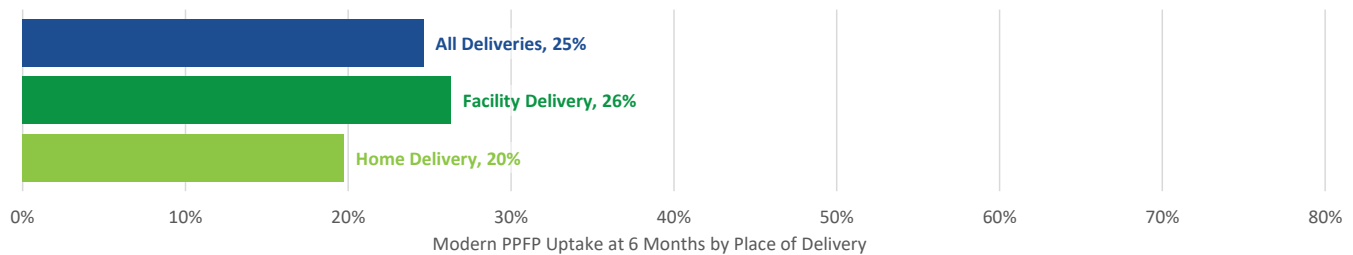


Opportunities for Family Planning Programming in the Postpartum Period in Uganda

| | | | | |
|-------------------------|------------------------------------|---------------------------|---|--|
| # of Live births (2022) | % of WRA who are postpartum (2022) | mCPR among All WRA (2022) | Modern PFPF at 6 months postpartum (2016 DHS) | Modern PFPF use among women who delivered in facilities at 1 month postpartum (Immediate PFPF) |
| 1,710,000 | 15% | 31% | 25% | 7% |

Current Postpartum Contraceptive Use

The graph below shows that overall 25% of postpartum women are using a modern method of family planning 6 months after delivery. Large differences are seen in postpartum family planning (PFPF) uptake among women who deliver at home (20%) versus women who deliver at facilities (26%). These differences may be attributable to differences in access and utilization of the health care system as well as underlying demographic differences that may contribute to where women deliver and the rates at which they use contraceptives.



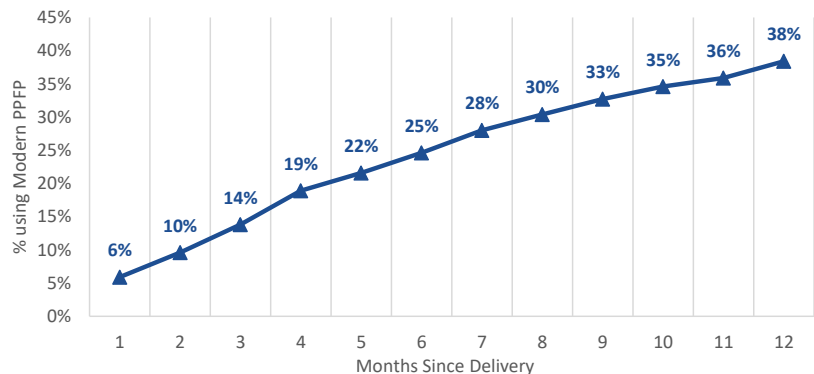
Note: we never expect PFPF use to reach 100%, countries with very successful programs show use levels around 60-70% nationally.

Trends in Use of Modern Contraception During the Postpartum Period

The graph to the right shows trends in use of modern contraception over the first year postpartum, by month.

At one month following delivery, 6% of postpartum women are using a modern method of contraception. At one year, 38% of postpartum women report using a modern method of contraception.

To help women avoid closely spaced pregnancies, efforts should be made to provide women with access to PFPF during the first year postpartum. Trend data can help countries identify opportunities to reach women through different PFPF interventions during this period.



Note: PFPF trend analysis is only available for countries with a DHS Calendar

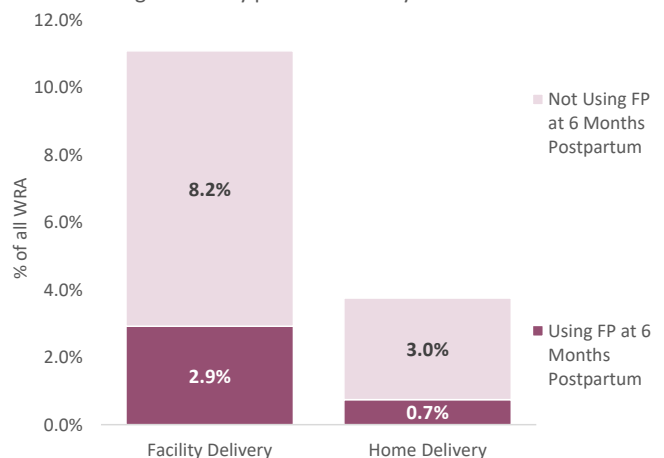
Assessing Opportunities for PFPF Programming

The graph to the right shows the proportion of all women of reproductive age (WRA) who are postpartum, segmented by modern PFPF use and place of delivery.

Overall, modern PFPF use at 6 months in Uganda is 25%. Combining this with demographic data, it is estimated that 15% of women of reproductive age in Uganda are postpartum in a given year and 11% are postpartum and not using a modern method of contraception. This is the most we could expect national mCPR to grow based on PFPF programming alone, although we would never expect 100% use of PFPF.

Places where a large proportion of women of reproductive age are postpartum and not using modern contraception present the largest opportunities for investments in PFPF to lead to growth in mCPR. Attention should be paid to what types of PFPF interventions might be most impactful, considering differential levels of postpartum use by place of delivery and rates of facility vs home delivery.

Post-partum women as a percent of all WRA, segmented by place of delivery and PFPF use



*the values in the graph and the text may not match exactly due to rounding

Opportunities for PFP Integration

The postpartum period represents a significant opportunity for reaching women with effective family planning. During pregnancy and childbirth, as well as during the year following childbirth, women are more likely to engage with the healthcare system during antenatal care, delivery, postnatal care, and first year infant immunizations. Each of these encounters is an opportunity for health care workers to integrate family planning into their existing counseling and services to better meet the needs of postpartum women. The graphs below are designed to highlight opportunities for integration in the areas of ANC, Facility Delivery and Immediate Post-natal Care, Child Nutrition, and Immunization services. For each category, when a large proportion of women are accessing these services, that represents a substantial opportunity for integration, while a small proportion of women accessing services may indicate a need to improve this area of pre-natal or postpartum care.

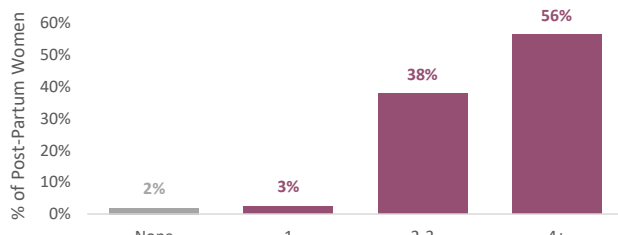
Antenatal Care

96%

of women in Uganda receive ANC from a skilled provider

Antenatal Care provides an opportunity to discuss short-term and long-term fertility plans with women and their partners. PFP counseling can be provided during ANC, helping couples develop a plan for contraceptive use after delivery as well as discussing longer-term options depending on the desire for future pregnancies. Expanding coverage of ANC coupled with integrating PFP counseling into each ANC visit can help improve utilization of PFP following delivery.

% of women who gave birth by # of ANC visits attended



Source : 2018-19 MIS

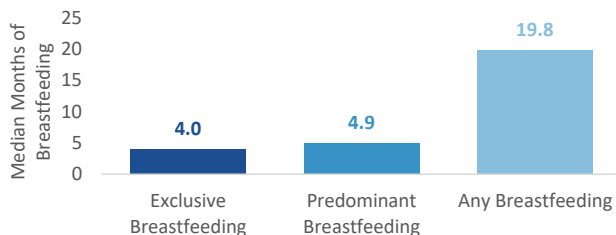
Exclusive Breastfeeding - LAM

Lactation Amenorrhea Method (LAM) can be an effective method of contraception, protecting women from pregnancy for up to 6 months postpartum, when used correctly. To be effective, LAM requires: 1) that the menstrual period hasn't returned, 2) exclusive breastfeeding, 3) baby is less than 6 months old. While many women may breastfeed during the postpartum period, many women are not practicing exclusive breastfeeding and as a result are not practicing LAM. Providing women with education and counseling on effective use of LAM during ANC, Post-natal care, and infant health-related services can not only increase use of this method, but more importantly raise awareness of need to transition to another method when one of the LAM conditions no longer applies.

4.0 months

is the median duration of exclusive breastfeeding

Median months of breastfeeding among women who delivered in the last 3 years



Source : 2016 DHS

Source for PFP data: 2016 DHS unless otherwise noted; Note: estimates of PFP use include LAM and are based on uptake of contraception following the most recent birth among women who delivered 13-60 months prior to the survey

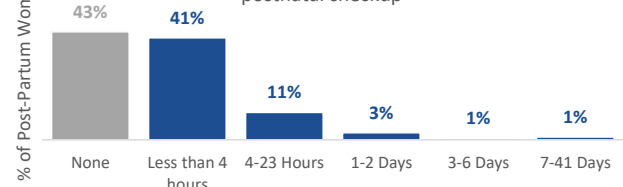
Delivery/Immediate PFP Integration

75%

of women in Uganda deliver in a facility

Interactions with women during delivery and immediately following represent an opportunity to reach women with immediate PFP in facilities. Currently, 7% of women who deliver in a facility are using a modern method at one month postpartum (an indication of immediate PFP provision). Expanding post-natal checkups and integrating PFP counseling and services with delivery and follow-up care can improve the likelihood that women will leave with a plan or a method to prevent an early unintended pregnancy.

% of women who gave birth by timing of their first postnatal checkup



Source : 2016 DHS; facility delivery rate based on women delivering 12-60 months prior to the survey.

Immunization

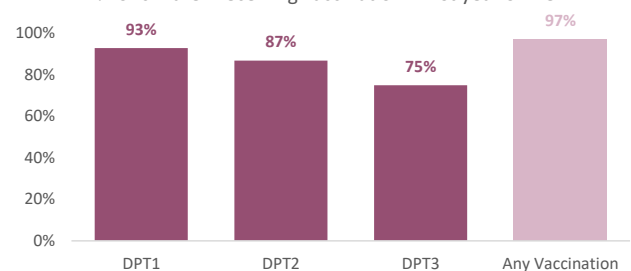
Routine childhood immunization services are one of the most widely used and most equitable health care services globally. Integrating family planning into childhood immunization services has been identified as a promising High Impact Practice, offering a significant opportunity to reach women during the year following delivery. While each immunization represents an opportunity to reach women with PFP counseling and services, coverage with three doses of DTP vaccine often is used as a proxy for a fully immunized child and implies 3 separate, consecutive opportunities during the postpartum period to reach women with integrated services.

The HIP brief strongly cautions AGAINST integrating family planning into mass immunization campaigns, and to do so only in routine or outreach services.

97%

of children receive at least one vaccination during their 1st year

% of children receiving vaccination in 1st year of life



Source : 2016 DHS