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RÉPUBLIQUE FRANÇAISE

AMBASSADE DE FRANCE
EN OUGANDA

Policy Brief On Sexual Reproductive Health And Rights For Adolescent Girls and Young Women(AGYW) and Key Populations (KPs) Access In Kamwenge.

Delivering rights based and non- stigmatizing messaging around Sexual Reproductive Health and Rights to improve service and information access for rural communities.

CEHURD
social justice in health

WWM
WOMEN WITH A MISSION

NILE GIRLS FORUM
HOPE RENEWED

1.0 Organizational Background:

Embibo Gender initiative (EGI) is a principally feminist capacity building, advocacy and research establishment working with rural communities. Our vision is to see a society where rural women, girls and youth enjoy equal rights and opportunities in relation to gender and sexual health inequalities.

The organisation works to increase access, utilization and availability of SRHR services and information (Contraceptives, HIV comprehensive packages, Sexual and Gender Based Violence and Comprehensive Sexuality Education) for Adolescent girls, young women and Key Population.

Through a commitment to the full humanity of all rural women and girls, Embibo commits to feminist movement building that strengthen the voice, agency and leadership of women and girls in rural areas to lead change.

The organisational main offices are located in Biguli, Kamwenge.

The organisation runs 4 main SRHR models including: Peer to peer outreaches and Drop in Centre for service provision, Feminist Rural Academy for SRHR advocates and round tables for engagement with CSO, district and sub county technical leaders.

1.1 Introduction:

The policy brief highlights the current status, gaps and needs, recommendations and a call to ACTION that will increase national and sub -national access of AGYW and KPs to SRHR.

The brief concentrates on four main policy areas:

(1) Increased KP and AGYW HIV comprehensive packages with emphasis on preventative models at facility and community level (2) Promotion of Sexuality Education through the implementation of the National Sexuality Education Frame work of 2018 (3) Implement the Revised Guidelines for the prevention and management of teenage pregnancies in school settings (4) Popularize modern contraceptive access for AGYW and KPs.

1.2 How information was gathered?

This policy generates information from EGI's strategic policy advocacy plan for 2023-2024 developed in May, 2023.

Key take away from the leader's round table

that convened over 75 leaders in health, policy, community development, law enforcement and education in Kamwenge on 24th, October, 2023. This policy brief dissemination exercise will also follow up on commitments made during the round table such as: support to set up and run the Embibo DIC, strengthening of the school health clubs, increasing access to justice for SGBV survivors, Implementation of sexuality education in schools and increase of key population especially Female Sex worker access to HIV comprehensive services.

Qualitative studies such as "Who is a man: Effect of masculinities on SRHR access and utilization in Kamwenge District' and "The study on access, utilization and availability of SRHR services, information and advocacy for AGYW in Kamwenge."

It also recalls reflections by gender equality and SRHR advocates, civil society organizations (CSO), men and women's rights advocates in the Male Information sessions and 3 CSO advocacy meetings that have been convened with 90 CSO representatives in Kamwenge and Kampala to collect recommendations for the EAC bill and for joint strategic policy planning. This include key organizations and alliances such as Men Engage, World Vision, Foundation for Male Engagement, CEHURD, PLAN, The French Embassy, AMREF, Save the Children, RMNACAH+ N, LWF among others.

2.0 International, regional and national Legal and policy environment:

The SDGs 2030 Agenda strongly affirm that there can be no sustainable development without the right to health (SDG 3) and gender equality (SDG 5). Indicator 3.7commits to for example ensure universal access to SRHR health care services for family planning, information and integration of reproductive health into national strategies and programs. Indicator 5.6 stresses ensuring universal access to sexual and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development (ICPD-POA) and the Beijing Platform for Action and the outcome documents of their review conferences

Regionally, the African Charter of Human and people's rights and the rights of Women in Africa popularly referred to as the MAPUTO protocol and

ratified by Uganda has contributed to the promotion and protection of Women's Human rights on the African continent. This has included health and reproductive rights including women's right to choose the right family planning, self-protection against STIs and HIV. The protocol encourages states to take appropriate measures to provide information, education and accessible health service programs especially to women in rural areas .

Nationally, the government of Uganda has put in place several instruments to ensure the protection and provision of women's reproductive and sexual rights. For example, the government put in place the HIV control Act of 2015 passed to provide the prevention and control of HIV and AIDs including protection, counselling, testing and care of PLWHIVs and set government obligations such as the HIV trust Fund. Such commitments have seen achievements such as the reduction of Mother to Child transmission of HIV drop from 20 percent in 2000 to 2.8 percent by 2021 .

The Government of Uganda also recognizes the role family planning and its play in the achievement of the Uganda Vision 2040 target to reduce the population growth rate from 3.2% to 2.4%. Through the FP commitments of 2030, the government of Uganda has taken steps to expand range of contraceptive methods increase male

https://sustainabledevelopment.un.org/content/documents/11803Official-List-of-Proposed-SDG-Indicators.pdf

https://www.peacewomen.org/assets/file/Resources/NGO/hr_protocoltotheafricancharteronhuman andpeoplesrightsontherightsofwomeninafrica_2003.pdf

https://www.cdc.gov/globalhivtb/who-we-are/success-stories/-success-story-pages/uganda-pmtct.html#:~:text=A%20recent%20report%20by%20the,to%202.8%20percent%20in%202021

engagement, promote longer acting and reversible contraceptives as well as community-based distribution programs.

After COVID-19 pandemic commitment to increasing legal protections and access to justice and sustainable development remained key. The sexual offences Bill was reviewed and re-tabled by the 9th parliament against SGBV. Evidence based policies such as the Guidelines for the prevention and management of teenage pregnancies in school settings were revised in recognition of the spike om teenage pregnancies by 17 percent in just 4 months of the pandemic
However, Uganda still has a long way to go and faces substantial challenges in ensuring access to SRHR for AGYW and KPs especially in Rural Areas such as the implementation of a sexuality education framework for AGYW in and out of school, stigma and discrimination free health care, revoking of evidence-based legislation and gaps in health infrastructure at facility levels.

3.0 Status of Uganda's SRHR access for Rural AGYW and KPs denoting gaps and challenges:
Uganda has one of the world's youngest population with over 34.8 adolescents of the population being adolescents and 77 percent below 25 years of age . Of these, 80 percent range of contraceptive methods increase male

https://uganda.unfpa.org/en/news/addressing-teenage-pregnancy-during-covid-19-pandemic#:~:text=Mubwezi%20adds.,first%20six%20months%20of%202021.
https://uganda.unfpa.org/sites/default/files/pub-pdf/YoungPeople_FactSheet%20%2811%29_0.pdf
https://en.wikipedia.org/wiki/Youth_in_Uganda

stay in rural areas. Young people face a number of challenges including un-employment, in -adequate political participation and dire lack of SRHR information and services especially with current health pandemics like Ebola and COVID-19.
Uganda has made significant progress in the HIV epidemic response. By the end of 2020, 91% of adults living with HIV in Uganda knew their HIV status, of whom 95% were on treatment and 90% of those on treatment achieved viral suppression. New HIV infections declined by 61% (94,000 in 2010 to 38,000 in 2020). AIDS-related deaths have declined by 60% from 89,200 to 22,000 .

However, Uganda is concerned about the high burden of new infections in specific sub populations (pregnant women, children and adolescent girls, men, and key populations). The Uganda Based HIV Impact Assessment report (2022) for example shows that HIV prevalence and new infections increased, among adolescent girls and young women aged 15 to 25 years. Global and national statistics also indicate that KPs especially Female Sex workers have up to 12 times more than the national prevalence and account for 37 percent of HIV prevalence and 18 percent of new infections in Uganda

https://cquin.icap.columbia.edu/wp-content/uploads/2021/08/Mudiope_Session-2_FINAL.pdf
https://www.unfpa.org/sites/default/files/Evaluation_of_the_UNFPA_support_to_the_HIV_response_2016-2019.pdf
https://healthgap.org/wp-content/uploads/2021/09/PEPFAR-Key-Populations.pdf

In Kamwenge, post COVID-19 epidemic (2022) statistics show an increase in HIV prevalence from 3.8 to 4.8 accounted for as a higher risky behavior, reduced testing and information as well as already existing gaps within rural health centers such as distance and reduced health workers.

Reduced household income and crack downs on hot spots due to the pandemic increased the population of female sex workers, reduced safe sex bargaining power and overall amplified sexual and domestic violence towards Embibo targeted groups. Furthermore, most rural health facilities are under staffed and are thus un able to provide full time care to KP needs or provide a comprehensive package addressing not just bio- medical but also structural interventions.

Access to sexual and reproductive health services continues not only be a public health concern in Uganda but East Africa characterized by the low use of modern contraceptives, un met family planning needs, high maternal mortality and increased HIV/ AIDs new infections in adolescent girls and young women. In addition to the threat of death, 210 million women a year experience serious pregnancy-related injuries and disabilities, which often lead to long-term morbidity.

Contraceptive prevalence rates also remain low in many developing countries even in Uganda among both men and women with a 22 percent un met need among married women between the age 15 to 49 years. In Uganda, Kenya and

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09155-w

aadolescent girls are not using contraception (59.3 to 68.8%).

This coupled with the lack of comprehensive sexuality education leads to un wanted pregnancies, increased sexual offences, un safe abortions and increased risk of morbidity.

Moreover, Continued pandemics such as COVID-19 have not only disrupted financing but continue to back track the successes that have been made towards global, regional and national health goals such as (Africa Agenda 2060, SDGs and NDP 111) and increased the gender in equality indexes.

Policy Recommendations:

(a) Increase Community DSD (Differentiated Service delivery) Models

Studies done by Embibo Gender Initiative and elsewhere show that most rural KPs prefer community led DSD (Differentiated Service delivery models) models such as Community Client Led ART groups, peer to peer outreaches and drop in centers for drug distribution, testing, prevention and retention. This is because they offer easier access, confidentiality, reduced transport costs, more comprehensive bio medical and structural interventions.

Community based DSDs will not only bring down Kamwenge 's heightened HIV prevalence but will reduce un necessary burden in health systems, deliver targeted more meaning full services and fast track

https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07561-x

government response to UN -AIDs 95-95-95 targets, National HIV and AIDs priority action plan 2023, community health and other self-care strategies

(b) Implement the National Sexuality Education Frameworks within schools.

Comprehensive Sexuality Education (CSE) provides an opportunity for young people to receive the necessary information about their sexual health, to reduce misinformation, and improve their ability to make safe and informed choices. (UNFPA 2014; UNESCO 2018). CSE has been shown to contribute to the delayed initiation of sexual intercourse, a decrease in the number of sexual partners, an increased use of condoms and contraception (UNESCO 2018), and the promotion of gender equality and rights (Vanwesenbeeck et al. 2016). Increasing new infections for young women and adolescents, un intended pregnancies and SGBV during COVID-19, led to a Ugandan NGO CEHURD to sue the ministry of Education to issue the CSE framework and In Uganda. Despite winning the case, the CSE curriculum for in and out of school adolescent girls and women remains hanging in the balance and has received low up take in the District of Kamwenge.

(c) Increase modern contraceptive uptake through education and services:

Supporting the government in achieving the FP- 2030 commitments and contributing to the global ICPD(POA) agenda remains key in ensuring that districts have sufficient resources in terms of education, health and economic chances such as the parish model as needed. Uganda currently has an un met contraceptive demand of 22 percent (UDHS, 2022). Despite the national fertility rate being around 4.4 children per woman, Kamwenge stands at an alarming average of 7 per woman.

(d) Stepping up prevention of teenage pregnancies and re- entry of teenage mothers in school:

Despite the rates of teenage pregnancy declining by 31 percent from 2000 to 2006, there was no significant reduction between 2011 and 2016 . By 2021, figures have almost tripled due to the COVID-19 state instituted restrictions such as the closure of education facilities. Increased in sexual abuse, child marriages and high poverty levels have contributed to these trends. The revised guidelines for prevention and management of teenage pregnancies in school setting provide actionable structures such as District School Health Committees, School health committees and Clubs to popularize and implement guidelines.

(e) Increase male Engagement in Health:

Male engagement is a feminist informed, gender transformative and human rights-

https://uganda.unfpa.org/sites/default/files/pub-pdf/supre-2022-final-.pdf

based frame work for engagement of men and boys in the pursuit of gender justice and equality through commitment to full accountability to women and the communities in which they stay. Regionally, internationally and nationally, the need to engage men has been recognized through policy documents such as the ICPD(POA) under objectives 4 (for example the recognition of shared decision making for SRHR under 4.24), SDGs and the National Strategy for Male Involvement and participation in reproductive health . Men ought not only to be looked as perpetrators but as clients, supportive partners and fathers and change makers. Programs such as Safe Male Circumcision, Masculinity Information sessions and researches have to become common places.

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Call to ACTION:
Embibo Gender Initiative calls to action all relevant technical and political stake holders to prioritize AGYW and KP access to SRHR services, information and advocacy. This is by:

o Passing circulars and multi sectoral declarations to popularize and implement specific government guidelines, frameworks and curriculum.

o Providing necessary support to increased DSD models at facility and community levels.

o Establish necessary district and community structures like the District School Health committees, School Health Committees among others.

o Increase KP and AGYW health agenda in district planning and coordination meetings as well as budgets.

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http://library.health.go.ug/sites/default/files/reso

http://library.health.go.ug/sites/default/files/resource Male%20Involvement%20Strategy%20-%20reviewed%20July_2019%20UPDATED.pdf

Increasing awareness, understanding and importance of SRHR services among policy makers/ leaders and consumers

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