

Increasing Political and Financial Commitment Towards Voluntary FP/RH Through Non-Health Cross-Sectoral Interconnectedness; A Case of Uganda

Introduction

There is an increased understanding that Family Planning (FP) is not only a health issue but rather a development one, as rapid population growth affects every sector. Uganda developed the second National FP Costed Implementation Plan (2020/21- 2024/25), whose goals are to increase national mCPR from 30.4% in 2020 to 39.6% (All Women) by 2025 through improving access to sexual and reproductive health and rights information and services; and reduce the unmet need to 15% with the ultimate goal of achieving below 10% by 2025.

The National FP CIP is based on three technical strategies: Multi-sectoral collaboration for FP as a Socio-Economic Development Issue, Universal Coverage and Sustainability, and Sub-Regional Focus to Address Inequities. It recognises the need for cross-sectoral collaboration in implementing FP interventions. It identifies key FP multisectoral collaboration activities including: functionalize the National FP Multisectoral Committee and promote FP as a socio-economic development issue. Barriers to FP programming in Uganda include lack of ownership/support and inadequate financing.

Through the USAID/Uganda Family Planning Activity (FPA), we have demonstrated that cross-sectoral collaboration for FP can achieve great results at all levels. FPA is a five-year initiative funded by the United States Agency for International Development (USAID) implemented by Pathfinder International as prime and its partners: Uganda Protestant Medical Bureau (UPMB), Samasha Medical Foundation (SMF), and the Uganda Youth and Adolescent Health Forum (UYAHF). The main implementing partners are government ministries and agencies, particularly the Ministry of Health (MoH), Ministry of Gender Labor and Social Development (MoGLSD), National Population Council (NPC), National Planning Authority (NPA), as well as 11 supported districts (Bulisa, Kiryandongo, Kibale, Kyankwanzi, Kyegegwa, Kyenjojo, Ntoroko, Bundibugyo, Butambala, Gomba, and Rakai), local private organizations, individual private health providers, and other United States Government (USG) implementing partners (IPs).

The USAID/Uganda FPA seeks to create a favourable policy and financing environment to increase access to family planning by strengthening leadership and coordination for a strong health system with accountable leadership, sustainable financing and innovations for demand generation, service delivery, capable health workforce, functional supply chains and information system management.

FPA's intermediate result 1.3 focuses on strengthening cross-sectoral collaboration for FP at all levels. At the National level, the programme-based planning and budgeting approach under the third National Development Plan (NDP III) presented an opportunity through the Human Capital Development (HCD) Programme to bring different sectors together for coordinated multisectoral FP programming.

Methods

At national level, there was initial consultations and formulation of a steering committee (National Planning Authority, National Population Council, Ministry of Health, United Nations Population

Fund, Pathfinder International and Faith for Family Health Initiative as implementers of the USAID/Uganda FPA. We oriented key HCD actors on FP as a cross-sectoral issue, developed ToRs for HCD focal persons and requested Permanent Secretaries to appoint FP focal persons, whom we oriented. The FP focal persons were supported to develop FP action plans in line with the Programme Implementation Action Plans (PIAPs). The action plans guided FP integration during work planning for 2023/24 FY.

To ensure sustainable funding for FP, we established the political caucus- Members of Parliament who are FP champions to lobby for FP investments and for FP inclusion on the National agenda.

At the District Local Government level,

1. **RAPID model development.** We started with evidence generation through district specific RAPID models. RAPID is a computer model developed by SPECTRUM that incorporates selected data to project the future consequences of population growth on various development sectors. RAPID projects resource requirements based on the population growth rate—such as number of teachers required, schools, health workers, health facilities, health facility. For each district, two fertility scenarios were considered-high fertility scenario and low fertility scenario. Costs were projected based on each of the fertility scenarios. RAPID model was aimed at generating evidence for advocacy- to show how high population growth rate affects different sectors. The RAPID models were disseminated to different stakeholders in the districts, including political and technical leaders, religious and cultural leaders and implementing partners in the districts.
2. **Constituting district multisectoral FP Working Groups.** During RAPID model dissemination meetings, multisectoral FP working groups were constituted. These comprised of different political and technical leaders (including non-health departments) and other non-health actors like religious and cultural leaders. The FP working groups spearhead integration of FP into other non-health departments and soliciting resources for FP.

DISTRICT STAKEHOLDERS INVOLVED

Officer	Role
Chief Administrative Officer	Chairs the Multisectoral FP working group. As the technical supervisor in the district, the CAO is responsible for ensuring that the Multisectoral FP WG is functional. He/she ensures members report as required. The CAO may delegate this role to the Deputy CAO or the Principal Assistant Secretary.
Assistant District Health Officer	Mobilization of the DHTs and providing technical direction to the group. Serves as the technical coordinator of the working group. The ADHO is responsible for providing tools and necessary information. ADHO addresses all technical questions related to FP and ensures that FP is prioritized and the WG members play their roles
Biostatisticians	Compiling and sharing FP performance data
District sector heads	Plan and budget for FP in their work plans and budgets. They ensure integration of FP in their routine activities and sensitize community

	members on the importance of FP in addressing the different challenges affecting them
District Planner	The planner is responsible for budgeting, serves as the secretariat to the WG and ensures FP is included in the different sector work plans. The District Planner also works with the CAO to ensure the Multisectoral FP WG is functional
Cultural and religious leaders	Community mobilization and sensitization, advocacy
District Executive Committee members	Responsible for budget appropriation and resource allocation
Religious and cultural leaders	Community mobilisation and demand generation
FPA District Activity officer	District based mobilization and follow up on the working group activities
Pathfinder International	Provides the resources needed for implementation
National Population Council	NPC ensures the alignment of the district plan to national plans and guidelines. Also leads RAPID model adaptation for districts
Ministry of Health	Ensures implementation is according to the policy guidelines. As the supervisor of Health Services, MoH addresses the concerns raised at the district level.

3. **Development of District Family Planning Costed Implementation Plans (FP CIPs) aligned to the national FP CIP.** The district FP CIPs are multi-sectoral, specifying the role of each department and stakeholder. The district FP CIPs were disseminated to all stakeholders, including at the County level.
4. **Quarterly multisectoral FP working group meetings.** The FPA has supported quarterly district multisectoral FP working group meetings, where the members share reports, discuss challenges faced over the period and agree on strategies to address the challenges. The meetings also develop action plans based on the interventions agreed upon in the district FP CIP.
5. **Review of action plans and setting new priorities.** During quarterly meetings, action plans are reviewed, and new priorities are set depending on the need.

Pathfinder International, under the FPA, has established FP working groups at the county level.

Results/ Achievements

- HCD FP Focal persons are taking lead in developing FP action plans. A number of activities have been included into the sector plans for FY 2023/2024
- The Ministry of Local Government issued a circular to Chief Administrative Officers and Town Clerks to integrate and mainstream FP in district plans and budgets from FY 2023/2024
- In terms of policy, the districts have FP CIPs signed by the District Chairperson, Chief Administrative Officer and the District Health Officer, a sign of commitment to FP. The District Councils have pronounced their support for FP.

- Districts have created a budget line for FP and allocated funds to FP. For example, in FY2023/24, districts approved 38,320,000 Uganda Shillings towards FP. Important to note is that most of these funds are from non-health sectors.

District	Approved district budget allocation to FP for FY 2022/2023 (USD)	Approved district budget allocation to FP for FY 2023/2024 (USD)
Butambala	0.0	270.3
Gomba	270.3	270.3
Kibaale	0.0	324.3
Kyegegwa	2,486.5	3,275.7
Kyenjojo	0.0	2,702.7
Kiryandongo	0.0	270.3
Buliisa	0.0	1,351.4
Bundibugyo	0.0	270.3
Ntoroko	1081.1	270.3
Rakai	0.0	1,351.4
Kyankwanzi	2,297.3	2,297.3

- Functional multisectoral District/Sub County FP working groups comprised different political, technical district leaders and other non-health actors. The working groups spearhead the integration of FP into other non-health departments and solicit resources for FP. There is a collaboration of NPC, Pathfinder International and 3FHi in ensuring the functionality of multi-sectoral FP working groups through quarterly meetings to review progress on the action plans, identify bottlenecks hindering progress and develop plans for subsequent quarters.
- FP is high on the district agenda. District planners as coordinators and custodians of multi-sectoral FP action plans, present plans in monthly District Technical Planning Committees (DTPCs) and update the committee on progress. At the sub-county level, non-health sector committees are in place and meeting.

Challenges

- High turnover of the chairpersons of the WGs. All CAOs oriented at the start of multisectoral engagements have been transferred.
- Inconsistent attendance of key members of the multisectoral FP WG like the CAO, District Chairperson and Heads of Departments affecting commitment

Conclusion

There is potential for FP interventions synergies, including funding from non-health sectors. Cross-sectoral engagement and coordination, with use of evidence, are key for these sectors to appreciate the pressure posed by population factors and consider funding FP interventions.