

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



UGANDA

[HTTP://WWW.FAMILYPLANNING2020.ORG/UGANDA](http://www.familyplanning2020.org/uganda)

In July 2016, the government of Uganda shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).

POLICY & POLITICAL UPDATES

- The National Population Council is now in place with a board of 12 members, appointed to oversee the running of the Council. A new Executive Director has been appointed, and the former Population Secretariat (POPSEC) has been transitioned to the NPC Secretariat.

FINANCIAL UPDATES

- In the FYI 2016-2017, the government of Uganda maintained its allocation of USD \$3.3 million from domestic resources towards family planning supplies. This varies from last year's allocation because the procurement under the World Bank loan ended in fiscal year 2015-2016. A lump-sum amount has been allocated to reproductive health and a detail breakdown as relates to family planning supplies will be communicated to the FP2020 Secretariat at a later point.
- The government of Uganda has hired Marie Stopes International-Uganda has been hired to manage the voucher program to increase use of family planning and safe motherhood services among the poor. MSI Uganda is in advanced stages of implementing the voucher system for maternal health and family planning under the Uganda Reproductive Health Improvement project. A contract has been signed and will cover the next four years.
- The national health insurance bill was sent to the cabinet and because of the new cabinet, the bill is still pending approval by Parliament. The National Population Council is engaging new legislators on the importance of family planning being included as one of the packages in the bill.

PROGRAM & SERVICE DELIVERY UPDATES

- The government of Uganda has undertaken the following to improve midwifery profession:
 - **Skills training:** In 2015, Uganda finalized the review of the midwifery curriculum to make it competency based. The curriculum emphasizes more practical time than theory and includes a module on family planning. 160 midwifery tutors and clinical Instructors were given skills in mentoring and coaching of students to improve the quality of training for midwives. The aim is to produce competent midwives to offer quality maternal and child health services including family planning. Four clinical instructors in charge of midwifery skills labs were trained on how to use the equipment that had been supplied by UNFPA. Forty newly recruited midwives have been oriented on maternal health and family planning services. Ninety midwives have been recruited to serve in the hard-to-reach areas.
 - **Involvement in Policy Dialogue:** More than 200 midwives met the First Lady of Uganda and discussed the challenges they face in delivering midwifery services. More advocacy meetings for improving the midwifery program to be spearheaded by the First Lady have been planned for 2016. Through national and regional symposia, midwives have been supported to establish a Midwives Association that will spearhead the policy dialogues. A constitution for the association is being drafted and will be disseminated to stakeholders in September 2016. Forty Young Midwives Leaders have been equipped with skills in leadership and advocacy for improved maternal health and family planning services. A scheme of services for midwives and nurses, and nursing and midwifery policy were developed and presented to the senior management of the Ministry of Health for approval.

- **Midwifery career promotion:** Midwifery career promotions in secondary schools in four hard-to-reach districts were conducted. Midwifery career promotional materials have been developed to be used across the country.
- Uganda is implementing a self-injection pilot using Sayana Press in some communities with good result. Now with support from UNFPA, the government is scaling up the distribution of Sayana Press through community health workers in selected districts. Ninety midwives have been recruited to support the service delivery.
- UNFPA through the RMNCH Trust Fund has supported the government to renovate some health facilities and to purchase hospital equipment; the Association of Obstetricians and Gynecologists of Uganda (AOGU) is now helping to build capacity for use.
- With support from UNFPA, the Ministry of Health, through JHPIEGO, has helped build the capacity of 941 service providers in the provision of family planning, especially postpartum family planning and long acting reversible contraception. In addition, equipment (PPIUDs kits, Mama Natalie, and Mama U models) were given to 160 health facilities and 18 midwifery schools so that health workers have the required tools and skills for service provision and continuous practice following the training.
- **Medical Eligibility Criteria Wheel:** Trainer-of-trainers training was carried out with selected participants from districts, referral hospitals, and partners supporting family planning to input the development of a localized Medical Eligibility Criteria (MEC) wheel for Uganda, based on the 5th edition of World Health Organization MEC wheel. A final draft was developed and its undergoing validation from various stakeholders. A cascade training of the wheel has also been done in selected districts, and we hope to scale up the training to the rest of the country.
- Uganda has also embarked on improving the quality of services provided by community health workers (CHEWs) by developing a CHEW strategy to be able to increase family planning services at community level. The strategy has been endorsed by the top management of Ministry of Health and is now due for presentation to the cabinet.
- In 2015, UNFPA supported 7 (out of 112) core districts to provide youth-friendly (YFS) services according to national standards in 100 percent and 86 percent of the hospitals and Health Centre IVs, respectively. Furthermore, 15 health centres were supported to establish YFS in targeted districts through faith-based organizations. UNFPA supported the government of Uganda to increase YFS in humanitarian setting with 90 percent of the Health Centres in four refugee settlements by establishing 20 youth spaces reaching out to 59,100 young people with SRH information and services.
- The Ministry of Health, with support from UNFPA, conducted a national assessment on the knowledge, beliefs, practices, needs of young people (10-24 years), and on access, appropriateness, and effectiveness of sexual and reproductive services.
- A scorecard has been developed to link results with resources at different levels of service delivery and aligned in the district league table. It is currently being piloted in some districts with capacity building of service providers. This will be disseminated and rolled out in 2016-2017.
- The Uganda RMNCAH assembly was held in December 2015 and stakeholders made commitments in various areas. Most importantly they committed to strengthen accountability and coordination for RMNCAH at the national, district, and community levels in order to streamline RMNCAH implementation. The government plans to hold annual RMNCAH assemblies.
- Uganda has conducted the Annual Household Panel Survey and has completed wave four (series 4) and now is in the process of data collection for wave 5. Through the Joint Assessment Framework (JAF)— a local DP platform—Uganda is able to track the annual CPR using information from panel survey and assess household behavior on family planning uptake.

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The following text is the commitment made by the government of Uganda at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/uganda>.

Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40 percent to 10 percent in 2022. It will increase the annual government allocation for family planning supplies from US \$3.3 million to US \$5 million for the next five years and improve accountability for procurement and distribution. It will develop and implement a campaign for integration of family planning into other services, including partnerships with the private sector, by supporting the alternative distribution channel for the private sector and scaling up of innovative approaches, such as the community-based distribution, outreaches, social marketing, social franchising and youth friendly service provision. Uganda will strengthen institutional capacity of the public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation and equipment).

Objective

1. To reduce unmet need to 10 percent in 2022 (current rate is 40 percent).

POLICY & POLITICAL COMMITMENTS

Uganda will develop and implement an integrated FP campaign. Uganda commits to creating an enabling policy environment for FP, increasing financial investment into health human resources development, and strengthening the delivery of health services. Uganda will conduct half yearly RH/FP reviews by the Ministry of Health; ensure timely completion of the Annual Household Panel Surveys by Uganda Bureau of Statistics to ascertain progress on health, including FP, service delivery; and also, carry out a robust evaluation of all FP investments in Uganda.

The Government of Uganda will accelerate passage of the National Population Council Bill into law, immediately making the inter-ministerial structure functional and appropriating the necessary budget support. Uganda plans to review the current post-shipment testing policy on male and female condoms in line with current international standards to reduce delays in release of vital RH supplies, including FP supplies.

FINANCIAL COMMITMENTS

Uganda commits to increasing its annual budget allocation for FP supplies from US \$3.3 million to US \$5 million for the next five years, and to mobilize an additional US \$5 million a year through donor financing. (Even with this effort there will be a resource gap of approximately US \$10 million per year).

Uganda will design a plan to reorganize health financing and develop a health insurance plan for the country, as well as promote voucher programs as a form of demand-side financing to increase use of FP and safe motherhood services among the poor.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Uganda will partner with appropriate private sector bodies and institutions for the integration of MH/RH/FP and HIV&AIDS information and services for their employees and families, and strengthen institutional capacity of public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation and equipment).

Uganda will support the development and professionalization of midwifery through skills training, good employment practices, and the involvement of midwives in policy dialogue and health management. The Government of Uganda will continue investing in midwifery career promotion and the bonded midwifery scholarship programs. A road-map to finance, train, recruit, retain, and manage performance of skilled human resources for health will be developed.

Uganda commits to rolling out youth friendly services in all Government Health Centre IVs and District Hospitals; strengthening the technical and institutional functionality of Uganda Health Marketing Group and National Medical Store in a dual public-private RH supplies distribution system; and continuing to support the public-private arrangement for increased access to FP services. Uganda plans to scale up partnerships with CSOs and private sector entities for FP outreach and community-based services to target hard to reach communities, and to invest in social marketing and social franchising approaches to ensure access to FP.