

## Uganda Good Practices

### WORKING WITH PARLIAMENTARIANS: A CASE OF UGANDA

#### 1. Background

##### **Parliamentarians: Best advocates of change for Effective Population Programmes Advocacy for Members of Parliament in Uganda**

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#### 2. Description of the issue

Uganda is characterized by the following indicators:

Indicator	
Total Population	30 Million
Population growth rate	3.4%
Total fertility rate	6.7
Maternal mortality ratio	435/100,000 live births
Infant mortality rate	76/1000 live births
Teenage pregnancy rate	24.6%
Unmet need for FP	41%
HIV/AIDS prevalence	6.4%
% of total budget to health	9%
Exclusive breast feeding	60%
Births in Health facilities	41%
Under five mortality	137/1000

Uganda Demographic and Health Survey (UDHS) 2006/7

Uganda continues to grapple with these poor reproductive health indices so as to attain the MDGs by 2015 and thereby improve the quality of life of the population. As shown above the percentage of the total budget that goes for health is 9%, this causes multiple challenges for ensuring quality service provision.

As all of us are aware, Parliamentarians command considerable authority in legislation and policy formation while being deeply entranced in socio-political and cultural set-up of the countries, thus bridging between the leadership and people. Commitment of politicians to the ICPD Goals and MDGs as well as other emerging challenges in health, population and sustainable development is vital in addressing them successfully.

As elected representatives of the people, parliamentarians are the bridge between people and government and therefore are well positioned to push forward the agenda for reproductive health, population and development in the context of country development policies and programmes, the ICPD program of action, the Beijing platform of Action of Development and Empowerment of women, the Millennium development goals (MDGs) and many international commitments and conferences to which Uganda actively participated. Both individually and collectively, parliamentarians are advocates for the rights and needs of the people. As legislators they make laws to protect those rights and as policy makers they mobilize the resources needed to implement policies and legislations, thereby creating the enabling environment to address those

needs. In Bangkok Statement of Commitment, parliamentarians re-affirmed the relevance of the ICPD programme of action and pledged support to ensuring its continued implementation.

As public advocates, legislators and policy makers, parliamentarians in Uganda are committed to carry out a number of actions including to:

- Strive to attain 10-15% of the national development budgets for population and reproductive health programmes.
- Enact , publicize and enforce laws and policies that promote and protect the human rights of the girl child and young women and further ensure women's access to and full participation in decision making at all levels and eliminate all forms of violence, coercion and discrimination against women including various forms of harmful traditional, cultural and religious practices.
- Enact legislation to ensure respect for human rights and dignity of people living with HIV/AIDS and orphans, provide education and services to prevent the transmission of all forms of sexually transmitted infections and to provide treatment for these infections

Successful and effective programmes require political commitments in which governments play a pro-active role in advocating public concerns, with regards to population issues. As parliamentarians are in best position to be advocates of change, Partners in Population and Development, Africa Regional Office (PPD ARO) used a new and innovative approach of advocacy with parliamentarians on issues of sexual and reproductive health. One of the most important strategies of PPD is to work with the parliamentarians to achieve its goals by bringing about positive transformations in the legislation and policy formulation as well as in the socio-political and cultural arena.

### **3. Organizations and partners involved**

The Population Secretariat, together with Ministry of Health coordinates the implementation of the Reproductive Health Component of Country Population Program with an objective of improving policy environment for reproductive health in Uganda. As such, one of the identified stakeholders for POPSEC in this field is the Parliamentarians that are key in influencing the health of the people within their constituencies.

Other stakeholders involved are Reproductive Health Uganda (formerly called Family Planning Association of Uganda), Uganda Reproductive Health Advocacy Network and Ministry of Health. Whereas other all these other organizations were offering technical support for advocacy, Reproductive Health Uganda gave grants to POPSEC to continue reaching out to MPs (Funds given came to a total of \$30,000 disbursed in bits of \$10,000). With support from United Nations Population Fund (UNFPA), Population Secretariat has for a long time done high level advocacy with parliamentarians through a number of committees, forum and networks.

Parliamentarians in various committees and for a:

- I. Standing committees in parliament  
Committee on HIV/AIDS and Related Matters
- II. Sessional Committees in parliament  
Committee on Social Services
- III. Lobby groups in parliament

Uganda Parliamentary Forum on Food Security, Population and Development  
Network of African Women Ministers and Parliamentarians (NAWMP)

#### **4. Description of the program**

##### **4.1 Component:**

Reproductive Health, Population and Development

##### **4.2 Strategies:**

Advocacy for members of parliament

##### **4.3 Activities:**

- I. Advocacy meetings with the 7th and 8th parliament on reproductive health, population and development with members of parliament to:
  - Disseminate study findings on sexual reproductive health and the budget trucking study and solicit for their support on advocacy for increased budgetary allocation to RH
  - Develop and disseminate key messages on budgets for reproductive health
  - Share experiences for MPs and technocrats
  - Build consensus on key advocacy issues
  - Follow up on the developed action plans by MPs to assess progress on implementation
  - Share with MPs the roadmap to accelerate the reduction of maternal of neo natal mortality
- II. Constitute the committee for the UPFFSPD (our role was to observe) for the 8<sup>th</sup> parliament.
- III. Technical support to MPs to develop the strategic plan for UPFFSPD and NAWMP. (With support from UNFPA, a consultant was hired to facilitate the development of the strategic plan. A number of consultative meetings were held).
- IV. Launch of the strategic plan for UPFFSPD
- V. Resource mobilization for the implementation of the developed strategic plans. (POPSEC is mandated to coordinate the GOU/UNFPA Country Programme and carry out advocacy at national, district and lower levels. POPSEC therefore brought on board the parliamentarians as implementing partners and later as sub contractees to do advocacy at national and lower levels with support from UNFPA. ) Uganda (POPSEC) as the current chair of EARHN has also provided support (technical and financial) to the MPs from PPD ARO to which Uganda is a member country.
- VI. Monitoring of activities implemented by the UPFFSPD.
- VII. Holding weekly Radio Talk shows on population and Reproductive Health Issues on Radio One (spectrum) and UBC radio
- VIII. Production of the Forum Quarterly Information Bulletin distributed to all MPs
- IX. Hold weekly TV talk shows on Food Security, Population and Reproductive Health on WBC and UBC
- X. Publishing Newspaper articles on population and RH in the local print media
- XI. Hold bi -monthly media briefings on topical issues in the area of Population, Reproductive Health and Development.
- XII. Hold lobby sessions and conduct Media campaigns for generating public dialogue, debate and advocacy to promote FP, MH, HIV/AIDs prevention and SGBV.
- XIII. Field visits to health facilities especially at the grassroots.

##### **4.4 Outputs**

- I. 11 of advocacy meetings held with MPs

- II. 140 MPs of the UPFFSPD reached on FP, RH including HIV/AIDS messages
- III. A committee constituted for UPFFSPD (Chairperson, Vice chair person, secretary, publicity secretary, treasury and regional representatives for the Northern, Eastern, Central, Southern and Western Uganda.
- IV. A donor conference and other meetings of a similar nature held by MPs targeting development partners
- V. Quarterly monitoring field visits held to assess progress
- VI. Quarterly TV and Radio talk shows held on a number of radios
- VII. 6 articles written by MPs published in the New vision and monitor news paper
- VIII. Media briefings held on the implications of the budget for health on the quality of service delivery
- IX. Tabled a bill in parliament on the need to plan for the growing population and improve quality of health service provision.
- X. Meeting reports with recommendations were presented to guide future implementation
- XI. Discussions were generated on modalities to reduce the death of mothers and children but also innovative approaches to implement the road map. MPs also made their input to the roadmap.

#### 4.5 Outcomes

- I. The forum advocated to Local governments to pass and enforce bye-laws and ordinances to address population and reproductive health. As a result a number of local governments have passed bye-laws e.g sub counties in Kapchorwa district have passed bye-laws to outlaw FGM.
- II. The Forum passed a motion in parliament to prioritize RH issues and address maternal deaths throughout the country
- III. Increased debate on RH issues among the public.
- IV. Increased knowledge at district and community levels on RH issues
- V. Advocated establishment of Adolescent Reproductive Health friendly centers and these are now in place
- VI. Increased advocacy for specific budget lines for RH, FP within the Ministry of Health budget
- VII. Oversight on Uganda's roadmap to reduction of Maternal and neo-natal mortality.
- VIII. Passing resolutions for districts and sub counties to incorporate RH and food security in their plans and make the necessary budgetary provisions.
- IX. Passing bye laws on early marriages and harmful traditional practices.
- X. Lobbying parliament to mobilize resources for the implementation of the roadmap

#### 4.6 Timeline

The activities were implemented on a quarterly basis. In the 8<sup>th</sup> parliament the members to the forum were very organized and were therefore able to implement all these activities from 2006-2010.

#### 5. Cost of the program

Year	Funds	Source
2005	20,000	UNFPA
2006	20,000	UNFPA
2007	20,000	UNFPA
	8,800	RHU

2008	41,000	UNFPA
<b>Total</b>	<b>109,800</b>	

(Annual work plan and budgets for 2005, 2006, 2007 and 2008 respectively)

## **6.0 How was the program carried out?**

- Dialogue meetings were held for MPs. During these meetings the history, functions and roles of MPs in participating in this forum were shared by ex-officials of the forum in the 7th parliament.
- Technical papers were presented by staff of Population Secretariat, Ministry of Health, Family Health International and Institute of Public Health and other partners. Examples of topics discussed included; the Impact of Rapid Population Growth rate on Achieving the MDGs and PEAP targets, Linking Family Planning and development, Funding for Reproductive Health in Uganda, Economic analysis of RH programs, Rights based Approach to Sexual and Reproductive Health: Challenges to policy and programs, Country Road Map for accelerating HIV/AIDs prevention, Identifying and drafting issues and strategies for Advocacy.
- MPs also developed annual work plans based on the key priority areas for advocacy.
- MPs were also supported to go for field visits to health facilities to check on the functionality. Further to this meetings were held at the health facilities where communities were mobilized for dialogue with the MPs to discuss the challenges that are faced.
- They in addition shared experiences and drew up a plan of action for implementation by the members to the Forum.

### **6.1 Major steps of the carrying out the program**

- I. Developing the key advocacy issues
- II. Developing and submitting an annual work plan through POPSEC
- III. Follow up to get approved budget
- IV. Planning the implementation of the activities
- V. Actual activity implementation and development of action plans to address emerging issues
- VI. Report writing
- VII. Quarterly review meeting where progress report is presented and dissemination of the findings to the parliament and other stake holders.

## **7.0 Lessons learned and recommendations**

### **7.1 Recommendations**

- The contribution of parliamentarians including in securing support for reproductive health interventions cannot be overlooked and should therefore be emphasized.
- Experience sharing among parliamentarians on committees/fora of health, population and development in country and regionally should be strengthened to enable transfer of these practices, expertise and technologies within and outside countries.
- MPs should continue pushing for government to increase the percentage of total budget allocated to health, specific funding for RH and resource mobilization for implementing the roadmap to address the high infant and maternal deaths.

- MPs should continue pushing governments for follow up on the political commitments on paper and ensure that they are followed by concrete actions specifically the Abuja Declaration, Maputo Plan of Action and Paris Declaration.
- A coordinated Africa regional advocacy approach should be adopted to address issues of SRH including funding gaps

## **7.2 Lesson learnt**

- Parliamentarians are of paramount importance in creating political will and an enabling environment for addressing population, reproductive health and development issues.
- Sustained political commitment depends on systematically building institutions outside government that will push for prioritization of sexual reproductive health over a period of decades. This calls for a strong and coordinated group of parliamentarians.
- Investment in investments in commitment-building has high returns.
- Information sharing and dialogue among the technocrats and MPs goes along way in equipping MPs with adequate knowledge.
- Involving parliamentarians in aid reforms is paramount for proper budget support and allocation.

## **8.0 Program evaluation**

The end of 6<sup>th</sup> Country Programme review report emphasized the need to target members of parliament as advocates for reproductive health. The effectiveness of this good practice is yet to be assessed.

The program's effectiveness could be assessed by:

- A trend analysis on the outcomes before and after the programme
- No. of bills on RH tabled in parliament and are further followed by an action
- Budget for health in particular for reproductive health
- Demand for RH supplies at community level
- An improvement in the health specifically RH indices

## **9.0 References**

- Strategic plan for Uganda Parliamentary Forum on Food Security, Population and Development
- Strategic plan for the Network of Women Ministers and Parliamentarians.
- Work plans and budgets for Population Secretariat, Ministry of Finance, Planning and Economic Development.
- Work plans and budgets for UPFFSPD and NAWMP
- UDHS
- Activity reports for UPFFSPD and NAWMP
- Midterm review reports for GOU/UNFPA Country Programme