

Reflections on Maputo Plan of Action and Abuja Declaration: Uganda case

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November 28, 2011

Progress to date



- Existence of the Road Map, a tool for mobilizing resources and broadening responsibility beyond the Ministry of Health and donors.
- Has 3 central objectives: improve ANC and EmOC services, promote health-seeking behavior, and ensure the availability of family planning information and services.
- The costing reveals 16 billion shillings (\$8 million) required annually.

Achievements

1. The continental frameworks have been domesticated and popularized.
2. Strengthened partnerships and harmony between relevant MOH, MOFPED, MOES, MOLG, MOGLSD) CSOs, Members of Parliament and the media.
3. Population, family planning, maternal and child health are priority focus interventions in the NDP.
4. Improved community mobilization and empowerment through the Village Health Teams .
5. Renewed interest to cover Reproductive Health issues in the media.
6. Increased Government and donor funding for Health and specifically for FP.
7. Improved clarity and inclusion of stakeholders in the accountability mechanisms.

Lessons learnt

1. Partnerships vital in successful programmes.
2. District political leadership cardinal.
3. More time needed around ASRH and focused ANC, SAB and post natal care.
4. Lots of IEC materials are required to empower communities.
5. The role of RH/FP Champions in highlighting FP and MCH issues through the media.
6. Programmes integrating health and economic empowerment are more successful and sustainable.

Challenges

- Policies and programmes have not been sufficiently implemented in order to reach the service delivery goals.
- Lack of information needed to understand and monitor trends in RH and family planning funding, gauge levels of commitment, identify potential funding gaps, and advocate for increased government funding.
- Community mobilization doesn't match service delivery.

Challenges cont....

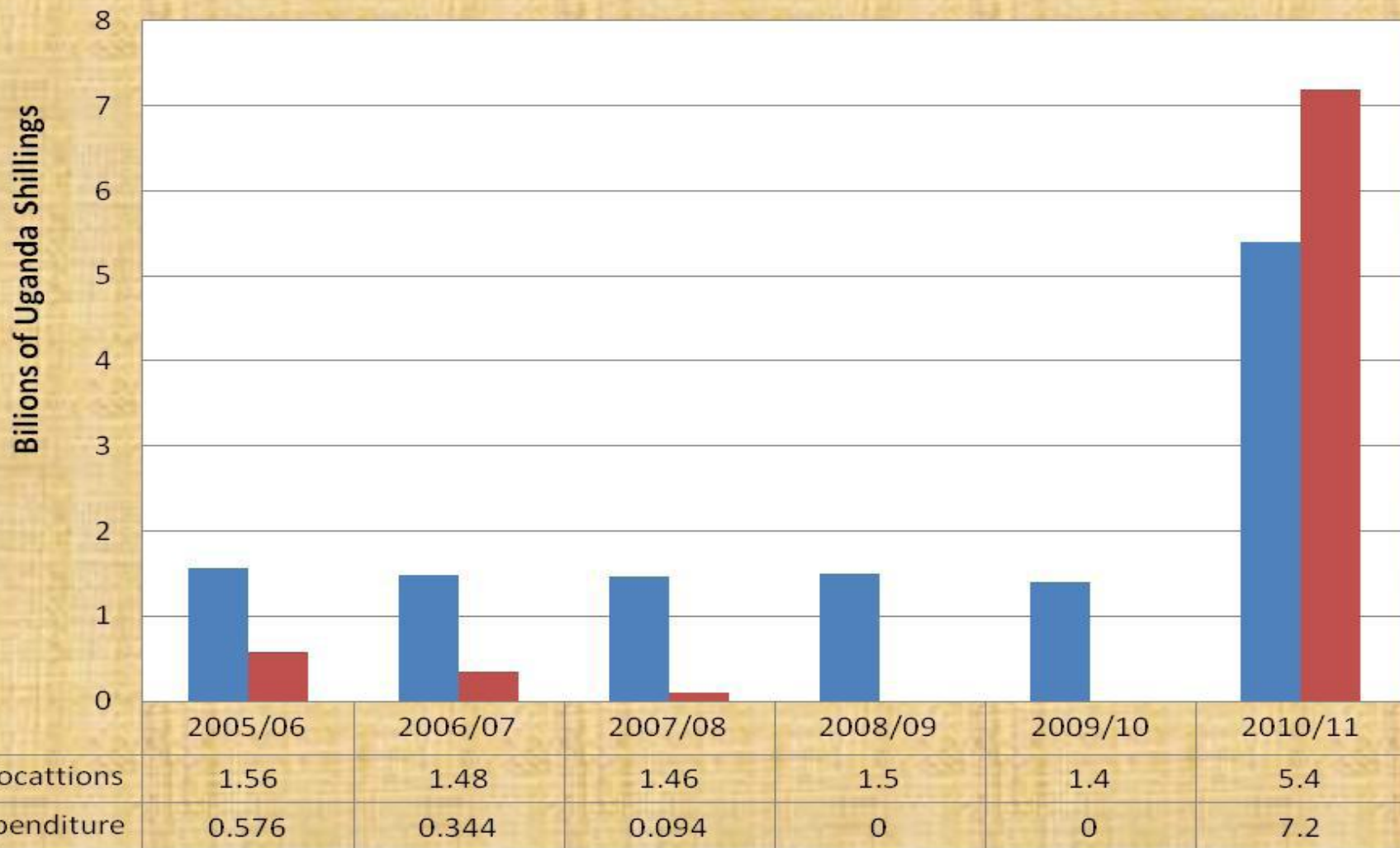
- Local governments play a key role in allocating resources within a decentralized system, but RH and FP are not usually viewed as a priority area at the district level.
- Implementation of SRH and family planning programmes at the district level is hampered inadequate resources.
- Although the media still publishes negative articles, most health reporters have a positive attitude towards FP.

Recommendations

1. There is need to accelerate the implementation of existing policies at national and district levels.
2. Sustain the advocacy in resource mobilization followed by tracking budgets to ensure they trickle down to the grassroots.
3. Enlist the support of parliament to pressure the government to honor its commitment of allocating 15 percent of the budget to the health sector.
4. Intensify media coverage of positive statements by prominent personalities.
5. Support Local governments to prioritize RH and FP in development planning and budgeting processes.
6. Harmonize community mobilization and service delivery.

Financing Health in Uganda

Government of Uganda Allocations for Reproductive Health Commodities against Actual Expenditure



Progress on the NTF

- Three meetings have been held.
- First in October 2010 to increase the visibility of South-south cooperation in P&D. During the meeting, key stakeholders to constitute the NTF were identified.
- 2nd meeting held on June 30, 2011 brought together the NTF to agree on advocacy issues (Adolescent fertility and RHCS).

The 3rd meeting NTF held October 23, 2011 stakeholders agreed to:

- A) Strengthen MOH and MOES collaboration to ensure girls don't get pregnant in school.
- B) Enforce the school health programme.
- C) Boys and men's role in reducing adolescent fertility.
- D) National Health Accounts: Tracking resources; where is the money coming from, where is it going and what is it doing?

