Human Rights-based Family Planning in Uganda

Consultative Meeting - Realizing Sustainable Programming For Rights Based Family Planning

London, UK,
9 and 10 June, 2016

By
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Presentation Outline

1. Context in Uganda
2. Overview of planned work in Reproductive Health Uganda (RHU)
3. Progress and challenges to date
1. Context in Uganda
Reproductive Health Context Uganda

- TFR: 6.2 children per woman
- CPR: 30% (26% of which are modern methods)
- MMR: 438 deaths per 100,000 live births
- High rate of teen pregnancies: 24% of teenagers have either had a child or are pregnant
Health System Context Uganda

• Shortage of and inadequate distribution of health workers,
• Frequent stock out of commodities,
• Vertical service delivery
• Mixed quality of care and weakness in public private partnerships.
Costed Implementation Plan

- Integrated within the Ugandan FP Costed Implementation Plan 2015-2020
- Access to FP is a reproductive right
- FP helps women achieve other rights (education, health and work)
- Non-fulfillment of rights is detrimental to the country
MoH / RHU Consultation - Key Outcomes

• A high level of government commitment to human rights in FP as articulated in the CIP was reaffirmed by the MOH in the meeting.

• Agreement was reached on developing a MOH-led, unified, national action plan for operationalizing human rights in FP in support of the Ugandan CIP.

• The level of support for a human rights approach to FP among diverse stakeholders was high.
## Human Rights Challenges in Family Planning Prioritized for Action in the Near-term

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<th>Level</th>
<th>Challenges</th>
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| **Policy**    | - Funding for the CIP  
- Focus on implementing existing, good policies  
- Limited knowledge of the rights-based approach amongst policy makers and stakeholders |
| **Service Delivery** | - The right to information  
- Access to FP for young people  
- General access to FP services |
| **Community** | - Lack of information  
- Religious and cultural norms |
May 2015 – National Action plan development workshop - Outcomes

• Cross-pollination between HR and FP stakeholders
• Priority areas outlined and detailed in an action plan.
• Plans for integration into existing mechanisms – MCH cluster and CIP implementation outlined.
• Implementing mechanism/team constituted
Key challenges prioritized by Ugandan stakeholders

1. Implement existing policies
2. Expand rights-based FP services, especially for youth.
3. Provide information on FP and rights
4. Address cultural and religious barriers
2. Overview of planned work in Reproductive Health Uganda (RHU)
Evidence

Measurement

Ugandan Ministry of Health

SIFPO-2

Implementation
Goal: To strengthen approaches to rights based FP programing at national, district and lower levels.

Objectives
1. Support activation of national task force
2. Develop a RBA-FP policy for RHU
3. Work with four public health facilities to strengthen their health systems by:
   - reducing incidences of poor method mix and stock outs
   - building capacity of facility based health workers in providing rights based FP services and strengthen referral system between lower and higher level health facilities.
4. Establish male role models for FP in three districts who will encourage spousal support for FP programs.
Programme Goal and Objectives

**Goal:** To strengthen approaches to rights based FP programing at national, district and lower levels.

**Objectives**

1. **Support activation of national task force**
2. **Develop a RBA-FP policy for RHU**
3. **Work with four health facilities to strengthen their health systems by:**
   - reducing incidences of poor method mix and stock outs
   - building capacity of facility based health workers in providing rights based FP services and strengthen referral system between lower and higher level health facilities.
4. **Establish male role models for FP in three districts who will encourage spousal support for FP programs.**
Objective 1: Support activation of national task force

• Work with the task force to:
  – Ensure the National Action Plan for RBA - FP is completed
  – Sensitize the formal structures that monitor FP within MoH such as the FP TWG and MCH Cluster on RBA to FP
  – Ensure components of the action plan are implemented by various implementing partners.

• Support MoH to convene meetings with task force to perform their mandate as agreed upon.

• Routinely provide feedback to the RBA task force on progress of implementation and lessons learnt from implementation
Objective 1: Support activation of national task force

• Collaborate with UNFPA to strengthen capacity of HR groups at the community level to be able to monitor HR issues in family planning.
  – Mapping of the HR groups in selected districts
  – Rapid needs assessment
  – Develop a capacity development plan, and develop the capacity of the for the HR groups in FP, SRH.
  – Facilitate quarterly meetings of the HR groups to improve capacity hare experiences and lessons, for improved learning.
  – Provide tools to monitor human rights issues in FP.
Objective 4: Work with four health facilities to strengthen their health systems
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Strengthen governance
- Develop simple tools for health management unit committees (HUMC) to use in assessing FP service delivery from a RBA view.
- Sensitize the health management unit committees (HUMC) on a rights based approach, train them in tools and support assessments
- Capacity building support to HUMCs

Clinical skills development:
- Conduct training of providers in
  - all methods of family planning (short acting, LARCs and permanent methods),
  - management of side effects,
  - meeting needs of adolescents and other hard to reach and vulnerable groups
  - Adequate forecasting of commodities.
Objective 4: Work with four health facilities to strengthen their health systems

Clinical monitoring and supervision

- Ensure service provision includes balanced information and counselling on all methods even those not provided on site, ensure equipment for IUD insertions are available, ensure adequate stocks of FP methods are available, ensure availability of job aids and client materials, data collection tools that are age specific and a functional referral system.
- Strengthen a client feedback mechanism
- Strengthen routine monitoring of voluntarism and follow-up of potential challenges
- Engage supervisors (facility and district based supervisors) to ensure FP services are rights based.

District level support

- District official orientation
- Stock management and supply chain review
- Strengthen accountability framework
3. Progress and challenges to date
Progress to date

• Launched programme in districts
• Developed tools including
  – Assessing human rights groups – an assessment tool developed by RHU.
  – Orientation presentations for different audiences including clinical staff
  – Supervision tool (under development)
  – FP metric index developed by EVIDENCE for baseline and endline surveys.
• Mapped and assessed human rights groups
• RBA policy development for RHU underway
Progress to date

National / policy level

• Consultation meeting on operationalizing the rights elements in the CIP
• Oriented MoH, maternal and child health cluster
• Developed an action plan indicating the role of stakeholders in the role out of RBFP in operationalizing the CIP
• Established a task force to support implementing mechanism (with RHU support)
Challenges

• Timing issues – need to prevent contamination of baseline
Together,
We can make family planning accessible and affordable to all!!!
Thank you

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