The National RISE Programme Brief

Implemented by: MARIE STOPES UG

On behalf of: THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Funded by: UK International Development
Partnership | Progress | Prosperity

RISE Programme Partners

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Partners in Population and Development
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Programme Overview

Event:
RISE Programme Closeout Events: National Transition Event

Theme:
Increasing Access to Quality Contraceptive Services reduces Maternal mortality rates: Achievements and Learnings from the UK Government funding RISE Programme.

Project Name:
RISE Programme (Reducing high fertility rates and **I**mproving **SE**xual reproductive health outcomes in Uganda)

Contract amount:
£28.17 million

Funding:
This project was funded by the UK Government.

Duration:
1st November, 2018 to 30th August, 2024

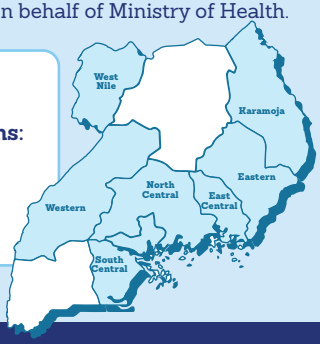
Implementation:
The RISE programme was implemented by Marie Stopes Uganda (MSUG) on behalf of Ministry of Health.

Main Goal

Reduce high maternal mortality rates by improving access to modern contraceptive choices for men and women.

Geographical Reach

86 districts across 7 regions: Western, West Nile, Karamoja, North Central, South Central, Eastern, and East Central Uganda.



Programme Milestones

Impact Indicators:

1 Contribution to 43.7% reduction on Maternal Mortality Ratio:

Projected	30%
Reached	43.7%

(From 336/100,000 as per UDHS 2016 to 189/100,000 as per UDHS 2022)

2 Unintended pregnancies averted:

Projected 2,678,339	100%
Reached 2,744,645	102.5%

3 **82% of clients reached** were high impact (**young people, people in poverty and people living with special abilities**).

4 New family planning users:

Projected 704,117	100%
Reached 1,074,627	152.6%

Key Achievements (as of June 2024)

1 Clients Served with Family Planning services:

Projected 1.3 million
Reached 2.4 million individuals with contraception methods.

Projected: Achieved:

	100%
	176%

2 **5 million**
contraceptive services provided.

3 Couple Years of Protection (CYPs) Generated:

Projected 5,749,684	100%
Achieved 6,384,188	111%

Intended outcome and achievements as of June 2024

Output 1: Increased awareness of the benefits of modern contraceptives among women, girls, men and boys.

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Over 4.3 million people reached with SBC messages.

2 **816,193 people** in targeted regions were visited by a peer or community health worker and received SRHR information.

Projected 515,458

Achieved 899,464

Output 2: Increased access to quality family planning services in both the private and public sector.

Private Sector

1 **114 private** clinics supported to provide subsidized and high-quality family planning services.

2 **425,656 vouchers** were utilized at the accredited service delivery points (social franchises).

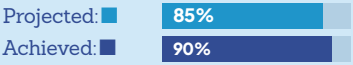
Public Sector

3 **Conducted 24,613 visits through 22 outreach teams** - working every day at HC IIIs, HC IIs and at community level.

4 **325 public health facilities** benefitted from RISE Programme capacity enhancement.

5 **750 public health workers** completed competence-based mentorship and are proficient to offer quality family planning method mix including long-acting reversable contraception (LARCs).

6 **Health Workers Achieving Level 1 Competency:**



Output 3: Improved supply of quality reproductive health services at public health facilities.

1 Trained health workers to requisition for commodities: **transition from a push supply to a pull supply approach.**

2 **Supported the shift in family planning commodity access** from implementing partners to facilities through the one-facility-one-warehouse model.

3 **Ensured the availability of Long-Acting Reversible Contraceptives (LARCs).** HCIIIs are now able to receive and order LARCs.

4 **Piloted and scaled up the reproductive health SPARS (Supervision, Performance Assessment, and Recognition Strategy)** tool. All supported facilities can now complete and submit timely orders to National Medical Stores.

5 **Provided equipment for reporting.** 48 computers (15 laptops and 33 desktops) were given to districts to improve reporting and data quality.

Output 4: Advocating for policy improvements and an enabling environment for SRHR access and delivery.

National level

- Supported **the National Health Insurance Bill**.
- **Adolescent Health (ADH) and SRH Policies:** Supported engagements to merge them into the National Health Policy.
- **Government ring-fenced 25%** of the Vote 116 RH Commodities Budget for family planning commodities and 8% was achieved for the start.
- **Health Budget:** Engaged with the Ministry of Health for FP commodity procurement.
- **Capacity building for the RMNCAH+N Platform** (Reproductive, Maternal, New born, Child, Adolescent Health and Nutrition).

Subnational level

- **Districts with evidence-based Costed Implementation Plans (DCIPs):** Supported in **15 priority districts** including Koboko, Madi Okollo, and Pakwach, Karenga, Masindi, Kabarole, Bunyangabu, Kasese, and Kakumiro, Kassanda, Masaka, Kyotera, Kalungu Lwengo and Lyantonde.
- **Subnational Accountability Mechanisms (SNAMs):** Established 12
- **RISE districts placing timely commodity orders** using eLMIS/ERP systems:

- **Districts with annual work plans** including family planning activities:

- **RISE PSS districts with evidence-based district CIPs developed** and operational:

Output 5: Improved quality of data captured/reported in DHIS2 and RISE Programme.

1. Data quality assessment: 100% of districts supported.

2. Data Quality Improvements at all RISE Supported district:

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