
UGANDA COMMITMENT INITIATIVE

ACTIVITY PROGRESS REPORT (OCTOBER-DECEMBER 2015)

Introduction

Samasha under the auspices of Reproductive Health Supplies Coalition (RHSC) and PPD ARO is implementing the Uganda Commitment Initiative aimed at supporting the government meet their RH supplies commitments through a partnership model that will leverage the expertise and resources of national partners as well as those of the international community (donors, private sector, civil society and international organizations). Following the stakeholder meeting held in September 2015 to showcase progress made towards achieving the RH-related commitments and launching of Motion Tracker (<http://Ugandarhpromises.org>), Consultative meetings were held that identified barriers to achievement of remaining unfulfilled commitments. The consultations were held over the period of 2 months (October-November 2015) in preparation for the fourth Stakeholder meeting to be held in December, 2015. The total number of partner organizations visited was 53 compared to 23 visited in July- August 2015.

Objective

The Main objective of meeting organizations was to document each individual organization's contribution to achievement of Uganda RH related commitments in FY 2015/2016 and together identify barriers and solutions to overcoming obstacles impeding fulfillment of commitments made.

Progress Made In Fulfillment Of RH Related Commitments, Barriers and Solutions to their Achievement

Overall, based on the FP CIP, Uganda requires \$ 235 million USD over the next 5 years (2015-2020) in order to increase modern CPR for married women from 26% in 2011 to 50% in 2020 and reduce the unmet need for FP for married women from 34.3% (2011) to 10% in 2020. The estimated financial resources required for procurement of Contraceptive commodities is \$115.1 million USD representing 49% of the total FP CIP budget. The President of Uganda committed \$3.3 million USD in FY 2012/13 and \$5million USD for procurement of FP and selected RH commodities and an additional \$5million USD mobilized from donors over the next 5 years.

For FY 2015/16, the FP CIP estimates that Uganda will require \$ 13.65million USD¹. The Finance Section gives progress made towards achievement of the commitments towards procurement of contraceptives and ensuring zero tolerance for stock outs at national level.

FINANCE

Commitment 4: Finance commitments (2020.4)

1. \$5 million allocated for Family Planning – FP 2020 (ON TRACK)

For the last two FYs 2013/14 and FY 2014/15, the Government of Uganda (GoU) allocated \$10.2million USD and \$7.6million USD respectively fulfilling the \$5million USD commitment.

For the FY 2015/16, GoU has allocated 8billion Uganda Shillings (\$2.85m²) for procurement, storage and distribution of reproductive health items (Medroxy Progesterone and Safe Maternal delivery kits) as evidenced in the Health Policy Ministerial statement(MPS) FY 2015/16 - Pg 136. The funds were allocated on "Vote: 116 at National Medical Stores (NMS) specifically "Vote Function output 085915. This falls short of the commitment of \$5 million USD as pledged by GoU leaving a funding gap of \$2,714,285 USD. It is important to note that the GoU has consistently allocated 8 billion Ugx to Vote 116 since FY 2011/12³.

The above allocation was achieved through contribution of Ministry of Health (Reproductive Health Division) which ensured that the RH budget was approved and reflected in the Ministerial policy statement (FY 2015/16) and the MoH Annual work plan. Partners in Population and Development Africa Regional Office (PPD ARO) engaged in high level budget advocacy on allocations for RH commodities on vote 116.

¹ To calculate the funds required for FY 2015/16, the annual requirements for 2015 and 2016 were divided by 2 and added (12.5+14.8/2)

² At an Exchange rate of \$1= Ugx 3500

³ It is assumed that 50% of the GoU allocation is spent on Contraceptives and other half on selected RH commodities

Civil Society Budget Advocacy Group (CSBAG) which comprises of over 70 CSOs held 2 pre- and post-budget dialogue meetings to ensure that the allocations for the health sector are sufficient, pro-poor and adequately meets minimum levels of care for expectant mothers, newborn children and infants.

Issues:

- *Based on the Ministerial Policy Statement (MPS) for FY 2015/16, USD \$ 2,285,714 has been allocated (46%). There is a funding gap of \$ 2,714,285 USD in order to fulfil the \$5million USD commitment*
- *In last 2 Quarters (July-Dec 2015), no organisation has supported budget tracking of allocations and expenditures for FP and RH commodities*
- *There has been minimal advocacy to ensure that the funding gap of \$2.7million USD is raised in remaining period*

Solution:

- PPD ARO has committed to undertake the Budget tracking for the FY 2015/16 starting January 2016.
- Need for sustained advocacy to ensure that funding gap (54%) on the commitment is realized.

2. Additional \$5 million mobilized from donors -FP2020 (ON TRACK)

The Donors mobilized approximately US \$25.5million exceeding expected US \$5million commitment in the FY 2014/15. The following organisations made the following contributions; USAID (\$8m), UNFPA (\$7.5m), DFID (\$10m) and IPPF (\$0.04m) for Contraceptives and RH commodities.

In the first two quarters of FY 2015/16, the development partners mobilized approximately \$2.97million (58%) of the expected \$5 million commitment. The funds were mobilized from United Nations Population Fund (UNFPA) (\$1.6m) for procurement of contraceptives, United States Agency for International Development (USAID) (\$1.29m) for procurement of contraceptives including condoms, while International Planned Parenthood Federation (IPPF) expended \$8,506 worth of contraceptives as shown in the Table below.

Funding Source	Year	Method	Value
IPPF	Jul-15 - Jun-16	Orals - Emergency (doses)	\$8,506
UNFPA	Jul-15 - Jun-16	Condoms - Female (pieces)	\$813,143
UNFPA	Jul-15 - Jun-16	Condoms - Male (pieces)	\$553,327
UNFPA	Jul-15 - Jun-16	IUDs (pieces)	\$64,547
UNFPA	Jul-15 - Jun-16	Injectables (doses)	\$168,764
UNFPA	Jul-15 - Jun-16	Orals - Combined (cycles)	\$47,809
UNFPA	Jul-15 - Jun-16	Orals - Progestin Only (cycles)	\$19,559
USAID	Jul-15 - Jun-16	Condoms - Male (pieces)	\$302,946
USAID	Jul-15 - Jun-16	Injectables (doses)	\$695,637
USAID	Jul-15 - Jun-16	Orals - Combined (cycles)	\$297,186
TOTAL			\$2,971,424

Issues:

- USD \$ 2.9 million has been mobilized (58%). The Difference of USD \$ 2,028,576 should be mobilized between Jan-June 2016
- No budget tracking of donor commitments has been carried out for the period FY 2015/16
- There is minimal advocacy by CSOs to ensure remaining 42% is raised

Solutions:

- PPD ARO to undertake RH budget tracking for the FY 2015/16 starting in January 2016
- Need for sustained advocacy from CSOs to ensure that donors' contribution is met

3. Annual review of country's needs conducted and funding gaps identified – FP 2020 (ON TRACK)

As of July 2014 (FY 2014/15), there was a funding gap of \$13,928,091 USD for procurement of FP and selected RH commodities⁴. The total funding for FP and RH Commodities allocated and expended by the end of the FY 2014/15 was \$25.5 million thus meeting the identified funding gap.

⁴ MOH QPPU (2015) Stock Status Report FY 2014/15

There are 3 official GoU documents that give estimates of financing required for procurement of FP and selected RH commodities. The three documents enumerated below present different figures.

a) **FP CIP**

The total estimated amount of funding required to satisfy procurement of contraceptives for the country in FY 2015/16 amounts to \$13,650,000 USD⁵ (refer to pg 26). The current total allocations from the GoU and donors amount to \$5,257,138 USD leaving a funding gap of \$ 8,392,862⁶ USD.

b) **MoH CSP 2015/16**

For the FY 2015/16, the total requirement for contraceptives is \$40,175,407.63 USD. The funding requirement for the different sectors is \$6,372,409.68 USD for Public sector, \$14,011,680.88 USD for PNFPS, \$3,708,988 USD for ARC project and \$16,082,329.07 USD for Social Marketing. Condoms constitute a bigger percentage (56%) of this amount across the sectors and other contraceptives (44%) an equivalent of \$17,574,253.05 USD. In public sector, contraceptives require a funding amount of \$4,992,409.68 USD for the FY 2015/16.

The total amount required for the public sector is \$6,372,409.68 USD for procurement of contraceptives. The Total allocations from GoU and Donors made against the commitments amount to US \$5,257,138 hence leaving a funding gap of \$ 1,115,271.68 USD.

c) **MoH Quantification for FP and selected RH commodities**

The total funding requirements for contraceptives for the FY 2015/16 amounts to \$ 53,103,116 USD. The main cost drivers are condoms estimated at \$33,265,997 USD implying that other contraceptives would require \$ 19,937,119USD. The funding gap for FP commodities identified amounts to \$14,679,981 USD. The funding requirement for the Public sector is \$ 8,197,137.23 USD and condoms constitute 49%. With the total actual commitments from GoU and donors to a tune of \$5,257,138 USD the funding gap would be \$2,939,999.23 USD.

Issue:

- *Harmonise the CIP and Quantification report numbers for FP and select RH commodities in order to generate consensus on the funding gap*

Solution:

- Undertake a comprehensive forecasting and quantification exercise for contraceptives
- Undertake review of the 2015/16 Contraceptive requirements

⁵ To calculate the funds required for FY 2015/16, the annual requirements for 2015 and 2016 were divided by 2 and added (12.5+14.8/2)

⁶ However, this amount is not disaggregated by the Public Sector, PNFP, Social marketing and others

4. Funding gaps addressed by donors- FP 2020 (**NOT ACHIEVED**)

For the FY 2014/15, the total allocation for procurement of FP and selected RH commodities was \$13,928,091 USD⁷. The total allocations for Contraceptives required for the Public sector amounted to \$6,504,828.68 USD⁸ in the FY 2014/15. Using the MoH Quantification as basis, the funding gap was in surplus by \$18,995,171.32 USD. The total funding for FP and RH Commodities allocated and expended by the end of the FY 2014/15 was \$25.5 million USD⁹. Contributions to this achievement were made by USAID, UNFPA, DFID and IPPF.

For the FY 2015/16, the contributions so far mobilized from the development partners amount to \$2.9million USD of which UNFPA contributed \$1.67million USD for contraceptives, USAID contributed \$1.29m USD for contraceptives including condoms, IPPF expended \$0.008 USD worth of contraceptives. The Contraceptive and FP consumable commodity costs according to the CIP amount to US \$13,650,000 USD leaving a funding gap of US \$ 8,392,862 USD for the FY 2015/16.

Source of data	Funding required (including condoms) USD	Funding required (without condoms) USD	Funding available (allocated) ¹⁰ USD	Funding gap (USD)
FP CIP	N/A	\$ 13,650,000	\$5,257,138	\$8,392,862
Contraceptive Supply Plan	\$ 40,175,407.63	\$17,574,253.05	\$5,257,138	\$12,317,115
FP/RH Quantification	\$53,103,116	19,937,119USD	\$5,257,138	\$14,679,981

Issue:

- *There is a funding gap for FY 2015/16.*
- *No commitment from donors to bridge funding gap for FY 2015/16*

Solution:

- Engage the donors through FP/RHCS technical working group meetings
- Carry out budget advocacy
- Track donor commitments towards procurement of contraceptives for FY 2015/16

⁷ MOH QPPU (2015): Stock status report

⁸ MoH QPPU (2013)

⁹ Amount includes procurement of condoms (male and female)

¹⁰ Inclusive of both GoU and Donor commitments

5. RH sub account operational- FP 2020 (ACHIEVED)

The RH sub account is operational under the National Health Accounts since FYs 2008/09-2009/10 under the Planning Division of the Ministry of Health and was included in the NHA FY 2010/11 and 2011/12.

The RH sub account of 2008/09 – 2009/10 captured the RH expenditures as percentage of the Total Health Expenditure (THE) shown as 16% in 2008/09 and reducing to 14% in FY 2009/10¹¹. The Out-of-pocket expenditure on RH increased from 66.8% in 2008/09 to 73.8% in 2009/10.

The RH sub-account of the NHA 2010/11 to 2011/12 further captures expenditure data categorized into maternal conditions, perinatal conditions, contraceptive management and other reproductive health conditions. RH expenditures accounted for 12.4% (UGX 569 Billion) of the CHE in 2010/11 and 12% (566 Billion) of the CHE in 2011/12. Much of the expenditure under reproductive health was for treatment of maternal conditions followed by perinatal conditions. Government finances about 14% of the reproductive health expenditure and the rest of the finances come from the private sector (rest of the world) 76%¹². The NHA of FY 2010/11 to 2011/12 does not capture information on the Out-of-pocket expenditure on RH.

Currently, the Ministry of Health is undertaking the NHA the FY 2012/13-2013/14 to which the RH expenditures are being defined under the disease categories.

6. Quarterly funds released from MoFPED- FP 2020 (ON TRACK)

For the FY 2014/15, this indicator was achieved as quarterly funds are released from MoFPED and identification of supplies done by National Medical Stores (NMS). This was evidenced by the quarterly MoFPED Release reports.

For the FY 2015/16: The Quarter Release and Expenditure report for the first two Quarters been released.

7. RH Supplies procured, stored and distributed –FP 2020 (ON TRACK)

National Medical Stores (NMS) has a warehouse for storage of the RH commodities which are distributed to health facilities through contracted third party distributors and to the Not-for-Profit sector through Uganda Health Marketing Group (UHMG) an alternative distribution strategy. The GoU expenditure on procurement of FP and selected RH commodities has

¹¹ MoH (2013) Uganda Health Accounts FY 2008/09-2009/10

¹² MoH (2014) Uganda Health Accounts FY 2010/11-2011/12

increased over the years (Ugx 24.8 billion in FY 2013/14 to Ugx25.7 billion in FY 2014/15) which resulted in adequate stocking at public health facilities.

For the FY 2015/16, the development partners mainly USAID, UNFPA and IPPF procured contraceptives worth \$2.9 million. Condoms accounted for 56% of the total expenditure on contraceptive procurement by development partners for the period July-December 2015. Amongst the development partners USAID has contributed 44%, UNFPA 56% and IPPF expended 0.3% worth of contraceptives. This is illustrated in the Table below.

In addition, UHMG distributes RH supplies to 188 PNFPs and Private-for profit health providers under the Alternative Distribution Strategy. CHAI has supported NMS in strengthening its business intelligence systems to reduce central stock-outs and improve supplier management.

Development Partners procurements

Organization	Product description	Quantity	Value (US \$)
UNFPA	Condoms, male, according to UNFPA/WHO standard 20 (...)	7,200,000	\$233,254
UNFPA	Medroxyprogesterone acetate 150mg/ml vial.	202,400	\$168,764
IPPF	NORLEVO (RESTRICTED PROJECT)	5,280	\$4,678
IPPF	NORLEVO (RESTRICTED PROJECT)	4,320	\$3,828
UNFPA	Microgynon 30. Levonorgestrel 0.15mg+Ethinyl Estr (...)	159,963	\$47,809
UNFPA	Levonorgestrel 0.03 mg/tab.(35 tabl.).	58,896	\$19,559
UNFPA	Condoms; female 2.	1,500,000	\$813,143
USAID	Male Condoms	9,000,000	\$302,946
UNFPA	Male condoms	10,560,096	\$320,073
USAID	Depo Provera, DMPA	800,000	\$695,637
USAID	Combination 3	1,000,000	\$297,186
UNFPA	IUD T380 - Polymer film pouch.	230,000	\$64,547
Total Value			\$ 2,971,424

Issue:

- *No organisation was tracking FP commodities distribution data to health facilities to ensure 100% availability*
- *Lack of formal mechanism of ordering for Contraceptives under the Alternative distribution system*

Solution:

- Assessment of distribution of contraceptives by NMS and UHMG

POLICY

Commitment 2: Accelerate Passing of the National Population Council Bill into Law immediately making the inter-ministerial structure functional and appropriating the necessary budget support through necessary request (2020.2)

1. Passing of National Population Council Bill into Law –FP 2020 (ACHIEVED)

The National Population Council (NPC) Bill was enacted into the National Policy Council Act 04 of 2014 and a Population Council board launched. The law will create a new government body (National Population Council) to oversee the country's population, reproductive health and family planning policies. The Council comprises of:

- a) the Chairperson;
- (b) the Vice Chairperson;
- (c) two members, one of whom shall be a person with disabilities;
- (d) the Permanent Secretary of the Ministry responsible for finance;
- (e) one representative, at level of Commissioner or its equivalent, from;
 - (i) the Uganda National Bureau of statistics
 - (ii) the National Planning Authority;
 - iii) the National Council of Higher Education;
 - (iv) the Immigration and Citizen Board;
 - (v) the Equal Opportunities Commission;
 - (vi) the Ministry responsible for Health;
- (f) one representative from the civil society organizations; and
- (g) The Director General.

The budget will increase and have a vote decided by the NPC Board.

2. Tax exemption for FP commodities- FP 2020 (ACHIEVED)

This tax act was amended in 2013 to provide exemption for FP and RH supplies through efforts by the MoH pharmacy division and Members of Parliament (NAWMP) and PPD ARO.

3. Declassification of contraceptives including injectables- FP 2020 (ON TRACK)

The National Drug Policy mandates drug shops to sell only unrestricted or unclassified medicines and drug shops offer oral contraceptive pills and condoms. Administration of Injectables like depo-provera (medroxyprogesterone acetate (DMPA) is not included in this Policy. Drug shops in essence are not mandated to sell prescription drugs including those of injectables. In 2011, an Addendum was developed to the Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health Services that allows for provision of injectable contraceptives by well-trained community health workers.

For the FY 2014/15, declassification of contraceptives was addressed in tandem with the task sharing efforts ongoing in the country led by Marie Stopes Uganda. The main issues addressed included administration of injectables by community health workers/Village health teams through training with support from FHI 360/ John Hopkins Advance Family Planning Project and Path.

For FY 2015/16, FHI360 has carried out an operational research on use of injectable contraceptives at community level and distribution of injectables by drug shops. PATH in partnership with FHI360 piloted self-administration of depo provera in form of sayana press at community level in selected districts. Path undertook an acceptability study of this new method in Gulu district and findings are yet to be shared. The findings of the FHI 360 efforts were presented at a stakeholder meeting held at Golf Course Hotel in the first quarter of 2015 and a resolution was made to engage in dialogue with National Drug Authority (NDA) to declassify Injectable DMPA.

Issue:

- *NDA has not declassified the injectable DMPA including Sayana Press*

Solution:

- High level engagement with NDA

4. Service delivery standard amended- UNCoLSC (ON TRACK)

For the FY 2014/15, the MoH pharmacy division held a workshop to revise the Essential Medicines List and Uganda Clinical Guidelines and an Addendum to the Essential Medicines and Health Supplies List (EMHSL) and the Uganda Clinical Guidelines (UCG) made to include the 13 life-saving commodities.

Amref Uganda with Health Training Consult (HTC), mapped the service delivery guidelines and job aides for RMNCH and made recommendations for updating them in relation to the 13 LSCs. For the FY 2014/15, the MoH (RH and Midwifery Division) with support from UNFPA, Amref and World Health Organisation (WHO) held meetings and conducted desk review to assess gaps in the service delivery guidelines and align them to WHO standards enabling them be rolled out to service delivery institutions.

In FY 2015/16, the Addendum to the UCG was produced and distributed to all districts. Amref Uganda reviewed the Service guidelines and held consultative meetings with stakeholders. A dissemination workshop was held with stakeholders to build consensus and validate findings in relation to status of LSCs service delivery and policy guidelines and make recommendations.

Issue:

- *Despite the review, the Service Delivery Guidelines have not been amended*

Solution:

- Engage MoH to amend the service delivery guidelines and job aids
- Engage Councils and Professional bodies in dissemination of Service Delivery Guidelines

5. Policy on task shifting and task sharing in place- UNCoLSC (ON TRACK)

Commitment 6: *Scale up partnerships with CSOs and Private sector for FP outreach and community based services including social marketing, social franchising and task sharing linked to a comprehensive training program (2020.6)*

In 2011, the Ministry of Health developed National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights which included task sharing of Injectables, implant insertion, IUD insertion and tubal ligation. However, there were concerns on safety and acceptability by the women.

Although Task sharing was found to be the mainstay of health service delivery in Uganda, no task shifting policy or guidelines exist. Evidence shows that task shifting/ sharing is practiced informally by lower health workers with no supportive policy and supportive supervision¹³. In 2012, the Ministry of Health requested locally generated evidence to determine whether trained clinical officers can provide tubal ligations. Marie Stopes Uganda (MSU) carried out an observation study in 2012 in rural regions of Uganda to determine if task sharing of tubal ligation to clinical officers is safe and acceptable to women. The results were presented to the MCH Cluster and adapted.

In FY 2014/15 a Task-sharing advisory committee was established chaired by Proff. A.K Mbyonye and Dr. Jotham Musinguzi with support from MSU. PPD ARO engaged parliamentarians (NAWMP) through advocacy ensuring visibility of task sharing at the highest level. MoH (RH Division) incorporated task sharing within the FP guidelines¹⁴. UFPC

¹³ S.O.Baine.,A.Kasangaki (2014)A Scoping study on Task shifting: the case of Uganda. BMC Health Services Research

¹⁴ MoH (2011)National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights

membership advocated for the task sharing policy to protect health worker litigation and provided evidence for task sharing. FHI360 piloted administration and provision of injectables through drug shops and village Health Teams (VHTs).

In FY 2015/16, Marie Stopes Uganda (MSU) carried out operational research¹⁵ for scaling up provision of tubal ligation and implants insertion by Clinical officers in the Uganda health care setting and disseminated the results to the MoH MCH Cluster, FP/RHCS technical working groups and stakeholders in November 2015.

The Task sharing advisory committee earlier established will be replaced by a National Family Planning Advisory Committee (NFPAC) which will be established under the Ministry of Health to address Task shifting and sharing issues.

The inclusion of task sharing in the National Guidelines does not protect the health workers against any litigation in case of complications hence, the need for a review of the available laws to ensure health worker immunity. There are two options in which to undertake this endeavor;

Option 1: To push through Parliament a Task-sharing Bill however, this will take a long process with the current political environment.

Option 2: There is an on-going process of reviewing the Health Service establishments in which all the Councils and Professional bodies will be merged into one and job descriptions of each cadre reviewed. This could present an opportunity for incorporation of Task sharing. However, this process is slow and will take time.

Option 3: Borrowing from the HIV/AIDS ART Treatment program in Uganda, nurses were able to prescribe ARVs to patients through an operation research cover since they were not permitted to prescribe medicines. The Task sharing could learn from that experience and institute a Task-sharing operations research to cover health workers until such a time when one of the above two options is achieved.

¹⁵ MUSPH (2015)

Issues:

- *Need to interpret the existing Laws that impact on Task shifting/ sharing from legal perspective*
- *Need to increase advocacy efforts on Task sharing policy among the Health professional bodies*

Solution:

- Engage a legal expert on health policy issues and legislation to interpret existing law on Task shifting/sharing and provide options
- Engage a research expert to develop the Operations Research Protocol
- Engage MoH to submit the Research protocol to the Uganda National Council of Science and Technology

6. Research conducted and findings disseminated - UNCoLSC (ON TRACK)

Commitment 9: *Ensure timely completion of Household surveys by UBOS to ascertain progress on health including FP service delivery. Also carry out robust evaluation of all FP investments in Uganda (2020.9)*

Commitment 10: *Conduct a Bi-annual joint supervision and Bi-annual FP/RH national review meetings (2020.10)*

Uganda Bureau of Statistics (UBOS) carried out a Uganda Demographic Health Survey (UDHS) in 2011 and plans are underway to carry out a UDHS survey in 2016. However, with support from BMGF, Makerere University School of Public Health (MUSPH) working together with UBOS and Ministry of Health has carried out FP surveys under the Performance Monitoring and Accountability (PMA) 2020. In November 2014, PMA 2020 carried out the first National survey¹⁶ Round 1 to monitor key indicators for FP and disseminated findings to stakeholders at a meeting held in August, 2015. Important to note is that CPR for modern methods amongst married women declined from 26.1 (UDHS 2011) to 25.6 (PMA 2014). Round 2 of the National survey was held in August 2015 and showed a significant increase in CPR for modern methods from 25.6 (PMA 2014-R1) to 31.8 (PMA 2015-R2) posting a 6.2% point increase in mCPR over a period of 12 months. Further, the PMA 2020 national survey indicate a decrease in the Total Fertility Rate from 6.2 (UDHS, 2011) to 5.8(PMA 2015-R2). The findings from the PMA2015/Uganda-Round 3 are yet to be disseminated to stakeholders.

In 2014/15, UPMB carried out baseline surveys on barriers to access to FP supplies both from community and provider perspective.

¹⁶ PMA 2020, MUSPH (2014). Detailed Indicator Report: Uganda 2014

In FY 2015/16 MoH (Pharmacy division) carried out quantification studies for contraceptives for the FY 2015/2016 and is finalizing the supply plan for commitments from the partners (GoU and donors) to ensure the steady supply of RH commodities into the country.

Management of Sciences for Health (MSH) under the Evidence to Action (E2A) for strengthened FP and RH services conducts research and disseminates its findings across its member states and sharing its best practices.

URC conducted operations research in six high-volume Ugandan hospitals/ maternities to identify the baseline use, and best methods to increase evidence-based use of antenatal corticosteroids to improve outcomes for premature newborns in Uganda. The project was funded by Save the Children Uganda and UNCoLSC.

Issue:

- *Challenge is documentation and dissemination of the Research findings*

Solution:

- Hold National Conference to disseminate Research findings and best practices

7. CME Guidelines updated and health workers mentored – UNCoLSC (ON TRACK)

Amref Health Africa reviewed the CME guidelines aligning them to WHO standards in relation to the 13 LSCs. It carried out desk review and held consultation meetings with professional councils and associations including UMDPC, AHPC, UPSU, UNMC and Professional bodies like UPA, AOCU, UMA, UPMA. Findings and recommendations were shared and disseminated in a 2-day stakeholder meeting organized by Amref Health Africa. The MoH provided technical oversight.

The next step is to adapt the recommendations from the review and have CME guidelines updated.

In 2015/16, No further progress recorded.

Issue:

- *There are no standard CME Guidelines*
- *The current training curriculum form the professional bodies are not in line with LSCs*

Solution:

- Provide funding for Update of CME Guidelines
- Work with Professional bodies to include LSCs in curriculum

8. Current Pre-service training curriculum updated -UNCoLSC (ON TRACK)

In FY 2014/15, the Ministry of Health with Amref Health Africa and HTC reviewed and updated the Pre-service curriculum aligning them to WHO standards and enable them be rolled out in various professional councils, associations and training institutions.

Pre-service Training Needs Assessment (TNA) were conducted in selected universities and health training institutions and a validation workshop was held where findings were presented to stakeholders to gain consensus in relation to the 13 LSCs. Amref Health Africa provided technical assistance while HTC undertook the study.

For the FY 2015/16, Uganda Nurses and Midwives Examination Board (UNMEB) is reviewing the pre-service training curriculum for midwives with support from the MoES.

Issue:

- *The Update of the Pre-service training curriculum was not undertaken*

Solution:

- Provide funding to update the Pre-service training curriculum in consultation with MoES and MoH

SERVICE DELIVERY

1. Health workers in hard to reach areas - EWEC (ON TRACK)

The Ministry of Health has over the years invested highly in recruitment of health workers evidenced by an increase in allocated positions from the proportion of approved posts from 56% in 2010 to 69% in 2013/2014¹⁷. A Human Resources for Health Bi-Annual Report (2015)¹⁸ indicated that the overall district staffing levels were at 67% compared to 81% of Regional Referral Hospitals.

For the FY 2014/15, this indicator of health workers in hard to reach areas was on track. This was evidenced by UHMG providing FP services in hard to reach communities through the UHMG Good Life Clinics (GLC).

MoH (RH Division) with support from UNFPA trained and bonded 376 midwives to their health facilities in the 7 districts of Kanungu, Mubende, Moroto, Katakwi, Kotido, Kaabong, Oyam and Yumbe.

For the FY 2015/16, MSU has employed over 75 Dedicated Service Providers in its facilities across the country.

Issue:

- *No information on percentage of Health workers recruited in hard-to-reach areas.*

Solution:

- Carry out evaluation of number of health workers working in hard to reach areas vs the required staffing establishment

¹⁷ MoH (2015) HSDP

¹⁸ MoH (2015)

2. Skilled health workers recruited -EWEC (ON TRACK)

The GoU and Partners has over the years facilitated recruitment of much-needed staff increasing the proportion of approved posts from 56% in 2010 to 69% in 2013/2014¹⁹ and 69% of the approved staffing positions in public health facilities as of April, 2015²⁰. Different partners advocated for recruitment of more health workers and holding training sessions for the HWs at the different health facilities with support from MoH, Cuamm, UPMP, UCMB and USAID-SDS program.

In FY 2015/16, the Ministry of Public Service through the Health Service Commission filled 60% of the approved staffing positions in public health facilities especially HC IIIs and IVs as of June 2015. Cuamm is running a scholarship scheme in Karamoja region (Abim, Amudat, Kaabong, Nakapiripiriti, Kotido, Napak and Moroto) for midwives and clinicians who are later taken up by HC IVs. MoH (Midwifery) lobbied through parliamentarians to lift the recruitment ban to enable recruitment of more trained and skilled staff. A bursary scheme funded by development partners has been extended to hard to reach districts and MoH reverted to using the traditional midwifery training.

USAID ASSIST Project supported maternal and newborn quality improvement efforts in 5 hospitals and 25 health centres in 4 Saving Mothers Giving Life (SMGL) districts of Uganda. The interventions included promoting consistent use of AMTSL, routine screening for preeclampsia/ eclampsia, institutionalizing complete package of essential newborn care and also training health providers in resuscitation of newborns with birth asphyxia.

UPMB with support from the Mildmay HRH Project recruited and enumerated 16 staff in Mityana and West Buganda diocese. The USAID-SDS project supported the recruitment and management of 72 health workers for 31 UPMB health facilities. They have a scholarship scheme in conjunction with the Japanese government offered each year.

MSH under the Leadership, Management and Governance project funded by USAID are implementing an online mentoring network for women working in the field of RH and FP.

AOGU under the SMGL Initiative have strengthened district health networks by addressing the 3 delays through training and mentoring.

UNHCO continues to strengthen VHT structures through training and integrated community outreaches while training the HUMCs at the district levels, holding community accountability dialogues and conducting performance reviews. In addition, UNHCO holds advocacy meetings with the different partners (MoH, District Health Officers and DLGs) to lobby for recruitment of more health workers.

University Research Council (URC) is building capacity Health Workers in ordering and quantification to increase performance and productivity of the workforce through improved

¹⁹ MoH (2015) Health Sector Development Plan 2015/16-2019/20

²⁰ MoH (2015) HRH Bi-Annual Report (October 2014-March 2015)

health facility management and health worker technology and have so far held 2 training sessions of 100 HWs in the operational districts.

Issues:

- *Poor Health worker terms and conditions including Accommodation and Amenities*

Solutions:

- Continuous advocacy to improve Health worker remuneration and living conditions

3. All hospitals offer comprehensive EmONC -EWEC (ON TRACK)

Uganda committed to increase comprehensive EmONC services in hospitals from 50% to 100% and 17% to 50% for Health Centres. In the FY 2014/15, All the National Teaching Referral hospitals, Regional Referral hospitals and district hospitals offer comprehensive Emergency and Obstetric Newborn care.

White Ribbon Alliance (WRA) held an advocacy campaign “Act now to save mothers” holding government accountable for its commitments to ensure women have access to life saving care in the districts of Mityana, Kabale and Lira.

Today, in the FY 2015/16, URC is implementing FPMNCH in 15 selected districts (Gulu, Pader, Oyam, Kitgum, Lamwo, Agago, Kole, Lira, Apac, Dokolo, Alebtong, Amolatar, Otuke, Amuru and Nwoya) where have trained 106 Health workers. Also, Implementing Saving Mothers Giving Life Initiative in the 6 districts of Northern Uganda (Gulu, Nwoya, Pader, Lira, Apac and Dokolo). Support to implementing partners (STAR- E, EC and SW) to improve the quality of MNCH services provided.

Issues:

- *Ensuring 100% availability and maintenance of EmONC medicines, supplies and equipment*

Solutions:

- Advocacy for sustained financing of the EmONC equipment, medicines and supplies

4. All HCs offer basic EmONC -EWEC (ON TRACK)

Uganda committed to ensure that basic EmONC services are available in all health centers. Currently, basic EmONC is being provided at Health centre IIIs and above. However, the percentage of facilities providing basic EmONC is not documented.

For the FY 2014/15, different partners like Cuamm, UPMB and MoH provided support through procurement and supply of basic EmONC equipment. National Medical Stores (NMS) procured and supplied 845,126 safe delivery maternity kits (Maama Kits) using resources from Vote 116 and World Bank HSSP project²¹.

In FY 2015/16, MoH (RH Division) with support from UNFPA and World Bank have procured and supplied all facilities with EmONC equipment and trained the health workers on the basic EmONC.

AOGU under the Saving Newborns and Mothers project is improving women's access to and utilization of EmOC and essential newborn care in 6 health units of Kiboga and Kibaale districts.

Cuamm has ongoing activities to equip HC IIs and IVs with FP supplies, mentorship programs to junior staff (midwives) in all 49 health facilities (both HC IIs and IVs). They have also reprinted the management protocols and handbooks for basic EmONC which is on display in the health centers.

The Faith-based institutions (UPMB, UCMB, UMMB and UOMB) have each ensured that all its health facilities provide basic EmONC services to their clientele.

MSD is strengthening the network of private health providers by expanding PACE ProFam franchise network of private clinics and building capacity to offer quality maternal health services under the MUM Program in 45 districts. Under this project, over 210 providers from 126 private health facilities have been trained in Basic EmONC. In addition, work with VHTs to support the clinics through outreaches and information sharing about FP, ANC, care during and after childbirth, routine immunization and basic newborn care.

Save for Health Uganda in partnership with Cordaid is increasing access to timely and quality maternal, child and reproductive health care in Sheema and Mubende districts through the introduction of health insurance. The community health insurance schemes are used to get women access and utilize obstetrics services as financial barriers are reduced and are funded by the Dutch Ministry of Foreign Affairs.

CEHURD spearheads community advocacy for FP and destigmatisation of abortion victims in 6 districts (Kiboga, Kyankwanzi, Butambala, Buikwe, Kamwenge and Manafwa) by pushing citizens to demand provision of safe abortion and post-abortion care at all HC IVs.

Issues:

- *Lack of skilled staff*
- *Inadequate supply of EmONC medicines, supplies and equipment*

Solutions:

- *Engage in advocacy for increased resources for EmONC medicines, supplies and equipment at all HCs.*

²¹ PPD ARO (2015) RH Budget Tracking Report FY 2014/15

5. Increase comprehensive EmONC services in health centers to 50% - EWEC (ON TRACK)

The Annual Health Sector Performance Report 2014/15 indicates that the percentage of Functional Health Centre IVs providing comprehensive EmONC is 45%²². The World Bank HSSP is undertaking renovations of 26 HC IVs (Kitwe, Rubare, Kabuyanda, Mwizi, Kasanda, Kiganda,

Mwera, Kyatunga, Kikamulo, Ngoma, Buvuma, Budondo, Ntenjeru, Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Budaka and Kibuku, Bwijanga, Aduku, Aboke, Pakwach, Atiak, Padibe and Obongi) to better offer the services.

For the FY2015/16: No progress information yet

Issue:

- Need to fulfil EWEC Commitment of 50% coverage.

Solution:

- Sustained advocacy to meet the EWEC commitment

6. Increased demand for FP Services – EWEC 2011 (ON TRACK)

Under EWEC, Uganda committed to reduce the unmet need for family planning from 40% to 20%. In 2012 at the FP 2020 Summit, made commitments 1, 7 and 8 as shown below. In addition, in 2013 under the UNCoLSC, Uganda undertook to increase demand for female condoms, implants and emergency contraceptives.

Commitment 1: Develop and implement an integrated FP campaign (2020.1)

Commitment 7: Partner with appropriate private sector bodies and institutions for the integration of MH/FP/RH and HIV/AIDS information and services for their employees and families (2020.7)

Commitment 8: Roll out Youth friendly services in Government HC IVs and district Hospitals (2020.8)

The FP CIP proposes MoH to develop an demand generation strategy, however, implementing partners like FHI 360 CHC project, UHMG, MSU and Pace have developed internal demand generation strategies focusing on Interpersonal Communication (IPC) increase demand and address myths and misconceptions about FP. The PMA2020 national survey indicated that the total demand for contraceptives for all women has increased from 47.5 (PMA2014-R1) to 49.8 (PMA2015-R2) while the Percentage increase in demand by modern contraceptives from 44.1 (PMA2014-R1) to 52.5(PMA2015-R2).

²² MoH (2015) AHSR

For the FY 2014/15, a number of partners were involved in carrying out demand-generation activities for instance Path, DSW, UFPC, Pathfinder, UPMB, Heps Uganda, UNHCO, UHMG, MSU, MSIU, Wellshare International, Pace, RHU, among others²³.

In FY 2015/16, The FP CIP under the thematic area of demand creation is refocusing the FP programme and using key interventions to sustain support about the role of family planning in promoting health and supporting development using social and behavior change communication (SBCC) campaigns across interventions. For instance, in the Quarter July-December 2015;

PATH trained 1200 VHTs on use of injectable depo and sayana press in 15 districts working with FHI360 and Wellshare International. It also sub granted UHMG to distribute sayana press in 10 selected districts (Mubende, Gulu, Nakasongola, Koli, Apac, Kyegegwa, Auria, Mayuge, Kibaale and Albetong). UHMG also has a smart choice campaign which seeks to provide multiple methods of family planning suitable for all individuals including both short and long term methods.

Uganda Red Cross is advocating for Adolescent youth friendly services in selected 12 districts (Moroto, Kaabong, Katakwi, Oyam, Pader, Gulu, Yumbe, Arua, Mubende, Kalangala, Kanungu and Kotido) and carry out sensitization using IECs to improve access to information on Reproductive Health including FP choices.

Plan Uganda is implanting Ni-Yetu, a youth program in selected 5 districts (Kampala, Lira, Tororo, Kamuli and Alebtong) targeting both adolescent boys and girls using combination of behavioral change and system strengthening interventions to enhance increased availability and access to Youth friendly health services. In addition, Plan Uganda is supporting role model parents and adolescents to conduct outreaches which raise the level of awareness on key adolescent sexual reproductive health issues that affect young people in Tororo district. Further, are promoting health promotion through the Maternal and Child Health Project by use of Family Planning services, integrated village camps and safe motherhood awareness meetings.

Planned Parenthood Global Africa Regional Office (PPG-ARO) is implementing the Voices for Health project with 6 local implementing partners which focus on advocacy for SRHR issues. Under this project, the interventions used are budget advocacy, policy reform on abortion and youth engagement on Family Planning by encouraging access to FP contraceptives and post abortal care (PAC).

Save the Children is implementing Fertility Awareness for Community Transformation (FACT) project, a community based strategy to increase fertility awareness, encourage FP use and expand access to Fertility Awareness-based Methods (FAM) through community groups using Standard Days Method (SDM), Two day Method and Lactational Amenorrhea Method (LAM).

²³ Refer to Uganda Commitment Initiative Progress Report (July-Sept 2015)

World Vision Uganda is using advocacy to increase access and demand for Life saving commodities including female condoms, implants and emergency contraceptives and has developed and commitment and budget advocacy plan for these life saving commodities.

Wellshare International through the Advancing Partners and Communities to Injectable contraceptives has scaled up access to community planning services (including injectables and other short-term methods) in Iganga and Kumi districts. Through this, have trained over 163 VHTs to deliver family planning counseling and short term family planning methods thus bringing services closer to rural men and women of reproductive age. Wellshare International also facilitated community dialogue and talk shows on the use of short and long term methods.

DSW used mobile youth trucks to promote Adolescent Sexual and Reproductive Health (ASRH) through guidance and counselling.

MSD under the MSD for Uganda Mothers (MUM) flagship program is supporting Pace in improving ProFam, a network of privately run clinics which are set up close to communities to provide access to affordable, high quality long term family planning services.

Straight Talk Foundation (STF) under the Advocacy for Better health project supported by USAID Path in 3 districts of Bugiri, Busia and Namutumba working with local CBOs and NGOs and community advocacy champions as change agents for RH. In addition, STF packages youth friendly services to include provision of clinical and non-clinical services in selected districts (Kitgum Adjumani, Gulu, Moroto, Nwoya, Agago and Bugiri) and supports delivery to access of accurate SRH information and range of safe and free contraceptive choices.

InterAid carries out sensitization about FP among the refugees and refers to nearby KCCA facilities; has adolescent youth corners in partnering 81 UPE Schools in Kampala where provide counselling and information on RH especially FP. In addition, has integrated FP in HIV program and have community centre where they advise the clientele on right FP choices.

Uganda Protestant Medical Bureau (UPMB) is implementing the Expand FP A3 (Access, Availability and Awareness) and uptake of Fertility Awareness-based Methods (FAM) in 8 UPMB health facilities (Rugarama Hospital; Kagando Hospital; Kolonyi; Chrisco; Azur; N. Kigezi; St. Paul and Rwesande HC IVs). Under the Evidence to Action (E2A) project in partnership with Pathfinder and UAID is strengthening referral mechanisms increasing facility providers' participation in FP outreach events that include FP promotion and insertion of long acting contraceptive methods. The project is being implemented in 9 UPMB facilities in North, Central and Eastern Uganda.

Pathfinder trained over 500 VHTs in short term methods (sayana press and Depo provera) in Amuria, Kyegegwa, Kibaale, Mayuge, Albetong and 49 VHTs in Wakiso district at the Island. Pathfinder is also increasing access to the FP supplies through the E2A Health and Population Environment -Lake Victoria Basin (HoPE-LVB) project, improving maternal and child health in communities.

FHI 360 in partnership with UHMG is advancing skill need to design, manage and evaluate health communications interventions, and to adapt and scale up communications efforts in support of service delivery activities at the community level. FHI 360 also implementing the

'Obulamu' campaign, a USAID/Communication for Health Communities (CHC) project which supports community demand creation for FP choices using radio, community shows, TV and dialogue meetings. In addition, implementing the APC project using integrated community health interventions supported by community based FP policies initiated by the Ministry of Health in selected 16 districts (Busia, Kasese, Kanungu, Kamwenge, Kyenjojo, Kayunga, Mityana, Sembabule, Luwero, Nakaseke, Amuru, Agago, Pader, Oyam, Dokolo, and Lira).

Communication for Development Federation Uganda (CDFU) is implementing Healthy Choices Campaign, with support from GoU/UNFPA and is implemented in 11 districts of Karamoja region, West Nile, Northern, Central and South West regions. The project uses a radio program that models positive practice and behaviors in: pregnancy and maternity care; family planning, young people and vulnerable groups' reproductive health, reproductive rights.

Youth Alive Uganda Initiative promotes Sexual and Reproductive health through youth clubs in and out of schools and have a Teenage centre in Kajjansi where they hold sessions on ANC, FP, PNC and make referrals to Kajjansi HC III. In addition, they train VHTs who follow up with these Teen Mums and remind them of appointments.

Coalition for Health Promotion and Social Development (HEPS Uganda) with support from the RHSC – Take stock campaign have trained 350 community monitors as champions of FP rights in the 8 sub-counties in Kamuli and 4 in Mbarara districts. They are also using the community scorecard for the reproductive health project promoting access to a full, free and informed family planning choice in Isingiro and Kiboga where have trained 100 community monitors as agents/ champions of FP. Under the Advocacy for Better health project, working with community groups in 17 subcounties of Ibanda and Kiruhura districts to identify key gaps affecting health including reproductive health and FP.

Reach a Hand Uganda (RAHU) working with Rutgers WPF, implementing a youth-led programme 'Get Your Mix Out' using music, role models and peer educators which aims for young people understanding their sexuality.

Naguru Teenage Information and Health Centre (NTIHC) is implementing the Link Up project which is peer-led intended to increase uptake of quality FP commodities and services and also integrated maternal health among young people aged 10-24 years affected by HIV in 11 districts (Wakiso, Mukono, Kayunga, Kamuli, Mayuge, Iganga, Bugiri, Namutumba, Luweero and Nakasongola). To date, Link Up has trained over 120 health workers and social workers and 250 peer educators in delivery of youth friendly SRHR services.

SRHR Alliance Uganda implementing Young Empowerment project (YEP) which aims to introduce a voucher referral system to strengthen the link between sexuality education (demand creation), SRH service provision for young people (supply) and SRH services utilization by young people. In addition, SRHR Alliance is implementing ASK (Access, Knowledge and Services) project which aims to seek to increase direct access to SRH information and services by young people through strategies that uphold human rights of stakeholders, respect diversity, address structural discrimination and exclusion, ensure meaningful youth participation and reinforce partnerships in 8 districts namely; Gulu, Pader,

Kitgum and Amuru, Iganga, Jinja, Bugiri and Tororo districts. In partnership with 12 local organisations

Uganda National Health Consumers' Organization (UNHCO) is working towards strengthening VHT structures through trainings, providing monthly stipend, bicycles for transport and a referral system. It also supported weekly integrated community outreaches where they offer health education, Information, Education and Communication and RH services. It has also worked towards strengthening management and governance at district and facility level by training HUCM, conducting performance reviews and facilitating community accountability dialogues.

Uganda Village Project working in select sub-counties in Iganga District by having quarterly reproductive health outreaches with education and distribution of contraceptives in 10 villages and hold occasional community sensitizations.

Engender Health is implementing the ExpandFP project, designed to increase service quality, accessibility, and availability of all FP methods, counseling, and services in an environment of voluntarism and informed choice in Hoima and Masaka districts in partnership with the Ministry of Health.

Reproductive Health Uganda (RHU) is implementing the Male Involvement learning centre designed to increase male involvement in SRHR through capacity building, learning experiences and sharing of information. In addition, under the access projects, RHU is promoting Access to Value added SRHS in 8 districts (Kampala, Iganga, Kapchorwa, Mityana, Kabarole, Luwero, Tororo and Gulu) and is funded by IPPF. Another project being implemented is Increasing availability of comprehensive RH services in 8 districts (Kanungu, Yumbe, Mubende, Kaabong, Kotido, Moroto, Katakwi and Oyam) by mobilizing support for FP interventions and increasing healthy lifestyle choices related to SRHR for young people and vulnerable groups. This project is in partnership with UNFPA/GoU country program.

RHU, MSU, UHMG and PACE are involved in social marketing, social franchising and community outreaches.

Issues:

- *Lack of a demand generation strategy for FP*
- *Lack of adequate financial resources to scale up demand*
- *Heavy reliance on community workers like VHT/ Monitors who are voluntary*
- *Dispelling myths and misconceptions about the Contraceptives and Male involvement*

Solutions:

- Advocate for resources and technical assistance for development of the Demand generation Strategy for FP
- Scale up demand through social marketing channels
-

7. RH Voucher for public and private sector that includes EC, ACS for management of premature labour - EWEC (ON TRACK)

For the FY 2014/15, the RH Voucher system was implemented in selected districts by MSU (88 districts), and PACE (6 districts), Baylor (4 districts).

In FY 2015/16, The RH voucher system is being implemented in selected districts by local partners. MSIU introduced the voucher system for Long term FP methods in 88 districts supported by DFID, USAID. MSU with support from World Bank/ Global Fund is implementing the RH voucher in 23 selected districts. In addition, MSU is implementing the FP/STI Voucher project in 11 districts funded by the Dutch government. Pace under the Merck for Mothers (MUM) project with Transaid has an emergency transport scheme where 'Boda boda riders'- local motorcycle taxis who are encouraged to volunteer their services at a reduced rate when an expectant woman needs to get to a health facility. Baylor Uganda under the SMGL Initiative is implementing transport vouchers for pregnant mothers in 4 districts of Kyenjojo, Kamwenge, Kabarole and Kibbale.

Issues:

- *The RH Voucher system focuses on Long Term FP methods and not ECs and ACS*
- *No organisations is implementing Vouchers for use of EC and ACS in Uganda*
- *The RH Voucher system is implemented in selected districts, need to be scaled up to more districts across the country*

Solutions:

- Sustained advocacy for inclusion of ECs and ACS on the RH voucher system

SUPPLY CHAIN

1. Qualified health workers in HC IIs /IIIs - FP 2020 (ON TRACK)

For the FY 2014/15, the MoH (Pharmacy division) conducted training of health workers on estimation, quantification and ordering.

For the FY 2015/16, MoH (Pharmacy Division) is still building capacity of health workers on estimation, quantification and ordering across the country. The Ministry through the Public Service and Health Services Commission has made 75% of recruitment for HC IIIs and 49% in HC IIs (HRH Bi-Annual Report, 2015).

MoH with support from UNFPA has built capacity for Health workers in the public and PNFPs to provide Norigynon and Noristerat and this was done in coordination with UHMG and Samasha Medical Foundation. UHMG through the Alternative Distribution system distributed the Noristerate and Norigynon to the health facilities. Intrahealth has established a new e-recruitment system (iHRIS) for enhancing efficiency and transparency in hiring of Health

workers. It is providing districts with comprehensive packages of interventions like HRIS, training, supervision support making workplaces fairer and safer, with support from USAID. The Number of midwifery students has tripled between 2013-2015, retention allowance been given to doctors and performance management guidelines and processes made in 8 selected districts.

Issue:

- *Still have 45% Human Resource staffing gap in all the Health Centres across the country*

Solution:

- *Sustained advocacy for recruitment of Health workers*

2. Improve Post-shipment testing and alternative distribution system- FP2020 (ON TRACK)

Commitment 3: Improve RH distribution and effective services delivery, review post shipment testing policy in release of vital RH supplies including FP supplies from NDA(2020.3)

Commitment 11: Strengthen institutional capacity of Public health facilities and community based distributors to provide FP services and increase choice and quality of care at all levels (2020.11)

NDA established the Post-shipment policy for condoms in 2004 and a condom testing unit was established with installation of a Condom testing machine in 2006.

With support from WHO, the capacity of National Drug Authority was built for post-shipment testing. Consultative meetings were held and equipment specifications developed in consultation with users and potential suppliers identified. The equipment arrived and was installed and user training conducted. The testing capacity is approximately 10million condoms per month which translates into 30 batches per month. The cost of testing each batch is at \$280 USD however, the current testing capacity is not adequate. NDA does not have capacity to test other contraceptives. Currently, NDA does not carry out post-market quality testing of FP commodities including condoms.

The Ministry of Health entered into an MOU with UHMG to formally institutionalize and recognize the Alternative Distribution System. An Alternative Distribution Strategy was developed to guide implementation at inception. In 2014/15, UNFPA supported the MoH to assess the Alternative Distribution Strategy and a report is available that formed the basis for a request to develop Guidelines. UHMG managed an inventory of 78 organisations and providers accessing contraceptives under Private-not-for-profit(PNFP) and Private-for-profit (PFP) sectors.

In FY 2015/16, UHMG under the alternative distribution strategy is currently managing inventory of 118 Private-for-profit (PFP) and private-not-for-profit (PNFP) health providers accessing contraceptives up from 78 in 2014/15.

Issue

- *the current testing capacity is not adequate and NDA does not have capacity to test other contraceptives*
- *No post-market testing has been carried out*

Solution:

- Avail resources to build capacity at NDA for increased post-shipment and post-market testing

3. Existence of the pull system at HCIIIs/ IIIs – FP 2020 (NOT ACHIEVED)

For the FY 2014/15, capacity building was done by MoH (Pharmacy division) for health workers at HC IIs & IIIs countrywide to enable them with the skills to be able to monitor stock status, quantify and order all supplies in general including FP supplies to avoid stock outs.

However, HC IIs and IIIs continue to receive an Essential and Health Medicines Kit determined at the district level.

Issue:

- *HC IIs and IIIs still receive EMHS Kit*

Solution:

- Undertaking a feasibility study for the Pull system at HC IIs and IIIs

TECHNOLOGY

1. Increased demand for female condoms and ECs - UNCoLSC (ON TRACK)

For the FY 2014/15, Health Child Uganda (HCU) was identified as promoting use of mobile phones as a communication platform for inducing BCC towards LSC using the Community Health Management System (CHMS). HCU adapted a locally appropriate platform, tested and findings disseminated. The CHMS platform was piloted in Ruhaama, Ntungamo district where series of district meeting and workshops held to introduce the new system and VHTs trained on its use.

In FY 2015/16, HCU in its findings found it feasible and acceptable to use the CHMS by the VHTs in the pilot district. Plans are underway to align the CHMS to the national e-health system and address issues of communicating on LSCs including female condoms, implants and ECs.

In addition, new players were identified. Text to Change (TTC) is providing a text-message-based (SMS) platform for community sensitization on FP method mix in Mubende and Mityana districts in partnership with UNHCO. Communications for Development for Uganda (CDFU) in partnership with Instahealth has a hotline utilized to ensure the audience's information needs are answered while Reach a Hand Uganda (RAHU) is running the 'Sautiplus Campaign' which uses innovative technologies in social media, radio, print and digital media in addressing SRHR issues including FP.

Issue:

- *Despite the increased use of technology in promoting RH, no organisation was identified as having any directly related programs focused on the increase of demand for female condoms and Emergency Contraceptives*

Solution:

- Engage current ICT providers to incorporate specific programs for LSCs including Female condoms and ECs