PRIORITIZING FP/SRH AND WORKING IN THE NEW AID ENVIRONMENT IN UGANDA

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New Aid Environment – Country Based Model

1. Ownership – countries exercise leadership over their development policies & plans (partner – countries).

2. Alignment – Donors base their support on countries development strategies & systems (donor – country).

3. Harmonization – Donors coordinate & minimize the cost of delivering aid (donors – donors).

4. Mutual Accountability – Donors & partners are accountable to each other.

5. Managing for results – Donors & partner countries orient their activities to achieve results.
1. National Ownership & Leadership for SRH/FP

1.1 SRH/FP is central in Government & Sectoral policies & plans of the country:
   - SRH/FP is part of the draft NDP
   - SRH/FP included in the NHPI, HSSPII & Draft NHPII & HSSPIII
   - Elements of SRH/FP is in the Roadmap for Accelerated Reduction of Maternal and Neonatal Mortality & Morbidity.
   - Other SRH/FP component strategies: RHCS Strategic Plan, Adolescent Health Strategy, HIV/AIDS National Strategic Plan,
1. National Ownership & Leadership for SRH/FP

1.2 Government leads coordination of partners & inputs:
- Sector coordination mechanisms with representation & participation of CSOs, Private-for-profit sectors & Development Partners.
- Coordination exists at policy levels: Health Policy Advisory Committee and Country Coordinating Mechanism (for HIV/AIDS)
- Structured coordination exists at technical and task force levels:
  - Technical Working Groups (Sector Budget Working Group, Basic Package Working Group – including MCH Cluster, etc.
  - FP Revitalization Committee, Fistula Working Group, RHCS Committee.
  - Technical information are infused through TWG to guide policies, planning & budget allocations.
2. Alignment of Dev’t Assistance for SRH/FP

2.1 Aid on budget & in-line with countries priorities:

- Most DPs plans are aligned to national & sector specific priorities; e.g. NDP & UNDAF priorities & 5-year planning cycle

- UNFPA’s funding is mixed: on-budget, off account and in some cases pooled funding.
2. Alignment of Dev’t Assistance for SRH/FP

2.2 Reliance on country’s systems & procedures:

- Some donors are using established funding mechanisms:
  - Established Equipment Credit Line & procurement of equipment
  - Established Essential Medicines Credit Line (?? NMS)
  - Established Partnership Fund (Who contributes? Convert to TA Fund?)

- Less reliance on government’s planning cycle, reporting.

- Efforts towards aligning TA with country strategies
3. Harmonization for SRH/FP

3.1 Initiatives to coordinate /streamline activities of DPs:

– Participate in Health & AIDS Development Partner (HDPs & ADPs) with internal DoL

– Within the UN, there are the UNCT, Inter-Agency Standing Committees & Joint Programmes – in population, HIV/AIDS, gender.

– ADPs & HDPs are represented at policy table (HPAC, CCM, Partnership Committee), in TWGs with Division of Labour.

– Initiatives on coordination of partner support – Long and Short term TA Framework, Supply Chain Management, etc.

– Weak in feedback/accountability mechanism & in mapping of partners support.
3. Harmonization for SRH/FP

3.2 Reliance on country’s systems & procedures:

- UNFPA uses established country’s procurement system:
  
  - Medical Equipment Credit Line with focus on FP and delivery equipment
  
  - Support for development of CPTs, warehousing, distribution, etc.
4. Managing for Results

4.1 For the Country:

- Annual Health Sector Performance Reports monitors progress against HSSP.

- Use of HMIS for reporting, though weak in community data, quality, completeness and timeliness of reporting.

- Weak link between budget process to development strategies (input based budgeting)- parliament rejected MoH budget because they wanted to see the SRH budget.
4. Managing for Results

4.2 For development Partners:

- Most DPs plans & resources are linked to country plans, e.g. UNDAF & NDP and agency specific CPDs.

- UNFPA participates in aligning with country performance assessment: AHSPR, Area Team Visits, JRM, JAR, etc.
5. Mutual Accountability

5.1 Mutual reviews of performance:
- Joint Assistance Framework with agreed on core indicators (e.g. CPR) and performance target measured on annual basis, upon which DPs provide funding.
- JRM & Annual Health Assembly as basis for reviews
- Challenges with the Medical Equipment Credit Line

5.2 Accountability to commitments made
- Donors for the funds – Partnership Fund, MECL??
- Countries for implementation – AHSPR

5.3 Transparency
- Annual declaration of support by Dev’t Partners
- Allocation, disbursement & use of funds availed by Gov’t
THANK YOU