



Republic of Uganda

REPRODUCTIVE HEALTH COMMODITY SECURITY STRATEGIC PLAN

2009/10 -2013/14

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Ministry of Health

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ACRONYMS

ANC	Antenatal Care
ARV	Anti-Retroviral (drugs)
BCC	Behavior Change Communication
CBD	Community-Based Distribution, Distributors
COC	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organisation
DHO	District Health Officer
EML/EDL	Essential Medicines List/Essential Drugs List
EmONC	Emergency Obstetric and Neonatal Care
FBO	Faith-Based Organization
GOU	Government of Uganda
HC	Health Centre (levels II, III, IV)
HMIS	Health Management Information System (MOH)
HSSP	Health Sector Strategic Plan (MOH)
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
IUD	Intrauterine Device
JMS	Joint Medical Stores
LMIS	Logistics Management Information System
LTPM	Long-term and Permanent Methods
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NDA	National Drug Authority
NGO	Non-Governmental Organization
NHP	National Health Policy
NMS	National Medical Stores
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNFP	Private Not-For-Profit
PPDA	Public Procurement and Disposal of Assets Act
RHCS	Reproductive Health Commodity Security
SWAp	Sector-wide Approach
UACP	Uganda AIDS Control Programme
UNFPA	United Nations Population Fund
UNMHCP	Uganda National Minimum Health Care Package

FOREWORD

The Government of Uganda has approved the “Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda (2007 – 2015).” The Roadmap, together with the “Strategy to Improve Reproductive Health in Uganda (2005 – 2010) have set the basis for development of a comprehensive Reproductive Health Commodity Security Strategic Plan, in line

with priority policy issues in the current National Health Policy I (1998/99 – 2008/9) and the draft National Health Policy II (2009/10 – 2019/10).

The Ministry of Health is cognizant of the fact that supply chain management, including Reproductive Health Commodity Security is one of the core elements of a functional health system and its functionality is a measure of the degree of investment in women's empowerment in the health, education and productive sectors, including active participation in the labour market. Reproductive Health Commodity Security represents a quick win, low cost and high dividend intervention for addressing most reproductive health disease burden. This ultimately requires concerted and coordinated efforts of government (legislature and executive), the private sector, civil society and development partners in ensuring conducive regulatory, policy and financing environment, functional supply chain management system and effective mobilization of communities and individuals to overcome socio-cultural barriers and rationally utilize reproductive health commodities. The Ministry of Health is committed to provide the required leadership for the coordination and implementation of this Reproductive Health Commodity Security Strategic Plan that is intended to ensure that every Ugandan is able to choose, obtain and use quality contraceptives and other reproductive health products whenever s/he needs them.

Development of this first Reproductive Health Commodity Security Strategic Plan in Uganda has been through a participatory, inclusive and consultative process, and was preceded by a Reproductive Health Commodity Security Situation Analysis which identified some progress and hindrances to reproductive health commodity security, including political, economic, logistical, and socio-cultural factors. Therefore, this 5-year Reproductive Health Commodity Security Strategic Plan should mobilize, galvanize and increase our collective support for increased availability of sustainable, reliable and high-quality reproductive health commodities for all Ugandans.

I therefore call upon all the actors (public sector, private sector, Civil Society, development partners and donors) from all levels of policy making, programme management, services provision and community mobilization in ensuring sustainable access to reproductive health commodities.

Dr Sam Zaramba
DIRECTOR GENERAL

ACKNOWLEDGMENTS

The development of the Reproductive Health Commodity Security Strategic Plan followed a participatory process in which many stakeholders from public sector, private sector, civil society, faith based organizations, development partners and donor institutions took part. The Ministry of Health is greatly indebted to all the institutions and individuals who provided useful insight and made valuable contributions into critical issues to be addressed within the Reproductive Health Commodity Security Strategic Plan.

Special appreciation is extended to:

- UNFPA Country Office team for the financial & technical support for conducting the Reproductive Health Commodity Security Situation Assessment and for development of the first ever Reproductive Health Commodity Security Strategic Plan for Uganda,
- Reproductive Health Commodity Security Committee under coordination effort of Dr. Moses Muwonge of UNFPA/Ministry of Health for the review and further refinement of the draft Strategic Plan to ensure a quality document is produced,
- The District Health Teams for: Masaka, Mpigi, Mbale, and Mbarara for their review and participation in the Reproductive Health Commodity Security Situation Assessment,
- The District Medicines and Therapeutics Committees of Moroto, Yumbe, Kotido, Kibaale, Katakwi, and Kiboga; and management and staff of all health facilities in these districts that were visited.
- The Consultants: Hon. Member of Parliament Gordon Sematiko and Mr. Yousouf Ouedraogo from JSI Logistics for supporting the Reproductive Health Commodity Security Situation Assessment and developing draft zero of the Strategic Plan

Gratitude also goes to the many national and international stakeholders who gave freely their time and invaluable information to enrich the document. At this point I would commend the support given by our development partners, in particular UNFPA and USAID, the private sector and the Civil Society Organizations in supporting RHCS in Uganda over the years. I urge all of us to continue playing our roles in ensuring that Uganda puts Reproductive Health Commodity Security at the centre of its national development agenda of becoming a middle income country within 30 years time!

Dr. Anthony K. Mbonye

Commissioner Health Services (Community Health)

EXECUTIVE SUMMARY

Reproductive Health Commodity Security is central to achieving the targets set out in the “Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda”, and eventually, Uganda’s performance in achievement of global targets set out in the Millennium Development Goals, especially MDG5, MDG4 and MDG6. Yet, the state of Sexual and Reproductive Health remains poor, and access to and use of reproductive health commodities remains limited for majority of Ugandans due to a number of challenges.

The challenges were identified during the Reproductive Health Commodity Security Situation Assessment exercise that preceded the development of this Strategic Plan. The Situation Assessment identified gaps in the area of: **context** (policy and regulatory environment), **commitment, coordination, capital, capacity, commodity** and **client**. Results of the Situation Assessment was used to guide the development of the Reproductive Health Security Strategic Plan in order to make the plan evidence-based as much as possible. Therefore, this 5-Year Strategic Plan on Reproductive Health Commodity Security has been developed to address these challenges affecting reproductive health commodity in Uganda.

The vision of the strategy is to ensure that every person in Uganda is able to choose, obtain, and use quality contraceptives and other reproductive health commodities whenever s/he needs them. The Strategic Plan goal is to contribute to accelerating the reduction of maternal and neonatal morbidity and mortality in Uganda. The Strategic Plan objectives are:

1. To increase the contraceptive prevalence rate from 23% to 50% and reduce the unmet need for contraceptives from 40% to 5% by 2015.
2. Increase the proportion of health facilities with NO stock outs of selected RH commodities to 80% by 2015.
3. To increase public sector/government budget allocation and expenditure on reproductive health commodities, including contraceptives to 80% by 2015.

Implementation of the 5-Year Reproductive Health Commodity Security Strategic Plan requires a total of United States Dollars four hundred eighty two million (\$482) Of this total, seventy six million million is required for procurement of contraceptives (\$76) alone to reduce on the current unmet need from 41% up to 5%. About one hundred sixty two million (\$162) is required for other Reproductive Health commodities as prioritized in the Essential Reproductive Health Commodity List (Annex I) in this Strategic Plan, while two hundred forty four million (\$244) would be needed for health systems strengthening for reproductive health commodity management.

Ministry of Health is committed to full implementation, monitoring and evaluation of the Reproductive Health Commodity Security Strategic Plan through its internal mechanisms and within sector wide arrangement within the Ministry, with oversight and supervisory function of the Commissioner Health Services (Community Health).

SECTION 1: BACKGROUND

1.1 INTRODUCTION

Uganda's population in 2009 is estimated at 30.9 million people with a life expectancy of 51 years for men and 52 years for women. With a population growth rate of 3.4% and Total Fertility Rate of 6.9 children per woman, Uganda's population is projected to reach 54.8 million by 2025. The population is largely young with about 50% being children below 18 years. This large population of young people and women and men in their reproductive age has implications for sexual and reproductive health commodities and services. Yet, sexual and reproductive health indices have remained poor in Uganda. Maternal mortality ratio is 435 per 100,000 live births with a life time risk of 1 in 25. For every maternal death, about 20 other mothers will have developed complications, including obstetrics fistula that is estimated 2.64%, most of which have not been repaired. Infant mortality is at 88 per 1,000 live births, with neonatal mortality making 40% of the cases. Though the adolescent age specific fertility rate is dropping, teenage pregnancy rate is at 25%. The HIV prevalence rate has stagnated at 6.4%, having dropped from a high 18% in early 1990s. Prevalence of STIs is high, but remains poorly documented. The Contraceptives Prevalence Rate is 24%, and the unmet need for family planning stands at 41%.

In response, the Government of Uganda has developed various interventions to deal with these undesired situations. Some of the responses included: development and implementation of the: National HIV/AIDS Strategic Plan (2007/8 – 2011/12); Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda (2007 – 2015); the Strategy to Improve Reproductive Health in Uganda (2005 -2010); National Family Planning Advocacy Strategy 2005 – 2010; and the broader National Health Policy I and Health Sector Strategic Plan II with their successor documents: National Health Policy II (2009/10 – 2014/15) and Health Sector Strategic Plan III (2009/10 – 2014/15).

However, access and utilization of comprehensive sexual and reproductive health services has remained limited for most of the population with women and adolescents; those with low literacy; in rural areas; and the displaced and urban poor populations carrying the brunt of sexual and reproductive ill-health. Utilization of sexual and reproductive health services has been partly constrained by the poor reproductive health commodity situation. Ensuring availability of high-quality reproductive health commodities is one of the key strategies to improve the demographic and health indicators mentioned above. Therefore, this 5-Year Reproductive Health Commodity Security¹ Strategic Plan has been developed to guide the planning, implementation, coordination, supervision, monitoring and evaluation of reproductive health commodity management in Uganda in order to increase access and use of essential reproductive health commodities and services.

1.2 CURRENT SITUATION AND CHALLENGES

It is envisaged that a well developed RHCS strategy should provide a structure for moving beyond the emergency mode of responding to stock outs, towards more predictable, planned and sustainable country-driven approaches for ensuring availability and use of essential supplies.

¹Reproductive health commodity security (RHCS) exists when every person is able to *choose, obtain, and use* quality contraceptives and other essential reproductive health products whenever s/he needs them.

RHCS is essential to meeting the target of universal access to reproductive health by 2015, as called for by the International Conference on Population and Development (ICPD), and reiterated at the 2005 World Summit. At national level, it fits within Priority Area 2 of the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda and in Thematic Service Areas of Prevention and Care and Treatment in the National HIV/AIDS Strategic Plan.

This section reviews current situation, examines and draws key challenges in reproductive health commodity security using the Reproductive Health Commodity Security Framework of: context, commitment, capital, coordination, capacity, commodities and clients. The commodities of focus are contraceptives and the essential RH commodities as agreed on and appended as Annex in this Strategic Plan.

1.2.1 Context (policy & regulatory) for reproductive health commodity security

- Weak policy environment to regulate, guide, prioritize and finance reproductive health commodities procurement, management and the role of the different providers within public and private sector.
- Little engagement of Civil Society Organizations and the private sector in reproductive health commodity security management and in policy advocacy.

1.2.2 Coordination mechanisms for reproductive health commodity security

The MOH is committed to coordinate the procurement of any contraceptive but has presently prioritized Depo Provera, Microgynon, male condoms and emergency contraceptives. USAID has been responsible for the procurement of IUCD, Depo Provera, Lo-femenal, Ovrette, Microgynon, Jadelle and condoms, (some of which is for the social marketing programme), while UNFPA has procured IUD, Depo Provera, Implanon, Microgynon, Microlut and both female and male condoms. Global Fund monies have been used to procure male condoms. CDC provided funds to procure test kits. There exists a RHCS Committee which meets on a quarterly basis to review the Contraceptive Procurement Tables and shipments, while the MOH/RHD/ACP and development partners meet biannually to review the commitments. At the facility level, the MOH manages a pull system whereby health facilities are required to place orders for contraceptives and other essential drugs depending on their stock on hand and past consumption data. Minimum and Maximum inventory levels were also established at 2 months and 5 months of stock, respectively. First-expiry, first-out (FEFO) stock management is used for the management of health commodities and expired/damaged products are usually separated from other supplies according to guidelines.

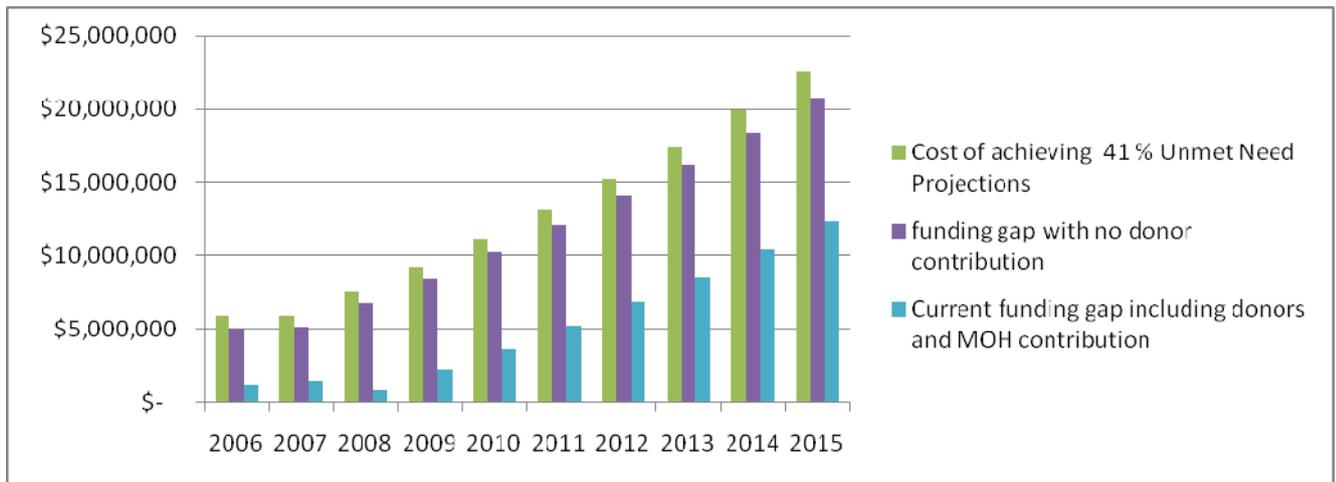
- None structured and weak mechanisms for coordination of public and private sectors, and development partners in reproductive health commodities management at national and district levels.
- Weak reproductive health commodities planning that are not inclusive of all key actors and not harmonizing all inputs by development partners.
- None involvement of private sector and Civil Society Organizations in coordination of reproductive health commodities security.

1.2.3 Commitment and capital/financing for reproductive health commodities

Uganda's expenditure on health as percent of Gross Domestic Product in the Financial Year 2008/9 was 8.9, with 28.7 percent of this spent on reproductive health (MoH, 2007/8). Poverty remains a problem with a per capita income of US \$256 and a poverty at 31.1 percent (2006), though out of pocket payment remains highest source of expenditure for reproductive health commodities.

The main sources for contraceptive procurement in Uganda remain UNFPA, USAID and IPPF. The Government has increased some budget allocation for reproductive health commodities over the years, and could do more in order to realize the benefit of investing in reproductive health. For instance, the cumulative cost savings in satisfying unmet need for family planning would be approximately \$101 million saved annually, with 16,877 maternal deaths and 1.1 million child deaths averted by the target date of 2015. Figure 2 shows the funding scenario and funding gap for contraceptives over the years, based on assumption that Government will maintain a 2.9% annual increase in budget allocation.

Figure 1: Funding Scenario for Contraceptives 2006 - 2015



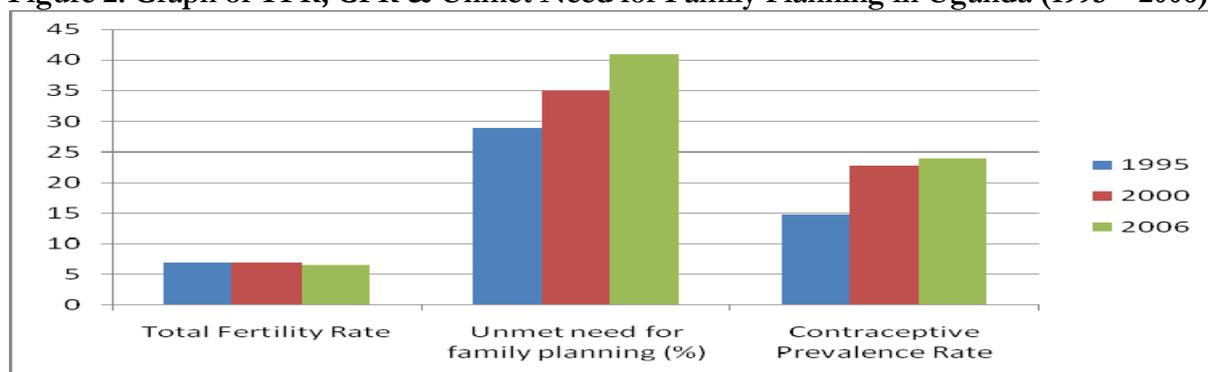
Main challenges in financing reproductive health commodities include:

- There is inadequate commitment of leadership within public and private sectors at all levels, and in the media on issues of reproductive health commodity security.
- Weak integration of reproductive health commodities into policies, plans, budgets, essential medicines credit lines and its management within public and private sectors.
- Inadequate funding and expenditure on reproductive health commodities within public sector at national and district levels.
- Weak resources mobilization & poor harmonization for donors and private sector including the corporate world.

1.2.4 Commodities for reproductive health

Availability of commodities contributes to meeting the need for Reproductive Health in Uganda. However, subsequent Annual Health Sector Performance Reports have indicated poor performance of the indicator on proportion of facilities without stock out of essential medicines, including reproductive health commodities. Figure 2 below shows indicators for Family Planning as one of the reproductive health commodities.

Figure 2: Graph of TFR, CPR & Unmet Need for Family Planning in Uganda (1995 – 2006)



According to the UDHS 1995, 2001 and 2006, the unmet need for family planning remains high and is increasing over the years, while CPR for modern methods remains low with minimal increases. Contraceptive supplies play a big role in meeting the unmet need. In Uganda if all the women could access contraceptives leading to reduction of unmet need to below 5%, the CPR would go up to 65% elevating Uganda into a middle class country.

Similarly, according to the 2004 Status of EmONC in Uganda report, 77.5% of districts lacked specific signal functions for Emergency Obstetrics and Neonatal care (EmONC). In addition, only 31.5% of HC IVs and 42% of district hospitals had oxytocics in stock, while most health units including referral hospitals had stock-outs of key antibiotics. According to the study on Functionality of HC IVs in 2005/06, 17% of the HC IVs provided blood transfusion services and 81% had completed theatres. Of those with completed theatres, 75% were equipped and, of those equipped; only 34% were functional. Reasons for non functionality of theatres included uninstalled equipment, lack of reliable source of power, lack water and facilities for blood transfusion.

Annual Health Sector Performance Report of FY 2006/07 showed that only 35% of sampled health units had continuous availability of all the indicator medicines during the month as shown below.

Figure 3: Health Units with Monthly Stock outs, by Selected Individual HSSP Indicator Medicines for FY 2004/2005 - FY 2006/2007

No	Indicator drug	FY 2004/2005		FY 2005/2006		FY 2006/2007	
		Stock Card (months of stock)	% of Health Units	Stock Card (months of stock)	% of Health Units	Stock Card (months of stock)	% of Health Units
	Any HSSP indicator drug	189	65%	156	72%	216	65%
	Sulfadoxine	189	17%	141	24%	184	14%
	Cotrimoxazole	189	37%	159	44%	204	32%
	Depo Provera	111	5%	93	36%	174	16%
	Av. of 6 HSS indicator drugs	166	19%	134	31%	177	20%

Source: Annual Health Sector Performance Report, FY 2006/2007

The quantities of supplies have not been increasing with population growth. This has significantly contributed to stock out at all levels including the national Medical Stores.

Key challenges related to commodities include:

- There is huge existing current gap for reproductive health commodities at all levels and for all products within both public and private sectors.
- Essential list of reproductive health commodities needs to be defined and provided at all times in all levels of care/service.
- There exists information asymmetry between reproductive health commodities available at National Medical Stores and what districts, facilities and end users can order as stocks.

1.2.5 Clients (demand and utilization of reproductive health commodities)

In Uganda, the public and private sectors provide access to reproductive health services in an almost equal proportion. For instance by 2006, the private sector contributed to nearly 51% of access to family planning because of reliable availability of products and quality of services offered. In Uganda, four in ten (41%) currently married women age 15-49 have unmet need for family planning services, 24% have met need, making a total of 64% with an expressed need for family planning. Other challenges affecting clients use of reproductive health commodities include:

- Poor quality in provision of reproductive health commodities and services, including skills of providers, limited options of commodities/services available,
- Inadequate knowledge, poor attitude and health seeking behaviour amongst potential users of reproductive health commodities and supplies.
- Weak male support for use of reproductive health commodities, especially family planning.

1.2.6 Capacity for logistics management system

Ministry of Health has put in place guidelines to support provision of reproductive health commodities. These include Uganda Clinical Guidelines 2003 and Policy Guidelines for Prevention of Mother-to-Child Transmission of HIV (August 2006). All RH commodities are included in the Essential Drugs List for Uganda; these are provided to facilities with trained staff and necessary equipment, with a degree of supportive supervision by the district health team to the lower facilities

- Weak capacity and poor link between reproductive health commodities planning, procurement and distribution with the budget cycles at national and district levels.
- Weak Logistics Management Information System (LMIS), including poor data collection, processing, analysis, use, dissemination and storage and retrieval at central, district & facility levels. There is no centralized or coordinated system for LMIS reporting, for instance stocks on hand is reported to National Medical Stores, while other LMIS information is sent to Resource Centre at Ministry of Health. The LMIS forms (HMIS 018) lack some of the essential logistics data (consumption data, losses and adjustments); yet this is the form used to collect data on RH commodities. This is further complicated by the lack of a dedicated budget line for LMIS; there is no system for sustaining the availability of logistics tools.
- Weak system for quantification, ordering and distribution from national to district levels, and from districts to facilities and end users. There is a problem in that forecasts sometimes do not coincide with local budgeting cycles for the fiscal year in which they are prepared, which may constrain MOH ability to lobby for funds for timely procurement. There is limited involvement of the private sector by MOH in the forecasting process and this limits their ability to acquire the required market intelligence to guide their market development efforts.

For PMTCT commodities, different MOH partners/organizations do their own forecasting sometimes using different methods; and there has been no harmonization. In general, Ministry of Health leadership and internal capacity for quantification remains weak.

- Inadequate capacity for and poor inventory management systems, including lack of guidelines for storage, destruction, withdrawal and re-distribution of commodities between and across levels and providers.
- Inadequate involvement of the private sector in reproductive health supplies chain management.

SECTION 2: STRATEGIC DIRECTION

This section proposes the strategic directions for the plan over the next 5-years. It has been aligned with the planning cycle of the Draft National Health Policy II and Health Sector Strategic Plan III.

2.1 VISION

Ensure that every person in Uganda is able to choose, obtain, and use quality contraceptives and other reproductive health commodities whenever s/he needs them.

2.2 GOAL

To contribute to accelerating the reduction of maternal and neonatal morbidity and mortality in Uganda.

2.3 OBJECTIVES

1. To increase the contraceptive prevalence rate from 23% to 50% and reduce the unmet need for contraceptives from 40% to 5% by 2015.
2. Increase the proportion of health facilities with NO stock outs of selected RH commodities to 80% by 2015.
3. To increase public sector/government budget allocation and expenditure on reproductive health commodities, including contraceptives to 80% by 2015.

2.4 STRATEGIES AND PRIORITY INTERVENTIONS

PRIOTITY AREA 1: POLICY AND REGULATORY ENVIRONMENT

Strategy 1: To improve policy and regulatory environment that contribute to enhancement of Reproductive Health Commodity Security in Uganda.

Interventions and key activities

- i. Develop, review or update and implement relevant national policies, regulations, norms and guidelines to prioritize and promote availability of reproductive health commodities at appropriate level of service within public and private sector facilities including health facilities, drug shops, supermarkets, commercial outlets, etc.*
- a. Establish policy framework for direct frontloading and annual rather than quarterly disbursement of funds for procurement of reproductive health commodities from Ministry of Finance to institutions mandated to procure and distribute reproductive health commodities in Uganda.*
- b. Review/enforce implementation of procurement & distribution guidelines between National Medical Stores and other endpoints for reproductive health commodities such as district health offices, health facilities and outlets for private sector institutions including NGO; Faith based Organizations and private for profit entities.*
- c. Develop appropriate policy or framework for cooperation that promote public-private-partnership in reproductive health supply chain management, including promotion of private sector involvement in reproductive health commodities supply chain management and provision of related supplies/services accessed from the public sector.*

- d. Review professional practice regulations to ensure task shifting for the provision of reproductive health/family planning services/supplies for each designated cadre of staff for the appropriate level of care.
- ii. *Support Civil Society Organizations to develop and implement advocacy action plans for evidence-based policy changes, resource allocation and expenditure decisions and resource mobilization in support of reproductive health commodity security.*

PRIORITY AREA 2: COMMITMENT & FINANCING FOR RHCS

Strategy 2: To secure commitment of political, civic and technical leaderships in public and private sectors in support of availability of adequate reproductive health commodities.

Interventions and key activities

- i. *Mobilize and sensitize political and religious leaders, the media, Civil Society Organizations and the private sector at all levels to support reproductive health commodity security.*
 - a. Conduct lobby meetings in support of reproductive health commodity security.
 - b. Support integration of reproductive health commodities security issues in the agenda of media networks/coalitions.
 - c. Support formation and functioning of Civil Society advocacy networks/coalitions on reproductive health commodity security.
 - d. Support conduct and participation of key stakeholders in international and/or country level advocacy and/or technical meetings on reproductive health commodities security.
- ii. *Secure support for annually commemoration of the World Contraception Day independently or in tandem with Safe Motherhood Day.*
- iii. *Advocate for integration of reproductive health commodities in sector, district level and organizational policies, plans and budgets, while highlighting any disparities in access.*
 - a. Advocate for inclusion of reproductive health commodities/family planning into the Essential Medicine Credit Line.
 - b. Advocate with DHO, health service provider to ensure timely ordering, distribution and reporting on reproductive health commodities, together with other essential drugs.
 - c. Advocate for timely and adequate budget allocation and disbursements of funds for reproductive health commodities procurement within available regulations and within the need for efficient supply chain management.
- iv. *Secure support from National Drugs Authority and National Medical Stores for timely post shipment testing, storage and immediate distribution of reproductive health commodities in order to reduce on costs, including demurrage charges.*
 - a. Advocate with government to pay cost for post-shipment testing of donated reproductive health commodities, including contraceptives, while the donating agency pays any costs for commodities that will have failed post shipment tests.
 - b. Advocate with National Drugs Authority to institute mechanisms for timely post shipment testing and verification of reproductive health commodities to reduce on amount of commodities failing post shipment test due to long storage conditions.

- c. Advocate with National Medical Stores to develop system for proper storage of commodities & ensure their timely distribution to the end users.

Strategy 3: To mobilize adequate & sustainable resources for reproductive health commodities, including contraceptives.

Interventions and key activities

- i. *Advocate with government at national and district levels to increase budget allocation and spending on reproductive health commodities and provide oversight on its expenditure*
 - a. Advocate with Ministry of Health to increase sector budget allocation and increased spending on reproductive health commodities.
 - b. Advocate with district to increase budget allocation and spending of the Primary Health Care grant on reproductive health commodities/family planning.
 - c. Advocate with appropriate parliamentary committee/forum to provide budget and expenditure oversight on reproductive health commodities.
- ii. *Regularly develop accurate projections of demands for reproductive health commodities, including Contraceptive Procurement Tables (CPTs) as a basis for resource requirement.*
- iii. *Support donor harmonization and financing for reproductive health commodities, and alignment of such support with government budget frameworks.*
- iv. *Mobilize resources from private sector including corporate institutions for reproductive health commodities security.*

Strategy 4: To strengthen capacity for increased utilization and absorption of funding allocated for reproductive health commodities, including contraceptives.

- i. *Mobilize political leadership to provide oversight on spending on reproductive health commodities.*
- ii. *Develop capacities of CSOs to scrutinize and demand accountability from public and private sectors on spending for reproductive health commodities.*
- iii. *Annually monitor budget allocation and spending on reproductive health commodities, including family planning.*

PRIORITY AREA 3: COORDINATION MECHANISMS FOR RHCS

Strategy 5: To strengthen coordination mechanisms for reproductive health commodities at national, district and facility levels.

Interventions and key activities

- i. *Strengthen/establish functional and institutionalized mechanisms for coordination of reproductive health supplies chain management at central, district & facility levels.*
 - a. Establish and/or support operations of structures for coordinated planning, implementation, monitoring and evaluation of reproductive health commodities at national, district and facility levels.

- b. Assess training needs, train and re-train national and district level medicines and therapeutics committees to have appropriate competencies, skills, attitudes and ethics in logistics/reproductive health supplies chain management and coordination.
 - c. Actively involve private sector; both private-not-for-profit & private-for-profit in a coordinated implementation of reproductive health supplies chain management.
- ii. *Strengthen mechanisms for coordinated planning, procurement and distribution of reproductive health supplies in Uganda*
- a. Develop and regularly revise projections for reproductive health supplies, including Contraceptive Procurement Tables.
 - b. Harmonize and align partners' financial support and in-kind donation for reproductive health commodities with government planned procurement in order to meet existing needs.
 - c. Engage the corporate sector to contribute to the private-public partnership for reproductive health commodities security.
 - d. Actively involve the private sector in a coordinated implementation of the Strategy.

PRIORITY AREA 4: COMMODITIES AND LOGISTICS MANAGEMENT SYSTEM

Strategy 6: To ensure availability of reproductive health commodities, including contraceptives at all levels of health care.

Interventions and key activities

- i. *To strengthen existing procurement, distribution and warehousing systems for contraceptives and other reproductive health commodities to increase timely availability.*
- a. Define essential list of reproductive health commodities for each level of care.
 - b. Develop a mechanism for working with all stakeholders in conducting commodity forecast, development and implementation of 5-year and annual procurement plans for reproductive health commodities, including male and female condoms.
 - c. Procure and distribute various reproductive health commodities as per essential list, including products for contraception, antenatal, delivery and post delivery care
 - d. Support Ministry of Health, National Medical Stores and District Medicines and Therapeutic Committees to institutionalize bi-annual needs assessment for reproductive health commodities, regularly review commodity forecasts and re-align forecasting schedules to national and district planning and budget cycles.
 - e. Support National Medical Stores, Districts and facilities to improve on their storage space and warehousing conditions for reproductive health commodities, including debunking (improving existing space, shelving, safety) in all facilities.
 - f. Enforce warehousing and storage principles and practices, including isolation, collecting and disposing off, of expired and damaged products on annual basis.
- iii. *Develop and implement a comprehensive distribution plan for reproductive health commodities that uses total market approach: combining social marketing, commercial marketing and public sector distribution/outlets*
- a. Introduce and apply performance and quality improvement approaches to strengthen reproductive health commodities distribution & supplies chain management.
 - b. Establish mechanisms for private sector access to and distribution of reproductive health commodities.

- c. Regular maintenance of vehicles and motorcycles including fuel for distribution of medicines and reproductive health supplies.
 - d. Procure and distribute vehicles (80) and motorcycles (100) for district support in distribution of reproductive health commodities/supplies to lower levels.
 - e. Explore possibility of contracting transport and distribution of medicines/supplies.
- iv. *Strengthen capacities of Ministry of Health, National Medical Stores, District and facility Medicines & Therapeutic Committees in forecasting, ordering, distribution and supply chain management in general*
- a. Provide Technical Assistance to Ministry of Health, National Medical Stores, District Health Office and District and Facility Medicines and Therapeutic Committees in management of reproductive health commodities.
 - b. Provide regular technical supportive supervision in supplies chain management, including enforcement in use of guidelines in both public and private sectors.
 - c. Develop policy, guidelines, and operational mechanisms for withdrawal and redistribution of medicines including reproductive health commodities.
 - d. Develop and disseminate a medicines and supplies catalog to all districts and used of reproductive health commodities.
 - e. Develop an electronic based system for commodities catalogue and ordering of supplies that link National Medical Stores and Joint Medical Stores with districts and other users of their services.
 - f. Develop and implement an electronic based logistics management information system.
 - g. Assess training needs, train and retrain managers and services in supply chain management at all appropriate levels of care and logistics management.
- v. *Strengthen the collection, analysis, availability, use and distribution of logistics data for evidence-based decision making at all levels.*
- a. Train relevant records assistants, health service providers and managers on completing quality and timely logistics management information system, including reporting and use of such data for decision making at local levels.
 - b. Revise and harmonize the existing Health Management Information System to cater for reporting requirements for reproductive health commodities and services.
 - c. Procure and avail Logistics Management Information System tools (stock cards, order and receiving forms, reporting forms, redistribution forms, general and product specific storage guidelines, job aid for warehouse organization and set up etc.) to all facilities for use.
 - d. Provide support for computerized Logistics Information Management System at district and health sub-district levels.
 - e. Conduct routine monitoring of districts, public and private sector health facilities and other commercial services outlets in management of reproductive health commodities.

PRIORITY AREA 5: ACCESS AND UTILIZATION OF RH COMMODITIES

Strategy 7: To increase access and utilization of quality reproductive health services

Interventions and key activities

- i. *Mobilize and empower individuals, families and communities to demand and utilize quality RH commodities and related services.*

- a. Develop and disseminate IEC/BCC materials to create awareness in the community to demand for and utilize reproductive health commodities and related services.
 - b. Mobilize and sensitize communities (including men) on benefits and need to use reproductive health commodities and related services.
 - c. Work with political, religious and cultural leaders and community based organizations to mobilize communities to use reproductive health commodities and related services.
 - d. Conduct community mobilization and education on availability of reproductive health commodities and services.
 - e. Support implementation of existing advocacy and communication strategy for family planning and the Village Health Team.
- ii. Strengthen community based provision of reproductive health commodities and related services.*
- a. Assess training needs of VHTS and train/retrain them in community based provision of reproductive health commodities and related services.
 - b. Procure standardized package of VHT kits that include non-prescriptive reproductive health commodities.
 - c. Work with Village Health Teams (VHTs) in the provision of community based reproductive health commodities and related services.
 - d. Identify and develop alternative mechanisms for reproductive health commodity distribution beyond health sector, e.g. in the private sector, through social networks, in commercial and entertainment outlets for condoms.
 - e. Conduct regular integrated outreaches from health facility level to rural and hard-to-reach households and communities in provision of reproductive health commodities and related services, including female condoms.
 - f. Support district health system to strengthen existing supervisory systems to link formal health systems with community-based resource persons.
 - g. Promote male involvement in accessing and utilizing reproductive health commodities and related services for themselves and to support their wives to access and utilize it as well.
- iii. To improve the quality of reproductive health commodities and related services provided within health facilities*
- a. Introduce and apply performance and quality improvement approaches to strengthen facility based services delivery.
 - b. Train service providers in both public and private sector in the provision of quality, non-judgmental, friendly and client-centered reproductive health services and commodities.
 - c. Conduct regular support supervision to improve services quality and client satisfaction.
 - d. Provide range of reproductive health commodities, including family planning product mix such as male and female condoms, short and long terms methods, etc.
 - e. Train and work with VHTs to provide community based non-prescriptive RH services while being supplied and supervised by local health facility staffs.

SECTION 3: MANAGEMENT & COORDINATION OF THE PLAN

3.1 MONITORING AND EVALUATION MECHANISM

The strategic plan will be reviewed annually, at mid term and end of the 5-years period. The review will be spear headed by the Reproductive Health Division, with technical guidance from the Technical Working Group of the Reproductive Health Commodities Security, while fitting within the overall context of sector wide approach arrangement. A Monitoring and Evaluation (M&E) Plan will be developed as an Annex to the operational plan for the strategy. The M&E Plan will have indicators at impact, outcome, output and process levels to assist in tracking progress. Data collection and analysis will use existing Health Management Information System and regular surveys.

3.2 IMPLEMENTATION ARRANGEMENTS

Implementation of the Reproductive Health Commodity Security Strategy will be under leadership of the Commissioner for Health Services (Community Health) and will bring all Departments and Units in the Ministry of Health with a role in reproductive health services or commodity such as AIDS Control Programme, Pharmacy Division, Reproductive Health Division, Health Promotion and Education, etc. Similarly, Development Partners, Donors and Civil Society Organizations and the private sectors, including private-not-for profit organizations that have a role in reproductive health commodity management of services provision will be within the Technical Working Group while under coordination of the Commissioner of Health Services (Community Health) and other established structures in the Ministry of Health while implementing this strategy.

Working within existing mechanisms for sector wide approach, the Commissioner will liaise with other relevant departments, units and autonomous institutions within the Ministry of Health in ensuring smooth implementation of this Reproductive Health Commodity Security Strategy.

The technical organ for formulation of policies, norms and standards; planning; review and evaluation of this Reproductive Health Commodities Strategy will be the Technical Working Group, whose work will fit within existing sector wide arrangement in the Ministry of Health as well.

3.4 CONCLUSION

The Reproductive Health Commodity Security Strategy is expected to impact on HIV/AIDS, maternal and neonatal health, child survival as a means of accelerated attainment of MDG4, MDG5 and MDG6. This Strategy therefore calls for accelerated implementation and scaling up of the proposed interventions detailed within the Strategy. Success will depend on creation of conducive policy and legal **context**; better **coordination** of actors, **commitment** and increased financing or **capital** for reproductive health commodities and strengthened **commodities**/supplies chain management system.

SECTION 4: FINANCING THE STRATEGY

This section provides estimated financial requirements for the Strategy. It is intended to provide broad indication of the financial viability of the Strategy, guide resource mobilization and allocation as well as provide basis for advocacy for additional funding in order to achieve maximum impact. It is not intended to provide a detailed budget or costing for specific interventions, as detailed budgets and costs will be developed by individual agencies using existing budgeting systems and procedures.

The Government of Uganda, Development Partners, Civil Society Organizations, the private and corporate sectors and communities all play key roles in financing the Reproductive Health Commodities Security Strategy. Specifically, the Government of Uganda's Medium Term Expenditure Framework (MTEF) and Ministry of Health's Annual Budget should reflect the financing priorities in this Strategy. The Government of Uganda will continue counting on support of UNFPA, USAID, USAID and other Development Partners in financing the strategy through their commitment for long term and predictable financing, including participation in the compilation of the Contraceptive Procurement Table .

While advocating for increased budget allocation and resources commitment, the Strategy also proposes to increase effective absorptive capacity in order to achieve the goal and objectives of the strategy. Any challenge that limits absorptive capacity will be continually analyzed and addressed, including funds disbursement mechanisms, commodities procurement system, challenges in supplies/distribution, etc. All these systems will be strengthened to ensure that reproductive health commodities are always available at service provision points.

Basis for Financing Estimates

During the development of the Reproductive Health Commodity Security Strategy, a costing was done to develop costing estimates for the Strategy by:

- a. Identifying key reproductive health commodities necessary to achieve the results and targets specified in the Strategy (drawn from targets in the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda);
- b. Estimating the Unit costs for each commodity based on experience and procurement data available at the interchange;
- c. Identifying the size of the population in need of each type of reproductive health commodity in a related service, based on demographic data;
- d. Identifying appropriate quantities required for a given coverage target on annual basis for the five year time frame based on targets set in the "Roadmap for Accelerating Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda."

The cost for each commodity was thus arrived at based on the formula:

Cost = unit cost x population in need x coverage target

The total estimated budget for the requirements for commodity procurement and related supply chain management amounts to United States Dollars \$237 million as set out in the table below. Cost for procurement of Family Planning commodities alone is \$76 million and for other reproductive health commodities is \$161 million. About \$29 million is required for other logistical support and capacity building.

Estimated Financing Requirements in Millions of US Dollars 2009/10 – 2014/15

RHCS Commodity and Health Systems	Funding in US Dollars for the Periods					Total
	2010/11	2011/12	2012/13	2013/14	2014/15	
3.1 Context (policies)	500,000	500,000	500,000	500,000	150,000	2,150,000
3.2 Coordination	800,000	700,000	500,000	500,000	500,000	3,000,000
3.3 Capacity						
3.4 Demand& utilization	20,000	20,000	50,000	0	0	50,000
3.5 Capital	100,000	50,000	50,000	50,000	0	550,000
3.6 Commitment	500,000	500,000	400,000	400,000	200,000	2,000,000
3.7 RH Commodities	42,44,747	43,763,871	46,840,607	49,955,028	54,108,454	237,110,706
3.7.1 Contraceptives	11,000,000	13,000,000	15,000,000	17,000,000	20,000,000	76,000,000
3.7.2 Other RH Sup	31,442,747	30,763,871	31,840,607	32,955,028	34,108,454	161,110,706
Grand Total Over Five Years						481,971,412

APPENDIX I: ESSENTIAL LIST OF RH COMMODITIES

I.A Contraceptives:

1. Condoms (male and female condoms)
2. Injectables
3. Implants
4. IUDs
5. Pills
6. Surgical contraception equipment

I.B Antenatal care (ANC):

7. Fefolate
8. Fansidar
9. Maama kit
10. Niverapine
11. Deworming Tabs
12. AZT/Combivar
13. STI kits
14. Haemoglobin (Hb) estimation kits
15. Uristixs (Detection of Glucose in Urine)
- 16. Insecticide Treated Nets (ITNs)**

I.C Emergency Obstetric and New born Care (EMONC) Commodities

17. Oxytocin
18. Magnesium Sulphate
19. Metronidazole injection
20. Amoxicillin injection
21. Gentamycin injection
22. Tetracycline eye ointment
23. Misoprostol
24. Iron and Folate
25. Manual Vacuum Aspiration (MVA) kits
26. Gynecological gloves
27. Caesarian Section kits

I.D Others:

28. Cervix Cancer Screening kits

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