

## Building a Common Agenda: Uganda Commitments Initiative Overcoming Barriers and Achieving Success

### POLICY BRIEF, Dec 2015: Issue 2

The Government of Uganda made RH related commitments at Every Woman Every Child- EWEC (2011), London Family Planning Conference –FP 2020 (2012) and the UN Commission on Life Saving Commodities- UNCoLSC (2013). Samasha Medical Foundation working together with Reproductive Health Supplies Coalition (RHSC) developed a Commitments Compendium. The Compendium is a compilation of explicit and implicit statements from the Commitments made. Based on the Compendium, the commitments were deconstructed into implementable activities that can be monitored. The Commitment Compendium and deconstructed commitments were presented at a stakeholder meeting at Imperial Royale Hotel in April 2014 for validation and ownership. The Indicators developed from the deconstructed commitments led to the development of the Motion Tracker (<http://www.ugandarhpromises.org>). The Motion Tracker was presented at Imperial Royale Hotel in April 2015 for validation and was adapted as the most feasible and practical tool for monitoring progress made towards achievement of these Commitments.

The Motion Tracker was launched in September, 2015 with 27 organisations showcasing their contribution towards achievement of the RH-related GoU Commitments. Currently, the number of organisations contributing to the commitments has increased to 53 organisations<sup>1</sup>.

A lot of achievements towards realization of the RH-related commitments were made in FY 2014/2015<sup>2</sup>. However, there are some commitments that are facing challenges for the FY 2015/2016 and if not addressed, may not be achieved.

### PROGRESS MADE IN THE PERIOD (OCTOBER-DECEMBER 2015)

#### FINANCE

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

The Government of Uganda (GoU) has allocated \$2.85million USD (Ugx 8billion Shs) for procurement of contraceptives and selected RH supplies. This is short of the commitment of \$5million by \$2,714,285 USD.

#### 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.

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<sup>1</sup> Refer to [www.ugandarhpromises.org](http://www.ugandarhpromises.org)

<sup>2</sup> Refer to Uganda Commitment Initiative Progress Report (July-Sept 2015)

## 2. Additional \$5million mobilized from donors-FP 2020 (ON TRACK)

The development partners have mobilised \$2.97million USD for procurement of contraceptives (UNFPA, USAID and IPPF) creating a funding gap of\$2,085,576 USD in order to fulfil the \$5million commitment.

### 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)

Uganda's needs are assessed in 3 different ways: (i) using the FP CIP, (ii) using the Contraceptive Supply Plan and (iii) the Quantification of FP and RH Commodities

### 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

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

There is a funding gap of \$8,392,862 USD based on the FP CIP; \$12,317,115 USD based on the CSP; and \$14,679,981 USD based on the MoH QPPU report.

### 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

## 5. RH Sub-account Operational –FP2020 (ACHIEVED)

The RH sub-account is operational under the National Health Accounts. GoU finances about 14% of the RH expenditure (FY2011/12) and OOP<sup>3</sup> on RH of 73.8% in 2009/10.

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

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<sup>3</sup> Out-of-pocket expenditure

Funds for the first 2 Quarters have been released from MoFPED.

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

National Medical Stores procures and warehouses FP and RH supplies and distributes to all public health facilities. UHMG under the Alternative Distribution channel warehouses and distributes FP commodities to 188 private-not-for-profit and private-for-profit facilities.

**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**

### **1. Passing of the 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 the NPC Board launched.

### **2. Tax exemption for FP commodities – FP2020 (ACHIEVED)**

The tax act was amended to provide for the exemption of RH supplies through efforts of MoH Pharmacy Division

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

Declassification of injectables is being addressed in tandem with task sharing efforts led by Marie Stopes Uganda. With Support from FHI 360, Path, NDA and PPD ARO

**Issue:**

- NDA has not declassified the injectable DMPA including Sayana Press

**Solution:**

- High level engagement with NDA

### **4. Service delivery standards amended-UNCoLSC, 2013 (ON TRACK)**

The Service delivery guidelines were reviewed and validated at a stakeholder meeting by Amref Health Africa.

**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 sharing in place- UNCoLSC, 2013 (ON TRACK)**

Marie Stopes Uganda undertook operational research for scaling up provision of Tubal ligation and implant insertion and results disseminated to stakeholders in November, 2015. PPD ARO and MSU actively engaged in process of establishing National Family Planning Advisory Committee (NFPAC).

**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, 2013 (ON TRACK)**

A number of Surveys have been carried out like PMA2014/Uganda and PMA2015/ Uganda and disseminated to stakeholders. MSH, URC are undertaking operational research in FP and RH services while MoH Pharmacy has undertaken forecasting and Quantification studies.

**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 on use of ACS, CHX, MgSO<sub>4</sub>, Uterotonics -UNCoLSC 2013 (ON TRACK)**

Amref Health Africa reviewed the CME Guidelines in relation to the 13 Life-saving commodities. Findings from review revealed that Uganda does not have standard CME guidelines.

**Issue:**

- There are no standard CME Guidelines
- The current training curriculum from 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, 2013 (ON TRACK)**

Amref Health Africa engaged in Pre-service Training Needs Assessment in selected Universities and health training institutions and a validation workshop was held with stakeholders.

**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, 2011 (ON TRACK)**

MoH, HSSP project, development partners and CSOs are contributing to the deployment and skilling of health workers in hard to reach areas.

#### **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

### **2. Skilled health Workers recruited –EWEC, 2011 (ON TRACK)**

The Ministry of Public Service through Health Service Commission filled 60% of staffing positions in HC IIIs and IVs. With support from Cuamm, USAID ASSIST, UPMB, MSH, AOGU, URC, UNHCO

#### **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, 2011 (ON TRACK)**

University Research Council (URC) is implementing FPMNCH in 15 selected districts and SMGL initiative in 6 districts. Supporting implementing partners to improve 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,2011 (ON TRACK)**

MoH( RH Division) with support from UNFPA and World Bank procured and supplied Health Facilities with EmONC equipment and trained health workers in basic EmONC. With support from AOGU, Cuamm, FBOs, MSD, SAHU, CEHURD

#### **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.

### 5. Increase comprehensive EmONC services in Health Centres to 50% -EWEC,2011 (ON TRACK)

The Annual Health Sector Performance report FY 2014/15 indicates that the percentage of functional HC IVs providing Comprehensive EmONC is 45%.

#### 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)

There are Ongoing demand generation activities using IPC and SBCC interventions by different implementing partners. With support from MSU, PACE, Path, Uganda Red Cross, Plan Uganda, PPG ARO, Save the Children, Wellshare International, MSD, UPMB, FHI360, InterAid, Pathfinder, Youth Alive Initiative, Heps Uganda, NTIHC, SRHR Alliance, RAHU, RHU, UNHCO, UVP, CDFU, UHMG.

#### 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,2011 (ON TRACK)

The RH Voucher system is being implemented in selected districts by MSIU, MSU and Pace with support from WB, Dutch Government, USAID, DFID and Transaid/MSD

#### 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)

MoH Pharmacy Division is building capacity of health workers on estimation, quantification and ordering across the country. With support from UNFPA, Intrahealth Capacity Building Program, MSH

**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 –FP 2020 (ON TRACK)**

Support of National Drug Authority (NDA) been built for post-shipment testing of condoms and user training conducted. UHMG is currently managing inventory of 188 PNFP and Private Providers under the Alternative Distribution system.

**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 HC IIs/IIIs –FP 2020 (NOT ACHIEVED)**

HC IIs and IIIs continue to receive supplies through the Essential Medicines and Health Supplies Kit System 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, Emergency Contraceptives AND Implants –UNCoLSC,2013 (ON TRACK)**

Health Child Uganda (HCU) is implementing use of Community Health Management System (CHMS) and plans to align it to national e-health system. Text-to-Change, CDFU, Reach A Hand Uganda are using mobile innovations to advance demand for 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 FCs, ECs and Implants

**Solution:**

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



**For More Information:**

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