities and services delivery in Mityana District ever since the end of the 1st District CIP in 2021. It is noteworthy that the 2nd Mityana District Local Government Family Planning Costed Implementation Plan has been developed at the of the end of implementation period of the 2nd National FP CIP and ahead of the 3rd National FP CIP. This ambitious plan is a result of a series of multi-stakeholder processes leading to consensus on impact projections/modelling, implementation strategies, and activities. The plan includes projections/modelling that was done using the most recent and available data from global, national and district level baseline references. Furthermore, implementation of this plan is staged with a midway pause-point set in 2027 to review implementation progress, review/renew context and update targets, including alignment to the 3rd National CIP.

The 2nd Mityana District CIP presents a refreshed and sharpened look at current family planning situation at from the global, national, and subnational perspectives. The 2nd District CIP builds onto the foundations set by implementation of the 1st CIP. The 2nd District CIP is aimed at ensuring equitable access to quality modern family planning services by reaching more populations in need and ensuring for sustainable impact. The overall goal of the 2nd Mityana District CIP is to contribute to significant reduction unmet need for family planning and increase in Contraceptive Prevalence Rate (CPR) in Mityana District by the end of its implementation period. This shall be realized by targeting the limited resources where there is most need to remove barriers to equitable access to family planning services. The scope of activities for this plan is guided by the standard CIP thematic areas, impact/results projections and the underlying context/situation.

The Second of Mityana District FP-CIP 2024/5 – 202G/30

Introduction: This chapter of the plan presents strategic goals, priority/thematic areas, timelines and mechanisms necessary for effective implementation. In addition, resources (supplies, commodities and implementation funding) have been estimated while aligning to projected impact, strategies and activities.

Mityana District Family Planning 2030 goals

1. Increase CPR by 6%
2. Reduce Total Fertility Rate (TFR) by 17%
3. Reduce unmet need by 13.3%

Thematic/priority areas, interventions areas and outcomes

Priorities of the 2nd Mityana District CIP are categorised the thematic areas of service delivery, demand creation, contraceptive commodity security, enabling environment, stewardship, management and accountability, and makes consideration of the key family planning crosscutting areas. Hence, the following is a narrative description of the district's priorities, strategies and activities aimed at achieving the set family planning goals. For each thematic area, a strategic outcome/objective is defined, strategies for achieving the outcomes are described and corresponding priorities activities listed.

Implementation priorities and activities

Thematic area 1: Service delivery

***Outcome**: Improved availability, access and use of family planning commodities and services*

Mityana district approach to FP service availability is a rights-based approach that includes voluntarism, informed choice, free and informed consent, respect to privacy and confidentiality without having to seek third party authorization, equality and non-discrimination, equity, quality, client-cantered care, participation and accountability; it also responds to community factors that impede access. Therefore, it is essential to develop and update protocols and training tools for health care workers at all levels to guarantee the provision of FP information and services in

accordance with human rights and quality of care standards. A systematic application of these standards by health care workers will contribute to ensuring that family planning uptake is based on the widest choice of contraceptive methods while preventing potential cases of coercion, discrimination, and negative attitudes against certain users. This will be achieved through several activities including but not limited to the following;

- Develop a strong communications strategy and bring all stakeholders onboard; - Enhance use of local media, Lobby IPs to support FP community dialogues. And make sure that the implementation of this strategy is tracked for effectiveness
- Strengthen district integrated outreaches for hard-to-reach areas- Special focus will put on tracking and reporting FP service outputs
- Functionalize youth corners fully; Lobby for funds to support all the youth corners to maximize effectiveness and productivity
- Increase and Implement district funds allocation for FP
- Training and orientation of staff on data completeness. Orientation for old staff and fresh training for the new ones on data tools, capture and completeness
- Training of staff on data analysis and usage. This will enhance use of data for planning and decision making in FP service provision at all levels
- Training of providers on relevant computer skills. District has an electronic data reporting system. Basic computer skills for all service providers are essential.
- Increased involvement of private for profit as well as private not for profit to help reach more people with FP services (TMA)

Thematic area 2: Contraceptive commodity security

Outcome*: A strengthened/robust and reliable supply chain for contraceptive commodities for Mityana District*

This area also addresses the sustainable supply of contraceptive commodities and related consumables. It is aimed at ensuring that contraceptive commodities and supplies are adequate and available to meet the needs and choices of FP clients. Other district planned activities to maintain a robust and reliable supply of contraceptives include;

- Staff training on stock management and forecasting- All FP service providers will receive training on stock management including forecasting to avoid stockout. FP commodities is one of the major factors affecting FP service utilization in the district.
- Orientation of staff on proper documentation and Inventory. Routine inventory is added on the activity schedule
- Advocate for proper, adequate and reliable FP stock storage facilities/ mechanisms
- Strengthen donor relations and engagements – timely and appropriate accountability and reporting

Thematic area 3: Family planning demand creation

Outcome: *Enhanced and sustainable demand for family planning services across all age groups in the district.*

To minimize the knowledge and information gap about family planning, there is a clear need for refocusing the FP programmes by ensuring change in the communication strategy to promote more widespread FP usage. The design of social and behaviour change communication (SBCC) campaigns will be developed, so communications to the public about family planning are accurately targeted with messages that are evidence-based and include target market segmentation to increase demand. Below are the other planned activities to increase demand for FP usage in Mityana district under DFCIP2-2024/25-2026/30-

- Develop a comprehensive FP demand generation strategy that includes but not limited to the following;
- Implement FP education campaigns at both mainstream media and community media platforms
- Engagement of community and religious leaders to align FP and their values
- Integration FP with other services to increase access
- Implementation of campaigns that relate with the youth through social media, peer to peer networks and youth friendly services
- Empower and enhance the knowledge and mobilization competencies of VHTs and other community change agents for FP awareness at community level

Thematic area 4: Policy and enabling implementation environment

Outcome: *An enabling policy and operational environment created for effective family planning commodities and services delivery*

To improve the policy environment for family planning, available policies and strategies will be reviewed to ensure that FP is integrated appropriately. Specific advocacy will also be conducted to ensure that policies and guidelines for family planning promote access to FP services rather than hamper access for often-marginalized groups such as the rural population and youth and to ensure the provision of FP services is in accordance with human rights and quality of care standards. Planned activities in this regard to further improve the policy and enabling environment for FP service provision include;

- Appropriate dissemination of the existing policies and documents to all levels of FP service provision
- Prioritization of Family Planning in budgeting, planning and Implementation at all levels
- Advocacy for resource mobilization from the district to facilities
- Engage the district leadership, political leaders, civil society organizations and other implementing partners to develop policies and guidelines for family planning that promote access to FP services for all including the marginalized groups such as the rural population and youths and to ensure the provision of FP services in accordance with human rights and quality of care standard.

Thematic area 5: Family planning financing

Outcome: *Increased funding allocation and budget efficiencies for family planning in Mityana District*

To address limited financial commitment to FP service provision/ access. DHT and its development partners will advocate for the increased budget allocation for FP, in addition to funding already secured from different development and implementing partners. Advocacy for the creation of budget lines for family planning will support the prioritization and integration of family planning into district planning and budgeting processes. Planned activities to strengthen the district FP financing position include;

- Advocate for budgetary consideration for family planning activities across all the departments at the district.
- All IPs to have workable sustainability Plans on phasing out
- Implement TMA to include private sector contribution to Family planning utilization expansion. The district has a vibrant private sector that will be leveraged to increase FP service access

Thematic area C: Family Planning Stewardship, management and accountability

Outcome: *Strengthened district and sub-district capacity and processes for effective family planning leadership and accountability*

Strong monitoring, management, leadership, and accountability are necessary. Effective management and governance of family planning activities at all levels is needed to ensure FP goals are reached. Better systems are essential to improve collaboration amongst partners and the district and to ensure that activities are implemented. The planned activities include;

- Prioritization of routine M and E to track performance against CIP2 set goals and targets
- Annual Business planning with clear targets and processes to achieve CIP2 set targets
- Prioritization of Family Planning in budgeting, planning and Implementation at all levels. FP must be part every stage of the district budget cycle for appropriate resource allocation
- Strengthen donor relations and engagements – timely and appropriate accountability and reporting.

Impact projection for the Second Mityana District FP-CIP 2024/5 – 202G/30

There is a stagnated trend against targets for family planning uptake in Mityana District. This is in addition a method mix where more than two-thirds of family planning services provided are short-term methods. There is very low uptake of long-acting reversible contraceptives methods and almost no uptake of permanent methods. These, in addition to internal coverage disparities system related challenges, affect the district's ability to increased contraceptive prevalence and reduce unmet need. Therefore, there is need to focus and accelerate coverage of family planning

commodities and services over the next strategic period by ensuring delivery of a high impact method mix and reduce disparities between performance and targets. Mityana district is implementing the national defined family planning method mix at different levels of service delivery and service delivery platforms, using the total market approach. Therefore, to achieve acceleration, a high impact method mix coupled with diligent implementation strategies and arrangements need to be defined.

Using the combination of the OneHealth Spectrum tool (FamPlan), expert opinion and stakeholders' consultation, and the most recent available baseline data references, a high impact method mix was defined (see table 3). Since there was no reference district or national strategic plan for the period of this 2nd Mityana District CIP, targets/coverage projections were derived from past district plans, analysing performance trends, stakeholder and expert consultations.

In appreciation of resource limitations and the protracted system-wide challenges and other cross-cutting issues, the plan projects a gradual year to year growth in uptake of family planning services, though at varying growth rates between the different methods. Addressing cross-cutting issues is critical for sustaining impact.

Table 3: Mityana District method mix projections/targets 2024/5 - 2023/30 (All methods)

Method	2024	2025	2026	2027	2028	202G	2030
Condom							
Male condom	18.0	18.4	18.8	16.3	16.7	20.1	20.5
Sterilization							
Female sterilization	0.1	0.1	0.2	0.2	0.2	0.3	0.3
Male sterilization	0.0	0.0	0.0	0.1	0.1	0.1	0.1
Injectable							
3 months (Depo + Sayana)	46.3	45.2	44.1	43.1	42.0	40.6	36.8
Implant							
Implanon (3 years)	14.0	14.3	14.6	14.6	15.1	15.4	15.7
Jadelle (5 years)	11.1	11.7	12.3	12.6	13.4	14.0	14.6
IUD							
Copper-T 380-A IUD (10 year)	3.2	3.6	4.0	4.5	4.6	5.3	5.7
Pills							
Standard Daily regimen	3.2	2.6	2.5	2.2	1.6	1.5	1.2

Progestin only	1.3	1.3	1.2	1.2	1.1	1.1	1.0
Traditional							
Withdrawal	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Periodic abstinence	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Traditional (not specified)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other							
Other	2.8	2.5	2.2	2.0	1.7	1.4	1.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Overall, the updated district method mix depicts an increasing proportion, against baseline, of LARCs by 22.5% while the overall share of short-term methods has will decrease by approximately 17% by the end of CIP implementation period. The method mix presents a moderate to ambitious rebalancing of the distribution of family planning methods provided/used.

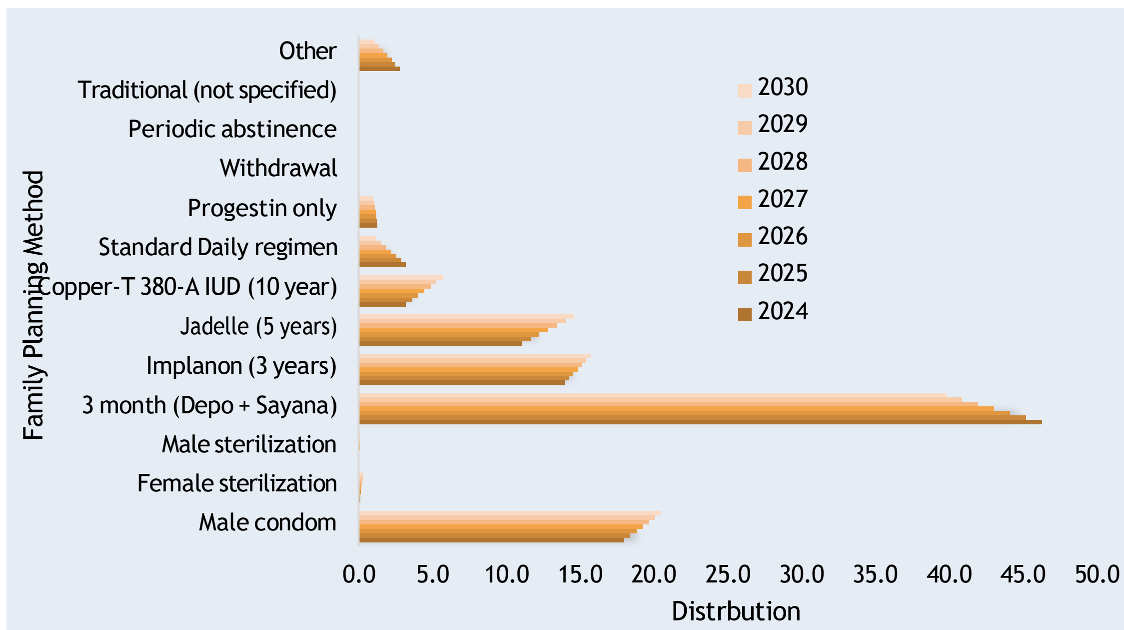


Figure 1: Changes in method mix over the CIP implementation period

Achieving these coverage changes, over the implementation period, requires reaching an estimated 136,645 users with the different methods, generating 146,058 CYPs.

The commodities required to achieve the method mix transition and implementation include 3,171,786 pieces of male condoms, 235,065 3 – years implants, 614 5 – years implants, 2,120 Copper-T IUDs, 44,357 standard pill regimens, and 23,467 progesterone only pills.

Effective delivery of the projected method mix will increase CPR/mCPR from 40/38.88 to 46/48.46 and reduce total fertility rate and unmet need by approximately 17% and 13.3%, that is, from 4.6 4.06 and from 24 to 20.8, respectively. Furthermore, it is estimated that the number of abortions will reduce by 12.3% (from annual estimate of 1,530 in 2024 to 1,342 by 2030. Relatedly, it is estimated that the number of pregnancies and births will each reduce by an estimated 14.6% (from 18,513 in 2024 to 1,582 by 2030) whereby intended and unintended pregnancies will reduce by 15.4% and 12.3%, respectively.

In terms of service delivery platforms, the emphasis will be on community distribution of contraceptives and utilizing the postpartum period stretching up to and long acting reversible and permanent methods of family planning within the framework of total market approach.

Limitations of the analysis and projections

- Data gaps to inform baseline inputs. Hence, adapting a national and regional planning tool for sub-regional/district analysis comes with its own limitations, e.g., the blending of national and district stats at baseline data inputs into the model.
- Lack of up-to-date reference plans for the district can cause use of other target setting approaches and resulting

See annexes for detailed modelling results.

THE COSTED FP IMPLEMENTATION PLAN 2024/5–202G/30

Table 4: Implementation of the Second District CIP - timelines and outputs

Thematic/priority areas and outcomes	Strategies	Activities	20	20	20	20	20	Expected outputs
Priority Area 1: Service delivery **Outcome:** *Improved availability, access and use of family planning commodities and services*	Develop and update protocols and training tools for health care workers at all levels to guarantee the provision of FP information and services in accordance with human rights and quality of care standards	Conducting Family planning focused outreaches in each sub county to target the underserved population	X	X	X	X	X	52 outreaches conducted in a year
		Functionalizing youth corners at every health centre III	X	X	X	X	X	13 youth corners functionalised in Mityana district
		Training 2 health workers from the 54 health facilities currently offering FP services and 65 health workers from private health facilities in all the sub counties and divisions	X	X	X	X	X	A total of 173 health workers trained in provision of family planning and youth friendly services
		Health facility-based training of health workers from facilities offering family planning, both private and private health facilities in data management and basic computer skills.	X	X				
			X	X	X	X	X	

Priority area 2: Family Planning financing **Outcome:** Increase District-level funding for family planning	DHT and its development partners to advocate for the increased budget allocation for FP to address the limited funding for FP service provision	Conducting 1 advocacy meeting per year with other departments on budgetary consideration for family planning services						5 advocacy meetings conducted
		Conducting annual meetings with family planning IPs	X	X				5 meetings with Ips conducted in 5 years
Priority area 3: Contraceptive commodities security **Outcome:** *A strong and robust and reliable supply chain for contraceptive commodities for Mityana District*	Develop and implement a comprehensive forecasting, quantification, and procurement of FP commodities tools	Training all health facility managers and DHT members on stock management	X	X				A total of 126 facility managers (both public and private) and 10 members of DHT trained on stock management.
		Printing and distribution of stock management tools to all facilities providing family planning services	X	X	X	X	X	All the 116 facilities provided with stock management tools
		Establish proper storage spaces at the health facilities providing family planning	X					Available storage spaces for FP Commodities
Priority area 4: Enabling policy and environment	Family planning is positioned as a key cross cutting	Disseminating/distribution of family planning policy documents all the FP service delivery points	X	X	X	X	X	Availability of FP policies at all levels, Policy dissemination Reports

Outcome: *An enabling policy and operational environment created for effective family planning commodities and services delivery*	intervention for development	Conducting Policy meetings with the district leadership, political leaders, civil society organizations and other implementing partners to develop policies and guidelines for family planning that promote access to FP services for all including the marginalized groups such as the rural population and youths and to ensure the provision of FP services in accordance with human rights and quality of care standard.		X	X	X		Advocacy workplans and reports to include marginalized groups in place, FP service reports, Bi-Annual advocacy meetings conducted
Priority area 5: Family planning demand creation **Outcome:** *Enhanced and sustainable demand for family planning services across all age groups in the district.*	Review of Family Planning communications and demand generation strategy to minimize the clients Knowledge and information gap about Family planning provision and usage	Conducting one radio talk show per month about family planning on a radio with the biggest listenership	X	X				24 radio talk shows conducted in a year
		Conducting an advocacy two advocacy meeting religious and cultural leaders on family planning services	X	X	X	X	X	2 advocacy meetings in 5 years

		Developing and distributing IEC materials to all the HSPs offering family planning services	X	X	X	X	X	500 brochures per facility per year, 10 posters per facility per year, 5 flip charts per facility per year developed and distributed to all the facilities
		Training one VHT per parish on social behaviour change communication for family planning and distributing branded materials to the trained VHTs	X	X				86 VHTs trained on FP SBCC, provided with 86 pairs of gum boots, 86 umbrellas, a pair of t-shirts assigned to the VHTs
Priority area 6: Stewardship, Management and accountability **Outcome:** *Strengthened district and sub-district capacity and processes for effective family planning leadership and accountability.*	Effective management, monitoring and governance of family planning activities at all levels to ensure FP goals are reached, guaranteed by better management systems put in place to improve collaboration among partners.	Conducting annual Business planning with clear targets and processes to achieve CIP set targets	X	X	X	X	X	5 Business planning meeting conducted

COSTING OF THE 2024/5 – 202G/30 IMPLEMENTATION

COSTING ASSUMPTIONS AND APPROACH

The key assumptions used in generating costs estimates for implementation of the 2nd Mityana District CIP are outlined below.

- The unit price of the commodities is based on multiple sources to cover the different commodities and supplies. These sources included indicative price index of suppliers for private sector, global product reference prices (e.g., based on the FamPlan™ Spectrum™ module). Program/activity specific costs are derived from prevailing partner standing rates and are computed using activity-based costing (ABC) to derive thematic areas cost estimates.
- The estimates covered in this plan are based on the health standard CIP thematic areas using a health systems and services delivery perspective and thus do not fully include societal and other programmatic management costs of implementing this plan.
- Only costs associated with delivery of priority activities have been estimated and included in this plan. While the required methods/commodities have been quantified, the costing assumes that commodities will be provided to all public health facilities via the Government supply channels free of charge or by private sector suppliers to private delivery points.
- It is assumed that effective coverage of access to family planning commodities and services at scale will be achieved by end of 2026/30 fiscal year. Therefore, in estimation of costs, it was assumed that incremental coverage of all priority interventions would be achieved gradually over the implementation period, and hence additional costs are presented as incremental estimates required to sustain momentum of implementation and leverage the power of additionality.
- There are no confirmed funding commitments from partners to enable estimation of a funding gap analysis for the plan.

The 2nd Mityana District CIP aims to dramatically increase use of family planning commodities and services and reduce unmet need in key segments of the population. This pan prioritizes intervention and activities aimed at delivering a high impact method mix within the family planning Total Market Approach with emphasis on increasing access and use of long-acting reversible contraceptive methods of family planning.

Broadly, the following broad areas of the 2nd Mityana District CIP have been costed for increasing access and use of family planning in Mityana District over the next strategic period.

- Strengthening delivery of quality family planning commodities and services

- Improving family planning funding allocation and efficiencies
- Ensuring resilience of contraceptive supply chains for the district
- Creating and sustaining an enabling environment for effective family planning implementation/delivery
- Creating sustainable demand for family planning commodities and services
- Strengthening family planning leadership and accountability

SUMMARY COSTING OF 2ND MITYANA DISTRICT FP CIP

The total estimated cost of delivering the 2nd Mityana District CIP 2024/5 – 2026/30 is UGX 866.6 million distributed across the 6 priority areas for this plan, as below;

Table 5: Summary cost estimates at thematic/priority area level

Thematic/priority area	Budget estimates (UGX) for 2024/5 - 202G/30
1. Strengthening delivery of quality family planning commodities and services	264,500,000
2. Improving family planning funding allocation and efficiencies	27,500,000
3. Ensuring resilience of contraceptive supply chains for the district	132,360,000
4. Creating and sustaining an enabling environment for effective family planning implementation/delivery	10,400,000
5. Creating sustainable demand for family planning commodities and services	384,625,000
6. Strengthening family planning leadership and accountability	47,000,000
Total	**8G6,685,000**

MEASURING IMPLEMENTATION OF THE 2ND DISTRICT DCIP

INTRODUCTION

The core purpose of this performance monitoring, evaluation, and management section is to outline a monitoring and evaluation strategy for the district in line with 2nd District FP CIP 2024/5 – 2026/30. Measuring performance against set targets in the plan will guide investment and operational planning over the years. In the context of this plan, performance monitoring is the collection, tracking and analysis of data to determine what is happening, where, and to whom. A set of core monitoring indicators and targets linked to the thematic areas will provide timely and accurate information for progress and performance reviews and decision-making processes and ensure effective strategic implementation.

Performance evaluation will build upon routine monitoring data and undertake deeper analysis by relating results with expected outcomes and impact within the implementation context changes. Effective implementation and performance monitoring of this up plan will require multi-stakeholder coordination mechanisms which should position family planning and its performance as an integral component of the district health services delivery strategy. This is in addition to the need for appropriate well-functioning data sources including routine facility information systems, facility surveys, administrative data sources such as, logistical information systems, among others. Ensuring a strong capacity for data collection, management, analysis, use and dissemination at different levels in the district will be critical for successful performance monitoring, evaluation, and management.

MEASUREMENTS AND TARGETS

Goals/impact by 2029/30 implementation year	1. Increase CPR by 6% 2. Reduce Total Fertility Rate (TFR) by 17% 3. Reduce unmet need by 13.3%

Thematic and programmatic outcomes

Increase the proportion on LARCs of the district method mix by 22.5%	Reduce the number of abortions by 12.3%	Reduce the number of unintended pregnancies by 15.4%.

Improved availability, access and use of family planning commodities and services	A strong and robust and reliable supply chain for contraceptive commodities for Mityana District	Enhanced and sustainable demand for family planning services across all age groups in the district.	An enabling policy and operational environment created for effective family planning commodities and services delivery	Increased funding allocation and budget efficiencies for family planning in Mityana District	Strengthened district and sub-district capacity and processes for effective family planning leadership and accountability

Implementation outputs	See detailed implementation plan matrix that includes activities and respective implementation outputs
Inputs (commodities and financing)	Commodities: 3,171,786 pieces of male condoms, 235,065 3 - years implants, 614 5 - years implants, 2,120 Copper-T IUDs, 44,357 standard pill regimens, 23,467 progesterone only pills. Funding for interventions delivery and systems strengthening (excl. commodity costs) - UGX 896,685,000 Also see detailed implementation plan for activity-level inputs
Cross-cutting areas	Gender Equity and Women's Empowerment, Adolescent and Youth Health, Health Systems Strengthening, and Community Engagement and Social Norms

PERFORMANCE MONITORING PROCESSES FOR THE 2ND MITYANA DISTRICT FP CIP

Reviews, aligned to existing health sector performance management processes, will be used to gather evidence through monitoring and evaluation processes to assess progress and performance of the 2nd CIP.

Quarterly reviews: At the end of each quarter, in keeping with reporting obligations, all partners with a role within the family planning space in the district will submit summary performance reports to the District Health Office and discuss in the district family planning coordination meetings. Successes and challenges will be presented with the aim of jointly forming strategic interventions on the way forward.

Annual reviews: This will be focused on the indicators and targets specified in the district annual operational plans. This will mainly include input, process and output performance indicators and where available and possible performance against outcome/coverage indicators will be reviewed. The annual reviews will be part of the national MoH Joint Health Sector Performance Review (AJR) process and reporting.

Midterm-term review and evaluation: This will be conducted halfway through implementation of this plan. The mid-term review will cover all targets of the strategic period including outcome and impact indicators along with other family planning operational indicators. The mid-term review and evaluation will coincide with the third-year implementation annual review and CIP implementation. Results of the mid-term review and evaluation will inform adjustments in priorities and objectives of the CIP access and will be an opportunity to align the 2nd Mityana District FP CIP to the 3rd National CIP.

End-term evaluation: This will involve a comprehensive analysis of progress and performance for the whole strategic period and implementation of the 2nd Mityana District FP CIP priorities. The end-

term review and evaluation will build on results of the mid-term review to inform conclusions and define the future strategic focus for family planning in the district.

IMPLEMENTATION ARRANGEMENTS FOR THE 2ND DFP-CIP

Introduction

The second Costed Implementation Plan (CIP) for Mityana district marks a significant milestone in the ongoing commitment to advancing the health and well-being of the communities in Mityana district. Building upon the successes and lessons learned from the previous plan, this new plan represents a comprehensive strategy to address the diverse health needs of the population, with a particular focus on improving access to and utilization of family planning services.

The development of this second CIP has been guided by a participatory and evidence-based approach, involving collaboration among key stakeholders, including government agencies, civil society organizations, development partners, and community members. Through extensive consultation and analysis, priority areas for intervention, aligned with national and global commitments such as the Sustainable Development Goals (SDGs) and the National Health Sector Strategic Plan.

Central to the success of this implementation plan is the commitment to strengthening health systems, fostering multi-sectoral collaboration, and promoting community engagement. By leveraging existing resources, building partnerships, and harnessing innovative approaches, underlying determinants of health will be addressed, health inequities tackled, and ensure that no one is left behind.

Collective effort, dedication, and a shared vision for a healthier future are required to overcome the challenges that lie ahead and guarantee the hard work that will be required to achieve the goals and create lasting positive change for the people of Mityana district.

Implementation roles and responsibilities

District Local Government (DLG): Mobilization of domestic resources and departmental resources for implementing FP, the DLG will be used as a forum to ensure the inclusion of FP into the departmental plans.

Chief Administrative Officer: Will supervise the district Local Government as they set up a multi-sectoral framework at the district and community levels. The CAO will also support the fundraising process for the FP-CIP under the District Local Government

District Health Officer and Assistant DHOs: Will oversee implementation of the DFP-CIP2. The DHO will be the Secretariat to the District multi-sectoral steering committee on Family planning matters. The DHO will work with the Chief Administrative Officer to plan, ensure that all the district departments are followed up to include FP in the departmental annual work plans and ensure that financial resources are allocated and mobilized for the FP-CIP2 within the district. The DHO will work with other departments using the comparative advantage of each department to mobilize the lower levels (sub-county) in planning for and mobilizing local resources for the FP-CIP implementation

District Family Planning Multi-Sectoral Steering Committee: District FP multi sectoral committee will be oriented on their responsibilities in the DFP-CIP2 implementation role through the engagement of the respective district departments, namely Health, Community development, Education, Agriculture, and Planning. Other committee members will include religious heads, cultural leaders, CSOs working on FP, and IPs working on FP within the district. Similar structures will be set up at the sub-counties and will therefore be responsible for sub-county level FP advocacy, FP planning and resource allocation especially involving domestic resources

Development partners: Funding of the FP programs, both on commodities and program implementation, has had a significant contribution from Development Partners and UN agencies. These agencies have also been instrumental in the provision of technical support as well as the strengthening of health systems through equipping.

Civil society organizations, implementing partners and non-governmental organizations: This set of FP stakeholders has been having a significant role in advocacy, demand creation for FP, supporting the district in implementing FP interventions, accountability and holding the district accountable, and increasing access to FP through innovative approaches. They will continue to advance these roles as the need arises.

National Medical Stores (NMS) and the Joint Medical Store (JMS): In the public health facility system, the National Medical Stores will continue to take charge of supply and procurement of FP

commodities and related health supplies based on forecasting FP commodities and supplies information gathered by District Health Office in collaboration with FP stakeholders. NMS will also continue to store these commodities and distribute them to the last mile. Currently, JMS is supporting the private sector health facilities and will continue to do so about storing the FP commodities and related health supplies in readiness for the facilities to access them during the implementation of FP services.

Religious sector: The religious sector also has a role when it comes to groups whose FP choices are bound by their religious beliefs. Through the religious Medical Bureaus, national guidelines, especially those on the use of Fertility Awareness Methods (FAM) and referral for FP, will be disseminated, and capacity will be built for the provision of these services in the respective PNFP health facilities.

Mobilizing resources for implementation of the 2nd DFP-CIP

Mobilizing resources for the implementation of the second District Family Planning Costed Implementation Plan (2nd DFP-CIP) for Mityana district is essential for its success. It is therefore of great importance to focus on identifying, securing, and effectively utilizing resources to support the various interventions outlined in the plan.

1. Advocacy and Policy Dialogue: The district health office will engage in advocacy efforts to raise awareness among policymakers, government officials, and donors about the importance of family planning and the specific needs of Mityana district while highlighting the potential health, social, and economic benefits of investing in family planning, emphasizing its role in achieving national and global development goals.
1. Resource Mapping and Gap Analysis: The district will Conduct a thorough assessment of existing resources available for family planning in Mityana district, including government budgets, donor funding, and in-kind contributions, identify gaps and areas of unmet need to guide resource mobilization efforts. This will include analysing financial, human, and infrastructural resources required for the successful implementation of the 2nd DFP-CIP.
2. Partnerships and Collaboration: The district will forge partnerships with a diverse range of stakeholders, including government agencies, non-governmental organizations (NGOs),

community-based organizations (CBOs), private sector entities, and development partners. Collaborate on resource mobilization efforts, leveraging each partner's strengths and resources. These efforts will include exploring opportunities for joint funding, co-financing arrangements, and resource pooling to maximize impact and sustainability.

3. Local Resource Mobilization: Continuous efforts will be made to explore avenues for mobilizing resources domestically within Mityana district. This will include allocating funds from the district budget to support family planning activities, engaging with local businesses, communities, and individuals to contribute resources or in-kind support. The district will also endeavour to foster a culture of ownership and responsibility for family planning among local stakeholders, encouraging them to invest in the health and well-being of their communities.
4. Leverage the existing financing Mechanisms: The existing government financing mechanisms perform-based financing schemes, health insurance schemes, and public-private partnerships and grants can be tailored and effectively supervised for effectiveness of family planning service delivery within the district. transparency, accountability, and sustainability will form a basis of implementation of these funding mechanisms.
5. Capacity Building and Technical Assistance: The district through the office of the Chief Administrative Officer will develop programs to strengthen the capacity of district health officials, program managers, and frontline health workers to effectively mobilize, manage, and utilize resources for family planning programs. Training and technical assistance on resource mobilization strategies, financial management, budgeting, and monitoring and evaluation will be done to strengthen the function of financial management.

SECTION THREE: ANNEXES

ANNEX 1: REFERENCES

1. 10-Step Process for CIP Planning, Development, and Execution (fp2030.org)
2. CIP Toolkit: Costed Implementation Plans (CIPs) for Family Planning 10-Step Process for CIP Planning, Development, and Execution, FP2023 – Updated in 2022
3. Guidance for developing FP-CIP FP2030 Updated in 2022

ANNEX 2: DETAILED IMPACT/RESULTS PROJECTIONS

Summary of outputs							
	2024	2025	2026	2027	2028	2029	2030
Mityana_DCIP							
Average effectiveness	0.97	0.97	0.97	0.97	0.97	0.97	0.98
Contraceptive prevalence (CPR)	40	41.5	43	44.5	46	47.5	49
Total fertility rate	4.9	4.77	4.62	4.48	4.34	4.2	4.06
Women of reproductive age	92,302	92,217	92,036	91,768	91,431	91,040	90,605
Married women of reproductive age	44,305	44,264	44,177	44,049	43,887	43,699	43,490
Users	17,722	18,370	18,996	19,602	20,188	20,757	21,310
Acceptors	2,065	2,202	2,341	2,482	2,625	2,770	2,944
CYP	19,307	20,002	20,671	21,319	21,946	22,555	23,258
Gross cost	0	0	0	0	0	0	0
Cost per user	0	0	0	0	0	0	0
Revenue	0	0	0	0	0	0	0
Net cost	0	0	0	0	0	0	0
Births	14,577	14,502	14,112	13,712	13,296	12,862	12,414
Abortions	1,530	1,508	1,481	1,451	1,417	1,381	1,342
Pregnancies	18,513	18,402	17,924	17,429	16,911	16,371	15,812
Total fecundity	27	27	27	27	27	27	27
Commodities							
Male condom	382,795	405,969	429,314	452,799	476,436	500,244	524,232
Female sterilization	0	0	0	0	0	0	0
Male sterilization	0	0	0	0	0	0	0
Withdrawal	0	0	0	0	0	0	0
Periodic abstinence	0	0	0	0	0	0	0
Traditional (not specified)	0	0	0	0	0	0	0
3 months (Depo + Sayana)	32,821	33,225	33,535	33,754	33,889	33,945	33,926
Implanon (3 years)	1,136	1,193	1,251	1,309	1,368	1,426	1,491
Jadelle (5 years)	697	749	802	857	912	968	1,035
Standard Daily regimen	8,507	7,899	7,219	6,469	5,653	4,774	3,836
Progestin only	3,456	3,444	3,419	3,381	3,331	3,269	3,197
Copper-T 380-A IUD (10 year)	221	246	273	300	328	357	395
Other	0	0	0	0	0	0	0
Growth rates							
Male condom	6.05	5.75	5.47	5.22	5	4.8	4.8
Female sterilization	12.08	10.9	10.01	9.27	8.6	15.49	15.49
Male sterilization	15.82	13.99	12.45	11.22	10.35	23.2	23.2
Withdrawal	0	0	0	0	0	0	0
Periodic abstinence	0	0	0	0	0	0	0
Traditional (not specified)	0	0	0	0	0	0	0

3 months (Depo + Sayana)	1.23	0.93	0.65	0.4	0.16	-0.06	-0.06
Implanon (3 years)	5.08	4.84	4.64	4.46	4.29	4.55	4.55
Jadelle (5 years)	7.47	7.08	6.75	6.45	6.18	6.94	6.94
Standard Daily regimen	-7.14	-8.61	-10.39	-12.61	-15.54	-19.65	-19.65
Progestin only	-0.33	-0.73	-1.11	-1.49	-1.85	-2.22	-2.22
Copper-T 380-A IUD (10 year)	11.65	10.73	9.97	9.31	8.74	10.76	10.76
Other	-6.83	-8.23	-9.9	-11.97	-14.66	-18.36	-18.36

ANNEX 3: LIST OF STAKEHOLDERS INVOLVED IN THE 2ND DFP-CIP PROCESS

No	Name	Affiliation	Responsibility on DFP-CIP the task force
1	Miss. Annie Nassali Mariam	Vice C/Person LCV	Chairperson Task Force
2	Miss. Basasira Ruth	Diocesan Health Officer-Mityana Dioceses	Secretary Task Force
3	Mr. Mono Denis Sworo	District Health Educator	Coordinator Task Force
4	Miss. Alupo Immaculate	Area Manager RHU	Member of Task force
5	AL-Hajji Sheik Maulana	District Ssecretary for DA-AWAH- UMSC	Member of the Task Force
6	Miss. Nampijja Justine	District Biostatistician	Data Focal Person for Task Force
7	Sister Enzaru Betty	ADHO- MNCAH	Member of the Task Force

For more information contact:

Mityana District Local Government

Office of the District Health Officer