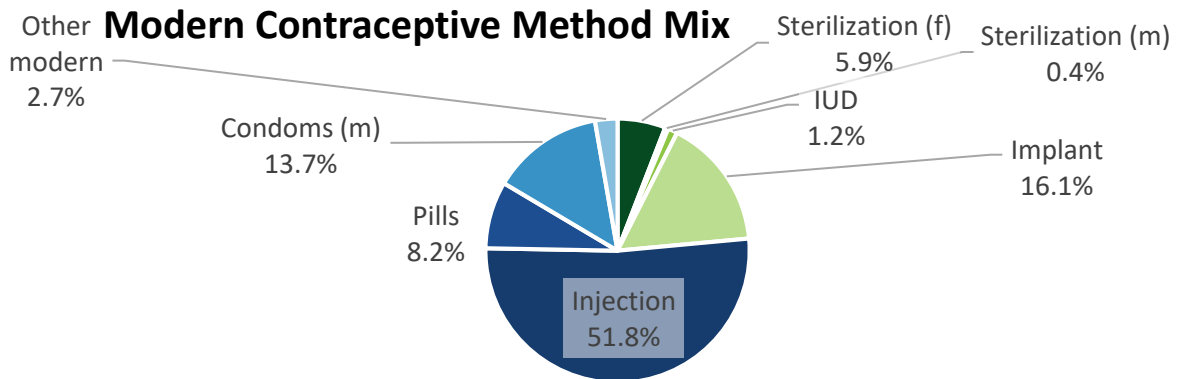


Uganda Actions for Acceleration



Country Snapshot



Stage 2: Growth
Length of period and speed of growth varies; but there is potential for rapid acceleration.

mCPR (AW vs. MW) (year)	27% vs. 34%
FP2020 mCPR/CPR goal	50%
Unmet need (MW)	33%
Demand satisfied (MW)	51%
*Track 20	

FP2020 Commitment	
Commitment objective	To reduce unmet need to 10 percent in 2022 (current rate is 40 percent) and increase the modern contraceptive prevalence rate among all women to 50 percent by 2020.
Policy commitment	<p>2012: Uganda will develop and implement an integrated FP campaign. Uganda commits to creating an enabling policy environment for FP, increasing financial investment into health human resources development, and strengthening the delivery of health services. Uganda will conduct half yearly RH/FP reviews by the Ministry of Health; ensure timely completion of the Annual Household Panel Surveys by Uganda Bureau of Statistics to ascertain progress on health, including FP, service delivery; and, carry out a robust evaluation of all FP investments in Uganda.</p> <p>The Government of Uganda will accelerate passage of the National Population Council Bill into law, immediately making the inter-ministerial structure functional and appropriating the necessary budget support. Uganda plans to review the current post-shipment testing policy on male and female condoms in line with current international standards to reduce delays in release of vital RH supplies, including FP supplies.</p>
Financial commitment	<p>2017:</p> <ul style="list-style-type: none"> ● Leveraging annually \$US 20 million from its development partners, the domestic and international private sectors including philanthropies to bridge the funding gap for executing its Family Planning Costed Implementation Plan. ● Allocating \$US 5 million annually for procurement and distribution of RH/FP supplies and commodities to the last mile. ● Allocating annually at least 10% of the RMNCAH resources for adolescent-friendly family planning services. <p>2012: Uganda commits to increasing its annual budget allocation for FP supplies from US \$3.3 million to US \$5 million for the next five years, and to mobilize an additional US \$5 million a year through donor financing. (Even with this effort there will be a resource gap of approximately US \$10 million per year).</p> <p>Evidence Uganda will design a plan to reorganize health financing and develop a health insurance plan for the country, as well as promote voucher programs as a form of demand-side financing to increase use of FP and safe motherhood services among the poor</p>

<p>Programmatic commitment</p>	<p>2017:</p> <ul style="list-style-type: none"> ● Implementing a robust social behavior change and communication strategy to increase demand and use of family planning services. ● Expanding the cadres of its skilled workforce to provide quality FP services and methods, including long acting and reversible, and permanent contraceptives. <p>2012:</p> <p>Uganda will collaborate with appropriate private sector bodies and institutions for the integration of MH/RH/FP and HIV&AIDS information and services for their employees and families, and strengthen institutional capacity of public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation, and equipment).</p> <p>Uganda will support the development and professionalization of midwifery through skills training, good employment practices, and the involvement of midwives in policy dialogue and health management. The Government of Uganda will continue investing in midwifery career promotion and the bonded midwifery scholarship programs. A road-map to finance, train, recruit, retain, and manage performance of skilled human resources for health will be developed.</p> <p>Uganda commits to rolling out youth friendly services in all Government Health Centre IVs and District Hospitals; strengthening the technical and institutional functionality of Uganda Health Marketing Group and National Medical Store in a dual public-private RH supplies distribution system; and continuing to support the public-private arrangement for increased access to FP services. Uganda plans to scale up partnerships with CSOs and private sector entities for FP outreach and community-based services to target hard to reach communities, and to invest in social marketing and social franchising approaches to ensure access to FP.</p>
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CIP/RH Strategy Priorities

1. Increase age-appropriate information, access, and use of family planning amongst young people, ages 10–24 years.
2. Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies.
3. Implement task sharing to increase access, especially for rural and underserved populations.
4. Mainstream implementation of family planning policy, interventions, and delivery of services in multisectoral domains to facilitate a holistic contribution to social and economic transformation.
5. Improve forecasting, procurement, and distribution and ensure full financing for commodity security in the public and private sectors.

Uganda's FP2020 Action Plan Priorities

Priorities: please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like.

1. The government's commitment to strengthen the supply chain system and reduce stock outs of reproductive health commodities. This includes the procurement of Long Acting Reversible Contraceptives (LARCS); DMPA-SC by government.
2. Improve the National Health Information System (NHIS) with a joint objective of increasing reliability and adequacy of health data and making it more accessible and visible.
3. Government commits to reduce the unmet need for FP amongst adolescents from 30.4% in 2016 to 25% in 2021 through revising, approval and operationalizing the National Adolescent Health strategy, the National Sexuality Education Framework, and SRHR policy.
4. 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.
5. Government commits to expand the cadre of skilled workforce for provision of quality FP services including Long Acting and Reversible Contraceptives (LARC) and Permanent methods, along with postpartum and post abortion family planning service delivery approaches.

If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.

Focal Point, Secretariat, and Partners Actions

Priority #1: The government's commitment to strengthen the supply chain system in order to prevent stockouts and overstock leading to commodity expiry as well as to support accountability. This includes the procurement of Long Acting Reversible Contraceptives (LARCS); DMPA-SC by government.

Focal Point Actions	Who	Timeline
1.1. Work with QPPU to review roles and responsibilities of donor-supported logistician staff seconded to QPPU and identify specific deliverables	MoH, USAID ad UNFPA	November 2017
1.2. Collaborate with QPPU for stock sampling in the field to validate stock situation	MoH	January 2018
1.3. Establish routine communication mechanism among QPPU and RH program partners	MoH	November 2017, implementation throughout 2018
1.4. Convene VAN workshop with key in country stakeholders to determine way forward to develop increased supply chain visibility, including creation of an implementation proposal	FP2020 focal points	January 2018
1.5. Monitor implementation of VAN action plan	MoH	Throughout 2018
1.6. Include procurement of LARCS and DMPA-SC in the GoU FY 18/19 budget and monitor GFF procurement	MoH	December 2017 and following

Secretariat Actions	Who	Timeline
1.1. Share supply chain performance emerging practices among community for co-learning	Secretariat	Throughout 2018

Partner Actions	Who	Timeline
1.1. Mobilize funding for implementation of the VAN action plan	MoH and donors	February – April 2018
1.2. Implement VAN action plan	Partners identified by MoH	Throughout 2018

Priority #2: Improve the National Health Information System (NHIS) with a joint objective of increasing reliability and adequacy of health data and making it more accessible.

Focal Point Actions	Who	Timeline
2.1. Map districts by agency support and communicate to the IP in those districts the need for them to build capacity of districts for data collection and quality –	MoH, USAID, UNFPA, DfiD	December 2017

Focal Point Actions	Who	Timeline
coordinating to make sure data is entered and available; also clarify among donors what the responsibilities will be where there is overlap; for those districts not currently supported, determine a mechanism to assist with data coordination and quality		
2.2. Agree on content of training for biostatisticians, district and health facility record assistants to be subsequently implemented by districts with IP support under MoH guidance	MoH	January 2018
2.3. Review DHIS-2 data on a quarterly basis and use data to set agenda of quarterly FP TWG meetings (FP/RMNCH focal person in department of health information to provide support here)	MoH	Quarterly throughout 2018
2.4. Support the process of FP data validation on a quarterly basis	MoH	Quarterly throughout 2018
2.5. Identify a team that will be working in country with Track 20 on FP annual estimates and organize a meeting for 2018 preparation	MoH	April 2018
2.6. Request that FP/RMNCH focal person in department of health information support FP data analysis for RH division (supplement to existing Track20 support based in in RH division)	MoH	December 2017
2.7. Review FP indicators as part of HMIS review to update as necessary (e.g., add DMPA-SC, etc.)	MoH, with FP partners	November 2017 – January 2018

Partner Actions	Who	Timeline
2.1. Build and sustain skills at both facility and community levels to collect, process data through HMIS – include educating biostatisticians, district and health facility records assistants about the meaning of FP indicators	Districts with IP support under guidance of MoH	Throughout 2018
2.2. Technical assistance to stakeholder meeting on annual FP estimates process/methodology for 2018	Track20	April 2018
2.3. Track20 to further discuss with MoH need for an additional M&E resource person to be based in the department of health information (if additional support needed beyond FP/RMNCH staff person)	Track20	April 2018

Priority #3: 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 strategy and the National Sexuality Education Framework, as well as SRHR policy

Focal Point Actions	Who	Timeline
3.1. Engage the MOH senior leadership, with the aim of identifying the key issues that have hindered the approval of the SRHR policy proposed to include sexually active adolescents as opposed to mentioning age of women within reproductive age (15- 49 years)	RH team and top agency leadership (focal points to support this to happen)	January 2018
3.2. Support MoH top management to review and approve the SRHR policy and ensure dissemination to key stakeholder	Focal points	April 2018
3.3. Liaise with MOES, on the process of developing the action plan after the final approval of the National Sexuality Education Framework.	Focal points with MoES	March 2018
3.4. Track domestic FP allocation and expenditure	UNFPA/DFID	August 2018
3.5. Ensure finalization of the National Adolescent Health Strategy	Focal points	Quarter 1 2018
3.6. Finalize and implement the TMA strategy	MoH	May 2018
3.7. “Hot spot” mapping to identify high TFR districts, with data disaggregated by age	USAID	Quarter 1 2018
3.8. Analysis of district-level data collected through above mapping exercise and existing DHIS2 -data, preparation of district analyses	MoH, support from Track20 as needed	Quarter 1 2018

Partner Actions	Who	Timeline
3.1. Share data (and evidence) on the adolescent SRH challenge, using data collected through mapping/DHIS-2 analysis referenced above	District health teams, supported by implementing partners, under guidance of MoH	From Quarter 2 2018
3.2. Engage religious, political and cultural leaders to appreciate the magnitude of adolescent health challenges using data	UFPC	June 2018

Partner Actions	Who	Timeline
3.3. Roll out adolescent health strategy and identify district-specific actions to be undertaken to reduce adolescent pregnancy	District health teams, supported by implementing partners	From Quarter 2 2018
3.4. Track20 to assist with analysis of adolescent data, as needed (to be determined by MoH)	Track20	Quarter 1 2018

Priority #4: Government of Uganda recommit 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.

Focal Point Actions	Who	Timeline
4.1. Engage in the budget planning process to ensure funding is allocated for FP/RH (working group is in the planning department) and ring-fenced for LARCs	Focal points	Ongoing through June 2018, and then following for 2019/2020 budget

Partner Actions	Who	Timeline
4.1. Participate in the FY 18/19 budget discussions to ensure the allocation of the \$ 5 million in the health budget (budget advocacy group)	CSO/DPs	June 2018
4.2. Implement the budget tracking framework for FP-CIP	NPC, with support from AFP and UNFPA	Annual

Priority #5: Government commits to expand the cadre of skilled workforce for provision of quality FP services including Long Acting and Reversible Contraceptives (LARC) and Permanent Methods, along with postpartum and postabortion family planning service delivery approaches

Focal Point Actions	Who	Timeline
5.1. Operationalize the task shifting policy for clinical officers to offer permanent methods – MoH to advocate with professional associations to get their endorsement	MoH	By mid-2018
5.2. Coordinate with Department of Information at the MoH to review HMIS indicators and ensure post-partum and post-abortion FP indicators are included. (If not included, hold stakeholder meeting to agree on indicators)	MoH	November 2017 – January 2018

5.3. Advise partners supporting CHW programs to incorporate PFP/PAFP messages/information into CHW training	MoH	January 2018
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Secretariat Actions	Who	Timeline
5.1. Support MoH and UFPC to collect data on first time parents and develop landscape for advocacy	Secretariat	March 2018

Partner Actions	Who	Timeline
5.1. Analyze data in selected sites to determine where service providers were trained in post-partum IUD insertion; determine if PPIUD services are being provided in those sites	Implementing partners, under MoH guidance	February 2018
5.2. Partners working on CHW programs to ensure PFP/PAFP messages/information is included in CHW training	Implementing partners, under MoH guidance	Throughout 2018
5.3. Continue to build capacity of service providers to provide LARCs and PMs as part of an expanded method mix	Partners with donor and government support, under guidance of MoH	Throughout 2018

Looking Ahead:

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.

We shall organize adolescent health conference in May 2018

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

Funding gaps for demand creation and outreach services especially in hard-to-reach areas