

FP2020 Commitment 2019 Update Questionnaire UGANDA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Uganda, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<https://www.familyplanning2020.org/uganda>) so in-country and global stakeholders alike can follow Uganda's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Uganda is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Uganda's original commitment that still stand, and 2) seven standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

Whilst there has been significant progress in increasing access to family planning in Uganda, many women who want to avoid pregnancy are not using effective family planning methods. To ensure that every Ugandan woman can choose when and how many children to have, the Government of Uganda recommits to allocating \$5 million annually from domestic funding to expand the choice of methods and work closely with our partners to raise \$20 million annually for family planning. We will support a robust communication strategy to increase demand and linkage to family planning services ensuring a cross-sectoral approach that addresses broader issues such as child marriage and girl's education. In addition, the government commits to reduce the unmet need amongst adolescents from 30.4% in 2016 to 25% in 2021 through operationalizing the National Adolescent Health Policy and the National Sexuality Education Framework. By increasing the deployment of critical health cadres in hard to reach areas and where appropriate task shift, we will expand the provision of services including for Long Acting and Reversible and Permanent methods. These commitments will contribute to Uganda's ambitious goal to reduce unmet need for family planning to 10% and increase the modern contraceptive prevalence rate to 50% by 2020.

Anticipated Impact

1. Implementation of the stated commitments will accelerate attainment of the goals laid out in Uganda's Family Planning Costed Implementation Plan, averting 4,067,731 unintended pregnancies, 579,550 abortions, 6,072 maternal deaths and 118,700 child deaths.

1. **COMMITMENT:** Government re-commits to leverage \$20 million annually from its continued partnership with development agencies and the private sector

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

According to the FP2020 tracking report of FY2017/18 by MoH, Development Partners (DPs,) NGOs, and Insurance companies have spent UGX 133.8 billion (US\$37.0 million) for family planning. Thus, Uganda surpassed the US\$ 20 million commitment to be leveraged from development partners.

Check Points:

Anticipated Impact:

A deeper penetration of family planning services within districts and promote the integration of family planning into other RMNCH programmes. This is likely to foster sustainable delivery of FP.

Proposed Actions:

1. Capacity building on RBF for both the central and district stakeholders.
2. Development of an accountability mechanism to monitor implementation of the RBF grant.
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.
4. Raising awareness of the voucher programme including geographical location and groups targeted; increased financing of FP voucher schemes
5. Generate evidence on current coverage as a baseline to increase coverage.
6. Districts supported to develop FP costed implementation plans and mobilize resources.
7. Framework to guide districts and advocacy to interest districts in the in the challenge initiative.
8. Buy - in from other donors to expand matching grants

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

2. **COMMITMENT:** Government of Uganda re-commits 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.
 - Invest financially in health human resources development, and strengthen the delivery of health services.
 - Conduct half-yearly RH/FP reviews by the Ministry of Health;
 - Ensure timely completion of the annual household panel surveys by Uganda Bureau of Statistics to ascertain progress on health, including FP, service delivery;
 - Carry out a robust evaluation of all FP investments countrywide;

- Reorganize health financing and develop a health insurance plan for the country;
- Promote voucher programs as a form of demand-side financing to increase use of FP and safe Motherhood services among the poor; and
- collaborate with private sector bodies and institutions for the integration of MH/RH/FP and HIV& AIDS information and services for employees and their families;

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Government of Uganda has increased its allocation to FP/RH from USD 2.2million in FY 2017/18 to USD 4.3 million for FY 2018/19.

Check Points:

Anticipated Impact:

Will expand choice of family planning services and contribute to the increased uptake of family planning

Proposed Actions:

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).
2. Budgetary allocation and tracking to ensure procurement of a range of FP supplies and commodities especially the Long Acting and Reversible Contraceptives.
3. Distribute DMPA-SQ through both public and private sector channels and scale up new innovative methods like Self injection with DMPA-SQ. In regard to scaling up DMPA in the public sector, training and product supplies of DMPA-SC have been rolled out at all levels both at facility and community. More training for community support will be finalized by end of November. Regarding the private sector, a pilot was conducted in twenty districts covering 115 drug shops. All the drug shop operators were trained on Family Planning including DMPA-SC. DMPA SC has been fully integrated into the national quantification supply plans. NMS has been delivering to all districts for public facilities; however it was noted that DMPA-SC was not part of the essential kit and was being distributed in isolation however going forward, NMS has committed to last mile delivery in FY 2019/2020. JMS distributes DMPA-SC to all the accredited sites through the Alternative Distribution Strategy (ADS)

In regard to self-injection, the MOH-partner research agenda was completed with results showing high acceptability and feasibility, higher continuation rates and more cost effectiveness of the self-injection program. A pilot outside a research setting under real world conditions was completed and all these results are informing policy to scale up self-injection in the country.

4. Review the national procurement plan every 6 months
5. Strengthen the quantification committee.
6. Include costs of warehousing and distribution of FP commodities through the Alternative Distribution System in the MoH annual budget.
7. Support implementation of a total market approach to delivery of family planning services.
8. Create regional hubs for partners to pick products. The MOH has streamlined the ordering and distribution of FP commodities between the two warehouses. All public sector facilities will get

- FP commodities from National Medical Stores (NMS), while Private not for Profit (PNFP) will get from the Alternative Distribution Strategy (ADS) at Joint Medical Stores (JMS).
9. Fast track the development of an on-line ordering system.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

3. **COMMITMENT:** The Government commits to support a robust social and behaviour change communication (SBCC) strategy to increase demand and linkage to family planning services.

3.1 Implement an integrated FP campaign; and

3.2 Assure an enabling policy environment for FP

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The SBCC strategy is in place (2018- 2022). Health communication lead partners working with the Behaviour Change Communication Technical Working Group under the Health promotion division, worked with various implementing partners to conceptualize, pretest and roll-out family planning messages/Campaigns and evidence based approaches. Two major Family campaigns that were rolled out by different implementing partners included “What would pregnancy mean to you now and “Let Girls be Girls Campaign” supported by USAID and UNFPA respectively. UNFPA is implementing a campaign of live your dream to support young people realiaise their dreams and control their SRH rights. Additionally, the partners used multiple channels of communications to reach out to key audiences, with the main aim of addressing FP myths and misconceptions, side effects and where to access FP services. The channels of communications included community dialogues with married/not married young people, male champions, religious, cultural, local and community leaders, supported radio and TV talk shows addressing. The campaigns and messages focused on addressing both the health workers attitudes and social cultural issues that affect uptake of FP services and information. Currently, MoH is working with partners to review the FP advocacy strategy to guide future advocacy movements for family planning in the country.

Check Points:

Anticipated Impact:

The demand for services will contribute to addressing myths and misconceptions on family planning contributing to increased utilization of family planning.

Proposed Actions:

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.
 - Sustain the national FP campaign for demand creation.
 - Promote male involvement in FP.
 - Commit a percentage 10% of the annual health sector budget to adolescent SRH.
 - Promote evidence based interventions.
 - Focus on hard to reach and youth.
 - Develop regional, cultural appropriate IEC materials.
 - Messaging informed by social determinants of health.
 - IEC linked to broader cultural issues including girls' education, early marriage, and teenage pregnancy

b) Please mark below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

4. **COMMITMENT:** Government commits to expand the cadre of skilled workforce in the provision of quality FP services including long-acting and reversible contraceptives (LARC) and permanent methods.

4.1 Strengthen institutional capacity of public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation, and equipment).

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Uganda has trained over **3,119** health workers at facility levels for both LARCS and short term methods. Different models of training were used namely on job mentorship, classroom training and practicum.

Check Points:

Anticipated Impact:

Improved access and uptake of family planning services including among young people who often are faced by stigma from unskilled/untrained health care workers

Proposed Actions:

1. Strengthen performance management and monitoring of health workers
2. Regulation, oversight, and cohesion on training of Health Care Workers including in the provision of new methods
3. Train providers on youth friendly service provision to reduce provider biases
4. Improve the generation and use of quality and timely national data on FP
5. Implement task sharing policy
6. Improve the generation and use of quality and timely national data on FP
7. Implement task sharing policy
8. Train Community Health Workers on provision of FP

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

5. **COMMITMENT:** Government commits to reduce the unmet need for FP amongst adolescents from 30.4% in 2016 to 25% in 2021 through operationalizing the National Adolescent Health Policy and the National Sexuality Education Framework.

5.1 Continue rolling out youth friendly services in all government health centres IV and district hospitals;

5.2 Continue scaling up partnerships with CSOs and private sector entities for FP outreach and community-based services to target hard-to-reach communities; and

5.3 Invest in social marketing and social franchising approaches to ensure access to FP.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The National Adolescent Health Policy is under review by the Ministry of health and the National Sexuality Education Framework was launched and is in use by the Ministry of Education and Sports. Partners have supported the government of Uganda to orient health workers in the provision of youth friendly services. Additionally there is a deliberate effort by various partners to engage young people led organizations to participate in key activities I at both national and district levels.

Check Points:

Anticipated Impact:

An increase in the number of young people with access to information on SRH and therefore those that are using SRH services including family planning

Proposed Actions:

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
2. Ensure allocation of at least 10% percent of the RMNCAH (GFF) resources annually to adolescent FP
3. Prioritize efforts geared towards harnessing the demographic dividend
4. Commit to prioritize young people in Uganda's development agenda

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

6. **COMMITMENT:** Government commits to increase the deployment and retention of critical cadres (esp. midwives) in hard-to-reach areas.

6.1 support the development and professionalization of midwifery through skills training, good employment practices, and the involvement of midwives in policy dialogue and health management;

6.2 invest in midwifery career promotion and the bonded midwifery scholarship programs; and

6.3 *Continue* to finance, train, recruit, retain, and manage the performance of skilled human resources for health.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Government has enhanced salaries of health workers to improve retention. Given the difficulty in working in hard to reach areas, hardship allowance is also given to ensure retention.

Check Points:

Anticipated Impact:

Expand family planning services to the vulnerable and hard to reach communities, including in areas facing protracted crises

Proposed Actions:

1. Recruit, deploy and retain critical cadres (e.g. midwives) in hard to reach areas.
2. Strengthen inter-ministerial and partner coordination to provide FP to high burden and hard to reach populations including (refugees, young girls, islands, mountains)
3. Improve working conditions at health facility level.
4. Provide risk allowances, housing facilities, rural electrification.
5. Refresher training on SRH/FP/HIV/AIDS/GBV services
6. Strengthening and scale up bonding scheme for Midwives in the hard to reach areas

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following seven questions:

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group? Yes**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

The young person has just joined the FP2020 donor focal point and managed to participate in the Anglophone, FP2020 meeting held in Addis in June.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

Has just joined and as such she has not been engaged, however, at institutional level, the young person has been instrumental in advocating for young people's SRHR.

- 2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

Family planning is considered in all strategic purchasing schemes for UHC. So far Family planning is included in primary health care -input based financing by GoU (PHC), Results Based financing (RBF) and will be considered in the upcoming national health insurance scheme. Family planning is implemented at facility and community level.

FP integration has been scaled up, through on job mentoring. Additionally, partners have supported the reprinting of the FP/MCH integrated job aid for different facilities.

The government is providing RBF, Voucher system starting with certain geographical areas. The country also provides range of contraceptives including LARCs to all those who need, though some challenges of distribution to last mile still exist.

- 3. Has your Government organized the 2019 data consensus workshop?**

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained? Yes, focal points attended the meeting on 18th June 2019.

The insights included:

- Strengthening the collection, reporting, analysis of routine FP data at community facility and district levels as a way of investing in data quality- need a Data Quality Assurance plan.
- Use of Quality data for decision making including quantification for FP commodities; targeting geographical areas with poor FP indicators.
- Promoting range of contraceptive options as opposed to single FP methods – ensure integrating FP and HIV by improving quality of counseling to emphasize HIV prevention as

recommended in ECHO result. Thus, tap opportunity of various platforms like Post Natal Care/Immunization, HIV; Post partum especially 24-72 hrs after delivery.

As a way forward, team constituted a data quality committee comprising of MoH, WHO, UNFPA, USAID, UFPC, Track20 and also establish a national DQA plan.

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

N/A

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

- The existence of task team to foresee quantification and forecast committee at MoH.
- The regular reviews of the supply plan for FP commodities
- Continuous engagement with donors for possible adhoc procurement

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work? Yes

GoU/MOH, has planned to procure FP commodities (both short and Long term methods) worth \$2.1M that will ensure method mix.

6. Have you worked to improve quality of care/rights based family planning in your programs? Yes

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects? **Yes**
- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes? **Rarely**
- c. Are your clinics open to improve accessibility and availability of services? **Yes**

7. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)? Yes

Please provide the following information for the Government's point of contact for this update

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