



Reproductive Health  
**SUPPLIES COALITION**



**samasha**  
MEDICAL FOUNDATION  
Advocacy for Improved Health Systems

# **UGANDA COMMITMENT INITIATIVE**

## **ACTIVITY PROGRESS**

### R E P O R T

(January - March 2016)



## INTRODUCTION

Samasha and Partners in Population and Development Africa Regional Office (PPD ARO) are implementing the Uganda Commitment Initiative with support from the Reproductive Health Supplies Coalition (RHSC). The Uganda Commitment Initiative commenced in October 2013 with the objective of supporting the Government of Uganda achieve its Reproductive Health supplies commitments through a partnership model which 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).

The Uganda Commitment Initiative has been able to achieve the following milestones;

- Developed a Commitments Compendium
- Developed a tracking mechanism through the Motion Tracker ([www.ugandaRHpromises.org](http://www.ugandaRHpromises.org))
- Have held four stakeholder meetings
- Has increased partners reporting on their contribution to commitments from 23 in September 2015 to 64 in April 2016
- Developed a methodology, facilitator guide and participant manual for replication in other countries (Burkina Faso is in advanced stages of replicating the Uganda Commitment Initiative)
- Has increased awareness of the different contributions made by partners to the commitments
- Most recently, it was adapted as a FP 2020 resource tool for Uganda during the April FP 2020 Focal Points meeting held in Uganda.

In the last 3 months (January- March 2016), Samasha conducted data collection exercise from partners to highlight their contributions made over the period. In addition to the 53

partners that were involved in the last data collection exercise (October–December 2015), 11 new partners were identified thus bringing the total number of partners to 64.

This report therefore details the different contributions made by the 64 organisations over the period (January – March 2016).

## METHODOLOGY

The section below highlights the methodology that was used in undertaking the data collection exercise in period January–March 2016.

### a) Sampling technique

The data collection exercise employed purposive and snowballing techniques which were applied to selected individuals from organisations that contribute to RH related commitments. The partners were selected basing on the stakeholder mapping matrix developed during the April 2014 Uganda Commitment Initiative stakeholder meeting. The Organisations identified in the stakeholder mapping matrix included:

- 1) Government of Uganda (GoU) - Ministry of Health
- 2) Development partners
- 3) Non-Governmental Organizations (NGOs)

In addition, based on the recommendations of respondents, a snow balling technique was employed to reach out to other organisations that were not part of the stakeholder mapping matrix. The selection methods employed ensured maximum participation / involvement of stakeholders implementing RH related commitments. A total of 64 organisations were visited during a 3 months period from January 11<sup>th</sup> to 31<sup>st</sup> March 2016.

## b) Data collection types

Primary and secondary data sources were used to collect the data. Primary data was collected using a Partner Contribution Questionnaire (hereby attached as Annex 1). Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, newspaper articles, project dissemination meeting minutes).

## d) Data collection techniques

The activity employed a mix of various data collection tools briefly described below;

- *Key informant interviews:* A structured questionnaire was administered to key informants amongst donors, international NGOs, local CSOs and Ministry of Health.
- *Desk review:* A list of relevant documents was reviewed. The list of documents

reviewed included Project Documents, Organization annual reports, Newspaper Articles, Health sector review papers, MoH Status reports etc.

The data collection modalities included one-on-one meetings, phone calls and email correspondences.

Data collected from partners is validated at two levels. The first level is internally done at Samasha through document reviews and triangulation. The second level is through the stakeholder validation meetings.

## Results

### a) Description of the Partners

Out of the 64 partners that were visited/ sampled, the majority 35 were local non-governmental organisations as expressed in Table 1 below.

**Table 1: Description of Partner Organizations**

Category	Examples of Organisations
GOU	Ministry of Health, National Medical Stores, MoFPED
Donors	UNFPA, USAID, DFID, UNICEF, BTC
International NGOs	Plan International, Pathfinder, Intrahealth, MSH, Samaritan Purse, Medical Teams International, PPD ARO, IPPF, Advance Family Planning, FHI 360, EGPAF, Path, Marie Stopes International Uganda
Local NGOs	RHU, Better HAG Uganda, Reach a Hand Uganda, Acodev Uganda, Heps Uganda, UHMG, Pace, Marie Stopes Uganda, UPMA, SHU, AoGU, PHP, UNHCO, SRHR Alliance, STF, CSBAG, DSW Uganda, UFPC, Youth Plus Uganda, Uganda Village Project, Save the Children, BRAC, Mildmay Uganda, PVI, Youth alive Initiative, Uganda Red Cross Society, White Ribbon Alliance, CDFU, Engender health, PPG, Naguru Teenage Information and Health centre, CEHURD, Cuamm, Rutgers Uganda, Population Secretariat,
Faith based	UPMB

## b) Description by thematic areas

Most of the partners visited (55%) made contributions under the service delivery thematic area followed by 19% under Finance, as shown in the Table 2 below.

**Table 2: Characteristics of Partners by Thematic area**

Thematic area	Number	Percentage
Finance	16	19%
Policy	13	15%
Service Delivery	47	55%
Supply chain	5	6%
Technology	4	5%
<b>Total</b>	<b>85</b>	<b>100</b>

## c) Contribution of Organizations by different thematic areas

The section below details the different contributions of organizations by thematic areas.

### FINANCE:

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

For the FY 2015/16, the Government of Uganda has allocated 8,074,893,374 <sup>1</sup> (\$2,446,937 USD) for procurement, storage and distribution of reproductive health items (Medroxy Progesterone and Safe Maternal delivery kits) to NMS Vote 116 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 \$ 2,553,062 USD. This gap

needs to be raised in the remaining months April – June 2016 if this commitment is to be achieved.

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. In addition, MoH RH provided technical guidance and leadership to local implementing partners active in RH related commitments.

PPD ARO hired a Consultant to undertake the NMS RH commodities budget tracking for FY 2015/16. The consultancy seeks to determine and confirm allocated and expended resources to FP commodities at national level and distribution at district levels. The results of this consultancy stimulate advocacy actions to ensure that the FY 2015/2016 budget allocation/expenditures are realized.

Advance Family Planning (AFP) provided technical assistance and financial support for RH budget advocacy for the year FY 2015/16 through capacity building of PPD ARO.

MoH Pharmacy division monitored the FP contraceptive procurements and shipments and distribution in-country to all the 112 districts.

National Medical Stores (NMS) ensures that the FP commodities are included in the procurement plans made (Development of Framework contracts).

DSW Uganda actively participated in CSBAG- health cluster meetings and led the writing of health sector budget paper for FY 2016/17 highlighting key issues on family planning for example have youth friendly corners in all public health centres. This paper was presented to the Parliamentary

<sup>1</sup> FY2015/16 Health Policy Ministerial statement, pg 136

Health committee in April 2016. In addition, supported Kamuli district to form Family Planning Working groups and intends to scale-up to other districts of operation. Furthermore, DSW Uganda supported health workers to develop workplans of FY 2016/17 to ensure FP key activities and prioritized; and orientated Health Unit Management Committees (HUMCs) to engage in planning and budgeting at the district level to prioritize FP needs of the community.

Reproductive Health Uganda (RHU) is implementing the Women Reproductive Health Advocacy project in Mityana and Luweero districts which seek to empower women to advocate for increased access to FP services and call upon the districts to secure funding for FP commodities. RHU is also working with African Women Leaders Network (AWLN)-Uganda Chapter in Nebbi, Zombo, and Mityana to assist districts commit to allocate funding for FP for instance 10M was allocated and this is being tracked in Luweero.

CSBAG is contributing by ensuring that there is increased budget allocation to

NMS for procurement of RH commodities from 8 billion for the FY 2016/17 by holding advocacy meetings with the Parliamentary health committee advocating for increased allocation to National Medical Stores. In addition, has engaged with communities to participate in the FY 2016/17 budget process and dialogue with the duty bearers at the district level.

## 2. \$5 million mobilized from donors (FP 2020) - ACHIEVED

The donors mobilized approximately US \$ 11million exceeding the expected US \$ 5 million commitment in the FY 2015/16. The funds were mobilized from United Nations Population Fund (UNFPA) (\$3m) for procurement of contraceptives; United States Agency for International Development (USAID) (\$8m) for procurement of contraceptives including condoms while International Planned Parenthood Federation (IPPF) expended \$8,506 worth of contraceptives as shown in the Table below.

**Table 3: Distribution of contraceptives by funding source**

Method	Quantity	Value	Funding Source
Condoms - Female (pieces)	1,500,000	\$813,143	UNFPA
Condoms - Male (pieces)	17,760,096	\$553,327	UNFPA
IUDs (pieces)	230,000	\$64,547	UNFPA
Injectables (doses)	202,400	\$168,764	UNFPA
Injectables (doses)	1,280,000	\$1,100,592	USAID
Orals - Combined (cycles)	159,963	\$47,809	UNFPA
Orals - Combined (cycles)	2,000,000	\$605,905	USAID
Orals - Emergency (doses)	9,600	\$8,506	IPPF
Total		<b>\$3,382,152</b>	

Source: [www.myaccessrh.org](http://www.myaccessrh.org) Viewed 31<sup>st</sup> March 2016

### 3. Annual review of country's need conducted and funding gaps identified (FP 2020) - **ACHIEVED**

Basing on the GoU estimates of financing required for procurement of FP and selected RH commodities. The annual gaps were determined using the annual Contraceptive Supply Plan (CSP) and based on its figures, the funding gap for the FY 2015/16 for the public sector is US \$ 6.3million. The MoH Pharmacy division provided technical assistance to the MoH RH division in area of forecasting and quantification through the Quantification and Procurement Planning Unit (QPPU).

The MoH RH division convened Family Planning/ Reproductive Health Commodity Security (FP/RHCS) and Medicines Procurement and management technical working group meetings in March to review the needs and funding gaps. In addition, also convened annual stakeholders meeting to review progress to the FP2020 London summit commitments

UNFPA has contracted JSI to support MoH to undertake detailed scientific quantification and forecasting for FP commodities starting June 2016.

### 4. Funding gaps addressed by donors – (FP2020) **ACHIEVED**

The contributions mobilized by the development partners amount to \$ 11million USD of which UNFPA contributed \$ 3million USD for contraceptives; USAID contributed \$8million USD for contraceptives including condoms while IPPF expended \$0.008 million USD worth of contraceptives. This addressed the funding gaps of the related RH supplies which led to this achievement.

### 5. RH sub account operational – (FP 2020) **ACHIEVED**

The RH sub account was established and operational. The MoH- Planning division

Undertook the NHA for FY2012/13-2013/14 to which the RH expenditures were categorized under the disease categories. Preliminary draft reports were shared internally and not yet disseminated outside the ministry.

### 6. Quarterly funds released from MoFPED –(FP2020) **ACHIEVED**

The Quarter Release and expenditure reports for the 3 quarters of FY 2015/16 have been released by the Ministry of Finance, Planning and Economic Development (MoFPED) after approval from the MoH Permanent secretary.

### 7. RH supplies procured, stored and distributed –(FP2020) **ACHIEVED**

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. MoH pharmacy division monitors the supply chain and builds capacity.

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.

Based on the Ministry of Health stock status report (January 2016), there were only 2 cycles of combined oral contraceptives (Microgynon), zero stock of Levonorgestrel 750 mg (emergency contraceptive pills) and 446 pieces of IUDs in stock at NMS. Since January to-date (April 2016) there has not been any delivery of the above commodities at NMS.

**Table 4: NMS distribution of contraceptives to public health facilities FY 2015/16**

Code	DESCRIPTION	Pack size	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Jan 2016
225059	Medroxyprogesterone Acetate 150mg/MI W/Syringe	200	623	848	710	615	910
225046	Ethinyl estradiol 0.03+Levonorgestrel 0.15mg (3cycles)	1	869	5	0	0	0
225103	Levonorgestrel 0.75 Mg	2	326	0	0	0	0
225102	Levonorgestrel 0.03mg Tab (3 Cycles)	1	0	0	0	0	2
225052	IUD-Copper Containing Device Tc-u380a	1	0	0	0	0	0
225121	Etonogestrel 68mg Implant (Implanon)	1	3,485	5,586	4,870	2,650	4,439
225047	Ethinylestrad.30mcg+Levon.150mcg+Ferr.Fumarate75m	3	0	0	0	0	0

Source: NMS Bi-monthly reports

## POLICY

### 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. NPC will oversee the country's population, reproductive health and family planning policies.

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

The VAT 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**

FHI 360 has been in consultations since 2014 to declassify contraceptives including injectables from Class B to class C. Declassification to allow to the Drug shop operators (DSOs) would help increase access to FP services/commodities. A Taskforce was formed in early 2015 where a draft justification paper for declassification of contraceptives to drug shop operators' was discussed and recommendations made in October, 2015. The revised justification paper was discussed among the taskforce members on 24<sup>th</sup> February 2016 and disseminated at the March 2016 MCH cluster meeting and discussions are ongoing between the RH division, Pharmacy division and NDA to declassify the injectable contraceptives and allow provision in drug outlets. In addition, one of the staff attended the Advance Family Planning (AFP) project SMART Advocacy training to develop a SMART Advocacy strategy to support the process.

Path in partnership with FHI 360 concluded pilot test of feasibility and acceptability of Sayana press self-injection where 382 women were trained. The preliminary finding presented in January 2016 showed that acceptability of the self-injection is high and the vast majority demonstrated competence 3months post-training.

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

MOH RH division is in process of reviewing the Uganda Clinical Guidelines and Essential Medicines list with a Human rights based approach. In addition, An Addendum to the Uganda Clinical Guidelines on provision of FP services was developed.

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

MoH RH provides leadership to the task sharing advisory committee and has facilitated the dissemination of the SRHR Guidelines across the districts.

Marie Stopes Uganda (MSU) is implementing Expanding Access to FP through task sharing Project funded by DANIDA which aims to scale up and institutionalize policy on task sharing of FP methods by enabling more VHTs deliver injectable in Uganda and support Clinical Officers to deliver tubal ligations through advocacy. In this regard, MSU hired legal expert to review existing laws on Task sharing and the findings will be presented to the task sharing advisory committee. In addition, MSU uses media engagement on need for Policy reform on task sharing and conducts trainings of clinicians especially those based in private settings on different Family Planning methods.

Uganda Family Planning Consortium (UFPC) in partnership with Faith to Action network,

built capacity of Faith based organisations (FBOs) in family planning and SRHR issues in February 2016.

#### **6. Research conducted and findings disseminated – (UNCoLSC) ON TRACK**

The MoH RH regularly held FP/RHCS quarter meetings and Medicines procurement and management TWGs.

MoH Pharmacy division undertook GPRHC Facility Assessment for Reproductive health commodities and services survey 2015 and preliminary findings disseminated to FP/RHCS working group in March, 2016 and reviewed the Uganda RHCS strategy 2016-2020 and Alternative Distribution Strategy (ADS) (2016-2020) and developed an implementation manual.

DFID is strengthening Evidence based decision making in the GoU-II by funding key surveys, evaluations and key capacity building activities including medical research so more evidence is available and used by policy makers and general public.

UNICEF with the Budget Monitoring Unit of the MoFPED is piloting a methodology framework that tracks direct expenditures on basic services affecting children by looking closely at budget trends and linking them to the observed outcomes.<sup>2</sup>

Path is conducting Sayana press Self-injection effectiveness/cost-effectiveness studies assessing the differences in contraceptive continuation among women who use Sayana Press and those who use intramuscular DMPA (DMPA-IM).

FHI 360 together with APC conducted a collaborative site assessment for CBFP

<sup>2</sup> MoFPED, 2016. Budget Monitoring Unit (BMAU) Bulletin, January 2016, pg 1

programs in 3 pilot sites (Buteba, Buhehe and Bulumbi) in Busia district. Busia District's leadership has seen a positive trend in the performance of the VHTs and agreed that APC should expand the QI initiative to four new level III health centers: Lunyo, Mbehenyi, Lumino and Busitema. In December 2015, the new HCs participated in a QI training and learning session for coaches and adopted the QI charter and processes. APC plans to expand the CBFP Quality Improvement process to one more district by April 2016.

Wellshare International carried out a formative assessment to evaluate current knowledge, use, supply, and barriers to the uptake of ECPs in four districts of Uganda where Community based Family Planning programs are operating.

RHU working with Ministry of Health is implementing the Evidence project which is testing a rights-based FP index to measure adherence to Rights based family planning at the service delivery levels. Using a Rights based approach to family planning can help identify the groups that are not served by Family planning programming in support of the FP Costed Implementation Plan.

Rutgers Uganda is helping its implementing partners to carry out sustainable-implementation research to collect evidence on successful approaches to strengthen sexual and reproductive health and rights, for instance, on how schools can successfully and efficiently implement comprehensive sexuality education.

Makerere University School of Public Health (MUSPH) released and disseminated the PMA2015/Uganda -R3 in January 2016 to stakeholders. PMA2020/Uganda data is a key data source in the annual performance management plan meetings for tracking targets and goals of the CIP and the overall family planning policy agenda,

thus contributing to policy formulation at the Uganda Ministry of Health. PMA2020 is funded by the Bill & Melinda Gates Foundation. In addition, MuSPH disseminated findings from the MANIFEST project, which was implemented through two components that included community empowerment and health service provider and management capacity building. The research was conducted in Kibuku, Pallisa and Kamuli districts<sup>3</sup>. Communities were empowered to prepare for birth by enhancing their maternal and newborn care through home visits by VHTs and community dialogues, improving financial preparedness by encouraging saving groups and improving access to transport services. MUSPH is currently undertaking Maternal and Newborn study (MANEST) seeking to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers, and improving newborn care and uptake of PMTCT through home visits by Village Health Teams (VHTs), essentially community health workers.

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

MSU conducts ongoing CME for the private sector including MSU clinics, Pharmacists and drug shops.

#### **8. Current Pre-service training curriculum updated – (UNCoLSC)** **NOT ACHIEVED**

No progress information recorded

<sup>3</sup> [www.newvision.co.ug/Community Engagement key to maternal and neonatal health- study dated 1st April 2016](http://www.newvision.co.ug/Community%20Engagement%20key%20to%20maternal%20and%20neonatal%20health-%20study%20dated%201st%20April%202016)

## SERVICE DELIVERY

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

Malaria Consortium is strengthening Healthcare delivery in Iyolwa HC III, Tororo by improving the functionality of the health centre through infrastructure development and equipment maintenance systems to enable delivery of high quality services whilst improving health worker skills, performance and retention. This will be done by improving the management of resources and the governance and leadership of local institutions responsible for services. Key to this will be improving community access to services and continuous engagement in the delivery of services. Working with the district and communities, the project will reduce the physical and social barriers to access and ensure future commitment to quality by widening accountability to users.

Save the Children under the KMCHI project is strengthening support supervision and onsite mentorship of health workers in various skills to improve their competence to deliver MNCH services in Ntoroko, a hard to reach district.

CUAMM offers EmONC training through mentorship and coaching by CUAMM midwife supervisors that are based at the 7 districts of Karamoja (41 HCIII, 4HCIVs and 5 Hospitals). This is done along with senior midwives from hospitals to the lower HC IIIs and HC IIs. This is UNICEF funded.

### 2. Skilled health workers recruited – (EWEC) ON TRACK

MoH- Reproductive Division has recruited 120 enrolled midwives under the RMNCH trust fund in 30 selected districts.

Cuamm has a running scholarship scheme where 47/66 (77%) of the graduated students have been recruited by the districts in Karamoja region. The scholarship is for native Karamajong that can be retained in the region. Scholarship ends in December 2016.

BTC is supporting the Ministry of health through the Institutional Capacity Building project in Planning, Leadership and Management aiming at developing human resources. ICB Phase II will target Regional Referral Hospitals and District Health systems in regions of Rwenzori and West Nile. In addition is providing Institutional support for Private-not-for-profit (PNFP) health sub-sector to promote universal health coverage in Uganda by strengthening service delivery capacity at the district level to effectively deliver the UNMHCP to target population.

Management of Sciences in Health (MSH) is implementing an online mentoring network for women working in the field of Reproductive health and Family planning under the Leadership, Management and Governance project funded by USAID.

AOGU under the Saving Mothers Giving Life (SMGL) Initiative have strengthened district health networks by addressing the 3 delays through training and mentoring.

Uganda Private Midwives Association (UPMA) Launched and is implementing a new project called MOMENTUM: developing a Model of MENTorship for Uganda Midwifery to address the poor quality of mentorship for student midwives in Uganda. The project aims to upskill 40 practicing Ugandan midwives with mentorship training who will mentor up to 84 student midwives. It is in 7 selected health facilities (Mukono HC IV, Wakiso HC IV, Kiwoko Hospital and 4 UPMA clinics) and implemented by Royal College of Midwives and UPMA.

Amref Health Africa is running an upgrading program of Uganda Midwives through E-learning in 12 districts from Certificate to Diploma in liaison with 10 Nursing and Midwife schools (Mulago, Nsambya, Mengo, Arua, Masaka, Sorori, Kabale, Fort Portal International School, Public Health Nurses College, and Jinja). In partnership with Rutgers, developed the SRHR component of 'Jibu', an e-learning module available for nurses and trainee nurses on the feature phones and facilitates Continuous Professional Development (CPD) for nurses and midwives by leveraging the new policy of Uganda Nurses and Midwives Council that mandates nurses and midwives to have credit points upon registration using 3 online courses.

University Research Council (URC) has supported a temporary recruitment of anesthetic officer at Pajule HCIV, Pader district for 6 months so that C-sections are performed in Pader district. The district is currently training own staff as anesthetic officer.

USAID ASSIST Project has 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.

### **3. All hospitals offer comprehensive EmONC – (EWEC) ON TRACK**

University Research Council (URC) is building capacity of Health Workers in provision of quality FPMNCH services in 15 mid northern districts of Uganda (Gulu, Pader, Oyam, Kitgum, Lamwo, Agago, Kole, Lira, Apac,

Dokolo, Alebtong, Amolatar, Otuke, Amuru and Nwoya) through onsite mentorships and coaching. This includes surgical and essential obstetric and newborn care skills. In addition, is also building the capacity of health care providers in 20 health facilities (Hospitals and HCIVs) in provision of quality Maternal and Newborn care services in the regions supported by STAR E and EC; is supporting 10 selected health facilities in Jinja district to improve the quality of antenatal care services; has supported the distribution of MNCH equipment from CURE project to selected facilities in the districts supported by the Saving Mothers Giving Life program (Gulu, Pader, Nwoya, Lira, Apac and Dokolo).

Cuamm facilitates the payment of Medical Officer salaries and top-up allowances in 4 Health Centre IVs in Karamoja with support from USAID.

UHMGM under the Saving Mothers, Giving life project is encouraging women to prepare and deliver under the care of skilled attendants at nearest health facilities.

Save the Children is implementing the Rwenzori Korea Innovative Maternal Child Health Initiative (KIMCHI) in Ntoroko and provides equipment supply for all the maternity wards (delivery beds, examination beds, curtain screens, delivery kit sets, newborn resuscitation equipment, sterilization equipment, medicine trolleys, desks and chairs and neonatal resuscitation beds; and facilitating Infrastructure improvement eg upgrade of Rwangara HC II to HC III and constructing Karugutu HC IV maternity ward and renovation of theatre; renovation of Rwebisengo Health Centre III and Ntoroko Maternity Ward.

#### 4. All Health Centres offer basic EmONC – (EWEC) ON TRACK

MoH –Reproductive division with support from UNFPA and the World Bank has procured and supplied all facilities with EmONC equipment and trained the health workers on the basic EmONC; Continues to conduct Maternal and perinatal death audits including scaling up community sensitization and mobilization.

MUSPH is undertaking a Maternal and Newborn (MANEST) implementation research which seeks to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers, and improving newborn care and uptake of PMTCT through home visits by Village Health Teams (VHTs), essentially community health workers, within the existing health system in Uganda in three districts of Iganga, Luuka, and Buyende.

Progressive Health Partnership (PHP) collaborates with local and district government officials to provide antenatal care services to pregnant women and their partners in government clinics in Kashongi/Kitura in Mbarara district. During a visit to the clinic, a pregnant woman receives a physical exam, ultrasound scan, health education, essential drugs, and an insecticide-treated malaria bed net free of charge. Follow-up care is provided by community health workers through household visits and a field-based electronic medical records system.

RHU is implementing the Maternal Health Project in Sheema, Mityana and Mayuge districts which aims at improving access to Ante-natal care, prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, delivery care, postnatal care and care of sick newborn babies within the existing health system. This project is implemented by 7

local partners.

Mildmay Uganda under the Elimination of Mother to Child Pransmission (EMTCT) project provides vital pre-and post natal care and thus supporting a safe birth so as to help eliminate mother to child HIV transmission. Cuamm is supplying and distributing MNCH equipment and facilitating creation of newborn corners in marternity wards with funding from USAID.

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.

Planned Parenthood Global (PPG) is implementing 'Closing the Gap (CtG) project" with 4 local implementing partners in 7 districts. The overall project goal is to improve the quality, accessibility, and availability of long term family planning services in these districts. The project builds the capacity of RHU and partner clinics, and improve access to Long Acting Contraceptive methods (LARCs) by vulnerable, under underserved women in the project areas. The local partners are FLAMA Uganda (Gulu); Straight Talk Foundation (Gulu and Kitgum), Kyetume (Mukono, Kibaale and Buikwe and RHU (Kampala, Gulu and Lira).

Pace 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. Pace is also implementing the

WIN Project target saving lives of mothers and new borns by enabling access and utilization of under looked interventions with high impact on PPH prevention and cord care. The project targets pregnant mothers, their spouses and relatives who can influence their decision to deliver in facilities. It also targets providers both in private and public sectors who will enable mothers' access and utilise products and services.

Save for Health Uganda (SHU) 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.

White Ribbon Alliance (WRA) successfully advocated for the procurement of newborn resuscitation devices in health facilities, to which the MoH has worked with NMS to include this in the procurement plans.

Medical Teams International (MTI) under the Community health program, seek to educate both communities and local facilities such as clinics, so that local communities can effectively assume responsibility for their own health and overall well-being through interventions including safe motherhood, reproductive health and neonatal care.

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

Samaritan Purse under the Integrated Maternal and Child program implemented

in Oyam (Kamudini subcounty) and Moroto (Rupa and Katikekile sub counties), has established Care Groups and building their capacity to promote MCH in their communities; trained Pregnant women and caregivers of children <5 years with increased knowledge and capacity to exhibit healthy MCH behaviours; engaged in dialogue with community members about MCH issues and provide enabling environments for their households to adopt positive behaviours and access services; and improved continuum of care available for MCH services.

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

Save the Children under the KIMCHI project, increasing access to services at the community level using Save the Children's social behavior change and community mobilization tools. The project will also use Community Action Groups, Mother Peer Support Groups and Children's Parliaments to increase awareness, support and demand for maternal and newborn health services. Save the children is also strengthening the management of newborn Aphyxia with support from Johnson and Johnson and implementing Saving Newborn Lives (phase 3) aimed at improving the health and survival of newborns by generating and supporting the application of knowledge to improve, expand, and sustain effective coverage of newborn care services and practices at scale.

Cuamm is facilitating the Supply and distribution of MNCH equipment and creation of new born corners in maternity wards. Ongoing mentoring and coaching of newly recruited midwives. This project is UNICEF funded.

## 6. Increased demand for FP services – (EWEC) ON TRACK

MoH RH is working with partners to develop policy briefs and IEC material development for FP and highlighted the need for Demand generation scale up during commemoration of health events for instance during World Contraception day and Safe Motherhood day 2015.

DSW Uganda has trained 10 health workers to provide youth friendly services in Busia, Tororo and Jinja and conducted district meetings to ensure that the issues of young people are addressed; Further, DSW Uganda has actively participated in the MoH Adolescent technical working group meetings to discuss new developments surrounding adolescent SRHR and FP.

MSU is implementing a communication strategy which addresses demand generation for Family Planning in place and being implemented using Mass Media, Interpersonal Communication and development of IEC Materials.

Better Health Action Group (HAG) Uganda has integrated MNCH and SRHR in its HIV/AIDS campaigns through sensitization on comprehensive HIV and AIDS services including prevention as well as condom programming, massive community sensitization including house-to-house programs, counselling young people and offering referral for young women and youths.

Amref Health Africa Uganda is implementing a youth empowerment project in Northern Uganda Implementing the Youth Empowerment project in Northern Uganda creating access to and demand for Sexual and Reproductive Health rights; is Scaling up comprehensive HIV and AIDS prevention targeting most at-risk populations through

condom promotion in Wakiso, Mityana, Mubende, Nakaseke, Nakasongola, Luwero and Kalangala districts; conducts Clinical & Surgical Outreach Program.

Elizabeth Glazier Pediatric AIDS Foundation (EGPAF) is implementing the Regional Health Integration to Enhance Services project in Southwestern Uganda. The project uses a data-driven and integrated approach to increase the availability, accessibility, and quality of health services including HIV and TB prevention, care and treatment; maternal, neonatal, and child health; family planning; nutrition counseling; malaria treatment; and other primary care services in 14 districts in the southwest region of Uganda. EGPAF is working in partnership with Amref, Mayanja Memorial hospital, and UHMG.

Engender Health is implementing the ExpandFP project supporting 13 health facilities in six districts of Uganda (Masaka, Hoima, Kalungu, Kasese, Jinja and Kamuli) by building the capacity of service providers who have not been trained in long-acting reversible methods. It is supported by the BMGF. In this quarter, carried out community engagement by supporting special family planning days at the clinics and mobile outreach services for rural areas in their larger catchment area and engaged the health facilities by having quarter meetings with VHTs; Trained the health workers in Partograph use and is currently undertaking facility assessments. The project works with Village Health Teams, which inform the community about the special event days, in addition to providing information on family planning methods overall.

Uganda Village Project is 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.

Youth Plus Uganda through S.W.E.E.T.D.R.E.A.M.S (Safe with Education, employment and training Determined, sexually responsible, empowered, AIDS free and Male Safe) by empowering young women participation in reproductive health. Youth Plus Uganda works with young people through schools, youth groups and communities to raise awareness on HIV, family planning and other sexual and reproductive health issues. They initiate Girl Power clubs, support and cultivate leaders and champions for Adolescent Girls and Young Women Issues; and train health centre staff to deliver youth-friendly services and work with government and service providers to strengthen local referral systems, ensuring that young people are able to access the information and services that they need.

Wellshare International under the Advancing Partners and Communities project 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.

PPG is implementing the Voices for Health project with 7 local implementing partners which focus on advocacy for SRHR issues. For instance, a Communication campaign been developed targeting the implementation of ASRH policy; while Fowode trained budget monitoring committees in Busia and Tororo focusing on FP and access to RH services; RHU has developed a University campaign for improving access to Emergency Contraceptives using peer educators; in addition is implementing Closing the Gap

(CtG) project in partnership with Reproductive Health Uganda (RHU) in 3 districts (Kampala, Apac and Lira) that aims to improve the quality, accessibility, and availability of long term family planning services in these districts. It does so by building the capacity of RHU and partner clinics, and improve access to Long Acting Contraceptive methods (LARCs) by vulnerable, under underserved women in the project areas.

Reach a Hand Uganda (RAHU) is 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; led Led a Peer Educators Academy session in January 2016 to equip young people with information and skills on Sexual Reproductive Health & Rights and other life skills to support their peers. Through this programme RAHU peers develop transferable work-related skills such as communication, advising, counseling and presentations skills, in addition to leadership and teamwork experience helping the young people to make informed choices.

Plan International is implementing 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 February, 2016, peer educators from each division of Kampala received training in SRHR and carried out community dialogues with this new knowledge and information. 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; Supports role model parents and adolescents in Tororo to conduct outreaches to discuss risky sexual behaviors, the dangers

of teenage pregnancies and the value of education. These outreaches are raising the level of awareness on key adolescent sexual reproductive health issues that affect young people and how to avoid them.

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. In addition, NTIHC is implementing the Strengthening Youth Friendly Services (SYoFS) Project in partnership with KCCA, DSW, RHU, Amref, Ma-Play and Theta in the 9 selected districts of Kampala, Wakiso, Mukono, Kayunga, Luweero, Nakaseke, Mpigi, Gomba and Butambala; and implements BCC/Advocacy programs by hosting teen radio programs, education health talks and newborn mothers' clubs. RHU is implementing a rights based approach to FP programming in 6 health facilities in 3 districts (Arua, Kapchowerwa and Mbale) which includes component of male involvement under the Evidence project.

SRHR Alliance is implementing the Young Empowerment project (YEP) with Rutgers which seeks to bring more young people into contact with the services they need. It 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.

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 meaning 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.

Further, under the United for a Health Tomorrow (UFHT), with partners Rutgers, RHU, Restless Development, School Net Uganda is delivering high quality Comprehensive Sexuality Education to both in-school and out of school youth and strengthening the linkage between comprehensive sexuality education and youth friendly 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.

STF in collaboration with Save the Children is implementing Keep it Real which focuses on adolescent SRH. It targets adolescents 10-24 years, in the districts of Nwoya and Agago and 300 young adolescents from 63 schools (31 Nwoya, 32 in Agago respectively) and 90 group leaders, drawn from 15 out of school clubs have been trained to provide information on SRH among other areas.

Pathfinder has 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 Health and Population Environment-Lake Victoria Basin (HoPE-LVB) project, improving maternal and child health in communities in partnership with E2A. In addition, is building capacity of 7 selected CBOs in 7 districts advocating and strengthening community referral systems and promoting service delivery at the Health facilities in integrating PMTCT into HIV/AIDS services and programs.

Under the Evidence to Action (E2A project), Pathfinder strengthens FP and Reproductive Health services addressing the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services.

FHI 360 is undertaking community based distribution of injectable contraceptives in 16 districts of Uganda. To date, have added one subcountry in each of the 16 districts and trained 30 VHTs in each district, making a total of 480 VHTs trained by end of March, 2016. In addition, 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, and has finalized the Obulamu FP Materials ( Child Spacing Guide and Obulamu What's your plan?) and in process of being translated into local languages. Furthermore, FHI 360 is 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).

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 USAID 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. The project has gotten an extension for another 3 years to September 2019.

UHMG actively uses Behavior Change communication that relies on customer-driven health marketing approach; Under the DFID ARC (Accelerated Rise in contraceptives) project are promoting and distributing both short and long term family planning products and services; with support from UNFPA are creating demand and increased utilization of Condoms.

UHMG is implementing the Total Market Approach (TMA) project in partnership with Pace in 61 districts by increasing access and demand to quality socially marketed products and services with support from USAID.

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.

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. Held a national FP stakeholder meeting to share experiences in use of the community scorecard and Trac FM; 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.

RHU has a Male Involvement learning centre designed to increase male involvement in SRHR through capacity building, learning experiences and sharing of information. Under the Access project, promoting Access to Value added SRHS in 8 districts (Kampala, Iganga, Kapchorwa, Mityana, Kabarole, Luwero, Tororo and Gulu) and is funded by IPPF; 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.

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.

Brac Uganda is scaling a Proven Entrepreneurial Community Health Worker Model in Uganda and Beyond that seeks to improve maternal health through pregnancy related care and improve access to wide range of basic essential healthcare services and products in poor rural areas. The project is supported with funding from CIFF/ELMA/LG.

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).

ACODEV Uganda under the Adolescent SRH program, seeks to improve access and utilization of sexual reproductive health services and promotion of FP amongst the vulnerable youth by using the community health workers to provide first-hand information through health education to adolescents and strengthen community-referral system.

Pace is implementing a youth friendly services campaign aimed at increasing access and uptake of RH services by young people in 4 selected districts.

UNHCO is advocating for structuring of Adolescent Youth friendly services in form of youth corners in health facilities within communities of Uganda. For instance facilitated the introduction of Youth friendly corners in 5 health facilities (Kitagata hospital, Kiganda HC IV, Kasetta HC III, Alau HC II and Atipe HC II where youth receive health talks in area of FP, unwanted pregnancies, prevention of HIV/AIDS and

free instant HIV and cervical cancer testing. These youth corners are operated by trained health workers in adolescent and youth services. Under the Obulamu campaign, UNHCO distributes several information and educational communication materials on safe motherhood, condom use and decision making for FP to the youth.

MSU, Pace and UHMG have ongoing social marketing activities of FP products that are distributed at subsidized prices to a segment of the low income members of the population and active social franchise programs (Bluestar, ProFam and Goodlife clinics respectively).

#### **7. RH voucher for public and private sector that includes EC, ACS for management of premature labor, etc** **ON TRACK**

MSU is implementing the Uganda Reproductive Health Voucher Project (URHVP) with support from World Bank 26 selected districts (Mbarara, Kabale, Kanungu, Ntugamo, Kihurura, Sheema, Buhweju, Mitooma, Ibanda, Isingiro, Bushenyi, Rubirizi, Rakai, Sembabule, Masaka, Jinja, Kamuli, Buyende, Kaliro, Luuka, Mayuge, Iganga, Namutumba, Kibuku, Tororo and Namayingo). This voucher provides the services (ANC, eMTCT, safe skilled delivery, EmONC, PNC and Post natal FP); is implementing the FP/STI Voucher project in 11 districts funded by the Dutch government.

MSIU is implementing the Long term Family planning –Bridge activity introduced the voucher system for Long term FP methods in 88 districts supported by DFID, USAID.

Pace 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, under

the Merck for Mothers (MUM) project.

Save the Children is facilitating Provision of transport vouchers for vulnerable mothers using existing means of transport under the KIMCHI project.

Abt Associates is implementing Uganda Voucher Plus activity expand access to and the quality of health services for pregnant women, including maternal mid child care, facility-based delivery and postpartum family planning, through the private sector using vouchers in 23 districts (Amuria, Budaka, Bududa, Bukedea, Pallisa, Butaleja, Katakwi, Kumi, Manafwa, Mbale, Ngora, Serere, Sironko, Soroti, Alebtong, Amuru, Apac, Gulu, Kitgum, Lamwo, Lira, Otuke and Oyam) and is working with CDFU and IVEA.

## **SUPPLY CHAIN**

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

MoH Pharmacy division is building capacity of health workers on estimation, quantification and ordering across the country, in partnership with the MSH –Uganda Health Supply Chain project in over 62 hospitals. In addition, supply chain management training is done and scale-up of using the LMIS ongoing in 30 districts. Further, with support from UNFPA, built capacity of Health workers in 31 districts to provide Injectables (Noristerat and Norigynon) in coordination with Samasha Medical Foundation and providing technical guidance to the formulation and development of the guidelines of operationalizing the Alternative Distribution Strategy 2016-2020.

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. Under the Strengthening for Human resources for health in partnership with the Uganda Ministry of Health and support from USAID, seeks to Increase staffing and improve health care in all 112 districts in Uganda, focusing specifically on the 26 districts where less than 60% of health worker positions are filled and ultimately bring the health sector's staffing levels up from 69% to 75% nationwide.

UHMG distributed new injectable (Noristerat/ Norigynon in January 2016 in 31 districts and is monitoring the update in partnership with Samasha Medical Foundation. Preliminary Findings on usage will be presented to the FP/RHCS Technical working group in next Quarter.

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

MSH is implementing the Systems Strengthening and Health commodities (SSHC) with 4 other partners that builds on SURE program, focusing on strengthening Uganda capacity to effectively manage and use essential medicines and supplies. Under the Uganda Health Supply Chain (UHSC) project conducted a situation analysis of community level supply chain system and disseminated these finding to stakeholders in March 2016.

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.

MSU is using the Social Marketing approach to increase availability of Condoms (Life Guard) and Misoclear

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

MoH Pharmacy division undertakes 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.

## **TECHNOLOGY**

### **1. Increased demand for female condoms and ECs – (UNCoLSC) ON TRACK**

Peripheral Vision International (PVI) Use advocacy media by empowering its partners to communicate with their audiences more effectively, and facilitate behavior and/or attitude change. For instance has created a series of Public service announcements (PSAs) on reproductive health for young adults using puppets. For instance *Katwe Corner* has episodes focus on reproductive health among others and the *Kibanda Boda* (Cinema on Wheels).

Text to Change is providing a text-message-based (SMS) platform for community sensitization on FP method mix in Mubende and Mityana districts in partnership with UNHCO.

CDFU in partnership with Instahealth has a hotline utilized to ensure the audience's information needs are answered. It also runs a national Toll-free helpline (Tel: 0800200600) where information, counselling and referral

on Family planning, Sexual and reproductive health among other health issues are discussed. CDFU is implementing the Health choices Radio program in eleven UNFPA grant receiving districts of Karamoja region, West Nile, Northern, Central and South West regions. The project utilizes a radio program that models positive practices and behaviours, stimulates dialogue and action concerning key issues in the community, and reinforces the community mobilisation efforts by Village Health Teams (VHTs) to make it easier for adoption of desired behaviour among the community members.

CDFU has been running a radio series drama (Rock Point 256) that influences the actions of its listeners by modelling behaviour change through transitional characters. Rock Point 256 empowers youth in all regions of Uganda with skills to manage different situations they are faced with including FP choices, safe and healthy sexual choices.

RAHU is running the 'Sautiplus Campaign' which uses innovative technologies in social media, radio, print and digital media in addressing SRHR issues including FP.

## ANNEX 1: KEY INFORMANT GUIDE QUESTIONNAIRE

### Uganda Commitment Initiative

Initiative	Commitment	Interpretation of Commitment
EWEC	Uganda commits to ensure that comprehensive EmONC services increase from 70% to 100% in hospitals; HC 17% to 50% and (ii) basic EmONC available in all HCs; skilled providers are available in hard to reach/hard to serve areas	<ul style="list-style-type: none"> <li>• Health workers in hard to reach areas trained on basic EmONC</li> <li>• Skilled health workers recruited for hard to reach areas</li> <li>• All hospitals offer comprehensive EmONC services</li> <li>• All health centres provide basic EmONC services</li> <li>• Increase of comprehensive EmONC services in health centres to 50%</li> </ul>
FP 2020	<p>Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40% to 10% by 2022</p> <ul style="list-style-type: none"> <li>➤ Increase financial investment into FP</li> <li>➤ Development of RH sub-account under NHA to track RH resource flows</li> <li>➤ Prevent stock outs of FP supplies through strengthening distribution of RH supplies to public and private health delivery units</li> </ul>	<ul style="list-style-type: none"> <li>• Tax exemption for family planning commodities and contraceptives achieved</li> <li>• Declassification of contraceptives including injectable achieved</li> <li>• RH Sub-account created</li> <li>• Budget tracking</li> <li>• Advocacy for better transparency and accountability</li> <li>• Health workers in HC IIs and IIIs trained on quantification and ordering</li> <li>• More organizations contributing to the alternative distribution strategy for family planning and RH commodities</li> <li>• Implementation of a pull system at HC IIs and IIIs</li> </ul>

Initiative	Commitment	Interpretation of Commitment
UNCoLSC 2013	Work with development partners and other stakeholders to carry-out the necessary actions to ensure sustainable and equitable access to and use of live saving commodities to all women and children in our respective countries by 2015, including relevant systems strengthening, demand creation (as part of a long-term strategic plan)	<ul style="list-style-type: none"> <li>• Increased demand for female condoms, emergency contraceptives and implants</li> <li>• Increased demand for family planning services</li> <li>• RH voucher system for public and private sector which includes EC, ACS for management of pre-mature labor, CHX for cord hygiene and antiseptics) developed and implemented</li> <li>• Service delivery standards amended to widened services at Health Centre IIs</li> <li>• Policy on task shifting in place</li> <li>• Implementation research conducted and findings disseminated</li> <li>• CME guidelines updated and health workers mentored on use of ACS, CHX, MgSo4, Uterotonics</li> <li>• Current pre-service training curriculum updated on (i) ACS for lung maturation in PT labor (ii) CHX for cord care (iii) misoprostol (v) resuscitation devices (iv) FC, EC and implants (v) latest updates in neonatal sepsis management using injectable antibiotics</li> </ul>

**Name of respondent:** \_\_\_\_\_

**Name of organization:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Kindly fill in the table below subject to any projects related to the Commitments highlighted above:

Theme and FY 2015/2016 Indicators	Is your Organization contributing to this indicator?		If Yes, please summarize the main activities your organization has undertaken that are contributing to this indicator and any results achieved. Please, also list partners with which you collaborated on these activities.	Please describe any challenges encountered on making progress on this indicator and specify actions your organization has undertaken to overcome them.
	Yes	No		
<b>Finance:</b> 1. \$5m allocated for FP (FP2020)				
2. \$5m mobilized from donors (FP 2020)				
3. Annual review of country's need conducted and funding gaps identified (FP 2020)				
4. Funding gaps addressed by donors (FP2020)				

Theme and FY 2015/2016 Indicators	Is your Organization contributing to this indicator?		If Yes, please summarize the main activities your organization has undertaken that are contributing to this indicator and any results achieved. Please, also list partners with which you collaborated on these activities.	Please describe any challenges encountered on making progress on this indicator and specify actions your organization has undertaken to overcome them.
	Yes	No		
5. RH sub-account operational (FP2020)				
6. Quarterly funds released from MoFPED (FP2020)				
7. RH supplies procured, stored and distributed (FP2020)				
<b>Policy:</b>				
1. Tax exemption for FP commodities and contraceptives achieved (FP 2020)				
2. Declassification of contraceptives including injectable (FP 2020)				
3. Service delivery standards amended to widened services at HC IIs (UNCoLSC, 2013)				
4. Policy on task shifting/ sharing in place (UNCoLSC, 2013)				
5. Research conducted and findings disseminated (UNCoLSC, 2013)				
6. CME guidelines updated and health workers mentored (UNCoLSC, 2013)				
7. Current pre-service training curriculum updated (UNCoLSC, 2013)				

Theme and FY 2015/2016 Indicators	Is your Organization contributing to this indicator?		If Yes, please summarize the main activities your organization has undertaken that are contributing to this indicator and any results achieved. Please, also list partners with which you collaborated on these activities.	Please describe any challenges encountered on making progress on this indicator and specify actions your organization has undertaken to overcome them.
	Yes	No		
<b>Service delivery:</b>				
1. Health Workers in hard to reach/serve areas trained on basic EmONC (EWEC 2011)				
2. Skilled Health workers recruited for hard to reach/serve areas (EWEC 2011)				
3. All hospitals offer comprehensive EmONC (EWEC 2011)				
4. All HCs offer basic EmONC (EWEC 2011)				
5. Increase comprehensive EmONC services in HCs to 50% (EWEC 2011)				
6. Demand for FP services (EWEC, 2011)				
7. RH vouchers for public and private sector that includes EC, ACS for management of premature labor, etc developed and implemented				

Theme and FY 2015/2016 Indicators	Is your Organization contributing to this indicator?		If Yes, please summarize the main activities your organization has undertaken that are contributing to this indicator and any results achieved. Please, also list partners with which you collaborated on these activities.	Please describe any challenges encountered on making progress on this indicator and specify actions your organization has undertaken to overcome them.
<b>Supply chain:</b> 1. Health workers in HC IIs and IIIs trained on quantification and ordering (FP 2020)				
2. More organizations contributing to Alternative distribution Strategy for FP and RH commodities (FP2020)				
3. Implementation of Pull system at HC IIs and IIIs (FP2020)				
<b>Task sharing</b> 1. Popularize policy on Task sharing (UNCoLSC, 2013)				
2. Develop Action plan for Health worker training (UNCoLSC, 2013)				
3. Scale up training for Clinicians (UNCoLSC, 2013)				
4. Review curriculum to include component of task sharing (UNCoLSC, 2013)				
<b>Technology:</b> 1. Increased demand for female condoms, emergency contraceptives and implants (UNCoLSC, 2013)				



