Title: The Journey to Establishing a Structure and Systems to Address Inequities in Family Planning (FP)—A Case of Uganda.

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1. Overview of FP inequities in Uganda

Uganda has high-level commitments towards equitable family planning (FP) service delivery. However, inequities in FP service access and utilization persist, reflecting inadequate attention and investment to meet specific needs across different population sub-groups, and continue to disproportionately affect residents who are poor, rural, adolescent, and/or hard-to-reach. These disparities lead to adverse outcomes for women, their children, and their communities. Whereas evidence shows inequalities in FP and health disparities across various subpopulations globally, few practical examples of national-level systems and structures to systematically address and monitor inequities have been documented. This case study presents lessons from Uganda's journey to advance the FP equity agenda, from assessing the existence of inequalities and inequities to integrating the evidence into the national health strategies and establishing an equity steering committee equipped with a clear roadmap to guide the operationalization of the actions to address inequities. This case study serves as a resource for governments and implementing partners embarking on a similar process.

2. The process of Addressing/prioritizing FP equity in the country context

Uganda is part of the five focus countries for the Research for Scalable Solutions (R4S), a five-year (2019-2024) implementation science project funded by the U.S. Agency for International Development (USAID) and led by Family Health International (FHI 360). R4S is conducting implementation science research to improve the efficiency, cost-effectiveness, and equity of FP programs in Africa and Asia. R4S aimed to increase the understanding of how proven and promising HIPs enhance equitable access to high-quality voluntary FP by working with national stakeholders to improve the measurement of equity, strengthen the capacity of local partners to monitor and evaluate equity and apply the evidence to make important policy and programmatic decisions to improve FP service delivery.

A landscaping analysis of the FP program in Uganda around self-care, high-impact practices, adolescents and young people, and equity was done to explore opportunities to strengthen FP programs and policies. The landscaping included a desk review, virtual key informant interviews with FP stakeholders and a secondary analysis of the Uganda Demographic Health Survey data. The analysis highlighted several inequities, as well as measurement and policy challenges to advancing equity, including the absence of clearly defined indicators, limited access to data, poor data quality, capacity limitations to analyze and interpret data, and poor utilization due to a lack of synthesized data for decision-makers to make informed decisions for FP programs.

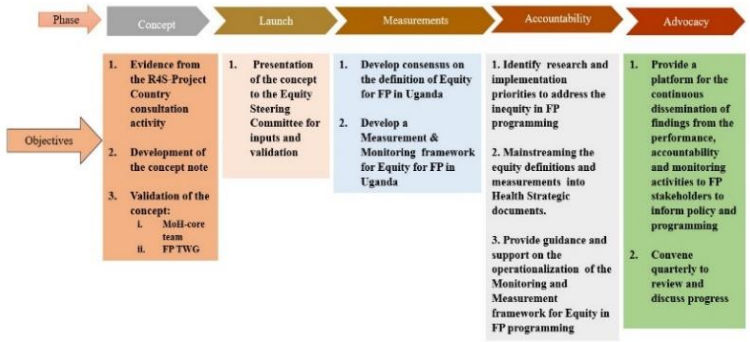
These findings informed the FP Costed Implementation Plan II and Uganda's FP20230 commitments, highlighting strategic interventions that would address inequities in access to and utilization of FP services, improve the availability and acceptability of FP services, implement comprehensive quality improvement initiatives, and integrate adolescent-responsive services into FP service delivery. In addition, stakeholders agreed on the need to establish an Equity Steering

Committee (ESC) to guide the development of the measurement and monitoring frameworks that could inform strategies to address inequities in FP policy and programming and subsequently in other health areas.

2.1 The Process of Establishing a National Equity Group

In 2021, the MOH created Uganda's first ESC as a Family Planning Technical Working Group (FP TWG) sub-committee. The ESC's mandate is to guide the development of definitions, measurements, and tracking inequities; to inform potential strategies to address inequities, contribute to achieving universal health coverage and leave no one behind. The ESC developed a roadmap (Figure 1), including measurements, accountability, and advocacy as parallel key result areas.

Figure 1: Roadmap for Uganda's Family Planning Equity Steering Committee.



To ensure a multidimensional lens, the ESC's diverse membership includes representatives of FP and Reproductive Health Technical Working Groups, implementing partners, vulnerable groups and ministries of health, education and gender. The MOH Director of Clinical Services chairs the committee, with UNFPA as the co-chair and Makerere University School of Public Health-R4S project -academia as the Secretariat. The FP-ESC serves as an accountability platform that provides guidance and support to the operationalization of the Measurement and Monitoring framework, provides a platform for the continuous dissemination of findings from the various monitoring activities, and identifies opportunities for intersectoral collaboration to improve equity for FP and affirmative action.

The FP-ESC, led by the Secretariat, searched the literature for definitions of equity in health broadly and equity in FP, the dimensions, and indicators. Based on the findings, a measurement and monitoring framework was established to systematically track and evaluate the existence of inequities in FP programs by stakeholders at various levels for evidence-based decision-making.

The FP-ESC developed Uganda's definition of equity for FP (adaptation of the FP2020 definition), the indicators and dimensions to be considered, and the corresponding data sources. As shown in Table 1 below, the selected indicators included those that measure inequalities in FP access and uptake and indirectly indicate inequities in service

Uganda's definition of Equity for FP and dimensions

Modified (FP2020, Rights and Empowerment Working Group, 2014). *"Individuals having the ability to access quality, comprehensive contraceptive information and voluntary use of services free from discrimination, coercion and violence and make decisions about their fertility without vary in non-medically indicated characteristics, such as* ***age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status*****.**

provision (A) and those that directly measure the inequities in FP (B-D).

Table 1: Selected indicators for tracking inequities in FP mapped against the data sources.

Indicator	Data source
A. To measure the use of FP (Inequalities)	
Modern Contraceptive prevalence rate (mCPR)	PMA, UDHS, DHIS2, and Surveys-Model estimates
Demand satisfied by modern contraceptives	PMA, UDHS, DHIS2, and Surveys-Model estimates
Teenage childbearing rate	Uganda Demographic Health Survey, Institutional deliveries/DHIS2
Contraceptive discontinuation rate due to lack of access. (Disaggregated by spacing or limiting and reason)	UDHS
B. **To measure the accessibility of information.**	
The proportion of women and men of reproductive age and men exposed to any form of Family Planning Mass media.	UDHS
C. To measure accessibility to services	
The proportion of women and men of reproductive age and men told of family planning by a provider at a facility or in the community.	UDHS
Couple of Years of Protection to measure access	DHIS2
D. To measure the quality of services	
Method information Index Plus	PMA, UDHS

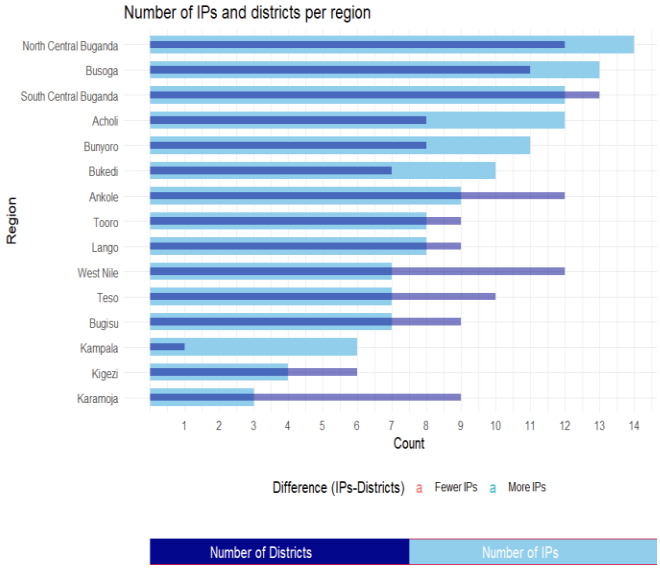
3. Outcomes of the Process

The FP-ESC has taken initial steps to determine who is being left behind, the barriers to reaching them, how the FP program can be more responsive to their needs, and how best to monitor implementation. As a direct measure of equity, an FP partner mapping exercise was conducted to assess the existence of inequities in the geographical distribution of FP IPs in the country.

An analysis of the partner mapping data linked with the DHIS2 data was conducted to compare FP outputs, service visits, and commodities dispensed between health facilities with at least one partner and those without any partner by region.

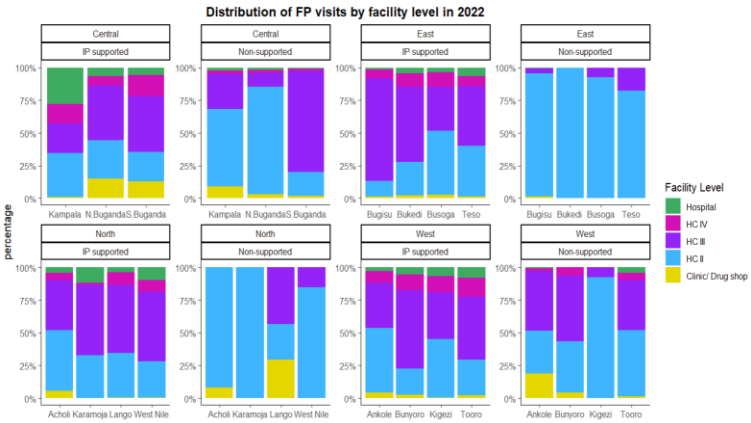
The findings indicated an inequitable distribution of partners, that FP service outputs were more common in partner-supported health facilities, and that more higher-level health facilities (HCIV and Hospitals) were supported by partners than the lower-level health facilities, as shown in Figures 1-2 below. The findings have generated country-level stakeholders' discussion on several concerns about within-district inequities, how IPs or the MoH decide where the IP operate, IP support to the public vs private sector, type of service—demand or supply, and how to enhance equity in partner support.

Figure 1: Number of districts, IPs and coverage of IP support in health facilities per region



Kampala and North Buganda had more IPs than districts; less than 20% of health facilities were IP-supported.

Figure 2: Distribution of FP service visits by facility level



IPs mostly support higher-level facilities (HC IV and hospitals) than lower-level facilities (HC II).

4. Lessons and reflections

1. Measuring inequities in FP using direct indicator measures is critical to finding actionable areas for course correction. However, individual countries need to prioritize contextually relevant and feasible direct equity indicators and the data sources to invest in.
2. Landscaping to identify inequities and gaps in definitions and measurement, as well as evidence gaps, was a critical first step in the engagement and stakeholder consensus to address FP equity, mainstream equity in the CIP and FP2030 agenda, and establish the structures and systems to implement and coordinate equity interventions.
3. Leadership by the MoH, with the involvement of stakeholders and a clear roadmap, was vital to ensuring that the equity assessment was relevant to the current policies and guidelines.
4. Coordination of the ESC activities by a secretariat with strong analytical capacity, working together with the MoH, is vital in ensuring quick operationalization of the equity roadmap.

5. Conclusions and recommendations

Focused leadership, coordination, and accountability with evidence-based actions are essential to advance the equity agenda for FP. Institutionalized and sustainable systems, including clear and relevant indicators with investments to ensure and improve quality data and analytical capacity, are needed to advance the equity agenda.