The Uganda National Conference on Family Planning held in July 2014 spurred three districts to renew their commitments to family planning and construct a road map to achieve them.

Reproductive Health Uganda (RHU), Advance Family Planning (AFP) initiative’s local partner, leveraged the national conference into an advocacy opportunity—hosting a post-conference meeting to cultivate district family planning champions and develop concrete outcomes to ensure that the national family planning engagement and prioritization was captured at a local level. Thirty-seven district speakers, health officers, chairpersons, and secretaries for health from Gulu, Mbale, and Mubende discussed takeaways from the conference and developed district-specific strategies to promote family planning when they returned home.

**Committing at the District Level**

With high unmet need for family planning (34%), challenges in supply logistics, an under-trained health workforce, and a lack of consensus among leaders on the need for family planning, it is crucial for all levels of government to take action on family planning. At the 2012 London Summit on Family Planning, Uganda committed to reduce unmet need for family planning from 40% to 10% by 2022 and to increase annual government allocation for family planning supplies from US $3.3 million to US $5 million for the next five years. However, translating these commitments to programs and policies at the local level has proven to be a challenge.

District leaders made commitments in line with Family Planning 2020 goals at previous advocacy meetings organized by RHU in 2013. They committed to integrate family planning into their district plans.
“Family planning is good for the health of the child and the mother, for the wellbeing of the family, and the whole country…There is nothing to argue about now, the evidence is clear. We are not talking about having a small population here for its own sake—we are talking about ensuring that we have a quality population.”

- President H.E. Yoweri Museveni, 2014 National Conference on Family Planning in Uganda

and in budgets submitted to central government, but had not promised locally-generated revenues. As a result, many of them were yet to honor their budgetary commitments.

Local government largely relies on funding from the central government. However, funds from central government are typically not sufficient to meet all the needs of the districts. Districts also collect local revenues, but many districts—including Gulu, Mbale, and Mubende—have a low revenue base from which to draw funds. Unlike funds from central government, districts are free to spend locally-generated revenues on any activities they deem important. During the post-conference meeting, district leaders committed to allocating part of the local revenue base toward family planning for the first time.

Harnessing High-Level Support for Family Planning

Uganda’s 2014 National Conference on Family Planning created a platform for dialogue and energized government ministries, departments, agencies, and implementing partners to position family planning as central to national planning and development. Organized by various civil society organizations (CSOs) and funded largely by the United Nations Population Fund (UNFPA), with the leadership of the Ministry of Health, the conference attracted more than 600 stakeholders. The President, Members of Parliament, many Ministry representatives, district leaders, and representatives from government bodies such as the National Planning Authority and National Medical Stores all attended.

At the conference, the President championed family planning and launched “Harnessing the Demographic Dividend: Accelerating Socioeconomic Transformation in Uganda.” The report was commissioned and presented by Uganda’s National Planning Authority and developed with help by various stakeholders including the African Institute for Development Policy, Futures Group, and Partners in Population and Development African Regional Office (PPD ARO). The President’s endorsement of family planning made a strong impression on participants and laid the groundwork to mobilize local leaders.

From National Commitment to District Action

Immediately following the Conference, district leaders used what they learned to assess how best to increase access to contraceptives at the district level and act upon their commitments. Resident district commissioners, district speakers, district health officers, district chairpersons, and secretaries for health from Gulu, Mbale, and Mubende attended, along with Members of Parliament and representatives from CSOs. Leadership from a fourth district, Mukono, were invited to the meeting to describe how and why they made family planning a priority.

The Mukono district speaker, James Kunobwa, shared his district’s achievements in family planning with the support of PPD ARO and AFP. Kunobwa noted one factor that helped them move forward was shared commitment from the district leaders to work as a team to advance family planning in the district.

“When we are going on this mission, we need to come together. We need to speak the same language as leaders and we need to win support of all leaders. The political leaders, the technical leaders, the religious leaders, and the cultural leaders, at all levels,” Kunobwa said.
Following a discussion of various options, which RHU facilitated, leaders from Gulu, Mbale, and Mubende crafted commitments for their individual districts. Each commitment reinforced prior attention to inclusion of family planning in annual plans and budgets, but also promised new ones (see District Commitments to Family Planning Box).

Mbale District Health Officer Dr. John Baptist Waniaye reported, “We have agreed that we are going to increase our allocation for family planning. We have a small local revenue base — we don’t have as much as Mukono, but when we discussed with the leaders here, we agreed it’s an area we need to take stock on.”

RHU is following up with the three districts to ensure that the commitments become a reality.

Lessons Learned

Build on momentum: The post-conference meeting was held the day after the conference. The timing was critical, as the leaders had been energized by the conference and were keen to have a platform to make district-specific commitments to take home.

Use testimonies to mobilize: The statements from Mukono district—a district where stakeholders embrace family planning, family planning funds have been allocated, and improvements have resulted—motivated other district leaders.

Use evidence to inform commitments: District leaders heard the in-depth case for family planning during the Conference. Interaction with a range of experts

DISTRICT COMMITMENTS TO FAMILY PLANNING

Made July 31, 2014

GULU

- Secure funding for family planning from partners and from the local budget
- Continue to implement previous district declarations
- Prioritize family planning in the district development plan
- Engage and involve cultural and religious leaders, partners, and donors
- Urge political leaders to rally electorates around use community-based approaches
- Hold an annual conference

MBALE

- Increase allocation for family planning from the local revenue base
- Map key stakeholders and strategically engage cultural, religious leaders, heads of departments, and media
- Mobilize funding to train village health teams for provision of contraceptive injectables
- Improve logistics management of contraceptives
- Hold an annual conference

MUBENDE

- Mobilize local revenue and establish a budget line for family planning
- Pass ordinance on early marriage and teenage pregnancy using socio-economic perspective
- Provide key messages for leaders by August 2014
and exposure to evidence led to clearer, stronger commitments during the post-conference meeting.

Transfer experiences and results: Uganda has 111 districts in addition to the city of Kampala. To motivate others to act, district leaders can work with partners to document and share how commitments translate to increased family planning access.

References


Cover photos by Geoff, Adam Cohn, Malcwicky, RHU (pg.1), and Keith Carey (pg.4).