



# THE MOTION TRACKER

## UGANDA COMMITMENTS

ACTIVITY PROGRESS REPORT  
FY 2017 / 18  
(OCTOBER - DECEMBER, 2017)

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Countries have over the years made global commitments to improving maternal, child and adolescent health, which have been reflected at the global scene. These included Every Women Every Child (EWEC) Global Strategy for Women's and Children's Health (2011-2015), London Summit on Family Planning-FP2020 (2012) and the UN Commission on Life Saving Commodities (UNCoLSC) of 2013, aimed at realizing the Millennium Development Goals (MDGs) by 2015. Post MDGS in 2015 ushered in the Sustainable Development Goals era in 2016 where countries recommitted their pledges. These are now addressed through the updated Global Strategy on Women's, Children's and Adolescents' Health (2016-2030) in 2016 and the renewed FP2020 commitments (July 2017) at the FP London Summit at which Uganda made commitments.

### 1.1 The Uganda Commitments Initiative

As a background, tracking commitment in Uganda started with inception of the Uganda Commitment Initiative supported by the Reproductive Health Supplies Coalition (RHSC), Partners in Population and Development Africa Regional Office (PPDARO) and implemented by Samasha Medical Foundation. The objective of the initiative was to galvanize stakeholder around commitments and encourage engagement, participation and action on commitments. The project was implemented over 2-year period (2014-2015) with quarterly progress reports being produced accompanied by quarterly stakeholder validation meeting that resulted into participation of more than 90 CSO's reporting their contribution towards the Uganda FP2020, EWEC and UNCOLSC commitments. The results of the commitment initiative were the development of Commitment compendium, deconstruction of commitments, development of the operation indicators for commitment made at FP2020, EWEC and UNCoLSC. Success of the engagement and participation led to the development of Motion Tracker Framework (TMT<sup>®</sup>) and Motion tracker website where it has continued to be celebrated and progress highlighted. Currently, the Motion Tracker framework is being implemented in Tanzania and Zambia. Because

of lack of funding, Implementation for Motion tracker framework in Uganda experienced a period of inactivity between 2016–2017. However, with renewed support, implementation of the motion tracker framework in Uganda has commenced and this will be the first meeting under the new funding.

## **1.2 Summary of the achievement under the Commitment Initiative**

Prior to implementation of the commitment initiative, there was disjointed understanding and or interpretation of the FP2020, EWEC and UNCOLSC by the different stakeholders leading to minimal participation by stakeholder. The commitment initiative brought the commitments to the forefront, harmonized understanding of the commitments and encouraged partner participation and engagement that brought together more than 90 CSOs on a quarterly basis to report on partner contribution and discuss overall progress made towards achieving Uganda global commitments.

## **1.3 Current Commitment Landscape**

With the ushering in of the SDGs, there was renewed commitment to the cause of women’s and Children’s health culminating into the Updated Global strategy for Women’s and Children’s health in 2016 and the renewed FP2020 commitments. The new commitments are not well disseminated, not well understood and hence less partner engagement and participation. With the renewed support to Samasha Medical Foundation, efforts have been made to develop a commitment compendium for the new commitments and develop the operational indicators for regular tracking as will be detailed in the methodology.

The Sustainable Development Goals (SDGs) and the Updated Every Woman Every Child (EWEC) Global Strategy, call for accountability frameworks to be fully inclusive, participatory, and transparent and people centered. Building on this premise, the Motion Tracker (TMT)® aims at ensuring universal understanding of commitments through purposeful concurrent stakeholder engagement in Uganda. Engaging



multiple stakeholders including Government to take action towards attainment of commitments made at global level is very critical.

This progress report of a results of three months of engagement key Government, development partners and CSO actors who were involved in the process of drafting the Renewed FP2020 and EWC commitments to get a deeper understanding of what they actually mean and how partners can engage and participate in their achievement. This was followed by sharing information with stakeholder and getting to know their contribution towards the commitments. The progress report acknowledges progress being made, partner contribution and seeks to address the barriers impeding accelerated achievement of commitments.

The approach and methodology was based on the Motion Tracker framework (TMT®) that follows a six-step phases process. Uganda currently has two sets of commitments. The old commitments made in 2010 (EWEC), 2012 (FP2020) and 2013 (UNCOLSC). Those commitments termed

**The Tracker Methodology: Six Steps to Greater Accountability**

1. **Identification of Commitments:** Work with government and partners to identify commitments.
2. **Classification of Commitments:** Collaborate with government, development partners and CSO to classify commitments as implicit or explicit.
3. **Deconstruction of Commitments:** Deconstruct the commitments by analyzing background documents.
4. **Categorization of Commitments:** Categorize commitments according to the WHO health systems building blocks.
5. **Development of commitment performance Indicators:** work with a network of RMNCAH practitioners and policy makers to develop performance indicators to track progress against each commitment statement.
6. **Implementation:** Conduct a targeted stakeholder engagement (Including Implementers, policy makers, legislators/ politicians, advocates, donors and media) to identify and **acknowledge** partner action, showcase progress, and celebrate success, identify barriers and actions to accelerating progress.

as old commitments where already deconstructed and operation indicators developed. However, the new commitments had not been deconstructed and could not be tracked. The first step taken is to translate the new commitments into measurable indicators. This process involves reviewing key background documents that informed the commitments, such as minutes of meetings, the National Family Planning Costed Implementation Plan (2015-2020), the National Health Sector Development Plan (2015/16-2019/20), and the RMNCAH Investment Case.

This was beefed up by stakeholder consultation until the final list of indicators to track the commitments was developed. Subsequently, data collection tools were updated to incorporate all the new indicators.

Samasha used the following techniques for the data collection exercise for the FY 2017/18 quarter period October-December, 2017.

a) **Sampling technique**

By using the stakeholder matrix developed during the implementation of the Commitment Initiative, a list of stakeholders involved and or implementing activities the support achievement of commitments was updated and used as a guide for data collection. In addition to the stakeholder matrix, the data collection exercise employed purposive and snowballing techniques to identify new organizations that contribute to the realization of the FP2020, EWEC and UNCoLSC commitments. The stakeholders engaged included Government of Uganda → Ministry of Health, Non-Governmental Organizations and Development Partners.

b) **Data sources**

Data was collected from primary and secondary sources. Primary data was collected using a Partner Questionnaire (refer to Annex 1). Secondary data was collected using desk review of various documents including project documents, sector reviews, newspaper articles, project dissemination meeting minutes.

c) **Data collection techniques**

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

- Key Informant Interviews: A partner questionnaire was administered to key informants and subject experts amongst the donors, international NGOs, local CSOs and Ministry of Health.
- Desk Review: A list of relevant documents was reviewed, and these included project documents, organization annual reports, health sector review papers, newspaper articles, MoH Status reports.

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

Data collection from the 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 meeting.

The results are based on the actual commitment made which have been compiled into a compendium as shown dialogue boxes 1, 2 and 3 below.

### 3.1 Compendium of Commitments

#### Dialogue Box 1: Renewed FP2020 Commitments

**COMMITMENT 1:** Government commits to raise \$20 million annually through continued partnership with development agencies and the private sector. H.E Yoweri Museveni at the 2012 London summit pledged to leverage \$5million USD from development partners.

**COMMITMENT 2:** Government of Uganda recommits to allocate \$5 million annually from domestic resources for the next five years for procurement and distribution of a range of FP supplies and RH commodities up to the health facility.

**COMMITMENT 3:** Government commits to support a robust Social Behavior Change Communication Strategy to increase demand and linkage to family planning services.

**COMMITMENT 4:** Government commits to expand the cadre of skilled workforce for provision of quality FP services including Long Acting and Reversible Contraceptives (LARC) and Permanent methods.

**COMMITMENT 5:** Government commits to reduce the unmet need for FP amongst adolescents from 30.4% in 2016 to 25% in 2021 through operationalizing the National Adolescent Health Policy and the National Sexuality Education Framework.

**COMMITMENT 6:** Government commits to increase the deployment and retention of critical cadres (esp. midwives) in hard to reach areas.

## Dialogue Box 2: Updated EWEC Global Strategy Commitments 2016

Commitment 1: Increase the national budget dedicated to health to at least 15% by 2020 with a particular focus on mobilising resources for the Reproductive, Maternal, New born, Child and Adolescent Investment case to expand and enhance women's and children's public and private health programs by increasing domestic resources, attracting new external support and improving coordination of existing assistance;

Commitment 2: Ensure universal free access to comprehensive Emergency Obstetric and Neonatal Care services from 43% to 90% through equipping and recruitment of skilled service providers, setting up ambulance service for emergency referrals, developing incentive schemes to attract and retain health workers in hard-to-reach areas, expanding results based financing and increasing coverage for focused antenatal care while integrating Elimination of Mother to Child Transmission of HIV Service and ensure free availability of mosquito-treated nets to every family;

Commitment 3: Increase contraception prevalence from 30% in 2015 to 50% by increasing the number of service delivery points providing family planning services and ensuring increased availability of reproductive health commodities. Uganda will also develop new policies and innovative partnerships to focus on adolescent health and implement new legislation on gender equality;

Commitment 4: Address malnutrition through a comprehensive multi-sectoral package in order to reduce the prevalence of child stunting from 33 to 20%. Children's Health will also be improved by ensuring that at least 80% of children under five years of age with pneumonia, diarrhoea, or malaria access effective treatment at either community or facility level within 24 hours, including access to oral rehydration therapy and zinc;

Commitment 5: Increase from 90% to 100%, immunisation coverage for immunisable diseases namely: Tuberculosis, Polio, Diphtheria, Pertusis, Tetanus, Pneumococcal, Hepatis B, Heamophilus influenza and Measles. New effective vaccines will be scaled up especially for prevention of pneumococcal pneumonia, diarrhoea due to rota virus infection and Human Papilloma Virus (for prevention of cancer cervix).

### **Dialogue Box 3: UNCoLSC Commitments**

Uganda has, together with the seven other pathfinding countries, made a commitment to the UN Commission on Live-Saving Commodities for Women and Children, namely to;

- Undertake a review of the status of the thirteen live-saving commodities, opportunities, bottlenecks and gaps in our respective countries;
- Engage national stakeholders including Parliamentarians, private sector, civil society, technical and financial development partners;
- Develop effective scale-up plans founded on evidence-based strategies, leading to the prioritization of high impact interventions;
- Reconvene in April 2013 to discuss our respective progress;
- 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);
- Continue to engage our respective governments to allocate additional funding and sustainable budget lines for live-saving commodities by 2015.

This commitment is further elaborated and specified in the Uganda country work plan. In it, Uganda sets the following goal and objectives:

Goal: "to ensure high and more equitable and timely access to quality life-saving commodities, so as to attain the National Development Plan and MDG 4 & 5 targets, projected up to 2015 and beyond."

Objectives:

1. Improve markets for LSC by shaping global markets and local delivery markets, innovative financing, quality strengthening, and regulatory efficiency
2. Improve national delivery of LSC by increasing supply and awareness, increasing demand and utilization, reaching women and children, and increasing performance and accountability
3. Improve integration of private sector and consumer needs

### **3.2 Partner engagement and participation**

Partner engagement and participation was measured based on their contribution to achievement of commitments and subsequently their engagement in the quarterly stakeholder meetings. A total of 36 stakeholders in Uganda are engaged and participating in ensuring achievement of the Uganda FP2020, EWEC and UNCoLSC commitments as shown in the Table 1 below.

**Table 1: LIST OF MULTI-STAKEHOLDERS ENGAGED DURING PERIOD (OCTOBER-DECEMBER, 2017)**

Category	List of Organizations
GOU (3)	Ministry of Health, Ministry of Finance, National Population Council,
Development Partners (3)	USAID, DFID, Belgian Technical Cooperation (Enabel)
UN Agencies (5)	UNFPA, WHO, UNICEF, UNHCR, World Bank
International Affiliated NGOs (17)	AMREF, Clinton Health Access Initiative (CHAI), DSW, Engender Health, FHI360, PPD ARO, Intra Health, JHPIEGO, URC/USAID ASSIST, Well Share International, CARE International Uganda, PSI/ Uganda, Reproductive Health Uganda (RHU), White Ribbon Alliance (WRA), Doctors with Africa (Cuamm), MSU, Plan International Uganda
Local NGOs (10)	CEHURD, Coalition for Health Promotion and Social Development (HEPS Uganda), FOWODE, Save for health Uganda, SRHR Alliance, Uganda Health Marketing Group, Uganda National Health Users'/Consumers' Organization, Uganda Youth and Adolescents Health Forum (UYAHF), Youth Alive, Naguru Teenage Centre, VINACEF Uganda
Associations (3)	Association of Obstetricians and Gynaecologists of Uganda, Uganda Family Planning Consortium (UFPC), Uganda Private Midwives Association
Faith based (2)	Uganda Protestant Medical Bureau (UPMB), Uganda Catholic Medical Bureau (UCMB)

The level of engagement and participation was assessed based on the core areas of interest of the different partners that were categorized based on the WHO health systems building blocks. The categories include Finance, Service delivery, Access to Essential Medicines, Leadership and Governance, Health Workforce and for emphasis separated policy from leadership and governance. The table 2 below indicates partner engagement and participation in the different thematic areas as enumerated above.

<b>Thematic area</b>	<b># of partners</b>	<b>Partners that reported contribution to Uganda commitments</b>
Finance	<b>13</b>	PPDARO, RHU, CSBAG, NMS, UFPC, DSW, Uganda Youth and Adolescents Health Forum (UYAHF), UNFPA, UPMB, Well Share International, White Ribbon Alliance, Ministry of Health (RHD), Pharmacy Division, NAWMP.
Service Delivery	<b>27</b>	UNFPA, DSW, MoH, UHMG, Pace, MSU, FHI 360, RHU, Cuamm, Engender Health, White Ribbon Alliance, Amref Health Africa, Fowode, Uganda Private Midwives Association, Uganda Catholic Medical Bureau (UCMB), Heps Uganda, UYAHF, Care International, Uganda Protestant Medical Bureau (UPMB), USAID Assist, Intrahealth, Wellshare International, Jhpiego, CHAI, Naguru Teenage Health and Information Centre (NTHIC), Youth Alive, Plan International Uganda
Access to Essential Medicines	<b>7</b>	MoH, Amref, CHAI, UHMG, QPPU, RHU, UCMB
Leadership and Governance including Policy	<b>10</b>	National Population Council, WHO, Fowode, MoH, UYAHF, Heps Uganda, MoH Planning, Cuamm, Intrahealth, UCMB
Health workforce	<b>9</b>	Intrahealth, MoH, MoGLSD, Cuamm, Care International, UHMG, Amref Health Africa, RHU, UPMA,

### **Partner engagement and participation by contribution**

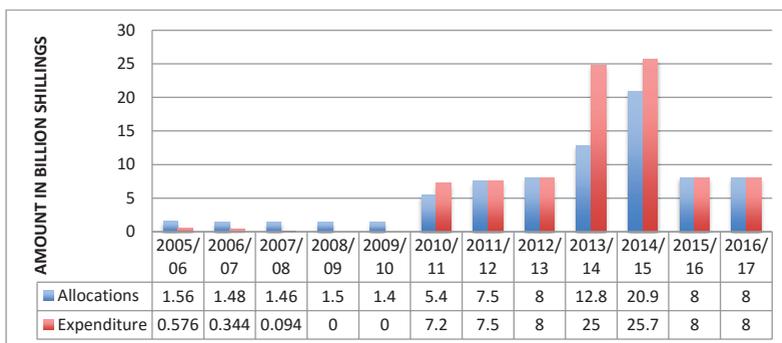
Various stakeholders are implementing projects or activities that contribute to the FP2020, EWEC, and the UNCoLSC commitments. The following section describes in details the progress so far made towards achievement of the commitments per thematic area and partner participation and engagement.

## THEMATIC AREA 1: FINANCE

- Government of Uganda recommit to allocate \$5 million annually from domestic resources for the next five years for procurement and distribution of a range of FP supplies and RH commodities up to the health facility (Renewed FP2020) ON TRACK**

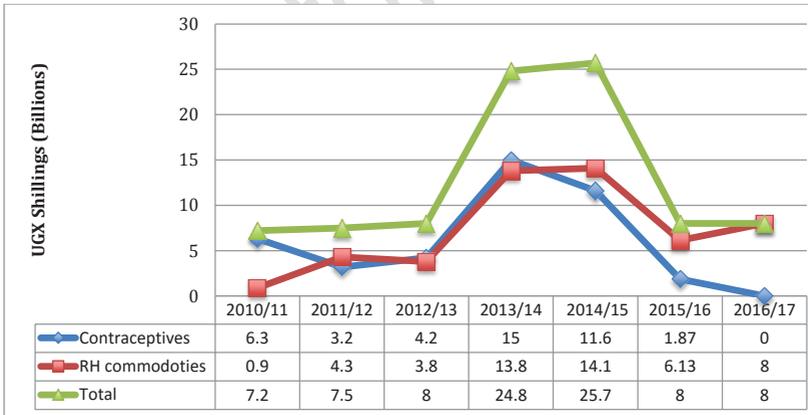
For the FY 2017/18, the Government of Uganda (GOU) has allocated Shs. 8,000,000,000 (\$ 2,211,166<sup>1</sup> USD) for the procurement, storage and distribution of reproductive health commodities (Medroxy progesterone and Safe Maternal Delivery Kits) as evidenced in Health Policy Ministerial Statement (MPS) FY 2017/18. The funds were allocated on Vote 116 at National Medical Stores (NMS). This fell short of the FP2020 commitment of USD 5 million leaving a funding gap of USD \$ 2,788,833. This gap needs to be bridged in the remaining months Jan-June 2018 if this commitment is to be achieved. There is no data on current level of expenditure on allocated funds.

*Figure 1: Government of Uganda allocation and Expenditure on allocated RH Commodities Budget*



*Contraceptives procured by Government of Uganda FY 2010/11- FY2016/17 (Target is 18 Billion Million UGX per year)*

<sup>1</sup> Using Bank of Uganda Exchange Rates (\$1 = Shs. 3,618)  
[https://www.bou.or.ug/bou/rates\\_statistics/statistics.html](https://www.bou.or.ug/bou/rates_statistics/statistics.html)



The above allocation was achieved through the contribution of **Ministry of Health (Reproductive Health Division)** which ensured that the RH budget was reflected and approved in the MPS (FY 2017/18 and MoH Annual Workplan. In addition, MoH RHD provided technical guidance and leadership to local implementing partners active in RH related commitments.

**MoH Pharmacy Division** monitored the FP contraceptive procurements and shipments and in-country distributions of these commodities through the National Medical Stores (NMS) and Alternative Distribution channel to all the districts.

The **Civil Society Budget Advocacy Group (CSBAG)** which comprises of over 70 CSOs is contributing by ensuring that there is increased budget allocation to health during the ongoing budget cycle for the FY2018/19 by holding advocacy meetings with the Parliamentary Health Committee, to lobby for increased budget to the NMS. In addition, CSBAG had engaged with communities to participate in the FY 2018/19 budget process and dialogue with the duty bearers at sub-national level.

**Partners in Population and Development, Africa Regional Office (PPD ARO)** is part of the steering taskforce supporting the GFF RMNCAH CSO engagement and facilitated the development of a CSO engagement strategy and communication strategy. They engaged in high level advocacy for inclusion of FP commodities under the National Health Insurance Scheme (NHIS) aimed at universal health coverage for all. In partnership with National Woman Ministers and Parliamentarians -Uganda Chapter (NAWMP), PPD ARO supported the policy makers who made commitment on NHIS on the 2017 annual NEAPACOH meeting. The combined advocacy efforts resulted into the MoFPED releasing a certificate of financial implication for the NHIS. In addition, PPD ARO undertook the budget tracking of RH commodities at national and district level for FY 2016/17 and disseminated results to stakeholders in December 2017.

**DSW Uganda** ensures that the Global Financing Facility (GFF) resources are properly utilized and is implementing a project on securing health through advocacy and people's empowerment (SHAPE), that focuses on improving and increasing funding for Family Planning to address the unmet need. In the reporting period, DSW implemented this project by resource tracking, budget advocacy with the district key decision makers followed by advocacy for resource allocation towards FP, in the districts of Kamuli, Mityana, Tororo and Mukono. They further conducted Budget studies on allocation of FP resources at sub-national level; Budget study findings showed that all the 4 districts had allocated resources to FP and there has been an increase in budget allocations between Financial Year 2016/17 and 2017/18.

DSW supported development of the Mityana District Costed Implementation Plan (CIP) together with other partners (Mityana diocese funded by Faith to Action network). They supported implementation of the CIP during the last quarter, thereby. Building on the previous work done. DSW was among the organizations that engaged the Ministry of Health to ensure that some of the GFF resources targeting procurement of Moon beads are re-allocated towards LARCs and other FP methods.

**Save for health Uganda** engaged policy makers on health sector budget allocation through sharing evidence-based information on gaps in health services delivery

**UNFPA** supported tracking of the national budget allocation to FP for the FY 2016/17. This report was used as an advocacy tool for increasing domestic allocation to FP in the reporting period.

**Ministry of Health** with technical support from FHI 360 developed a national FP-CIP Tracking dashboard format to provide a snapshot view of the programme's status from different partners. The Dashboard can be accessed at (<http://www.rhfp.health.go.ug>)

**Uganda National Health Consumers' Organization (UNHCO)** worked with Uganda Family Planning Consortium to lobby for the 2017/18 financial allocation.

**White Ribbon Alliance** has continued to advocate for Newborn Resuscitation Devices and its inclusion in the FY Budget 2018/2019 and specifically under Global Funding Strategy GFF.

**Issues:**

- » The District Councils do not appreciate the need to allocate resources to Family Planning.
- » The health sector does not prioritize allocation of sufficient resources to FP for the districts.
- » There was an overall reduction in health sector budget, making it difficult to make a case for FP budget increase.

**Proposed solutions:**

- » Orient district councils to better allocate resources and include FP.
- » There are plans to support advocacy and engage Parliamentarians and other stakeholders throughout the FY2018/19 budgeting process.
- » Continue to engage the Planning Unit of the Ministry of Health to allocate more resources to FP.

**2. Government commits to raise \$20 million annually through continued partnership with development agencies and the private sector (Renewed FP2020) ON TRACK**

The FP2020 commitment in July 2017 increased this commitment from USD 5million annually to USD \$20million from development partners. For the FY 2016/17, donors mobilized approximately USD \$ 5,222,968 million exceeding the expected \$5million. The funds mobilized were mobilized from United Nations Population Fund (UNFPA) that committed \$4.490million, United States Agency for International Development (USAID) committed \$682,800. The FP contraceptives procured are shown in Table 1 below.

**Table 1: Distribution of Contraceptives by Funding Source**

Funding Source	Product	Quantity	Value (\$ USD)	Recipient
USAID	Microgynon	100,080	34,421	UHMG
USAID	Microlut 35, Norgestrel 0.03mg	100,080	36,986	UHMG
UNFPA	Levonorgestrel 0.15mg+Ethinyl Estradiol 0.03mg (21 tabs.) + Ferrous Fumarate 75mg (7 tabs).	5,297,040	1,503,052	Uganda
UNFPA	Levonorgestrel 0.03 mg/tab.(35 tabl.).	180,000	56,751	Uganda
USAID	Condom, Male, 53mm Blue/Gold	16,587,000	563,399	UHMG
USAID	Condom, Male, 53mm Blue/Gold	1,413,000	47,994	UHMG
MSI	Emergency Contraceptives - Back Up	250,000	50,000	MSU

UNFPA	Etonogestrel 68 mg x 1 (single rod 357350nt).	50,944	444,220	Uganda
UNFPA	Etonogestrel 68mg x 1	48,168	419,920	Uganda
UNFPA	Implanon NXT Placebo applicator trainer	1,440	0	Uganda
UNFPA	Levonorgestrel 0.03mg	29,520	9,812	Uganda
UNFPA	Medroxyprogesterone acetate 150mg/ml- Including 2350000 syringes.	2,350,000	2,056,413	Uganda
	Total cost of procurement		5,222,968	

Source: UNFPA RH Interchange ( [www.myaccessrh.org](http://www.myaccessrh.org) ) viewed 10th March, 2018).

In the first two quarters of FY 2017/18, development partners mobilized approximately \$5,018,756.50. \$2,289,846 was mobilized from UNFPA while the Global Financing Facility (GFF) under World Bank committed \$2,728,910.50 USD.

**Table 2: FP Contraceptives by Funding Source (July-December, 2017)**

Method	Quantity	Value	Funding Source
Condoms - Female (pieces)	500,000	\$273,352	UNFPA
Condoms - Male (pieces)	65,174,400	\$1,519,680	Other
IUDs (pieces)	221,000	\$73,721	UNFPA
Injectables (doses)	322,800	\$316,256	UNFPA
Orals - Emergency (doses)	381,600	\$46,201	UNFPA
Orals - Progestin Only (cycles)	180,000	\$60,636	UNFPA

Source: UNFPA RH Interchange ( [www.myrhaccess.org](http://www.myrhaccess.org) ) viewed 20th March, 2018

**Issues:**

- » Only USD 2.2million has been mobilized. The difference of USD 5 needs to be mobilized (Jan–June 2018)
- » No budget tracking of donor promised financial commitments for FY 2017/18
- » Minimal advocacy by CSOs

**Proposed solutions:**

- » Need for increased advocacy by MOH, international NGOs and CSOs to attract additional external funding.

**3. Buy - in from other donors to expand matching grants (Renewed FP2020) ON TRACK**

**UNFPA:** Convened RH donors' meeting to discuss financing gaps for 2018.

**Well Share International:** Received funding to scale up access to CBA2I including self-injection in 4 new sub-counties and two municipal areas of Iganga District.

**DSW:** Trained 20 CSOs on FP budget advocacy in 4 districts (of Kamuli, Mityana, Tororo and Mukono).

**CHAI's** engagement with USAID, UNFPA and Global Financing Facility (GFF) served to ensure funding gaps are being shared and commodity commitments are being constructed in the context of these gaps. CHAI also supported a Family Planning Stakeholders' meeting where funding gaps were discussed and proposed interventions for addressing commodity insecurity.

#### 4. Budgetary allocation and tracking to ensure procurement of a range of FP supplies and commodities especially the Long Acting and Reversible Contraceptives (Renewed FP2020) **ON TRACK**

In partnership with **National Woman Ministers and Parliamentarians -Uganda Chapter** (NAWMP), PPD ARO supported the policy makers who made commitment on National Health Insurance Scheme on the 2017 annual NEAPACOH meeting. The combined advocacy efforts resulted into the MoFPED releasing a certificate of financial implication for the NHIS. With Support from UNFPA, PPD ARO commissioned a RH commodities budget tracking study that revealed that Uganda had not achieved the FP2020 Commitment of 5 Million USD for the last two financial years.

**Uganda Family Planning Consortium** (UFPC) partnered with PPD ARO, Ministry of Health, Civil Society Budget Advocacy Group, during the budgeting period to lobby with the Parliamentary Committee (on health) to ensure that Government includes USD 5 million in the 2018/19 Health budget, targeting RH commodities, and further ascertaining that handling charges (including distribution) are met by MOH.

**UNFPA** supported tracking of the national budget allocation to FP for FY 2016/17 which resulted in a report that was used as an advocacy tool for increasing domestic allocation to FP in the reporting period. The recommendations of the report were taken up by the chair of the parliamentary sectoral committee on Health for onward discussion during the Health sector budget hearings.

**DSW** was among the organizations that engaged the Ministry of Health to ensure that some of the GFF resources targeting procurement of Moon beads are re-allocated towards LARCs and other FP methods.

**5. Capacity building on RBF for both the central and district stakeholders (Renewed FP2020) ON TRACK**

**Ministry of Health** is implementing the Results-based financing (RBF) to not only increase access to health services including RMNCAH but also improve quality of care in both the public and PNFP health facilities. National orientation was done and the RBF program was launched. MOH has trained trainers at national level who will roll out trainings at districts level starting May 2018.

The Institutional Capacity Building Phase II (ICB II) project, focusing on planning, leadership, management and quality improvement using RBF, funded by the Belgian Technical Cooperation (BTC), is being implemented in Rwenzori and West Nile sub regions. The Uganda Reproductive, Maternal and Child health services improvement project has allocated a total of \$68 million USD for RBF (IDA: \$43million and GFF: \$25 million)

**6. Development of an accountability mechanism to monitor implementation of the RBF grant (Renewed FP2020) ON TRACK**

The RBF project milestones and progress are presented to MCH cluster for accountability and existence of an operational RBF Steering Committee chaired by the MOH Permanent Secretary.

**7. Ensure RBF focal operational unit to support development and implementation of work plans and verification of invoices, certify invoices and disburse in accordance with guidelines (Renewed FP2020) ON TRACK**

Ministry of Health has developed RBF manual and RBF implementation is based on the RBF framework, with internal verification carried out by the extended DHMT. A set of indicators is used to monitor implementation of the agreed actions eligible for funding. Ministry of Health houses RBF within the Planning department and there is a focal point for RBF at the level of a Commissioner. The department has already commenced the role of supporting development of the RBF and

recruitment of the RBF unit staff is in advanced stages.

**8. Raising awareness of the voucher programme including geographical location and groups targeted; increased financing of FP voucher schemes (Renewed FP2020) ON TRACK**

**Abt Associates** through USAID/Uganda Voucher Plus Activity project conducted community sensitization & referral services by VHTs in 33 voucher covered Districts in East (Amuria, Budaka, Bududa, Bukedea, Pallisa, Butaleja, Katakwi, Kumi, Manafwa, Ngora, Serere, Sironko, Soroti, Kaberamaido, Kapchorwa, Bulambuli, Kween, Bukwo & northern Uganda (Alebtong, Amuru, Apac, Gulu, Kitgum, Lamwo, Lira, Otuke, Oyam, Dokolo, Nwoya, Kole, Pader, Agago and Amolatar); facilitated capacity building, awareness creation, and Advocacy for RH output-based approach for voucher services for the poor women at district, community, and private health facility levels in East & North Uganda. In addition, distributed vouchers to poor vulnerable women in communities in the project districts.

**Issues:**

- » Poorly regulated healthcare system especially in the private sector which affects quality of care offered
- » Poorly distributed private sector facilities to offer services for the targeted beneficiaries of the scheme.

**Solutions:**

- » Capacity building for improved quality of care
- » Work closely with DHO's office to foster effective stakeholder engagement with private sector in terms of technical support, linkages to care, supervision and reporting into DHIS2.
- » Involvement of all key District and community stakeholders to increase awareness and seek support for the scheme

**9. Commit a percentage 10% of the annual health sector budget to adolescent SRH. (Renewed FP2020) –NOT ACHIEVED**

Uganda Youth and Adolescents Health Forum (UYAHF) organized a campaign dubbed, “Operation Adolescent Health Financing” that aimed at empowering young people with budget advocacy skill and knowledge to meaningfully engage in budget advocacy for adolescent health financing. UYAHF successfully trained 20 youth advocates and adolescents in budget advocacy skill ranging from; understanding the budget cycle, budget analysis, budget tracking and budget monitoring. This was done under the project dubbed “giving young people voice choice and control and supported by FP2020.

Plan International Uganda engaged in budget Increment advocacy through the “let us change the story “campaign. Advocating for increment on adolescent health and capacity building of the health workers. We worked with the youth to lobby parliamentarians to increase budgetary allocation to health.

White Ribbon Alliance (WRA): WRA has continued to advocate for the inclusion of the line item for addressing adolescent friendly services especially prevention of adolescent pregnancy.

**10. Ensure allocation of at least 10% percent of the RMNCAH (GFF) resources annually to adolescent FP (Renewed FP2020)-NOT ACHIEVED.**

MOH: The amount of funds that was allocated to RMNCAH by Government in 2017/18 was UGX 17 billion<sup>2</sup> (translating to 0.93% of the health sector allocation for 2017/18), out of which 8 billion was for RH supplies but it does not include human resource and construction). Government allocation through the GFF is not reflected in these figures. However allocation to Adolescent health was not ascertained.

The Government of Uganda mobilized resources to implement the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMNCHIP) funded by the multi-donor trust fund for the

<sup>2</sup> MOH Key informant interview with planning department

Global Financing Facility (GFF) in support of Every Woman Every Child (EWEC) to tune of \$30 Million USD and the international Development Association credit amounting to \$110 Million USD. However allocation to Adolescent health was not documented.

**Issues:**

- » Limited budget.

**Solutions:**

- » Continue advocacy efforts at different levels and with the Division of Planning /Ministry of Health and with Ministry of Gender Labour and Social Development.

**11. 15% of Government budget allocated to health annually (EWEC 2016) ON TRACK**

**MOH:** Uganda's total budget for FY 2017/18 was UGX 28.994 Trillion. Of this, UGX1.821 Trillion was allocated to health, an equivalent of only 6.3%, which does not meet the 15% GoU allocation as set in the Abuja Declaration of 2001. Further analysis indicates that there was a slight decline in this year's financial allocation to the health sector in comparison to that 1.827 Trillion (6.3%) of FY 2016/17.

**Uganda National Health Users'/Consumers' Organization** continued to advocate for health sector budget increase as well as reviewed the Budget Framework Paper.

DSW was able to establish the Family Planning Budget Advocacy Group that is now hosted by the National Population Council. DSW has been engaged in meetings with all CSOs and the health committee to make sure that the current budget allocated to the Ministry of Health that dropped from 8% to 6.8%, there is a reversal of the reducing trend, carrying out international, national, sub-national advocacy for FP financing.

The **Civil Society Budget Advocacy Group (CSBAG)** which comprises of over 70 CSOs is contributing by ensuring that there is increased budget allocation to health during the ongoing budget cycle for the

FY2018/19 by holding advocacy meetings with the Parliamentary Health Committee, to lobby for increased budget to the National Medical Stores (NMS). In addition, CSBAG had engaged with communities to participate in the FY 2018/19 budget process and dialogue with the duty bearers at sub-national level.

**Issues:**

- » Low financial absorption capacity by Ministry of Health owing to delays in processing funds for activity implementation.
- » Limited capacity to review sector budgets

**Solutions:**

- » Streamline the internal approval system for accessing funds at MOH.

## **12. Annual review of country's need conducted and funding gaps identified (FP 2020) ON TRACK**

The Government of Uganda estimates for financing required for the procurement of FP and RH selected commodities, using:

### **a) FP CIP**

The total estimated amount of funding required to satisfy procurement of contraceptives for the country in FY 2017/18 amounts to \$ 18,950,000USD<sup>3</sup> (refer to page 32<sup>4</sup>). The current total allocations from the GoU and donors amounts to \$ 4,501,012 USD leaving a funding gap of \$ 13,931,243.50 USD.

### **b) MoH National Quantification and Procurement Plan**

For the FY 2017/18, the total requirement for contraceptives is Shs. 93,743,889,702. the funding gap for FP commodities identified is 91.5%. With the total actual commitments from GOU and donors to a tune of \$ 4,501,012 USD, the funding gap stands at \$ 90 million.

<sup>3</sup> To calculate the funds required for FY 2017/18, the annual requirements for 2017 and 2018 were divided by 2 and added (17.4+20.5/2)

<sup>4</sup> MoH, Uganda Family Planning Costed Implementation Plan, 2015-2020

**Issues:**

- » Harmonize the CIP and National Quantification Report for FP/RH commodities in order to generate consensus on the funding gaps.

**Proposed solutions:**

- » Undertake review of FY 2018/19 Contraceptive requirements

**13. Funding gaps addressed (Old FP2020)**

No information provided.

**14. RH Sub-Account operational (Old FP2020) ACHIEVED**

The RH Sub-account that was set up under the National Health accounts (NHA), is operational.

**15. Quarterly Funds released from MoFPED (Old FP2020) ACHIEVED**

For the FY 2017/18, funds for the second quarter were released from MoFPED for the Vote 116 expenditure. This was evidenced by the quarterly MoFPED release report.

**Issues:**

- » Government is struggling to secure financing for clearing, storing and distributed procured commodities.
- » Delays at National Drug Authority (NDA) during post-shipment testing that causes storage problems.
- » No commitment for Misoprostol, MVA kits and Maama kits for the Alternative Distribution Channel (UHMG).

**Solutions:**

- » Ongoing with MoH, NDA and UHMG to address the delays in post-shipment testing of condoms gap.

**THEMATIC AREA 2: SERVICE DELIVERY****1. Evidence on current coverage as a baseline to increase coverage (Renewed FP2020) ACHIEVED**

The current coverage is being tracked through the UDHS every five years, PMA 2020 every year and Track 20 every year. Data for 2017 is available as shown in the table below.

CPR	All Women		Married Women	
	UDHS 2016	PMA2017-R5	UDHS 2016	PMA2017 R5-
All Methods	44.8	32.3	39	38.4
Modern Methods	40.9	28.5	34.8	33.9

## 2. Districts supported to develop FP costed implementation plans (FP CIPs) and mobilize resources (Renewed FP2020) ON TRACK

UNFPA is supporting development of district FP CIPs. The process is in advanced stages of completion in 25 UNFPA project districts. By March 2018, about 7 districts had developed draft FP CIPs and currently 8 districts are in the process of finalizing the data collection and analysis as part of the situation analysis and gaining stakeholder ownership.

**FHI 360** under the Advancing Partners and Communities supported 8 districts to develop district specific CIPs.

**RHU and PPD ARO** have been supporting 15 districts by forming FP Advocacy Working groups aimed at putting FP on the District Agenda, creating a conducive policy environment and visibility by developing FP Action plans. In total, the 15 districts have mobilized Ugx. 180 million towards FP.

develop FP Action Plans and some have allocated resources (180 million).

**DSW** supported development of the Mityana District Costed Implementation Plan (CIP) in addition to the subsequent implementation by the district, in partnership with Mityana diocese and was funded by Faith to Action network. Mityana district has managed to raise resources for FP as shown in the table 4 below.

## DISTRICT ALLOCATION TO FP/RH IN SELECTED DISTRICT FY 2016/17<sup>5</sup>

Description	Mityana District (UGX)
Family planning Budget	3,200,000
RH budget	4,800,000
Health Budget	4,507,589,000
District Budget	22,036,417,000
Percentage allocation to Health from district Budget	20%
Percentage allocation to FP from health Budget	0.07%
Percentage allocation to RH from Health budget	0.10%

### 3. Framework to guide districts and advocacy to interest districts in the Challenge Initiative (Renewed FP2020) **ON TRACK**

The framework to guide districts is in line with a “business unusual” approach to financing, scaling up and sustaining high-impact family planning solutions for the urban poor. The Challenge Initiative (TCI) is demand-driven where local governments self-select to participate and demonstrate political commitment by providing their own financial, material and human resources. In Uganda, JHPIEGO is the implementer and funded by Bill & Melinda Gates Foundation (BMGF). The Kampala Capital City Authority (KCCA) has expressed interest in the Initiative.

### 4. Support implementation of a total market approach to delivery of family planning services (Renewed FP2020) **ON TRACK**

The MOH has developed the draft FP TMA strategy to ensure universal access to FP services and Commodities. In addition the MOH developed the condom total market approach strategy that is under review. The MOH developed TOR for the TMA taskforce that will be launched in the near future.

<sup>5</sup> The allocation data was based on the approved district health work plans and not health facility specific budget allocations from Primary health care grants

UNFPA supported the development of a financial sustainability strategy through institutionalizing the Total Market Approach (TMA).

UHMG provided technical support to the process to development of the FP TMA strategy and the Condom TMA strategy. UHMG is using the TMA to increase access to FP commodities.

Abt Associates through the USAID/Uganda Voucher Plus Activity linked private health providers to access subsidized FP commodities from the social marketing organizations.

**Issues:**

- » The Total market approach (TMA) strategy and Implementation Plan have not been formerly approved by the Ministry of Health.

**Solutions:**

- » Reproductive Health and pharmacy divisions to fast track TMA Strategy.
- » Follow-up with Government and stakeholders on the legislative framework formulation.

**5. Strengthen community systems including engaging religious and cultural structures, Community Health Extension Workers (CHEWs) and family units to disseminate age appropriate messages to address social-cultural and gender barriers to utilization of FP services (Renewed FP2020)**

- **Develop regional, cultural appropriate IEC materials (Renewed FP2020) NOT ACHIEVED**

No information provided

- **Messaging informed by social determinants of health (Renewed FP2020) NOT ACHIEVED**

No information provided

- **IEC linked to broader cultural issues including girls' education, early marriage, and teenage pregnancy (Renewed FP2020) NOT ACHIEVED**

No information provided

- **Promote evidence-based interventions (Renewed FP2020) ON TRACK**

The USAID funded OBULAMU campaign was developed based on evidence.

- **Focus on hard to reach and youth (Renewed FP2020) NOT ACHIEVED**

**Abt Associates:** the USAID/Uganda Voucher Plus Activity targets the rural poor and youth with access to RMNCH & FP services in 33 Districts in East & northern Uganda. 73 % of our supported health facilities are based in rural areas.

- **Sustain the national FP campaign for demand creation (Renewed FP2020) NOT ACHIEVED**
- **Promote male involvement in FP (Renewed FP2020) ON TRACK**

The MOH developed the Male involvement strategy with support from WHO. There has been work in selected districts to support community sensitization process on SRH through Male involvement. There are ongoing activities by the different implementing partners UHMG, PACE, MSU, FHI 360 through the Communication for Health project.

**Abt Associates** through the USAID/Uganda Voucher Plus Activity reached out to men through their social networks in communities and on radio programs with information on RMNCAH & FP encouraging them to participate in decisions to have manageable family sizes as well as escorting their wives to facilities. 55.6% of the VHTs recruited to promote the voucher scheme in communities are men. Men actively participate in these engagements. For example 665 have been reached through men only dialogue sessions, while 1738(79% of all callers) men have called in during our routine radio programs. The project also provides a toll free line for communities to call in for more information or if they have concerns. To date we have received 4584 callers of which 3086(67.3%) are men.

**Issues:**

- » Few men attend community sensitization meetings and efforts to reach them through social networks takes time and resource.

**Solutions:**

- » Use of Male champions & satisfied male FP users
- » Clearly defining male involvement-what do we want men to do?

**6. Use a multi-sectoral approach to implement the National Adolescent Health Policy Action Plan to increase access to quality sexual and reproductive health services for adolescents and young people (Renewed FP2020) ON TRACK**

The MOH reviewed the 2012 Adolescent Health Policy and service standards in 2016. The new policy was expanded to include the WHO 2016 adolescent health guidance. The revised policy was approved by the MCH cluster and senior Management but not adopted at the Health policy Advisory Committee level (HPAC). A process is in place to address the HPAC recommendations. The most recent update is that a decision by the adolescent health technical group is to have an Adolescent Health policy rather than guidelines and service standards.

**Abt Associates** through the USAID/Uganda Voucher Plus Activity trained 247 private providers on how to offer youth friendly services and set up youth friendly corners/schedules targeting out of school youth in communities with key information on SRH and refer those in need of services to nearby facilities.

**7. Improve the generation and use of quality and timely national data on FP(FP2020) ON TRACK**

The MOH has strengthened the DHIS2 and made online data easy to access using password upon request. In addition, there is the PMA2020, Track 20, UDHS.

**Abt Associates** through the USAID/Uganda Voucher Plus Activity built capacity of private health facilities on HMIS data capture and reporting into DHIS 2, supplied HMIS tools, if found missing, to supported facilities and worked with District Biostatisticians to mentor providers

on data capture, use and reporting.

**Issues:**

- » Lack of records personnel at most facilities

**Solutions:**

- » Encourage multi-tasking
- » Build capacity of other cadres on proper data capture, use and reporting

**8. Train Community Health Workers on provision of FP (Renewed FP2020) NOT ACHIEVED**

Various implementing partners have FP interventions that focus on community health worker. That includes MOH, MSU, PSI Uganda, FHI360.

Specific data on the number trained was not available.

**9. Train providers on youth friendly service provision to reduce provider biases (Renewed FP2020) ON TRACK**

Various implementing partners are carrying out training on youth friendly services e.g Naguru Teenage Centre, DSW, PSI Uganda, MOH, MSU, RHU.

**Abt Associates** through the USAID/Uganda Voucher Plus Activity trained 247 private providers on how to offer youth friendly services and set up youth friendly corners/schedules.

**Plan International Uganda** worked with the District Advocacy Network that are supporting advocacy initiatives for youth friendly services and funding for youth related activities such as capacity building for health workers on Youth Friendly Health Services (YFHS), contraceptives and creating friendly corners. Engaged in media campaigns with the DHO to inform the youth on ongoing initiatives and use of key moments to lobby and share information such as the youth day and “Let us change the story campaign” was one of the strategic initiatives that was used to mobilize resources for Family Planning (UWYFU) to come up with a pre-family planning event.

## 10. All hospitals offer comprehensive EmONC at 100% (EWEC 2016) ON TRACK

MOH with financial and technical support from **UNFPA**, contracted **Samasha Medical Foundation** to conduct a health facility assessment in 324 public sector and PNFP health facilities on quality and availability of EmONC services. Findings revealed that, out of the 46 hospitals expected to provide CEmONC in the 25 targeted districts, 4 hospitals (8.7%) performed all the CEmONC signal functions.

**EngenderHealth:** Trained Doctors and Midwives on EmONC & Partograph use. They in addition identified and facilitated Partograph Champions among service providers. They further strengthened the health systems through provision of relevant equipment and support supervision.

**Abt Associates** through USAID/Uganda Voucher Plus Activity supported 10 voucher covered hospitals in the supported districts to have operational comprehensive EMONC services through skills development & mentorships for staff in EMONC, supervision and monitoring of quality of care along with the District teams.

### Issues:

- » High staff attrition in the private sector

### Solutions:

- » Plan to offer business skills training to hospital managers to improve staff retention.
- » Continue on-site mentorships to ensure skills acquisition by new staff.
- » Inclusion of private wings of public hospitals is an advantage to increase access to CEmNOC

## 11. All HC IIIs offer Basic EmONC (EWEC 2016) ON TRACK

MOH in partnership with **Samasha Medical Foundation** and with financial and technical support from **UNFPA**, assessed 324 public sector and PNFP health facilities on quality and availability of EmONC services. Findings revealed that, out of the 211 HC IIIs expected to provide BEmONC in the 25 targeted districts, 14 HC IIIs (6.6%) performed

all the BEmONC signal functions.

**CUAMM** partnered with UNICEF in Karamoja and Wes Nile to mentor some service providers and provided their health facilities with equipment for neonatal resuscitation. They also facilitated minor infrastructural repairs of maternity units, labor suites, and provided lighting equipment and guidelines in Karamoja region (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, and Abim). The result was that this region performed better than other regions in assisted vaginal delivery during the EmONC Assessment.

**Abt Associates** through USAID/Uganda Voucher Plus Activity supported 145 vouchers under private H/C IIIs in the 33 supported districts in East and northern Uganda to have operational Basic EMONC services through skills development & mentorships for staff in EMONC, supervision and monitoring of quality of care along with the District teams.

**Uganda Health Marketing Group (UHMG)** 149 private facilities offer basic EmONC.

**EngenderHealth:** Scaled up partograph use and EmONC to HC IIIs and HC IIs that conduct labour and delivery.

**Issues:**

- » Basic Emergency Obstetric Newborn Care (BEmONC) is not provided as expected in some HC IIIs due to insufficient equipment and supplies for some of the signal functions, such as lack of Magnesium sulfate, lack of parenteral anti-biotics.
- » Private sector health facilities faced staff turnover.
- » Prohibitive costs by the private providers.

**Solutions:**

- » Policy on the contents of Essential medicines kit for HC III should be reviewed for inclusion of Magnesium sulfate and parenteral anti-biotics.
- » Plan to offer business skills training to hospital managers to improve staff retention.
- » Continue on-site mentorships to ensure skills acquisition by new staff.

## 12. All HC IVs offer Comprehensive EmONC up to 50% (EWEC 2011)

### ON TRACK

The Annual Health Sector Performance Report FY 2016/17 stated 83 out of 186 (44.6%) HC IVs carried out C/S and offered blood transfusion during FY 2016/17 and are thus considered to have been providing CEmONC services.

**MOH** in collaboration with **UNFPA**, conducted a health facility assessment on quality of EmONC services. Findings revealed that, out of the 25 HC IVs expected to provide CEmONC in the 25 targeted districts, 1 HC IVs (4%) performed all the CEmONC signal functions.

**Abt Associates** through USAID/Uganda Voucher Plus Activity supported 7 vouchers covered H/C IVs in the 6 supported districts in East and northern Uganda to have operational Comprehensive EMONC services through skills development & mentorships for staff in EMONC, supervision and monitoring of quality of care along with the District teams.

**CUAMM** implemented a UNICEF project that did infrastructural minor repairs of maternity units, labor suites, provided lighting equipment and guidelines, and functionalized blood transfusion in Kotido HC IV (Kotido district) and Karenga HC IV (Kaabong district).

#### Issues:

- » Inadequate supply of blood in some of the HC IVs.
- » Failure to conduct assisted vaginal delivery, one of the EmONC signal functions (due to lack of vacuum extractor, a doctor and operating theatre).
- » High Staff attrition in private sector

#### Solutions:

- » MOH should address the blood supply gap.
- » MOH should build capacity of HC IVs to offer assisted vaginal delivery
- » Plan to offer business skills training to hospital managers to improve staff retention.
- » Continue on-site mentorships to ensure skills acquisition by new staff.

### **13. Availability of EmONC equipment, medicines and supplies at all Health Centre IIIs, IVs and hospitals (EWEC 2016) ON TRACK**

**CUAMM** implemented a UNICEF project that supported planning and monitoring of stock status including distribution and re-distribution of supplies.

**Plan International Uganda** contributed to ensuring that supplies of equipment in the mid north to 10 health facilities for equipment worth 2.7m USD.

**White Ribbon Alliance (WRA)** lobbied with Ministry of Health for inclusion of a budget line item in the National Medical Stores for Newborn Resuscitation Devices for Public and Private not for profit health facilities. The request for the budget is based on standards, specification and quantification framework developed by WRA in collaboration with the Ministry of Health.

**Abt Associates** through USAID/Uganda Voucher Plus Activity provides financing to 17 support hospitals & HC IVs for services offered to voucher clients. Part of this money is ploughed back into the facility to improve quality of care through procurement of equipment, medicines and supplies for EmONC services.

**EngenderHealth:** Provided delivery kits and other equipment; sterilizers, and Blood pressure machines. Also, provided partographs to maintain buffer stock.

**Uganda Health Marketing Group:** Equipped all 149 private facilities that had undergone EmONC training.

**AMREF:** Provided MNCH basic equipment to selected health facilities in Kyankwanzi, Nakaseke, Amuru. These included autoclaves, delivery kits, theatre gumbots, oxygen concentrators. Collaboration was made with the District Health Offices, 2 Local Governments, health facilities, and community members.

**Issues:**

- » Shortages of relevant EmONC commodities and equipment.
- » Lack of a start-up grant for quality improvement in facilities with quality gaps

**Solutions:**

- » MOH should address the gaps in EmONC commodities and equipment.
- » Supporting facilities to develop business skills and prioritize their investments for self-sustainability

#### **14. RH vouchers for public and private sector that includes EC, ACS for management of premature labor, etc. developed and implemented (UNCoLSC 2013) ACHIEVED**

**CUAMM** implemented an independent project with partnership with the Oyam DLG that provided vouchers for facility delivery and referrals in 7 districts in Karamoja sub-region (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, and Abim).

**CARE International in Uganda** has created a fund for referral of refugee and host community mothers who are at risk. The fund caters for transport and meals for the mother while at the health centre of hospital.

**Abt Associates** through USAID/Uganda Voucher Plus Activity enrolled 160 private facilities in 33 districts in east & northern Uganda to offer RH voucher services to poor women. The service package includes, 4+ antenatal care visits, eMTCT, skilled delivery, emergency transportation, postnatal care and Postpartum FP services. Auxiliary services include management of pregnancy related illnesses and or complications. The project trains and builds capacity of all supported providers on the standard MOH EmONC & FP curricular and monitors quality of care at all facilities.

UHMG facilitated implementation of the MCH voucher operational in 14 facilities and also includes post-partum FP

**15. Trained health workers on EmONC available at all health centre III, IVs and hospitals ( EWEC 2016 and 2011) ON TRACK**

**CUAMM** implemented a UNICEF project that trained 192 midwives on the 4 modules of EmONC in 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani) and Kiryandongo. They also trained 20 midwives on neonatal resuscitation in Oyam district, and 28 district-based Maternal and Neonatal Health (MNH) mentors on neonatal resuscitation in 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani) and Kiryandongo.

**USAID ASSIST** is piloting the maternal and newborn care quality of care standards recently released by WHO in Gulu and Nwoya districts. The leadership of the 2 districts and the respective health workers have been trained with an aim of reducing maternal and newborn mortality.

**EngenderHealth:** Trained health workers on partograph use and EmONC skills; provided equipment for safe delivery services; and conducted on-site mentoring and coaching to trained providers to maintain skills and quality maternity care.

**UPMB:** has health facilities in various parts of the country whose staff have been trained on EmONC under projects like RHITES East.

**Abt Associates** through the USAID Voucher Plus Activity trained 306 providers in EmONC from all supported 160 facilities in 33 districts.

**16. Uganda National Ambulance Service operationalized (EWEC 2016) ACHIEVED**

**CUAMM** partnered with UNICEF (in West Nile), World Vision (in Karamoja, specifically Kotido), Belgian Technical Cooperation (in West Nile), and District Local Governments (DLGs) in all the supported districts to provide fuel for ambulances or vouchers for ambulance support and

paid allowances for ambulance drivers in 14 districts; i.e. 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani), Kiryandongo, Oyam, and in 7 Karamoja sub-region districts (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, Abim).

**Plan International Uganda** provided bicycle ambulances 40 in Kamuli and 10 in Lira that are managed by CDFU.

**MOH** with support from the Belgian Technical Cooperation, is strengthening and synchronizing the national ambulance system to facilitate the referral mechanisms in West Nile and Rwenzori sub-regions. MOH has set up a department in its structure, charged with the functions of Ambulance system.

**Issues:**

- » Referrals are still very many hence not all cases are covered.
- » Some ambulances remain packed for a long time due to poor maintenance (e.g. lack of batteries, tyres, wheel, etc.).

**Solution:**

- » MOH to advocate with Ministry of Finance for increased budget for health to sustain ambulance system.
- » Better planning by the District Local Government (DLG).

## **17. All EmONC facilities have access to a functional Ambulance (EWC 2016) ON TRACK**

**CUAMM** partnered with UNICEF (in West Nile), World Vision (in Karamoja, specifically Kotido), Belgian Technical Cooperation (in West Nile), and DLGs in all the 14 districts to support the districts to set up a system on how to use the ambulance log book and on who to call in case of need for an ambulance. CUAMM pays fuel to a particular fuel station for any ambulance to access and for any health facility to use the ambulance including HC IIs.

**URC/USAID ASSIST** supported all facilities in Gulu and Nwoya districts to develop a referral network with phone contacts of all available ambulances in their districts to coordinate referrals. Supported Gulu

district to develop memoranda of understanding with the different stakeholders who have ambulances in the district.

**Abt Associates** through the USAID Voucher Plus Activity: 25 of the 160 voucher supported EMONC facilities have ambulances, 34 have standby facility vehicles to ease referrals while other 78 are linked to nearby ambulances.

**MOH:** Out of the 324 public sector and PNFP health facilities assessed for EmONC in the 25 UNFPA-supported districts, 68% owned a functional ambulance or had access to a functional ambulance (EmONC report, November 2017).

**Issues:**

- » Fuel costs and maintenance costs of ambulances cannot be covered by the district budgets.
- » Limited availability of ambulances to HC III's affects timely referral to CEmONC levels.

**Solutions:**

- » Districts have been supported to engage the various partners in their districts to help them meet the ambulance costs.
- » Implementing partners are advocating for increased budget for health as well as better planning by the DLG to cover ambulance maintenance costs.
- » Introduce Community financing of the ambulance system in the districts
- » Encouraging facilities without ambulances to identify a locally available standby private car for hire to ease emergency referrals.

## 18. Incentive scheme for retention of health workers in hard-to reach and underserved areas (EWEC 2016) **ACHIEVED**

**IntraHealth** developed a Guideline to settle health workers; it was disseminated to hard-to reach districts and carried out induction of health workers in 23 hard-to-reach health facilities. These facilities were supported to develop Staff Retention plans. IntraHealth provided the supervisors of health workers, mentorship techniques to enable health workers settle in better. As part of staff recruitment, promotion, and performance management, gender equality is encouraged at the work place, through the use of an affirmative action statement in their job adverts (such as “Women are encouraged to apply”). **IntraHealth** disseminated findings of the sexual harassment study they had earlier conducted, to stakeholders including the districts, in order to prevent sexual harassment at the work place. They submitted the Gender and Human Rights Main-streaming Manual in the Health Sector that they had subsequently developed, to MOH for review. They also disseminated the Gender Main-streaming Guidelines to health facilities.

**IntraHealth** partnered with RHITES EC, RHITES South-west, RHITES Eastern, Baylor, Sustain, CUAMM, and Ministries (of Health, Public Service, Gender Labour and Social development, Local Government, Education)

## 19. Roll-out Results Based Financing at EmONC Health Facilities (EWEC 2016) **ON TRACK**

**MOH:** Results Based Financing (RBF) is in the initial stages of implementation. Have trained the trainers. National orientation and program launch were also completed. District orientation is scheduled for the next stage and are preparing districts for this. The Belgian Technical Cooperation (BTC)-supported RBF in Rwenzori and West Nile regions, has registered positive results in performance especially quality of care.

**Abt Associates** through USAID/Uganda Voucher Plus Activity rolled out the voucher scheme to 160 EmONC health facilities in 33 districts in East and north.

## **20. All health facilities offering ANC 4+ contacts to 45% (EWEC 2016) ON TRACK**

**MOH** has modified the standard on ANC to ensure that pregnant women access more than 4 ANC visits throughout the pregnancy, through the implementation of ANC 4+.

**FOWODE:** Motivated pregnant women in the community to go for ANC at health facilities. They in addition, monitored the availability of mama kits and assessed the infrastructure of health facilities for adequacy as well as checked records and documented their findings.

**FOWODE** partnered with Village Budget Clubs (VBC).

**Abt Associates:** through the USAID/Uganda Voucher Plus Activity, the ANC4+ contacts from supported facilities stands at 23%.

**Uganda Health Marketing Group:** 14 private facilities enrolled on ANC voucher scheme, while 135 private facilities were enrolled in activity-based financing.

## **21. All health facilities offering the first ANC contact before 4th month of pregnancy (EWEC 2016) ON TRACK**

**CUAMM** implemented a UNICEF project where all health facilities in Karamoja were encouraged through the VHTs for pregnant women to attend ANC early. There was also community dialogue and service provider sensitization. CUAMM partnered with MOH and District Local Government.

**Uganda Health Marketing Group:** A total of 149 private health facilities are offering this service.

**Issues:**

- » Some pregnant women are not responsive owing to cultural practice, they take long to declare a pregnancy and will only do so when it is visible.

**Solutions:**

- » This is being addressed by recruiting and engaging peer mothers to encourage other mothers to attend ANC early.

## **22. All health facilities offering eMTCT services (EWEC 2016) ON TRACK**

**CUAMM** implemented a UNICEF project that trained health workers in eMTCT in all HC IIIs, IVs and hospitals and in selected HC IIs. In addition, CUAMM supported ordering and distribution of commodities in 7 Karamoja sub-region districts (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, Abim). Ministry of Health was also supported to conduct indicator tracking, cohort monitoring and accreditation of new facilities.

**Uganda Private Midwives Association:** HIV counselling and testing is a core activity among the services offered by UPMA members.

**Abt Associates:** Through the USAID/Uganda Voucher Plus Activity supported 94 private facilities to get assessed for ART accreditation and MOH accredited 24 of these to offer eMTCT services. In total we have 90 of the supported private facilities offering eMTCT while 57 don't because they are not yet accredited by MOH.

**Issues:**

- » Most private facilities lack the requirements for ART accreditation

**Solutions:**

- » Working with DHOs' offices to support health facilities address gaps so as to meet ART accreditation criteria.
- » Linking facilities that are not accredited to offer eMTCT to nearby accredited sites for referral purposes.
- » Collaboration with USAID RHITES to improve ART service in the private sector

### **23. Universal access to LLINs by all families (EWEC 2016) ACHIEVED**

**MOH:** Distributed LLINs to all the districts of Uganda, covering households that had registered with the people running the activity; the distribution targeted women and children under-fives years of age.

**AMREF:** Procured and distributed 240 LLINs to refugee households in response to the refugee crisis in Adjumani district.

**FOWODE** followed up health facilities to ensure that all maternity beds had nets during the monitoring visits by the VBCs.

**UPMB** Mothers are given LLINs during pregnancy and Labor.

### **24. Number of SDPs providing FP services (EWEC 2016) ON TRACK**

**PSI/ Uganda** strengthened the capacity of 178 Profam franchise of private clinics to offer Long-Acting and short-term methods of family planning, countrywide. Through enhanced public sector engagement, PSI also supported 272 public facilities to provide LARCs.

While **Uganda Health Marketing Group (UHMG)**, strengthened capacity of 356 private service delivery points to offer both short and long term FP services.

**Abt Associates** through USAID/Uganda Voucher Plus Activity supported 130 facilities to offer FP services in the project districts.

**Well Share International** facilitated 257 VHTs to actively provide community based FP in 2 districts (Kumi and Iganga).

**EngenderHealth:** Support 17 health facilities in 6 districts to provide comprehensive family planning services.

## **25. All HC IIIs, IVs and Hospitals offering LARCs (EWEC 2016) ON TRACK**

**UHMG** strengthened capacity of 356 private service delivery points to offer both short and long term FP services

**PSI/ Uganda** strengthened capacity of 272 public facilities to provide LARCs yielding 10,259 IUD insertions in quarter 2 of 2017/18, and of private franchise clinics in LARCs yielding 14,477 IUD insertions.

Members of the **UPMB** have been trained on LARCs.

## **26. Service providers trained on provision of LARCs and PMs by level of care (EWEC 2016) ON TRACK**

**MoH** with support from partners supported the training of 3,000 health workers at HC III and IVs across the country in the provision of LARCs esp Implants during the transition from Implanon Classic to Implanon NXT.

**PSI** trained 24 service providers in public facilities in PPIUD insertions (11 providers from Health Centre IV, 10 from HC III, and 3 providers from hospitals). Trained 14 private clinic providers in PPIUD insertion. Lack of inclusion of the PPIUD indicator in the HMIS to track service delivery is a hindrance in data management. PSI through the TWG meeting has continued to advocate for inclusion of PPIUD in the national HMIS

Limited number of providers trained in PPIUD yet it's one of the high impact practices.

**JHPIEGO** developed the Low-dose High-frequency (LDHF) training curriculum for Implant removal. Contributed to the expansion of Family Planning choices by:

- Training 19 district trainers on high quality Implant removal, how to conduct clinical mentorship and supportive supervision in 6 districts in South-Western region (namely, Kabale, Ntungamo, Rukungiri,

Rukiga, Rubanda and Ibanda)

- Training FP front-line workers, using the LDHF approach on the standard technique for Implant removal and side effects management in a bid to improve quality of FP service delivery in 63 public sector health facilities in South-Western region (Kabale, Ntungamo, Rukungiri, Rukiga, Rubanda and Ibanda).
- Providing to 63 public sector health facilities Implant removal equipment and training models for providers to use during practice and in cascading the skills acquired through continuous medical education (CME).

Sustainability of the program on capacity building of service providers on Implant removal and side effects management is a challenge. JHPIEGO has been engaging other stakeholders in the private sector to also support similar intervention.

**FHI360** By October 2017, had trained 176 providers ( Midwives, clinical officers and nurses) in 5 districts ( Kamwenge, Dokolo, Ssembabule, Lira, and Mityana) on comprehensive FP methods including the new contraceptives ( Implanon NXT and DMPA Subcutaneous).

**Abt Associates** through USAID/Uganda Voucher Plus Activity trained 119 private health workers on LARCs from HC IIIs, 5 from HC IVs & 8 from Hospitals.

**UHMG** trained 124 providers in the private sector clinics on LARCs, and 15 ToTs on Implanon NXT.

**EngenderHealth:** Supported MOH to revise the Basic Skills Curriculum on Comprehensive FP Training Manual, after which they developed the Uganda Long-Acting Reversible and Permanent Methods of Contraception - National Implementation Plan 2017-2020. EngenderHealth in addition, trained FP service providers in

Comprehensive Family Planning including LARCs including Implanon NXT. They provided Equipment for FP service delivery including PPIUD equipment, as well as trained midwives on Post-partum IUD (PPIUD) and Post-partum Family Planning (PPFP). The organization conducted on-site follow-up, mentoring and coaching to service providers. Built capacity of facilities to provide integrated family planning services at static and outreach points. They created health facility/youth/community linkages and referrals. They in addition trained Medical Officers on Tubal Ligation and Vasectomy.

**CHAI:** Trained 1,000 HWs on Implanon NXT in Northern Uganda, Central 1, Central 2 and Western Uganda.

**UPMB:** Facility staff have been trained on long acting and reversible, with support from other partners like Profam

**Issues:**

- » Mobilizing clients for live insertion
- » Mobilizing trainees in hard to reach areas, e.g. certain rural and island districts
- » Parallel programs that seek to engage health workers affect attendance/completion of trainings
- » Sustainability of the program on capacity building of service providers on Implant removal and side effects management.

**Solutions:**

- » Align OJT with FP client days and outreaches (e.g. Marie Stopes, PACE)
- » Involve district FP leaders in planning and mobilization, adequate logistical support to trainees.
- » Align training plans with district plans to ensure minimal disruption.

## **27. Implementation of the Adolescent Health Strategy (EWEC 2016)**

### **ON TRACK**

**FOWODE** sensitized, mobilized and engaged the community in Mityana district to demand for the right standards. Lobbied through the Village budget clubs for capacity building of health workers especially those

that have a linkage with Youth-friendly services. Are advocating for the Youth-friendly corners in health facilities.

**DSW** trained 256 peer educators in Tororo, Busia, Mukono, Kampala, and Wakiso. Trained them in SRHR, leadership, entrepreneurship, Life skills. They have been able to cascade this information to other young people who are now able to reach out to other community members. . Countrywide now have over 72 clubs for SRHR. Out of these, 4 people from each club were trained and these are now reaching out to 30 of their members (making a total of 2160 members reached) among the club members. Are using a model used before.

DSW has in addition, a civic engagement component under which there are community champions that support young people. Altogether there are about 200 community action committee members.

**Naguru Teenage Centre** carried out campaigns to advocate for universal human rights covering young people. The organization further advocated for a resolution on the question of age of consent intended to improve access for adolescents and young people to sexual and reproductive health services and thereby contribute to ending early marriage. Naguru Teenage Centre in addition, set up a toll free number (0800311222) to enable young people obtain answers to all their health related questions. (Ref: <https://www.facebook.com/NTIHC/> ).

**CUAMM** with support from UNICEF supported adolescent groups in 7 Karamoja sub-region districts (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, and Abim) to meet and discuss/ share views as well as obtain new information on adolescent issues. Supported U-reporters (a group of youth that send anonymous messages to MOH on challenges they face in accessing health services – they get feedback on what to do. Supported teenage mothers to meet and discuss and encourage each other to attend ANC. CUAMM in addition, supported youth corners in health facilities.

**CHAI** partnered with **Reach A Hand Uganda, Reproductive Health Uganda, Straight Talk Foundation, School Net Uganda, Uganda Young Positives, Uganda Network for Young People Living with HIV/AIDS, Mama's Club, Family Life Education Program, Restless Development, AMREF and UNESCO** to jointly implement the Access Knowledge and Services program for the youth; with the aim to improve knowledge on SRHR through awareness-raising and comprehensive sexuality education and to increase the accessibility and quality of sexual and reproductive health services.

**Uganda Catholic Medical Bureau (UCMB)** sensitized 3400 youth on family planning during the annual national youth conference in Kabale. Well Share International finalized an end-line assessment report on ASRH services in Iganga and Kumi districts.

**Plan International Uganda** participated in the consultative meetings on the adolescent health strategy.

**Uganda Health Marketing Group** has supported 23 youth groups and have trained 50 facilities in the private clinics on Youth friendly service provision

**CARE International in Uganda** conducts Youth Friendly services for both the refugees and host communities in the refugee settlements of West Nile.

**UPMB:** Implement youth-friendly service with support from projects like NESH

**EngenderHealth:** Trained health workers on youth-friendly services and 15 Peer Educators in 2 districts. EngenderHealth initiated youth-focused outreaches using youth-friendly health workers and Peer Educators to clarify fears, myths and rumours, as well as offer counselling and family planning services. They also involved Youth Organized groups to

develop their skills.

**FHI 360:** APC is working with youth in Northern Uganda on the use of mobile technology for reproductive health. This includes using an SMS-based program to provide information about sexual and reproductive health.

The perception of communities on FP and contraceptives, is mingled with myths and misconceptions. Access to some health services by the youth is surrounded by stigma. There is low male involvement.

- » Certain Health facilities do not receive PHCs and are therefore unable to set up Youth-friendly corners (e.g. Butangasi HC II a public facility in Busia).
- » Limited support for adolescent health program

**Solution:**

- » Continuous sensitization; allow sharing of experiences, bring experts from the districts to speak to the community.
- » Are lobbying for coding of these facilities so that they can get PHC funds.
- » MOH to allocate more funding towards adolescent health service provision.

**28. All HCs implementing Integrated Management of Newborn Child Illnesses (IMNCI) (EWEC 2016) ON TRACK**

**UHMG** strengthened 276 facilities in the private sector to offer Integrated Management of Newborn Child Illnesses IMNCI.

**AMREF:** In response to the refugee crisis in Adjumani district, AMREF trained 20 health workers in IMNCI.

**29. Availability of ORS and Zinc for prevention of diarrhea at all levels of care (EWEC 2016) ON TRACK**

**UNFPA** supported the GFF quantification and procurements in support of the Uganda Reproductive, Maternal, and Child Health Improvement Project (URMCHIP).

**Plan International Uganda** supplied ICCM kits in 4 districts (Lira Kamuli, Tororo and Buyende) during the period July-December 2017.

**UHMG** has supported availability of ORS and Zinc for prevention in 276 private clinics

**UPMB** ensures availability through the routine supervision.

### **30. Implementation of the community based IMNCI (EWEC 2016)** **ON TRACK**

**AMREF:** Responded to the refugee crisis in Adjumani district, by procuring anti-malarial medicines for use by community health workers.

**Plan International** trained 24 health workers in IMNCI from Buyende district.

### **31. Strengthen the routine immunization services with focus on low coverage districts (EWEC 2016)** **ON TRACK**

**AMREF:** Supported integrated outreach immunization activities on a monthly basis. A total of 31861 beneficiaries have been reached. Collaboration was done with district health teams.

**Plan International Uganda** (PIU) supported the immunization outreaches in the health camps and in all our outreach activities and reproduction of child health cards, and followed up on those who have missed immunization schedules.

**Abt Associates** through USAID/Uganda Voucher Plus Activity created immunization linkages for private facilities to access vaccines from nearby govt facilities to ease access to immunization at lower facilities.

**Issues:**

- » Limited PHC funding to support immunizations for school-based outreaches.
- » In general data on the Child health indicators is not available to track the related Commitments
- » Many private facilities have no access to cold chain

**Solutions:**

- » MOH Child division should mobilize funds to support school-based outreaches.
- » MOH Child division to avail data on the Child health-related indicators to monitor the related commitments regularly.
- » Working with DHOs to link such facilities to pick vaccines using vaccine carriers from nearby govt facilities.
- » Districts supporting some of the facilities with cold chain equipment especially fridges whenever there is an opportunity.

**32. Supplementary immunization activities for routine vaccines conducted (EWEC 2016) NOT ACHIEVED**

*Information not available for this reporting period.*

**33. Scale up of the introduction of new vaccines ( EWEC 2016) ON TRACK**

**CHAI:** Contributed to the improvement of Pneumococcal vaccine (PCV) uptake by supporting diagnostic and mentorship visits among districts reporting low coverage rates. CHAI worked with NMS to improve supply chain tracking and forecasting processes.

Human Papilloma Virus (HPV) vaccine second dose coverage was improved by supporting development of a coverage improvement plan and helped the government secure 700KUSD in funding for its implementation. CHAI also supported diagnostic and mentorship visits among districts reporting lowest coverage rates of the second dose. Rota vaccine introduction was supported through introduction of preparatory activities, namely, budget revisions, updating of timeline, introduction guide/field manual development.

**CHAI:** Supported mentorship meetings to improve integration of HPV vaccine within the routine immunization.

**Issues:**

- » Multiple conflicting activities resulting in de-prioritization of key deliverables and meeting of action items within required timeframes.
- » Global Rota supply shortage and delayed disbursement of the Rota vaccine introduction grant resulting in rescheduling of Rota introduction date to mid-2018.

**Solutions:**

- » Worked with UNEPI PM to ensure planned activities stay on track
- » Worked with both Global team and GAVI counterparts to expedite negotiations on grant disbursements and to secure supply for Uganda ahead of introduction.

**34. Demand for FP services (EWEC, 2011) ON TRACK**

**FHI 360** under the Communication for Health Communities (CHC) project funded by USAID through the OBULAMU campaign. The OBULAMU Campaign is a series of innovative health communication interventions that makes health an integral part of people's daily lives, making it easy to talk about health issues relevant to the audience's context. Additionally, it seeks to position health in a fresh way that addresses barriers to behavior change, head-on with questions instead of messages, coupled with skills building to engage in dialogue, and turning such dialogue into action. OBULAMU contributes to the reduction in total fertility, maternal and child mortality. The OBULAMU campaign is being implemented with support from Ministry of Health and other Implementing Partners.

**Population Services International/ Uganda** conducted a mass media campaign on 17 radio stations across the country, to promote use of LARCS (in particular IUDs) and Chlorhexidine for newborn cord care. PSI further facilitated 350 community health workers all over the country to do health education on family planning and cervical cancer. They supported 64 public facilities in demand creation activities by facilitating community health workers to do door to door family planning education and also employ the use of megaphones to create

awareness on family planning availability.

**Abt Associates** through USAID/Uganda Voucher Plus Activity conducted VHT community sensitization events, door to door mobilization, referrals to care for those interested in FP and distributed vouchers to poor pregnant women including postpartum FP. In addition, built capacity of 160 health facilities to offer comprehensive FP services to voucher clients.

**FOWODE:** Through the Village Budget Clubs (VBGs), FOWODE monitored the uptake of FP at some public facilities (in Busia and Mityana districts). They also engaged the family or male champions on FP and the VBCs to sensitize the community on FP. They encouraged service providers at the health facility sensitize clients on FP. Some facilities have put in place specific days for FP.

**UPMA** offers Family Planning services at subsidized prices, thereby rendering FP services affordable.

**Plan International Uganda** contributed to demand creation for FP services through community awareness, Male Action group involvement, and support to integrated community outreaches. In addition, built capacity for peer educators, and established teen clubs and male action groups that will play vital role in increasing knowledge and empowering young people, women and men against unwanted pregnancy, HIV and STI, including family planning services. PIU also supported integrated community and home-based outreaches where MNCH including Sexual and Reproductive Health information and services are offered. With a focus on the poor, marginalized, under-served and socially excluded communities. Those services include family planning, information on maternal and child health, and Sexually Transmitted Infection (STI) and HIV treatment, prevention and care.

**Uganda Catholic Medical Bureau:** strengthened skills of 74 health care workers in client centered counseling approach in family planning to enhance informed choice counseling. In total, 7500 clients accessed family planning methods i.e. Standard days method with cycle beads, Lactational Amenorrhea method, Two Day method and Billings Ovulation Method. While 2043 male accessed FP counseling with their female partners.

**Uganda Health Marketing Group:** Demand generation activities are being conducted country wide through mass media and Inter-personal communication (IPC).

**HEPS Uganda:** With support from Planned Parenthood Global (PPG), HEPS Uganda held community dialogue meetings in 10 sub-counties (5 in Kiboga and 5 in Isingiro) using the Community Scorecards from which they developed action plans.

**UYAHF:** worked in partnership with Uganda Parliamentary Forum on Youth Affairs, and the Uganda Women Parliamentarians Association, to hold an open house panel session and dialogue on the International Day of the Girl on 10<sup>th</sup> of October 2017. The theme was “When She decides, the world is stronger, better and safer”. The focus was on adolescent contraception, sexuality education to address Uganda’s skyrocketing teenage pregnancy. They also conducted a meaningful youth participation (MYP) training aimed at sharing understanding MYP as a platform value, setting concrete agreements on how different organizations and working group within the platform will operationalize MYP and adult partnerships.

**Issues:**

- » Limited budget for demand creation activities.
- » FP Knowledge and skills gaps among private providers

**Solutions:**

- » Explore low cost approaches for demand creation e.g. involving more stakeholders such as the district counsellors to talk about FP, community dialogues to talk about FP and engage the youth.
- » Training providers in comprehensive FP skills

### 35. Implementing the SBCC strategy for increasing demand (Renewed FP2020) **ON TRACK**

**PSI/ Uganda** worked with MOH and other partners to develop 30 key messages on Family Planning, Maternal and Child Health, and Cervical Cancer. These messages were uploaded onto Airtel's 161 services and are available to all Airtel subscribers in voice and text format. Bottleneck has been low demand for the service. PSI/ Uganda is planning for an awareness campaign to increase utilization of the service.

**FOWODE:** Engaged the family or male champions on FP and the Village Budget Clubs (VBCs) to sensitize the community on FP.

**JHPIEGO:** Held community dialogue through radio, Village Health Teams and religious leaders on myths and misconceptions on Family Planning in South-Western region (Kabale, Ntungamo, Rukungiri, Rukiga, Rubanda and Ibanda). Have also mobilized communities on availability of services on Implant removal and client counselling on FP.

**CUAMM** with support from UNICEF held radio talk shows in 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani) and Kiryandongo district and conducted community dialogue on Family Planning in 7 Karamoja sub-region districts (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, and Abim).

**Uganda Catholic Medical Bureau:** Reached 20,917 people with Family planning messages through Community outreaches, health talks at the facilities, and health talks in places of worship.

**Youth Alive:** Conducted community outreaches using health camps and integrated sports galas. Provided education talks and distributed condoms.

**FHI 360** under the Communication for Health Communities (CHC) project funded by USAID through the OBULAMU campaign. The OBULAMU Campaign is a series of innovative health communication interventions that makes health an integral part of people's daily lives, making it easy to talk about health issues relevant to the audience's context. Additionally, it seeks to position health in a fresh way that addresses barriers to behavior change, head-on with questions instead of messages, coupled with skills building to engage in dialogue, and turning such dialogue into action. OBULAMU contributes to the reduction in total fertility, maternal and child mortality. The OBULAMU campaign is being implemented with support from Ministry of Health and other Implementing Partners.

**Issues:**

- » Limited budget for BCC activities.
- » Sustainability of the program on capacity building of service providers on Implant removal and side effects management.

**Solutions:**

- » Are implementing low cost approaches e.g. involving more stakeholders such as the district counsellors sensitizing community on FP, community dialogues on FP, engaging youth in peer education.
- » Engaging other stakeholders in the private sector to also support BCC activities.

**36. Expanding the cadres of skilled workforce to provide quality FP services and methods, including long acting and reversible, and permanent contraceptives (EWEC 2016) NOT ACHIEVED**

*No information collected for the period.*

**37. Develop a comprehensive multi-sectoral plan to tackle nutrition problems in the country (EWEC 2016) NOT ACHIEVED**

*Current Multi-sectoral plan has expired.*

**Issues:**

- » The multi-sectoral plan on nutrition of 2011 – 2016, has expired. It is recommended that this plan is renewed.

**Solutions:**

- » It is recommended that this plan is renewed.

**THEMATIC AREA 3: POLICY**

**1. Implement task sharing policy (Renewed FP2020) ON TRACK**

Task shifting Guidelines are still in draft stage. **MOH** is partnering with **National Population Council (NPC)**, and **World Health Organization (WHO)** in working on this.

**2. Declassification of Injectable Contraceptives (Old FP2020) ON TRACK**

In July 2017, the NDA approved a plan that will allow licensed and accredited private drug shops to stock and administer injectable contraception beginning in 20 districts (Agago, Pader, Dokolo, Oyam, Sironko, Budaka, Butaleja, Bugiri, Busia, Mayuge, Kasese, Kyenjojo, Kamwenge, Ntugamo, Rukungiri, Kanungu, Nakasongola, Luweero, Ssembaule and Kayunga). This policy change makes Uganda the first country in Africa to support drug shops' provision of the most popular family planning method on the continent. This has been as a result of advocacy efforts of taskforce chaired by Ministry of Health, and FHI 360 as secretariat. Other taskforce members included NPC, Jhpiego, Marie Stopes, RHU, UFPC, UHMG, Path and NDA.

**3. Regulation, oversight, and cohesion on training of Health Care Workers including in the provision of new methods (Renewed FP2020) ON TRACK**

The RH division in partnership with IntraHealth and with support from the Clinton Health Access Initiative (CHAI) embed the iHRIS system into routine processes for capturing and storing HR and training data.

Through this, developed a HR train and upload template, alongside a short training manual for the partners to use.

**4. Prioritize efforts geared towards harnessing the demographic dividend (Renewed FP2020) ON TRACK**

Uganda developed a demographic dividend strategy titled “Achieving the Demographic dividend in Uganda: Strategy to accelerating attainment of the Uganda Vision 2040 targets”. The political leadership in Uganda at the highest level (President) has on several public meetings talked about the need to practice family planning. The demographic dividend is one of the focus areas of the National Population Council.

**5. Commit to prioritize young people in Uganda’s development agenda. (Renewed FP2020) NOT ACHIEVED**

*No information collected for the period.*

**6. Service delivery standards amended to widen services at HC IIs (UNCoLSC, 2013) NOT ACHIEVED**

The role of HC IIs in implementation of health care is not clear at this point.

**7. Policy on task shifting/ sharing in place (UNCoLSC, 2013) ON TRACK**

Task shifting Guidelines are at draft stage. **MOH** is partnering with **National Population Council (NPC)**, and **World Health Organization (WHO)** in working on this.

**8. Research conducted and findings disseminated (UNCoLSC, 2013) ON TRACK**

**FOWODE** partnered with Planned Parenthood Global (PPG) to conduct a study on value for money in regards to investment in Family Planning and usage of Family Planning. The study was intended to come up with recommendations regarding budgetary allocation to Family Planning.

**UYAHF:** In collaboration with the National Population Council (NPC) and with support from Right Here Right Now Uganda platform, UYAHF held a national youth symposium for over 150 young people

and adolescents to engage effectively in high-level policy advocacy. It was intended to support domestication and implementation of various regional and national policy and program frameworks. The workshop brought together youth leaders in civil society, academia and political spheres, young people in and out of school adolescent mothers, representatives from national population council secretariat, UNFPA, Members of Parliament, National planning authority, Right Here Right Now platform members.

**HEPS-Uganda** in partnership with GAPP grantees convened a national meeting to share the monitoring results with stakeholders, facilitate dialogue and agree on the key actions required to address the persistent stock-outs. The meeting was attended by 74 representatives of different stakeholders, including Members of Parliament (MPs) Ministry of Health, **National Medical Stores (NMS)**, other national medicine warehouses, health care providers, community members, persons living with HIV (PLHIV), and civil society activists, among others.

**9. CME guidelines updated and health workers mentored (UNCoLSC, 2013) NOT ACHIEVED**

*No information reported.*

**10. Current pre-service training curriculum updated (UNCoLSC, 2013) NOT ACHIEVED**

*No information reported.*

**11. Implementation of National Sexuality Framework (EWEC 2016) NOT ACHIEVED**

*No information reported.*

**12. Implement gender-responsive policies (EWEC 2016) ACHIEVED**

**FOWODE** is partnering with **CSBAG**, committees (in Health, Education), and **UWOPA** in doing research and producing a gender audit of the District budget framework papers (in the districts of Napak, Mityana, Masindi, Amuria, Luweero, Busia, Kabale, Rukungiri, and Lyantonde).

The data collected is taken for validation with stakeholders (Equal Opportunities Commission (EOC), relevant Ministries this time was on Education and Health).

**MOH PLANNING DEPARTMENT** is implementing the Gender and equity budgeting. All Government sectors had officers trained on Gender and Equity budgeting including 4 officers from MOH. Public Finance Management Act (PFMA), originated from the Ministry of Finance and requires that every Ministry, Department and Agency, of Government specifically budgets for gender equity. **MOH** partnered with IntraHealth, Ministry of Gender, Labour and Social Development, Human Rights Commission, UN Office of Human Rights (OCHA). Stumbling block is getting consideration from Top Management for them to be cleared for use in the sector. **MOH** is coming up with Technical Guidelines on Reduction of preventable Maternal Mortality and Morbidity. They partnered with UN Office of Human Rights (OCHA).

**Issue:**

- » Some district officials feel that revealing information on budgets would be exposing them.

**Solution:**

- » Give the districts assurance that the information will not be used against them.

### **13. Multi-sectoral partnerships strengthened (EWEC 2016) ON TRACK**

**CUAMM** is partnering with **DLG** and district-based partners in working with Agricultural sector partners to develop a proposal for promotion of child nutrition. With support from UNICEF, facilitated the multi-sectoral plan development in 7 districts in Karamoja sub-region and 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani).

**Uganda Catholic Medical Bureau.** 143 Religious leaders (Catholic priests, Anglican Priests, Muslims, Pentecostal, orthodox) attended Family advocacy workshop.

**Issue:**

- » Diversity of partners with specific sectoral interests leading to delayed engagement.

**Solution:**

- » Advocacy and sensitization

#### **14. Development of gender and human rights policy guidelines in health (EWEC 2016) ON TRACK**

**MOH** partnered with **IntraHealth**, **Ministry of Gender**, Labour and Social Development, Human Rights Commission, **UN Office of Human Rights (OCHA)**. Planning department of MOH is spearheading the ongoing gender and equity budgeting, which was extended to cover all sectors of Government. People trained included all sectors of Government including 4 officials from the Ministry of Health. They were instructed on gender and equity budgeting and Public Finance Management Act (PFMA). **Ministry of Finance** requires every Ministry Department and Agency of Government to budget specifically for gender equity.

**MOH** has developed Sexual harassment prevention and response guidelines for the health sector which has been cleared by the Senior Management Committee and Health Policy and Advisory Committee. The MOH has in addition, finalized a Gender Health and Human Rights Training manual for health professionals and has been cleared by the senior Management Committee and Health Policy and Advisory Committee as well.

**Plan International** supported the Ministry of Health in the review of the peer educator's manual to facilitate age appropriate and gender sensitive information.

*Mainstreaming gender in human resource management guidelines* were also developed and has been cleared by the Senior Management Committee and Health Policy and Advisory Committee.

**MOH** partnered with UN Office of Human Rights (OCHA) in coming up with Technical Guidelines on Reduction of preventable Maternal Mortality and Morbidity.

**Issue:**

- » One stumbling block encountered is getting consideration from Top Management of each Ministry to establish and implement a gender and rights policy in the sector.

**Solution:**

- » Each Ministry to have and to clear a gender and human rights policy guidelines.

#### **THEMATIC AREA 4: ACCESS TO ESSENTIAL MEDICINES**

##### **1. Generation of accurate data to improve quantification, procurement, and distribution of commodities through both the National Medical Stores and the Alternative Distribution System (ADS) (Renewed FP2020) ON TRACK**

###### **Ministry of Health stock status report (December 1, 2017):**

According to this report, most of the reproductive health commodities were stocked-out at NMS except for safe delivery maternity kit and misoprostol.

As at December 31, 2017, **UHMG** had low stock level of Depo-Provera and stock-out of Misoprostol, Combined oral contraceptives, Maama kits, MVA Kits, and Emergency contraceptives. In the pipeline, there were female condoms and emergency contraceptives for the Alternative distribution channel. For Social Marketing under the USAID/SMA Project, UHMG had sufficient stocks for male condoms, Depo-Provera IM, and Combined Oral contraceptives

**CHAI:** Trained 27 health workers on FP primary data recording, use for quantification and ordering across 11 PNFP Health Centre IIs and Health Centre IIIs. Furthermore, CHAI trained 13 health workers at ACODEV and LifeNet as trainers that will cascade training down to the supported HC IIs and HC IIIs.

**AMREF:** 75 health workers were trained in drug quantification in Kyankwanzi and Nakaseke districts. AMREF collaborated with the DHT and other Local governments as stakeholders.

**Issues:**

- » Health facility staff turn-over and internal transfers resulted in gaps in skilled human resource.

**Solutions:**

- » Conduct joint periodic reviews to assess, analyze and inform on need for refresher training and mentorship.
- » Engage the DHT for skills sharing prior to staff transfer.

**2. Distribute DMPA-SQ through both public and private sector channels and scale up new innovative methods like Self injection with DMPA-SQ (Renewed FP2020) On TRACK**

Currently DMPA-SQ is being distributed through the alternative distribution system and the NMS is primed to commence distribution once the DMPA-SQ are procured and delivered to the warehouse.

**3. Review the national procurement plan every 6 months (Renewed FP2020) ON TRACK**

**CHAI:** has been the technical support together with JSI and Uganda Health Supply Chain (UHSC) project to MoH for annual review of national 3-year RMNCAH Quantification, including FP methods. Subsequently, CHAI supported the development of the RH Supply Plan and Gap Analysis for MoH, for FY17/18 and FY18/19. For the FY 2017/18, the total requirement for contraceptives is Shs. 93,743,889,702. Total funds committed for 2017/18 is UGX 37,500,187,956 by Government and UNFPA. The funding gap for FP commodities identified is 60%, to a tune of UGX 56,243,701,746 (Exchange rate of 3,694).

**Quantification and Procurement Planning Unit (QPPU):** Continually reviews the National quantification and gap analyses for the Family Planning to provide evidence for advocacy with development partners.

**Reproductive Health Uganda (RHU):** procured 623 kits of mifepristone worth UGX 40,500,000 and distributed 62 kits ending the year with a stock balance of 561 kits.

**Uganda Catholic Medical Bureau (UCMB):** distributed 56 cycle beads to health facilities

**4. Strengthen the quantification committee (Renewed FP2020) On TRACK**

The QPPU is in existence with support from the Uganda Health Supply Chain Project. The Unit has trained professionals' pharmacists in place that are well versed with the quantification and supply planning. However, the staff are project supported and not catered for within the approved MOH establishment.

**5. Include costs of warehousing and distribution of FP commodities through the Alternative Distribution System in the MoH annual budget (Renewed FP2020) ON TRACK**

The permanent secretary of the MOH has instructed the RH division and Pharmacy division to write a concept on sustainability of the alternative distribution system in order to address the long-term implication of costs of warehousing and distribution of the alternative distribution system.

**6. Create regional hubs for partners to pick products (Renewed FP2020) NOT ACHIEVED**

*No information reported.*

**7. Fast track the development of an on-line ordering system (Renewed FP2020) NOT ACHIEVED**

*No information reported.*

## THEMATIC AREA 5: LEADERSHIP, GOVERNANCE EXCLUDING POLICY

1. **Strengthen inter-ministerial and partner coordination to provide FP to high burden and hard to reach populations including (refugees, young girls, islands, mountains) (Renewed FP2020) NOT ACHIEVED**

*No information reported.*

2. **Strengthen performance management and monitoring of health workers (Renewed FP2020) ON TRACK**

As part of staff recruitment, promotion, and performance management, gender equality is encouraged at the work place, through the use of an affirmative action statement in their job adverts (such as “Women are encouraged to apply”).

**IntraHealth** partnered with the Professional Councils on rewards and sanctions to implement the automated attendance analysis in all districts; it is electronically analyzed at the districts for tracking health workers’ attendance at facilities, thereby promoting availability of health workers. Some districts are using it to pay salaries Absenteeism reduced from 50% to 11%.

3. **Regulation, oversight, and cohesion on training of Health Care Workers including in the provision of new methods (Renewed FP2020) NOT ACHIEVED**

*No information reported.*

## THEMATIC AREA 6: HUMAN RESOURCES FOR HEALTH

1. **Strengthening and scale up bonding scheme for Midwives in the hard to reach areas (Renewed FP2020): ON TRACK**

**IntraHealth** developed a Guideline to settle health workers; it was disseminated to hard-to reach districts and carried out induction of health workers in 23 hard-to-reach health facilities. These facilities were supported to develop Staff Retention plans. IntraHealth provided the supervisors of health workers, mentorship techniques to enable

health workers settle in better. As part of staff recruitment, promotion, and performance management, gender equality is encouraged at the work place, through the use of an affirmative action statement in their job adverts (such as “Women are encouraged to apply”).

## 2. Refresher training on SRH/FP/HIV/AIDS/GBV services (Renewed FP2020): ON TRACK

**Abt Associates** through the USAID/Uganda Voucher Plus Activity conducted refresher trainings for 132 private providers on FP, 247 on GBV services and 352 providers on HIV/AIDS (specifically eMTCT/Option B plus).

## 3. Improve working conditions at health facility level (Renewed FP2020): ON TRACK

**Ministry of Health, Ministry of Gender, Labour and Social Development, Human Rights Commission, UN Office of Human Rights (OCHA).** Planning department of MOH is spearheading the ongoing gender and equity budgeting, which was extended to cover all sectors of Government. People trained included all sectors of Government including 4 officials from the Ministry of Health. They were instructed on gender and equity budgeting and Public Finance Management Act (PFMA). **Ministry of Finance** requires every Ministry Department and Agency of Government to budget specifically for gender equity.

**MOH** has developed Sexual harassment prevention and response guidelines for the health sector which has been cleared by the Senior Management Committee and Health Policy and Advisory Committee. The MOH has in addition, finalized a Gender Health and Human Rights Training manual for health professionals and has been cleared by the senior Management Committee and Health Policy and Advisory Committee as well.

*Mainstreaming gender in human resource management guidelines* were also developed and has been cleared by the Senior Management Committee and Health Policy and Advisory Committee.

**MOH** partnered with UN Office of Human Rights (OCHA) in coming up with Technical Guidelines on Reduction of preventable Maternal Mortality and Morbidity.

**4. Provide risk allowances, housing facilities, rural electrification (Renewed FP2020): NOT ACHIEVED**

*No information reported.*

**5. Health Workers in hard to reach/underserved areas trained on basic EmONC (EWEC 2011) ON TRACK**

**Uganda Health Marketing Group (UHMG)** partnered with AOGU to train 205 health workers in private facilities on EmONC.

**CUAMM** with support from UNICEF trained 192 midwives on the 4 modules of Emergency Obstetrical and Newborn Care (EmONC) in 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani) and Kiryandongo. They further trained 20 midwives on neonatal resuscitation in Oyam district, together with 28 district-based Maternal and Neonatal Health (MNH) mentors on neonatal resuscitation in 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, Adjumani) and Kiryandongo.

**CARE International in Uganda** trained 30 health workers in the refugee settlements in EmONC.

**Plan International Uganda** trained health workers in EmONC in Lira, Tororo and Kamuli under the project Reach Every Mother and Child with Nutrition in Emergency (REMAC-NiE) project.

**AMREF:** Trained, in 2017 a total of 60 nurses and midwives in BEmONC from 47 supported health facilities in Kyankwanzi and Nakaseke districts. AMREF in addition, raised funds by organizing a dinner gala and invested towards training of 21 midwives and clinicians on EmONC, from all the districts of Karamoja.

**Issue:**

- » Because the training was conducted in a modular manner, it took longer time and was more costly.
- » BEmONC equipment is lacking in most health facilities thus hindering quality service provision

**Solution:**

- » The prolonged modular training will be rectified by proper timely planning with the districts.
- » MOH should procure EmONC equipment for the health facilities trained on EmONC.

## 6. Skilled health workers recruited and available in the hard to reach and underserved areas (EWEC 2016) **ON TRACK**

**IntraHealth** supported recruitment by conducting selective recruitment of health workers by funding the Service Commission in Abim district. Partnered with RHITES EC, RHITES South-west, RHITES Eastern, Baylor, Sustain, CUAMM, and Ministries (of Health, Public Service, Gender Labour and Social development, Local Government, Education).

**IntraHealth** also enhanced staff retention and having qualified health workers by circulating the Health supervisory Authority Guidelines to 24 districts in Central region and 14 districts in East Central region, outlining the roles of Regulatory Councils including their supervisory roles. **IntraHealth** partnered with the Professional Councils. On rewards and sanctions, IntraHealth commenced implementing the automated attendance analysis in all districts; it is electronically analyzed at the districts for tracking health workers' attendance at facilities, thereby promoting availability of health workers. Some districts are using it to pay salaries Absenteeism reduced from 50% to 11%.

**CUAMM** implemented a UNICEF project that supported 5 West Nile districts (Arua, Koboko, Yumbe, Moyo, and Adjumani), Kiryandongo, and 7 districts in Karamoja sub-region (Nakapiripirit, Kaabong, Kotido, Napak, Amudat, Moroto, Abim) to improve their human resource planning and recruitment processes. CUAMM also supported recruitment of 3 Medical Officers at HC IVs in Nakapiripirit, Kaabong

and Kotido districts, 2 midwives in Amudat district, and in Anyeke HC IV (Oyam) – recruitment of 3 midwives, 1 Medical Officer and 1 Anaesthetist.

**Uganda Private Midwives Association (UPMA)** provides quality sexual reproductive health and rights for the communities especially the hard-to-reach by offering RH services at a subsidized affordable cost.

**Abt Associates** through USAID/Uganda Voucher Plus Activity puts strict emphasis on facility managers recruiting qualified midwives to provide EMONC services as pre-requisite for enrollment in the Voucher scheme.

**Reproductive Health Uganda (RHU)** has placed skilled workers in the RHU clinics located in hard to reach areas. They work with the VHTs to serve the local community.

**CARE International in Uganda** recruited 12 midwives in the HFs serving the refugees and host communities. The numbers of midwives is still inadequate given the influx of refugees. CARE continues to seek for support to strengthen this area.

Health facilities that are supported by **Uganda Protestant Medical Bureau (UPMB)** carried out staff recruitment on their own, however, UPMB supervised and supported the process, and also recommended the most appropriate cadres based on the MOH guidelines.

#### Issues:

- » Lack of funds at the district level; district commitments sometimes not happening on time.
- » Absorption of recruited service providers not happening due to the Central Government wage ceiling.
- » Recruitment is rather slow.
- » Districts in need of staffing do not plan in time.
- » Failure to attract some cadres of service providers because of unfavorable conditions.
- » District commitment sometimes does not happen on time.
- » High expectations from Implementing and Development Partners by the districts
- » Provider attrition and moonlighting

#### Solutions:

- » Continuous follow-up and collaboration with other partners.
- » Advocacy with the Ministry of Finance by the Ministry of Health.
- » Advocacy and facilitation of meetings to plan for recruitment.
- » Collaboration with other partners for support.
- » Robust monitoring, Community-facility linkages to encourage community accountability mechanisms
- » Hotline services for clients to report missing cadres

## 7. Health Workers in hard to reach/underserved areas trained on basic EmONC (EWEC 2011) **ON TRACK**

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