Uganda’s Progress: 2008 –2010

Third EARHN Coordination meeting
September 3, 2010

Dr. Betty Kyaddondo
PCC/EARHN Focal person Uganda
Planned Activities

To increase awareness and support for RH among key policy and decision makers.

- Participate in the development and implementation of the regional RH Advocacy Strategy.
- RH advocacy workshops with Members of Parliament, development partners and district leaders.
- Conduct media advocacy campaigns.
- Hold Task Force meetings to coordinate and track the progress on reduction of IMR and MMR.
Planned activities cont...

Strengthen linkages and strategic partnerships with other international, regional and national institutions and civil society organizations.

- EARHN newsletter.
- RH fact sheets, brochures and policy briefs.
- Regional exchange and learning visits.
- Regional and international conventions.
- National BCC/advocacy conventions.
- Integration of population variables in district plans.
Planned Activities cont...

Enhance capacity of partner organizations to offer integrated SRHR programmes

- Source, package, document, disseminate and exchange good practices and innovative models.
- EARHN coordination meetings.
- Hold in-country coordination meetings.
- Participate in field exchange visits.
- Develop 2008 annual work plan
Facilitate the strengthening of health systems, in particular with regard to provision of RH supplies.

RHCS workshop for parliamentarians in the region.

Capacity building workshop(s) for forecasting and procurement officers.

Source, package, document, disseminate and exchange good practices and innovative models on RH commodity security.

Resource mobilization.
To strengthen EARHN’s organizational capacities, systems and structures

- Develop and implement annual work plans.
- Monitor and evaluate the work plans.
- Coordination meetings
Programme implementation

Advocacy with Good Will Ambassadors, Members of Parliament, government, development partners and CSOs.
Key RH Advocacy Issues

- Maternal health and child survival.
- Reproductive health commodities and supplies.
- HIV/AIDS programming.
- Female Genital Mutilation.
- Gender Based violence.
- Marriage Bill.
Programme implementation...

2. Corporate Breakfast (s) for Bank Executives, State Corporations, Media Houses and Industries to raise awareness of the corporate sector about the magnitude of maternal mortality and morbidity and lay strategies to build partnerships and mobilize the sector for maternal health action.

3. Increased media sensitization and reporting on salient RH issues nationwide.

4. Partnered with leading musicians and young people to join forces for Safe Motherhood (WRA, CARMMA launch etc.)
Established a coordinated procurement planning:
- Develop annual Contraceptive Procurement Tables and review them on bi-annual basis.
- Regularly track progress on Contraceptive Procurement Tables commitments from Government and donors/development partners.
- Established a functional condom testing Unit

Developed national strategies that support RHCS:
- Roadmap for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality
- 5-Year costed RHCS Strategic Plan, which includes misoprostol for Post partum hemorrhage
• Regional high level policy advocacy meetings on RHCS

Addressing Eastern Africa’s Dismal Health: A Call For Action
Programme implementation

• Produced and disseminated EARHN newsletter.
• Produced and disseminated RH fact sheets, brochures and policy briefs.
• Produced and disseminated RAPID Uganda to various target groups.
• MPs and RH stakeholders hosted and participated in regional and international exchange visits.
Achievements

1. Supported advocacy and policy dialogues to establish and increase maternal and child survival efforts.

2. Cooperate meetings have promoted local and international investments into maternal health through business partnerships.

3. Advocacy and capacity building efforts have resulted in the elaboration of linkages between population, reproductive health and development at district and lower government levels.

4. Aligned country wide RH interventions with health sector-wide approaches, which include the Maputo Plan of Action and the road map for accelerating the reduction of neonatal and maternal morbidity and mortality.
5. Influenced communities to change attitudes and behaviour towards improved health and well being, through FP Champions, FBOs, Village Health Teams and the media.

6. Expanded family planning service sites and outreaches nationwide.

7. Strengthened efforts for RHCS through capacity building for Logistics management, developing RHCS strategy and establishment of the RHCS Advocacy Network.

8. Strengthened ASRH by creating youth centres at selected health centres.
Achievements cont…

Gained government’s commitment for RH supplies

a. Established a functional budget line for RH commodities.

b. Negotiated for increased budget allocation for RH supplies.

Joined the Global RH Supplies Coalition

MOH Funding for RH Supplies in USD

<table>
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<tr>
<th>Year</th>
<th>Funding (USD)</th>
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9. Increased media coverage of population and RH issues.

Lessons learnt “Best practices”

1. Sustained political commitment is fundamental in the success of POP, DEV and RH program.

2. Multi-sectoral approach involving other ministries and sectors is essential for promotion of MCH.

3. Pro-active role of the mass media stimulates and sustains public debates.

4. Advocacy program for religious and cultural leaders is paramount for the promotion of family Planning and other RH interventions.
Lessons learnt cont…

- Active Government –NGO collaboration increases the strength of the government to bring success in programs.

- Contraceptive Commodity Security must be given due priority if family planning programme targets are to be met.

- Targeting grassroots’ communities is key in eliminating poverty.

- Women empowerment through micro credit, skill development and Functional Adult Literacy.
Constraints

- Limited in country resources for the programmes.
- Limited coverage of programmes.
- Lack of focus to ensure access of the disadvantage groups, especially in rural areas to better quality client centred services.
- Weaknesses in the HMIS.
- Societal and cultural constraints
THANK YOU