Ugandan Government FP2030 Commitments

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

1.0 Introduction

1.1 Coordination and consultative process

The development process for the Uganda FP2030 commitments and accountability mechanism was carried out through an inclusive and participatory process. The National FP2030 Steering Committee provided leadership and coordination. A local consultant was hired to facilitate the process. A performance review of the FP2020 commitments was carried out and validated through consultation meetings at national and subnational levels. The consultations were structured along different groupings including adolescents and youth convened by the FP2030 Uganda Youth Focal Person, FP national and subnational implementing partners convened by Uganda Family Planning Consortium (UFPC), religious leaders convened by the Faith for Family Health Initiative, traditional and cultural leaders convened by the United States Agency for International Development (USAID)/Uganda Family Planning Activity (FPA), organizations working in humanitarian settings convened by the International Rescue Committee (IRC). Development partners – USAID, United Nations Population Fund (UNFPA), and the Foreign, Commonwealth, and Development Office (FCDO) – were represented on the national steering committee.

The second level of consultations included validation of the proposed commitments by stakeholders and the review and input from the FP2030 transition team. The third level of consultation involved high level decision makers including parliamentarians and different sectors and departments of the Government of Uganda.

1.2 Linkage between Second National FP CIP and the FP2030 commitments

The Uganda FP2030 commitments will be catalytic and are expected to spur accelerated achievement of the National Family Planning (FP) Costed Implementation Plan (CIP) II objectives by prioritizing interventions that address the main drivers of low modern contraceptive prevalence rate (mCPR). The approved commitments will form a chapter within the National FP CIP II and be monitored within the plan's overall monitoring and evaluation framework. This will be complimented by an FP2030 specific accountability mechanism.

1.3 Narrative on proposed commitments objectives

The Uganda FP2030 commitments were developed at the backdrop of the National FP CIP II (2021-2025). Through consensus, it was agreed that Uganda prioritizes a particular set of FP interventions that are deemed game changing interventions to address FP access in Uganda. However, it is anticipated that all the other interventions stipulated in the FP CIP II will be implemented simultaneously.

Photo credit: Ricardo Franco for Pathfinder International, 2020. Selma Judite Helder Monteiro (left) and Teresa Belezarda, District SuperVisor (right).

Objective 1: Increase equitable access and voluntary use of modern contraceptive methods for all women and couples

Uganda will implement a rights-based approach to FP that will encourage voluntary FP and limit coercion. In that respect, Uganda will promote access rather than use in order to promote choice to use or none use. In addition, Uganda will implement a set of modelled high impact practices (HIPs) that will help the country achieve an ambitious mCPR for all women.

Objective 2: Increase funding for adolescent sexual and reproductive health programmes

This objective prioritizes adolescents because of the country's demographics. Financial resources are vital for adolescent programming and policy implementation. Focused allocation and expenditure on adolescent HIPs is stipulated in the National FP CIP II and School Health and Adolescent Health Policy.

Objective 3: Ensure contraceptive commodity security

Uganda is in a process of developing its 10-year supply chain roadmap. The country has a fully resourced Quantification and Procurement Planning Unit (QPPU) and an alternative distribution system strategy to support the private sector. The public sector has commenced online order processing, and the computerization of the logistics management information system (LMIS) is ongoing. Contraceptive distribution innovations including Safeboda and numerous others are also ongoing. In addition, the National FP CIP II has a standalone strategy and interventions to increase access to contraceptive commodities. The Uganda FP2030 commitment will focus on contraceptive financial sustainability because the Government of Uganda is currently allocating less than 5% of the total contraceptive requirement of $34 million USD per year.

Objective 4: Strengthen the policy and enabling environment for Family Planning

A favorable FP policy environment is the foundation for any FP program. Uganda has several sexual and reproductive health and rights (SRHR) policies that need to be finalized, hence the need to make it a priority for Uganda's FP2030 commitments.

Objective 5: Strengthen FP data use at all levels

There have been improvements in reporting rates, quality of data collected and use at the national level where the Ministry of Health (MoH) presents monthly performance of FP programs based on District Health Information Software (DHIS) II data. However, there remains a challenge with FP data use at all levels starting at the community level. This commitment is meant to foster data use for decision making and to compliment the observed increase in reporting rates from health facilities.

Objective 6: Address Family Planning myths and misconceptions through evidence-based SBCC and advocacy

There are many bottlenecks to FP uptake from the demand side, however, the most consistent challenge to low uptake are the myths and misconceptions around FP. For the FP2030 commitments, Uganda is prioritizing addressing FP myths and misconceptions. The National FP CIP II will also address the other causes of low FP uptake and proposed social and behavior change interventions and HIPs.

1.4 Coordination Mechanism

The FP2030 commitments will be implemented within the Program approach[1] and will contribute to the achievement of National Development Plan (NDP) III Human Capital Development program's third objective of Improving population health, safety and management, with a particularly focus on the fourth intervention of increasing access to family planning services. The actors listed within the NDP III to support this intervention (MoH; Ministry of Water and Environment; Ministry of Local Government, Ministry of Gender, Labour and Social Development; Private Sector; Civil Society Organizations; Development Partners; Community, Religious and Cultural leaders) will be engaged, consulted and coordinated within the Human Capital Development program implementation plan to contribute to the achievement of the FP2030 commitments.

The program approach replaced the sector working groups for coordination with program working groups that are technical working fora in which Government (all Ministries Departments and Agencies [MDAs] under the Program) and other stakeholders are supposed to discuss and agree on: inter- and intra-agency planning; priority interventions and resource allocation; delivery of services; and joint monitoring and evaluation of multi-agency activities. It is within this framework that the FP2030 commitments implementation will be entrenched bearing in mind that Ministry of Education and Sports is the Human Capital Development Program lead at the national and subnational levels.

A national action plan will be jointly developed by Human Capital Development Program actors to operationalize the FP2030 commitments. The FP2030 action plan will designate roles, responsibilities, milestones and targets for Human Capital Development program actors. The respective actors will provide leadership and coordination for implementation of particular aspects within the FP2030 action plan through their coordination structures (i.e. technical working groups, management committees and taskforces) to avoid duplication and ensure effective resource allocation and utilization. A neutral entity will be identified to track progress, convene and provide feedback to the actors.

At the sub-national level, the program lead (District Education Office) will provide leadership and coordination of the local government actors in development of district FP2030 action plans and its implementation.

No One left Behind

Implied within the FP2030 commitments is inclusion of populations in humanitarian, urban poor and hard-to-reach settings. In this respect, the FP2030 country action plan will include specific interventions and targets focusing on the above populations.

1Program approach enables formulation of national priority development objectives and to realize these objectives through corresponding national programmes formulated and implemented in a coherent, coordinated and participatory manner to ensure sustainability.

UGANDA'S 2030 VISION STATEMENT

"By the end of 2030, Uganda's family planning vision is a population empowered to enjoy their SRH rights for improved quality of life and enhanced productivity."

Narrative: This vision is adapted from the NDP III, HSDP II and the National FP CIP II.

COMMITMENT OBJECTIVES

Objective 1: Increase equitable access and voluntary use of modern contraceptive methods for all women and couples

1.1 Objective Statement:

The Government of Uganda commits to increase the mCPR for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025.

1.2 Timeline:

September 2021-July 2025

1.3 Rationale:

All women and couples regardless of marital status should be able to access and choose from a full range of quality FP methods and services. Having an all women goal reflects a rights-based approach to FP, bringing attention to the FP needs of all women with need, not just married women. The FP2030 partnership vision is: "Voluntary modern contraceptive use by everyone who wants it, achieved through individuals' informed choice and agency, responsive and sustainable systems providing a range of contraceptives, and a supportive policy environment."

Access to voluntary family planning has shown to be a development best-buy whose benefits go beyond the health sector and has shown to reduce poverty and enhance gender equality and women empowerment.

1.4 Strategies:

Strategy 1: Scale-up implementation of evidence-based High Impact Practices for FP

Interventions:

1) Sustain and improve FP access through existing public sector channels (with specific focus on quality – reducing stock outs)

2) Sustain and improve FP access through existing private-not-for-profit channels (outreach, social marketing, social franchising)

3) Increase access to post-pregnancy FP (post-abortion and post-partum)

4) Strengthen the supply chain for public and private facilities

5) Increase access to adolescent responsive services

6) Target FP outreach in underserved sub-regions

7) Expand access to FP through community-based service delivery channels (pharmacies, drug shops, community health workers/ Village Health Teams and self-care)

8) Expand access to long-acting reversible contraceptives in the public and private sector

9) Engaging men and boys in provision of FP information and services

Strategy 2: To use evidence-based information to inform and monitor targeted interventions in humanitarian, hard-to-reach and urban poor populations

Interventions:

1) Undertake a baseline study

2) Develop the FP targeted interventions

3) Conduct ongoing monitoring, evaluation and feedback

Objective 2: Increase funding for adolescent sexual and reproductive health programmes

2.1 Objective Statement:

Noting that Uganda is one of the youngest countries in the world, the Government of Uganda re-commits to annually allocate at least 10% of Maternal and Child Health (MCH) resources to adolescent responsive health services by July 2025.

2.2 Timeline: July 2022-July 2025

2.3 Rationale:

Adopted from the commitments made by the president of Uganda at Nairobi ICPD+25 in 2019 and still remains relevant. There is need for investment of resources to scale up adolescent and youth responsive services to address resistance across different sections of the population including but not limited to parents, religious, political and cultural leaders.

The most recent costing of the draft Adolescent Health (ADH) Policy (2021) showed that $61million USD was allocated to ADH in 2021, which fell short of the $101million needed. Based on the MoH –RMCH Department Annual Workplan FY 2020/21, the Adolescent and School Health Division was not allocated domestic resources for implementation of ADH programs. However, it receives a combined on-budget support of USD $1.72m from Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP) and UNFPA.

2.4 STRATEGIES:

Strategy 1: Implement advocacy and accountability approaches to ensure resource allocation, release and expenditure

Interventions:

1) Cost the ADH needs within the MoH

2) Build capacity for youth-led SMART advocacy and resource mobilization

3) Conduct annual tracking of domestic and external resources for adolescent health programming

4) Advocacy for resource allocation and expenditure

Objective 3: Ensure contraceptive commodity security

3.1 Objective Statement:

Government of Uganda commits to annually ring fence 50% of the domestic resources allocated for procurement, warehousing and distribution of FP commodities from the reproductive health (RH) commodities budget (NMS Vote 116 under Output 15- Supply of Reproductive Health Items) by 2025.

3.2 Timeline: July 2022- July 2025

3.3 Rationale:

All the funds allocated for procurement, warehousing and distribution of RH commodities including FP was spent on Maama kits and Misoprostol in FY 2020/21. This commitment addresses the need for Government of Uganda to equally prioritize procurement, warehousing and distribution of FP commodities. Currently the FP contraceptive need averages approximately $30million per year. However, beyond 2025, the Government will strive to increase its contribution to procurement, warehousing and distribution of FP commodities to at least 10% of the FP annual needs.

3.4 STRATEGIES:

Strategy 1: Implement advocacy and accountability approaches

Interventions:

1) Conduct annual forecasting and quantification for FP commodities

2) Conduct annual FP commodities budget tracking

Objective 4: Strengthen the policy and enabling environment for family planning

4.1 Objective Statement:

The Government of Uganda completes and approves the draft SRHR related policies, strategies and guidelines and have them disseminated and implemented.

4.2 Timeline: September 2021- July 2024

4.3 Rationale:

A conducive SRHR policy environment is indicative of government support and leadership, galvanizes stakeholders, spurs domestic resource investments and catalyzes scale-up of FP interventions.

4.4 STRATEGIES:

Strategy 1: Implement advocacy approaches for policy change

Interventions:

1) Finalize, approve and disseminate the pending policies, strategies, guidelines and service standards (SRHR, ADH, National School Health Policy, Self-care guidelines)

2) Disseminate the National Sexuality Education Framework

3) Explore the placing of the FP task-sharing policy through options analysis and implement

4) Establish a sexual and reproductive health (SRH) emergency response mechanism through development of an SRH emergency response strategy

5) Strengthen multi-sectoral coordination and accountability mechanisms for policy implementation at national and subnational levels

Strategy 2: Operationalize the National FP CIP II (2020/21- 2024/25

Interventions:

1) Launch and disseminate the FP CIP II at national and subnational levels

2) Develop a Monitoring and Evaluation Framework for the National FP CIP II

3) Mobilize domestic and external resources to support implementation of the National FP CIP II (USD $295million over the 5 years)

Objective 5: Strengthen FP data use at all levels

5.1 Objective Statement:

The MoH commits to improve FP data quality through ensuring use of DHIS2/Health Management Information System (HMIS) data for decision making at Service Delivery Points (SDPs) in the public and private sectors.

5.2 Timeline: September 2021- August 2025

5.3 Rationale:

The Annual Health Sector Performance Report FY 2019/20 indicated 97% HMIS reporting rates and timeliness of 85%. However, the MoH does not report use of FP data for decision making at SDPs and community levels. FP data use at SDPs spurs improvement in quality of data entry and reporting. Data will be analyzed and used to inform services delivery (supply/demand) at all levels starting with the SDPs and up to the program and policy levels.

5.4 STRATEGIES:

Strategy 1: Build capacity at all levels for stewardship for provision of FP information and services through data use for decision making

Interventions:

1) Establish and build capacity for use of a standardized FP dashboard at all SDPs in the public and private sectors in order to improve quality of FP services.

2) Establish and build capacity for use of community based FP dashboard among active community health workers/Village Health Teams in order to improve quality of FP services at community level.

3) Health sub-districts allocate resources through their annual work plans for capacity building for implementation of the FP dashboards by SDPs, community health workers and Village Health Teams.

4) Include and track self-care indicators in DHIS2/HMIS for monitoring introduction and scale-up of SRH self-care interventions

Objective 6: Address family planning myths and misconceptions through evidence-based SBCC and advocacy

6.1 Objective Statement:

The Government of Uganda commits to improve quality of FP counselling (available FP options, possible side effects, their management and switching) among SDPs, community health workers and peer-to-peer from the current Method Information Index Plus (MII+)[2] of 42% (2020) to 60% by 2025.

6.2 Timeline: September 2021- July 2025

6.3 Rationale:

The most prevalent bottleneck to increasing access to FP are myths and misconceptions arising from inadequate counselling on the FP side-effects, their management and available options for contraception, gender-based violence, lack of bodily autonomy and other layered vulnerabilities.

6.4 STRATEGIES:

Strategy 1: Scale up provision of comprehensive FP information

Interventions:

a) Health providers fully trained and competent on provision of information, counselling and services of contraceptives and management of side effects

b) Engage leaders at all levels including political, religious, cultural and opinion leaders to influence and shape the attitudes of members of the communities they lead

c) Increase FP Mass Media (TV, radio, newspaper, digital and social media platforms, etc.) in all regions

d) Strengthen research, development, innovations and knowledge management to enhance quality of FP counselling

2. http://www.track20.org/pages/data_analysis/in_depth/opportunities/quality.php


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