



# **STAKEHOLDER MAPPING AND ANALYSIS REPORT ON SELF CARE IN UGANDA**

**7<sup>th</sup> May, 2021**

## Table of Contents:

LIST OF ACRONYMS AND ABBREVIATIONS .....	3
ACKNOWLEDGEMENTS.....	4
EXECUTIVE SUMMARY .....	5
BACKGROUND.....	6
OBJECTIVES OF THE STAKEHOLDER ANALYSIS .....	6
METHODOLOGY.....	6
Mapping.....	6
Individual Stakeholder Interviews .....	6
KEY FINDINGS .....	7
ANNEX 1. STAKEHOLDER INTERVIEW QUESTIONNAIRE.....	8
ANNEX 2: STAKEHOLDER ANALYSIS AND MAPPING .....	10
ANNEX 3: STAKEHOLDER ENGAGEMENT PLAN.....	16

## LIST OF ACRONYMS AND ABBREVIATIONS

AOGU	Association of Obstetrician and Gynecologists of Uganda,
CEHURD	Center for Health, Human Rights and Development
CIFF	Children's Investment Fund Foundation
CSOs	Civil Society Organisations
FAROUG	Freedom and Roam Uganda
MakSHP	Makerere School of Public Health
MSU	Mariestopes Uganda
NACOTHA	National Council of Traditional Healers and Herbalists Associations
PATH	Program for Appropriate Technology in Health
PSI	Population Services International
RHU	Reproductive Health Uganda
SCTG	Self-Care Trailblazer Group
SRHR	Sexual and Reproductive Health and Rights
UAPO	Uganda Alliance for Patient Led Organization
UFPC	Uganda Family Planning Consortium
UNFPA	United Nations Population Fund
WHO	World Health Organisation

## **ACKNOWLEDGEMENTS**

CEHURD acknowledges and deeply appreciates the support of Population Services International, Hewlet Foundation and Children's Investment Foundation for the financial support to undertake this assignment and creating learning spaces on self-care and its value addition to realizing universal health coverage.

We also acknowledge with special thanks the role played by the members of the Uganda Self Care Expert Group and SRHR partners under the leadership of the Ministry of Health for the Technical support and contribution to this Stakeholder Mapping report.

CEHURD further appreciates the Consultant Advisor Mr. Frederick Mubiru for the enriching discussions and shaping the narrative of self-care within the Ugandan context.

Finally, special thanks go to the CEHURD technical working team comprised of Mr. Mulumba, Moses, Ms. Fatia Kiyange and Ms. Dorothy Amuron that provided oversight technical direction and peer reviewed the final reports. The legal research team comprised of Ms Rose Wakikona, Mr. Jordan Tumwesigye, Mr Paul Wasswa, Ms. Tricia Precious, Ms. Miriam Kyomugisha who provided technical support during the mapping and analysis of policies and legal frameworks. Ms. Kukundakwe Annah who led and coordinated the teams with distinction.

## **EXECUTIVE SUMMARY**

Center for Health, Human Rights and Development (CEHURD) was identified by the Self-Care Trailblazer Group (SCTG)-a global membership coalition, to provide coordination and leadership for advocacy towards the institutionalisation of self-care for Sexual, Reproductive Health and Rights (SRHR) in Uganda.

In an effort to establish a robust Self Care Movement in Uganda, CEHURD conducted a stakeholder analysis and mapping aimed at identifying and prioritizing national and sub-national self-care implementers, influencers, and policy makers to inform coalition development as well as identify opportunities and gaps that will inform advocacy for institutionalisation of self-care in Uganda.

The methodology adopted for this analysis included brainstorming and workshop sessions with the CEHURD Technical Working Team, desk review of the stakeholders and interviews with the identified stakeholders.

For the purpose of this analysis, 20 key stakeholders' organizations were identified and classified into the categories of public sector, private sector, domestic and international donors, civil society/academia/professional bodies. A tool initially developed by the White Ribbon Alliance was adapted for this process.

The eventual engagement plan for the different groups of stakeholders focused expounding on identified sectoral, organizational, and individual levels of importance, influence and relevance for priority advocacy issues as well as interest and availability of resources for Self-Care.

## **BACKGROUND**

Self-care is defined by the WHO as “the ability for individuals, families and communities to promote, maintain health, prevent disease and cope with illness with or without the support of healthcare provider.” Self-care has the potential to transform health care, especially for vulnerable populations, including women and transgender individuals, adolescents and people who face barriers to healthcare access, such as rural populations. It is an essential part of the efforts to achieve universal health coverage.

In 2020, CEHURD was identified by the SCTG, a global membership coalition to provide coordination and leadership for advocacy towards the institutionalization of self-care for SRHR in Uganda working collaboratively with all relevant partners in Uganda. The SCTG was established in 2018 to advance the evidence, practice, learning and policy landscape of self-care for SRHR.

Since that time, Self-care has advanced as a concept, practice, policy and particularly during the time of COVID- a necessity to meeting the health needs of people across the globe. SCTG, through Population Services International (PSI) Secretariat in Uganda, is supporting activities of CEHURD as the SCTG national advocacy affiliate.

It is against this background that CEHURD conducted a stakeholder mapping exercise aimed at identifying and prioritizing national and sub-national self-care implementers, influencers, and policy makers to inform coalition development as well as identify opportunities and gaps that will inform advocacy for institutionalization of self-care in Uganda.

## **OBJECTIVES OF THE STAKEHOLDER ANALYSIS**

- a) To conduct a stakeholder mapping aimed at identifying and prioritizing national and sub-national self-care implementers, influencers, and policy makers to inform coalition and advocacy strategy development and implementation.

## **METHODOLOGY**

### **Mapping**

This is the process of gathering and analysing information about actors who have a vested interest in a key issue. For purposes of this report, the different stakeholders that implement and fund self-care related interventions were identified and mapped. A tool initially developed by the White Ribbon Alliance was adapted for this process.

The goal of this stakeholder mapping was therefore to identify relevant stakeholders and assess their knowledge, interests, positions, and resources when it comes to self-care. The initial step was to identify self-care stakeholders through brainstorming on organizations and individuals at the national level that have an interest in self-care and could directly or indirectly affect self-care policy development and implementation.

Each stakeholder was then analysed using secondary sources of information, such as, websites, social media channels, and media reports which informed the draft stakeholder mapping report. This information was then used to develop targeted engagement strategies for each stakeholder. Also, short interviews were conducted to supplement the secondary research.<sup>1</sup>

Lastly the draft stakeholder mapping report was discussed and validated by the Self-Care Expert Group members and other relevant organizations which informed this final report.

### **Individual Stakeholder Interviews**

The interviews were done with officials from Ministry of Health(Divisions of Reproductive and infant health and Division of Pharmacy and Natural Medicine), Makerere School of Public Health, Uganda National Association of Private Hospitals, United Nations Population Fund, SAMASHA Medical Foundation, Uganda Family Planning Consortium, Uganda Health Care Federation, Ministry Of Health, Reproductive and Infant Health Division, World Health Organization, Uganda AIDS Commission and National Drug Authority.

---

<sup>1</sup> The questionnaire is attached as annex 1

## KEY FINDINGS

20 key stakeholders were identified and classified into the categories of public sector, private sector, domestic and international donors, civil society/academia/professional bodies.

- The Directorate of Clinical Services, the department of Pharmacy and the Directorate of Health Communication under the Ministry of Health stood out in the public sector as the most important for advancing the self-care issue. The findings also indicate that there are already champions within the Ministry of Health to advance the issue of Self-Care who have been engaged. For future engagement process however, it will be critical to identify key messengers who will work as go between for the advocates. Within the Health Communication directorate it will be of urgency to identify a Self-Care focal point who should start engaging with expert and Self-Care trailblazer groups, so that at the point of developing media messages and campaigns for Self -Care they're already on boarded.
- The parliamentary committees of health and human rights were recognised as critical to Self-Care advocacy especially as it appears that there several gaps and opportunities within the various policies and laws that would need to be refined in order for Self-Care to optimally serve the health care needs of client groups. However, parliament is in transition, but also the efforts of Self-Care Expert and Self-Care Expert groups had not engaged them thus far. Therefore, capacity strengthening for the members of relevant committees in parliament like Health, Human Rights and others should be prioritized and resources identified for it.
- This analysis found that there is vast range of both local and international donors that are supportive of Self-Care, such as, CIFF, UNFPA, USAID among others, and they're already funding or involved in several initiatives. It was also recognized that they have a convening body i.e. donor reference group which makes it relevant to have collective and tactical advocacy engagement plan for them especially on contentious issues, such as, Self-Care priorities for sexual minorities. This group also has the power of leverage of the Ministry of Health especially since they fund their various activities either directly or through partners.
- It has been discerned in this analysis, that while there are CSOs which are currently leading on Self-Care initiatives, such as, PSI for the Self-Care Expert group or PATH for the DMPA SC Self-Injection, Reproductive Health Uganda and Marie Stopes International as service delivery organizations and CEHURD for Advocacy, that it will be strategic to engage and enlist the support of the various CSOs through the Uganda Family Planning Consortium (UFPC) which brings most of service delivery and advocacy leaning CSOs under one umbrella. The UFPC is already a member of the Self-Care Expert group. Further discussions revealed that organizations that will be leading on key areas of Self-Care guidelines roll out would form part of the key stakeholders. Some of these are those mentioned above, but discussions are continuing in this space.
- The stakeholder analysis was challenged as regards identifying the most relevant or salient private sector and professional association agencies. Beyond the Uganda Private Midwives Association, the Uganda Private Hospitals Association and the Uganda Health Care Federation were identified. However, the mandate of the latter isn't very succinct and needs further clarification. In addition, it was found salient to have Makerere School of Public Health (MakSPH) to represent the academia and to have a body that represents the media. In relation to the previous point, MakSPH leads the Monitoring, Evaluation and Learning Working group for the Self-Care guidelines roll out.
- Overall, the analysis found that the majority of key stakeholders identified have high interest but are also knowledgeable about Self-Care and find the benefits obvious towards advancing health as per the WHO guidelines. The availability of resources to support Self-Care causes is however mixed, with some especially donor agencies like WHO, UNFPA and USAID responding in the affirmative about availability of resources already engaged or which can be mobilized, while some CSOs already confirm available and engaged resources. Certain CSOs however, mentioned that while they were interested and already engaged in Self Care efforts, they did not have resources in terms of funds. Government departments so far engaged has also been knowledgeable and supportive of Self Care, but expressed lack of aligned resources. Constraints expressed to this point are few and mostly weighted towards perceived lack of support by influential entities for rights based Self-Care ,such as , for LGBT, supportive political/leadership environment and intended beneficiaries/stakeholders not appreciating or being fully aware of the benefits of Self Care.

## ANNEX 1. STAKEHOLDER INTERVIEW QUESTIONNAIRE

### Self-Care Stakeholder Interview Questionnaire.<sup>2</sup>

---

Date:

Stakeholder name and organization:

Interviewer name(s):

#### Introduction:

*Illustrative language: I/we are from (organization name). With support from the Self-Care Trailblazers Group, a global coalition that advances evidence, practice, and advocacy for self-care for sexual and reproductive health and rights, we are establishing and growing a national network to advance self-care through advocacy. We are seeking the opinions of important actors who have an interest or position on self-care, including you/your organization.*

We plan to conduct about 15-20 interviews. The information we gather will be for our internal use as we develop our strategy and plans for creating and activating a national self-care network. We will not publicly attribute names or organizations to responses.

We would now like to ask you a few specific questions about your opinions on self-care. *Optional: Do I have your permission to record our conversation?*

#### Knowledge of self-care

1. Have you heard of “self-care?” If so, what do you understand self-care to mean?
2. The World Health Organization (WHO) defines self-care as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.” Do you or your organization use the term or engage in self-care as it is defined here? Why or why not?
3. Do you think self-care is relevant to sectors and actors outside of health? Which sectors and why?

#### Interest/position on self-care

4. Using the WHO definition of self-care, what do you see as the potential benefits of self-care to you/your organization and its constituents?
5. Again using the WHO definition of self-care, what do you see as the potential disadvantages of self-care to you/your organization and its constituents?

---

<sup>2</sup> Many of these questions are drawn from an initial analysis of global and country stakeholders conducted in late 2020 by the Self-Care Trailblazer Group.

6. Do you or your constituency have any concerns about self-care? If so, what are they, and how might they be addressed?
7. From our discussion and what you know about self-care, using the WHO definition, which of these categories best describes your opinion on self-care?
  - a. I strongly support it
  - b. I somewhat support it
  - c. I do not support it nor do I oppose it
  - d. I somewhat oppose it
  - e. I strongly oppose it
8. Are there other groups that you work with that are supportive of self-care? What about those that are opposed?

### **Resources**

9. What type and how much resources do you/your organization have available to support self-care advocacy efforts? Resources may include staff or volunteers, financial or in-kind contributions, or connections to decision-makers or policy influencers.
10. What constraints do you/your organization face in supporting self-care advocacy efforts? Constraints may include limited funds, lack of personnel, or political or other barriers.

### **Advocacy**

11. What changes would you like to see in the larger policy and advocacy environment to support the scale-up of self-care?
12. Would you/your organization be interested in joining a national self-care advocacy network? If not, are there other ways you would like to stay informed of self-care efforts?

### **Conclusion**

13. Is there anything else you would like to add?

## ANNEX 2: STAKEHOLDER ANALYSIS AND MAPPING

Self-Care Stakeholder Analysis for Uganda				
Name of institution, key contacts and description	Knowledge of and position on Self-Care.	Interest in Self Care Network	Available resources	Constraints
<b>Public Sector</b>				
<p><b>Ministry of Health</b> The line ministry responsible for development of policies, guidelines, and strategies as well as monitoring and supervision within the entire health system. They are also responsible for budgeting for the health sector and influence formulation of laws on health. Dr Charles Oloro The Director of Clinical Curative services. Also overall head of the Reproductive Health Division Email: <a href="mailto:olarocharles@gmail.com">olarocharles@gmail.com</a> Dr. Richard Mugahi <a href="mailto:Richard.mugahi@health.go.ug">Richard.mugahi@health.go.ug</a></p>	<p>Given their level of exposure, their knowledge is HIGH and Strongly Support Self-Care for SRHR and have.</p>	<p><b>Strong</b> Self-care is a priority for the MOH demonstrated through their leadership in setting up the Self-Care Expert Group and formulating the Draft Self-care Guidelines.  They have a health sector budget that includes self-care related interventions  Human Resources: Technical Expertise that can make policies, and speak about self-care for SRHR. There is political will where the leadership appreciates self-care as a key health intervention</p>	<p><b>Low</b> Financial resources are low. Insufficient domestic funding where most of health interventions depend on foreign funding.  Inadequate staffing capacities among MOH staff. Lack of awareness on self-care.</p>	<p><b>Few</b> Certain individuals may have reservations for contested SRHR issues like medical abortion, commodities for LGBTIQ+ groups</p>
<p>Ministry of Health, Department of Health Promotion, Education and Health Communication The department is in charge of all health promotion and education of health-related interventions and so would play a major role in promoting self-care <b>Contacts:</b> <b>Richard Kabanda</b> <b>Shamina Kawuma</b></p>	<p><b>High</b> Given one the Ministry's mandate is to promote preventive, curative Care, it wouldn't be complex to place Self-Care within package</p>	<p><b>Strong</b></p>	<p><b>Low</b> They would need to be supported, but have a history of working with several Implementing Partners ( IPs) to promote different health initiatives</p>	<p><b>Few</b> May have reservations for contested SRHR issues like medical abortion, commodities for LGBTIQ+ groups</p>
<p>Ministry of Health-Department of Pharmacy.</p>	<p><b>HIGH</b></p>	<p><b>Strong</b></p>	<p><b>Low</b></p>	<p><b>Few</b></p>

In charge of forecasting for medicines including Self-Care Commodities				
<p>Parliamentary health committee chair (Dr. Bukenya)</p> <p>Parliamentary coordinators and</p> <p>Health Committee is in charge of drafting and pushing health bills. Has previously worked well with advocates/CSOs on issues such as Sexual and Reproductive Health Guidelines</p> <p>The Human Rights Committee is in charge of human rights laws and policies with reservations on access to services for SRHR for young people.</p> <p>In charge of human rights laws and policies with reservations on access to services for SRHR for young people.</p> <p>Committee chair (Jova Kamateka)</p>	<p><b>LOW</b></p> <p>Knowledge of Self-Care given it's nascent and they've not yet been engaged on the issue.</p>	Low	Low	<p>Many</p> <p>The parliamentary committees lost most of their members in the election and the new members need time to be oriented on SRHR issues including self-care as an interventions.</p>
<p>Ministry of Education and Sports</p> <p>Is the custodian of the Sexuality Education Framework or Policy which has backing from the first lady. The policy aims at empowering young people to access to information about their reproductive health, growth and development embrace Self-Care</p>	<p>Low</p> <p>While they appreciate some elements of SRHR and self-care, they have reservations on some issues like access to any form of contraception for the young people</p>	Unknown	Unknown	Many
<p>National Drug Authority</p> <p>Responsible for controlling, regulating and recommending drug importation and usage.</p>	<p><b>High</b></p> <p>Have high knowledge of Self-Care having already interacted with authorization of Self Injection for DMPA SC recently, but also</p>	<p><b>Medium</b></p> <p>Given the nature of their work.</p>	Low	<p><b>Many</b></p> <p>Several positions within the NDA Act to do with drug classifications restrict Self Care</p>

	others earlier like those for diabetics			
National Medical Stores	Unknown	Unknown	Unknown	Unknown
<p>Uganda AIDS Commission Was established under the Office of the President, by Statute of Parliament in 1992. The Commission is responsible for ensuring a focused and harmonized national response to HIV/AIDS throughout the country.</p> <p>The Uganda AIDS Commission Act requires the Commission to oversee, plan and coordinate HIV prevention and control activities throughout Uganda: <b>Contact: Dr. Nelson Musoba</b> <a href="mailto:nelson.musoba@uac.go.ug">nelson.musoba@uac.go.ug</a></p>	<p><b>Medium</b></p> <p>Not yet engaged in the ongoing Self-Care Initiatives, but have had several Self-Care related programs, like HIV Self-Testing and worked place Self-Care Initiatives so have relevant experience to share with the Self-Care advocates.</p>	<p><b>Strong</b></p> <p>They assert that the benefits are obvious and that the constituency of people living with HIV for example are largely engaged in self-care most of the time.</p>	<p><b>High</b></p> <p>Self-Care is already a part of HIV AIDS response strategies, such as , for Self-Testing, Expert client peer support for ART etc which are already funded or supported by other programs</p>	<p><b>Few</b></p> <p>Feel that there may be some staff who may not appreciate the benefits of Self Care</p>
<b>Private Sector</b>				
<p>Uganda National Association of Private Hospitals Represents, promotes, and protects interests of private hospitals and their owners. Contact: Dr. Ian Clarke 0772741291</p>	<p><b>High</b></p> <p>Due to vested interest in the issue, believe it can transform health care</p>	<p><b>Strong</b></p>	<p><b>Medium</b></p> <p>Raise their own funds, but need support for training, promotion because it's a new approach</p>	<p><b>Few</b></p> <p>There are several actors some with limited capacities who need training and ideologies regarding self-care.</p>
<p>Professional Associations and Councils. e.g (Allied Health Professionals Council, Association of Obstetrician and Gynecologists of Uganda, National Council of Traditional Healers and Herbalists Associations (NACOTHA), Uganda Alliance for Patient Led Organization (UAPO), Uganda Medical Association, Pharmaceutical Society of Uganda, Uganda Medical and Dental Practitioners' Council, Uganda National Health</p>	<p>To be interviewed To identify some key associations and councils that key stakeholders in the Self-Care as there is a diverse range. Brainstorming has pointed to the Allied Health Professionals Council, Uganda Pharmaceutical Society, Uganda</p>	<p>Unknown</p>	<p>Unknown</p>	<p>Unknown</p>

Consumer's Association)Uganda Private Midwives Association <b>Contact: Sarah Namyalo</b>	Medical Association among others			
Uganda Health Care Federation As the umbrella body for the Uganda non-state health sector, UHF lobbies, advocates, campaigns, mobilizes and mediates for the private sector. UHF offers a unique connection with Uganda's private health sector through a diverse membership, and contact database of over 2,000 connections, monthly networking events, newsletter, online presence and regular interactions with the private sector in districts outside Kampala. Key contact: Dr. Grace Ssali, +256-751903646, <a href="mailto:infor@uhfug.com">infor@uhfug.com</a> , <a href="mailto:cordinator@uhfug.com">cordinator@uhfug.com</a>	<b>High</b> Look at promoting and enhancing medical care in Uganda with emphasis on provision of affordable and quality healthcare on a daily basis.	<b>Strong</b> Introduces cost effectiveness in health care	<b>Medium</b> Can raise funds through membership and donations, but still need additional support	<b>Few</b> Lack of supporting policy environment
<b>International or Domestic Funder</b>				
United Nations Population Fund. (UNFPA) Contact Person Dr Moses Walakira Email: <a href="mailto:walakira@unfpa.org">walakira@unfpa.org</a> United Nations' Population, Sexual and Reproductive and Rights health agency whose mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Their main focus is access to reproductive health services for women and girls. At the national level they have supported interventions on family Planning eservices and products.	<b>High</b> Experts at UNFPA are quite exposed and engaged in several innovative SRHR initiatives.  They would give leverage and useful champions for the Self-Care cause.  UNFPA as whole is also at the forefront of Universal Health Coverage initiatives which would be naturally	<b>Strong</b> They are already and active member of the Self-Care Expert Group	<b>High</b> Have resources to redirect to Self- Care Initiatives	<b>Few</b> Supportive policy environment

	accommodative of Self Care.			
World Health Organization (WHO) Uganda Contact Person: Dr Sentumbwe Olive	<b>High</b> Support Self – Care because it has been recommended as a good approach towards achieving the Universal Health Coverage. Developed Global Guidelines on the provision of self-care	<b>Strong</b> Are already members of the Self-Care Expert group of Uganda	<b>High</b> Financial Resources: Has potential to attract resources to support Self-Care as a relevant health approach.  Human Resources: Technical staff that has been supporting the development of the National Guideline for Self-care. Also, would like to support partnerships for advancing the Self Care cause	<b>Few</b> Supportive policies or guidelines should reduce constraints as well as a clear communication strategy for getting all stakeholders on board
Children’s Investment Fund Foundation (CIFF). Contact: Twebese Mugisha	<b>High</b> Currently fund the DISC project at PSI which is leading the Self Care Expert as secretariat and implementing Self Injection in Drug Shops	<b>Strong</b>	<b>High</b> Commitment has been shown through extended funding for the Self-Care Expert group.	Not yet known
USAID Uganda	<b>High</b> Currently funding Family Planning Activity, but previous supported Self Injection work under the APC project.	<b>Strong</b> Already members of the Self-Care Expert group	<b>High</b> Are currently funding and supporting several Self-Care Initiatives within the various project including research to understand stakeholder	Few Restrictive legal and policy environment that is highly influenced by change in government and political leadership

			perspectives on Self-Care.	
FP 2020 Country and donor Focal Points Forum  Brings together senior country MOH and donor contacts persons to deliberate on key policy, funding and commodity issues related to SRH	Most of the membership is already engaged in the Self-Care Initiatives and with Self Care Expert group	High	High	High
<b>Civil Society</b>				
Uganda Family Planning Consortium (UFPC) Its mandate is to foster collaboration and information sharing among FP/RH actors to create synergies, knowledge sharing and collective impact. It has wide membership Contact: Mr. Baker Yiga	<b>High</b> A lot of the members have interest and are involved in the Self-Care Expert and Trail Blazer's groups. It's very instrumental in policy advocacy around SRHR issues in the country	<b>High</b> Members are already involved and supporting/funding activities of Self-Care Expert group. A lot of the members will also be primary in rolling out the Self-Care activities and some already implement such.	<b>High</b> Depends on member subscriptions and donations. Currently has UNFPA funding to support policy issues.	<b>High</b> Within the consortium, certain members will wield higher influence and need to be targeted differently. Membership is strong, but coordination is under resourced.
Uganda Key Population Consortium	To be interviewed	Not yet known	Not yet known	Not Yet known.
Association of Obstetricians and Gynecologists of Uganda (AOGU)	High	High Already implementing interventions on self-care	Funding	Not Yet known.
<b>Other key sectors</b>				
<b>Academia:</b> Makerere School of Public Health <b>Contact: Professor Fredrick Makumbi</b> Leading institution in the area of SRH research and used of evidence in Uganda	<b>High</b> Are a member of the Self-Care Expert group and lead the Monitoring, Evaluation and Learning Task Force within it.	<b>High</b> Very interested given they are also conducting several studies and have developed a learning agenda around the Self-Care issue for MOH	<b>High</b> Already have funding for studies and activities from Performance Monitoring and Action (PMA) and from the USAID Research for Scalable Solutions (R4S) project. Have staff to support	<b>Few</b> Can only do research, translate evidence and advise ,but not roll out activities

			several activities	
--	--	--	--------------------	--

### ANNEX 3: STAKEHOLDER ENGAGEMENT PLAN

With the findings from stakeholder analysis above an engagement plan for each stakeholder was worked out. Stakeholders with a strong interest in and resources available to support self-care are being prioritized for joining the movement. Interests, importance, and influence of each stakeholder will continue to be mapped as an ongoing effort through consultations and interviews within the institutions. Power and influence analysis will also be done to further inform strategies for engagement. (See annex 2 for detailed engagement plan).

Stakeholder organization or individual	Interest/position on self-care	Engagement strategy  How will you immediately engage this stakeholder? (Invite to join national network, keep informed) Could identify/map them to Self-Care issue(s) that they can/should address. See list at bottom picked from draft Self Care Guidelines.	Follow-up strategy  Plans and timeline for continued outreach and involvement
<b>Public sector</b>			
Ministry of Health (MOH)	While MoH are in support of Self Care for SRHR, the leadership have reservations for contested SRHR issues like medical abortion, commodities for LGBTIQ+ and young people. They don't openly speak about issues or formulate progressive laws and policies about them.	<ul style="list-style-type: none"> <li>• Convene lobby engagements with them to create buy in and appreciation of these contested issues.</li> <li>• Robust advocacy engagements like media, dialogues etc. aimed at mobilizing public support towards demanding for the prioritization of self-care interventions for those contested SRHR issues.</li> <li>• Empower communities through awareness creation for them to be empowered to demand for some of these issues.</li> <li>• Map out champions for Self Care with in the Ministry of Health or other influential spaces to act as messengers to the decision makers and policy makers of the Ministry.</li> </ul>	May-July
Department of Pharmacy. In charge of forecasting for medicines including Self-Care Commodities	support	<ul style="list-style-type: none"> <li>• Capacity strengthen on SRHR.</li> <li>• Engage the department to review existing regulatory framework that gives minds to all the health professional</li> </ul>	November

		councils to work independently and operate in private health units	
Ministry of gender, labor, and social development	To be interviewed	<ul style="list-style-type: none"> <li>• Capacity strengthening on self-Care</li> <li>• Map and identify the key decision makers in the ministry of Gender as champions for Self Care for SRHR.</li> <li>• Calling for the integration of Self Care for SRHR in relevant policies and strategies with in this ministry</li> </ul>	August
Parliament	Support	<ul style="list-style-type: none"> <li>• Capacity Strengthening for the members of relevant of relevant committees in parliament like Health, Human Rights, NAWMP, UWOPA among others on self-care and the guiding principles.</li> <li>• Popularize the advantages of Self Care as sure way towards the realization of the Universal Health Coverage.</li> <li>• Call upon them to formulate laws that recognize and promote Self Care for SRHR as key health interventions</li> </ul>	June
National Medical Stores	Medium	Engage them to appreciate self-care	November
National Drug Authority	Medium	Unknown	July
<b>Private sector</b>			
Pharmaceutical society of Uganda	In support	<ul style="list-style-type: none"> <li>• Encourage them the Self Care Trailblazer group Uganda and Global Chapter.</li> <li>• Encourage them to be a part of the Self-care Expert Group</li> <li>• Keep them informed about new developments and advocacy opportunities for self-Care for SRHR.</li> </ul>	August
Uganda National Association of Private Hospitals	In support	<ul style="list-style-type: none"> <li>• Encourage them the Self Care Trailblazer group Uganda and Global Chapter.</li> <li>• Encourage them to be a part of the Self-care Expert Group</li> </ul>	September

Uganda Private midwives Association	In support	<ul style="list-style-type: none"> <li>Encourage them the Self Care Trailblazer group Uganda and Global Chapter.</li> <li>Encourage them to be a part of the Self-care Expert Group</li> </ul>	October
Uganda Health Care Federation	In support	<ul style="list-style-type: none"> <li>Work with them to rally the private sector on Self Care</li> </ul>	Periodic
<b>International/domestic funder.</b>			
UNFPA	In support	Keep them informed	Periodic
WHO		<ul style="list-style-type: none"> <li>Keep them Informed on other work we have done on self-care and advocacy wins through sharing of reports,, newsletters etc.</li> </ul>	Periodic
CIFF	In support	<ul style="list-style-type: none"> <li>Keep them Informed on other work we have done on self-care and advocacy wins</li> </ul>	Periodic
William and Flora Foundation	In support	<ul style="list-style-type: none"> <li>Keep them Informed on other work we have done on self-care and advocacy wins</li> </ul>	Periodic
Health Development Partners Forum	In support	<ul style="list-style-type: none"> <li>Encourage them the Self Care Trailblazer group Uganda and Global Chapter.</li> <li>Call upon them to task the relevant government ministries to integrate self-care related interventions into national programmes, policies and strategies.</li> <li>Increase national level funding for partners especially CSOS advocating for the enhancement of self-care in Uganda</li> </ul>	November
<b>Civil society</b>			
Uganda Family Planning Consortium	In support	<ul style="list-style-type: none"> <li>Recruit as members of the National Self Care Trailblazer Group.</li> <li>Recruit as members of the National Self Care Trailblazer Group.</li> </ul>	July

Uganda Alliance for Patient Led Organization (UAPO)	In Support	<ul style="list-style-type: none"> <li>Encourage them to demand for the accessibility of self-care related commodities.</li> </ul>	October 2021
PROMETRA z	Unknown	<ul style="list-style-type: none"> <li>Keep them Informed</li> <li>Recruit as members of the National Self Care Trailblazer Group.</li> </ul>	June
Inter Religious Council	Unknown	<ul style="list-style-type: none"> <li>Recruit as members of the National Self Care Trailblazer Group.</li> </ul>	September 2021
Makerere School Of Public Health	In support	<ul style="list-style-type: none"> <li>Recruit as members of the National Self Care Trailblazer Group</li> <li>Collaborate with them to conduct researches aimed at creating a body of evidence for Self Care.</li> </ul>	Jan 2022
National Council of Traditional Healers and Herbalists Associations (NACOTHA)	In support	<ul style="list-style-type: none"> <li>Recruit as members of the National Self Care Trailblazer Group</li> <li>Encourage them to be a part of the Self-care Expert Group</li> </ul>	November
Key Population Consortium	In support	<ul style="list-style-type: none"> <li>Collaborate with them to strongly advocate and speak out for the self-care needs of key populations in their respective diversities.</li> <li>Recruit as members of the National Self Care Trailblazer Group.</li> <li>Keep them information on the emerging advocacy opportunities, researches and studies on self-care commodities and needs for this specific constituencies.</li> </ul>	September
AOGU	In support	<ul style="list-style-type: none"> <li>Keep them informed.</li> <li>Encourage to join the Self Care Expert Group to influence discussions and share their experiences as providers</li> <li>Recruit them as members of the National Self Care Trail Blazer group and nurture them as strong advocates for promotion and integration if self self Care</li> </ul>	August