

FP2020 Commitment 2020 Update Questionnaire UGANDA



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire 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 the responses on your country's dedicated FP2020 [webpage](#), so in-country and global stakeholders 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 ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org.

Should you have any questions or concerns, please contact Krista Newhouse. FP2020 is available to help you via teleconference as well, if needed.

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) Uganda's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

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

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

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 re-commits 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 the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The government of Uganda (GoU) mobilized \$40.5 million which surpassed the target of \$20 million. Partners who contributed to the \$40.5 million included; World Bank, USAID, UNFPA, UKAid, Netherland, Bill and Melinda Gates, PSI, and MSI. In total, partners contributed 88% of the country's FP funding needs.

Using USAID Vouchers Plus project, 8,688 vulnerable women were supported across 35 districts in the northern and eastern regions to access maternal child health services including post-partum family planning.

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 challenge initiative.
8. Buy-in from other donors to expand matching grants

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

N/A

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 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The government of Uganda (GoU) committed the \$5 million annually towards RH/ FP commodities. In the period 2018/19, the government provided \$4.3 million.

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 an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the 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 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The GoU has put in place interventions to ensure an enabling environment for FP and implement an integrated SBCC strategy.

Interventions include;

1. SBCC strategy 2018/2022
2. Costed National Family Planning Advocacy strategy 2020/2025
3. Youth Engagement Strategy
4. The FP fraternity worked with the MoH to develop guidelines and protocols for continuity of essential services incorporating FP in the context of COVID-19.
5. FP partners worked with the MoH and developed COVID-19 messages integrating FP.

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 reproductive health 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 an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

In relation to 10% RH budget dedicated to adolescent SRH, the MoH has created the division for Adolescent and School Health with a budget of its own. This surpasses the 10% target.

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the 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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The GoU has put in place interventions to expand cadre of skilled work force in provision of quality FP.

These include;

1. Health worker capacity building in both short- and long-term methods. With support from partners, over 2,517,200 HWs have been trained and offered hands on mentorship. A taskforce is in place to ensure functionalization of Integrated Human Resources Information System (iHRIS) to capture trained staff
2. On-going mentorship and supportive supervision
3. Strengthening the integrated Human Resources Information System (iHRIS).

However, in terms of policy on task sharing there is little progress.

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. Train Community Health Workers on provision of FP

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the 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 centre IVs 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 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The GoU has created the Adolescent and School Health Division to; strengthen planning and coordination at both national and sub-national level and between partners.
As a result, there is increased provision of adolescent and young people friendly information and services in the country.
The Readiness Impact Assessment (RIA) report for the Adolescent Health policy has been approved and disseminated to partners.
The MoH is awaiting certificate of financial implication from the ministry of finance, and later have it presented to cabinet.

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 Girl Agenda (AGA) Framework 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 an X below on progress toward elements of the commitment:

Achieved () In-Progress (**X**) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Multi-sectoral coordination remains a challenge.

Continuous resistance from stakeholders on the adolescent and young people SRH issues.

Although the adolescent health policy is in place, there has been a delay by MOFPED to issue the certificate of financial implication leading to delayed approval by cabinet. However, discussion are ongoing to fast track the process.

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 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Training Midwives under a bonding Scheme: UNFPA supported enrolling of 25 girls to train as midwives under a bonding scheme for hard to reach districts in 2020 alone.

Payment of salaries for midwives: UNFPA pays salary for 17 midwives working in humanitarian setting

Establishment and scaling up a Geographic Information System: In order to guide policy efforts on midwifery workforce, UNFPA continues to support Uganda Nurses and Midwives Council to scale up the Geographic Information System (GIS), a system that aims to effectively track the presence of midwives and Nurses in the required places and also inform Ministry of Health (MOH) and Ministry of Education and Sports (MOES) on the midwifery workforce requirements at each level. Currently, 28 districts have been covered including sensitization of stakeholders and training of health workers. Cumulatively, a total of 5005 midwives and 10602 nurses have been enrolled into the database. The system shows the validity of the practicing licenses for the midwives and nurses and a solution that helps Ministry of Health to track and monitor the movement (migration/deployments) of nurses and midwives in the country whilst ensuring that the information held by UNMC on its members is real-time and updated.

Continuous Professional Development and other capacity building interventions

- MOH in collaboration with UNMC support CPD for Midwives
- Mentoring and coaching of midwives under MOH
- Training on GBV, SRHR, EmONC, MPDSR

Strategic Plan for Midwives Association: Supported the National Midwives Association of Uganda to develop and cost a five-year strategic plan which will guide in planning, implementation, monitoring and reporting of midwifery workforce interventions and will also be an advocacy tool for resource mobilization

Advocacy: UNFPA supported MOH to hold the International day of the Midwife in May 2019. The IDM provided platform for advocacy to increase awareness on midwifery as a profession and as a critical cadre for increasing access to skilled birth attendance and delivery of integrated package of rights. Before, during and after the event, various media channels focused on midwifery workforce as a critical pillar and central for improving maternal and new born outcomes and delivery of package of rights.

Policy Development/ Review: Supported the development of the Nursing and Midwifery Scope of Practice to support task shifting, Nursing and Midwifery Policy, review of the Nursing and Midwifery Act

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 an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response.

What are the main barriers and obstacles?

Please share your successes as well.

Obstacles;

1. During the lockdown period, from mid-March through May, strict restrictions on transportation significantly limited clients' access to SRH services throughout the country.
2. DHIS reports from March- April show reductions in utilization of a wide range of health services including FP. Other obstacles included:
 - Restriction of FP partners by district Covid-19 task forces to offer services particularly outreaches
 - Reduction in budgets for several FP partners
 - Stock-out of commodities at service delivery points
 - Commodity manufacture, shipping and distribution effects and MOS in pipeline
 - HR focus on COVID-19 monitoring/service provision
 - Clients feared gathering at facilities especially in urban areas
 - Clients did not have good information about provider and stock availability especially during the early days of the lockdown.
 - Limited supply of Personal Protective Equipment (PPEs) for health workers and related staff anxiety over acquiring COVID-19

Successes;

Given the obstacles above, MOH and partners worked together with districts COVID response team to put in place strategies and approaches for continuity of essential services including FP maternal and child health services including the following: in the context of COVID-19.

1. There was integration of FP in the continuity of essential services guidelines and protocols.
2. Integration of FP in other RCH services and HIV community services.
3. Improved FP reporting rates because of earmarked funding by MoH to the district health office.
4. Offering toll free lines to complement MoH call centre-increasing access to SRH/COVID-19 information.
5. Partners scaled up of virtual technology platforms made widely available for health care providers managers especially at the Regional Referral Hospitals. This made easier to for the RRH to impart skills and knowledge through virtual training and mentorship.

2. **Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision making bodies? Below please check all groups that have been engaged**

X Adolescents and Youth

X People with disabilities

- Out of School Youth**
 Minority groups

- Remote or displaced populations**

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

For adolescents and young people, it has helped the country realize the existing gaps in terms of accessibility and budgeting towards RH commodities.

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

Legal limitation for minority groups.

For the rest, they are engaged through CSOs.

- c. Have any of these groups engaged or participated in completing this questionnaire?

Yes

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points:

a. Reduction in out of pocket costs for FP services

- FP services are provided for free in public facilities, PNFPs.
- The social franchise model of FP delivery.
- The voucher system-reduces transport costs.
- RBF reduces cost at site.

b. Expansion of FP services covered

- Health worker training
- Deployment in hard to reach communities
- Outreach models by health workers (CB)

- CHWs involvement in FP service delivery and demand creation

c. Extension of population covered

- Outreach models by health workers (CB).
- Deployment in hard to reach communities

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

Development of the essential services guidelines and protocols

Logistical support from partners-vehicles, PPEs.

Use of safe boda-bodas to deliver FP commodities like-condoms.

Strengthening community-based service delivery mechanism

FP-stakeholders have been actively involved in the national task force committee- that coordinates planning, service delivery, logistics and addressing challenges on continuity of essential services.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

Integrating FP in other services such as RCH, HIV community services.

6. Has your country worked to improve quality of care and rights based family planning into programs?

Yes, MoH with support from partners is implementing quality of care and rights-based interventions; e.g identification of gaps and missed opportunities in FP and designing Quality Improvement projects to address them.

Integrating rights-based approaches in FP programs.

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?

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?

Yes-through client exit interviews, SDP survey, Suggestion box, Young people survey, Summits/conferences, Youth led/youth focused organizations and representation in Fp2020 platform. Call centres (Sauti plus), innovations like; safe-pal, getIN,

- c. After collecting client feedback, how is the data collected being used to improve quality of care?

Results shared in several decision making platforms (FP2020, FP|RCH, RCH, Medicines procurement and monitoring, ADH-WG) to inform action.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs?

If yes, which elements of the program have been financed?

Yes

- Commodities
- Service delivery
- Data
- Capacity building
- Health Systems Strengthening.

What were the challenges in prioritizing FP within GFF?

Biases to particular methods-FAM (Cycle beads).

Funding limitations leading to prioritizing of other RH services than FP. However, with continued evidence-based advocacy, some funds were earmarked to procure LARCs, provide services and build capacity of health providers.

Please provide the following information for the government point of contact for this update

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