



Examining the role of Faith and Religious Leader in Uganda

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3FHi_Engage

On Saturday March 21, Uganda reported her first case of COVID-19 epidemic. By April 9th, Uganda had 53 confirmed COVID-19 cases. In response, the country shut her air, land and sea borders, closed all schools, halted social gathering and curtailed free movement of people. A 14-day lock-down, now in the 10th day, means all the people are hold-up in their homes and houses.

Despite the heightened health promotion and behavior messaging, there are indications that community transmission of COVID-19 is underway. Today, the country stare at the possibility of full-blown pandemic, disruption of economic architecture for all as well as increasing vulnerability and destitution especially for most at risk groups.

Amidst the COVID-19 crisis, another health challenge is crawling in, albeit silently. Noting that Family Planning (FP) has suffered historical trend of poor prioritization often characterized by low investments, its indicators will get even worse as the country channel all available resources to COVID-19 responses.

With the government directive to repurpose the health funds, adopt cost-cutting measures aimed at raising resources to finance COVID-19 responses, the FP pot will be the first call.

Amidst the COVID-19 crisis, another health challenge is crawling in, albeit silently. As adolescent, young people and adults remain hoarded in homes, and with no FP messaging and no contraceptives in sight, Ugandan's 40 Million people are likely to face high rates of teen's pregnancy, unplanned pregnancies, abortion, forced and early marriages

In our FP Accountability Project in the two districts of Mityana and Kyenjonjo, we found that at the onset of COVID-19 crisis, reduced funding, delayed or lack of disbursement of FP funds was a critical public health concern. In Kyenjonjo district, for instance, the funds were diverted to address Ebola sporadic break-outs. There could be a possibility that FP funds will be appropriated to cover COVID-19 responses. "You see, FP is never an emergency", one of the senior government officials said in one of our FP Expenditure Accountability Dialogue.

There are other drivers too: FP issues are not mainstreamed in the Corona virus epidemic - 2019 (COVID-19) Preparedness and Response Plan (January – June 2020). Similarly, district level response plans for COVID-19 have all failed to include FP. While FP blue prints exist to guide the government in mainstreaming FP agenda in their health plans and budgets, therefore it is evident

that the national and district FP costed plans did not inform the development of COVID-19 response plans.

Our assessment shows that there is no representation of the FP Champions in the national and district COVID-19 Response Steering Committee.

Further, the voice of civil society actors is missing in COVID-19 national, district and community dialogues. As it is now, the advocacy spaces to profile FP and sustain FP messaging has been replaced by COVID-19 pandemic. Today, the media agenda is on COVID-19 crisis, and this is likely to remain in the coming days further pushing FP agenda at the periphery.

There are grave implications of this commission and omission-astoundingly, the funding for FP is not assured neither ascertained. Occasional stock-outs of FP supplies will remain, while provision of FP services will be interrupted. The household out of pocket capacity to buy FP services is diminishing as households' slides into poverty.

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OPPORTUNITIES FOR ENGAGEMENTS

There are strategic opportunities to advance FP advocacy agenda in the midst of COVID-19 crisis. Carrying out assessment to quantify the impact of COVID-19 disease to the overall FP ecosystem could be a starting point.

The survey could examine impact and service level indicators as well as develop financing simulations of FP financing and responsive measures.

Re-engineering the actions of the civil society actors to re-position FP agenda in all COVID-19 dialogues and actions could be prioritized, and urgently.

In our current FP policy and advocacy work, we have found that catalyzing the actions of faith and religious leaders, linking them with advocacy opportunities within the COVID-19 spaces while deepening the inclusion and participation of FP Advocates and Champions in the national and district COVID-19 Response and Steering Committees could serve as the missing link in the FP-COVID 19 inter-face.

At 3FHi, we are certain that out long-term FP Faith Allies and Partners, both at the national and district level, could utilize COVID-19 spaces and platforms to advocate for the development of FP sensitive COVID-19 Preparedness and Response Plans, ring-fence

the already allocated funds for FP and prompt disbursement and better accountability of FP funds.

These actors could advocate and support the review of the national and district costed plans for FP so as expedite responsive actions aimed at increasing funds for FP, integration of FP/COVID-19 health promotion messaging, supply of joint FP/COVID-19 hygiene supplies (Essential Pack to include FP commodities, info-booklets),

As a facilitating agent, we require correct and up-to-date data, survey tools, guides and other relevant resources to support FP/COVID-19 specific and sensitive programming. Additionally, 3FHi and her partners can be linked with FP/COVID-19 Community of Practice as well as with other spaces and platforms to enable learning and sharing. We will also need financial resources to facilitate faith leaders organizing, inter-agency coordination, data generation, documentation, advocacy dialogues and actions.

mainstreaming of FP in the government run COVID-19 integrated community health outreaches and un-vetted information dissemination on contraceptives to adolescents and young people to prevent teenage pregnancy.

Acknowledging the vulnerability of certain groups to COVID-19, the FP Faith Partners could advocate for targeted distribution of

contraceptives in districts with active Ebola outbreaks (**Ntoroko, Bundubugyo and Kasese**), districts hosting refugees (**Kyegegwa and Kamwenge**), cross boarder districts of **Kabarole and Ntoroko**, and in isolation and quarantine facilities.

The FP Faith Partners could also undertake other advocacy engagements too.

For instance, they could dialogue with the private sector and profit-run health facilities to subsidize the costs of contraceptives and leverage on their operation efficiency to support community distribution of FP commodities.

By adopting an “in-reach advocacy” approach, faith partners can increase the budget of their own-health facilities to scale up FP/COVID-19 responses.

They can also orient their faith health facilities to provide high quality care for COVID-19 patients while integrating FP information and services.

3FHi is committed to engage faith leaders and their institutions to advocate for FP sensitive actions in all COVID-19 dialogues and responses.

