

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF UGANDA

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The Government of Uganda updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

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.

COMMITMENT 1: Government commits to raise \$20 million annually through continued partnership with development agencies and the private sector.

H.E Yoweri Museveni at the 2012 London summit pledged to leverage \$5million USD from development partners. However, over the years, the partners have superseded the commitment. For example, last year, UNFPA spent \$3million, USAID spent \$8million and DFID \$6million. With more funding opportunities, such as from GFF, corporate social responsibility and philanthropists, there would be more resources.

Anticipated impact

1. 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

COMMITMENT 2: 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.

Anticipated Impact

1. 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.
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.
9. Fast track the development of an on-line ordering system.

COMMITMENT 3: Government commits to support a robust Social Behavior Change Communication Strategy to increase demand and linkage to family planning services.

Anticipated Impact

1. 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

COMMITMENT 4: 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.

Anticipated Impact

1. 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.
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7. Implement task sharing policy.
8. Train Community Health Workers on provision of FP.

COMMITMENT 5: 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.

Anticipated Impact

1. 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.

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

Anticipated Impact

1. 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

The following text summarizes the commitment made by President Yoweri Museveni on behalf of the government of Uganda at the London Summit on Family Planning on July 11, 2012.

Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40 percent to 10 percent in 2022. It will increase the annual government allocation for family planning supplies from US \$3.3 million to US \$5 million for the next five years and improve accountability for procurement and distribution. It will develop and implement a campaign for integration of family planning into other services, including partnerships with the private sector, by supporting the alternative distribution channel for the private sector and scaling up of innovative approaches, such as the community-based distribution, outreaches, social marketing, social franchising, and youth friendly service provision. Uganda will strengthen institutional capacity of the public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation, and equipment). Objective 1. To reduce unmet need to 10 percent in 2022 (current rate is 40 percent).

POLICY & POLITICAL COMMITMENTS

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. 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.

FINANCIAL 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. (Even with this effort there will be a resource gap of approximately US \$10 million per year). 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.

PROGRAM & SERVICE DELIVERY COMMITMENTS

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). 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. 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.