

# **PRIORITIZING FAMILY PLANNING IN LOCAL GOVERNMENT PLANNING AND BUDGETING PROCESSES**



**A GUIDE  
FOR ENGAGING LOCAL GOVERNMENTS AT THE SUB-NATIONAL LEVEL**



## Impact Realised if the Uganda CIP is Fully Implemented

	2015	2016	2017	2018	2019	2020	TOTAL
<b>Unintended pregnancies averted</b>	503,981	571,828	640,983	711,443	783,211	856,285	4,067,731
<b>Abortions</b>	71,805	81,471	91,324	101,363	111,588	121,999	579,550
<b>Maternal deaths averted</b>	868	938	999	1,051	1,092	1,124	6,072
<b>Child deaths averted</b>	14,707	16,686	18,704	20,761	22,855	24,987	118,700
<b>Unsafe abortions averted</b>	68,760	78,017	87,452	97,065	106,857	116,826	554,977
<b>Maternal and infant health care costs saved (millions, USD)</b>	15.7	17.8	20.0	22.1	24.4	26.7	<b>\$126.7 million USD</b>

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## Foreword

The Government of Uganda (GOU) has shown incredible commitment to improve the family planning indicators in Uganda. Starting with President Yoweri Museveni who has practically walked the talk, showing strong commitment to changing the family planning situation in Uganda. First with the London Summit on Family Planning in July 2012, then the Uganda National Conference on Family Planning in July 2014, which culminated in the development of the Uganda Family Planning Costed Implementation Plan (CIP) 2020 whose goal is to reducing unmet need for family planning (FP) from the current 34% to 10% and increasing the modern contraceptive prevalence rate from 30% to 50 percent by 2020.

However, these excellent efforts to improve the family planning environment have hardly been extend to and/or implemented at the lower level, to translate into increased access and uptake of family planning services. Not much has been achieved, as desired, to implement national family planning policies at district level, except reduction in commodity security. This means women are not fully benefiting from policies or efforts meant to improve their access to family planning information and services.

Many women would want to delay, space, or limit the number of children but are not using family planning (FP). This is because of in adequate access to services (for reasons of distance, limited choice), fear of side effects, myths and misconceptions, opposition from their partner, cultural and religious views, etc.

Therefore, for us as partners, we believe in focused engagement of district leaderships for purposes of implementing policies, programmes and efforts, developed at the national level, at district level. This must happen if we are to see tremendous change in our FP indicators. Districts must have mechanisms to mainstream FP into all sectors and interventions; allocate funds for family planning; if need be, champion the passing of bi-laws that promote increased access to family planning services by all segments of the population; mobilize communities to seek family planning services; demystify myths and misconceptions about family planning and ensure proper management of side effects.

This is the gist of this district advocacy tool. Therefore I commend the people who have converged efforts to develop this tool that will help to engage government officials and leaders at district level to prioritize, plan and budget for FP in the different sectors and ensuring all sectors playing a role to improve family planning indicators.



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## Acronyms

<b>AFP:</b>	Advance Family Planning
<b>BFP:</b>	Budget Framework Papers
<b>CAO:</b>	Chief Administrative Officer
<b>CBO:</b>	Community Based Organization
<b>CIP:</b>	Costed Implementation Plan
<b>CSOs:</b>	Civil Society Organizations
<b>DDP:</b>	District Development Plan
<b>DHOs:</b>	District Health Officers
<b>DP:</b>	Development Plan
<b>FP:</b>	Family Planning
<b>FPWG:</b>	Family Planning Working Group
<b>HCII:</b>	Health Centre II
<b>HCIV:</b>	Health Centre Four
<b>HMIS:</b>	Health Management Information System
<b>HPPG:</b>	Harmonized Participatory Planning Guide
<b>LGDP:</b>	Local Government Development Plan
<b>LGMSD:</b>	Local Government Management and Service Delivery Programme Development
<b>LGs:</b>	Local Governments
<b>MOFPED:</b>	Ministry of Finance, Planning and Economic Development
<b>MOH:</b>	Ministry of Health
<b>NDP:</b>	National Development Plan
<b>NGO:</b>	Non-Governmental Organizations
<b>OBT:</b>	Output Budgeting Tool
<b>POPSEC:</b>	Population Secretariat
<b>PPDARO:</b>	Partners in Population and Development Africa Regional Office
<b>RHU:</b>	Reproductive Health Uganda
<b>SDGs:</b>	Sustainable Development Goals
<b>TOR:</b>	Terms of Reference
<b>UBOS:</b>	Uganda Bureau of Statistics

## Executive Summary

Family planning is a proven low-cost, best buy intervention that saves lives and highly contributes to economic development and social transformation of a country. Currently in Uganda, there is overreliance on unsustainable and unpredictable donor funding for reproductive health including family planning (FP), hence the need for governments to step up local resourced investments for health. Although FP has received attention and increased political support at the national level, the same has not trickled down to subnational level. There is an urgent need to prioritize FP at the district level, decentralized structures now mandated to offer service delivery to citizens.

Assubnational policymakers routinely plan and budget for development priorities, there is an opportunity to inform their decisions and ensure that women, couples, and young people's reproductive health needs are met. This guide is a tool to help advocates engage local governments to prioritize family planning in planning and budgeting processes at the subnational level. It provides a step-wise process for advocates to promote transparency and foster local relationships with champions, government, and diverse stakeholders to address the family planning needs of subnational constituents.

The advocacy steps outlined here have been tested by family planning advocates. Though it is intended for family planning, the guide could easily be adapted for other health priorities.

**“Family planning is good for the health of the mother, good for the health of the children. It [family planning] is good for the welfare of the family; [it] is good for the welfare of the country.”**

❖ H.E. Yoweri Kaguta Museveni,  
President of Uganda  
National FP Conference,  
28<sup>th</sup> July 2014

## 1.0 Background and Overview of the Guide

### 1.1 Preamble

Uganda is experiencing a dynamic shift where increasingly policymakers and decisionmakers appreciate that FP is an important pillar for socioeconomic transformation and development. Vision 2040, which was launched by His Excellence the President in 2013, highlights “integrating population factors and variables at various levels of planning” among other objectives. In 2014, the President launched the Uganda Family Planning Costed Implementation Plan, 2015–2020 and Demographic Dividend Report for Uganda. In addition, the National Development Plan II (NDPII) clearly specifies that the provision of family planning in a human rights-based approach will be essential for fostering development. All these frameworks point that FP is one of the best investment to boost women’s empowerment and socioeconomic development overall.

Uganda has made great progress in increasing budgetary allocations for family planning supplies at the commodities. However, this investment has typically not been matched by increased investment and improved service delivery at the subnational level.

Reproductive Health Uganda (RHU), Partners in Population and Development Africa Regional Office (PPDARO) and Population Secretariat’s (POPSEC) advocacy efforts targeted six districts (Gulu, Kanungu, Mayunge, Mbale, Mubende and Mukono) to prioritize FP in districts plans and budgets processes in years 2012-14. Leaders in these districts were persuaded to allocate funding for FP in this period annual budgets.

Each agency followed different approaches/steps working with the district and local government leadership, but the overall aim of securing inclusion of FP in the district budgets was achieved (Box 1). In order to continue working and engaging districts to achieve their family planning goals and targets and to replicate the approach more widely, it became necessary to develop a harmonized guide.

#### Box 1. District Family Planning Budgeting Achievements

RHU, PPDARO and Popsec advocacy efforts resulted into districts prioritizing and mainstream family planning in their district development plans and budget in the districts of Gulu, Iganga, Kanungu, Mayuge, Mbale, Mubende and Mukono.

### 1.2 Purpose of the guide

This guide aims to help:

- (i) District-level advocates to engage government officials and leaders to prioritize, plan and budget for FP within local governments (LGs) at subnational level.
- (ii) Relevant sectors, agencies and local government assess the impact of planned activities and budgets related to FP and take action to sustain positive gains and mitigate negative ones.

- (iii) Multi-sector stakeholders to take a strategic approach to FP planning and budgeting that is promoted across sectors, agencies or departments of local governments where planned activities are likely to have a positive impact on FP outcomes beyond the health sector.

The guide is therefore an attempt to **'bring family planning from background to limelight,'** just as other cross cutting issues such as gender and HIV/AIDS have been addressed. The guide does not replace existing planning and budgeting guidelines. Rather, it complements them by specifically addressing the need to improve the planning and budgeting environment for FP at subnational level. By mainstreaming FP issues at this level, local governments in partnership with the private sector and civil society are able to address current and emerging FP and broader reproductive health population-related concerns improved maternal and reproductive health indicators overall.

## Local Government Authority

Uganda has 112 districts that are now charged with health service delivery mandate. This means they have authority over health and development budgets for service delivery at their level. In each district there are a number of local government officials who will be involved:-

- District Health Management Team
- District Speaker
- Local government council chairperson and other relevant team members

### 1.3 Targeted users of the guide

The guide primarily targets FP advocates at the subnational level who seek to influence local government plans and budgets for prioritizing and investing in FP. It can also be used by other groups within the ministry of health, local government itself, individual champions, leaders and members of parliament committed to influence FP funding. Specific beneficiaries that work closely with FP advocates at subnational level to shape, support and guide FP advocacy priorities include:

- ◆ Departmental heads and technical planning committees in local government and ministry of health
- ◆ Partner organizations and project coordinators at the local government level
- ◆ Individual champions and district leaders
- ◆ Donors

The district advocacy working group should be all encompassing to include district leaders from both technical and political wings from the different sectors, civil society organizations, private sector, academia, cultural and religious representation, FP champions, community structures- youth, women, etc.

### 1.4 When and how to use this guide

Advocates, Individual champions or interested groups targeting subnational level advocacy for planning and budgeting processes should use the guide for:-

- ◆ Program designing and proposal write up
- ◆ Strategy development

- ◆ Implementation and strategy management
- ◆ Documentation, monitoring and evaluation
- ◆ Coaching and mentorship
- ◆ By donors at proposal designing and awarding stages
- ◆ Others as adaptable

The timeline for implementing this guide will vary depending on the level of readiness of the target district. However, estimate three months to complete the district landscape and establish a working group. The guide should be used as an integral tool in supporting the planning and budgeting processes that follow the release of the Budget Call Circular by the Ministry of Finance, Planning and Economic Development (MOFPED) each year. Accordingly, the guide should be used by all those concerned to systematically reflect FP while complying with the standard/format for the preparation and submission of the Budget Framework Papers and Development Plans.

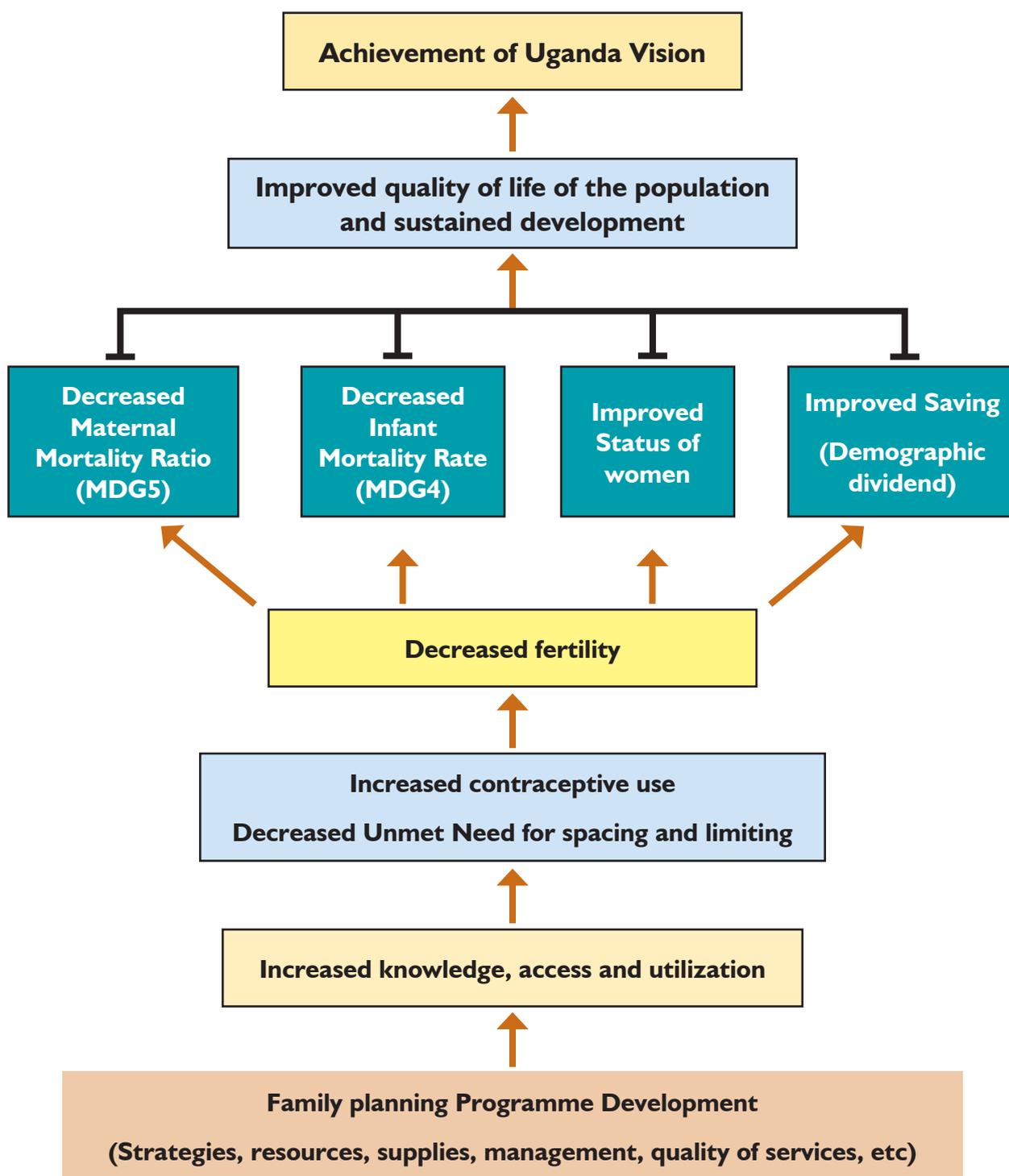
Government planning and budgeting cycle for every fiscal year begin in August and end in April – see Annex I. Advocacy engagement should begin much earlier and continue throughout the process to improve chances of securing FP funding.

## **1.5 Understanding mainstreaming of Family Planning in Budget Framework Papers and Development Plans**

Mainstreaming FP in Budget Framework Papers (BFPs) and Development Plans (DPs) is defined as the integration of FP in socioeconomic development frameworks of the local government plans and budgets. It involves:-

- ◆ Establishing linkages between socioeconomic development and FP and demonstrating how such investment would boost attainment of local government, sector or agency goals and objectives;
- ◆ Articulation of positive impact of a local government investment in FP in enhancing and catalyzing the pace at which districts development interventions are achieved;
- ◆ Identifying adverse impacts of low contraceptive use for the local government, sector or agency set goals;
- ◆ Making FP a key consideration in district planning and budgeting;
- ◆ Budgeting for FP interventions to achieve positive outcomes and mitigate negative ones; and
- ◆ Monitoring and evaluation of FP programs.

**Figure 1: Conceptual Framework of Family Planning on Fertility and other social and economic factors**



### 1.5 Structure/content of the guide

The guide lays out a nine-step approach by which progress can be achieved. Steps in this guide are informed by different approaches used in various districts, borrowing from best practices from other countries and closely follows the current standard format issued by MoPFED to the Ministry of Local Government for preparation and submission of DPs and BFPs annually (every October). The steps should be reviewed periodically to comply with any changes within the government systems and processes and new knowledge gathered.

## 2.0 Establishment of Family Planning Working Group (FPWG)

Family planning working groups (FPWGs) are key in implementing Uganda's family planning Costed Implementation Plan (CIP) at the sub national level and contribute to the attainment of the CIP goal:-

***Reduce unmet need for family planning to 10%, and increase the modern contraceptive prevalence rate amongst married and women in union to 50% by 2020.***

They can also help to ensure that the designing, budgeting and implementation of FP programs involve beneficiaries, donors and implementers in a collaborative and mutually supportive manner.

A sound FPWG is a way to optimize the active participation of communities, government officials and other stakeholders in preventive and promotive health care. It is important for the FPWG to involve a range of stakeholders to position family planning as a cross-cutting development issue.

Membership will vary; at the very least, FPWGs should include representatives from:-

- ◆ District or local government (health, education, environment, production, etc)
- ◆ Implementing agencies
- ◆ Civil Society
- ◆ Private Sector
- ◆ Health Professional Associations
- ◆ Religious Organizations
- ◆ Other community structures (women's and youth groups)

FPWGs leverage resource and technical assistance among members in addition to other benefits.

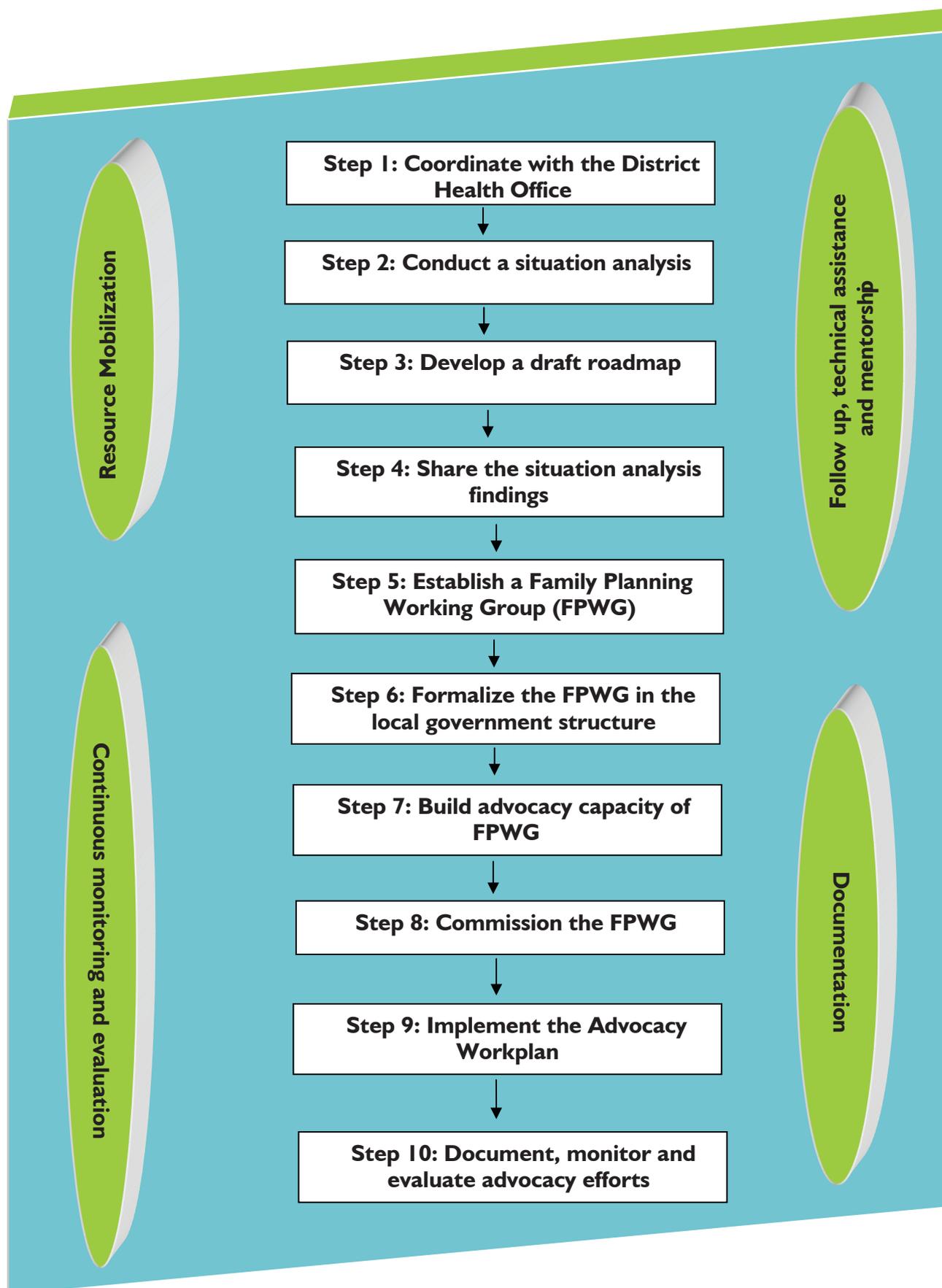
### 3.0 Steps in prioritizing family planning in plans and budgets

**Table 1: Offers ten practical logical steps for establishment of subnational FPWG and mentorship in FP advocacy.**

	Action	Actor
Step 1	<p><b>Courtesy call and joint planning with the District Health Office (DHO)</b></p> <p>This is the most strategic entry point for district-level health activities. It builds official local ownership and ensures adherence to expected protocol. The goal and objectives are discussed and agreement of future processes and activities secured.</p> <p><b>Note:</b> Prior knowledge and use of AFP SMART is highly recommended. It would help refine the engagement approach to the District Health Office, specifically, articulation of your ‘ask’ and ensure all the right decision makers are engaged.</p> <p><b>Caution:</b> This is the most important initial step that sets the foundation for your success. Good background check needs to be done to ensure one is sensitive to protocol arrangements. Several meetings may be needed to accomplish this step.</p>	Lead partner(s) (e.g. NGO, an individual champion)
Step 2	<p><b>Conduct a family planning situation analysis</b> (Refer to section 4.0).</p> <p>Note: A comprehensive situation analysis will be a great asset for all district FP/RH constituents for planning, budgeting and designing interventions. Indicators proposed in this section may not be comprehensive and should be used as a guide.</p> <p>Working with DHO office on this exercise promotes validity and utility of the results for evidence-based advocacy. Potential members of the FPWG should be invited to be involved in this step. Once the FPWG is formed, an initial key exercise should be to validate and own the situation analysis results.</p>	Lead partner(s) or consultant
Step 3	<p><b>Develop a draft road map</b></p> <p>Using results of the situation analysis, develop a roadmap in consultation with DHO with clear proposals on the role that diverse partners should play.</p> <p>Led by DHO, organize a validation meeting where broader stakeholders and multisectoral constituents are invited to validate the results</p> <p>Informational briefs and any documents of findings to be disseminated are also prepared at this stage.</p>	Lead partner(s) or consultant
Step 4	<p><b>Share situation analysis findings</b> with all mapped FP/RH stakeholders.</p> <p>This step is critical in drawing attention of all stakeholders and needs and the role they are best positioned to play to save lives and contribute to improved social economic development agenda of the district.</p> <p>The DHO should lead this activity.</p>	Lead partner(s) and consultant (if applicable)  <b>DHO</b> should issue invitations

<p><b>Step 5</b></p>	<p><b>Establish or rejuvenate a multi-sector Family Planning Working Group (FPWG).</b></p> <p>Establishing a FPWG requires thorough preparations. Draft a TOR to be adopted, settling on a day comfortable for most targeted members among others. Clear roles of what Government, CSO's, Donors and other constituents are supposed to do should be spelled out.</p> <p>The district technical team will adopt the FPWG terms of reference and is tasked with enlisting members from all sectors.</p> <p>The established FPWG should be formally introduced to the district accounting officer (CAO) by the DHO – Meet the leaders courtesy call type.</p>	<p>District technical team, with technical support from lead partners</p>
<p><b>Step 6</b></p>	<p><b>Seek endorsement and approval of the FPWG structure as a government-led LG structure</b></p> <p>Local government council FPWG structure approval is a critical step. Implementation of any FPWG initiatives whether advocacy or not will find it easy to open the necessary doors.</p>	<p>District- and lower-level government council</p>
<p><b>Step 7</b></p>	<p><b>Build capacity of the FPWG in FP advocacy and continued mentorship plan</b></p> <p>Using AFP SMART, orient the team on how to develop a sure win advocacy strategies and capture (document) the results. Other emerging tools such as the Futures ImpactNow tool are great additions. Key output of this orientation is an advocacy scope of work to be implemented and a budget to operationalize the plan. A mentorship plan by the lead agency (s) should be drawn for an agreed period of time.</p>	<p>Lead partner(s), local NGOs, district technical team</p>
<p><b>Step 8</b></p>	<p><b>Commission the FPWG</b></p> <p>The District Council has the mandate to authorize the FPWG and confer on it the operational powers for more effectiveness and efficiency. In Uganda, this is a key protocol step that is critical to boost the authenticity of the group.</p>	<p>District Council</p>
<p><b>Step 9</b></p>	<p><b>FPWG implements the advocacy workplan developed in step 7.</b></p> <p>As implementation takes place, continuous monitoring and evaluation and overall progress documentation must be completed. Setbacks/new development should be monitored and strategies/objectives revised accordingly. This requires good documentation technical skills transferred to the group members overtime.</p>	<p>FPWG</p>
<p><b>Step 10</b></p>	<p>Implement, document, monitor and update landscape (situation analysis)</p>	<p>FPWG</p>

Figure 2: Summarized ten-step process for prioritizing family planning



## 4.0 Situation analysis-identifying FP issues and priority interventions

There are several approaches, tools and credible information sources one can use to map priority interventions for addressing FP challenges at the subnational level. Priorities mapping should be a continuous process that depends on each local government, sector, or agency's commitment to keeping a record of the issues identified during a financial year.

Examples of credible information sources in which FP bottlenecks—policy, funding, visibility, and political will—to inform your evidence-based situational analysis are either primary data, depending on the level of detail and the type of the situational analysis one is seeking, or use of existing information (secondary data):-

### 1. Government sources

- a. Annual assessment of local governments or sector reviews,
- b. Health Management Information and Community Information Systems,
- c. District development plans,
- d. District and local government statistical abstracts, Commissioned studies and research,
- e. Participatory Poverty Assessments, Sector and Household Surveys,
- f. District and local government profiles produced by the Uganda Bureau of Statistics,
- g. Demographic and Health Surveys,
- h. National Population Census,
- i. Country progress reports regarding global commitments (e.g. Millennium Development Goals, Sustainable Development Goals, and FP2020).

### 2. Other Sources

- a. Monitoring and evaluation missions by donors, UN Agencies, other national, regional and global agencies;
- b. Peer reviewed journals articles and reports by NGO and academic researchers;
- c. Performance Monitoring and Accountability 2020 (PMA2020) survey results;
- d. Media reports; and
- e. Seminars, workshops and meetings.

Once issues are identified, district and local governments and agencies should also assess how:-

- ◆ The local government budgets can boost uptake of family planning in the district.
- ◆ Addressing family planning gaps will help the Uganda government to achieve national targets. For example, those set in the National Development Plan, Vision 2040, National Family Planning Costed Implementation Plan (CIP), Millennium Development Goals, Sustainable Development Goals, and other sector goals;
- ◆ Failure to address the emerging FP concerns limits the achievement of both district and national health and development targets and goals.

The situation analysis should include clear indicators related to the status of FP at the district level. Key indicators include:

- ◆ Number of women of reproductive age;
- ◆ Number of adolescent males and females (15-19);
- ◆ Number of FP users;
- ◆ Couple Years of Protection (CYP)
- ◆ District contraceptive prevalence rate (CPR)
- ◆ Unmet need for family planning
- ◆ Adolescent birth rate
- ◆ Human resources capacity (staffing levels for health workers) for family planning service delivery;
- ◆ Number of health units providing FP services disaggregated by level and method;
- ◆ Stock levels for FP commodities in facilities (government and private sector).
- ◆ Status of FP policies operationalization
- ◆ Local levels of funding investments to FP

The situation analysis should also map/assess the following:-

- ◆ Private public partnerships in existence including multisectoral arrangements in existence and the role that they currently play
- ◆ Completed, ongoing and planned FP advocacy, community mobilization, demand generation and service delivery initiatives
- ◆ FP/RH district partners, donors and other key constituents such as MoH and local government, champions within the government, NGOs, and corporate sector among others
- ◆ District leaders political will – what do the leaders in this district know and are doing to promote FP?

The situation analysis should be updated at least once annually as the FPWG continues its work.

## **4.1 Conclusion**

Inclusion of FP in districts five year development plans alone does not guarantee allocation yearly funding. Establishing district advocacy working groups to sustain the advocacy momentum and accountability for results on an ongoing basis is an important step, to sustain the momentum gained in FP and mainstream FP into all other sectors and interventions at district level, consequently attainment of the Uganda Family Planning CIP goal.

## 5.0 ANNEX

### Annex 1: THE LOCAL GOVERNMENT DEVELOPMENT PLANNING CYCLE AND ROLES OF STAKEHOLDERS

THE LOCAL GOVERNMENT DEVELOPMENT PLANNING GUIDELINES

## THE LOCAL GOVERNMENT DEVELOPMENT PLANNING CYCLE AND ROLES OF STAKEHOLDERS

### The 5-year Local Government Development Planning Cycle

The Local Government Development Planning (LGDP) cycle will be a 5-year horizon that will correspond with the National Development Planning cycle. This represents a significant shift from the three year rolling development plans that were being developed by the Local Governments under the Poverty Eradication Action Plan Framework (PEAP). The LGDP cycle will run from year one to year five as outlined in Table 2. For the inaugural application of this guide, the LGDP cycle will commence in FY 2014 /15 with the execution of the plan formulation process, and that year will be regarded as the base year for the LGDP1. For the subsequent LGDP cycles, the planning cycle will span between the 1st quarter of the fourth year and the 2nd quarter of the 5th year LGDP Implementation covering a total duration of 14 months (see Table 3).

LGDP planning activities will be adequately harmonized with sector and national development planning processes providing enough time for the different stages of the LGDP formulation to link effectively with those at the sector and national level.

The sequencing of the LGDP planning activities in this guide has been done in such a way that it allows sufficient time to mobilize and execute effective participation of the different stakeholders within local governments.

It is also crucial that the LGDP planning cycle adequately informs the annual budgeting process in local governments. According to current LG budgeting instructions issued by the Ministry of Finance, Planning and Economic Development, the local government budgeting cycle is supposed to start in November and end by 30th May (MoFPED Budget Call circular, October 2013). The implication is that if the LGDP is to inform the budgeting of year one of its new plan cycle, it should then be completed latest by October of year 5 of a current plan cycle.

Table: LGDP 5-year planning cycle

Activity	Year <sup>10</sup> One	Year Two	Year Three	Year Four <sup>11</sup>	Year Five
Plan formulation and approval	N/A	N/A	N/A	Start of LGDP Planning Process -August	Approval of LGDPs by October 30 <sup>th</sup>
Plan implementation	July – June	July – June	July - June	July - June	July - June

<sup>10</sup> This refers to Financial years running from July to June and applicable to all the years in the planning cycle

<sup>11</sup> This is the fourth year of implementation of the existing LGDP

<b>Midterm Review</b>	N/A	N/A		N/A	N/A
<b>End-of- Previous plan evaluation</b>	October-December <sup>12</sup>	N/A	N/A	N/A	

### Steps, Methodology, Actors and Timing of the LGDP Formulation Process

The following planning steps and specific timelines are to be followed by HLGs and LLGs during plan formulation:

#### *HLG Planning Process*

*Table: Steps, Methodology, Actors and Timing of the LGDP Planning Process*

STEPS	PROCESS ACTIVITIES	METHODOLOGY	LEAD ACTORS	TIME LINE
<b>Step 1</b>	HLGs receive Planning Call Circular from NPA that includes communication on national development vision /strategic objectives, goals, etc	Written plan call circular received from NPA	CEO, District Planner	August
<b>Step 2</b>	HLGs form District Planning Task Teams to be responsible for supporting the DTTC in the LDGP formulation process	Formal Appointment of Planning Task Team members by CEO	CEO	August
<b>Step 3</b>	HLGs communicate Planning Call Circular information to LLGs, Municipal, CSOs and Stakeholders by CEO	Written communication by CEO	CEO	September
<b>Step 4</b>	HLGs embark on Consultations and Collection of basic data that will inform the LGDP formulation (as outlined in section 3.1 of this guide)	Desk-based documents review, consultation with LLG, MDAs, CSOs, Private sector and other sources	CEO, District Planning Task Team coordinated by DPU	September – November
<b>Step 5</b>	HLGs hold Planning Forums to discuss district development situations	District Planning Forum	CEO, District Planning Task Team	December
<b>Step 6</b>	HLGs analyze key development issues/ constraints, potentials, opportunities and challenges for the HLGs (as guided in section 3.2.1.5).	Sector technical planning meetings, Planning Retreat	Heads of Departments, CSO and Private Sector, District Planning Task Team	December-January

<sup>12</sup> To be coordinated by NPA

<b>Step 7</b>	HLGs review and customize the broad National Development Strategic direction; sector-specific strategies, priorities and standards; and relevant crosscutting issues (as guided in sections 3.2.2.1 – 3)	Working meetings for District Planning Task Team	District Planning Task Team, DPU	January/ February
<b>Step 8</b>	HLG Planning task team synthesize all development issues/ constraints, potentials, opportunities analysed in step 5 as well as those received from LLG planning forums to form one list for DTPCs discussion and onward submission to Sector Ministries and NPA	Working meetings for District Planning Task Team, DTPC meeting	District Planning Task Team, DPU, DTPC	Mid February
<b>Step 9</b>	HLGs submit HLG development issues to Sector Ministries and NPA (for integration in sector development planning and NDP processes)	Written communication by CEO to sector ministries and NPA	CEO	End of February
<b>Step 10</b>	HLGs analyze and Compile the development resource envelope that will be the basis for selecting the investments for the LGDP and determining the plan funding gap	Local revenue projections; Desk-based review of financial commitments; consultation with sector ministries , other MDAs and respective development partners	District Planning Task Team	February
<b>Step 11</b>	HLGs elaborate and set Development outcomes, Goals and strategic Objectives that will guide the strategic direction of the LGDP	Departmental working sessions	All HLG sector departments facilitated by District Planning Task Team	March
<b>Step 12</b>	HLG Executive committee approves Development outcomes, goals, and strategic Objectives that will guide the strategic direction of the LGDP	Formal HLG Executive Committee meeting	HLG Executive Committee meeting	End of March
<b>Step 13</b>	HLGs receive Municipal and LLG development priorities for integration in LGDP	Written communication received from Municipal and LLGs	CEO	End of April

<b>Step 14</b>	HLG sectors Identify sector specific development outcomes, goals, strategic objectives, outputs , strategies and interventions to comprise their sections in the LGDP	Departmental working sessions, inter-district dialogue meetings for cross-boundary development priorities (with neighboring HLGs)	All HLG sector departments facilitated by District Planning Task Teams	April
<b>Step 15</b>	HLG (Planning Task Team) consolidates Development outcomes, Goals, strategic Objectives, outputs , strategies and interventions	Working meetings for District Planning Task Team, DTPC meeting	HLG Planning Task Team and DTPC	May
<b>Step 16</b>	HLGs submits HLG Development priorities to sector ministries for integrated in sector development planning	Written communication to sector ministries with a copy to NPA	CEO	Mid May
<b>Step 17</b>	LGDP documentation- HLGs Prepare LGDP documents including elaboration of project profiles, project costing, etc (as guided in section 3.2.3)	HLG Plan drafting meetings	Heads of District departments facilitated by District Planning Task Team	May – End August
<b>Step 18</b>	HLGs develop Spatial maps indicating location of main development interventions/ service delivery points and gaps.	GIS/Computer based mapping program	District Planning Units, Heads of Departments, Physical Planners	August-September
<b>Step 19</b>	Draft HLGs Development Plan is presented to relevant committees for debate	Meetings and /or workshops	HLGs TPC, council Sector committees, HLG Executive Committee	September
<b>Step 20</b>	HLG Development Plan approval by Council	Formal meetings	HLGs Council	October
<b>Step 21</b>	Printing and dissemination of final HLG development plan to ( NPA and other MDAS; all HLGs political leaders, technical departments and development partners ; and LLGs including feedback on priorities incorporated in HLG plans)	Formal communication	CEO	October
	<i>Beginning of Annual Planning/ HLG Budget Cycle</i>			<i>November</i>

## Annex 2: Local Government Level and their Roles and Responsibilities in LG development planning process

At the same time, effective Local Government planning calls for participation of lower local councils, community institutions, non-governmental organisations, and the private sector in the local government development processes. Besides being the representative institutions for the targeted beneficiaries of the local government development plans, these institutions are also expected to take active part in the planning process so that planning is made more relevant by addressing the real development needs and challenges faced by the people.

### *Stakeholders at Higher Local Government Level and their Roles and Responsibilities in LG Development Planning process*

Table 6 summarizes the main Stakeholders at Higher Local Government Level involved in the LG Development Planning process and their roles and responsibilities.

*Table 6: Stakeholders at Higher Local Government Level and their Roles and Responsibilities in LG development planning process*

S/N	Stakeholders	Roles and responsibilities
1	District (HLG) council	<ul style="list-style-type: none"><li>The overall District Planning Authority</li><li>Discussion and approval of the Five Year District Development Plan</li></ul>
2	District (HLG) Executive Committee	<ul style="list-style-type: none"><li>Approval of the HLG strategic development objectives that will guide the LGDP formulation Review of draft development plans before presentation to council</li></ul>
3	District (HLG) Council sector Committees	<ul style="list-style-type: none"><li>Review and recommend draft sector goals, outcomes, outputs, strategies and Interventions (draft LGDP) for council approval.</li></ul>
4	District (HLG) Chairperson	<ul style="list-style-type: none"><li>Endorse HLG development plan approved by the council before its submission and dissemination</li></ul>

5	District (HLG) Technical Planning Committee	<ul style="list-style-type: none"> <li>• Taking lead in the formulation of LGDP (with support from planning task team)</li> <li>• Coordinating collaboration and linkages with other LGs.</li> <li>• Discussing and agreeing on the modalities for the planning process;</li> <li>• Reviewing and customizing the broad National Development Strategic direction; sector-specific strategies, priorities and standards; and relevant crosscutting issues;</li> <li>• Appraising individual projects for LGDP;</li> <li>• Coordinating and integrating Sector and LLG plans into HLG development plan; Discuss and agree the draft LGDP to be presented to DEC</li> <li>• Reviewing District performance.</li> <li>• Undertaking any other activities for implementing the LGDP planning cycle.</li> </ul>
6	District (HLG) Departments	<ul style="list-style-type: none"> <li>• Analyzing key development issues/ constraints, potentials, opportunities and challenges for the HLGs Generate baseline data and situation analysis for their respective sectors/departments</li> <li>• Identifying sector specific development outcomes, goals, strategic objectives, outputs, strategies and interventions to inform the LGD Cost the sector identified interventions/priorities</li> <li>• Undertaking any other activities for implementing the LGDP planning cycle as may be determined by the CEO</li> </ul>
7	District (HLG) Planning Task team	<ul style="list-style-type: none"> <li>• Collecting and analyzing data for the LGDP formulation;</li> <li>• Support sectors in identifying sector specific development outcomes, goals, strategic objectives, outputs, strategies and interventions to inform the LGDP</li> </ul> <p>Support the DTTC in the following;</p> <ul style="list-style-type: none"> <li>• Customizing the broad national development strategic direction; sector-specific strategies, priorities and standards; and relevant crosscutting issues;</li> <li>• Synthesizing all development issues/ constraints, potentials, opportunities analysed as well as those received from LLG planning forum</li> <li>• Consolidating sector development outcomes, goals, strategic objectives, outputs, strategies and interventions;</li> <li>• Final drafting of LGDP including elaboration of project profiles, project costing, implementation plan, M&amp;E plan and communication and feedback strategy</li> <li>• Analyzing and compiling the development resource envelope that will be the basis for selecting the investments for the LGDP and determining the plan funding gap</li> <li>• Facilitating planning forum/meetings</li> <li>• Undertaking any other activities in the LGDP formulation process as may be determined by the CEO</li> </ul>

8	(HLG) Planning Unit	<ul style="list-style-type: none"> <li>• Providing secretariat for TPC and the Planning task team in the LGDP formulation process</li> <li>• Drafting Planning call circulars for CEOs signature based on national planning call circulars</li> <li>• Handle all documentation of the draft comprehensive Five year District Development Plan</li> <li>• Providing technical guidance to the overall LGDP planning cycle</li> <li>• Management of District Information Systems</li> <li>• Giving feedback to the LLGs and parishes/wards about the results of the planning process</li> <li>• Coordinating other stakeholders on behalf of CEO to achieve effective implementation, monitoring and evaluation of the LGDP in the district Local Government</li> <li>• Liaising with the National Planning Authority on all technical matters regarding management and coordination of the Local Government development planning cycle</li> <li>• Taking lead in the organization and coordination of the planning forum and overall consultative process for the LGDP formulation</li> </ul>
9	CEO	<ul style="list-style-type: none"> <li>• Taking charge of the entire local government planning process</li> <li>• Issuing the Planning Call Circular to LLG</li> <li>• Endorsing all correspondences to various actors regarding implementation of the Local Government development planning cycle</li> <li>• Endorsing Five Year LGDP after approval by the Council</li> <li>• Submitting approved LGDP to NPA and other stakeholders</li> <li>• Endorsing the different instruments operationalising the approved local government development plans</li> <li>• Coordinating and facilitating the TPC and the planning task team to execute the local government planning processes.</li> <li>• Undertaking any other activities in the Local Government development planning cycle</li> </ul>
10	Civil society and private sector organizations (e.g. NGOs, FBOs, CBOs etc)	<ul style="list-style-type: none"> <li>• Participating in DTPC activities related to LGDP (upon being co-opted to the committee)</li> <li>• Providing information about their on-going and planned interventions to the DTPC for integration in the development plan</li> <li>• Contributing to formulation of local government development plan.</li> <li>• Contributing to implementation of LGDP financing strategy</li> <li>• Participating in the planning, implementation and M&amp;E of LGDP activities</li> </ul>

### Annex 3: Role of Other Departments in Prioritising Family Planning

Role of Other Departments in Prioritising Family Planning		
Sector	Sector Linkage with Family Planning	Possible interventions to prioritize Family Planning
<b>Finance</b>	By virtue of managing the resources for FP, the finance department wields a lot of power in enhancing proper programme management and resource utilization both of which are vital for the success of family planning programmes.	<ul style="list-style-type: none"> <li>● Ensure allocation, timely release and utilization of funds for FP in the most efficient and effective manner possible to meet the desired outcomes.</li> </ul>
<b>Production</b>	<p>Food insecurity is one of Uganda's biggest development challenges. According to a 2009 National Food Security Assessment Report by OPM, only central and western Uganda were generally food secure. Eastern Uganda, Lango region and West Nile were experiencing moderate/ borderline food insecurity while most of Teso, Karamoja and Acholi regions were experiencing acute food shortage and famine in many cases requiring food aid.</p> <p>One important objective of the agriculture sector is to increase production of food and promote food security. However, rapid population growth means more mouths to feed with more people trying to cultivate fertile land that is in limited supply. Therefore, small family size can become a strong motivator for the agriculture sector to participate in family planning promotion.</p>	<ul style="list-style-type: none"> <li>● Incorporate FP in messages on food security and agriculture production interventions such as NAADS</li> <li>● Extension workers.</li> </ul>
<b>Education</b>	The National Development Plan (NDP) identifies low levels of education as one of the constraints to sustainable population growth. The high school dropout rates and subsequent teenage pregnancies and early marriages are particularly accountable for this problem. For adolescent girls and boys, improving access to family planning and reproductive health information and services, aimed at delaying first pregnancy and improving knowledge and practices related to reproductive health is paramount. To improve outcomes in education therefore, family planning must be addressed.	<ul style="list-style-type: none"> <li>● Incorporate messages on FP in FAL lessons.</li> <li>● Intensify messages on FP and reproductive health given in schools.</li> <li>● Encourage parents to support the children in participating in extracurricular activities where FP messages are incorporated in MDD.</li> <li>● Speaking environments on family planning and integrating FP into PIASCY.</li> </ul>

<p><b>Health</b></p>	<p>Family planning gives individuals and couples the freedom and means to choose the number, timing and spacing of their children, which improves overall quality of life for families.</p> <p>At the household level, smaller family sizes allow parents to give their children better education and health, and improves overall family wellbeing.</p> <p>At country level, it contributes towards improving maternal health and child survival and poverty alleviation. Access to family planning can also significantly reduce the number of unsafe and illegal abortions.</p>	<ul style="list-style-type: none"> <li>● Equip health workers with skills in FP service delivery especially LAPM.</li> <li>● Integrate FP in HIV/AIDS service delivery.</li> <li>● Increase access to family planning information and services especially among the most vulnerable communities such as fishing communities.</li> <li>● Strengthen FP service delivery systems.</li> <li>● Behavior change communication among communities</li> <li>● Coordinate and monitor all actors implementing FP interventions to ensure coherence and effective service delivery.</li> </ul>
<p><b>Community Based Services</b></p>	<p>Community mobilization is defined as a capacity-building process through which individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis. The community based services sector is therefore key in ensuring support and demand for all interventions that aim at community development.</p>	<ul style="list-style-type: none"> <li>● Support family planning champions (both individuals and groups) to promote FP messages among communities.</li> <li>● Mobilize communities for family planning e.g. support outreaches for LAPM of FP.</li> <li>● Incorporate FP in radio programmes on other community development issues.</li> <li>● Promote IEC for family planning targeting men and women at grassroots level.</li> <li>● Engage women, PWD and youth Councils.</li> <li>● Engaging religious and cultural leaders, CBOs/NGOs, Labour Unions women and youth groups, traditional healers.</li> </ul>
<p><b>Environment</b></p>	<p>In areas where human population growth is high, it is difficult to protect the environment or even sustain conservation gains without parallel efforts to address demographic factors and challenges in the distribution of health and family planning services. Integrating FP in environment issues provides an opportunity to address multiple stresses on communities and their environments.</p>	<ul style="list-style-type: none"> <li>● Incorporate FP messages on ENR management.</li> <li>● Fishing communities</li> </ul>
<p><b>Technical Services and Works</b></p>		<ul style="list-style-type: none"> <li>● Incorporate FP messages during road construction and H/Cs construction hand over and on the road signs.</li> <li>● FP messages during the training of water user committees.</li> <li>● Sensitization of road gangs on FP.</li> </ul>

<b>Management support services</b>	<p>Effective management and development of human resources, institutions and systems for delivery of family planning information and services is one of the factors that contribute to successful FP outcomes. Open communication as well as moral, task and material incentives can contribute greatly to developing committed staff and organizations that are responsive, flexible and innovative in meeting the FP needs of young people, men and women.</p>	<ul style="list-style-type: none"> <li>● Promote close collaboration and public-private partnerships among the district, NGOs and local communities to deliver quality FP information and services more efficiently.</li> <li>● Institute incentive systems (may be in collaboration with other actors in the field) for the best service providers in the field of FP at both individual and institutional level.</li> </ul>
<b>District Planning Unit</b>		<ul style="list-style-type: none"> <li>● Involve the unit in planning for family planning.</li> </ul>

# The AFP SMART Advocacy Approach in Nine Steps

<b>Phase 1: Build Consensus</b>	
Step 1: Decide Who to Involve	Ensure all relevant players are at the table: those with influence, expertise, frontline experience, and/or skills in facilitation. Review the advanced preparation checklist to plan your strategy development session.
Step 2: Set SMART Objectives	Be clear on what you hope to achieve in the long term. Set SMART objectives to achieve incremental progress or quick wins that can lead over time to accomplishment of the broad goal.
Step 3: Identify the Decisionmaker	Identify the specific decisionmaker (or, in some cases, decisionmakers) who has the power to achieve your objective. Use your knowledge of the decisionmaker and the decision-making process as you develop the specifics of your strategy, including messages and requests for policy action.
<b>Phase 2: Focus Efforts</b>	
Step 4: Review the Context	Review the external factors that may influence your ability to succeed. Assess opportunities and challenges from an environmental perspective, such as decision points, planned events, opposition, partnerships or alliances, and competition or resources. Rank challenges to see whether you need to refresh your objective.

Step 5: Know the Decisionmaker	Consider all the things you might want or need to know about your decisionmaker and determine how best to approach him or her. It is important to know what a decisionmaker cares about, and his or her values, in order to reach him or her effectively and request a policy change that will result in action.
Step 6: Determine the Ask	Brainstorm the rational, emotional, and ethical reasons why a decisionmaker should support your advocacy request. Think through the evidence/stories/ethical framework you would need to convince a decisionmaker to act toward achieving your objective. Develop a message box to outline a simple, consistent, evidence-based request for policy action—the ask. Select a messenger: take time to consider who your decisionmaker listens to and who will have the most influence on whether he or she agrees to act.
<b>Phase 3: Achieve Change</b>	
Step 7: Develop a Work Plan	Map the internal resources available to support your advocacy strategy. Brainstorm specific advocacy activities and evaluate them against the SMART objective. Create a detailed timeline with assignments, the financial resources available, and the specific person responsible.
Step 8: Set Benchmarks for Success	Consider the outputs and outcome(s) that will help you monitor progress. Review the information that is available to measure impact in the long term and identify data that you are able to monitor during and subsequent to strategy implementation.
Step 9: Implement and Assess	Review assignments and next steps and set up the next phone or in-person check-in on progress. Evaluate your progress against benchmarks to ensure that you are on track. Be flexible enough to add new activities, develop new message boxes, and/or know when to re-strategize if no progress has been made. When a Quick Win occurs, document your process and evaluate outcomes.

## Uganda CIP: Call to Action for District Leaders

- ◆ Sustain the momentum gained in FP
- ◆ Mainstream FP into all other sectors and interventions
- ◆ Explore why there is unmet need for FP
- ◆ Check the funding for family planning within your district and ensure adequate budget lines are allocated in the district budgets
- ◆ Champion the passing of bi-laws that promote increased access to family planning services by all segments of the population
- ◆ Advocate at national level for increased funding to family- to both FP commodities as well as family planning programmes
- ◆ Mobilize communities in your constituencies to seek family planning services in order for their families to have children that they can afford to feed, take to school, clothe, and look after in a healthy, hygienic environment.





# Reproductive Health Uganda

*“Family planning is good for the health of the mother, good for the health of the children, good for the welfare of the family and nation as a whole”.*

**H.E. Yoweri Kaguta Museveni, President of UGANDA**



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