MINISTRY OF HEALTH
REPUBLIC OF UGANDA

THE REPRODUCTIVE MATERNAL NEWBORN CHILD AND ADOLESCENT HEALTH (RMNCAH) ASSEMBLY

Better Accountability and Coordination for Reproductive Maternal Newborn Child and Adolescent Health

DATE : THURSDAY 10TH DECEMBER, 2015

VENUE : KAMPALA SERENA HOTEL

ACKNOWLEDGEMENT

On behalf of the RMNCH Assembly Organizing Committee, I extend our appreciation to the Ministry of Health, World Health Organization, the United Nations Population Fund (UNFPA), Government Ministries, Departments, Agencies and Implementing Partners for the contribution, both monetary and non-monetary towards realizing the success of the RMNCAH Assembly, 2015.

In a special way, I would like to thank Ministry of Health, WHO and UNFPA for having funded and fully participating in the RMNCH Assembly. Without these funds the Assembly wouldn't have been a success.

I also take this opportunity to thank the members of the organizing committee of the RMNCH Assembly notably; Prof. Anthony Mbonye, Dr. Placid Mihayo, Late Dr. Collins Tusingwire, Ms. Roselline Achola, Ms. Juliet Tumuhairwe, Dr. Yvonne Mugerwa, Dr. Olive Ssentumbwe, Dr. James Tanu Duworko, Dr. Kidane Abrah, Dr. Jesca Nsungwa and the Rapportuering Team led by Mr. Mike B. Mukirane.

The Ministry of Health commits to supporting the RMNCAH agenda in Uganda to ensure increased mutual accountability and coordination amongst RMNCAH Service Providers, Development Partners, Communities and Government. ***"Where everyone is accountable, everyone wins"***

Prof. Anthony K. Mbonye
DIRECTOR HEALTH SERVICES
(COMMUNITY AND CLINICAL)

EXECUTIVE SUMMARY

Concerned about the slow progress in addressing the high Maternal and Infant mortality in Uganda and the need to work together in a coordinated and more accountable manner, Ministry of Health embarked on taking a common and well-coordinated country approach towards the efforts to accelerate the attainment of MDG 5 and sustaining the progress achieved in MDG 4.

Despite achieving the under-five mortality indicator (55/1000 live births) through improvement of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services, maternal and newborn indicators have remained relatively stagnant in the last decade.

Currently, the Maternal Mortality Ratio (MMR) is 438/100,000 live births (UDHS2011) which translates into 20 women dying every day from preventable and treatable causes. These deaths can be avoided through the implementation of a package of lifesaving, low-cost interventions as spelt out in the RMNCAH Sharpened Plan (A Promise Renewed). However, implementations of these low cost, high impact interventions can only be successful if there is improved coordination and accountability amongst the RMNCAH stakeholders.

To realize this, Ministry of Health held a high level meeting with Development Partners who support RMNCAH in Uganda on 18th September 2014 at Serena Hotel. At this meeting, the country statistics on RMNCAH were discussed as well as the challenges hindering progress.
Five resolutions were made out of the meeting to address the slow progress and ensure that all Partners move together in a more coordinated and streamlined manner so as to achieve the goal of ending preventable maternal and child deaths.

The 5 resolutions were;

1) Establishing and maintaining a streamlined mechanism for accountability and coordination of RMNCAH services in Uganda through a one well coordinated and agreed upon RMNCAH plan in order to enhance efficiency and effectiveness in service delivery.

2) Convening of a Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Assembly so to establish better coordination and accountability mechanism that will reduce on duplications and ensure efficiency and effectiveness in RMNCAH service deliver by all partners to the population of Uganda.

3) Adopting an effective and regular communication mechanism between all partners supporting RMNCAH to ensure holistic and streamlined implementation of projects and programs in Uganda.

4) Employing a deeper engagement process with RMNCAH Partners to understand the regulations that govern their operations in order to improve their support to the Ministry of Health.

5) Developing and applying clear criteria for identifying the geographical areas of operations of each partner based on evidence that is acceptable by all.

As a follow up on the above meetings' resolutions, a Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Assembly was convened on 10th December 2015 at Kampala Serena Hotel and Conference Centre with an aim of establishing a clear coordination and accountability mechanism that will reduce on duplications and ensure efficiency and effectiveness in RMNCAH service delivery by all stakeholder in Uganda.

The RMNCAH Assembly brought together both public and private RMNCAH stakeholders in Uganda and the First Lady of Uganda/Minister for Karamoja Affairs, Hon. Janet Kataha Museveni who is also the Champion of RMNCAH in Uganda officiated at the assembly.

The RMNCAH Assembly objectives were:

1. To understand where the country is in relation to its RMNCAH agenda, and celebrate the progress made so far on ending preventable Child and Maternal deaths and rolling out the sharpened plan since the launch of the APR November 2013.

2. To take stock of the progress by different partners and players to deliver their respective mandates; where partners are implementing, where the outstanding need lies in terms of coverage and financing gap, and decide on the way forward for 2016.

3. To track RMNCAH resources in the country so as to generate high quality data/information for informed decisions-making during planning and resource allocation for equity.

4. To share information on Global Financing Facility (GFF)—which aims to boost health systems and substantially increase resources spent on maternal and child health by diversifying financing for development.

Different presentations were made by all RMNCAH stakeholders including but not limited to Ministry of Health, World Health Organization, PATH, Engender Health, UNICEF, UNFPA, District Health Officers, DSW, World Vision, Save the Children in Uganda, Belgium Technical Cooperation, PACE, Marie Stopes Uganda, Amref Health for Africa, Clinton Health Access Initiative, Pathfinder International, Jhpiego, Inter Religious Council of Uganda, DFID, SIDA, World Bank, AVSI International and USAID.

Following the discussions of the presentations, the RMCNAH Stakeholders in Uganda committed themselves to;

1. Strengthen coordination and accountability mechanisms at National, District and Community level in order to streamline RMNCAH implementation in Uganda.

2. Adhere to the national guidelines on implementation of RMNCAH services and review all our financial support and geographical locations so as to promote equitable distribution of RMNCAH services.

3. Work under the leadership and guidance of Ministry of Health with transparency so as to promote mutual accountability and coordination amongst RMNCAH stakeholders. ***"Where everyone is accountable, everyone wins"***

4. Undertake the strengthening of the RMNCAH Indicator tracking system and implement the RMNCAH Scorecard at National, District and community level in order to ensure accountability for results and resources for women and children's health.

5. Participate in the Ministry of Health Annual RMNCAH Resource Tracking exercise so as to generate high quality financial data/information for informed decision making during planning and resource allocation for RMNCAH services.

6. Advocate for increased budgetary allocation in line with the Abuja declaration of 15% of the national budget and for streamlined financial and human resources for RMNCAH into core areas of national investments.

7. Engage, empower and support the Religious and Traditional Leaders in community mobilization for improving coordination and accountability for RMNCAH services.

8. Co-opt representatives of young people to RMNCAH service committees and taskforces at all levels for better coordination of Youth Friendly Services.

9. Undertake and support Ministry of Health to hold Annual RMNCAH Assemblies.

Dr. Jane Ruth Aceng

DIRECTOR GENERAL HEALTH SERVICES

1.0 Introduction

In a bid to address the high infant and Maternal mortality in Uganda through improvement of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services, Ministry of Health embarked on taking a common and well-coordinated country approach towards the efforts to accelerate the attainment of MDG 5 and sustaining the progress achieved in MDG 4.

Despite achieving the under-five mortality indicator (55/1000 live births), maternal and newborn indicators have remained relatively stagnant in the last decade. Currently, the maternal mortality ratio is 438/100,000 live births (UDHS2011) which translates into 20 women dying every day from preventable and treatable conditions. These deaths can be avoided with a package of lifesaving low-cost interventions as spelt out in "A Promise Renewed" (APR) if there is improved coordination and accountability for RMNCAH services by both government and all stakeholders.

To realize this, Ministry of Health held a high level meeting with Development Partners who support RMNCAH in Uganda on 18th September 2014 at Serena Hotel. At this meeting, the country statistics on RMNCAH were discussed as well as the challenges hindering progress. Five resolutions were made out of the meeting to address the slow progress and ensure that all Partners move together in a more coordinated and streamlined manner so as to achieve the goal of ending preventable maternal and child deaths.

The 5 resolutions were;

1) Establishing and maintaining a streamlined mechanism for accountability and coordination of RMNCAH services in Uganda through a one well coordinated and agreed upon RMNCAH plan in order to enhance efficiency and effectiveness in service delivery.

2) Convening of a Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Assembly so to establish better coordination and accountability mechanism that will reduce on duplications and ensure efficiency and effectiveness in RMNCAH service deliver by all partners to the population of Uganda.

3) Adopting an effective and regular communication mechanism between all partners supporting RMNCAH to ensure holistic and streamlined implementation of projects and programs in Uganda.

4) Employing a deeper engagement process with RMNCAH Partners to understand the regulations that govern their operations in order to improve their support to the Ministry of Health.

5) Develop and apply clear criteria for identifying the geographical areas of operations of each partner based on evidence that is acceptable by all.

To implement one of the resolutions of the high level meeting mentioned above, the Ministry of Health with support from partners organized the RMNCAH assembly on 10th December 2015 at Kampala Serena Hotel and Conference Centre which brought together both public and private RMNCAH Partners in Uganda. The First Lady of Uganda and Minister for Karamoja Affairs, Hon. Janet Kataha Museveni who is also the Champion of RMNCAH in Uganda officiated at the assembly whose objectives were:

1. To understand where the country is in relation to its RMNCAH agenda, and celebrate the progress made so far on ending preventable Child and Maternal deaths and rolling out the sharpened plan since the launch of the APR November 2013.

2. To take stock of the progress by different partners and players to deliver their respective mandates; where partners are implementing, where the outstanding need lies in terms of coverage and financing gap, and decide on the way forward for 2016.

3. To track RMNCAH resources in the country so as to generate high quality data/information for informed decisions-making during planning and resource allocation for equity.

4. To share information on Global Financing Facility (GFF)—which aims to boost health systems and substantially increase resources spent on maternal and child health by diversifying financing for development.

1.1 Opening prayer

The opening prayer was led by Fr Emmanuel Sekiwa of the Orthodox Church in Uganda.

1.2 Welcome Remarks by Assoc. Prof. Anthony K. Mbonye (Director Health Services, (Community and Clinical)

The Director Health Services, (Community and Clinical) welcomed the First Lady and all the participants for and thanked them for honoring the invitation and hoped that at the end of the day, concrete resolutions will be made in order to streamline accountability and coordination of Reproductive Maternal Newborn Child and Adolescent Health **(**RMNCAH) services in the country.

1.3 Key Note Address on experiences on Global Facility Fund (GFF) (Dr. Peter Okwero)

The World Bank Representative, Dr. Peter Okwero gave a key note address where he thanked the First Lady and all the participants for attending.

He went ahead to thank the Ministry of Health for organizing such an important assembly where all RMNCAH Stakeholders come together to find solutions to the challenges in the sector.

He talked about Global Financing Facility goals and objectives as;

- To accelerate progress to reduce morbidity and mortality in children.
- To bring together a number of partners and private sector at global level.
- To be able to mobilize resources needed from all sources of funding.

He said that maternal and child morbidity and mortality is still high and that the main challenge was financing. Therefore there is need to ensure that resources are targeted at high impact interventions, financing meaningful skills for scaling up interventions, a need for sustainable financing so that work can be continuous.

Other key issues in the key note address were;

- Main objective of GFF is to accelerate and sustain access to RMNCAH.
- There is a need to generate resources through public and private partnerships.
- There is need to bridge resources gap both at national and global level.
- Resources target evidence based high impact interventions, prioritized and delivered in result based manner.
- GFF requires an investment case and financing strategy that is results based.
- In Uganda, **our investment case** is the revised sharpened plan. This investment case puts together the thinking of key partners while addressing the bottlenecks.
- There is a need to start thinking seriously on how to mobilize resources, how we use these resources, and financing based on results which should be carried out in a systematic and proactive manner

He highlighted the following as what the bank is doing;

- Supporting the Health System Strengthening project of about USD30bn with programs like availing commodities, equipment, making available long term FP methods and improving the ambulance system
- Supporting the voucher project that targets the poor women with funds of about USD 13M and government supplemented with USD 3M.

- GFF is up to USD150 million with USD110 million coming from GFF as loan and USD40 million as credit. Out of this, USD10 million will target CRVS.

1.4 Remarks by Minister of State for Health (PHC), Hon. Sarah Opendi

The Honourable Minister of Health (PHC), Hon. Sarah Opendi welcomed and thanked the First Lady and participants for attending. She said that as per the theme of the assembly, "Better accountability and coordination for RMNCAH", the well being of everyone determines the health of the next generation.

She also said that one of the objectives of the assembly is to create a platform for dialogue. She went ahead to say that Uganda had made progress and achieved the Millennium Development Goal 4 among 12 African countries.

She emphasized that all stakeholders should be involved; all mothers should go for all the 4 antenatal care visits.

Other key issues in her opening remarks included the following:

- The wellbeing of mothers is vital and predicts the future wellbeing of our health
- There is still a challenge of MDG 5 that is still unexpectedly high and the cause of these deaths is partially mothers delivering under unskilled people, inadequate human resource and absenteeism.
- 95% of mothers attend the first ANC visit but their numbers keep reducing with subsequent visits and only 59% deliver in health facilities meaning 41% deliver under unskilled attendants.
- Of the 17 mothers dying every day, 4 are as a result of criminal abortion in the country, child marriages and teenage pregnancies. She said that this can be reduced through the utilization of contraceptives and strong community health systems

She concluded by condemning the routine absenteeism by midwives and health workers at health facilities and reiterated the need for performance contracts where payments should be done according to their performance.

1.5 Remarks by the UN Resident Coordinator

The Acting UN Resident Coordinator thanked the First Lady and participants for attending and welcomed them as well. He said that many women in Uganda die due to reproductive health related causes and children still dying of malnutrition, diarrhea (10%) and malaria hence the need to prioritize high impact interventions.

He said that the global strategy launched by the UN in the UN Assembly states that every woman, child and adolescent should realize their rights for participation.

He therefore said that the theme of assembly is spot on given that Uganda is yet to achieve MDG 5 on Maternal Mortality.

He went ahead to highlight the following:

- Given the SDG target of reducing Maternal Mortality to 70 deaths per 100,000 live births, the time has come to start addressing the bottle necks.
- There is a need to scale up evidence based high impact interventions without leaving anyone behind.
- A robust and well-coordinated leadership of government and the private sector, religious leaders, and cultural leaders is important in achieving SDG targets by 2030.
- There is a need to raise additional funds to address RMNCAH issues in Uganda.
- The systems need to be addressed beyond RMNCAH so as to include other sectors such as the civil sector which monitors accountability quite well.
- Would like to pledge support to improve implementation processes for the health of women.

He concluded by emphasizing on transparency because it is key and said that the UN will always support and work together with government and other stakeholders for better health services.

1.6 Remarks by Hon. Minister of Health- Hon. Elioda Tumwesigye

The Minister of Health, Hon. Dr. Elioda Tumwesigye welcomed the First Lady and participants and thanked them for attending. He thanked the First Lady for hosting them in her home in Rwakitura during launch of eMTCT in South Western Uganda

He also conveyed apologies from the Minister of Health of Kenya who was unable to come due to a reshuffle where he was transferred to the Ministry of Transport.

He highlighted the following:

- MOH has been progressively implementing the resolutions and the sharpened plan has been reviewed from 2017 to 2020 as an investment case for Uganda.
- GFF is already functional in 4 countries in Africa i.e. Kenya, DRC, Ethiopia and Tanzania and Uganda has been chosen as beneficiary. He thanked those that lobbied for the GFF at the World Bank.
- There is a need to strengthen Community Health Extension Workers, Ambulance services and of more midwives in order to reduce Maternal Mortality.
- There are 225 sub-counties which have Health Centre IIs but no Maternity Centres, and 22 sub-counties without Health Centre IIs hence the need to work together to achieve to bridge the gap.

He concluded by appreciating the development partners for their technical and financial support to RMNCAH and Health in general.

He then invited the First Lady and Champion of RMNCAH to address participants and officially open the assembly.

1.7 Remarks by First Lady of Uganda and Minister for Karamoja, (RMNCAH Champion), Hon. Janet Kataha Museveni

The First Lady and Champion of RMNCAH thanked Ministers of Health, Members of Parliament, Excellencies, Ambassadors, Implementing partners and the Ministry of Health for organizing and attending the assembly. She said she was privileged to be part of the RMNCAH assembly because it is an avenue that will help to address issues of maternal, child, and adolescent health.

She went ahead to urge the participants to reflect on improvement of the health of mothers, adolescents and children. The First Lady said that the country has made progress on MDGs in particular reducing poverty from 56% in 1990 to 19.7% in 2015, promoting UPE and USE, gender equality and empowering women.

Uganda also achieved MDG4 on child health much as mothers are still dying. UN estimates Maternal Mortality rate for Uganda now to be 360 per 100,000 which is encouraging but not good. She reiterated the need to work together as a team and in a coordinated manner. She highlighted on the challenge of coordination and accountability, male involvement, teenage pregnancy, abortion and urged all stakeholders to work together so as to reduce maternal and child mortality.

She congratulated the Ministry of Health for bringing partners together in the reviewed sharpened plan She said that the national goals should be revised in line with the transition and should reach all youth and adolescents who are involved in early marriages and teenage pregnancies.

As a champion she urged on Ministry of Health to use a family oriented approach, (whole family), since women are not in charge of their own lives and therefore sometimes do not know where they are going to deliver from. Focus should be put on mothers because they are the primary people to fight the battle of Maternal and Child Mortality. This will enable families to take charge of their lives and reduce poverty and the well being of people.

She concluded by urging all leaders to aim at achieving the RMNCAH goals and targets.

She then declared the RMNCAH assembly officially opened.

2.0 Second Session; presided over by the Minister of State for Health, Hon. Dr. Chris Baryomunsi

The Minister of State for Health - General Duties, Hon. Dr. Chris Baryomunsi chaired the second session of the assembly.

2.1 Presentation of the Assembly objectives and background to RMNCAH by Director General of Health Services – Dr Jane Ruth Aceng

The Director General of Health Services, Dr. Jane Ruth Aceng presented the objectives of the assembly and took the participants through the background of RMNCAH in the Ministry of Health. During her presentation, she highlighted the following:

- MDG 4 has been achieved currently child mortality at 50. But we still have a high number of children who are unimmunized and still dying of preventable deaths.
- We have not done well in MM, currently estimated at 360 by UN
- There is improvement in immunization coverage from 52% to 95%. We are on target to achieving measles coverage.
- We are working with WHO to be part of polio end game.
- Enrolled vaccination against HPV, reduction in HIV transmission and malaria prevalence
- Have embarked on MPDSR
- Rehabilitated hospitals especially maternity units and theatres.
- Functionalize HCIV
- Government of Uganda increased funding for contraceptives

She enumerated the challenges as being:

- Poor coordination with partners
- Contraceptive rate still low
- Low availability of Youth Friendly Services, only 55 public facilities offer Youth Friendly Services
- Low staffing especially midwives, 1 midwife per 18000
- 1 in 4 infant deaths occur during new born period
- Over one million children still unimmunized, Stunting
- Poor mobilization-low community involvement
- 25% teenage pregnancies
- Advocacy challenges

The following constraints were also mentioned:

- Inefficiencies in delivery through lack of integration
- Failure to track expenditures

- MDG 5 unfinished agenda and challenge of sustainability
- Large remaining funding gap
- Inefficiencies in RMNCAH financing.

2.2 Presentation on the implementation of the promise renewed for RMNCAH by Prof. Freddie Ssengooba.

Prof. Freddie Ssengooba took the participants through his presentation on the implementation of the promise renewed for RMNCAH and highlighted the following:

- Promise renewed focuses on five shifts for improvement geographically, high burdens population, high impact solutions, working across other sectors and mutual accountability.
- The expectations are high
- **Geographic shift**: Data systems all give information but it is not used by local authorities thus need to empower and invest in local data systems for use.
- **Access for high burden population:** Invest in innovations to expand services access to underserved communities, Steer for comprehensive services especially in remote areas, Address quality, Implement time limited demand e.g. voucher scheme**,** Uganda is not equally served. North and west well covered. We need to invest big starting with the most burdened.
- **Shift three and four:** guide pilots with a clear plan of how to scale up, customize global policies and guidelines to locally feasible goals and targets, and expand multi-sectoral engagement interventions for impact. There is less engaged leadership at national and sub national level. Needs for inter-sectoral actions.
- **Mutual accountability:** coordinate centrally to support implementation by local government, invest in distributed leadership for RMNCAH programs, expand and package information to track performance of RMNCAH

Conclusion

- Expand information systems for accountability
- Progressively increase access
- Invest in quality

2.3 Implication of demographic dividend in the productivity of the youth health and PMA2020 results Round 3 by Dr. John Sekamate Sebuliba and Dr. Fredrick Makumbi

This presentation was shared between Dr. John Sekamate Sebuliba and Dr. Fredrick Makumbi who highlighted the following:

- Uganda's population structure has remained the same as 50 years ago with large pyramid base of dependents.
- Need to invest in human capital to achieve the dividends
- Address barriers to contraceptive use, which address fertility substantially
- With the exception of Kampala and central 1, the other regions have an unmet need that is greater than the met need
- Increase investment in education and building of skills
- Invest in high job multiplier investments
- Governance and accountability
- Next five years we need to re-tool and improve the quality of education for the job opportunities available
- Long term-appropriate multi-sectoral investments towards high end jobs
- There is need for continuous monitoring on RMNCAH indicators to monitor how well we are progressing
- PMA 2015 CPR 34.2 and unmet need is 31.8
- In public facilities, the most likely methods to be stakeouts were pills and condoms
- Modern CPR has changed by approximately 4, unmet need remains high, delayed initiation of contraceptive use.
- Age at first sex is approximately 17 and age at first contraceptive use is 22years

2.4 Presentation by the districts on implementation, success and challenges; Head of DHOs- Dr. Emmanuel Otto

- There is political will and commitments from partners
- Many districts have functional leadership headed by DHOs
- Recent recruitment
- Mentorship being done by partners
- Redistribution of commodities helping reduce temporary shortages
- MPDR being carried out in many districts
- Contributions of private sector especially ambulance services

Challenges

- Data collection tools left to partners by Government.
- Tracking mechanisms for performance indicators are not clear.
- Lack of Newborn equipment in most health facilities.
- Lack of human resource in some districts especially ADHOs in charge of RMNCAH
- Lack of awareness and training on the emerging technologies and innovations in health.
- Poor referral in some districts
- Human resource is a challenges

- Role of religious leaders
- Low male involvement
- Unsafe Abortions
- physical access difficult in some districts
- Poor infrastructure

2.5 Plenary Discussions

During plenary the following issues and contributions were raised by the participants of the assembly

- Uganda has done well in reducing mortality but fertility, CPR, remain stagnant. Skilling youths require focusing on education programming. In the demographic dividend, where is Uganda in the window of opportunities?
- Can Uganda target retirement training in order to prepare the workers for retirement?
- Lack of mentoring and supervision is affecting maternal health in Uganda and there is need to reward private service providers for the work they do and improve on the health facilities.
- There is a need to research further in order to know who the spouses of women in reproductive age with unmet need are so that some answers on why the unmet need exists in that family.
- Mentorship, coaching and trainings are not enough especially in Family Planning.
- There is need for inter sectoral collaboration especially the Ministry in Charge of Education on the education of girl child.
- Participants especially the partners were interested in understanding who is accountable for issues at the district level.

The presenters responded to the issues raised by the participants as follows:

- On demographic dividend, Uganda is in the pre-transition stage. There is need to create youth bulge by reducing fertility first but at the same time invest in youths
- Retirement training is a concept that needs to be addressed by the government of Uganda.
- PMA is still analyzing the data and through continuous research, will try to get a clear understanding of who the spouses of the women with unmet need are in the next study.
- There is need to give districts capacity to monitor their performances through clear tracking of indicators.
- Uganda is not short of programs that work well but scaling them up is the problem that needs to be addressed by the stakeholders in order to realize impact.

- As concerns the districts, all stakeholders are accountable for their actions in the districts.
- Government of Uganda works with private sector through the Public Private Partnership. Government provides commodities and equipment to Private Not For Profit facilities on top of the Primary Health Care funds disbursed to them every quarter.

4.0 Presentations by MoH Partners

The session was presided over by Dr. Jane Ruth Aceng, Director General of Health Services

4.1 Presentation by WHO, UNFPA, UNICEF

Dr. Olive Sentumbwe presented on behalf of the 3 Development Partners. She took the participants through the mandate of the UN body as supporting policy development, planning and programming, evidence generation, monitoring and evaluation, capacity building in specific areas for SRMNCAH, South to south cooperation and public-private partnership, standard setting and benchmarking, Advocacy and resource mobilization.

She enumerated the target regions and districts as Karamoja (all seven districts); Acholi (Gulu, Kitgum, Pader) Lango (Oyam, Lira); West Nile (Yumbe, Arua, Adjumani); Southwest (Bundibugyo, Kanungu); Central (Mubende,Masaka); Eastern (Katakwi, Soroti, Amuria), Western (Kiryandongo, Mbarara).

She took the participants through the achievements made that include but are not limited to:

- Supported Development and Review of Policies, Strategies, and Guidelines
- Supported the Human Resources for Health in terms of In service training and mentoring in SRMNCAH service delivery including EmONC, Family Planning, Fistula Surgery, GBV and Gender
- Strengthened management and support supervision (training, provision of transport equipment)
- Procurement of Health Supplies including contraceptives, ICCM commodities, Sexual assault kits, colposcopes, maama kits
- Supporting the HMIS – further disaggregation by age; u-report, m-Trac, DHIS2; Registers for Adolescents and GBV,

- Supported the institutionalization of MPDSR – implementation, guidelines, compilation of annual reports and dissemination
- Strengthened referral systems – provided ambulances and communication equipment

Some of the challenges experienced during implementation included the following:

- Inadequate scale-up of proven and promising innovation and programs
- Inadequate documentation and dissemination of good practices
- Inadequate dissemination of policies, strategies, guidelines (hence not fully implemented)
- Inadequate human resources for health
- Inadequate infrastructure and equipment
- Supply chain challenges (stock out of essential commodities)
- Inadequate coordination
- Negative traditional and cultural beliefs and practices persist preventing optimal demand and utilization of services
- Fast growing population – key populations not adequately/ optimally reached

4.2 Presentation by WV, MSU, AMREF, CHAI, PACE

The presentation was made by Dr. Patrick Kagurusa of Amref Health Africa and informed the participants that their strategies are focused in the following key areas:

- Partnerships – MOH, Districts, Private sector
- Health systems strengthening
- Technologies – mHealth, energy, innovation trials
- Market shaping – Demand creation social mobilization
- Service delivery – for specialized services, outreaches
- Community systems strengthening - VHTs
- Research & knowledge management for improvement of Policy and Practice

The following challenges were experienced by the partners during implementation:

- Reducing funding from traditional funders
- Limited capacity in districts to sustain the project establishments
- Health worker skills, motivation, attrition
- Limited implementation of available policies and guidelines
- Non-functional PPP-coordination and referral system.
- Poor data management and use for planning at service delivery points.

4.3 Presentation by USAID

Dr. Christine Mugasha presented on behalf of USAID highlighting the following key issues:

- USG RMNCAH investments are guided by, and contribute to Uganda's Sharpened Plan for RMNCH
- Implementation is through both the public & private sector
- Regions of implementation are South Western, Eastern, Central, Northern and Karamoja

Program implemented in these areas include: Maternal & newborn health, eMTCT, Child health + immunization, Nutrition, Family planning, Fistula care, Malaria and WASH

Challenges encountered included the following:

- Inadequate Human Resources for Health.
- Inadequate Commodities.
- Newer districts with massive demands.

However, she informed the participants that there are opportunities that need to be explored in order to tackle RMNCAH issues and these include:

- Engagement of VHTs/CEWs.
- Renewed interest at global level in RMNCH.
- USG focus on priorities in Uganda's Sharpened Plan.
- Increasing efficiencies in investment to reach target groups.
- Commitment to supporting family planning.

4.4 Presentation by BTC and SIDA

The presentation was made by Phillip of Belgian Technical Cooperation and highlighted the following:

- Health Sector Budget Support focusing on District PHC, Public and PNFP facilities service delivery
- ICB - Institutional Capacity Building Project for planning leadership and management in the Uganda Health Sector.
- SDHR – Skill Development for Human Resources
- Fellowship Program

He said the support of BTC has contributed to an increase in number of critical staff in hard to reach areas and an increase in deliveries at health centres.

4.5 Presentation by PATH, Pathfinder, Save the Children, JHPIEGO

In their presentation, the above partners highlighted on the partnerships, districts supported and Health Facilities involved in implementation as follows:

- **Partnerships**: Local governments, NACWOLA, Concerned Parents Association, and 6 CBOs at the grass root level in different districts
- **Districts of support;** Mayuge, Wakiso, Albetong, Kyegegwa, Kibale, Amuria, Lira, Kasese, Namayingo, Bukedea, Mpigi
- **HFs covered**: Mayuge- 19 HFs, Wakiso – 3 HFs, Aleptong – 10 HFs, Amuria – 22 HFs, Kyegegwa -11 HFs, Kibaale – 21 HFs, Mpigi – 1 HF , 6 PACF CBOs

Activities implemented by Jhpiego include the following:

- Maternal Health:
  - Helping Mothers Survive (HMS)
  - Pre-eclampsia/Eclampsia (PEE)
  - Prolonged/Obstructed labour
  - BEMONC/CEMONC

- Newborn Health:
  - Helping Babies Breathe (HBB+)
  - SBM-R to ensure MNH standards-quality improvement approach.

PATH **Advocacy for Better Health Project** is focusing on enhancing the capacity of citizens and CSOs to carry out effective advocacy for increased investment and accountability by decision makers in 35 districts.

Sayana Press project promoting an innovative subcutaneous injectable contraceptive that can be administered by trained health workers and VHTs. Coordination of distribution of Sayana Press units is undertaken in 28 districts.

Other interventions include the HPV Vaccine Project, Cervical Cancer Prevention Project and Cryopen project which aims at strengthening access to critical technologies.

The challenges encountered include:

- Human Resources for Health are not enough and not motivated.
- Commodities: stock outs of critical RMNCH medicines which are linked to national level stock outs.
- Coverage and poor status of existing infrastructure that has affected readiness to provide MNCH services, ability to support community based structures for delivery of MNCH services and access, demand and utilization to MNCH services
- PHC cuts leading to stalling of various district projects

4.6 Presentation by Engender Health:

In her presentation, Dr Christine Mukisa from Engender Health highlighted the activities implemented as:

- Fistula treatment/repair at 4 hospitals through periodic camps and routine services (Kitovu Mission Hospital, Hoima Regional Referral Hospital, Jinja Regional Referral Hospital, Kamuli Mission Hospital).
- Training of fistula surgeons (mentoring and coaching) using a cost effective FIGO
- Training of nurses in fistula counselling, pre and post operative care
- Training of anesthetists
- Onsite training, mentoring and coaching on partograph use in labour monitoring including training of Partograph champions to cascade training and mentoring at lower facilities
- Training midwifery tutors in partograph use and transfer of skills to student nurses, FP providers with a focus on long acting methods (IUDs and Implants)
- Provision of Equipment/KITS for fistula repair; EmOC,delivery/labour and Family Planning
- Community engagement and advocacy work focusing on VHTs, youth (peer educators), local and religious leaders
- FP services using 3 service delivery modalities (outreach, special FP days and static)

She said in the course of implementation, engender health encountered the following challenges:

- Limited funds to cover a wider geographical area
- Frequent transfer of trained health workers either within health facilities or elsewhere affects capacity building and health system strengthening efforts
- Delay in disbursement of funds by one of our donors affected activity implementation especially in the last financial year

4.7 Presentation by Inter Religious Council of Uganda

The presentation was made by Mr. Allan Mugisha on behalf of the Secretary General – IRCU. In his presentation he took the participants through the thematic areas of their implementation as follows:

Maternal Newborn Health:

- Advocate to government to strengthen national and district capacity to deliver comprehensive, high-quality integrated HIV/AIDS, maternal health services with focus on financial resources, infrastructure, commodities/supplies and high quality/ motivated human resources including task shifting
- Advocate for establishment and implementation of a national accountability mechanism to ensure universal access to high-quality care to mothers
- Advocate for establishment of an effective national and district coordination and partnerships' mechanisms for delivery of integrated HIV/AIDS, RMNCAH and GBV
- Intensify community mobilization against beliefs, norms and practices that increase risks of maternal death including early marriage, and teen age pregnancies.
- Encourage and promote Antenatal Care, deliveries in Health Facilities and under skilled attendance or trained medical personnel, and Post Natal Care.
- Educate our followers on the dangers of producing too early, too late, too many and too often, and provide information to enable couples and women to make informed choices.
- Provide high quality maternal health services including goal oriented antenatal care, skilled birth attendance and postnatal care in the Faith Based Organizations' Health Facilities in the country especially in hard to reach areas

Adolescent Sexual Reproductive Health:

- Advocate for the provision of age specific comprehensive sexuality education in schools (primary, secondary, teacher training and vocational training) and for

out-of-school young people, in the context of national policy and respective religious social teachings

- Promote evidence-based social and behavioural change communication to address social norms and beliefs that act as barriers to access adolescent sexual and reproductive health services
- Mobilize families, communities and leadership against teenage pregnancy, child and forced marriages, other harmful practices including Female Genital Mutilation.
- Empower adolescents and young people especially young girls with education and livelihood skills to enable them participate in national development

Documentation and evidence based decision making:

- Build strong data collection, analysis and dissemination as well as monitoring and evaluation mechanisms to asses programme performance including follow up of IRCU resolutions and promote evidence based decision making both at IRCU and individual Faith Based Organizations.
- Promote reporting through national data systems and partner with government to communicate official national statistics including from the Census and other surveys to inform planning and decision-making by religious leaders.

Coordination and Partnerships:

- Disseminate the 2015 IRCU Resolutions on HIV/AIDS, RMNCAH, and GBV to religious leaders at all levels.

- Promote and establish effective partnership amongst us and with government (central and local), civil society organizations, the population including the affected and marginalized, private sector and other stakeholders for effective delivery of HIV/AIDS, RMNCAH, gender based violence and other services

Through implementation, IRCU has been able to realize the following achievements:

- FBOS health facilities continue to provide on a daily basis RMNCAH services giving almost 44% of these services

- Development of the handbooks integrating RMNCAH and gender issues in church programmes.

- Increased commitment from the National leaders- eg SDA Uganda Union President, the Born Again Faith Federation Presiding Apostle and His Eminence Yonah Lwanga of UOC showed their commitment by reading through the handbooks and giving a foreword to the handbooks.

- The guide is being by the religious leaders in disseminating RMNCAH and gender information.
- Different churches have integrated RMNCAH and gender issues in church programmes. Eg the SDA church has integrated these issues in their Family Life, Health and Education Departments.
- Engagement with religious leaders led to increased demand for RMNCAH services, including family planning and delivery from health facilities.
- There are established partnerships with other IPs in the districts of operation. The community dialogues strengthened the relationship between churches and service providers like health centres, as they pledged to continue to working with the church to deliver services to the communities.
- Establishment of youth friendly corners in Mubende and Kihihi under SDA which has helped very many young people with information and youth friendly services.
- Strong relationship between the District Health Team and religious leaders in the districts of operation.
- Some Religious Leaders have come up as Population and Development champions and are advocating for family planning, HIV prevention, gender equity, fight against teenage pregnancy and GBV prevention.

However, they encountered some challenges that include:

- Scarcity of supplies like HCT testing kits and different methods of FP at the health centres, which limited the range of health services for people referred from the communities, and this affected the number of people who were tested and also those who could use FP services.
- Low male participation and their involvement in the dialogues continue to challenge decision making of women in the communities to use family planning.
- Long distances to health centres made referral meaningless as many people could not afford transport to the government health centres. For example in Oyam district, the nearest health centres are catholic and they do not support modern family planning services. This poses a referral challenge.
- Negative cultural values like preference for more boys among the Acholi
- Religious beliefs and values that discourage use of modern family planning.
- Internally, the need to continue harmonising our efforts as religious institutions

4.8 Discussions

After the presentations, the participants were given chance to participate by engaging the presenters through questions and comments and the following issues and contributions came out:

- Challenge of failure to sustain workers and those who are not motivated, can be solved by participatory implementation approach by using existing available structures and resources.
- Support the human resources for health by training more health workers.
- The high number of youths should be seen as an opportunity rather than a challenge
- There is need to appreciate work of youths but also involve them in planning and implementation
- There is need for Central and Local governments to involve religious leaders in RMNCAH.
- Resources should be attached to particular programs and by region so that Ministry of Health can be able to track what money is doing what service in which region so that when some indicators are better in one region, the program can be taken to another area.
- There is need for community based midwives.
- Some areas have more partners than the others and hence discrepancies in performance
- There is need to improve on staff accommodation in order to fight absenteeism by health workers.
- BTC putting more money in Rwenzori region where other partners are implementing will lead to duplication.
- Where is engender health getting the statistics on prevalence of fistula.
- There is an urgent need to recruit critical cadres such Anesthetic officers and doctors.

In response to the issues raised by the participants, the presenters made the following comments:

- The youth need to be skilled ,need to be trained if they are to spur development
- Partners only want to avoid being compromised but DHOs have the right to throw the partners out.
- The role of civil society indeed cannot be overlooked
- USAID is going to support coordination of RMNCAH activities
- DHOs were encouraged to report any partners that are not cooperative

- The statistics on fistula do not have particular reference point but the national fistula strategy was a reference source. The soothing but not a reason to celebrate.

Way Forward:

After plenary, the participants made the following resolutions out of the RMNCAH Assembly:

10. Ministry of Health should review all the partner support in terms of finances and geographical allocation of RMNCAH services and provide guidelines to all partners supporting RMNCAH Services in Uganda.

11. Ministry of Health should strengthen the coordination mechanisms at national level by clearing the activities of partners prior to implementation and also at District and Community level in order to streamline RMNCAH implementation.

12. All Partners to advocate for increased budgetary allocation to health in line with the Abuja declaration of 15% of the national budget.

13. All Partners to work under the leadership and guidance of Ministry of Health with transparency so as to promote mutual accountability and coordination amongst RMNCAH stakeholders. ***"Where everyone is accountable, everyone wins"***

14. Ministry of Health in collaboration with all partners to strengthen and undertake annual RMNCAH resource tracking so as to generate high quality data/information for decisions-making, planning and resource allocation for equity.

15. Ministry of Health to undertake the RMNCAH Indicator tracking system and implement the RMNCAH Scorecard at National, District and community level so as to ensure accountability for results and resources for RMNCAH.

16. All Partners to build powerful momentum for universal access to a full range of safe, reliable family planning methods and commit to fast track progress in increasing access to family planning to ensure that at least 85% of demand is met by 2020.

17. All Partners to promote the scale up of innovative, responsive and sustainable piloted models for Reproductive Maternal, Newborn, Child and Adolescent Health Services.

18. All Partners to advocate for the increment and improvement of the quality of human resources for RMNCAH services through provision of relevant capacity development programs.

19. Ministry of Health to take robust steps to enhance the capacity of community health workers and community midwives to deliver services and be well aligned with the higher level referral systems.

20. All Partners to advocate for investment in human capital development for accelerated attainment of demographic dividend and strengthening of family planning programs, supported by stronger economic reforms and good governance.

21. All Partners to engage, empower and support the Religious and Traditional Leaders in community mobilization for improving RMNCAH services.

22. All Partners to co-opt representatives of young people to committees and taskforces that are implementing RMNCAH activities at national, district and community level.

23. Ministry of Health to work closely with the Ministry of Education to involve schools and higher learning institutions in implementation of RMNCAH activities.

24. Ministry of Health with support from RMNCAH Partners to hold annual RMNCAH Assemblies in order to review performance and lay strategies to improve the lives of women and children.

4.9 Closing remarks by the UN representative - Madam Esperanza

She thanked the participants for attending the assembly and requested them to participate seriously in RMNCAH issues. She stressed on the need for coordination in order to see better accountability.

She went on to say that the SDGs emphasize more on domestic resources mobilization and involvement of the private sector. She challenged the participants to all be accountable for results.

She concluded by pledging the continued UN support of RMNCAH activities in Uganda.

4.10 Closing Remarks by the Minister of State for Health , General duties, Hon. Dr. Chris Baryomunsi

In his closing remarks, Minister of State – General duties said that answers to the questions being raised will come from all the stakeholders.

All the stakeholders have the solutions as to why the country is not progressing well in RMNCAH but the question is what is it that we are not doing adequately well? Should we do business as usual? The progress is not enough to take us where we need to be and therefore the need to take a paradigm shift so that we can do better.

He said that the theme for the conference was coordination and accountability meaning that we should be well-coordinated and accountable as MOH and partners.

He informed the participants that MoH political head is engaging government to commit more resources to health and called upon all partners to work together with District Health Officers as a must because they are the Ministry's frontline workers.

He concluded by thanking all DHOs, Partners and Ministry of Health staff for attending and participating in the Assembly.

4.11 Closing remarks by the Minister of State for Health, Primary Health Care, Hon. Sarah Opendi

She thanked the team that put the assembly together and also thanked the partners for supporting the activity. She urged the partners to spread their interventions across all districts and not to concentrate in particular and same districts if we are to realize impact.

She went on to inform the participants that the challenge of some partners going to the district without reporting to the DHOs office will be addressed by NGO bill that is in Parliament.

She reiterated on the issue of health worker absenteeism as a big challenge and directed the DHO's and local council leaders to carry out regular supervision of health services in the districts.

She also hinted on the growing practice of some areas being crowded with partners while others have non whereas they also deserve to have partners operating there.

She emphasized the importance of fulfilling what we agreed upon with religious leaders in the religious leaders meeting held in September 2015.

She concluded by appealing to all partners to come up with sustainable simple innovative ways that can easily be scaled up for better results.

4.12 Closing remarks by the Minister of Health, Hon Dr. Elioda Tumwesigye

He thanked partners for bringing resources to Uganda and said that Government is committed to RMNCAH through ongoing programs like HPV vaccination, building Women's Hospital Complex at Mulago and putting up other new infrastructure.

He said MOH is involved in discussion with the Ministry of Finance to enhance salaries of other cadres of health and this will be handled by the Salary Remuneration Board

He went on to inform participants that Government borrowed money and used it for family planning and renovation of health facilities. He said that Ministry of Health has launched on HPV vaccine which is also interrelated with RMNCAH because its girls who are vaccinated. He said that Government has supported USE and UPE and the President of Uganda is going to give every girl sanitary pads in order to reduce on girls dropping out of school.

He further said that there is need to increase skilled attendance at birth and work on the referral system in the country. He said that resolutions and commitments made in the assembly will be shared so that they can be implemented by all stakeholders.

He concluded by thanking the Sponsors, Facilitators, Presenters, fellow Ministers and the First Lady of Uganda for having made the assembly a success and wished all the participants journey mercies.