

UGANDA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/uganda>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Uganda's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

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.

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

DFID Rise Program supported UNFPA with 3M pounds for policy and advocacy for family planning for 2018/2022. DFID will also provide £38 million (\$50.9 million) to scale up access to family planning between 2018 and 2022. Of this, about £4.6 million will be spent in 2018 by UNFPA and other service providers.

USAID has earmarked USD 15M for FP programming and commodity procurement depending on the availability of funds, USAID/RHITES projects, USAID/SITES project for strengthening data, vouchers plus, USAID Uganda supply chain project, USAID/CHC, USAID advocacy for better health project, USAID APC Advancing e partners and communities.

In 2017/18, UNFPA earmarked USD 9,466,933 for FP including procurement of which in 2018 alone, over USD 5 million have been set aside for FP from UNFPA core funds, supplies and with support from other bilateral partnerships like SIDA and KOICA.

- 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;

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

Firstly, government has committed UGX 16 billion for fy18/19 which is around 4.5 m as for the current exchange rate for commodity procurement.

- In partnership with DFID, UNFPA is undertaking an analysis of family planning spend by government and other partners. This information is intended to inform advocacy for FP financing
- The RH/FP reviews is scheduled for July 2018.
- The annual UBOS household panel surveys revealed that 48 percent of Ugandans visit private hospital/clinic when ill compared with 34% who visit government health facilities. Regarding access to health facilities, 86 percent of the population access healthcare within a 5km radius with 84 percent of such population residing in the rural areas; only 5 percent of Ugandans have health insurance. Regarding households' expenditure on healthcare in real terms, it reduced from UGX 27,600 to UGX 22,800 over the period 2012/13 to 2016/17.
- A robust evaluation of all FP investments countrywide is not yet done
- The national health insurance bill is at Cabinet level.
- DFID through Marie Stopes International is supporting a nation-wide voucher scheme for family planning, also incorporating safe-motherhood services for young girls.

- Government has allowed the provision of injectable contraceptives in the drug shops in 20 districts as pilot for 1 year to increase access and availability of method mix for FP.
- 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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

SBCC Strategy was developed by MoH with support from UNFPA. It was disseminated in December 2017 to all stakeholders. The strategy is integrated.

The UFPC and RH division met the Minister of Health over the recalled SRHR guidelines and she was committed to ensure that the process is complete.

DFID in partnership with UNFPA is supporting interventions to create an enabling environment for family planning especially for young people. These include operational research and trends analysis for evidence based policy advocacy. The inter development partner working group have also had engagements on SRHR guidelines with MoH leadership to ensure an enabling environment for approval processes of the SRHR and Adolescent health policy. USAID through its project of Advancing partners and communities (APC) has contributed to an enabling environment for delivery of FP in the country.

- 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).

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

Implementation of the use and distribution of injectable contraception's at community level and drug shops. Training was done for these health workers and continuing mentorships are being done.

Supported by partners, government continues to train health workers (mainly nurses, midwives, and clinical officers) both public and private in provision of LARCS and permanent methods.

Ongoing high-level discussions on task sharing with professional councils to ensure buy in and progress to next step.

- 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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The National Sexuality Education framework was passed in May 2018. The school health policy which will translate SRH Information from the sexuality education framework into services is under review for approval

Adolescent Health Policy is being revised for representation at Senior management team at Ministry of Health. The Ministry of Education and Sports formed a multisectoral technical team (MoH, MOES, CSO) to work on the final school health policy. Currently the draft policy is at SMM.

The youth friendly services at HC/IVs are existent are being cascaded to HCIIIs.

Government has mobilised partners through constant engagements in TWGs like UFPC to increase access to SRHR services in hard to reach areas including refugee hosting districts.

Government developed guidelines for conducting outreaches for SRH/FP. CSO are implementing outreach services to hard reach areas. Reproductive Health Uganda (RHU) with support from UNFPA, is providing outreach services in all the refugee settings in Uganda to increase access to integrated SRH/FP services to the vulnerable people in camps. Over 40,075 people in the humanitarian settings have been reached with integrated SRH/FP/HIV/AIDS services.

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 performance of skilled human resources for health.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

UNFPA has supported Uganda Nurses and Midwives Council (UNMC) to validate all midwives and nurses in 25 districts to regulate practices and ensure validity of practicing licences. The established UNMC regional offices have continued to register newly qualified nurses and midwives and renew practicing licences. The midwives have been supported to network and formed a national midwives' association that brings together all midwives from both public and private practice. UNMC and MoH with support from UNFPA conducted support supervision and on job mentorship. The new scheme of services for nurses and midwives that guides the career path and services was approved and is being implemented.

The government has continued to celebrate the International Day of Midwives as a way of recognising their crucial role in improving RMNCAH.

UNFPA in partnership with districts have undertaken career promotion activities to inspire girls to choose midwifery as their preferred profession. UNFPA has continued to support training of midwives under a midwifery bonding scheme. A total of 164 girls from hard to reach areas were supported to train as midwives under the bonded scheme in 10 districts of hard to reach regions. On completion in the next 2 years, the districts will absorb them to offer SRH/FP services.

Capacity building and skills enhancement have continued to be done by MoH with support from partners like UNFPA, DFID, USAID to ensure quality of services and provision of method mix. UNFPA have supported payment of salaries for 21 midwives employed to work in the hard to reach areas. The government recruited nurses and midwives to fill up positions in the nursing department of MoH.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

Young people in Uganda have been extensively engaged in various policy and decision-making process for family planning programs in the country. For example, young people through the Uganda Youth and Adolescents Health Forum (UYAHF) have been closely working with and supporting ministry of health in the ongoing review process of the National Adolescents Health Policy and the National Policy Guidelines and Service Standards for Sexual Reproductive Health and Rights. Young people have mobilised themselves, consulted and analysed the above draft policy documents to develop youth position papers highlighting key gaps and proposing key recommendation for expanding access to quality SRHR services and information for young people.

Young people were also part of the CSO team that met with minister of Health Hon. Ruth Aceng in March 2018 to follow up and seek progress on governments FP2020 commitments. Young people have been part of the National Adolescent Health Technical Working Group which meets regularly to discuss, plan, and evaluate adolescent health related programs including SRHR and family planning. Young people through Reach a Hand (RAHU) and other youth led organisations closely worked with and supported ministry of Health and other partners in organizing and holding the National Family Planning Conference in September 2017. They were integrated on several planning sub-committees including; scientific sub-committee, program, publicity, and the youth –pre-conference sub-committee. Young people also held the national family planning youth pre-conference that attracted over 1000 young people including vulnerable adolescent girls and young women who got access to an array of SRHR services and information.

Young people also closely worked with ministry of education and sport and a cross-section of other partners in the development of the recently launched National Frame work for Sexuality Education. Young people were part of the inter-ministerial committee on scaling up access to SRHR services and information which facilitated the process.

With support from the National Population Council young people have engaged policy makers through advocacy and accountability dialogue holding them accountable for their commitments to create a supportive social policy environment that enhances access to SRHR services and information including family planning.

What challenges have you faced in working with these groups? (Please give examples)

A few youth-led organizations possess the knowledge to meaningfully engage in policy programming and decision-making processes on SRHR. Most youth-led organizations and networks are underfunded and hence lack the required resources to meaningfully engage in policy advocacy and accountability for SRHR.

How has this engagement supported reaching your FP2020 commitment?

There have already been some key milestones as a result these engagements. For example, ministry of education and sports has just recently adopted and launched the National Sexuality Education Framework which will go a long way in increasing access to sexuality education for adolescents and young people in schools, hence supporting them to make informed choices about their body and health.

The National Policy Guidelines and Services Standards for SRHR are soon to be tabled before the Senior Top Management of Ministry of Health for final review, discussion, and adoption. These guidelines when adopted will go a long way in expanding demand, access, and utilization of sexual reproductive health services for young people including adolescent girls and young women.

Please share successes and/or lessons learned from these engagements.

Young people have the ability and expertise to meaningfully engage in policy programming, decision making, and implementation and monitoring of SRHR services, and hence they need to be meaningfully engaged in these process as key partners and not just beneficiaries.

Youth-led organizations need to be facilitated and supported to have the required resources to engage in policy advocacy and accountability.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

Under the GFF in the section of RBF, there is inclusion of the FP indicators to incentify provision of quality FP services

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

The data consensus meeting is yet to happen.

a. If so, what insights were gained?

N/A

b. Were domestic expenditures 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

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