



**REPORT ON REVIEW OF THE FAMILY
PLANNING COSTED IMPLEMENTATION PLAN
(FP-CIP) IN UGANDA
2015–2020
BY FP STAKEHOLDERS**

DECEMBER 2018



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



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ACRONYMS

ADS	Accredited drug sellers
BTL	Bilateral tubal ligation
DMPA IM	Intramuscular depo-medroxyprogesterone acetate
DMPA SC	Subcutaneous depo-medroxyprogesterone acetate
mCPR	Modern contraceptive prevalence rate
CYP	Couple years of protection
EAC	East Africa Community
ECP	Emergency contraceptive pill
FP	Family planning
FPCIP	Family Planning Costed Implementation Plan
CHEW	Community health extension worker
IP	Implementing partner
GOU	Government of Uganda
MaSPH	Makerere School of Public Health
JMS	Joint medical stores
LMIS	Logistical management information system
HMIS	Health management information system
HRH	Human resources for health
LARC	Long-acting reversible contraception
MEC	Medical eligibility criteria
MOH	Ministry of Health
NGO	Nongovernmental organization
QA/QI	Quality assurance/quality improvement
RBF	Results-based financing
RHU	Reproductive Health Uganda
RMNCH	Reproductive, maternal, newborn, and child health
SBCC	Social and behavior change communication
TFR	Total fertility rate
PMA 2020	Performance Monitoring and Accountability 2020
PNFP	Private not-for-profit organization
PPDARO	Partners in Population and Development
UDHS	Uganda Demographic and Health Survey
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Fund for Population Activities
UFPC	Uganda Family Planning Consortium
VHT	Village health team
WHO	World Health Organization

1. BACKGROUND

Introduction

In 2014, the MOH, with support from FP stakeholders, embarked on the development of an FP-CIP to be implemented from 2015 to 2020. The plan's major operational goals were to:

- Reduce unmet need for family planning to 10%
- Increase the modern contraceptive prevalence rate among married women and women in union to 50% by 2020

Implementation has been underway for the past three years and, in December, as one of the plan's requirements, a review was conducted to monitor the CIP and to determine how well targets were being met.

Methods used for the FP-CIP review

The MOH set up a task force to organize the FP-CIP review. The task force met several times and agreed that an initial draft review report should be compiled based on the FP-CIP's thematic areas. The task force decided this report would be presented in a workshop of FP stakeholders for them to provide input.

The MOH and FHI 360 held regional workshops with districts to gather and enter data into the CIP database. After that, data were analyzed and results incorporated into the FP-CIP review report.

After review of relevant reports, records, and data, the MOH and others further revised the draft FP-CIP review report to include progress made in implementation by thematic area. Subsequently, the MOH organized and brought together FP stakeholders in a consultative workshop to discuss the report. During the workshop, progress made by thematic area was presented by various implementing partners (IPs) (as per the program below), after which all stakeholders contributed to the review report through group discussion. Input from stakeholders was added to the report after the workshop.

2. PROCEEDINGS OF THE CONSULTATIVE WORKSHOP ON REVIEW OF THE FP-CIP

Program for the workshop on FP-CIP review

Protea Hotel - December 17, 2018

TIME	TOPIC/ ITEM	CHAIRPERSON
8.30 – 9.00 am	Registration	
9.00 – 9.05 am	Objectives of the meeting by RH/MOH	Dr. Moses Muwonge
9.05 – 9.20 am	Welcome remarks by the Director General Health Services	
9.20 – 9.25 am	Joint partner performance report on service delivery thematic area by RH/MOH and FHI 360	
9.25 – 9.30 am	Joint partner performance report on supply systems thematic area by Pharmacy Department (MOH) and Uganda Health Supplies (MSH)	
9.30 – 9.35 am	Joint partner performance report on demand creation by thematic area by Health Promotion and Education (MOH) and FHI 360	
9.35 – 9.40 am	Joint partner performance report on coordination, management, and stewardship thematic area by NPC	
9.40 – 9.45 am	Performance report on District FP-CIPs development and status of their implementation by UNFPA by UNFPA and one district implementing FP-CIP	
9.45 – 9.50 am	Performance report on enabling environment, policies, protocols for universal FP access by NPC and PPD/ARO	
9.50 – 10.00 am	Joint partner performance report on financing including resource mobilization thematic area by Planning Department/MOH and RH/MOH	
10.00 – 10.25 am	Joint partner performance report on performance monitoring and accountability thematic area (DHIS2, FP-CIP tracking database, Track20, PMA2020, FP2020 commitments and EWEC commitments) by Makerere School of Public Health, Juliet Tumuhairwe, FHI 360, and Samasha	
10.25 – 10.35 am	Progress of implementation of the 2018 National FP-CIP annual action plan and identification of gaps. Dr. Mihayo	
10.35 – 10.50 am	Discussion moderated by Dr. Muwonge	
10.50 – 11.05 am	BREAK TEA	
11.05 – 11.20 am	Presentation by visitor from Tanzania may on cross-country experience in CIP development and review - Sammy Musunga (presented by Frederick Mubiru) Break participants into discussion groups; present format and topics for discussion by FHI 360	Dr. Jennifer Wanyana, Frederick Mubiru/FHI 360
11.20 am – 1.00 pm	Group discussion to further enrich the performance reports by thematic area, covering the national, district, donor, government, and private sector perspectives; brainstorm FY19 action plan by thematic area	
1.20 – 2.20 pm	LUNCH	
2.20 – 3.00 pm	Plenary presentation and discussion	Dr. Mihayo
3.00 – 4.00 pm	Way forward: summary 2019 FP-CIP action plan - Dr. Dinah Nakiganda	
4.00 – 4.10 pm	Closing remarks by RH/MOH Dr. Dinah Nakiganda	
4.10 – 4.25 pm	AFTERNOON TEA AND DEPARTURE	

Workshop objectives

The workshop's objectives were to:

- Assess progress made toward attainment of performance targets. The FP-CIP details commitments, targets, actions, and indicators to make the MOH ultimately accountable for their achievement.
- Identify priority areas of the CIP that require action.
- Propose solutions to be implemented in 2019 and the remaining period of the plan to address identified gaps.

Expected outputs

The outputs to be achieved at the workshop were (1) bottlenecks identified and (2) proposed actions for 2019.

Opening remarks by Dr. Placid Mihayo

"I would like to welcome everybody to this meeting. First of all, I wish to inform you that the Ag. Assistant commissioner RH cannot yet join us because there are currently two ongoing conflicting meetings. We have agreed that she starts from the regional meeting organized by WHO, where we have visitors from Ethiopia, Burkina Faso, and Ivory Coast. There we are under a project called STEER, under which we are trying to see how we can accelerate provision of family planning through postpartum and postabortion family planning. We have had a meeting in Brazzaville and made a work plan to do some work with some districts. This week we are going to share progress on how far we have moved.

"This meeting was supposed to be presided over by the Ministers. Unfortunately, the Ministers are not available and are being represented by the Acting DG. The Acting DG will be starting from the regional meeting to open the meeting, and later on he will join us.

"Otherwise, we welcome you. And as you know, we are here to review the Family Planning-CIP. We have presenters for each thematic area who will be giving us what we think is the progress and what are the challenges or bottlenecks. And later on when we go to the sessions, we shall have group work to discuss how we can address some of the bottlenecks. We have agreed that each thematic area will be about three or four slides and presenters will be taking about five minutes, and they will then be followed by a discussion at the end.

"I once again welcome you and thank you for coming. I hand over the microphone to the chairperson of the meeting, Dr. Moses Muwonge, who is going to moderate the sessions.

"I thank you."

The chairperson, Dr. Moses Muwonge, guided participants through the FP-CIP, focusing on the need to especially assess progress made under each of the following six thematic areas:

- Demand creation
- Service delivery
- Contraceptive security
- Policy and enabling environment
- Financing
- Stewardship, coordination, management, and accountability

Partners gave presentations on each thematic area and their strategic objectives. The sections that follow provide highlights from the presentations and also include more information from existing reports, assessments, and surveys.

3. PERFORMANCE OF THE FP-CIP

Snapshot of progress made by thematic area and strategic outcome

	PROGRESS
OPERATIONAL GOAL 1: Reduce unmet need for family planning (FP) to 10%	25.9% (PMA2018)
OPERATIONAL GOAL 2: Increase the modern contraceptive prevalence rate among married women and women in union to 50% by 2020	36.3% (PMA 2018)
THEMATIC AREA: DEMAND CREATION	
Strategic outcome 1: Demand for FP services is increased.	Ongoing
Strategic outcome 2: Men support the use of modern contraception for themselves and their partners.	Partially done
Strategic outcome 3: Young people 10–24 years old are knowledgeable about FP and are empowered to use FP services.	Partially done
Strategic outcome 4: Social marketing of free products and commercial sector increases FP demand.	Partially done
THEMATIC AREA: SERVICE DELIVERY	
Strategic outcome 1: Access to FP services is increased.	Ongoing
Strategic outcome 2: Referral services are strengthened.	Partially done
Strategic outcome 3: Motivation for FP health care workers is increased.	Partially done
Strategic outcome 4: FP services are integrated into other health services.	Partially done
Strategic outcome 5: FP services are accessible by people with disabilities.	Not done
Strategic outcome 6: FP side effects are managed.	Partially done
Strategic outcome 7: In-service training is improved to include FP.	Partially done
Strategic outcome 8: FP in the village health team (VHT) system is strengthened.	Partially done
Strategic outcome 9: Youth-friendly services are provided in clinics.	Partially done
THEMATIC AREA: CONTRACEPTIVE SECURITY	
Strategic outcome 1: Comprehensive forecasting, quantification, and procurement of FP commodities is implemented.	Ongoing
Strategic outcome 2: District staff are able to quantify and forecast FP commodities.	Partially done
Strategic outcome 3: VHTs and community-based distributors have commodities.	Partially done

Strategic outcome 4: The push system to lower-level facilities is strengthened to increase effectiveness and responsiveness to local needs.	Partially done
Strategic outcome 5: Lower-level facilities build capacity to move to a pull system.	Not done
Strategic outcome 6: Logistical management information system (LMIS) and health management information system (HMIS) improved.	Not done
Strategic outcome 7: Challenges with distribution and requisition of FP commodities proactively identified and addressed.	Not done
Strategic outcome 8: Policies and strategies that impact FP commodity security are aligned with the FP-CIP.	Ongoing
Strategic outcome 9: Commodity distribution to private not-for-profits increased.	Ongoing
THEMATIC AREA: POLICY AND ENABLING ENVIRONMENT	
Strategic outcome 1: FP is repositioned as a key cross-cutting intervention for national development.	Ongoing
Strategic outcome 2: Legal framework and knowledge of policies for FP are improved.	Partially done
Strategic outcome 3: The full spectrum of FP commodities is available.	Partially done
Strategic outcome 4: Parliament, local, cultural, and religious leaders are supportive of FP.	Partially done
Strategic outcome 5: Knowledge of FP policies among stakeholders and health care workers improved.	Partially done
Strategic outcome 6: FP health care workers are retained.	Ongoing
Strategic outcome 7: The nonhealth sector integrates FP behavior change communication into their programs.	Partially done
Strategic outcome 8: Policymakers are able to advocate for delayed, contentious bills on sexual and reproductive health (RH) and FP.	Not done
THEMATIC AREA: FINANCING	
Strategic outcome 1: Government funding for FP is increased.	Ongoing
Strategic outcome 2: Donor funding for FP is increased.	Ongoing
Strategic outcome 3: Corporations increase FP funding.	Not done
Strategic outcome 4: FP is mainstreamed in district planning and budgeting processes.	Partially done
Strategic outcome 5: Financial investment in human resources development for health is increased.	Partially done
Strategic outcome 6: FP is included in the national health insurance scheme.	Not done
Strategic outcome 7: MOH and National Medical Stores (NMS) will provide the East Africa Community (EAC) with full information on the costs and benefits of using pooled procurement for RH commodities.	Not done
THEMATIC AREA: STEWARDSHIP, COORDINATION, MANAGEMENT, AND ACCOUNTABILITY	
Strategic outcome 1: Capacity at the MOH to effectively lead, manage, and coordinate the FP program is strengthened.	Ongoing
Strategic outcome 2: The MOH effectively tracks and monitors the FP-CIP and provides support to implementing partners to report activities and funding and identify gaps.	Partially done
Strategic outcome 3: The capacity of districts to effectively manage their FP programs is strengthened.	Not done
Strategic outcome 4: Reporting of FP indicators is strengthened.	Ongoing
Strategic outcome 5: National efforts to collect, analyze, and use data to track FP progress is strengthened.	Ongoing
Strategic outcome 6: The FP-CIP is assessed at midterm and at the end to inform future FP activities and programming.	Ongoing

3.1 THEMATIC AREA: DEMAND CREATION

ACHIEVEMENTS

Strategic outcome 1: Demand for FP services is increased.

- An FP mass media campaign has been developed and implemented, including the Obulamu campaign and FP television spots. Developed communication materials to help young people without families start thinking about how to plan their lives and how to prevent unwanted pregnancies using modern contraceptives.
- Percentage of audience who recalls hearing or seeing a specific message indicates that 2,684 men and 26,225 women were reached in year 2017/2018.
- “Edutainment” community events such as dances, music concerts, and sports have been held among young people.
- High-impact, demand-generation activities: Village health teams (VHTs)/interpersonal communication agents (IPCs) have been engaged in community mobilization and sensitization.
- Innovative technology and multiple media outlets: Mobile health platforms have been used for uploading FP messages onto Airtel’s network (text and voice) by PSI/Uganda and FHI 360. Regarding information technology and social media (blogging on MOH website, Twitter, Facebook, etc. on MOH pages for FP), several organizations such as PSI/Uganda, MSU, RHU, RAHU, UYAHF, UYAFPAH, CDFU, and FHI 360 are working on this, so there is a need to coordinate content generation.

Strategic outcome 2: Men support the use of modern contraception for themselves and their partners.

- MOH has rolled out the male involvement strategy, which includes forming male groups to increase demand for sexual and RH services, including FP.
- Using the strategy, organizations like FHI 360 have rolled out the Emanzi male involvement model.

Strategic outcome 3: Young people 10–24 years old are knowledgeable about FP and are empowered to use FP services.

- Peers have been engaged to educate young people about FP services, and they are being supported to do their work.
- Using the human-centered design approach, organizations like PSI/Uganda have begun empowering parents, caregivers, and teachers to improve parent-child communication on sexual issues.

Strategic outcome 4: Social marketing of free products and commercial sector increases FP demand.

- Social marketing of subsidized FP commodities is ongoing but is pending for free products.

PENDING

- Orient cultural leaders and community leaders working on HIV, gender-based violence, and maternal health about FP.
- Develop an educational yearly youth magazine.
- Produce youth FP pull-outs for newspapers.
- Create a blog spot to gather feedback from youth. Sensitize private organizations on the importance of promoting and using FP services.
- Advocate with IPC agents working in nonhealth sectors to integrate FP social and behavior change communication (SBCC) into their programs.
- Gather information on:
 - Percentage of nonusers who intend to adopt a certain practice in the future
 - Availability of accessible, relevant, and accurate information about sexual and RH tailored to young men
 - Development, recording, and use of FP soap opera episodes

BOTTLENECKS

- Slow uptake of the mobile phone application by users
- Lack of clear guidance on the content of messages about FP targeting young people

PERFORMANCE BY INDICATOR ON DEMAND CREATION, WITH ACTION PLAN FOR 2019

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
DC1. Demand for FP services is increased											
DC1.1. Create a social and behavior change communications strategy to ensure honest, accurate, clear, and consistent FP messaging that targets various audiences (rural/urban youth, married youth, men, people living with HIV, people with disabilities, faith-based, sex workers, etc.)	Meetings to determine the two terms of reference for the consultant who will develop the communication strategy and evaluate current messaging.	TORs are developed to hire consultants.	1	1 (100%)	Although the assessment was done to inform development of the BCC Strategy, there is no information on whether TORs for consultant were developed.	Done					
	Engage a research consultant to evaluate why the current messaging is not resonating with all groups of people	research report evaluating current messaging produced	1	1 (100%)	Assessment was done to inform development of the BCC Strategy	Done					
	Disseminate research findings	number of research reports printed and disseminated (target; 500)	500	0 (0%)	Although the research was done and the BCC Strategy was developed, the research findings were not printed nor disseminated.	Not done				Compile the research findings into a brief and share it with the FP stakeholders.	RH/MOH
		number of dissemination meetings held by regions (target: 10 regions)	10	23475 (234750 %)		Done					

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
DC1.2. Develop a communications strategy with evidence-based messaging	Engage a consultant to develop Family Planning media scripts (radio, TV, print, etc.)	FP communication strategy developed and approved.	1	1 (100%)	National FP Social BCC strategy was adopted	Done					
	Print and disseminate strategy	Communications strategies printed distributed and posted to MOH website (MOH 1000)	1000	1600 (160%)	Communication strategy was printed but not disseminated.	Partially done				Disseminate the communications strategy to FP stakeholders	HEP/MoH
DC1.3. Develop and implement a mass media campaign on Family Planning based on communications strategy (three times a week, quarterly)	Engage a consultant to develop Family Planning media scripts (radio, TV, print, etc.)	Number of radio, television, drama, and print media spots developed	600	182 (30%)	Activity mostly done by IPs. Some IPs have not yet shared data.		partially done	partially done	Done	IPs share reports on BCC indicators with MOH quarterly, to update the CIP database.	All IPs
	Purchase media space for FP messages	Number of radio and TV spots purchased and aired (Target: 3 times a week, quarterly)	108	318 (294%)	Activity mostly done by IPs. Some IPs have not yet shared data.	partially done	partially done	partially done	Done	IPs share reports on BCC indicators with MOH quarterly, to update the CIP database.	All IPs
		Number of quarterly sessions aired on TV and Radio (target; quarterly)	36	0 (0%)	Evidence (data) from some IPs has not yet been shared.	Not done				IPs to share reports on the BCC indicators with MOH quarterly, to update the CIP database.	All IPs
		Orient TV presenters on select FP thematic topics	Number of TV presenters oriented on FP message guide	10	0 (0%)	FP stakeholder with the relevant skills has not been identified	Not done	Not done			Orient TV presenters on select FP thematic topics
DC1.4. Develop and record soap episodes on family planning to be played in three regions	Refer to sub-activities below	Refer to output indicators below			Refer to remarks below					Disseminate the FP-CIP with FP stakeholders in order to obtain a funder and an IP to implement activities under DC1.4	MOH and FHI360

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
DC1.4. Develop and record soap episodes on family planning to be played in three regions	Engage research firm to conduct an evaluation of the current FP environment	Evaluation of current FP environment completed	1	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Engage research firm to conduct an evaluation of the current FP environment.	Funder and IP to be identified
	Recruit and hire project director, 36 actors, 10 writers, and 6 producers to write, act, and produce the soap	Number of staff hired (Target: 1 project director, 36 actors, 10 writers, and 6 producers)	52	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Recruit and hire project director, 36 actors, 10 writers, and 6 producers to write, act, and produce the soap	Funder and IP to be identified
	Hold a series of trainings with the actors and writers	Number of trainings held (Target: 2 trainings for 2 groups of 46 people for one week each)	92	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Hold a series of trainings with the actors and writers	Funder and IP to be identified
	Host advisory committee meetings to guide the soap episode development process.	Number of review meetings held (Target: 20-person meeting, 10 times)	10	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Hold advisory committee review meetings	Funder and IP to be identified
	Promote the soap episodes in the community.	Number of TV spots purchased and aired	606	60 (10%)		Not done	Not done			Purchase and air TV spots	Funder and IP to be identified
		Number of radio spots purchased and aired	496	148 (30%)		Not done	Not done			Purchase and air radio spots	Funder and IP to be identified
		Number of hats and t-shirts purchased and distributed	600	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Purchase and distribute hats and t-shirts	Funder and IP to be identified

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
		Number of billboards purchased and distributed	20	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Purchase and distribute billboards	Funder and IP to be identified
	Buy media slots to air the episodes.	Number of radio spots purchased (Target: 208 1-hour radio spots)	208	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Buy media slots to air the episodes.	Funder and IP to be identified
	Host viewing teams to get feedback on the episodes.	Number of regional viewing team meetings held and number of participants	3	0 (0%)	Activity not yet done; needs a funder	Not done	Not done			Host viewing teams to get feedback on the episodes.	Funder and IP to be identified
DC1.5. Sensitize and orient interpersonal communication agents working in the health and nonhealth sector to integrate FP SBCC into the communities	Work with implementing partners to engage health and non-health FP champions	Number of interpersonal communication agents trained, per target region	120	856 (713%)		Done	Done	Done	Done		
DC1.6. Orient and sensitize cultural leaders and community leaders working on HIV (voluntary counseling and testing, prevention of mother-to-child transmission, care and treatment, psychosocial groups etc.), gender-based violence and maternal health to include FP in their current work	Hold a series of workshops with cultural and community leaders to orient them on FP messaging	Number of leaders oriented and sensitized on FP messaging	1000	336000 (33600 %)			Done				

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
DC1.7. Develop a package to guide recruitment, orientation and monitoring of FP champions	Engage a consultant to develop an FP champion package	Package guide for champion work developed	1	1 (100%)			Done				
	Disseminate package	Number of package guides printed and disseminated	100	514 (514%)			Done	Done			
	Provide support for regional champions	Number of champions supported with FP materials	300	88 (29%)	The target was not attained.			partially done		Continue providing support to regional FP champions	IPs
DC2. Men support the use of modern contraception for themselves and their partners											
DC2.1. Conduct community outreach events to engage men in family planning.	Conduct men special days	Number of men reached in each district through special events (Target: 800 men)	448000	361618 (81%)		partially done	partially done	partially done	partially done		
	Conduct FP outreach events	Number of FP community outreach events held	120	320 (267%)	Target of 120 is underestimated.	Done	Done	Done	Done	Conduct FP community outreach events. Target should be increased by summing up outreaches for all IPs	IPs
DC3.1. Engage peers to educate young people about FP services	Convene workshops to review and update existing national peer training tools and materials	Peer training material updated and adopted (Target: 5-day workshop held with 100 people)	1	256 (25600%)			Done	Done	Done		
	Hold regional youth camps to recruit and orient peer educators	Youth camps held (Target: 50 peer educators oriented per region)	500	0 (0%)	This is an ongoing activity; carried out by IPs. However, data on this indicator is lacking since some IPs don't report		Not done	Not done	Not done	IPs to share reports with data on this indicator the BCC indicators with MOH quarterly, to update the CIP database.	MOH

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
	Supervise youth plans that are developed	Youth plans supervised (Target: 10 regions annually with 30 MOH staff)	30	0 (0%)	This activity is crucial and was scheduled to take place every year		Not done	Not done	Not done	Support youth groups to develop SRH work-plans and supervise them	IPs that support youth programs
DC3.2. Create an educational yearly youth magazine that describes youth FP activities, programs, and services	Write and disseminate youth magazine	Youth magazine is produced annually	30000	43400 (145%)		Done	Done	Done	Done		
DC3.3. Produce youth FP pull-outs for newspapers	Write youth FP pull-out document for newspapers	Number of youth newspaper pull-outs disseminated (Target: 20,000 youth newspaper pull-outs, monthly)	1440000	714 (0.05%)	Youth information is increasingly becoming a big focus for SRH programs but the annual target has not yet been attained	partially done	partially done	partially done	partially done	Write youth FP pull-out document for newspapers	IPs that support youth programs
DC3.4. Create a Blog Spot as a reference point for further feedback from youth	Develop youth BlogSpot hosted by youth to answer common FP questions	Youth FP BlogSpot developed as addition	1	0 (0%)	Forum for youth to freely express their views on issues that concern them are not readily available.			Not done		Develop youth BlogSpot hosted by youth to answer common FP questions	MOH and IPs supporting youth programs
DC3.5. Support peer educators	Provide monthly peer educator stipends	Number of peer educators receive monthly stipends	500	632 (126%)		Done	Done	Done	Done		
DC3.6. Host "edutainment" community events, like dances, music concerts, sport competitions, to provide opportunity for knowledge exchange among young people		Number of community events held annually (Target: 1)	12544	296375 (2363%)		Done	Done	Done	Done		

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
DC3.7. Empower parents, caregivers, and teachers to help their children to avoid teen pregnancy, including improving parent-child communication on sexual issues	Print Straight Talk parent and teacher training material	Number of Straight Talk training materials printed and disseminated (Target: 3,000)	3000	0 (0%)	Need to follow up with Straight Talk to have this activity done.			Not done			
	Conduct workshops with teachers and parents to orient them on how best to talk to youth about family planning	Number of teachers and parents trained (Target: 2,500)	2500	320 (13%)	Target was not attained. Need to follow up with the IPs to continue implementing this activity			partially done	partially done	Orient more teachers and parents on how best to talk to youth about family planning	MOH
	Hold discussion forums on TV and radio about how parents can best communicate with their children about sexual education	Number of quarterly TV and radio discussions (Target: Quarterly discussions)	160	20 (13%)	Target was not attained. Need to follow up with the IPs to continue implementing this activity			partially done	partially done	Hold quarterly discussion forums on TV and radio about how parents can best communicate with their children about sexual education	MOH
	Hold community dialogues about how parents can best communicate with their children about sexual education	Number of community dialogues held and participants (Target: 50 dialogues held; 1,500 parents engaged)	1,500	21843 (1456%)				Done	Done		
DC3.8. Initiate and evaluate a pilot project to brand free, public-sector condoms to see if overall uptake increases	MOH to partner with social marketing organization to design and pilot branded free, public-sector	New condom packing developed; Number of new branded condoms procured (Target: 1 million)	1,000,000	0 (0%)	This activity is long overdue			Not done		MOH to partner with social marketing organization (SMA/FHI360) to design and pilot branded free, public-sector condoms	MOH

CIP Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
	condoms										
	Pilot branded free condoms in 3 districts per region	Number of new condoms distributed (Target: 1 million to 30 districts)	1,000,000	0 (0%)	This activity is long overdue			Not done		MOH to partner with social marketing organization to Pilot branded free condoms in districts	MOH
	Evaluate piloted districts	Number of districts evaluated and scaled up for effectiveness of new packaging (Target:30)	30	0 (0%)	This activity is part of a Pilot				Not done	Evaluate piloted districts	MOH

3.2 THEMATIC AREA: SERVICE DELIVERY

ACHIEVEMENTS

Strategic outcome 1: Access to FP services is increased.

- FP outreach events ongoing but not on a pilot basis.
- Through public–private partnerships, networks of clinics have been established as social franchises to offer affordable FP services in the private sector.

Strategic outcome 2: Referral services are strengthened.

- Referral of FP clients from private, not-for-profit (PNFP) facilities and lower-level public facilities to facilities that offer FP services of choice is ongoing.

Strategic outcome 3: Motivation for FP health care workers is increased.

- Results-based financing (RBF) is performance based and has been introduced in some health facilities (public and private). It has started contributing to the motivation of service providers.

Strategic outcome 4: Family planning services are integrated into other health services.

- Training of service providers in protocols for FP integration service delivery has been initiated.
- Training and provision of postpartum FP and postabortion FP have been initiated in both public and private health facilities.
- Integration of FP counseling and service provision in other services (antenatal care, postnatal care (PNC), HIV-related services, cervical cancer screening) is ongoing.

Strategic outcome 6: Family planning side effects are managed.

- Training of service providers on counseling about FP side effects is part of the general training on FP that has been ongoing.
- Reporting tools for pharmacovigilance were developed and provided by the National Drug Authority (NDA).

Strategic outcome 7: In-service training is improved to include family planning.

- A national core team of trainers followed by training of district trainers in selected districts was conducted to cascade training of service providers on the revised comprehensive FP training curriculum that also covers the updated 2015 WHO Eligibility Criteria.
- The tools (supervision for FP; score cards for incorporating reproductive, maternal, newborn, and child health [RMNCH] into FP; current FP counseling guidelines) were reviewed and are in the process of being printed.

Strategic outcome 8: Family planning in the VHT system is strengthened.

- On introduction of Sayana Press, the VHT training materials were reviewed to include full and thorough FP information.
- Scale-up training of VHTs on FP methods to districts; almost the whole country has been covered.
- A pilot on the provision of injectable contraceptives by drug shops is ongoing. The pilot on community-based provision of Depo was incorporated into policy.
- Operationalizing use of depot medroxyprogesterone acetate (DMPA) or Depo Provera and/or Sayana Press by VHTs was done without lawyer consultation.
- Instead of harmonizing packages for VHTs, they will be replaced by the Community Health Extension Workers (CHEWs) strategy and policy for which training is to commence in 2019.

Strategic outcome 9: Youth-friendly services are provided in clinics.

- Training of service providers in provision of youth-friendly services is ongoing in both the public and private sector health facilities (social marketing franchise).
- Establishing youth-friendly corners in clinics is ongoing but at a slow pace.

PENDING

- Develop research agenda.
- Support districts to conduct quality assurance/quality improvement (QA/QI) visits.
- Conduct community outreach to men at special events on FP.
- Pilot mobile clinics, including review and scale-up.
- Sponsor courses for service providers to learn sign language.
- Develop tools (clinical guidelines) for provision of FP services to people with disabilities.
- Print and disseminate newly developed FP integration protocols.
- Print and disseminate the updated comprehensive FP training curriculum.
- Cascade the training on the updated comprehensive FP training curriculum to the service delivery points.
- Translate referral forms into various languages.

BOTTLENECKS

- FP integration data capture: Although indicators have been developed and included in the new health management information system (HMIS) tools, data captured are difficult to access.
- Some health care workers still have poor attitudes about providing sexual and RH services to youth. There has been limited provider behavioral change communication (PBCC) on youth-friendly service provision; hence, many health facilities are not youth-friendly.

PERFORMANCE BY INDICATOR ON SERVICE DELIVERY, WITH ACTION PLAN FOR 2019

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SD1. Access to FP services is increased											
SD1.1. Pilot mobile clinics	Host a regional meeting with DHOs, ADHOs, and FP focal person to review TOR for piloting mobile clinics	TOR produced documenting number of mobile clinics piloted, where they are being piloted, and service to be provided	1	0 (0%)	Piloting of mobile clinics was not done. However mobile clinics have been set up.		Not done				
	Pilot mobile clinics in 10 UBOS regions and 5 districts	Number of mobile clinics established per region (Target: 50 mobile clinics established, 5 per region)	50	204 (408%)			Done				
SD1.2. Review effectiveness of mobile clinics	Meet with DHOs and ADHOs to review effectiveness of piloted mobile health clinics	Documentation of mobile clinics effectiveness captured	1	0 (0%)	Piloting of mobile clinics was not done hence could not document the process.		Not done			Set up a mechanism for documentation of the effectiveness of Mobile clinics.	FP/RHCS Working Group
SD1.3. Scale up mobile clinics to all districts	Scale up mobile clinics to all districts	Number of mobile clinics established (Target: 112 districts receiving mobile clinics)	112	89 (79%)	The set target for mobile clinics as per the CIP has not been attained yet.			Partially done	Partially done	Continue scaling up mobile clinics to all districts	FP/RHCS Working Group
SD1.4. Sensitize private organizations on the importance of promoting and using FP services	Hold a series of workshops to sensitize private organizations	Number of people from private organizations oriented on provisions of FP services (Target: 150)	300	120 (4%)	The private sector has a high potential for reaching more FP users.		Partially done		Partially done	Hold workshops to sensitize private organizations on the importance of promoting and using FP services	FP/RHCS Working Group
SD2. Referral services are strengthened											

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SD2.1. Develop, disseminate and train on FP referral forms	Host a stakeholder meeting to develop referral form	FP referral forms developed	1	0 (0%)		Not done					
	Hire consulting firm to translate documents	Referral forms translated into relevant languages for 10 different regions	30	(0%)		Not done					
	Print and disseminate referral forms	Number of referral forms printed and disseminated (Target: 6,000)	6000	1530 (26%)	Referral forms need to be always available at FP service delivery points for use.	Partially done				Print and disseminate more referral forms	MOH and IPs
	Train DHOs and ADHOs in new referral forms for them to take to health care workers	Number of participants trained on referral forms (Target: 200)	200	1206 (603%)		Done					
SD3. Motivation for FP health care workers is increased											
SD3.1. Develop guidelines for performance-based incentives for family planning health care workers	Hire consultant to develop guidelines	Guidelines developed for performance-based incentives and printed (Target: 200 copies)	200	0 (0%)	Regarding results-based financing (RBF), service providers need guidelines on performance-based planning and incentives	Not done				Develop guidelines for performance-based incentives for Family Planning health care workers	MOH with support from IPs
	Hold regional workshops with managers to train them on how to use performance plans	Number of managers trained on developing performance plans with employees (Target: 300)	300	0 (0%)	As above	Not done				Train managers on developing performance plans with employees	MOH with support from IPs
SD4. Family Planning services are integrated into other health services											
SD4.1. Develop family planning integration	Host meetings with professional associations to develop protocol	Integration protocols developed and approved	1	1 (100%)		Not done		Done			

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
protocols	Print protocols	Number of copies of 5-page protocol printed (Target: 6,000)	6000	1200 (20%)	Family planning integration protocols are not readily available in FP service delivery points	Partially done				Print and disseminate Family Planning integration protocols	MOH with support from IPs
	Train service providers on protocols and FP service delivery	Number of providers trained on FP service integration (Target: 500 providers)	500	776 (155%)			Done				
SD5. FP services are accessible by people with disabilities											
SD5.1. Develop clinical guidelines for provision of Family Planning services to people with disabilities	Hire consultant to develop guidelines	Clinical guidelines developed for FP provision to people with disabilities	1	0 (0%)	There was an attempt around 2010 and 2011, to develop FP guidelines on use using sign language	Not done				Hire consultant to develop guidelines	RH and Disability Division MOH and UNFPA
	Disseminate and print guidelines	Number of copies printed (Target: 6,000)	6000	0 (0%)		Not done				Disseminate and print guidelines	RH and Disability Division MOH and IPs
	Train health workers on providing services to FP clients with disabilities	Number of providers trained on disability service provision (Target: 250)	250	0 (0%)		Not done				Train health workers on providing services to FP clients with disabilities	RH and Disability Division MOH and IPs
SD5.2. Sponsor courses for service providers to learn sign language	Sponsor courses for 400 people to learn sign language	Number of service providers trained in sign language (Target: 400)	400	0 (0%)		Not done				Sponsor courses for 400 people to learn sign language and the use of brail for the blind targeting FP service delivery.	RH and Disability Division MOH and IPs
SD6. Family Planning side effects are managed											

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SD6.1. Assess current Family Planning counseling guidelines	Hold meeting to assess current counseling guidelines and re-write new ones with the MOH, and key development partners, key partner organizations	Meetings held with 50 participants	1	0 (0%)							
		Counseling guidelines developed	1	1 (100%)	Review of tools of current FP counseling guidelines was done. It is part of the reviewed Comprehensive FP Training Guidelines. They are in the process of being printed	Done					
SD6.2. Train trainers on Family Planning side effects counseling	Train 20 trainers in Kampala	Number of trainers trained (Target: 20)	20	0 (0%)	Some potential FP clients keep away from the services due to fear of side effects.	Not done				Train trainers on Family Planning side effects counselling	MOH with support from IPs
SD6.3. Print and disseminate reporting tools for pharmacovigilance	Hire a consultant to develop reporting tools	Reporting tools for pharmacovigilance developed; Number of copies printed (Target: 6,000)	6000	0 (0%)	PSI uses reporting tools on Adverse effects for contraceptives in their franchise.	Not done				Print and disseminate reporting tools for pharmacovigilance	MOH and PSI/Uganda
SD7. In-service training is improved to include family planning											
SD7.5. Review current in-service training guidelines to ensure they include a full and comprehensive family planning section	Print newly revised in-service training material	Number of training books printed (Target: 100 copies of 3 books)	3	0 (0%)	The reviewed FP comprehensive training materials have not yet been printed.	Not done				Print the reviewed FP comprehensive training materials	MOH
	Disseminate and train the trainers on the new components of the training documents	Number of trainers trained	30	0 (0%)		Done		Done			

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
	Re-assess current in-service training documents to ensure they include full FP components	In-service trainings re-assessed and updated	1	0 (0%)		Done					
	Disseminate new in-service training documents	Number of in-service training documents printed and disseminated (Target: 100)	100	0 (0%)	The reviewed FP comprehensive training materials haven't been disseminated	Not done		Not done		Disseminate the reviewed FP comprehensive training materials	MOH
SD8. Family planning in the VHT system is strengthened											
SD8.1. Re-evaluate and re-write VHT training material to include full and thorough Family Planning information	Include CHEWS indicators and Community-based FP (CB-FP) indicators to support FP	????CHEWS indicators			CHEWS is the renewed approach and should be taken into consideration				Not done	Update the VHT tools to include CHEWS indicators and Community-based FP indicators	MOH, PATH, UNICEF and FHI360 (APC)
SD8.1. Re-evaluate and re-write VHT training material to include full and thorough Family Planning information	Hire consultant to re-write material	VHT training material is developed	1	0 (0%)	There have been FP updates in the WHO eligibility criteria that are not yet incorporated in the VHT training materials.	Not done				Update the VHT Training material in line with Community-based FP and the WHO Eligibility Criteria updates. Roll out implementation of VHT strategy on FP (cover training, re-training, equipping)	MOH, PATH and UNICEF
SD8.2. Scale-up training of VHTs on Family Planning methods to 50,000 villages in 5 years with re-training	Training-of-trainers for VHTs	Number of districts with VHTs reached (Target: 395 trainers trained)	395	100 (25%)	Target has not yet been attained	Partially done	Partially done	Partially done	Partially done	Reach more districts with VHTs Trainers' training	FHI 360 and Wellshare
		Number of new VHTs and CKWs trained	5000	764 (15%)	Target has not yet been attained	Partially	Partially done	Partially	Partially done	Train new VHTs and CKWs	FHI 360 and

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
every 2 years						done		done			Wellshare
		Number of VHTs and CKWs on refresher training	5000	1180 (24%)	Target has not yet been attained	Partially done	Partially done	Partially done	Partially done	Conduct refresher training of VHTs and CKWs	FHI 360 and Wellshare
		Number of VHTs and CKWs equipped with service delivery kits.	5000	1944 (39%)	Target has not yet been attained	Partially done	Partially done	Partially done	Partially done	Equip VHTs and CKWs with service delivery kits.	FHI 360 and Wellshare
SD8.3. Meet with lawyers and MPs	Hold a series of meetings with lawyers and MPs	Evidence of a decision made on operationalizing injectable provision by VHTs	1	1 (100%)	Operationalizing injectable provision by VHTs already in service standards	Done					
SD8.4. Hold meeting with partners to harmonize VHT benefit packages		Number of meetings held; target 1 document depicting how benefit package for VHTs are being implemented by partners produced	1	0 (0%)	Activity is no longer relevant.						
SD9. Youth-friendly services are provided in clinics											
SD9.1. Establish youth-friendly corners in clinics currently without any	Map current clinics without youth corners	Document of clinics without youth-friendly corners developed	1	0 (0%)	Youth-friendly corners assessment not done.		Not done			Map current clinics without youth corners	MOH and IPs on YFS
	Identify space in centers currently without clinics and furnish	Number of youth centers established	400	0 (0%)	Assessment of space for availability of YF clinics has not been done.		Not done			Identify space in centers currently without clinics and furnish them	MOH and IPs on YFS
		Number of peer educators facilitated	4000	834 (21%)	Target has not yet been attained		Partially done	Partially done	Partially done	Facilitate peer educators to do their work on YFS	IPs

CIP core Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SD9.2. Health workers are trained on how to provide youth friendly services	Train trainers on youth-friendly services	Number of new trainers trained (Target: 25 per region)	250	400 (160%)		Done					
	Training of health workers on youth-friendly services	Number of people trained on youth-friendly services	250	2244 (898%)			Done				
SD9.3. Motivate workers to spend an extra hour working at the clinic	Provide recognition and certification for health care workers who put in the extra hours at a national or regional meeting	Number of staff recognized quarterly and annually (Target: 50 quarterly; 200 annually)	1000	954 (95%)			Done	Done	Done		
		Number of facilities offering extended hours for FP services	200	0 (0%)	Need to render services more youth-friendly		Not done	Not done	Not done		IPs, MOH (RBF project), Intra Health (HRH)

3.3 THEMATIC AREA: CONTRACEPTIVE SECURITY

ACHIEVEMENTS

Strategic outcome 1: Comprehensive forecasting, quantification, and procurement of FP commodities is implemented.

- MOH has set up a Quantification and Procurement Planning Unit (QPPU) within their Pharmacy Department to lead stakeholders through the process of commodity forecasting and quantification. These reports, produced once every six months, have been used to inform procurement of FP commodities by both government and development partners.
- Stock status reports have been presented at some of the quarterly Family Planning/Reproductive Health Commodity Security Working Group meetings during which they are reviewed.
- Supply plan at national level is regularly monitored.
- Annual quantification and procurement planning, financing gap analysis, stock status monitoring, and regular monitoring of implementation are ongoing.
- The annual Government of Uganda (GOU) allocation and expenditure for RH/FP has been increasing to maintain a broad method mix and ensure availability of commodities.

Strategic outcome 2: District staff are able to quantify and forecast FP commodities.

- District health teams have been sensitized on quantifying and forecasting FP commodities.
- Districts have operationalized procurement committees to support the procurement process.

Strategic outcome 3: VHTs and community-based distributors have commodities.

- In the pilot on injectable provision through drug shops, FP commodities are obtained from the Alternative Distribution System (ADS).
- In the ongoing pilot on injectable provision through drug shops and past pilot on community-based Depo provision, job aids for logistics managers to qualify and distribute commodities to community-based distributors were developed and are used in implementation.

Strategic outcome 4: The push system to lower-level facilities is strengthened to increase effectiveness and responsiveness to local needs.

- The MOH conducted a study on the pull–push system and carried out an assessment on the national supply chain to check for effectiveness and responsiveness.

Strategic outcome 8: Policies and strategies that impact FP commodity security are aligned with the FP-CIP.

- Several national policies, protocols, and strategic documents were reviewed for alignment with the FP-CIP. These included the Uganda Clinical Guidelines 2016, Essential Medicines and Health Supplies List of Uganda (EMHSLU), RHCS Strategy, and Alternative Distribution System (ADS)–Joint Medical Store (JMS).

Strategic outcome 9: Commodity distribution to private not-for-profits increased.

- JMS has been charged by MOH to include FP commodities in procurement and handle distribution to improve FP access in PNFP health facilities.

As per national guidelines, three months is the minimum for stock while six months is the maximum for various contraceptives.¹ Stock-status trends for the years 2017 and 2018 show that several contraceptives (short- and long-term) had relatively more months during which the national level of stock was below the recommended minimum or completely stocked out (i.e., zero). See Figures 1, 2, 3, and 4.

Figure 1. Trend of stock status of condoms at NMS, JMS, and UHMG

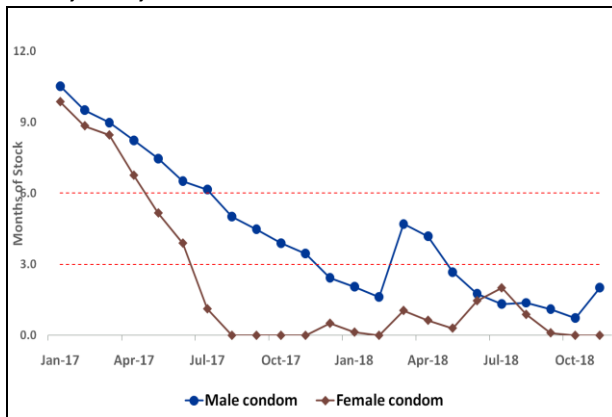


Figure 2. Trend of stock status of injectables at NMS, JMS, and UHMG

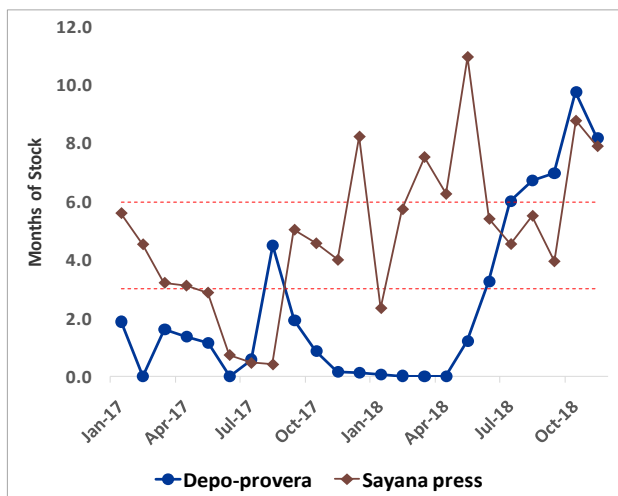


Figure 3. Trend of stock status of implants at NMS, JMS, and UHMG

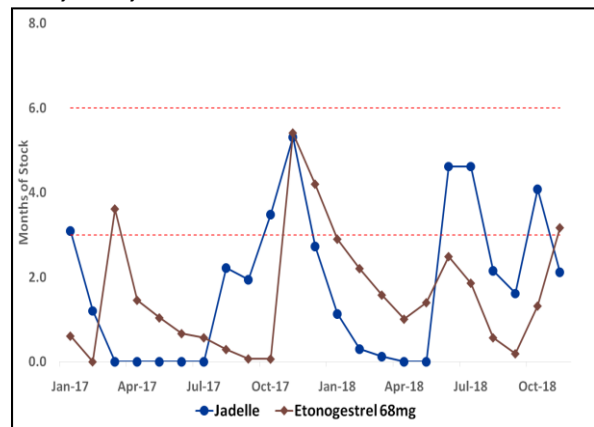
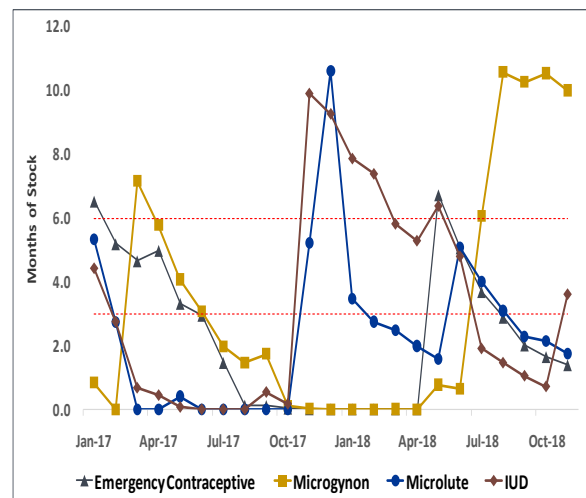
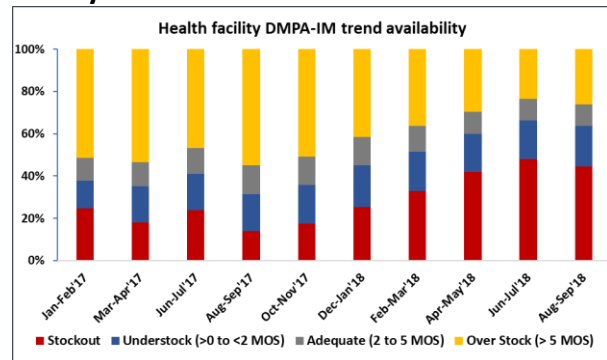


Figure 4. Trend of stock status of pills and IUDs at NMS, JMS, and UHMG



Stock status for Depo at health-facility level during the same period indicated a gradual change from overstock toward stock-outs as per Figure 5.

Figure 5. DMPA-IM availability at health facility level



PENDING

- Advocacy for financing for commodity security activities.
- Human Resources for Health (HRH) capacity building in the districts to ensure efficient supply chain.
- Capacity building for pull system at lower-level health facilities.
- Tracking all FP commodities in HMIS and LMIS.
- Scale up community supply chain interventions.
- Implement the capacity-building plan on the push-pull system that was developed after the assessment on its effectiveness and responsiveness.
- Strengthening of the pull system for higher-level facilities through training of providers/pharmacists in FP logistics and procurement.
- Improvement of the LMIS and HMIS will increase commodity security; for example, exploring new technologies (e.g., short message system via mobile phones) for real-time stock monitoring and re-supply planning, especially to re-supply VHTs.
- Commodity mapping to track the availability of commodities at the facility level including those in remote, hard-to-reach, and currently underserved areas.

SUMMARY REVIEW OF THE FP-CIP THEMATIC AREA ON CONTRACEPTIVE SECURITY WITH ACTION PLAN FOR 2019

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
CS1. Comprehensive forecasting, quantification, and procurement of FP commodities is implemented											
CS1.1. Conduct annual quantification, forecasting and procurement workshops for FP commodities and consumables	Hold annual meeting to review annual contraceptive and consumable needs	Annual review meeting held on contraceptives commodities forecasting and quantification procurement	6	4 (67%)	Done	Done	Done	Done	This is a recurrent activity	Hold annual meeting to review annual contraceptive and consumable needs	MOH
CS1.2. Follow-up with interested partners to determine if they can further help to fill the financing gap for contraceptives	Hold meeting with partner organizations	Documentation of partner commitments made to cover financing gap for contraceptives	6	4 (67%)	Done	Done	Done	Done	This is a recurrent activity	Documentation of partner commitments made to cover financing gap for contraceptives	MOH
CS1.3. Write quantification report	Hire consultant to write quantification report	Quantification report produced	1	1 (100%)	Done	Done	Done	Done	Consultant, MOH and IPs reviewed quantification led by Quantification and Procurement Planning Unit (QPPU) of Pharmacy/MOH.	Write a National Annual Quantification report	QPPU/MOH
		Number of meetings held (Target: 10 meetings in 10 regions)	10	12 (120%)	Done	Done	Done	Done	Annual district-based meetings. This is a recurrent activity	Hold Regional meetings to write Annual Quantification reports	QPPU/MOH
	Print quantification report	Number of quantification reports printed (Target: 150)	150	150 (100%)	Done	Done	Done	Done	This is a recurrent activity	Print and disseminate quantification report	QPPU/MOH

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
CS1.4. Monitor contraceptive supply plan		New staff member hired to monitor supply plan	1	1 (100%)	Done				The existing staff is project-supported. The staff is exiting in Jan 2019.	Hire 2 staff to monitor the supply plan to support MOH.	MOH and IP (to be identified)
CS1.5. Hold quarterly FP Reproductive Health Commodity Security (RHCS) meeting with agenda item to review contraceptive stock status	Hold quarterly meeting to review current contraceptive and consumable stock status and predicted needs	Number of RHCS meetings held annually (Target: 4)	24	16 (67%)		Done	Done	Done	This is a recurrent activity	Hold quarterly meeting to review current contraceptive and consumable stock status and predicted needs	MOH
CS2. District staff are able to quantify and forecast FP commodities											
CS2.1. Integrate forecasting and quantification within routine facility and district activities	Hold a series of workshops to sensitize HCWs on how to forecast and quantify FP methods	Number of HCWs sensitized on how to forecast FP methods (Target: 400)	400	400 (100%)	Done						
	Hold field assessments to review capacity of staff to quantify FP methods	Number of districts visited by central staff to review staff ability to quantify FP methods (Target: 10 regions annually)	112	112 (100%)	Done	Done	Done	Done	This is a recurrent activity	Hold field assessments to review capacity of staff to quantify FP methods	MOH
CS3. VHTs and community-based distributors have commodities											
CS3.1. Ensure supply chain system provides accurate and timely re-stocking	Develop job aid for logistics managers to quantify and distribute commodities to community-based distributors	Evidence of job aid for logistics manager to qualify and distribute commodities to community-based distributors developed	1	1 (100%)	Done						

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
	Train health centre's logistics manager on how to quantify and distribute commodities to community-based distributors	Number of logistics managers trained (Target:400)	400	92182 (23046%)		Done					
CS4. The push system to lower-level facilities is strengthened to increase effectiveness and responsiveness to local needs											
CS4.1. Support the regular review of the push kit contents to increase its effectiveness and responsiveness to local needs and develop a capacity-building plan	Hold a series of meetings with MOH, NMS, and key stakeholders to review the push kit contents to increase its effectiveness and responsiveness to local needs	Number of dialogue meetings with stakeholders on modifying the push system (Target: 5)	5	0 (0%)	Done				This activity should be done in every district every year. District input is very crucial.	MOH, NMS, and key stakeholders to hold a series of meetings with districts to obtain their inputs for the review of the push kit contents to increase its effectiveness and responsiveness to local needs	MOH and IPs
	Hire consultant to continue evaluations of the push system and develop a capacity building plan until the transition to the pull system takes place	Evaluation report and capacity building plan for the push system developed and disseminated	1	2 (200%)	Done				Conducted two studies: (i) Pull-push study (ii) National supply chain assessment	Implement the capacity building plan on the Push and Pull system that was developed after the assessment on its effectiveness and responsiveness	MOH and IPs
CS5. Lower-level facilities build capacity to move to a pull system											
CS5.1. Evaluate capacity of lower-level facilities to move to a pull system	Conduct study of the logistical model of the pull system	Documentation on pull system and history of ARV system released	1	1 (100%)			Done				

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
	Disseminate study	Pull system study disseminated to key stakeholders (Target :50 people)	50	50 (100%)			Done				
CS5.2. Train providers and pharmacists in FP logistics and procurement	Hold regional training-of trainers for hospital pharmacists, storekeepers, and district managers	Trainers trained in FP and procurement (Target: 20 trainers per region)	200	0 (0%)			Done		District-based TOTs were conducted. Data not available		
CS5.3. Facilitate training-of-trainers to roll out the training to HWs on how to procure contraceptives		Number of Health workers trained (Target: 6,000)	6000	40 (1%)	Not done	Not done	Not done	Partially done	MOH and IPs have trained at health facility level in whole country.	Conduct continuous training, and update the database on trained HWs.	MOH, CHAI
CS5.4. Support supervision of trainers conducting training with health care workers on the pull system	RHCS members review training methods and troubleshoot with facilities whose consumption does not match expectations	Number of RHS members to provide support of trainers (Target: 20)	20	0 (0%)	Not done	Not done		Not done	Supervision of training of HCWs on the pull system will help to ascertain quality.	Do support supervision of trainers on the quality of training done by the TOTs of HWs on the pull system	FP/RHCS Working group
	Develop, print, and disseminate job aids and posters	Number of Job aids printed and distributed (Target: 20,000)	10000	0 (0%)	Not done				Need for capacity building on Pull and Push systems	Develop, print, and disseminate job aids and posters on the Pull and Push system	Pharmacy/ MOH, CHAI
CS6. LMIS and HMIS improved											

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
CS6.1. Investigate if new technologies (e.g., short message system) would improve real-time stock monitoring and re-supply planning, especially to re-supply VHTs	Review current stock monitoring practices and determine whether scaleup of system would be feasible and cost-effective	Desk Review Completed	1	0 (0%)		Not done			There lack of information on stock monitoring practices.	Review current stock monitoring practices and determine whether scaleup of system would be feasible and cost-effective	MOH and IP support
	Disseminate Desk Review	Desk Review disseminated	1	0 (0%)		Not done			There lack of information on stock monitoring practices.	Conduct a Desk Review on stock monitoring practices and disseminate results	MOH and IP support
CS6.2. Institute real-time stock monitoring system	Procure information, communication, and technology (ICT) equipment	Number of health facilities instituted with real time stack facilities (Target:4,884 mobile phones,193 computers, and software procured,1 additional staff hired)	193	0 (0%)		Not done			Lack of a system to monitor stock status at health facility level.	Support MOH to develop ICT-based Logistics Management Information System (LMIS) to monitor FP stock status at health facility level. Then Procure information, communication, and technology (ICT) equipment	MOH and MSH
CS6.3. Train staff of use of ICT equipment	Training-of trainers	Number of trainers trained on ICT equipment (Target: 200)	200	0 (0%)		Not done			Lack of skills to use the ICT equipment among HCWs.	Train Trainers on the ICT-based LMIS to monitor FP stock status at health facility level	MOH and MSH
	Train staff on ICT material	Number of health facilities and community-based distributors trained on ICT equipment (Target: 6000)	6000	0 (0%)		Not done			Lack of skills to use the ICT equipment among HCWs.	Train HCWs on the ICT-based LMIS to monitor FP stock status at health facility level	TOTs

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
CS7. Challenges with distribution and requisition of FP commodities proactively identified and addressed											
CS7.1. Hire consultancy firm to track FP commodities through a short study	Hire consultancy firm to track FP commodities through a short study	Document explaining available commodities produced	1	0.5 (50%)	Partially done				Study was conducted but covered only Alternative Distribution System (ADS).	Conduct a short study to track FP commodities in both the ADS and public sector system.	MOH and MSH
	Disseminate document	Number of participants document is disseminated to (Target: 100)	100	100 (100%)	Partially done				Study in the public sector still pending	Disseminate the study report	MOH and MSH
CS8. Policy and strategies that impact FP commodity security are aligned with the FP-CIP											
CS8.1. Review and develop the ADS 2016–2020 and RHCS 2015–2020	Hire consultant to review ADS 2016–2020 and RHCS 2015–2020	Consultant produces review of ADS 2016-2020 and RHS 2015-2020	1	1 (100%)			Done				
	Disseminate study	Number of participants study is disseminated to (Target: 50)	50	50 (100%)			Done				
CS8.2. Review and update the Uganda clinical guidelines and the essential medicines and health supply list of Uganda to reflect current FP practices	Hire consultant to review and update the Uganda clinical guidelines and the essential medicines and health supply list of Uganda	Review of the Uganda clinical guidelines and the essential medicines and health supply list of Uganda produced	1	1 (100%)		Done					
	Disseminate clinical guidelines and the essential medicines and health supply list	Number of copies disseminated of the clinical guidelines and the essential medicines and health supply list (Target: 100)	100	100 (100%)		Done					
CS9. Commodity distribution to private not-for-profits increased											

CIP Core Activity	Sub Activity	Output Indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
CS9.1. Advocate for JMS to include FP commodities in procurement	Assessment of the unmet need for FP in the faith-based sector service delivery points	50-page assessment of the unmet need for family planning in faith-based sector produced	1	1 (100%)	Done				JMS has commenced procuring contraceptives		
	Hold meetings to disseminate findings and advocate with JMS to include FP commodities in procurement	Number of meetings held to advocate for JMS to include contraceptives in procurement (target: 3)	3	3 (100%)	Done						
	Update and disseminate JMS operational manuals, product catalogues and LMIS	JMS operational manuals updated	1	1 (100%)	Done						

3.4 THEMATIC AREA: POLICY AND ENABLING ENVIRONMENT

ACHIEVEMENTS

Strategic outcome 1: Family planning is repositioned as a key cross-cutting intervention for national development.

- Within the road map for harnessing the demographic dividend, FP is one of the key policy interventions for reducing fertility, changing the population age structure, and reducing dependency.
- FP indicators have been incorporated into the Health Sector Strategic and Development Plan, national development plan, RMNCH sharpened plan, and investment case for family planning.
- National FP SBCC strategy was adopted.
- Male involvement strategy was developed and is being implemented in some districts.
- Based on the Impact Now model, Uganda has developed the investment case for FP, which outlines both the health and economic benefits.

Strategic outcome 2: Legal framework and knowledge of policies for family planning are improved.

- The Public Health Act was revised through multistakeholder consultation to advocate for a legal framework that promotes family planning.

Strategic outcome 3: The full spectrum of FP commodities is available.

- MOH with support from FP stakeholders adopted the World Health Organization (WHO) 2015 Medical Eligibility Criteria (MEC) in alignment with improvement of access to a full range of contraceptive methods. This will contribute to the reduction in missed opportunities for FP services (e.g., postpartum FP, FP for HIV-affected clients).
- The ADS strategy was reviewed to facilitate access to free FP commodities by nongovernmental organizations (NGOs) that support the private health sector. Under the functional ADS, JMS is engaged by MOH in contraceptive procurement and as a source of contraceptives for private sector facilities and for public sector health facilities under RBF.
- Some contraceptive commodities that cannot be distributed through the public sector due to very low or unpredictable demand—such as female condoms and emergency contraceptive pills (ECPs)—will be channelled through alternative distribution as the ministry pursues the long- to medium-term solution of transitioning to the pull system. Wellshare International is working on a strategy to integrate ECPs into the routine contraceptive supply chain.
- Following suspension of Uganda Health Marketing Group (UHMG) from handling Alternative Distribution Strategy (ADS) commodities due to failure to pay handling fees, all contraceptives under the ADS mechanism have been shifted to Joint Medical Stores (JMS) except UNFPA commodities, which are still housed at UHMG.

- Provision of injection DMPA or Depo Provera and/or Sayana Press through drug shops as providers of an expanded FP method mix is being piloted. Gathering of service-related data and an implementation science study led by APC FHI 360 on its operations are ongoing and will be used to gauge applicability and, if relevant, to advocate for inclusion of the intervention in FP service delivery. Arrangements are also underway to obtain clearance for a proposal on the study of self injection of Sayana Press. The main goal is to use findings from the pilot to advocate with NDA and MOH to declassify injectable contraceptives.
- A pilot on provision of ECPs at the community level and in health facilities was conducted.
- The MOH with support from stakeholders developed the long-acting and reversible contraceptive (LARC) strategy and total market approach strategy to further ensure access to contraceptives.

Strategic outcome 4: Parliament, local, cultural, and religious leaders are supportive of family planning.

- Every year since 2015, commemoration days for FP and Safe Motherhood as well as the National FP Symposium have been providing opportunities for members of Parliament and religious leaders to advocate for FP.
- Members of Parliament hold a Parliamentary forum during which FP is prioritized as the agenda for discussion.

Strategic outcome 5: Knowledge of FP policies among stakeholders and health care workers improved.

- FP policies (e.g., the Sexual Reproductive Health and Rights Policy Guidelines, the Adolescent Health Policy) and strategies (e.g., the RMNCH sharpened plan, Reproductive Health Commodity Security, and ADS) can now be accessed on the MOH website.
- As part of a prerequisite for application for funding under the Global Financing Facility, stakeholders reviewed the RMNCH sharpened plan, taking care to re-focus on bottlenecks that hinder access to FP services.
- A QC/QA working subcommittee was set up to address issues of quality in the health sector. Furthermore, several implementing partners (IPs) have developed QA guidelines for FP that they are using in private sector health facilities to train and supervise service providers on quality of care. They also conduct annual FP internal quality audits in their service delivery points using these guidelines to accredit private clinics for inclusion in the franchises and financing interventions such as RBF and voucher schemes.

Strategic outcome 6: FP health care workers are retained.

- Members of Parliament and the MOH have been negotiated with and lobbied to standardize salary scales for similar cadres of health care workers.
- Implementing partners have developed a guideline and scheme to enhance staff retention, especially for hard-to-reach districts and health facilities.

PENDING

- Plan for policy/strategy dissemination to include targeted briefs designed for health care workers (HCWs) that will clearly explain what the policies mean for their work.
- Train and orient policymakers on how to advocate for delayed, contentious bills on sexual and RH-related policies, including FP.
- Document improvement in the enabling environment for FP using a validated instrument (e.g., the Family Planning Program Effort Index and Contraceptive Security Index)
- Dissemination of the revised Public Health Act and sensitization of members of Parliament, district health teams (DHTs), and health providers on the FP component.
- Develop the task-sharing policy to support ongoing evolving roles of HCWs in the provision of long-term and permanent methods of FP.
- Review of contraceptive testing policy.
- Introduce QA guidelines for FP in the public sector health facilities and apply FP internal quality audits of the public sector service delivery points.
- Advocacy to convince nonhealth-sector programs—such as environment, livelihoods, and agriculture—to integrate FP behavior change communication into their activities to address the holistic needs of communities.

BOTTLENECKS

- Delays in implementing some policies

SUMMARY REVIEW OF THE FP-CIP THEMATIC AREA ON POLICY AND ENABLING ENVIRONMENT WITH ACTION PLAN FOR 2019

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
PEE1. Family Planning is repositioned as a key cross-cutting intervention for national development											
PEE1.1. Advocate for a multisectoral approach so that each Ministry includes Family Planning and population issues in their national policy documents, strategic plans, and budget allocations	Prepare technical briefs to advocate for Budget Framework papers to include Family Planning as a strategy to improve maternal and newborn health	Number of technical briefs printed (Target: 100 disseminated each year)	600	16 (3%)	Not done	Not done	Not done	Partially done	This is a recurrent activity	Prepare technical briefs to advocate for Budget Framework papers to include Family Planning as a strategy to improve maternal and newborn health	MOH
PEE1.2. Engage nonhealth ministries and department directors in including Family Planning as part of their policy development.	Hold 2-day workshops with ministers and partner staff about how to introduce FP into their work plans	Number of stakeholders engaged in FP policy discussions (Target: 50)	50	160 (320%)		Partially done			FP is a developmental issue for health and non-health sectors. NPC has developed the Demographic Dividend Road map (with multi-sectoral aspects of FP). World Vision has supported budget framework paper development on FP.	Orient the relevant Ministries on the Demographic Dividend Road map and their role in its implementation	NPC and MOH
	Document all ministry multi-sectoral plans in one work plan	No. of copies of ministry multisectoral plans developed (Target: 1,000)	1000	(0%)		Partially done	Partially done	Partially done			
	Hold meeting with each Ministry to review its strategic plan and guide its FP issues	Ministry staff review strategic plan 2015-2021	50	(0%)		Done	Done	Done			
PEE1.3. Advocate with Ministry of Education to implement a school health curriculum that includes messages on SRH, including prevention of teenage pregnancy	Hold a series of meetings with the Ministry of Education to encourage a Family Planning curriculum	Ministry of Education staff review the use of a school health curriculum, and recommendations are generated on modifications	18	(0%)	Partially done	Partially done	Partially done	Partially done	Ministry of Education and Sports (MOES) developed a school health curriculum in the early 2010s that has components	Hold meetings with the Ministry of Education to revive implementation of the school health curriculum to cover messages on SRH and prevention of	MOH and UNFPA

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
									of SRH.	teenage pregnancy	
PEE1.4. Advocate for acceleration of National Population Council Bill so that the inter-ministerial structure is functional and the necessary budget for support is appropriated	Host 8 meetings with Parliamentary subcommittees, private sector, and respective Ministries	Number of meetings hosted with Parliamentary subcommittees, private sector, and respective Ministries (Target: 8)	8	(0%)	Not done				This activity is pending. There is no update on this activity.	Host 8 meetings with Parliamentary subcommittees, private sector, and respective Ministries on acceleration of National Population Council Bill so that the inter-ministerial structure is functional and the necessary budget for support is appropriated.	NPC and MOH
		Documented evidence of the presence of an active, functional inter-ministerial structure	1	(0%)	Not done				This activity is pending. There is no update on this activity.	Documented evidence of the presence of an active, functional inter-ministerial structure	NPC and MOH
PEE1.5. Promote FP as a development tool through public dialogues	Conduct workshops to develop material to train journalists on FP terminology and how to discuss family planning	Materials for training journalists developed	1	(0%)	Not done				This activity is pending. There is no update on this activity.	Conduct workshops to develop material to train journalists on FP terminology and how to discuss family planning	MOH with support from IPs
	Conduct training workshops with journalists on above developed material	Number of journalists trained on FP dialogue (Target: 30 per year for 6	180	(0%)	Not done	Not done	Not done	Not done	This activity is pending. There is no update on this activity.	Conduct training workshops with journalists on above developed material	MOH with support from IPs

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
		years)									
	Train district health educators and district RH officers on how to host community FP dialogues	Number of district health educators and district RH officers trained to host community dialogues (Trained: 400 DHEs and RH people)	400	262 (66%)	Partially done				Target was not attained	Train more district health educators and district RH officers on how to host community FP dialogues	MOH with support from IPs
PEE2. Legal framework and knowledge of policies for family planning improved											
PEE2.1. Dissemination of the public acts (currently in revision) including the public health act to help users, health care workers, and policy makers better understand the FP legal framework	Hold dissemination meetings	Number of people receiving dissemination of public acts (Target: 50)	50	(0%)	Not done				This activity is pending. There is no update on this activity.	Hold meetings to disseminate public acts (currently in revision) .	MOH and respective IPs
PEE2.2. Sensitize different members of society (MPs, health providers etc.) on FP rights, and correct any misconceptions	Orient MPs, DHOs, DHA, and FP point Orient MPs, DHOs, DHA, and FP point people on SRH right	Number of DHT members trained on FP rights (Target: 330)	300	(0%)	Not done				This activity is pending. There is no update on this activity.	Orient MPs, DHOs, DHA, and FP point Orient MPs, DHOs, DHA, and FP point people on FP rights, and correct any misconceptions	MOH and respective IPs
	Sensitize and train DHTs so they understand FP rights and correct misconception	Number of MPs and health workers oriented on SRH rights (Target: 150)	150	(0%)	Not done				This activity is pending. There is no update on this activity.	Sensitize and train DHTs so they understand FP rights and correct misconception	MOH and respective IPs
PEE3. The full spectrum of FP commodities is available											

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
PEE3.1. Review/revise Essential Medicines List and include new FP commodities that are included in the WHO pre-qualification list	Hold meeting with MOH, NDA, and key stakeholders to review/revise Essential Medicines List and include new FP commodities that are included in the WHO pre-qualification list	Revised Essential medicines list	3	(0%)	Not done			Not done	This activity is pending. There is no update on this activity.	Review/revise Essential Medicines List and include new FP commodities, which are included in the WHO pre-qualification list	MOH and MSH
PEE3.2. Formalize and disseminate guidelines to allow for redistribution of FP commodities between facilities and districts	Hire consultant to develop guidelines to allow for redistribution of FP commodities between facilities and districts	Guidelines for redistribution of FP commodities developed reviewed	1	0 (0%)		Not done			This activity is pending. There is no update on this activity.	Hire consultant to develop guidelines to allow for redistribution of FP commodities between facilities and districts	MOH and MSH
	Disseminate guidelines to allow for redistribution of FP commodities between facilities and districts	Number of guidelines disseminated (Target:40)	40	(0%)		Not done			This activity is pending. There is no update on this activity.	Disseminate guidelines to allow for redistribution of FP commodities between facilities and districts	MOH and MSH
PEE3.3. Support implementation of task sharing policies, including policy that allows CBDs to give injectables throughout the country	Use regular WG meetings to review suggestions on task sharing and address any barrier	Documented evidence of decisions made on suggestions for task sharing	6	2 (33%)	Partially done	Partially done	Partially done	Partially done	Discussion on way forward for Clinical officers' task on BTL pilot been initiated. Definite changes in policy basing on evidence from the COs pilot needs to be followed up.	Hold FP/RHCS WG meetings to review suggestions on task sharing regarding BTL services by COs that have not yet been resolved.	MOH/RH
	Review pre-service curriculum and ensure clinical officers	Number of revised pre-service curricula	50	0 (0%)	Not done				This activity is pending. There is no update on this	Use evidence from the pilot on BTL by COs to review pre-	MOH/RH, UFPC and MSU

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
	are able to carry out surgical contraceptive procedures	for clinical officers reviewed, printed, and disseminated							activity.	service curriculum and ensure clinical officers are able to carry out surgical contraceptive procedures	
PEE3.4. Include drug outlets as providers of expanded FP method mix	National dialogue with the NDA and MOH to declassify DMPA and emergency contraception	Documented evidence on recommendations or decisions made to include drug outlets as providers of an expanded FP method mix	1	0.5 (50%)		Partially done			Ongoing pilot on provision of injectable contraceptives in drug shops. Definite changes in policy basing on evidence from the pilot needs to be followed up. A pilot on provision of Emergency contraceptive pills (ECPs) at community level and in health facilities was conducted.	Use evidence from the pilot on injectable contraceptives provision in drug shops and the pilot on provision of ECPs at community and health facility level, to declassify DMPA and emergency contraception then report back to the FP/RHCS WG meeting.	MOH/RH and UFPC
PEE3.5. Ensure GOU allocation to alternative distribution system	Hold series of meetings with MPs and ministries to advocate for budget line item allocation to the alternative distribution system	Number of advocacy meetings held (Target: 3) Documented evidence of progress or decisions made on a budget line item allocation to the alternative distribution system	3	0.5 (17%)	Partially done	Partially done	Partially done	Partially done	More needs to be done on raising finances to sustain the ADS	Hold meetings with MPs and ministries to advocate for budget line item allocation to the alternative distribution system	MOH/RH and UFPC

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
PPE4. Parliament, local, cultural, and religious leaders are supportive of family planning											
PEE4.1. Coordinate and support prominent FP advocates/ champions and scale up FP advocacy	Coordinate national prominent FP advocates to share best practices in advocacy and lessons learnt from FP advocacy through a meeting	Number of advocates coordinated to share best practices	500	(0%)	Not done	Not done	Not done	Not done	Information on this activity is not available	Coordinate national prominent FP advocates to share best practices in advocacy and lessons learnt from FP advocacy through a meeting	NPC and MOH
	Provide technical support to prominent FP champions	Number of FP champions supported (Target: 5)	30	219 (730%)	Done	Done	Done	Done	This is a recurrent activity		
PEE4.2. Support prominent FP champions	Support prominent FP champions to attend advocacy meetings with government, donors and partners, internationally, nationally, provincially, and at the local level	Number of prominent FP champions supported to travel internationally and nationally (Target: 2 international trips per year; 10 domestic trips per year)	72	0 (0%)	Done	Done	Done	Done	Champions are supported annually especially for international meetings e.g. ICFP	Support prominent FP champions to attend advocacy meetings with government, donors and partners, internationally, nationally, provincially, and at the local level	IPs
	Support specific activities of prominent FP advocates, including providing technical support on FP issues, including supporting relevant parliamentary committees to advocate for maternal and neonatal health	Number of FP champions provided with technical assistance (Target: 50 per year)	300	4000 (1333%)	Done	Done	Done	Done	This is a recurrent activity	Support specific activities of prominent FP advocates, including providing technical support on FP issues, including supporting relevant parliamentary committees to advocate for	IPs

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
	issues/family planning, the First Lady, business leaders, and relevant councils									maternal and neonatal health issues/family planning, the First Lady, business leaders, and relevant councils	
PEE5. Knowledge of FP policies among stakeholders and health care workers improved											
PEE5.1. Upload and print all MOH Family Planning policies	MOH to upload all FP policies and print copies for distribution	Number of policies uploaded and printed (Target: 10 policies printed in 2015, ongoing uploading electronically)	10	(0%)	Partially done	Partially done	Partially done	Partially done	Ongoing activity	MOH to upload all FP policies and print copies for distribution	MOH
PEE5.2. Plan for policy/strategy dissemination to include targeted briefs designed for HCWs, etc. that will clearly tell them about what the policies meant to the work	Develop brief for HCWs biannually to update them on current policies and implications for their work	10-page brief developed for HCWs	3	(0%)	Not done		Not done		Some HCWs are still ignorant about national policies on FP	Develop brief for HCWs biannually to update them on current policies and implications for their work	MOH
PEE6. FP health care workers are retained											
PEE7.1. Advocate with interpersonal communication (IPC) agents working in nonhealth sector to integrate FP BCC into their programs	Hold series of advocacy meetings to advocate with nonhealth sector to integrate FP SBCC into programs	Number of stakeholders engaged on integrating SBCC into their programs (Target: 150)	900	224 (25%)	Partially done	Partially done	Partially done	Partially done	This activity has been partially implemented	Hold series of advocacy meetings to advocate with nonhealth sector to integrate FP SBCC into programs	MOH and NPC
PEE8. Policymakers are able to advocate for delayed, contentious bills on sexual and reproductive health and family planning											

CIP Core Activity	Sub-activity	Output indicators	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
PEE8.1. Train and orient policymakers on how to advocate for delayed, contentious bills on sexual and reproductive health related policies including FP	Hold 3-day workshop to orient policymakers on how to advocate for delayed, contentious bills	Number of policy makers oriented on how to advocate for delayed, contentious bills	30	0 (0%)	Not done	Not done			This is a pending activity	Hold a workshop to orient policymakers on how to advocate for delayed, contentious bills	MOH and NPC

3.5 THEMATIC AREA: FINANCING

ACHIEVEMENTS

Table 1. Annual commitments or expenditure on FP (domestic, donor)

Commitments/expenditure in millions of US\$								
Thematic area	Total CIP budget for 5 years		2015–16	2016–17	2017–18	2018–19	2019–20	2020–21
Service delivery	46.0		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Demand creation	28.3		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Commodities	115.0	Government	MOH:2.2	MOH: 0	MOH:4.4 GFF:2.7	5	5	5
		Development partners	5	UNFPA:3 USAID: 8 DFID: 6 Total: 17.0 ²	UNFPA:6.9 USAID:10.7 Other:1.5 MSI: 0.02 Total: 19.2 ³	20	20	20
Commodity security	9.3		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Stewardship, Management, Accountability	33.2		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Policy, enabling environment	3.5		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Financing	0.5		Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
TOTAL	235.8							

Strategic outcome 1: Government funding for family planning is increased.

- Through development of the budget framework paper and monitoring of its implementation by all sectors, the government has been tracking use of finances availed to the health sector.
- Through advocacy efforts with parliamentarians and engagement of MOPPED by MOH, the annual government FP budget line was increased from UGX 8 billion (USD 2.2 M) to UGX 16 billion (USD 4.4) beginning FY2018–19.

- There was an increase in expenditure on FP from UGX 6.9 billion in FY2014–15 to UGX 7.6 billion in FY 2015–16 (see Table 2) in the public sector source of financing.

Table 2. National Health Account (NHA⁴) expenditures on family planning 2014–15 and 2015–16

	Millions in UGX			
FY	Public	Private	Development Partner	TOTAL
2014–15	6,931.02	0	31,937.12	38,868.14
2015–16	7,681.82	6.59	34,206.41	41,894.82
TOTAL	14,612.84	6.59	66,143.53	80,762.96

Strategic outcome 2: Donor funding for family planning is increased.

- The total cost for the FP-CIP for five years is US\$235.8 million. According to the original assessment of resources for FP, overall, there is a financial gap for the CIP of about US\$113 million for all six years. This means less than half of the activity costs in the CIP are covered by currently planned funding between 2015 and 2020.
- Efforts have been made using the Motion Tracker to monitor financial resources committed to FP by both the government and development partners.
- MOH has carried out National Health Accounts for 2015–16 and 2016–17 to track expenditures on health by source (government, donor, out of pocket), with a subaccount on RH. However, expenditures specifically on FP cannot readily be obtained from the reports available.
- FP development meetings to invite FP-CIP commitments from partners take place from time to time.
- New financing mechanisms for FP identified and tested included:
 - Voucher Plus project (USAID), Women’s Health Project using Total Market Approach (PSI), Uganda Reproductive Health Voucher project (GFF-World Bank), Voucher scheme (MSI/U), Social Marketing Activity (USAID), results-based financing (MOH, World Bank, Enabel, and Global Financing Facility), financing under the Joint Population Project (JPP).

Strategic outcome 4: Family planning is mainstreamed in district planning and budgeting processes.

- UNFPA supported 21 districts to develop FP-CIPs that have been incorporated in the budget framework paper (Abim, Adjumani, Amudat, Bududa, Bukedea, Bulambuli, Kaabong, Kaberamaido, Katakwi, Kibuku, Kiryadongo, Kitgum, Kotido, Kween, Lamwo, Moroto, Moyo, Nakapiripirit, Napak, Ngora, Yumbe). JHPIEGO developed CIPs for two districts (Bukedea, Ntungamo) and FHI 360 for 10 districts (Agago, Budaka, Busia, Butaleja, Kayunga, Kyenjojo, Luwero, Oyam, Pader, Sembabule). Population Action International through Faith + Family Planning Fund has supported five faith-based organizations (Uganda Muslim Supreme Council Mityana Diocese, Ngombe Health Project, Western Uganda FBO Network, Friends of Christ Revival Ministries) to develop DCIPs, advocate for budget allocation/increment in eight districts (Busia, Iganga, Kabalore, Kagadi, Kyenjojo, Mityana, Mubende, Namayingo). Thus, a total of 38 districts are supported to develop

CIPs so far. UNFP has pledged to support 10 additional districts in 2019 to develop CIPs (namely Amuria, Amuru, Apac, Arua, Bundibugyo, Hoima, Isingiro, Kamwenge, Kanungu, Kyenjonjo).

- Among the districts that have not yet been supported to develop district-specific FP-CIPs, a budget line for FP exists in a few of them.

Strategic outcome 5: Financial investment in human resources development for health is increased.

- Advocacy for increased funding for training and support for midwives and nurses at lower-level health facilities is ongoing with IPs' support.

Strategic outcome 6: Family planning is included in the national health insurance scheme.

- A health insurance scheme is being negotiated within the National Health Insurance Bill yet to be presented to Parliament. The scheme can only cover LARC and permanent methods (as in other countries).

Strategic outcome 7: MOH and NMS will provide the East Africa Community (EAC) with full information on the costs and benefits of using pooled procurement for RH commodities.

- Improvement of coordination with regional partners to foster positive financial working relationships is ongoing.

PENDING

- Develop and implement a FP resource allocation advocacy strategy targeting development partners
- Develop FP budget line item for monitoring and advocacy guidelines
- Organize a FP advocacy meeting with various corporate officers on corporate social responsibility investments for FP
- Research implications of a FP commodities package in different health insurance groups
- Investigate ways to harmonize different procurement laws among EAC countries as follow-up to a regional meeting held to explore the use of EAC pooled funding and procurement to bring down RH commodity prices.
- Educate nontraditional donors (corporations) from the private sector about the benefits of investing in FP as part of their health benefits to their employees and as part of their corporate social responsibility programming.
- Present National Health Insurance Bill to Parliament

BOTTLENECKS

- Supporting the MOH to update the resource tracking electronic tool
- Obtaining data for resource tracking from IPs
- Delays in developing all district FP-CIPs
- Insufficient funds mobilized for implementing district FP-CIPs
- Diverse FP plans by IPs not adhering to the national FP-CIP
- Insufficient sensitization about national FP-CIP at district level

SUMMARY REVIEW OF THE FP-CIP THEMATIC AREA ON FINANCING AND RESOURCE MOBILIZATION WITH ACTION PLAN FOR 2019

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
F1. Government funding for family planning is increased											
F5.1. Advocate with parliamentarians to endorse, maintain, and advocate for increases in the FP line items in the MOH budgets	Hold two stakeholder meetings to advocate with MPs for FP line budget meeting	Increasing trend in the FP line items in the MOH budgets	6	3 (50%)	Done	Not done	Done	Done	There was an increase in the FP budget twice; after the 2012 London summit (increase to UGX 8 billion per year); and in 2017/18 (from UGX 8 billion to UGX 16 billion = USD 4.2 M)	Improve coordination of IPs since many are involved in the activity on advocacy for increasing budget for FP.	PPD-ARO, UFPC, NPC
	Develop a policy brief advocating for increases in the FP line items to distribute to the parliamentary committee on health	Policy brief developed	1	1 (100%)	Done				MOH develops policy briefs every year under Motion Tracker		
	Print and disseminate policy briefs	Number of copies of policy brief printed and disseminated	10000	114 (1%)	Partially done						
F5.2. Engage MOFED to ensure that FP budget line is maintained and not removed/rejected from the sectorial budgets	Three meetings with MOFEDP each year.	Progress or decision made to engage MOFEDP to maintain or not remove FP budget line from the sectorial budgets. Number of people engaged in MOFEDP meetings per year	20	3 (15%)	Partially done	Partially done	Partially done	Partially done	attempts have been made to increase budget for FP	Continue to engage MOFED to ensure that FP budget line is maintained	FP budget Advocacy Group, NPC, DSW
F2. Donor funding for family planning is increased											

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
F2.1. Develop and implement FP resource allocation advocacy strategy targeting development partners	Develop advocacy strategy and review strategy at regular meetings of TWG	30-page advocacy strategy developed and implemented	1	1 (100%)	Done				Prior to the TWG meeting, the FP team at the MOH will identify any actions in the FP-CIP that have not received financing or an implementation commitment from the GOU		
	Hold a meeting with partners to address advocacy strategy during which an agenda and messaging guide is developed to ensure donor harmonization	Number of participants at partner meeting (target:80)	30	(0%)	Done				4 meetings been held	Hold resource mobilization meetings with Implementing partners for FP	NPC, UFPC, MOH
F2.2. Draft FP budget line item monitoring and advocacy guidelines	Hold a series of workshops with FP partners and key government stakeholders to draft monitoring guidelines	Number of workshops held to draft guidelines, budget line item monitoring and advocacy guidelines developed (target: 5 workshops held, monitoring guidelines developed)	5	(0%)	Not done				Activity pending	Draft FP budget line item monitoring and advocacy guidelines	MOH
	Disseminate draft FP budget line item monitoring and Advocacy guidelines	FP budget line item monitoring and advocacy guidelines disseminated	1	(0%)	Not done				Activity pending	Print and disseminate FP budget line item monitoring and advocacy guidelines	MOH
F2.3. Conduct mapping and monitoring of FP investments	Hold a meeting with development organizations to identify potential	Mapping meeting held, mapping document produced	3	1 (33%)	Partially done		Partially done		Activity not completed	Complete mapping and disseminate FP investments by development and	MOH

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
among development and implementing partners	new FP partners									implementing partners	
	Disseminate final mapping documents	Mapping document disseminated	3	0 (0%)	Not done		Not done				MOH
F2.4. Improve coordination with regional partners to continue to foster positive financial working relationships	Conduct MOH field visits to regional partner organizations	Number of meetings to monitor partner commitments (5 regional visits, annually)	30	4 (13%)	Partially done	Partially done	Partially done	Partially done			MOH
F2.5. Organize a Family Planning development meeting to invite CIP commitments from Development partners	Hold a one-day advocacy meeting with key FP development partners	Meeting with 10 key partners held at ministry	5	2 (40%)		Done	Done		Funding gap still exists	Hold resource mobilization meetings with Development partners for FP	FHI360, MOH
	Financial commitments made by partners for FP-CIP	Financial commitments made by partners for FP-CIP as per the FP2020 commitments	75	41.2 (55%)	5	17	19.2	0	Financial commitments made by partners for FP-CIP as per the FP2020 commitments	Mobilize financial resource for FP	FHI360, MOH
	Invite key partners previously identified as potentially being interested in FP in Uganda	Documentation of number and value of commitments made	6	4 (67%)	Partially done	Partially done	Partially done	Partially done			MOH
F3. Corporations increase FP funding											

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
F3.1. Organize an FP advocacy meeting with various corporate officers on corporate social responsibility investments for family planning	Hold a series of FP lunch briefings/ cocktails for chief executive officers, and cooperation officers, executives and cooperations: have high level officials host advocacy briefings, including MOH and first lady.	Number of cooperate representatives briefed on social cooperate responsibility investments for FP (target: 50)	50	0 (0%)		Not done			Activity pending	Organize an FP advocacy meeting with various corporate officers on corporate social responsibility investments for family planning	FP budget Advocacy Group, NPC, DSW, MOH
		Documentation of number and value of commitment made	1	(0%)							
F4. Family Planning is mainstreamed in district planning and budgeting processes											
F4.1. Advocate for the creation of a budget line for family planning at the district level	Hold MOH outreach visits to districts during the month it is deciding on its budget to encourage the budgeting for family planning	Number of regions visited and meetings held as districts plan their budgets (target: 10)	10	(0%)	Partially done	Partially done	Partially done	Partially done	No data on this activity		
		Number of districts creating a budget line for family planning	336	30 (9%)	Partially done	Partially done	Partially done	Partially done	More than 50% of the districts have not developed FP-CIPs. Some of the districts have developed District FP Action Plans.	Support districts to develop FP-CIPs	PPD-ARO, RHU, DSW, PAI/ Faith Fund (FBOs)
F5. Financial investment in human resources development for health is increased											
F5.1. Advocate for increased funding for training and support for midwives and nurses at lower-level health facilities	Host a series of dialogues/ meetings with MPs and ministry officials to advocate for increased funding for the development of health workers especially for	number of meetings held a year with parliamentarians and ministry officials per year (target: 2 meetings held annually, 50 MPs and officials per meeting)	10	8 (80%)	Partially done	Partially done	Partially done	Partially done	Indicator on increase in funding for training and support for midwives and nurses at lower level health facilities, has not yet been attained	Host a series of dialogues/ meetings with MPs and ministry officials to advocate for increased funding for the development of health workers especially for midwives and nurses at lower facilities	NPC, Engender Health, JHPIEGO, UFPC, MOH

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
	midwives and nurses at lower facilities	Documented increases in the funding for training and support for midwives and nurses at lower level health facilities.	5	(0%)	Not done	Not done	Not done	Not done	Indicator not attained		
	Produce a document explaining the commitments that are made about the meetings	10-page document explaining commitments produced and disseminate via email	5	(0%)					No report on explanation of commitments made hence report not disseminated	Produce a document explaining the commitments that are made about the meetings with MPs and MOH	NPC, Engender Health, JHPIEGO, UFPC, MOH
		documented evidence of progress or decision made on coverage of FP in health insurance scheme	5	(0%)	Not done	Not done	Not done	Not done			
F6. Family Planning is included in the national health insurance scheme											
F6.1. Conduct advocacy to ensure that the health insurance scheme includes full FP method coverage for all insurance packages	Host a series of dialogues with the MOH and insurers including private insurers	number of meetings held with insurers and officials (target: 1 meeting annually)	5	8 (160%)	Done	Done	Done	Done			PPD-ARO, UFPC, NPC, DSW
F6.2. Produce a small study on the implications of a FP commodities package in different health	Hire consultant to [produce document on implications on FP package on different health insurance groups	Document on FP insurance produced	1	0 (0%)	Not done				Activity pending	Produce a small study on the implications of a FP commodities package in different health insurance groups	PPD-ARO

CIP Core Activity	Sub-activity	Output indicator	Cumulative targets	Achieved	Year				Remarks	2019 (proposed activities)	Responsible agency
					2015	2016	2017	2018			
insurance groups											
		Number of stakeholder meetings held (Target: 5)	5	0 (0%)					Present the National Health Insurance Bill to Parliament	MOH	
F7. MOH and NMS will provide the East Africa Community (EAC) with full information on the costs and benefits of using pooled procurement for RH commodities											
F7.1. Explore the use of EAC pooled funding and procurement for bringing down RH commodity prices	Conduct a study on feasibility of using EAC pooled procurement of medicines for RH commodities	Study conducted and recommendations produced	1	1 (100%)		Done		Done	Need to follow up with EAC Secretariat	UNFPA	
	EAC pooled funding and procurement of RH commodities to help to bring down prices is investigated by partner countries	International meeting held in Kampala; advocacy tool produced	1	1 (100%)		Done		Done	Need to follow up with EAC Secretariat	UNFPA, MOH, Min of EAC Affairs	
	Travel to EAC headquarters and other countries to meet with other MOH to discuss potential processes and mechanisms for using pooled funding and procurement for RH commodities	Number of advocacy trips to EAC headquarters	1	1 (100%)		Done		Done	Countries have different procurement laws that are not yet harmonized across countries, hence cannot pool finances to do joint procurement of FP commodities	Follow up with EAC Secretariat to harmonize contraceptive procurement laws across the EAC countries	UNFPA, MOH, ESARO

3.6 THEMATIC AREA: STEWARDSHIP, COORDINATION, MANAGEMENT, AND ACCOUNTABILITY

ACHIEVEMENTS

Strategic outcome 1: Capacity at the MOH to effectively lead, manage, and coordinate the FP program is strengthened.

- MOH has been supported to review Terms of Reference of the FP/RHCS Working Group with the purpose of strengthening the overall coordination and management of the national FP program, including monitoring of FP-CIP activities.
- Developed an electronic planning/performance monitoring mechanism/system.
- MOH has appointed a staff member to run the electronic database for FP-CIP that has been the source of data reflecting performance using CIP indicators in this report. It is being used to track progress of the FP-CIP and improve coordination among partners.
- A semiannual review of CIP implementation has been conducted with stakeholders.

SMA3. The capacity of districts to effectively manage their FP programs is strengthened.

- Some districts hold quarterly stakeholder meetings to review maternal and neonatal health.

SMA4. Reporting of FP indicators is strengthened.

- IPs and the MOH were trained on the FP-CIP electronic database entry. MOH was further trained on maintenance and management of the database.

SMA5. National efforts to collect, analyze, and use data to track FP progress is strengthened.

- MOH with stakeholders developed a Performance Implementation Plan (PIP) for FP.
- Data on FP indicators is collected every year using the PMA2020 project and once every five years using the Uganda Demographic Health Survey (UDHS). These data sources inform Track20 indicators. PMA2020 is part of the research agenda being implemented.
- The implementation of Track20 is in progress and will contribute to monitoring of CIP. Monitoring and supervision of Track20 data for FP program validation is ongoing.
- FP2020 commitments made for Uganda in 2012 at the London FP Summit were reviewed in another FP London Summit in 2017. Progress on these commitments is shown in Table 3.
- A review of supervision tools for FP and of RMNCH score cards to incorporate FP was done and is in the process of being printed.

SMA6. The FP-CIP is assessed at midterm and at the end to inform future FP activities and programming.

- This report has information on an internal review of the FP-CIP. A more comprehensive midterm review will be done as soon as funding is available for the activity.

PROGRESS ON TRACK20 INDICATORS

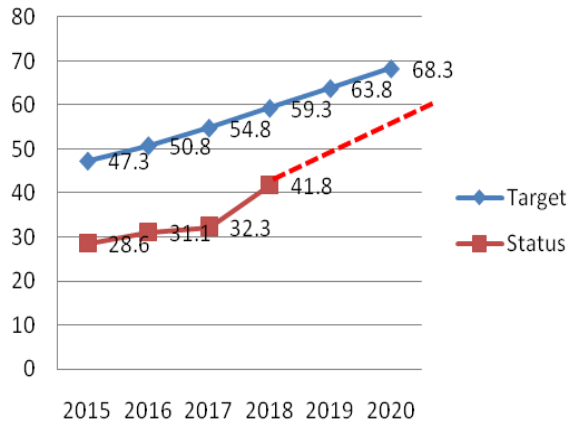
Table 3. Snapshot of TRACK20 Indicators

FP2020 CORE INDICATORS				
Indicator	2014 status (CIP baseline)	2018 CIP target	2018 status (PMA2020)	Remarks on progress made by 2018
Additional modern method users (between 2015 and 2018)	NA		1,066,277	
mCPR	26%	41.0%	36.3%	Increased by 10.3% but target not reached
Unmet need	28.4%	17.3%	25.9%	Has reduced by 2.5% but target not reached
% demand satisfied	49%		53.6%	Has increased by 4.6%
IMPACT INDICATORS				
Indicator	2015–2018 CIP		2015–2018 Progress	
Unintended pregnancies				
Unintended pregnancies averted (between 2015 and 2018)	2,428,235		3,728,000	
Unsafe abortions averted (between 2015 and 2018)	345,963		820,000	
Maternal deaths averted (between 2015 and 2018)	3,856		9,000	
SURVEY AND ROUTINE DATA				
Indicator	2014 status (baseline)	2018 CIP target	2018 status	Progress
Method mix	Trend is shifting from short-term toward long-term methods of FP			
% facilities stocked out	Stock status level at H/ facility level, reflected in Figure 5 above for Depo only.			
% SDP with method choice				
Annual expenditures	National Health Accounts: Expenditure on family planning increased from UGX 38,868 million in FY 2014–15 to 41,894 million in FY 2015–16			
Couple years of protection (between 2015 and 2018)	2,196,793		9,135,429	Has increased
Method Information Index				
Information provided				
Decision-making				
Adolescent birth rate	57.6%	53%	53.9% (UDHS 2015–16)	Has reduced but not reached target
Contraceptive discontinuation rate				

Figures 6 and 7 (below) show a steady increase in CPR, although the change annually is smaller than the projected targets. Figure 8 shows a steady decrease in unmet need for FP, although the change annually is smaller than the projected targets.

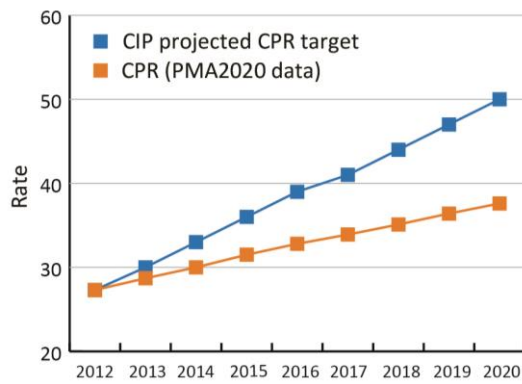
NOTE: Charts in this section were selected and are illustrated as taken from various PowerPoint presentations during the meeting.

Figure 6. Modern CPR for unmarried sexually active women



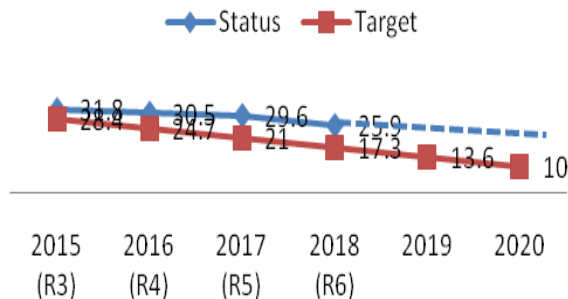
Source: PMA 2020

Figure 7. CPR for married women or women living in union



Source: PMA 2020 and FP-CIP

Figure 8. Total FP unmet need for married women or women living in union



Source: PMA 2020 and FP-CIP

Figure 9a shows that the proportional contribution of implants and IUDs to the couple years of protection (CYP) has increased over the years of implementation of the CIP, while short-term methods has decreased. CYP from bilateral tubal ligation (BTL) has more or less remained constant.

Figure 9b shows that annual total CYP⁵ increased drastically between FY 2016–17 and 2017–18, which is attributable to the increase in long-term methods.

Figure 9a. CYP Percentage contribution by method

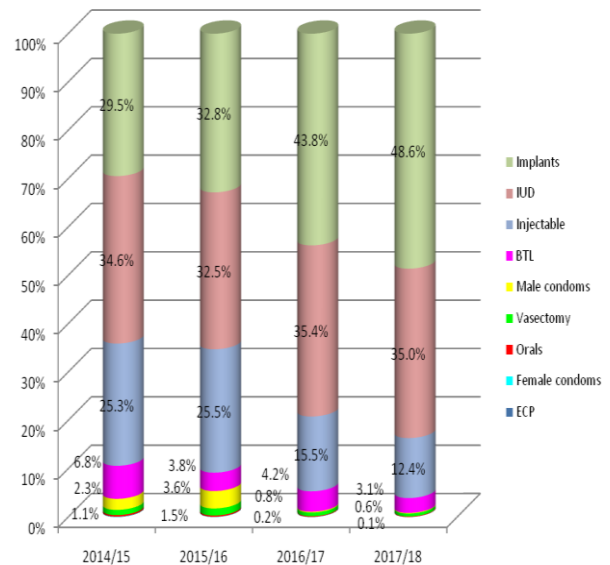


Figure 9b. Annual total CYP



Source: MOH Health Sector Performance Report, 2017–18

Figure 11. Unsafe abortions averted⁷

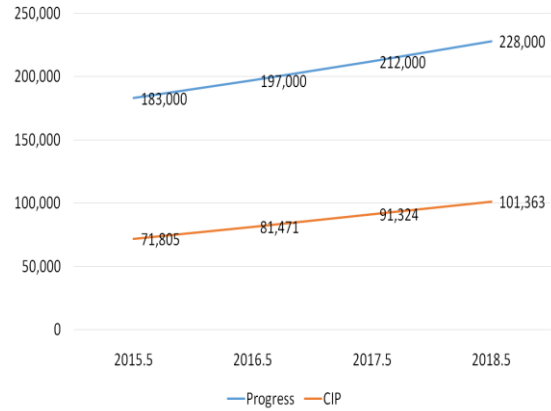


Figure 10. Unintended pregnancies averted⁶

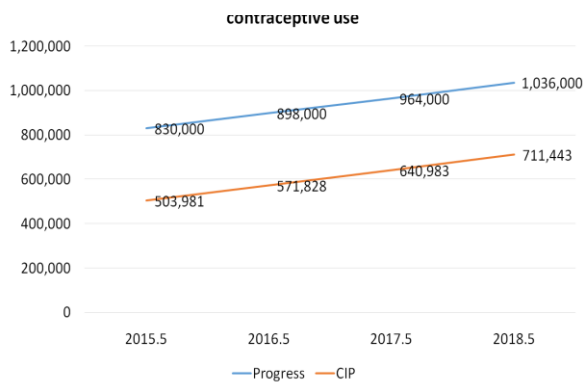


Figure 12. Maternal deaths averted



Figures 10, 11, and 12 show the impact that FP use has had on averting unintended pregnancies, unsafe abortions, and maternal deaths. There is an indication that the results are higher than CIP projections.

The teenage pregnancy rate has decreased since 2014 in comparison to the CIP projected targets (see Figure 13).

Figure 13. Teenage pregnancy rate (UDHS) and CIP projections

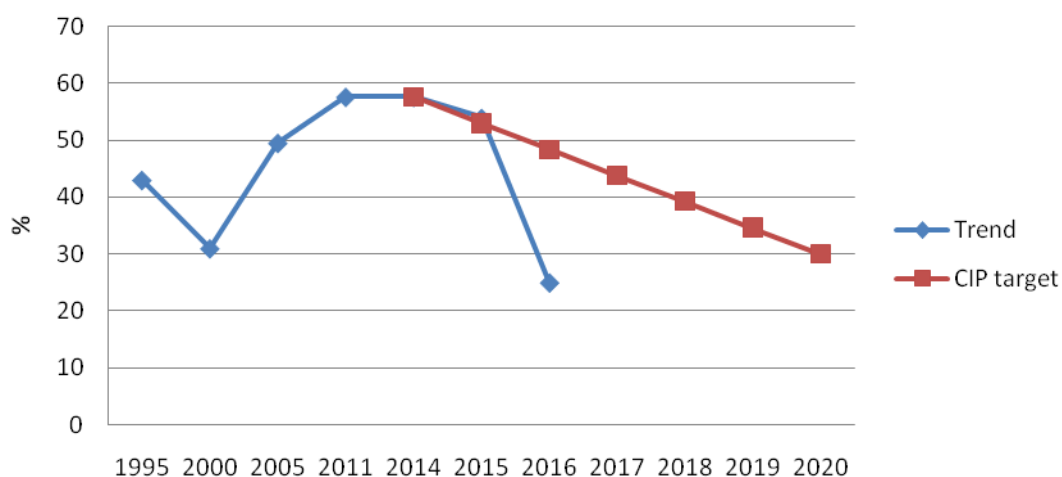


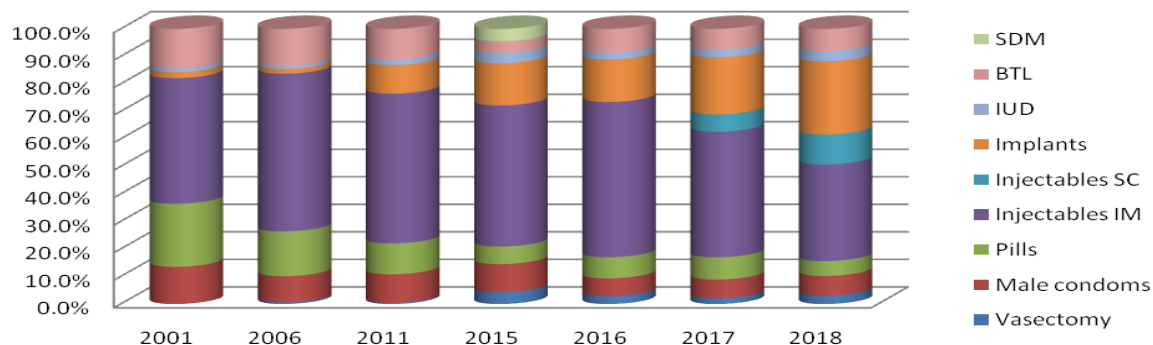
Table 4. Average age of women of reproductive age at first contraceptive use, sexual debut, and marriage, rural versus urban

Year	First sex		First marriage		First contraception		First birth		Average no. of children at first contraception use	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
2014	17.3	17.7	19.3	20.6	24.4	21.7			3	1.9
2015										
2016	16.3	17.4	18.8	20.5	24.1	21.5			3.1	1.8
2017										
2018	16.8	17.5	19.0	20.6	23.8	21.1	20.0	20.9	2.6	1.3

Source: PMA 2020 reports

In Table 4, the median age of women at first sex and first marriage has been lower for rural women in comparison to urban women and notably occurring during adolescence. Median age at first use of contraception has been higher for rural women and normally occurring in mid-20s. Hence, on average, by the time they use contraception for the first time, they have already had about three children in comparison to urban women who have had one to two children. This identifies a need to intensify FP interventions targeting youth in rural settings.

Figure 14. Trend of method mix



Source: UDHS (2001–2011) and PMA2020 (2015–2018)

Figure 14 shows a shift from short-term to long-term methods over the years.

Table 5. Trends in unmet need, all methods CPR, total demand, and demand satisfied by modern methods

	2015 (R2)	2016 (R4)	2017 (R5)	2018 (R6)
Unmet need for FP	29.9	30.5	29.6	25.9
All methods CPR	35.0	36.9	38.4	41.8
Total Demand	64.9	67.4	68.0	67.7
Demand satisfied by modern methods	49.0	47.7	49.9	53.6

Source: PMA2020

Table 6 reflects National Health Accounts (NHA⁸) expenditures on family planning. It shows an increase from UGX 38,868 million in FY2014–15 to 41,894 million in FY2015–16. NHA for subsequent years has not yet been carried out.

Table 6. National Health Accounts expenditures on FP

FY	Millions in UGX			TOTAL
	Public	Private	Development Partner	
2014/15	6,931.02	0	31,937.12	38,868.14
2015/16	7,681.82	6.59	34,206.41	41,894.82
TOTAL	14,612.84	6.59	66,143.53	80,762.96

KEY CONCERNS

CPR (modern methods) has been increasing by 1–2% per year
 Only 12 months to 2020, with 17% gap to hit 50% mCPR target
 Does a review of CIP target address the FP need? Or do we need to accelerate intervention?
 Unmet need for FP has had minimal reduction (~1% per annum)
 Rural youth: age at first sex (16.8 years), first marriage (19 years); this doubles the time of conceiving (7 years) and number of children (2.6 children) before first contraception use (23.8 years). Urban youth: age at first sex (17.5 years), first marriage (20.6 years); this reduces the time for conceiving (3.6 years) and number of children (1.3 children) before first contraception use (21.1 years).

FP2020 COMMITMENTS

A presentation on the Motion Tracker was given by staff from the Samasha Medical Foundation, highlighting their role in tracking progress on the FP2020 and EWEC commitments using process indicators. The initial set of FP2020 commitments was put together by MOH through multi-stakeholder consultation and presented by His Excellence The President of Uganda during the London Family Planning Summit of 2012. These were later reviewed at the subsequent London Family Planning Summit of 2017. Over the years, the commitments have been deconstructed to come up with measurable process indicators that are easy to track and stakeholders can be accountable for, as depicted in Table 7.

Table 7. Progress toward FP2020 commitments

FP2020 COMMITMENTS AT THE 2012 LONDON SUMMIT	FP2020 (RENEWED AT 2017 LONDON SUMMIT)		
COMMITMENT	COMMITMENT	PROPOSED ACTIONS	PROGRESS MADE BY 2018
FINANCIAL COMMITMENTS			
<i>Accelerate the passing of the National Population Council Bill into law, immediately making the inter-ministerial structure functional and appropriating the necessary budget support through a supplementary request</i>	Government commits to raise \$20 million annually through continued partnership with development agencies and the private sector. ACHIEVED	1.Capacity building on RBF for both the central and district stakeholders. ON TRACK	Ongoing
		2. Development of an accountability mechanism to monitor implementation of the RBF grant. ON TRACK	Been initiated
		3. Ensure RBF focal operational unit to support development and implementation of work plans and verification of invoices, certify invoices and disburse in accordance with guidelines. ON TRACK	In place
		5.Raising awareness of the voucher program including geographical location and groups targeted; increased financing of FP voucher schemes ON TRACK	Done
		5. Generate evidence on current coverage as a baseline to increase coverage.	Mapping been initiated
		6. Districts supported to develop FP costed implementation plans and mobilize resources.	Has commenced. 34 districts been covered.
		7. Framework to guide districts and advocacy to interest districts in the challenge initiative.	Progress unknown
		8. Buy-in from other donors to expand matching grants ON TRACK	Voucher Plus project (USAID), Women's Health Project (PSI), Uganda Reproductive Health Voucher project (World bank), Voucher scheme (MSI/U), Social Marketing Activity (USAID), RBF (Enabel)

	Buy-in from other donors to expand matching grants ON TRACK	Implementation of innovative financing mechanisms ON TRACK	Voucher Plus project (USAID), Women's Health Project (PSI), Uganda Reproductive Health Voucher project (GFF-World bank), Voucher scheme (MSI/U), Social Marketing Activity (USAID), RBF (Enabel)	
FP2020 COMMITMENTS AT THE 2012 LONDON SUMMIT		FP2020 (RENEWED AT 2017 LONDON SUMMIT)		
COMMITMENT	PROPOSED ACTIONS	COMMITMENT	PROPOSED ACTIONS	PROGRESS MADE BY 2018
COMMODITIES AND SUPPLIES				
<i>Finance 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. ON TRACK</i> <i>Uganda will design a plan to reorganize health financing and develop a health insurance plan for the country NOT ACHIEVED</i> <i>Uganda will promote voucher programs as a form of demand-side financing to increase use of FP and safe motherhood services among the poor. ACHIEVED</i>		Government of Uganda recommits to allocate \$5 million annually from domestic resources for the next five years for procurement and distribution of a range of FP supplies and RH commodities up to the health facility. ON TRACK	<ol style="list-style-type: none"> 1. Generation of accurate data to improve quantification, procurement, and distribution of commodities through both the National Medical Stores and the Alternative Distribution System (ADS). ON TRACK 2. Budgetary allocation and tracking to ensure procurement of a range of FP supplies and commodities especially the Long Acting and Reversible Contraceptives. ON TRACK 	<p>Ongoing</p> <p>USD 2.2 Million allocated annually between 2015/16 and 2016/17; then increased to USD 4.2 Million annually from 2017/18</p>
<i>Strengthen the technical and institutional functionality of the Uganda Health Marketing Group and National Medical Stores in a dual private and public sector RH supplies distribution system ON TRACK</i>		Government of Uganda recommits to allocate \$5 million annually from domestic resources for the next five years for procurement and distribution of a range of FP supplies and RH commodities up to the health facility. ON TRACK	<ol style="list-style-type: none"> 1. Distribute DMPA-SQ through both public and private sector channels and scale up new innovative methods like Self injection with DMPA-SQ ON TRACK 2. Review the national procurement plan every six months ACHIEVED 3. Strengthen the quantification committee. ON TRACK 	<p>Ongoing pilot of the DMPA-SQ provision through private sector channel. Established channel with supporting policy for the public sector channel.</p> <p>Ongoing</p> <p>Done</p>
<i>Improve RH commodity distribution and effective services delivery, review post-shipment testing policy to reduce delays in release of vital RH supplies, including FP supplies from the National Drug Authority ON TRACK</i>	FP supplies procured, stored and distributed ACHIEVED			

			<p>4. Include costs of warehousing and distribution of FP commodities through the Alternative Distribution System in the MOH annual budget.</p> <p>5. Support implementation of a total market (TMA) approach to delivery of Family Planning services ON TRACK</p> <p>6. Create regional hubs for partners to pick products ? NOT ACHIEVED.</p> <p>7. Fast track the development of an on-line ordering system.</p>	<p>Unknown progress</p> <p>Have developed TMA strategy for all methods of FP.</p> <p>Unknown progress.</p> <p>Unknown progress.</p>
DEMAND CREATION				
		<p>Government commits to support a robust Social Behavior Change Communication Strategy to increase demand and linkage to Family Planning services.</p> <p>ACHIEVED</p>	<p>1. Strengthen community systems including engaging religious and cultural structures, Community Health Extension Workers (CHEWs) and family units to disseminate age appropriate messages to address social-cultural and gender barriers to utilization of FP services. NOT ACHIEVED</p> <p>2. Sustain the national FP campaign for demand creation ON TRACK.</p> <p>3. Promote male involvement in FP ON TRACK.</p> <p>4. Commit a percentage 10% of the annual health sector budget to adolescent SRH NOT ACHIEVED.</p> <p>5. Promote evidence-based interventions.</p> <p>6. Focus on hard to reach and youth ON TRACK.</p> <p>7. Develop regional, cultural appropriate IEC materials NOT ACHIEVED.</p> <p>8. Messaging informed by social determinants of health ON TRACK.</p> <p>9. IEC linked to broader cultural issues including girls' education, early marriage, and teenage pregnancy NOT ACHIEVED</p>	<p>FP campaigns been done (Obulam u, IUD campaign)</p>
ACCOUNTABILITY				
<p>Ensure timely completion of the annual household panel surveys by UBOS to ascertain progress on health, including FP service delivery ACHIEVED;</p> <p>Carry out a robust evaluation of all FP investments in Uganda NOT ACHIEVED</p>				
<p>Conduct bi-annual joint supervision and bi-annual FP/RH national review meetings ON TRACK</p>				
SERVICE DELIVERY				
<p>Develop and implement an integrated FP campaign ACHIEVED</p>				
<p>Strengthen institutional capacity of the public</p>	<p>Government commits to expand</p>	<p>1. Strengthen performance management and monitoring of health workers NOT</p>		

<p>health facilities and community-based distributors to provide FP services and increase choice and quality of care at all levels ON TRACK</p>	<p>the cadre of skilled workforce for provision of quality FP services including long acting and reversible contraceptives (LARC) and permanent methods ON TRACK.</p>	<p>ACHIEVED. 2. Regulation, oversight, and cohesion on training of health care workers including in the provision of new methods. NOT ACHIEVED 3. Train providers on youth friendly service provision to reduce provider biases NOT ACHIEVED. 4. Improve the generation and use of quality and timely national data on FP ON TRACK. 5. Implement task sharing policy ON TRACK. 6. Improve the generation and use of quality and timely national data on FP ON TRACK. 7. Implement task sharing policy NOT ACHIEVED. (lack policy). 8. Train community health workers on provision of FP ON TRACK.</p>
<p>Uganda commits to rolling out youth-friendly services in all Government Health Centre IVs and District Hospitals NOT ACHIEVED</p>	<p>Government commits to increase the deployment and retention of critical cadres (esp. midwives) in hard to reach areas. ON TRACK</p>	<p>1. Recruit, deploy and retain critical cadres (e.g. midwives) in hard to reach areas ON TRACK. 2. Strengthen inter-ministerial and partner coordination to provide FP to high burden and hard to reach populations including (refugees, young girls, islands, mountains) ON TRACK 3. Improve working conditions at health facility level NOT ACHIEVED 4. Provide risk allowances, housing facilities, rural electrification NOT ACHIEVED. 5. Refresher training on SRH/FP/HIV/AIDS/GBV services ON TRACK 6. Strengthening and scale up bonding scheme for Midwives in the hard to reach areas NOT ACHIEVED</p>
<p>By continuing to support the public-private arrangement for increased access to FP services, Uganda plans to scale up partnerships with civil society organizations and the private sector 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, and task sharing linked to a comprehensive training program. ON TRACK</p>	<p>Government commits to reduce the unmet need for FP among adolescents from 30.4% in 2016 to 25% in 2021 through operationalizing the National Adolescent Health Policy and the National Sexuality Education Framework. NOT ACHIEVED</p>	<p>1. Use a multi-sectoral approach to implement the National Adolescent Health Policy Action Plan to increase access to quality sexual and reproductive health services for adolescents and young people. NOT ACHIEVED NOT ACHIEVED 2. Ensure allocation of at least 10% percent of the RMNCH (GFF) resources annually to adolescent FP. NOT ACHIEVED 3. Prioritize efforts geared toward harnessing the demographic dividend ON TRACK. 4. Commit to prioritize young people in Uganda's development agenda NOT ACHIEVED.</p>
<p>Partner with appropriate private sector bodies and institutions for the integration of maternal health and FP/RH and HIV/AIDS information and services for their employees and families ON TRACK</p>		

Source: Motion Tracker policy briefs

PENDING

- Track activities, including financial data outputs and timelines. Coordinate semiannual data sharing among IPs and identify gaps through IP feedback and annual refresher trainings on gap analyses.
- Support DHTs to develop annual action plans for FP, strengthen district-level FP stakeholder coordination and improve performance monitoring.
- Hold district quarterly stakeholder meetings to review maternal and neonatal health
- Conduct annual review meetings of the district work plan
- Improve FP stakeholder coordination and performance monitoring at the district level
- Plan for policy/strategy dissemination to include targeted briefs designed for HCWs, etc., that will clearly explain what the policies mean for their work
- Train and orient policymakers on how to advocate for delayed, contentious bills on sexual and RH-related policies, including FP
- Document improvement in the enabling environment for FP, using a validated instrument (e.g., the Family Planning Program Effort Index and Contraceptive Security Index)
- Hire a coordinator to monitor implementation of the FP-CIP and knowledge management officer for the FP program
- Engage MOH staff in team-building opportunities to encourage a strong working environment between departments
- Include monitoring and tracking of FP-CIP in MOH coordinator's role
- Develop a national FP research agenda
- Conduct workshops to review current supervision tools
- Support districts to conduct QI/QA activities in sample facilities
- Implement social accountability mechanisms by engaging clients to provide feedback on the quality of FP services and to effectively monitor procurement processes and financial flows through access to information
- **Institutional arrangements for CIP implementation:** CIP plans called for having a national steering committee with multisectoral representation led by the Office of the Prime Minister to lead coordination of implementation of the CIP. The committee has not been set up.

Some activities were implemented but the schedule has not been maintained. These are:

- Assessment of gap analysis through IP feedback and refresher on gap analysis tool
- FP reporting tools widely distributed to health care workers

**SUMMARY REVIEW OF THE FP-CIP THEMATIC AREA ON STEWARDSHIP, COORDINATION, MANAGEMENT, AND ACCOUNTABILITY
WITH ACTION PLAN FOR 2019**

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SMA1. Capacity at the MOH to effectively lead, manage, and coordinate the FP program is strengthened											
SMA1.1. Hire a coordinator to monitor implementation of the FP-CIP and knowledge management officer to the FP program	Host meetings at the MOH to develop a TOR for the coordinator and knowledge management officer to include implementing partner reporting.	TOR developed and advertised	1	0 (0%)	The FP-CIP can be used to ensure harmonized implementation of the FP program through well-monitored engagement of the FP stakeholders, thereby optimizing technical inputs to the CIP based on comparative advantage; encouraging equitable geographical access to FP interventions; and using the CIP as a resource mobilization tool. This requires a full time National FP-CIP Coordinator to support MOH/RH	Not done				Hire a coordinator for FP-CIP	MOH and FHI 360
	Hire a coordinator and knowledge management officer	Number of new staff hired (target 4: coordinator, knowledge manager and two medical officers)	4	0 (0%)	Gap exists in knowledge management, reason why documentation on lessons and best practices and lessons learnt still low. The knowledge management officer is still critical.	Not done				Hire a knowledge management officer	MOH and FHI 360
SMA1.2. Engage MOH staff in team-building	Develop team-building exercises	Consultant hired to develop team-building exercises	1	0 (0%)	The returns on investing in FP go beyond maternal health, to child	Not done				Conduct a team-building exercise for staff from	MOH and FHI 360

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
opportunities to encourage a strong working environment between the departments	Host team-building exercises that cut across financing, planning and RH division who work together	number of people trained on financing and planning (target: 45)	45	0 (0%)	health as well as to economic development, therefore, child health and planning units/divisions must work with the Reproductive division in order to give priority to FP during planning.	Not done				financing, planning and RH division on financing and planning	
	Follow with on job training for those who expressed interest during the team-building exercises	Consultant completes job training	1	0 (0%)		Not done				Follow up with on job training for those who expressed interest during the team-building exercises	MOH and FHI 360
SMA1.3. Develop an electronic planning/performance monitoring mechanism/system to track progress of the FP-CIP and improve coordination among the partners	Hire an outside firm to develop an FP-CIP reporting component within the MOH intranet.	MOH website re-organized with RH component	1	1 (100%)	Although the database was developed, some FP stakeholders are not aware of its existence.	Done				Inform FP stakeholders about the MOH website on FP-CIP reporting system.	MOH and FHI 360
	Train MOH staff on use of new electronic platform	Number of people trained on new electronic platform (target: 10)	10	63 (630%)	IPs were also trained hence should review the target to add IPs. Its use should be sustained	Not done			Done	Follow-up the trainees to ensure they are using the CIP-FP database	MOH and FHI 360
		Number of people engaged with information technology and social media (blogging on MOH website, Twitter, and Facebook for FP)	10	0 (0%)	Mechanisms to track blogs on Internet are lacking	Not done				Follow up the Internet to track number of people blogging on MOH website, Twitter, and Facebook, etc. for FP information	MOH and FHI 360
SMA2. The MOH effectively tracks and monitors the FP-CIP and provides support to implementing partners to report activities and funding and identify gaps											

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SMA2.1. Develop a TOR to include monitoring and tracking of FP-CIP in MOH coordinator's role	FP-CIP outputs collected, analyzed, disseminated and shared semi-annually by the MOH coordinator with all relevant stakeholders and implementing partners	TOR adopted; updated FP-CIP data shared with key stakeholders and implementing partners semi-annually	8	4 (50%)	M&E officer has been collecting and analyzing regularly but with minimal dissemination.	Done	Done	Done	Done	Conduct Semi-annual review of CIP implementation with stakeholders	MOH and FHI 360
SMA2.2. Assessment of gap analysis through implementing partner feedback and refresher on gap analysis tool	Disseminate feedback of gaps analysis to relevant stakeholders and implementing partners and refresher training on Gap analysis tool	Number of people trained on gap analysis tool	200	0 (0%)	This training has not been done	Not done	Not done	Not done	Not done	Conduct training of 150 people to perform gap analysis	MOH and ?UNFPA
		Data generated on the resource gap for FP-CIP execution	4	1 (100%)	There has been regular tracking of only financing of Commodities to inform advocacy for increased funding; with lack of tracking for financing of other thematic areas and of activities.	Done	Partially done	Partially done	Partially done	Bi-annual tracking and reporting on financing for all thematic areas and of activity implementation under each thematic area.	MOH, FHI 360, UNFPA
SMA3. The capacity of districts to effectively manage their FP program is strengthened											
SMA3.1. Conduct annual review meetings of the district work plan	Hold central level meetings with DHTs	Work-plan review meeting held for 150 reviewers	4	0 (0%)	Districts that have been supported to develop FP-CIPs (by FP partners e.g. RHU, UNFPA, PPDARO, FHI360, JHPIEGO), have never reviewed their work-plans. Other districts have no FP-CIPs to review.	Not done	Not done	Not done	Not done	All districts should be supported to develop FP-CIPs. Then conduct annual review meetings of the district work plan	MOH and FP-IPs in the respective districts

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SMA3.2. Improve FP stakeholder coordination and performance monitoring at the district level	Conduct a workshop to orient district management committee and DHTs on the development of an annual action plan for FP	Number of people trained in training workshop on stakeholder coordination and performance monitoring (target; 400)	1,600	0 (0%)	Activity has been limited to districts supported by the FP partners (UNFPA, RHU, PPDARO, FHI360 and JHPIEGO).	Not done	Not done	Not done	Not done	Train district management committee and DHTs on the development of an annual action plan for FP, stakeholder coordination and performance monitoring	MOH and IPs implementing FP activities in the respective districts
	Create and sustain a district taskforce (implementing partners and government) on FP to strengthen planning	District task force created	112	2 (2%)	Easier to develop in districts supported by the FP partners (UNFPA, RHU, PPDARO, FHI360 and JHPIEGO).	Not done	Not done	Not done	Partially done	Create FP-District Task Forces in 110 districts (implementing partners and government)	MOH and IPs implementing FP activities in the respective districts
	Conduct quarterly district stakeholders meetings to review maternal and neonatal health, with technical support from professional associations; FP is a component	Number of stakeholder review maternal and neonatal health meetings held (Target: Quarterly meetings with 15 participants each)	16	0 (0%)	This activity has not yet been done yet it was scheduled for implementation annually	Not done	Not done	Not done	Not done	Conduct quarterly district stakeholders meetings to review maternal and neonatal health, with technical support from professional associations; FP is a component	MOH
SMA4. Reporting of FP indicators is strengthened											
SMA4.1. FP reporting tools are widely distributed to health care workers	Print FP reporting tools	Number of FP reporting tools printed and distributed	24,000	1680 (7%)	MOH needs financial support to have this activity done.	Not done	Not done	Not done	Partially done	Print and distribute reporting tools	MOH
SMA5. National efforts to collect, analyze, and use data to track FP progress is strengthened											

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
SMA5.1. Monitor and supervise Track20 data for FP programme validation	Conduct bi-annual national level monitoring and data validation for FP	Number of regions and participants receiving support supervision for FP (target 10 regions, 40 people each, receiving supportive supervision for FP)	40	20 (50%)	Some data sources for TRAC20 need data validation and verification to ascertain quality. Some of the TRAC20 indicators are still lacking data.	Partially done	Partially done	Done	Done	Monitor and supervise Track20 data for FP programme validation in 10 regions	MOH
SMA5.2. A national FP research agenda is developed	Engage a consultant to develop the national FP research agenda	National FP research agenda is developed	1	0 (0%)	Although some research has been conducted, the national research agenda has not yet been determined.	Not done				Develop a national FP research agenda	MOH
	Print and disseminate the research agenda	Number of copies of research agenda disseminated; research agenda posted on the MOH website	1000	0 (0%)		Not done				Print and disseminate the research agenda	MOH
SMA5.3. Conduct workshops to review current supervision tools	Review current FP supervision tools	Current supervision tools reviewed	1	1 (100%)	Review of supervision tools for FP, and of RMNCH score cards to incorporate FP, was done and are in the process of being printed	Done					
SMA5.4. Support districts to conduct QI/QA activities in sample facilities	Perform outreach in 112 district	number of districts to conduct QI/QA activities (target 112)	112	18 (16%)	QI/QA activities are conducted by IPs or MOH because most districts lack relevant skills. Need DHTs' capacity to conduct QI/QA activities.	Not done	Not done	Not done	Partially done	Support 112 districts to conduct QI/QA activities in sample facilities	MOH and IPs implementing FP activities in the respective districts

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency	
						2015	2016	2017	2018			
SMA5.5. Assess current RMNCAH score cards to see if FP is included in them	Assess current RMNCAH score cards for inclusion of FP	RMNCAH score cards assessed to review FP components	1	0 (0%)	Need to address FP updates in the RMNCAH	Not done				Assess current RMNCH score cards to include FP	MOH	
SMA6. The FP-CIP is assessed at mid-term and end-of-plan to inform future FP activities and programming												
SMA6.1. Conduct a mid-term review and final evaluation of the FP-CIP	Hire a consultant team to conduct a midterm review to assess implementation and recommend course corrections	Number of stakeholder meetings held	10	0 (0%)	There is need to have in-depth assessment and analysis of implementation of the CIP at all levels (national, district, community) in order to give evidence for the proper direction to take in the remaining period of the plan.				Not done	Identify a Consultant/ Consultancy firm to conduct the CIP Mid-term review	MOH	
		Midterm review completed	1	0 (0%)	The Consultant and donor should be identified to have this activity done.				Not done	Conduct Midterm review of the FP-CIP	MOH	
	Disseminate midterm review results	Midterm review results disseminated	1	0 (0%)	The Consultant and donor should be identified to have this activity done.				Not done	Disseminate Midterm review results	MOH	
	Hire a consultant team to conduct a final evaluation to inform planning post 2020	Number of stakeholder meetings held (target 10)	10	0 (0%)								
		Final evaluation completed	1	0 (0%)								
	Disseminate final evaluation results	Final evaluation results disseminated	1	0 (0%)								
Institutional arrangements for CIP implementation:												
					The national steering	Not				Set up a National	MOH and	

Activity	Sub-activity	Output indicator	Cumulative target	Achieved	Remarks	Year				2019 (proposed activities)	Responsible agency
						2015	2016	2017	2018		
					committee led by the office of the Prime Minister has not yet been set up to do multisectoral coordination of implementation of the FP-CIP	done				Multisectoral Steering Committee chaired by office of the Prime Minister, to coordinate implementation of the CIP.	NPC

4. SUMMARY OF 2018 ANNUAL PERFORMANCE

Dr. Mihayo delegated Frederick Mubiru of FHI 360 to present progress made on the priority action points of implementation for 2018. This activity was last done in June 2017.

Progress is summarized here.

Progress made on implementation of the 2018 priority action points with proposed follow-up actions for 2019

<i>Challenge to be addressed</i>	<i>2018 priority action points: Key actions</i>	<i>Responsible agency</i>	<i>Progress made</i>	<i>Way forward in 2019</i>
The FPCIP has a focus on multisectoral coordination, but efforts have been limited. There is progress, through leadership of the NPC to develop sectoral plans for FP. Also, the role of the OPM in the CIP is unclear.	#1: Finalize Sectoral Plans for Family Planning Program Implementation. Conduct regular multisectoral meetings on FP issues.	NPC	OPM's role of leading the process has been complicated by attrition of their staff. 16/500 planned technical briefs were prepared. Hence development of multi-sectoral plans has not worked very well.	To be further pursued in 2019
Although donors align their priorities with the CIP, it is unclear the extent by which IPs align their workplans with CIPs. Also, the gap analysis needs to be regularly updated with new information.	#2: Institute a Joint Annual Workplan process among all implementing partners, as well as generation of an annual gap analysis report	MOH FHI 360, UFPC	Gap analysis was not done this FY. Workshop was not held. Gap analysis is very dependent on information from IPs. There is a database now but with information not readily available.	M&E persons need to be tasked by each of the IPs to update the CIP database in order for gap analysis to be done.
Although donors align their priorities with the CIP, it is unclear the extent by which IPs align their workplans with CIPs.	#3: Engage partners to align workplans with CIPs	MOH, UFPC	Some IPs are trying to align their FP plans with the CIP. They have further started using the CIP database. Many IPs are not aligning very well with the National CIP. This is related to the above activity. IPs need to use the CIP as a bible and ensure that they plan within the framework of the CIP.	Orient IPs on the CIP and encourage them to plan within the framework of the CIP
Coordination mechanism for advocacy efforts exist, but needs improvement	#4: Coordinate advocacy efforts through the advocacy taskforce	Advocacy Task Force, NPC	Mostly being done through the FP Advocacy Group. Addressing FP needs for people living with disability is increasingly becoming an issue requiring intervention. The activity is ongoing.	NPC to give an update
There is limited engagement of districts in the CIP, and inadequate guidance on what their contribution is to the CIP	#5: Develop and disseminate a minimum package of interventions for implementation of the CIP at sub-national level	MOH, RHU	No report was provided on this activity.	RHU to give an update of interventions on development of the minimum package
Currently, only about 35 districts have developed	#6: Mobilize additional stakeholders to support	MOH, PPD ARO	23 districts were supported to develop district-specific FP-CIPs this FY.	Support remaining districts to develop

district action plans	dissemination of the CIP at district levels, including development of district action plans and printing of additional copies of the CIP.		Altogether, 35 districts have developed CIPs but this number needs to be updated by IPs.	their CIPs and also support all districts mobilize resources to implement the CIPs.
There is lack of adequate actors at national level who are aware of the CIP, and hence unable to provide the support the plan needs	#7: Engage an increased number of national level actors (including development partners, MPs etc.) to support the CIP and mobilize resources	Advocacy Task Force	Including Development partners. A lot of work has been done. – the private sector	Advocacy Task Force to report on the task they were given
There is lack of adequate champions to promote the CIP at different levels	#8: Engage champions at various levels to champion the CIP, including satisfied users, parliament	Advocacy Task Force	Mulago has done a lot of work with champions. Faith-based organizations have brought on board several champions and religious leaders.	Advocacy Task Force to report on the task they were given
Of late, the TWG meetings have been inconsistent and inefficient	#9: Ensure technical working group meetings are held on a regular basis	MOH – Lawrence Were	In 2018, all the quarterly WG meetings were held. There has been a lot of efforts. TORs that were developed in 2013 have been reviewed	
There is lack of a dedicated platform to review progress of the CIP according to established indicators in the PMP and CIP	#10: Hold bi-annual review sessions of the CIP progress	MOH FHI 360	This year have done this only once. Key challenge was lack of a CIP database to be used as a basis for review. A Sub-Committee was set up to organize for the CIP review this year.	This subcommittee could continue to undertake this task.
Only a few districts have FP targets/goals. All districts should have measurable targets, including mCPR goals that link to the national level mCPR, to support performance reviews.	#11: Establish district-level targets for the CIP for all districts	MOH	A lot of effort is at district level but needs IP support and commitment and effort. This was done in 2 districts (Masaka and Hoima)	
Dissemination of the PMP document was limited, and only select implementing partners understand the key indicators to be tracked for the CIP.	#12: Present the PMP in the next TWG meeting, and disseminate copies to stakeholders	MOH FHI 360	PMP is related to the IP performance. This requires instituting data quality efforts	MOH and FHI 360 to provide an update on this
Concern that the quality of data for service statistics is weak.	#13: Institute data quality efforts	MOH	Data Quality Assessment (DQA) process for FP alone needs to go along with building capacity of HCWs. There have been efforts on this, through quarterly updates. There are not very many. Now are building capacity on the new tools.	MOH to report on this

Performance against 2018 annual CIP targets

Activities in 2018 were mostly under the following thematic areas: demand creation, service delivery, commodity security, stewardship management and accountability, financing, policy and enabling environment. They are presented here.

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
DEMAND CREATION					
DC1.3. Develop and implement a mass media campaign on family planning based on communications strategy (<i>three times a week, quarterly</i>)	Engage a consultant to develop family planning media scripts (radio, TV, print, etc.)	Number of radio, television, drama, and print media spots developed	600	182	30%
DC1.3. Develop and implement a mass media campaign on family planning based on communications strategy (<i>three times a week, quarterly</i>)	Purchase media space for FP messages	Number of radio and TV spots purchased and aired (Target: 3 times a week, quarterly)	108	318	294%
DC1.5. Sensitize and orient interpersonal communication agents working in the health and non-health sector to integrate FP SBCC into the communities	Work with implementing partners to engage health and nonhealth FP champions	Number of interpersonal communication agents trained, per target region	120	856	713%
DC2.1. Conduct community outreach events to engage men in family planning.	Conduct FP outreach events	Number of FP community outreach events held	120	320	267%
DC3.2. Create an educational yearly youth magazine that describes youth FP activities, programmes, and services	Write and disseminate youth magazine	Youth magazine is produced annually	30000	43400	145%
DC3.5. Support peer educators	Provide monthly peer educator stipends	Number of peer educators receive monthly stipends	500	632	126%
DC3.6. Host “edutainment” community events, like dances, music concerts, sport competitions, to provide opportunity for knowledge exchange amongst young people		Number of community events held annually (Target: 1)	12544	296375	2363%
DC3.6. Host “edutainment” community events, like dances, music concerts, sport competitions, to provide opportunity for knowledge exchange amongst young people	Hold community dialogues about how parents can best communicate with their children about sexual education	Number of community dialogues held and participants (Target: 50 dialogues held; 1,500 parents engaged)	1,500	21843	1456%
SERVICE DELIVERY					

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
SD9.3. Motivate workers to spend an extra hour working at the clinic	Provide recognition and certification for health care workers who put in the extra hours at a national or regional meeting	Number of staff recognized quarterly and annually (Target: 50 quarterly; 200 annually)	1000	954	95%
COMMODITY SECURITY					
CS1.1. Conduct annual quantification, forecasting and procurement workshops for FP commodities and consumables	Hold annual meeting to review annual contraceptive and consumable needs	Annual review meeting held on contraceptives commodities forecasting and quantification procurement	6	4	67%
CS1.2. Follow-up with interested partners to determine if they can further help to fill the financing gap for contraceptives	Hold meeting with partner organizations	Documentation of partner commitments made to cover financing gap for contraceptives	6	4	67%
CS1.3. Write quantification report	Hire consultant to write quantification report	Quantification report produced	1	1	100%
CS1.3. Write quantification report		Number of meetings held (Target: 10 meetings in 10 regions)	10	12	120%
CS1.3. Write quantification report	Print quantification report	Number of quantification reports printed (Target: 150)	150	150	100%
CS1.5. Hold quarterly FP Reproductive Health Commodity Security (RHCS) meeting with agenda item to review contraceptive stock status	Hold quarterly meeting to review current contraceptive and consumable stock status and predicted needs	Number of RHCS meetings held annually (Target: 4)	24	16	67%
CS2.1. Integrate forecasting and quantification within routine facility and district activities	Hold field assessments to review capacity of staff to quantify FP methods	Number of districts visited by central staff to review staff ability to quantify FP methods (Target: 10 Regions annually)	112	112	100%
STEWARDSHIP, MONITORING, AND ACCOUNTABILITY					
SMA1.3. Develop an electronic planning/performance monitoring mechanism/system to track progress of the FP-CIP and improve coordination amongst the partners	Train MOH staff on use of new electronic platform	Number of people trained on new electronic platform (target: 10), IPs were also trained.	10	63	630%
SMA2.1. Develop a TOR to include monitoring and tracking of FP-CIP in MOH coordinator's role	FP-CIP outputs collected, analyzed, disseminated and shared semi-annually by the MOH coordinator with all relevant stakeholders and implementing partners	TOR adopted; updated FP-CIP data shared with key stakeholders and implementing partners semi-annually	10	4	40%

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
SMA5.1. Monitor and supervise Track20 data for FP program validation	Conduct bi-annual national level monitoring and data validation for FP	Number of regions and participants receiving support supervision for FP (target 10 regions, 40 people each, receiving supportive supervision for FP)	10	10	100%
FINANCING					
F6.1. Conduct advocacy to ensure that the health insurance scheme includes full FP method coverage for all insurance packages	Host a series of dialogues with the MOH and insurers including private insurers	Number of meetings held with insurers and officials (Target; 1 meeting annually)	5	8	160%
F7.1. Explore the use of EAC pooled funding and procurement for bringing down RH commodity prices	Conduct a study on feasibility of using EAC pooled procurement of medicines for RH commodities	Study conducted and recommendations produced	1	1	100%
F7.1. Explore the use of EAC pooled funding and procurement for bringing down RH commodity prices	EAC pooled funding and procurement of RH commodities to help to bring down prices is investigated by partner countries	International meeting held in Kampala; advocacy tool produced	1	1	100%
F7.1. Explore the use of EAC pooled funding and procurement for bringing down RH commodity prices	Travel to EAC headquarters and other countries to meet with other MOH to discuss potential processes and mechanisms for using pooled funding and procurement for RH commodities	Number of advocacy trips to EAC headquarters	1	1	100%
POLICY AND ENABLING ENVIRONMENT					
PEE4.1. Coordinate and support prominent FP advocates/champions and scale up FP advocacy	Provide technical support to prominent FP champions	Number of FP champions supported (Target: 5)	30	219	730%
PEE4.2. Support prominent FP champions	Support prominent FP champions to attend advocacy meetings with government, donors and partners, internationally, nationally, provincially, and at the local level	Number of prominent FP champions supported to travel internationally and nationally (Target: 2 international trips per year; 10 domestic trips per year)	72	0	0%
PEE4.2. Support prominent FP champions	Support specific activities of prominent FP advocates, including providing technical support on FP issues, including supporting relevant parliamentary committees to advocate for maternal and neonatal health issues/family planning, the First Lady, business leaders, and relevant councils	Number of FP champions provided with technical assistance [Target: 50 per year]	300	4000	1333%

Twelve of the 2018 activities were partially done, mostly under the thematic areas of finance and policy and enabling environment. They are presented here.

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
FINANCING					
F2.4. Improve coordination with regional partners to continue to foster positive financial working relationships	Conduct MOH field visits to regional partner organizations	Number of meetings to monitor partner commitments (5 regional visits, annually)	30	4	13%
F2.5. Organize a family planning development meeting to invite CIP commitments from Development partners	Invite key partners previously identified as potentially being interested in FP in Uganda	Documentation of number and value of commitments made	6	4	67%
F4.1. Advocate for the creation of a budget line for family planning at the district level	Hold MOH outreach visits to districts during the month it is deciding on its budget to encourage the budgeting for family planning	Number of regions visited and meetings held as districts plan their budgets (target: 10)	10		0%
F4.1. Advocate for the creation of a budget line for family planning at the district level		Number of districts creating a budget line for family planning	336	30	9%
F5.1. Advocate for increased funding for training and support for midwives and nurses at lower- level health facilities	Host a series of dialogues/ meetings with MPs and ministry officials to advocate for increased funding for the development of health workers especially for midwives and nurses at lower facilities	number of meetings held a year with parliamentarians and ministry officials per year (target: 2 meetings held annually, 50 MPs and officials per meeting)	10	8	80%
POLICY AND ENABLING ENVIRONMENT					
PEE1.1. Advocate for a multi-sectoral approach so that each Ministry includes Family Planning and population issues in their national policy documents, strategic plans, and budget allocations	Prepare technical briefs to advocate for Budget Framework papers to include family planning as a strategy to improve maternal and newborn health	Number of technical briefs printed (target: 100 disseminated each year)	600	16	3%
PEE1.3. Advocate with Ministry of Education to implement a school health curriculum that includes messages on SRH, including prevention of teenage pregnancy	Hold a series of meetings with the Ministry of Education to encourage a family planning curriculum	Ministry of Education staff review the use of a school health curriculum, and recommendations are generated on modifications	18		0%
PEE3.3. Support implementation of task sharing policies, including policy that allows CBDs to give injectables throughout the country	Use regular WG meetings to review suggestions on task sharing and address any barrier	Documented evidence of decisions made on suggestions for task sharing	6	2	33%

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
PEE3.5. Ensure GOU allocation to alternative distribution system	Hold series of meetings with MPs and ministries to advocate for budget line item allocation to the alternative distribution system	Number of advocacy meetings held (Target: 3) Documented evidence of progress or decisions made on a budget line item allocation to the alternative distribution system	3	0.5	17%
PEE5.1. Upload and print all MOH family planning policies	MOH to upload all FP policies and print copies for distribution	Number of policies uploaded and printed (Target: 10 policies printed in 2015, ongoing uploading electronically)	10		0%
PEE7.1. Advocate with interpersonal communication (IPC) agents working in non-health sector to integrate FP BCC into their programs	Hold series of advocacy meetings to advocate with non-health sector to integrate FP SBCC into programs	Number of stakeholders engaged on integrating SBCC into their programs (Target: 150)	900	224	25%
PEE5.1. Upload and print all MOH FP policies	MOH to upload all FP policies and print copies for distribution	Number of policies uploaded and printed (Target: 10 policies printed in 2015, ongoing uploading electronically)	10		0%

Eight of the 2018 activities in the thematic areas of finance and policy and enabling environment were not done. They are presented here.

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
FINANCING					
F5.1. Advocate for increased funding for training and support for midwives and nurses at lower-level health facilities		Documented increases in the funding for training and support for midwives and nurses at lower level health facilities.	5		0%
F5.1. Advocate for increased funding for training and support for midwives and nurses at lower-level health facilities		Documented evidence of progress or decision made on coverage of FP in health insurance scheme	5		0%
POLICY AND ENABLING ENVIRONMENT					
PEE1.2. Engage nonhealth ministries and department directors in including FP as part of their policy development.	Document all ministry multisectoral plans in 1 work plan	Number of copies of ministry multisectoral plans developed (Target: 1,000)	1000		0%
PEE1.2. Engage nonhealth ministries and department directors in including FP as part of their policy development.	Hold meeting with each Ministry to review its strategic plan and guide its FP issues	Ministry staff review strategic plan 2015-2016	50		0%
PEE1.5. Promote FP as a development tool through public dialogues	Conduct training workshops with journalists on above developed material	Number of journalists trained on FP dialogue (Target: 30 every year for	180		0%

CORE CIP ACTIVITY	SUB-ACTIVITY	INDICATOR	TARGET	ACHIEVED	% ACHIEVED
		6 years)			
PEE3.1. Review/revise Essential Medicines List and include new FP commodities that are included in the WHO pre-qualification list	Hold meeting with MOH, NDA, and key stakeholders to review/revise Essential Medicines List and include new FP commodities included in WHO pre-qualification list	Revised essential medicines list	3		0%
PEE4.1. Coordinate and support prominent FP advocates/ champions and scale up FP advocacy	Hold meeting to coordinate national prominent FP advocates to share best practices in advocacy and lessons learnt from FP	Number of advocates coordinated to share best practices	500		0%
PEE6.1. Advocate with members of parliament and MOH to centralize FP health care workers and standardize their pay	Hold advocacy meetings to advocate with nonhealth sector to integrate FP SBCC into programs	Number of stakeholders engaged on integrating SBCC into their programs (Target: 150)	150		0%

5. PROPOSED KEY ACTIONS FOR 2019

Proposed activities to be implemented in 2019 will aim at filling the gap in performance. These are mainly activities that had been scheduled to be implemented between 2015 and 2018 but did not take place or took place but are recurrent in subsequent years. Others were intended to be implemented in 2019. They are arranged by thematic area (see tables below).

DEMAND CREATION THEMATIC AREA

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
Demand for FP services is increased	Although the research was done and the BCC strategy was developed, the research findings and BCC strategy were not disseminated. Some of the BCC activities have not yet been implemented.	<p>Ensure that the different national or community-level partners, scale up the demand creation (BCC) efforts.</p> <p>Address myths and misconception on FP and other underlying gender issues at the facility and community level.</p> <p>Monitor and improve on FP counseling at the facility and community level</p> <p>Support the health system to ensure availability of contraceptive method mix.</p>	RH/MOH
Young people (10–24 years) are knowledgeable about and are empowered to use FP services	Data lacking on engagement of peers to educate young people about FP services and youth groups are not sufficiently supported to develop SRH work plans. Production of BCC materials to enhance BCC activities for youth programs is lacking.	Strengthen the data collection system in DH12 to ensure that health-related data about young people is consistently and adequately collected	IPs implementing youth programs
	Initiation and evaluation of a pilot project to	Department of information at MOH to	MOH

	brand free, public-sector condoms to see if overall uptake increases is long overdue	quarterly analyze and disseminate young people DHIS2 data to inform decision-making at different levels.	
	Target on empowering parents, caregivers, and teachers, including improving parent-child communication on sexual issues to help their children to avoid teen pregnancy, was not attained	FP stakeholders continue to engage young people including first parents, women with low parity with the aim of delay sexual debut and delay next pregnancy.	Youth organizations

SERVICE DELIVERY THEMATIC AREA

STRATEGIC OUTCOME	GAP/JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
Access to FP services is increased	Reporting and documentation of effectiveness of FP mobile clinics is poor.	Strengthen reporting by FP stakeholders on Mobile clinic-based FP services and its effectiveness. Set up a reporting system through DHIS by private clinics on commodities they receive from JMS	MOH
FP referral services are strengthened	There is a general unavailability of referral forms at FP service delivery points for use.	Print and disseminate to service delivery points, FP referral forms	MOH
FP is integrated into other health services	FP integration protocols are not readily available in FP service delivery points	Assess the availability of FP integration protocols at service delivery points at the different levels to determine availability of FP integration protocols. Depending on the findings, take the necessarily actions.	MOH
FP services are accessible by people with disabilities	There is lack of FP guidelines on communicating with people with disabilities	Develop Clinical Guidelines for provision of FP to people with disabilities and train service providers.	RH, Disability Division (MOH), and UNFPA
FP side effects are managed	Poor management of side effects and adverse effects impact negatively on uptake of FP services	Emphasize the need to effectively manage FP side effects during the FP training	MOH with support from IPs
In-service training is improved to include FP	Unavailability of the reviewed FP comprehensive training materials and lack of guidelines on Pharmacovigilance	Create awareness of the FP side effects and allow clients to ask questions Include FP side effects management during health education at both facility and at community level. Strengthen on-job mentoring of H/Workers on FP provision including management of FP side effects and procedure for Pharmacovigilance.	
FP in the VHT system is strengthened	There have been FP updates in the WHO eligibility criteria that are not yet incorporated in the VHT training materials.	Update the VHT Training material in line with community-based FP and the WHO Eligibility Criteria updates. Then roll out implementation of VHT strategy on FP (cover training, re-training, equipping)	MOH, PATH, UNICEF, FHI 360, and Wellshare
Youth-friendly services (YFS) are provided in clinics and the community	Current coverage for FYS is unknown yet UDHS shows low coverage for FP among youth	Map H/ facilities on availability of YFS then implement plan to fill gaps e.g. facilitating role of Peer Educators.	MOH and IPs implementing FYS
	A need to delay sexual debut, increase age at first marriage, as well as reduce the number of children at first use of contraception among youth	Intensify FP interventions among youth, particularly targeting those in rural settings	IPs targeting youth-friendly services

COMMODITY SECURITY THEMATIC AREA

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
Comprehensive forecasting, quantification, and procurement of FP commodities are implemented and district staff are able to quantify and forecast FP commodities	Several activities are recurrent and should be implemented.	Hold annual meeting to review annual contraceptive and consumable needs; Document commitments made by partners to cover financing gap for contraceptives; hold quarterly meetings to review current contraceptive and consumable stock status and predicted needs; print and disseminate national quantification reports; hold regional meetings to write Annual Quantification reports; hold field assessments in districts to review capacity of staff to quantify FP methods	QPPU/MOH
	The existing staff is project-supported. The staff is exiting in Jan 2019.	Hire two staff to monitor the supply plan to support MOH.	MOH and IP (to be identified)
The push system to lower-level facilities is strengthened to increase effectiveness and responsiveness to local needs	Conducted two studies: (i) the pull-push study, (ii) national supply chain assessment, but did not implement follow-up actions	Implement the capacity-building plan on the push-and-pull system that was developed after the assessment on its effectiveness and responsiveness	MOH and IPs
Lower-level facilities build capacity to move to a pull system	Several constraints regarding training be addressed.	Compile data on providers and pharmacists trained in FP logistics and procurement; set up a functional system for tracking staff trained on how to procure contraceptives; conduct support supervision of trainers on the quality of training conducted by the TOTs of health care workers on the pull system; develop, print, and disseminate job aids and posters on the pull-and-push system	Pharmacy/ MOH
LMIS and HMIS improved	Lack of information on stock monitoring practices	Investigate if new technologies (e.g., short message system) would improve real-time stock monitoring and re-supply planning, especially to re-supply VHTs. Review current stock monitoring practices and determine whether scaleup of system would be feasible and cost-effective. Then disseminate results.	MOH and IP support
	Lack of a system to monitor stock status at health facility level; and lack of skills among HCWs to use the ICT equipment	Support MOH to develop ICT-based Logistics Management Information System (LMIS) to monitor FP stock status at health facility level. Then procure information, communication, and technology (ICT) equipment. Conduct cascade training of providers on the ICT-based LMIS to monitor FP stock status at health facility level	MOH and MSH
Challenges with distribution and requisition of FP commodities proactively identified and addressed	Districts/HF not adequately forecasting and requesting for FP commodities through the public sector. Tracking of commodities through the supply system is not well done.	Partners build the capacity of districts/HF to order for FP commodities through NMS for the public sector and JMS for the private sector and be able to track them through the supply channel including identifying bottlenecks and finding solutions to them.	MOH and MSH

POLICY AND ENABLING ENVIRONMENT

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
FP is repositioned as a key cross-cutting intervention for national development	FP is a developmental issue for health and nonhealth sectors. NPC has developed the Demographic Dividend Road map (with multisectoral aspects of FP). World Vision has supported budget framework paper development on FP.	Orient the relevant Ministries on the Demographic Dividend Roadmap and their role in its implementation	NPC, MOH and UNFPA
	Promote FP as a development tool through public dialogues	Develop FP training materials for journalists and carry out training. And train more district health educators and district RH officers on how to host community FP dialogue.	MOH with support from IPs
Legal framework and knowledge of policies for FP improved	Lack of awareness on Public Health Acts (currently in revision) and rights related to FP among district-based stakeholders	Disseminate legal framework (including Public Health Act and FP-related rights) to users, health care workers, and policy makers. Orient MPs, DHOs, DHA, and FP point people on FP rights, and correct any misconceptions	MOH and respective IPs
The full spectrum of FP commodities is available	Implementation of task sharing Policy (CBD of injectables, injectable contraceptives provision in drug shops, BTL by Clinical officers), pending. FP commodities stock-outs in some GoU health facilities and overstocks and expiry in others. Pilot on ECPs at community and in H/ facilities was done but follow-up is needed.	Revise Essential Medicines List to include new FP commodities as per the WHO pre-qualification list. Formalize and disseminate guidelines on redistribution of FP commodities between facilities and districts.	MOH and MSH
		Use evidence from pilot on COs' provision of BTL to review FP Policy and Pre-service curriculum and support clinical officers to do BTL. Complete Pilot on injectable contraceptives in Drug-shops then roll out the service. Use results from ECP pilot at community and H/ facilities, to declassify DMPA and ECPs then report back to the FP/RHCS WG meeting.	MOH/RH and UFPC
	More needs to be done on raising finances to sustain the ADS	Hold meetings with MPs and ministries to advocate for budget line item allocation to the alternative distribution system (ADS)	MOH/RH and UFPC
Parliament, local, cultural, and religious leaders are supportive of FP	Champions are supported annually especially for international meetings, e.g., ICFP	Coordinate and provide (technical, financial) support to national prominent FP advocates (Parliamentary committees, the First Lady, business leaders, relevant councils) to share best practices in FP advocacy and lessons learnt from advocacy internationally, nationally, provincially, and at the local level	IPs
Knowledge of FP policies among stakeholders and health care workers improved	Some service providers are still ignorant about national policies on FP	Develop FP policy briefs biannually, then print and distribute them to HCWs as updates on implications for their work	MOH
FP health care workers are retained	Service provider pay is not in conformity with the magnitude of services provided.	Hold series of meetings to advocate with members of Parliament to centralize FP health care workers and standardize their pay	MOH and IPs
The nonhealth sector integrates FP BCC into their program	This is a pending activity	Hold series of advocacy meetings to advocate with nonhealth sector to integrate FP SBCC into program	MOH and NPC
Policymakers are able to	This is a pending activity	Orient policymakers on how to advocate for delayed, contentious bills	MOH and NPC

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
advocate for delayed, contentious bills on SRH and FP			

FINANCING AND RESOURCE MOBILIZATION THEMATIC AREA

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
Government funding for FP is increased	GOU FP budget increased twice: after the 2012 London summit and in 2017–18. The increment in allocation needs to be maintained	Continue coordinating IPs in advocating with MOFED and MOH for an increase of FP budget line in the sectoral budget.	PPD-ARO, UFPC, NPC, FP budget Advocacy Group, DSW
Donor funding for FP is increased	Some activities are pending and others not yet completed. Funding gap for the CIP still exists while FP2020 commitments need to be implemented.	Implement FP resource allocation advocacy strategy. Print and disseminate FP budget line item monitoring and advocacy guidelines. Update the RMNCAH Resource Tracking Tool. Hold FP meetings with development partners and stakeholders to raise resources for the CIP.	NPC, UFPC, MOH, FHI 360
Corporations increase FP funding	Responsible organizations have not yet been mobilized to fulfill their corporate social responsibility for FP.	Organize an FP advocacy meeting with various corporate officers	FP budget Advocacy Group, NPC, DSW, MOH
FP is mainstreamed in district planning and budgeting processes	More than 50% of the districts have not developed FP-CIPs	Support districts to develop FP-CIPs	PPD-ARO, RHU, DSW, PAI/ Faith Fund (FBOs)
Financial investment in human resources development for health is increased	Target on training midwives and nurses not attained	Increase funding for human resource development of health workers (midwives and nurses at lower facilities)	NPC, Engender Health, JHPIEGO, UFPC, MOH
FP is included in the national health insurance scheme	Activities pending	Follow-up the National Health Insurance Bill to Parliament and conduct a study on FP commodities package in different health insurance groups	PPD-ARO
MOH and NMS will provide the East Africa Community (EAC) with full information on costs and benefits of using pooled procurement for RH commodities	Pooling finances for joint procurement of FP commodities by EAC countries has challenges of different procurement laws that are not yet harmonized across countries.	Follow up with EAC Secretariat to harmonize contraceptive procurement laws across the EAC countries	UNFPA, MOH, ESARO

STEWARDSHIP, COORDINATION, MANAGEMENT, AND ACCOUNTABILITY THEMATIC AREA

STRATEGIC OUTCOME	GAP/ JUSTIFICATION	ACTIVITY PLANNED FOR 2019	RESPONSIBLE AGENCY
Capacity at the MOH to effectively lead, manage, and coordinate the FP	Universal access to FP can be achieved using FP-CIP by: good M&E, engagement and coordination of FP stakeholders based on their comparative advantage, mapping IPs and FP interventions, and using CIP as a resource	Hire full time national FP-CIP Coordinator and a Knowledge Management Officer to support MOH/RH. Update the CIP database quarterly and share report with FP stakeholders. Track number of people blogging on MOH FP	MOH and FHI 360

program is strengthened	mobilization tool.	website, Twitter, Facebook for information	
	Ensuring maximum returns from FP require team work from the MOH departments of maternal health, child health, planning, finance, M&E, human resource, and pharmacy.	Conduct a team-building exercise for MOH staff relevant to FP-CIP implementation (e.g., financing, planning, RH, Resource Centre, pharmacy, human resource)	MOH and FHI 360
The MOH effectively tracks and monitors the FP-CIP and provides support to implementing partners to report activities and funding and identify gaps	Regular FP data collection and analysis by M&E officer ongoing; but with minimal dissemination. Regular tracking of financing of FP commodities to inform advocacy for increased funding is ongoing; but tracking of financing of other thematic areas is lacking.	Disseminate to FP stakeholders, the FP-CIP Semi-annual review reports for action. Implement biannual tracking and reporting on financing for all thematic areas and of activity implementation under each thematic area.	MOH, FHI 360, UNFPA
	Training on gap analysis assessment through IP feedback has not been done.	Train 150 people to perform gap analysis of the CIP.	
Capacity of districts to effectively manage their FP program is strengthened	Districts that developed FP-CIPs have never reviewed them. Improvement in FP stakeholder coordination and performance monitoring at the district level, if at all, is limited to districts supported by FP partners.	Districts without CIPs: support them to develop their FP-CIPs. All districts: Train and support DHTs to use the District FP-CIPs to guide coordination and performance monitoring then present report: at the annual district FP-CIP review meetings for development of action plans and at the quarterly District FP stakeholder coordination meetings	MOH and FP-IPs in the respective districts
Reporting of FP indicators is strengthened	MOH needs financial support to print FP reporting tools	Print and distribute reporting tools	MOH
National efforts to collect, analyze, and use data to track FP progress is strengthened	Gaps in data management still exist, e.g., Data validation and verification to ascertain quality for Track20 Some Track20 indicators still lack data Lack of a national research agenda Lack of capacity by DHTs to conduct QI/QA activities Assessment of current RMNCH score cards to see if FP updates are included still pending	Monitor and supervise Track20 data for FP program validation in 10 regions. Develop a national FP research agenda then print and disseminate it. Support 112 districts to conduct QI/QA activities in sample facilities. Assess current RMNCH score cards to include FP	MOH and IPs implementing FP activities in the respective districts
FP-CIP is assessed at midterm and end-of-plan to inform future FP activities and programming	In-depth assessment and analysis of performance of the CIP at national, district, community, in order to give evidence for guidance on direction of implementation in the remaining period of the plan, is still pending	Identify a consultant/consultancy firm and mobilize funds to conduct the CIP midterm review. Conduct Midterm review of the FP-CIP and disseminate results and implement action points	MOH and IPs
Institutional arrangements for CIP are implemented	The national steering committee led by the Office of the Prime Minister has not yet been set up to do multisectoral coordination of implementation of the FP-CIP	Set up a national multisectoral steering committee, chaired by office of the Prime Minister, to coordinate implementation of the CIP	MOH and NPC

6. PRESENTATION ON TANZANIA CROSS-COUNTRY EXPERIENCE IN CIP DEVELOPMENT AND REVIEW – BY SAMMY MUSUNGA

Because Mr. Musunga could not attend, this session was presented by Frederick Mubiru on his behalf. He discussed Tanzania's experience in implementing the FP-CIP.

The country had also gone through challenges similar to those that Uganda was experiencing including operationalizing the FP-CIP database. He said things had not run smoothly. They faced a challenge of over-targeting and now have fewer activities. They are now implementing a second round of CIP (CIP2).

They learned that as tracking of the performance of FP-CIP is done, it is important for stakeholders to know the outputs from the monitoring tools so they can appreciate outcomes. The individuals who manage the database stressed the importance of IPs seeing results so they would understand the value of keeping the data updated.

7. CLOSING REMARKS BY MR. THOMAS OBUA OCWA, PHARMACY DIVISION, MINISTRY OF HEALTH

Closing remarks were given by Mr. Thomas Obua. He expressed his appreciation to all the FP stakeholders who attended the CIP review meeting. He further thanked them for their invaluable inputs into the review process during the workshop. He vowed that the MOH would work hand in hand with the implementing and development partners to ensure that recommendations made on improving implementation of the FP-CIP were put into action.

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