

ADVANCING PARTNERS & COMMUNITIES PROJECT SUMMARY SERIES

Increasing Access to Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

JULY 2018

Chapter Four: Developing and Executing Uganda's Costed Implementation Plan for Family Planning

The costed FP CIP is \$235 million USD for 2015–2020—around \$39 million annually. This plan will increase the number of women in Uganda using modern contraception from approximately 1.7 million users in 2014 to 3.7 million in 2020.

BOX 1: FP CIP 2015–2020 STRATEGIC PRIORITIES

1. Increase age-appropriate information, access, and use of FP among people ages 10–24 years
2. Promote and nurture change in social and individual behavior to dispel myths and misconceptions, counsel on side effects, and improve acceptance and continued use of FP to prevent unintended pregnancies
3. Implement task-sharing to increase FP access, especially for rural and underserved populations
4. Mainstream implementation of FP policy, interventions, and delivery of services in multi-sectoral domains to contribute to social and economic transformation
5. Improve forecasting, procurement, and distribution, and ensure full financing for commodity security in the public and private sectors

Background

With one of the fastest annual rates of population growth globally (3.3 percent) and nearly half of its population under age 15, Uganda faces major obstacles in meeting the health needs of its largely rural population. While the total fertility rate has declined from 7.4 births per woman in 1988 to 5.4 births per woman in 2016 (DHS 2016), it remains one of the highest in eastern and southern Africa. Nearly 7 in 10 married women in Uganda (67 percent) have a demand for FP, yet only 35 percent of them are using a modern method of contraception.

As part of the Uganda country commitments to FP2020, which calls on governments to address the barriers to accessing contraceptive information, services, and supplies, the Government of Uganda (GOU) aims to reduce unmet need for family planning (FP) to 10 percent and increase the modern contraceptive prevalence rate to 50 percent by 2020. In 2014, the GOU and partners came together to create the FP Costed Implementation Plan (CIP), a multi-year action plan that outlines the strategies and resources needed for achieving and monitoring the implementation of Uganda's progress toward these goals. The Advancing Partners and Communities (APC) and Health Policy Project, both funded by USAID, and UNFPA supported the GOU to define the FP interventions and required costs, and monitor the implementation of the FP CIP.

This brief summarizes APC's support in the development and execution of the FP CIP. APC is led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda.

FP-CIP Development

The APC team participated in the FP-CIP development process through the technical support team, which identified strategic priorities and activities and estimated costs through an inclusive decision-making approach that included the Ministry of Health (MOH), development and implementing partners, civil society organizations, advocates, and beneficiaries. This country-driven process included a comprehensive situational analysis. To meet the key strategic priorities in the FP CIP (see Box 1), all activities in the FP CIP are structured around six essential thematic areas:

1. Demand creation
2. Service delivery and access
3. Contraceptive security
4. Policy and enabling environment
5. Financing
6. Stewardship, management, and accountability

The President of Uganda officially launched the CIP in November 2014.

FP-CIP Execution

APC technical and operational support covered two key areas:

- *District FP-CIP action planning*
- *Performance monitoring plan (PMP) development and implementation*

District FP-CIP Action Planning

TAPC worked with 10 districts (Agago, Budaka, Busia, Butaleja, Kayunga, Kyenjojo, Luweero, Oyam, Pader, and Sembabule) create FP-CIP action plans that specify how the districts will respond to national FP-CIP priorities and thematic areas.

APC facilitated regional workshops that enabling multiple districts to discuss experiences and potential activities. During these workshops, district teams assessed key FP data their district, including maternal and infant mortality, teenage pregnancy, and fertility rates; unmet need for contraception, and modern contraceptive rates. Key outcomes from the action planning activity were district-level budgetary commitments to FP activities and advocacy for joint work plan development. District CIPs have been embraced by political and faith leaders and implementing partners.

After each district FP-CIP plan was launched, a district technical working group was created to follow and monitor implementation progress. With support from APC, all 10 district implementation teams committed to participating in quarterly review meetings at which government and implementing partners share activity reports, discuss challenges and lessons, and set objectives for the upcoming quarter.

PMP Development and Implementation

APC has played a pivotal role in supporting the MOH to develop and implement the FP-CIP PMP. APC facilitated the development of impact, outcome, and output targets for FP-CIP thematic areas and their corresponding activities based on past data, trends, modeling, and stakeholder input. The PMP ensures that

the districts and GOU are actively monitoring FP-CIP execution activities and course-correcting as needed. The aims of the PMP are to:

- Track results and resource flows informing implementation and resource gaps.
- Engage stakeholders to focus on and account for results.
- Support informed decision-making to improve implementation performance and resource mobilization efforts.
- Encourage accountability to report on progress with goals and global commitments.
- Facilitate work plan adaptations and collective learning.
- Measure output-level results against performance targets, including expenditures against financial resource targets

APC helped the MOH host national stakeholder meetings in 2016 and 2017 to monitor FP-CIP performance using the PMP as a guide. Discussions focused on the FP-CIP progress reports, latest results on population-level indicators, sharing insights from budget tracking and advocacy, introducing new tools or resources, and sharing achievements and lessons learned.

In partnership with the GOU, APC created a web-based performance monitoring database to actively monitor PMP implementation. The database can track resource expenditures, plan performance, and monitor financial commitments made by implementing partners and funders. Key features of this open-source system include:

- Planning/commitment portal
- Quarterly reporting (including activity narratives, indicator progress, and formal report submission)
- Annual joint planning
- Reports on specific FP-CIP activities by geographic area
- Foreign funding/donor reports
- Dashboard notification configuration
- A list of users and organizations, notification, and configuration (for the system administrator)

Stakeholders submit results of their contributions to projects on a quarterly basis and annual costed work plans at the beginning of each fiscal year. All partners participated in a hands-on training and demonstration of the database (i.e., how to log on to the system, update demographic information, develop a costed work plan, input quarterly data, and view a report) and participant feedback was integrated into the final version, which is housed and managed by the MOH with APC support.

FP-CIP ADVOCACY SUCCESS IN BUTALEJA DISTRICT

Before 2017, the Butaleja District Health Office did not have an FP work plan or budget. With support from the APC team, the district led a stakeholder meeting, chaired by the district's chief administrative officer, to plan and budget FP activities in FY 2017/18 that reflected the key priorities of the FP CIP. The plan was presented to the district technical planning committee and district chairperson for approval and incorporation into the district council budget. A budget for 10m Uganda shillings was approved and the district chairperson personally lobbied for additional funding from implementing NGOs. The proposal and work plan were approved. Further, to correct staff shortages, the district service commission recruited 20 additional midwives, and trained 35 village health team members to offer FP services in 3 sub-counties (with 8 additional sub-counties for FY18).



FP-CIP database training.

Credit: Frederick Mubiru, FHI 360

National Stakeholder Meeting, 2016

The development and launch of the FP CIP in Uganda was considered successful in many ways, but further support to MOH is needed to fully operationalize and realize the CIP goals. APC will continue to support national FP-CIP coordination and bi-annual review meetings. Resource mobilization for the FP CIP will form a core agenda of these reviews. APC has transferred the FP-CIP database, along with data analysis and reporting, to the MOH in collaboration with the USAID Strategic Information Technical Assistance project, but will continue to support and monitor its use. APC will continue work with five selected districts to develop and monitor the implementation of district FP-CIP plans and budgets. An output from the district process will be a best-practices handbook for FP-CIP implementation and sub-national levels that can be used by other service delivery partners in sub-national rollout of the FP CIP.



National stakeholders' meeting.

Credit: Amanda Agaba for FHI 360

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References

Lipsky AB, Gribble JN, Cahaelen L, Sharma S. *Partnerships for policy development: a case study from Uganda's costed implementation plan for family planning*. *Glob Health Sci Pact*. 2016;4(2):284–299. <http://dx.doi.org/10.9745/GHSP-D-15-00300>

FP2020. FP2020: About Us. FP2020; 2017. Available from:

<http://www.familyplanning2020.org/microsite/about-us>

Ministry of Health, Uganda. 2014. *Uganda Family Planning Costed Implementation Plan, 2015–2020*. Kampala: Ministry of Health, Uganda.

Uganda Bureau of Statistics (UBOS) and ICF. 2017. *Uganda Demographic and Health Survey 2016: Key Indicators Report*. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

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