

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF UGANDA

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The Government of Uganda updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017.

The Government of Uganda revised its targets to reduce unmet need for family planning to 10 percent and increase the modern contraceptive prevalence rate among all women to 50 percent by 2020. Specifically, the government commits to:

- leveraging annually \$US 20 million from its development partners, the domestic and international private sectors including philanthropies to bridge the funding gap for executing its Family Planning Costed Implementation Plan.
- allocating \$US 5 million annually for procurement and distribution of RH/FP supplies and commodities to the last mile.
- allocating annually at least 10% of the RMNCAH resources for adolescent-friendly family planning services.
- implementing a robust social behavior change and communication strategy to increase demand and use of family planning services.
- expanding the cadres of its skilled workforce to provide quality FP services and methods, including long acting and reversible, and permanent contraceptives.

The following text summarizes the commitment made by President Yoweri Museveni on behalf of the Government of Uganda at the London Summit on Family Planning on July 11, 2012.

Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40 percent to 10 percent in 2022. It will increase the annual government allocation for family planning supplies from US \$3.3 million to US \$5 million for the next five years and improve accountability for procurement and distribution. It will develop and implement a campaign for integration of family planning into other services, including partnerships with the private sector, by supporting the alternative distribution channel for the private sector and scaling up of innovative approaches, such as the community-based distribution, outreaches, social marketing, social franchising and youth friendly service provision. Uganda will strengthen institutional capacity of the public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation, and equipment).

Objective

1. To reduce unmet need to 10 percent in 2022 (current rate is 40 percent).

POLICY & POLITICAL COMMITMENTS

Uganda will develop and implement an integrated FP campaign. Uganda commits to creating an enabling policy environment for FP, increasing financial investment into health human resources development, and strengthening the delivery of health services. Uganda will conduct half yearly RH/FP reviews by the Ministry of Health; ensure timely completion of the Annual Household Panel Surveys by Uganda Bureau of Statistics to ascertain progress on health, including FP, service delivery; and, carry out a robust evaluation of all FP investments in Uganda.

The Government of Uganda will accelerate passage of the National Population Council Bill into law, immediately making the inter-ministerial structure functional and appropriating the necessary budget support. Uganda plans to review the current post-shipment testing policy on male and female condoms in line with current international standards to reduce delays in release of vital RH supplies, including FP supplies.

FINANCIAL COMMITMENTS

Uganda commits to increasing its annual budget allocation for FP supplies from US \$3.3 million to US \$5 million for the next five years, and to mobilize an additional US \$5 million a year through donor financing. (Even with this effort there will be a resource gap of approximately US \$10 million per year).

Uganda will design a plan to reorganize health financing and develop a health insurance plan for the country, as well as promote voucher programs as a form of demand-side financing to increase use of FP and safe motherhood services among the poor.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Uganda will collaborate with appropriate private sector bodies and institutions for the integration of MH/RH/FP and HIV&AIDS information and services for their employees and families, and strengthen institutional capacity of public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation, and equipment).

Uganda will support the development and professionalization of midwifery through skills training, good employment practices, and the involvement of midwives in policy dialogue and health management. The Government of Uganda will continue investing in midwifery career promotion and the bonded midwifery scholarship programs. A road-map to finance, train, recruit, retain, and manage performance of skilled human resources for health will be developed.

Uganda commits to rolling out youth friendly services in all Government Health Centre IVs and District Hospitals; strengthening the technical and institutional functionality of Uganda Health Marketing Group and National Medical Store in a dual public-private RH supplies distribution system; and continuing to support the public-private arrangement for increased access to FP services. Uganda plans to scale up partnerships with CSOs and private sector entities for FP outreach and community-based services to target hard to reach communities, and to invest in social marketing and social franchising approaches to ensure access to FP.