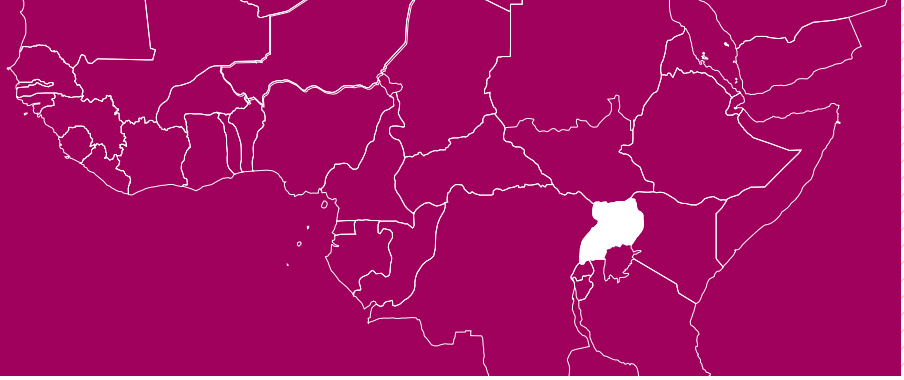

UGANDA

PAC-FP COUNTRY BRIEF

Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the Republic of Uganda's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

The Republic of Uganda's national policy on family planning (FP) and reproductive health (RH) is outlined in a number of documents, including the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights (2016), the Health Sector Development Plan 2015/16–2019/20 (2015), the Family Planning Policy Guidelines (2009), and the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights (2016). The latter document's goals are to "increase access to quality, affordable, acceptable, and sustainable family planning services to everyone who needs contraception and promote strong integrated family planning information and services in all health sector levels." This includes FP and RH services for multiparous women, postabortion and postpartum clients, women over the age of 35, and adolescents. Uganda's postabortion care (PAC) policy, housed in the Ministry of Health's Reproductive Health Division, includes indications for PAC, target and priority groups for PAC, services to be offered, and guidance for PAC provision by health workers.

Legal Status on Abortion

Abortion is legal in Uganda to save the life of the woman. The 2006 National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights further specify that abortion is permitted in cases of fetal anomaly, rape and incest, or if the woman is HIV-positive (Prada et al., 2016).

PAC TRAINING AND STANDARDS

In 2001, Uganda introduced a curriculum that emphasizes training on patient-provider interactions, quality of care, diagnosis and treatment, postabortion complications, uterine evacuation techniques, counseling, postabortion FP, use of misoprostol for PAC, and integration of PAC with other RH services. This national-level curriculum is included in trainings for doctors, nurses, and midwives. Additionally, the Ministry of Health and various international partners (including Marie Stopes Uganda, Reproductive Health Uganda, and Ipas) support trainings for midwives and clinical officers in the management of PAC.

STRENGTHENING SERVICE DELIVERY

In Uganda, the country's 2,300 healthcare facilities provide PAC services and treat approximately 89% of the country's postabortion complications (Prada et al., 2016). FP services have been strengthened throughout the country through the 2015 review of the midwifery curriculum, which emphasizes a practical approach to learning. A total of 160 midwifery tutors and clinical instructors received training on mentoring and coaching and received support to improve the quality of their training (FP2020, 2016). Based on this updated curriculum, Uganda has oriented 40 new midwives on maternal health and FP and recruited 90 additional midwives to serve in rural areas (FP2020, 2016).

PAC·FP THE POSTABORTION CARE FAMILY PLANNING PROJECT
Expanding contraceptive methods and informed choice to PAC clients

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BARRIERS TO PAC

Women in Uganda face multiple barriers to accessing PAC and FP services. The primary barrier to PAC and FP services is the lack of skilled providers, which causes not only a shortage of high-quality PAC and FP services, but also poor provider attitudes towards women who seek PAC (Paul et al., 2014).

Healthcare providers, especially midwives, state that they do not have the time nor the resources to provide high-quality PAC and FP services. Space for private counseling is often unavailable and they do not have time to ensure that PAC clients receive FP counseling after discharge (Paul et al., 2014).

Women also face barriers accessing PAC in public healthcare facilities; private and nongovernmental facilities are more likely to have the means to provide PAC (Prada et al., 2005). However, such treatments often come at a cost, which many women cannot afford (Prada et al., 2005).

FINANCING MECHANISMS

Uganda does not have a national health insurance plan, but the government provides a financial mechanism for PAC that covers FP, misoprostol, emergency care, manual vacuum aspiration syringes, and hospitalization costs. In 2016–2017, Uganda allocated a budget line of $3.3 million for FP supplies.

UGANDA		Year	Source
Demographic/background indicators			
Country population	42,862,958	2018	World Bank[1]
Total fertility rate	5.6	2016	
Age at first birth	19.2	2016	Demographic and Health Survey, 2016
Maternal mortality per 100,000 live births	336		
Newborn mortality per 1,000 live births	27		
Infant mortality per 1,000 live births	43		
Under-five child mortality per 1,000 live births	64		
Facility-based deliveries	73.0%		
Proportion of women who attended at least one antenatal care visit	97.0%		
Proportion of women who received a postnatal check within two days of delivery	54.0%		
Abortion and FP-related indicators			
Number of abortions	314,304	2013	Guttmacher Institute, 2016
Abortions per 1,000 women	39	2013	Guttmacher Institute, 2016
Number of unintended pregnancies	1,036,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of hospitalizations attributable to abortion complications	93,000	2013	Guttmacher Institute, 2018
Proportion of maternal deaths attributable to abortion	10%		
Number of unintended pregnancies averted due to use of modern contraceptive methods	1,036,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	228,000		
Number of maternal deaths averted due to use of modern contraceptive methods	2,500		
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	27.5%		
Knowledge of FP, all WRA	99%	2015–16	Demographic and Health Survey, 2015–16
Contraceptive use by type		2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Long-acting and permanent methods			
Sterilization (female)	6.6%		
Sterilization (male)	0.4%		
Intrauterine device	4.1%		
Implant	17.3%		
Short-acting methods			
Injection (intramuscular and subcutaneous)	51.3%		
Pill	5.5%		
Condom (male)	11.4%		
Condom (female)	0.0%		
Other modern methods (e.g., cycle beads, and lactational amenorrhea method)	3.3%		
Unmet need for FP[2] (2018)	28.0%	2015–16	Demographic and Health Survey, 2016
Unmet need for spacing	18.0%		
Unmet need for limiting	10.0%		
Percentage of all women who received FP information during their last visit with a health service provider	43.8%		

[1] https://databank.worldbank.org/data/reports.aspx?source=2&country=UGA

[2] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

REFERENCES

Curtis, C., Huber, D., and Moss-Knight, T. 2010. "Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion." *International Perspectives on Sexual and Reproductive Health* 36(1): 44–48. doi: 10.1363/ipsrh.36.044.10.

FP2020. *Tanzania: FP2020 Core Indicator Summary Sheet: 2017–18 Annual Progress Report*. https://www.familyplanning2020.org/sites/default/files/Tanzania%202018%20CI%20Handout.pdf.

Guttmacher Institute. 2018. *Fact Sheet: Induced Abortion and Postabortion Care among Adolescents in Uganda*. https://www.guttmacher.org/sites/default/files/factsheet/adolescent-abortion-uganda.pdf.

Paul, M., Gamzell-Danielsson, K., Kiggundu, C., Namugenyi, R., and Klinberg-Allvin, M. 2014. "Barriers and Facilitators in the Provision of Postabortion Care at District Level in Central Uganda—A Qualitative Study Focusing on Task Sharing between Physicians and Midwives." *BMC Health Services Research* 14(28). doi: 10.1186/1472-6963-14-28.

Postabortion Care (PAC) Consortium. 2014. *Misoprostol for Postabortion Care: Expanding PAC Service Delivery and Access with a Highly Effective Treatment for Incomplete Abortion*. PAC Consortium.

Prada, E., Atuyambe, L.M., Blades, N.M., Bukenya, J.N., Orach, C.G., and Bankole, A. 2016. "Incidences of Induced Abortion in Uganda, 2013: New Estimates since 2003." *PLoS One* 11(11): e0165812. https://doi.org/10.1371/journal.pone.0165812.

Prada, E., Miremebe, F., Ahmed, F.H., Nalwadda, and R., Kiggundu, C. 2005. *Abortion and Postabortion Care in Uganda: A Report from Health Care Professionals and Health Facilities*. New York, NY: The Alan Guttmacher Institute. https://www.guttmacher.org/sites/default/files/pdfs/pubs/2005/05/28/or17.pdf.

Uganda Bureau of Statistics and ICF. 2018. *Uganda Demographic and Health Survey, 2016*. Kampala, Uganda and Rockville, MD: Uganda Bureau of Statistics and ICF.

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