



From Commitment to Action: The RAPID Application in Uganda

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Summary

To strengthen the policy environment for family planning in Uganda, the USAID | Health Policy Initiative, Task Order 1 assisted the Population Secretariat of the Ministry of Finance, Planning and Economic Development to develop a presentation explaining the effects of rapid population growth on socioeconomic development and the unmet need for family planning services. The initiative was designed to strengthen political support and increase funding for family planning services throughout the country.

High Fertility, Low Contraceptive Use

Uganda's population continues to grow rapidly due to continued high fertility. The 2006 Uganda Demographic and Health Survey (UDHS) reported a total fertility rate of 6.7 children per woman—virtually the same as the fertility rate of 6.9 children per woman found 11 years earlier in the 1995 UDHS. Many of the traditional social and cultural determinants of large family size, such as rural residence, low status of women, and the need for old age security, persist in Uganda.

Contraceptive use is relatively low; 18 percent of married women of reproductive age used modern methods in 2006. Women who are wealthier and more educated are more likely to use contraception than those who are poor and have little or no education, reflecting inequities in society.

The relatively low contraceptive prevalence rate does not reflect lack of interest in family planning. Two in five (41%) married women of reproductive age want to space or limit future births but are not using contraception; this group is considered to have an unmet need for family planning services. Another example of unmet need for family planning is the number of unintended pregnancies among adolescent girls. With unmet need exceptionally high and contraceptive use low, there is potential to expand family planning use.



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Policy Initiatives

Various stakeholders have noted that political support for family planning is ambivalent and that inconsistent messages on population and family planning issues from senior officials serve as a brake on program expansion. Also, many decisionmakers do not understand the importance of population factors for national and district development.

Beyond the need to strengthen broad political support, several potential action areas stand out. Among other needs, Uganda will have to increase substantially national, district and donor budgets; reduce stockouts and achieve and sustain contraceptive security; consider changing policy to permit community-based distribution of injectables; and expand public education on family planning myths and realities, side effects, and accessing services.

To help invigorate support for family planning, the Health Policy Initiative instituted a program to present data on the implications of rapid population growth and unmet need for family planning.

The project used a computer model known as RAPID (Resources for the Awareness of Population Impacts on Development) to show the effect of population growth on key sectors, including education, health, agriculture and the environment, food supplies, economic development, employment, urbanization, and housing. These effects are projected for the next 30 years under two scenarios: (1) continued high fertility and (2) declining fertility. The results are summarized in a PowerPoint presentation that can be adapted for different audiences and converted into print formats and other visuals. RAPID, a well-known population and family planning advocacy tool, is being widely used in conjunction with other activities to help improve the policy environment for family planning and to move from awareness to action.

RAPID was used in Uganda in two phases to advance the population and family planning agenda among parliamentarians, district leaders, health service providers, religious and cultural leaders, and media representatives.

This work was implemented by the Population Secretariat of the Ministry of Finance, Planning and Economic Development, and other partners, with technical assistance from the Health Policy Initiative.

The First Phase—Regional Workshops

The impetus for the first RAPID application came in 2009, when USAID/Uganda requested the Health Policy Initiative to prepare a RAPID application for use in the meetings held in advance of the International Conference on Family Planning: Research and Best Practices in November 2009. This conference also coincided with initiatives to commemorate the 15th anniversary of the International Conference on Population and Development (ICPD), held in Cairo in 1994, and to remind countries of the targets that they had endorsed in the ICPD Program of Action.

In Uganda, the Population Secretariat and National Planning Authority, with support from the United Nations Population Fund (UNFPA), organized a series of regional workshops to encourage district authorities to recognize the importance of population growth for district development and include population factors in district development planning and budget allocation. The series of one-day workshops occurred in October and November 2009; each was attended by 25–50 participants, including senior district officials. Overall,

72 of the (then) 80 districts sent representatives to one of the meetings.

The RAPID presentations were a key component of each workshop. Several workshop participants welcomed the information, asking “Why didn’t you bring us this kind of information sooner?” The workshop teams reported that district officials often have a keen sense of population pressures because they observe first-hand the impact of rapid population growth on resources and the environment and on the demand for social services.

Each workshop resulted in the adoption of a set of resolutions aimed “to revitalize/renew district-level leadership actions for ICPD Program of Action and MDG agenda with focus on leadership and champions for HIV prevention, family planning, maternal health, and related gender empowerment.” The resolutions for family planning recommended that district plans and budgets give priority to supporting access to high-quality and reliable family planning and reproductive health services.

The resolutions call on the National Planning Authority and Population Secretariat to monitor the development and implementation of district population work plans each year leading up to Cairo + 20, planned for 2014. UNFPA is also now engaging consultants to monitor whether the districts are developing new population action plans as follow-up to the ICPD + 15 district workshops. It is all part of an effort to move from commitment to action, and RAPID has been a key tool.

In addition to the regional workshops, and as part of the same initiative, the Population Secretariat held a conference to engage national leaders on ICPD follow-up. About 200 people, including seven parliamentarians, attended the conference, which occurred in November 2009. The Population Secretariat discussed outcomes from the regional dialogue meetings and gave RAPID a prominent position on the agenda. Some key recommendations focused on the need to build district capacity to provide reproductive health services and to improve logistics management to ensure contraceptive security. This meeting also called for monitoring to ensure that promises from the district leadership were actually implemented and that commitments were turned into action.

In November 2009, the Honorable Chris Baryomunsi, MP, a physician and former UNFPA and Population Secretariat staff member, made RAPID presentations to

about 200 people at a district leaders meeting held in conjunction with the International Conference on Family Planning: Research and Best Practices and to about 25 persons, including eight parliamentarians, at a hosted luncheon. As key decisionmakers on resource use as well as thought leaders, parliamentarians will continue to be a target audience for RAPID presentations. Also, Dr. Wilfred Ochan from UNFPA made a well-received RAPID presentation to about 30 persons at a donors meeting at the World Bank. If Uganda is to satisfy the high level of unmet need for family planning, donors will need to provide additional financial support.



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The Second Phase—Broader Dissemination and Advocacy

In the second phase, the Population Secretariat and other stakeholders are engaged in vigorous dissemination and advocacy activities using RAPID. In the long run, these initiatives will also be supportive of the Advance Family Planning (AFP) project, a three-year program designed to invigorate family planning programs through increased funding used more effectively, as well as stronger policy commitments at local and national levels. Led by the Johns Hopkins University Bloomberg School of Public Health, AFP focuses on providing policymakers with evidence on the benefits of family planning for overall health and achievement of national social and economic development goals. Accordingly, RAPID is an especially strong tool to support this initiative.

In April 2010, an Health Policy Initiative consultant gave a RAPID presentation during the launch of the AFP project.

To support the second phase of RAPID dissemination, a team from the Health Policy Initiative trained 11 people in RAPID presentation techniques. The participants in the training came from the Population Secretariat, Reproductive Health Uganda (an affiliate of the International Planned Parenthood Federation), Partners in Population and Development, the AFP Secretariat at the JHU Center for Communication Programs, UNFPA, and the Ministry of Health (MOH). The Health Policy Initiative team held a second training session in August for another 13 participants and implemented a short course on the use of the Spectrum System of Policy Models.

The trained presenters have been disseminating RAPID throughout the country, providing evidence to policymakers who control resource allocation for family planning and who influence community attitudes. The Population Secretariat established a new initiative to present RAPID to senior officials in 30 districts. In conjunction with World Population Day in July 2010, the Population Secretariat organized a special RAPID session for leaders from the West Nile region. The Population Secretariat also organized RAPID presentations and policy discussions for media representatives in the districts and for cultural leaders.

The MOH is using RAPID to inform health sector leaders and service providers, especially in the districts. This will connect RAPID directly to improving quality of care and increasing access to family planning services. Senior officials in the MOH stress the importance of making district health providers aware of the potential impact of expanded family planning on Ugandan development as a way to promote contraceptive use and limit stockouts. The MOH initiated its program with a series of RAPID presentations to health officers and program implementers in each of 13 districts in the southwestern part of the county. The dialogue addressed a range of implementation issues, including the lack of contraceptive security, the need for service delivery training, and the widespread concern over side effects.

The Uganda Reproductive Health Advocacy Network (URHAN), in collaboration with the Population Secretariat, is using RAPID as a centerpiece with district religious leaders to train them to advocate for expanded family planning access and improved contraceptive security.

In just a year, the key messages of the RAPID analysis have been extended to diverse audiences, and the groundwork has been laid for further dissemination by public and private agencies and a cadre of skilled presenters. Further extension to other potential audiences is still needed. For example, the Population Secretariat, URHAN, and MOH activities can all be extended to other parts of the country. RAPID presentations need to be made to MOH staff outside reproductive health. Of note, there will soon be a new parliament seated after the elections.

The greatest challenge is to continue to connect commitment to action. Each RAPID workshop comes up with a set of resolutions and recommendations with action steps. Although most of the meetings are recent, URHAN already reports active follow-up by some of its participants. As the AFP project gears up, it is also potentially a mechanism to promote specific actions.

In the final analysis, RAPID is meant to move beyond advocacy to contribute to greater access to and use of family planning services.

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