

UGANDA COMMITMENTS INITIATIVE:

ACTIVITY PROGRESS REPORT

(JULY-SEPT 2015)

FINANCE

1. \$5 million allocated for Family Planning (ACHIEVED)

The Government of Uganda (GoU) allocated \$7.6m above the FP2020 commitment of \$5M. Of the \$7.6m, the government allocated 8 billion Uganda Shillings (\$3.3m) for procurement, storage and distribution of reproductive health items (Medroxy Progesterone and Safe Maternal delivery kits) as evidenced in the Health Policy Ministerial statement FY 2014/15 - Pg 159. The funds were allocated on "Vote: 116 at National Medical Stores (NMS) and specifically "Vote Function output 085915. Utilizing the World Bank Health system strengthening grant, the GoU allocated \$4.3 million USD for procurement of RH commodities (injectable contraceptives, safe delivery maternal kits and implants) for the alternative distribution system at Uganda Health Marketing group. The amount allocated for the alternative distribution system was the balance from the FY 2013/14 WB grant allocation to NMS that was not utilized.

Partners that contributed towards this achievement were Population Secretariat (Popsec) sec and Ministry of Health (Reproductive Health Division) which ensured that the budget was approved and reflected in the Ministerial policy statement (FY 2014/15) and the MoH work plan. The Pharmacy division monitored procurements, shipments and distribution of the commodities.

Partners in Population and Development Africa Regional Office (PPD ARO) engaged in high level budget advocacy that led to inclusion of the RH commodities on vote 116. It has over the past 5 years given technical assistance for RH commodities budget tracking which led to development of the "11 step guide to RH commodities budget tracking" and ability to link FP partners to higher level offices for support when faced with challenges in allocation and expenditure of RH commodities budgets.

Advanced Family Planning (AFP) provided technical and financial support for budget advocacy through building capacity for PPD ARO. Deutsche Stiftung Weltbevölkerung (DSW) advocated for budget allocation and tracking through the euro leverage project with a consortium of Civil Society Organisations (CSOs). Uganda Family Planning Consortium (UFPC) advocated for inclusion of contraceptives on the RH commodities budget and tracking of the budget. Reproductive Health Uganda (RHU) through the AFP advocacy project contributed to the development of the RH commodities budget line, it also developed an FP budgeting tool for districts that help in budget tracking and created a momentum for budget advocacy through the RHSC A&A working group. NMS supported establishment of the RH commodities budget line, included the commodities in the procurement plans. Public Procurement and Disposal Authority (PPDA) contributed through granting waivers to NMS to procure using framework contracts.

2. Additional \$5 million mobilized from donors (ACHIEVED)

The development partners mobilized approximately \$25.5m exceeding the expected commitment by \$20.5m. The funds were mobilized from United Nations Population Fund (UNFPA) (\$7.5m) for contraceptives, United States Agency for International Development (USAID) (\$8m) for contraceptives including condoms, Department For International Development (DFID) (\$10m) for RH Commodities while International Planned Parenthood Federation (IPPF) expended \$0.04 worth of contraceptives.

3. Annual review of country's needs conducted and funding gaps identified (ACHIEVED)

Through technical support from USAID SURE program, a national forecasting and quantification exercise was carried out (2010-2015). Based on the report, contraceptive commodity procurement plans were developed at the Ministry of Health (MoH) and validated through the FP/RHCS working group. The MoH (RH Division) convenes the Family Planning Reproductive Health Commodity Security (FP/RHCS) working group quarterly to review the needs and funding gaps.

The FP/RHCS updates stakeholders during the MCH cluster meetings and provides the status updates on the needs and funding gaps for MoH senior management to take action.. MoH (Pharmacy division) provided technical support to the RH division for the forecasting and quantification through the Quantification and Procurement Planning Unit (QPPU), convened the Medicines Management and procurement technical working group and ensured contraceptives are on the essential medicines list. USAID provided financial support for the process through the SURE project while UNFPA provided technical support through the RHCS coordinator seconded to the MoH.

Ministry of Health is undertaking half-yearly reviews on RH, FP and ensuring timely completion of household panel surveys for example the PMA 2020 survey for 2014 has been done.

4. Funding gaps addressed by donors (ACHIEVED)

Contributions were mobilized from the development partners; UNFPA contributed \$7.5m for contraceptives, USAID contributed \$8m for contraceptives including condoms, DFID contributed \$10m for RH Commodities while IPPF expended \$0.04 worth of contraceptives.

This addressed the funding gaps of the related RH supplies which led to this achievement.

5. RH sub account operational (ACHIEVED)

Together with WHO, UNFPA advocated for and provided technical assistance for the establishment of the RH subaccount and its inclusion on the National Health Accounts (NHA). The RH subaccount was established initially in the NHA report 2008/9 and 2009/10. After its establishment, with support to the MoH (RH division) from the MoH (planning division) and UNFPA, data was collected for the RH sub account. In the NHA report FY 2010/11 and 2011/12, table 8.6 Pg 35 shows the financing sources while table 8.7 Pg36 shows the expenditure of RH funds for that particular period.

6. Quarterly funds released from MoFPED (ACHIEVED)

Funds are being released quarterly by MoFPED which also monitors the release and expenditure after approval by MoH permanent secretary. Requisition of funds and identification of suppliers is done by National Medical Stores as Bank of Uganda pays the suppliers.

7. RH Supplies procured, stored and distributed (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.

Capacity for shipment of testing equipment of RH commodities by NDA has been built by procuring additional testing machines to reduce delays.

The development partners mainly USAID, UNFPA and IPPF procured contraceptives worth \$9.5 million. Condoms accounted for 28% of the total expenditure on contraceptive procurement by development partners. Amongst the development partners USAID contributed 53%, UNFPA 46.96% and IPPF expended \$0.04 million worth of contraceptives. USAID support focused on the alternative distribution system while UNFPA support concentrated on the public sector.

Development Partners procurements

ORGANIZATION	COMMODITY DESCRIPTION	QUANTITY	VALUE (USD)
USAID	Combination 3	3,007,000	885,424
USAID	DPMA	3,824,800	3,285,132
UNFPA	DPMA	1,246,600	1,448,562
UNFPA	Female Condoms	3,000,000	1,789,301
UNFPA	IUD T380	48,100	20,133
USAID	Jadelle	70,900	651,555
UNFPA	Levonorgestrel	58,896	19,559
USAID	Male Condoms	28,512,000	1,001,873
UNFPA	Male Condoms	58,615,200	1,672,722
UNFPA	Microgynon	693,093	209,356
IPPF	Norlevo (restricted project)	5,280	4,398
TOTAL VALUE			9,539,453

The GOU expenditure on procurement of selected RH commodities including contraceptive increased from UGX 24.8 billion in FY 2013/14 to 25.7 billion in FY 2014/15. This led to adequate stocking of injectable contraceptives at all public health facilities. In FY 2014/15, NMS did not procure injectable contraceptives using vote 116 funds due to sufficient stock at the warehouse. All the RH commodities budget allocation was then used to procure Safe delivery kits as shown below;

NMS: WORLD Bank Health systems strengthening project				
Company Name/ Project	Commodity description	Delivery date	Quantity	Total Cost (USD)
MOH-World Bank System Strengthening	Safe Delivery (Maternity) Kit	April, 2015	79,965	\$584,457
MOH-World Bank System Strengthening	Safe Delivery (Maternity) Kit	May, 2015	89,895	\$547,461
MOH-World Bank System Strengthening	Safe Delivery (Maternity) Kit	June, 2015	59,996	\$365,376
			229,856	\$1,497,293
NMS: Vote 116				
Company Name/ Project	Commodity description	Delivery date	Quantity	Total Cost (USD)
Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	July, 2014	22,680	\$144,698
VVSAOL Investment Limited	Safe Delivery (maternity) Kit	July, 2014	116,544	\$1,118,822

Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	July, 2014	24,296	\$155,008
VVSAOL Investment Limited	Safe Delivery (maternity) Kit	August, 2014	3,408	\$32,717
VVSAOL Investment Limited			98,808	\$948,555
Safe Delivery (maternity) Kit				
September, 2014				
Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	September, 2014	22,332	\$142,478
Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	October, 2014	108,000	\$689,040
VVSAOL Investment Limited	Safe Delivery (maternity) Kit	October, 2014	21,144	\$202,982
Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	November, 2014	86,400	\$551,232
Sino Africa Medicines and Health	Safe Delivery (maternity) Kit	December, 2014	21,600	\$137,808
VVSAOL Investment Limited	Safe Delivery (maternity) Kit	March, 2015	90,058	\$778,087
				\$4,901,428

POLICY

1. Tax exemption for FP commodities **(ACHIEVED)**

This tax act was amended to provide exemption for RH supplies through efforts by the MoH pharmacy division.

2. Declassification of contraceptives including injectables **(ON TRACK)**

Declassification of contraceptives is being addressed in tandem with the task sharing efforts on going in the country. The main issues being addressed include administration of injectables by community health workers/Village health teams.

FHI360 has carried out an operational research on use of injectable contraceptives at community level and distribution of injectables by drug shops.

PATH in partnership with FHI360 is piloting self administration of depo provera in form of sayana press at community level.

3. Service delivery standard amended **(ON TRACK)**

This is on track as the MoH pharmacy division held a workshop to revise the Essential Medicines List and Uganda Clinical Guidelines.

Through joint efforts from different partners and the PATH advocacy grants to Uganda CSOs to carry out advocacy roles for the 13 lifesaving commodities, an addendum was released by the Ministry of Health to include all the 13 life saving commodities on the Essential Medicines and Health Supplies List (EM-HSL) and the Uganda Clinical Guidelines (UCG).

4. Policy on task shifting and task sharing in place (ON TRACK)

A task sharing advisory committee co-chaired by MoH and PPDARO has been established. PPD ARO has also engaged parliamentarians through advocacy ensuring visibility of task sharing at the highest level. MoH (RH Division) incorporated task sharing within the FP guidelines.

Marie Stopes Uganda (MSU) as a champion for task sharing developed the Terms of Reference for the national task sharing advisory committee, plays a secretariat function and facilitates the meetings. It also carried out operational research for the provision of tubal ligation and implant insertion in the Uganda health care setting, results were presented to the MoH MCH Cluster and FP/RHCS technical working groups.

UFPC membership advocated for the task sharing policy to protect health worker litigation and provided evidence for task sharing.

FHI360 piloted administration and provision of injectables through drug shops and village Health Teams (VHTs).

Uganda Protestant Medical Bureau (UPMB) has very active training institutions with over 60% of the total health workforce being trained in different FP methods especially long term methods through UPMB.

Uganda Catholic Medical Bureau (UCMB) developed a curriculum and user manual for training in natural methods of Family planning.

5. Research conducted and findings disseminated (ON TRACK)

UPMB carried out baseline surveys on barriers to access to FP supplies both from community and provider perspective.

MoH (Pharmacy division) carried out quantification studies for example on market shaping of Life Saving Commodities (LSC) with support from Save the Children and PATH, a study on demand generation was carried out and situational reports written on the current state of use and supply of LSC in Uganda.

6. CME Guidelines updated and health workers mentored (ON TRACK)

The MoH (RH and Midwifery Division) with support from UNFPA, Amref and World Health Organisation (WHO) held meetings to assess gaps in the CME service guidelines and align them to WHO standards.

Mentoring of health workers to offer RH services including FP.

7. Current Pre-service training curriculum updated (NOT ACHIEVED)

No information yet

SERVICE DELIVERY

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

UHMG is providing FP services in hard to reach communities through the UHMG Good Life Clinics (GLC).

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

2. Skilled health workers recruited (ON TRACK)

Cuamm has a scholarship scheme in Karamoja region (Abim, Amudat, Kaabong, Nakapiripiriti, Kotido, Napak and Moroto) for midwives and clinicians and 80% of the 60 who graduated after the past 3 years of training have been taken up by HC IVs.

MoH (Midwifery) lobbied through parliamentarians to lift the recruitment ban to enable recruitment of more trained and skilled staff. A bursary scheme funded by development partners has been extended to hard to reach districts and MoH reverted to using the traditional midwifery training.

UNHCO held advocacy meetings with the different partners (MoH, District Health Officers and DLGs) to lobby for recruitment of more health workers.

UPMB with support from USAID – SDS Program have recruited over 100 health workers in their facilities. They also have a scholarship scheme in conjunction with the Japanese government offered each year.

UCMB has held training sessions for health workers (HC II & III) in EmONC at regional levels in Arua, Nebbi, Lira, Gulu, Teso and Hoima.

3.All hospitals offer comprehensive EmONC (ON TRACK)

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

4.All HCs offer basic EmONC (ON TRACK)

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

MoH (RH Division) with support from UNFPA and World Bank have procured and supplied all facilities with EmONC equipment and trained the health workers on the basics.

UPMB has also ensured that all its health facilities provide basic EmONC.

5.Increase comprehensive EmONC services in health centers to 50%

(NOT ACHIEVED)

No information yet

6.Increased demand for FP Services (ON TRACK)

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

Wellshare International has helped in promotion of the female condom as part of the method mix and integration of FP with HIV in Arua district. With support from John Snow Inc (JSI), it also trained 163 VHTs on provision of short term methods and sayana press in kumi and iganga districts. Wellshare International facilitated community dialogue and talk shows on the use of short and long term methods.

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

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

UPMB, through the IRH FP project aims at strengthening the capacity of health units to integrate simple FP methods like Standard Days Method (SDM), Two day Method and Lactational Amenorrhea Method (LAM). This is happening in 8 UPMB health facilities namely; Azur HC IV, Kolonyi hospital, Chrisco hospital, Rugarama Hospital, North kigezi HC IV, Rwesande HC IV, St. Paul HC IV AMD Kagando hospital. UPMB's Packard project and E2A FP project are also aiming to increase demand on FP supplies.

Coalition for Health Promotion and Social Development (HEPS) 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 Mbarara and Kamuli.

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

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

Youth friendly services have been scaled up upto 50% in all government HC IV and general hospitals.

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

The RH voucher system is being implemented in selected districts by implementing partners. For example Marie Stopes Uganda (MSU) introduced the voucher system for Long term FP methods. The long term methods under the ARC program funded by DFID has helped accelerate the contraceptive prevalence rate in Uganda and improved the uptake of quality FP services through reducing financial and equity barriers.

SUPPLY CHAIN

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

MoH (Pharmacy Division) is conducting training of health workers on estimation, quantification and ordering across the country.

2.More Organizations in alternative distribution system. (ON TRACK)

UNFPA supported MoH to develop guidelines for the alternative distribution strategy. UHMG as an alternative distribution strategy is currently managing inventory of 76 organisations accessing contraceptives through the alternative distribution strategy.

3.Existence of the pull system at HCIIIs/ IIIs (ON TRACK)

There is ongoing capacity building 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.

NMS allows districts to quantify what should be in the essential medicines kit for the next 6 months.

TECHNOLOGY

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

Health Child Uganda is promoting use of mobile phones as a communication platform for inducing BCC towards LSC using the Community Health Management System (CHMS).