

Beyond 2020: Consensus on Pending, Emerging and Priority Issues

Faith-Leaders Convening on Post-FP2020 Agenda

In yet another high-level multi-stakeholder meeting on FP2020 Agenda, there was consensus that Government of Uganda has made significant strides towards achieving the FP2020 commitments and targets. But as the global timeline comes to an end later this year, there are clear indications that there are pending and emerging issues that needs to be prioritized in the next couple of years.

On 7th February 2020, at the prestigious Hotel Africana in Kampala, Senior Inter-Faith Religious leaders and Board members of 3FHi were joined by the Members of Parliamentary Committee for Health and Budget, Government Executives from the Ministry of Health and Finance, Representatives from Civil Society Organizations (Family Planning Implementing Partners), Development Partners and Media to a dialogue on Post-FP2020 Agenda.

The faith-led convening was occasioned by the realization that as we come to the end of the global FP2020 timeline (2012-2020), there is an urgent need take stock of the progress made in meeting the FP2020 commitments and chart the way for improving the welfare and health of girls and women.

Reflecting on the Government commitments to FP2020 global initiative and the progress made

During the 2012 Family Planning Summit in London, Uganda was among the 36 developing countries that committed to improve the welfare and health

of girls and women. Uganda represented by H.E the President Museveni, made FP commitments (FP2020) to:

- Creates an enabling policy environment to allow women to exercise their family planning choices,
- Increase the country's financial investment in family planning and,
- Strengthen service delivery for FP.

In July 2017, at yet another London FP Summit, the Government of Uganda renewed its FP2020 commitments in line with the country's Family Planning Costed Implementation Plan (CIP-FP, 2015-2020). Uganda was unequivocal in her support to FP and made the following key commitments:

1. Leverage annually, US\$ 20 million from donors and other philanthropies to bridge the funding gap for executing its FP-CIP;
2. Allocate US\$ 5 million annually for procurement and distribution of RH/FP supplies and commodities to the last mile.

Following the two summits, Uganda has registered a number of achievements such as: establishment of the National Population Council by an Act of Parliament; increased investment in FP (US\$ 3.3 million from domestic resources); enhanced collaboration with development partners, CSOs and the private sector; increased the number of trained health cadres and supported the development of the Costed Implementation Plan for FP at the national and sub-national level. Generally, FP issues are prioritized in broad development and health policies and strategies. Currently, the government in collaboration with partners are supporting districts to develop District FP Costed FP Implementation Plans.

Dr. Betty Kyaddondo, the Director Family Health at National Population Council, and who moderated this session, observed that these achievements have led to improved FP indicators with unmet need for FP having reduced from 34 percent to 28 percent, increased the contraceptive prevalence rate from 30 percent to 39 percent and

a reduction in fertility rate from 6.2 percent to 5.4 percent.

Beyond 2020 timeline-What next in improving the welfare and health of the girls and women

Despite the impressive strides in meeting FP2020 commitments, those in attendance pointed out that there are pending and emerging issues that require prioritization in the coming years. These issues included:

- Increased population due to high fertility rates.
- Poor implementation of the national policies and programmes related to FP.
- High unmet need for FP due to poor uptake and utilization of FP information, services and supplies.
- Reduced funding for FP at all levels, untimely disbursement, low absorption and weak accountability of public funds for FP.
- Lack of innovative financing for FP.
- Lack of responsive policy environment to promote Adolescent Sexuality and Reproductive Health.
- Poor reproductive health outcomes for adolescent including increased teen pregnancy and early motherhood, gender and sexual based violence, early and forced marriages and abortion.
- Inadequate resources to support implementation of FP Costed Plans at all levels.
- Faith motivated oppositions and entrenched socio-cultural barriers to FP uptake.
- Weak health care delivery mechanism to improve uptake of FP services.
- Poor prioritization of FP in budgets and plans at all levels.

Prioritizing the Priority

Faith leaders and all other participants concurred that in the near future and on continuous basis, the government and stakeholders need to prioritize the following:

- Increase funding for FP by adopting innovative financing models such as mainstreaming of FP in National Health Insurance/Universal Health Care Coverage (UHCC) and increasing investments in preventive programs to improve maternal and adolescent reproductive health.
- Accelerate the development and implementation of Adolescent Sexuality and Reproductive Health policies.
- Advocate for better disbursement, absorption and improved accountability of FP funds.
- Institutionalize guidelines on the provision of FP services to people below 18 years.
- Promote uptake of post-partum FP to avoid repeat pregnancy for underage women.
- Initiate service programs in order to enhance uptake and utilization of voluntary FP services and products, including:
 - Integrating FP services in health (RMNCAH+N) and social programs.
 - Supporting dialogue between faith leaders and the community leadership to address norms inhibiting FP uptake.
 - Re-orienting health care delivery mechanism to improve uptake of FP services.
 - Strengthening FP commodity supply and reporting mechanism.



Web links

- ✚ <https://capitalradio.co.ug/clergy-applauded-promoting-family-planning/>
- ✚ https://www.newvision.co.ug/new_vision/news/1515214/mps-sh15b-budget-mama-kits

Participants

Representative Civil Society Organization

Roseline Achola (UNFPA), Betty Kyaddondo (National Population Council), Akello Juliet (Civil Society Budget Advocacy Group), Esther Nasiky (PATH), Yiga Baker (Uganda Family Planning Consortium), Lilian Tutegyereze (FHI360), Musolo Wilberforce (JHPIEGO), Charity Kirabo Nagemi (SAMASHA Medical Foundation), Agaba Emmanuel (Assistant Local 5 Kyenjonjo district), Aleku Christopher (National Population Council), Lwasampijja Fred (District Health Officer Mityana),

Media/Journalist

Ismail Nsubuga (Vision Group (Bukedde Television), Violet Nabatanzi (New vision), Alice Lubwama (Capital Radio FM).

Elected Members of Parliament of Uganda

Bebona B Josephine, Beatrice Rwakimari, Dr. Michael Bukenya, Spellanza Baguma Muhenda, Mbwaterkamwa, Bernate Omunyidde, Bagoole John Ngobi, Mary Harriet lamunu.

Faith and Religious Leaders

Rev. Moses Ssemugooma (Mityana Diocese), Fr. Mbonabingi Constantine (Uganda Joint Christian Council), Dr. Ronald Kasyaba (Uganda Catholic Medical Bureau), Rose Obigah (Uganda Joint Christian Council), Fr. Robert Mutyaba (Mityana Diocese), Aduma Geoffrey (Born Again Faith), Bwambale Herbert (Uganda Joint Christian Council), Sheikh Abdul Noor Twebaze (Uganda Muslim Supreme Council), Father Mukisa Emmanuel (Uganda Orthodox Church), Rev. Roland Jimmy Ringishi (Church of Uganda), Pastor Samuel Kizito (Seventh Day Adventist Union Uganda), Sheikh Kiiza Abdul Ali (Uganda Muslim supreme Council), Namata Mariam (Uganda Muslim supreme Council).



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