



## In this edition:

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## Editorial

Welcome to our second SRHR Umbrella newsletter! We are excited to share our latest progress. We are amazed by the resilience, agility, flexibility and innovativeness our partners on the ground and the community have shown in adapting to provide SRHR services in spite of the challenges of COVID 19!

Community dialogues can play a critical role in exploring barriers to access and uptake of sexual and reproductive health and rights (SRHR) services and how to mitigate them by sharing knowledge and information directly with vulnerable people and communities.

The SRHR Umbrella programme engages communities in dialogues for specific peer groups (including teenage mothers, men, women) as well as dialogues with community gatekeepers and sessions with the police family protection unit.

Peer educators are central to the dialogues, mobilising and facilitating sessions and honing their skills. With support from the project staff, health workers, gatekeepers like members of the local council, religious leaders, cultural leaders and police family protection unit they can address unique community issues. You will read about their successes throughout this newsletter.

There have been challenges to conducting dialogues. Ongoing COVID-19 restrictions and high transport costs has affected attendance figures at a time when we need them most. Health facilities and police

stations are reporting increased numbers of SGBV cases, and in response, we have conducted more community dialogues to sensitise and empower people to understand their rights and where to seek help. Additionally, there are challenges to holding dialogues with key populations. Sometimes we face resistance by gatekeepers, especially local area council members or religious leaders. We also need to implement safety and security precautions for people participating in the dialogues, which must be considered and planned for in advance.

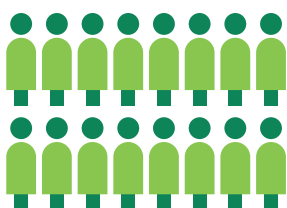
We have held many effective community dialogues, but we need to have more led by and involving key populations, men, cultural leaders, and adolescent girls and young women to address social and cultural factors that can affect their access to health services. With the community's support, we can build on our progress and ensure more people can stay healthy.

Read on, enjoy!

*Dr Pasquine Ogunsanya,*

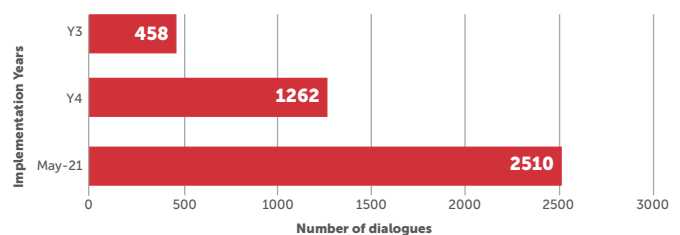
Executive Director, Alive Medical Services

## Key data



The programme reached **754,567** people with integrated SRHR and HIV services as of May 2021

Cummulative number of Community Dialogues



## Supporting young mothers to take health into their own hands

The SRHR Umbrella supports young people to access information in a safe environment through peer-to-peer dialogues. Peer educators, supported by health workers, provide their fellow young people with information on a range of sexual and reproductive health and rights (SRHR) issues, supporting them to adopt healthy behaviours. Dialogue participants actively champion and create demand for the SRHR and HIV services led by young people which directly contributes to increased utilisation of services.

Joan, 21, from Busawemanze, Wakiso District, shares how a community dialogue opened her eyes and changed her life.

**“I fondly remember the day in 2019 when a smiling young girl who looked to be my agemate (now my very good friend Pricilla) asked me to join a group discussion on family planning. I was 19 years old then and had gone for routine immunisation for my three-month old baby. I had heard so many bad things about family planning in my village and was hungry so the soda and cake were a good addition. My only fear was I wondered who else was in that meeting. Luckily, I found fellow young mothers at the ‘teenage mothers’ dialogue’ session conducted by a ‘peer educator’. There was also a musawo (health worker) helping the peer educator answer our questions.**

Since then, Joan has attended various sessions at the facility and community that have helped her understand the services and information that are available at the facilities. Following her training as a community advocate by Alive Medical Services under the Umbrella programme, she has chosen to share her experience with other young people that are facing the same challenges and engages other community leaders to encourage instead of shaming young people to access family planning. Attending the dialogues has changed Joan’s life and she continues to help other adolescent girls and young women in her community.

**“During the dialogue, we discussed various types of family planning, myths and facts about the various methods which was new information to me. I regretted why I had believed the village stories of how family planning would make a person barren in future or even cause cancer. I wished I had got this information early so would not have gotten pregnant and dropped out of school. That day, I looked for Pricilla to ask her more questions. She took me to the midwife who talked to me and I decided to start family planning there and then. I chose the implant that was put under my arm and this makes me feel good that I will only get another baby when I feel ready and with a supportive husband”**

Joan, a young mother and community advocate from Wakiso district



# Tackling teenage pregnancy during COVID-19

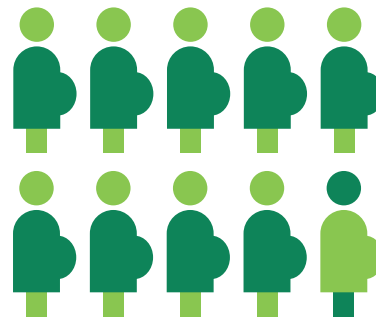
**The four-month total lockdown in 2020 due to the COVID-19 pandemic will go down in history as a dream crusher in the lives of some adolescent girls and young women in Uganda, and led to a dramatic increase in teenage pregnancies.**

During a visit to Kagote Health Center III in Kabarole district, the district project officer (DPO) for Action for Community Development (ACODEV) – an implementing partner of the Umbrella programme – observed with concern over 10 pregnant 13-16 year-old teenagers waiting to be seen at the antenatal clinic (ANC).

“The majority had their heads bowed down, looking sad and apprehensive,” says the DPO. “Only a few seemed to have a guardian or parent seated next to them and looking very upset.” A quick chat with the midwife and check of the ANC register confirmed her concerns that 90% of new ANC mothers were teenagers.

The DPO identified that there was limited access to information as dialogues and health talks were put on hold during the lock down.

“Young people urgently needed information on sexual and reproductive health to enable them to make informed decisions. I engaged peer educators to revamp peer-to-peer dialogues in small groups. We prioritised dialogues with teenage mothers to assure them that they were still important and could achieve their dreams,” recalls the DPO.



**90%**  
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These sessions have enabled peer educators and health workers to reach young people in their communities with accurate information on topics such as human development, body changes, life skills, menstrual health, early pregnancy and HIV prevention among others. Young people are also empowered to access and utilise youth friendly services at health centres.

These efforts led to tangible positive results. “This has greatly impacted the lives of young people to freely access correct information at the facility without being shy or even stigmatised,” says the DPO. “Through the peer educators’ efforts we have noticed a significant decline in the proportion of registered new teenage mothers attending antenatal clinic from 90% [of all first-time mothers] to 60% over a period of six months, indicating a change in sexual behavioural practices among young people in this community. We will continue working hard to reduce teenage pregnancy in Uganda.”

## Improving health services for young people

**Health Unit Management committees (HUMCs) monitor the administration of health facilities on behalf of the local government. Dialogues with young people have helped HUMCs to identify barriers that stop young people from accessing health facilities and outreach sites. These include negative attitudes from health workers, lack of contraception provision and advice, and care/attention for key populations. Staff absenteeism, stock outs of essential medicines and lack of representation to the HUMCs were also mentioned as key barriers.**



**Health facilities now include young people on the HUMCs, recognising the critical role young people play in SRHR and HIV service delivery. The dialogues are also a platform for gatekeepers to interact with young people on issues regarding their health.**





In Uganda, there are 360 new HIV infections every week among adolescent girls and young women.



**1 in 4** girls is either pregnant or has given birth by age 19



Pregnancy is a leading cause of death for young women aged 15 to 19 worldwide, with complications of childbirth and unsafe abortions being the major factors.



For both physiological and social reasons, girls aged 15 to 19 are twice as likely – and girls under age 15 are five times more likely – to die in childbirth compared to those twenty years and above.

## Changing attitudes towards gender norms in the community

**SRHR dialogues can empower young women and men and the wider community to increase access to SRHR services and gender-based violence (GBV) prevention services. But misinformation is preventing women and men from accessing health services and leading to volatile situations, leaving women exposed to violence.**

**“He accused me of being a prostitute. He said family planning was for women who did not want to get pregnant so that they can continue sleeping with different men. He threatened to beat me and send me back to my parents’ home if I ever got the injection. Fortunately, we attended a meeting with a health worker who corrected him and told him he had been misinformed.”**

Margaret

The SRHR Umbrella programme has found that men-only or women-only dialogues have shown a lot of promise in challenging and shifting community norms about gender dynamics. These dialogues provide a space where men and women can hold each other accountable for equitable gender norms, open communication and shared decision-

making. Each dialogue is co-facilitated with a role model or community leader and focuses on a different topic with several key guiding questions. Critically, the reflections from the two groups are later fed back in the mixed community dialogues where both gender groups can engage on important topics together and share their perspectives.

At one meeting, Margaret opened up about experiencing domestic violence. She suggested to her husband that they should start family planning, but without accurate knowledge about family planning, he assumed that she was using this as a guise to be promiscuous. “He accused me of being a prostitute,” says Margaret. He said family planning was for women who did not want to get pregnant so that they can continue sleeping with different men. He threatened to beat me and send me back to my parents’ home if I ever got the injection. Fortunately, we attended a meeting with a health worker who corrected him and told him he had been misinformed.”

She adds: “We are now using family planning and he no longer mistrusts me. I can say that he is also no longer violent and mean towards me thanks to these dialogues. The funny bit is that we were attracted to attend the dialogues only because we heard they were giving sodas. That really cracked up every one and everyone opened up.”

Addressing health issues in separate and mixed groups in a safe environment is a critical step to tackling sexual health concerns quickly and building trust in the relationship.

## Changing attitudes towards gender norms in the community **continued**

Betty, one of the participants, shared how she had disagreements with her husband Richard who thought she was unfaithful to him because of her recurrent treatments for syphilis. It was not until Betty and Richard attended a mixed community dialogue on SRHR and STIs that Richard accepted to go for treatment. Men in the audience agreed that men must be involved in receiving SRHR services with their wives.

**“On average, we received about 18 cases of domestic violence per week. This has however reduced to about seven cases per week although this number is still quite high.”**

Mr. Makumbi, Police officer

A community dialogue focusing on gender-based violence in Hoima district



During the dialogue, Mr. Makumbi, a police officer in the community, pointed out that domestic violence had increased during the COVID-19 lockdown, but there had been a reduction in cases since AMS began conducting regular dialogues in the community. “On average, we received about 18 cases of domestic violence per week,” says Mr Makumbi. “This has however reduced to about seven cases per week although this number is still quite high.” He noted that other interventions have contributed to the drop and is encouraged that the dialogues are part of the solution, urging community leaders and health workers to hold more dialogues so that they can change more people’s behaviours.

From the dialogues, it was evident that more men understood the significant role they can play to bring about social reform and end GBV, as well as improving the general health of the community by taking a more deliberate effort to get accurate information and knowledge about SRHR services from health and GBV prevention services.

### About SRHR Umbrella



The **Sexual and Reproductive Health and Rights Umbrella** is a 7 year programme funded by the Swedish International Development Cooperation Agency (SIDA). It is managed by Frontline AIDS and implemented by Ugandan NGOs across 14 districts, coordinated by Alive Medical Services (AMS).

### Thank you

Frontline AIDS would like to thank the current SRHR Umbrella implementing partners: Action for Community Development (ACODEV), Alive Medical Services (AMS), Child Rights Empowerment and Development Organization (CEDO), The AIDS Support Organisation (TASO) and Youth Alive Uganda (YAU).

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