



In this edition:

- The magic of coaching and mentorship
- Our journey towards a gender-transformative approach
- How mental health training helps providers deliver integrated care

Editorial

Welcome to the latest edition of the Sexual and Reproductive Health and Rights (SRHR) Umbrella newsletter! This issue focuses on capacity building, which is at the heart of the programme.

Developing providers' skills and knowledge improves both the quality and uptake of services in our communities. It ensures that people on the frontline – health workers and peer educators – and the partners supporting them can sustain the programme's achievements and promote SRHR in the long term.

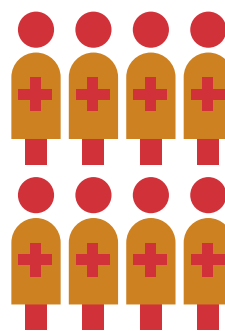
Read about some of our successes, such as stronger relationships with clients, which leads to better quality of care and support.

Looking ahead to International Women's Day on 8th March, we must reflect on the need for SRHR and HIV programmes to recognise and address gender inequality. That's why we've stepped up capacity building, supporting our partners in how to adopt a gender-transformative approach. This edition features an interview with our colleagues Isaac and Madhina who were involved in training.

Our newsletter offers a glimpse of how capacity building is paving the way for improved, gender-transformative SRHR service provision. We hope you enjoy it.

The SRHR Umbrella team

Key data



As of December 2021, the SRHR Umbrella programme had provided training or mentorship to a total of

2,194
health workers.

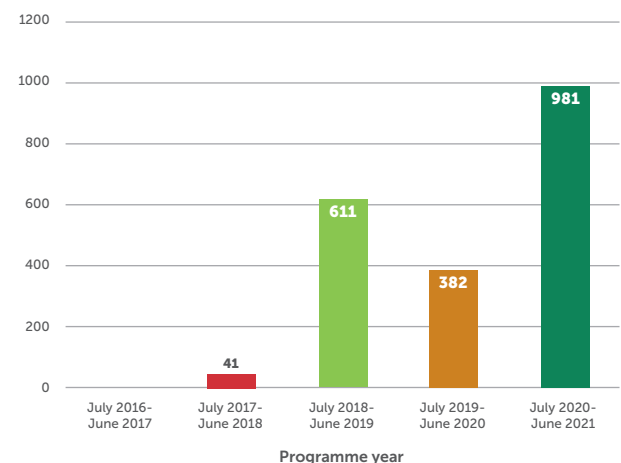
This includes

179

health workers trained in the first half of year 6 (July–December 2021).



Number of health workers trained/mentored by programme year



The magic of coaching and mentorship

A key strategy of the SRHR Umbrella is building the capacity of health workers to increase access to and uptake of quality SRHR and HIV services. Implementing partners routinely offer coaching and mentorship in all the supported health facilities to help providers overcome challenges and improve service delivery. In addition, any gaps are identified through a participatory quality assurance audit carried out by partners in the health facilities to assess the quality of care. Action plans are then drawn up. The valuable mentorship provided by partners on a regular basis enables health workers to find innovative solutions and address challenges in service delivery.

Health care providers tell us that the coaching and mentorship they receive has strengthened their day-to-day relations with clients and improved delivery of HIV and SRHR services in the communities they serve. Katusiime Rhoda is one of the health workers in Mubende district who has benefitted from the mentorship provided by Youth Alive Uganda (YAU). She explains how this support helped her in her work with young people. "I attended a community dialogue with Sanyu*, a 17-year-old who had tested positive for HIV and was pregnant. Sanyu told me that she'd thought of terminating the pregnancy because it caused her parents to abandon her and as a young woman who sells sex she had no idea who the father was. I went with Sanyu to her family house to meet with her parents and have a chat with them, using the knowledge I'd gained

about family counselling. I convinced them that Sanyu could still accomplish her dreams and goals despite the current situation. That's how she decided against having an abortion since her parents understood and welcomed her back home with open arms. Now she is a happy young mother who is willing to go back to school when the schools re-open."

Building the capacity of health workers through routine mentorship has already resulted in better services in those facilities supported by the SRHR Umbrella. It's essential that we keep up these efforts in order to improve the SRHR of marginalised people.

** Not her real name*

Katusiime Rhoda, a health worker in Mubende district



Our journey towards a gender-transformative approach

Madhina Nakasi, SRHR Umbrella Project Team Lead, TASO



Transforming harmful gender norms is not simple or straightforward: it's a journey. To strengthen their capacity in this area, in August 2021 implementing partners were trained in how to use gender-transformative approaches. Madhina Nakasi, SRHR Umbrella Project Team Lead at The AIDS Support Organisation (TASO), took part and Isaac Gulemye, SRHR Umbrella Programme Coordinator at Alive Medical Services (AMS), was co-facilitator. They tell us more about it in this short interview.

What is a "gender-transformative approach" and why is it important for HIV and SRHR programming?

Isaac: Gender inequality and gender-based violence increase the vulnerability of women and girls to acquiring HIV and limit their access

Our journey towards a gender-transformative approach (continued)

to health services, so it has a huge impact on HIV and SRHR outcomes. It's about empowering the community. Efforts to influence policies that address harmful gender norms should start from the grassroots level up to the national level.

What did you learn from this training and how has it changed the way you do or think about your work?

“ Madhina: Gender issues are deep-rooted in the community. The training allowed us to reflect on the issue of power and the different forms of power. We work in a patriarchal society where men have more power, greater access to resources, and can make decisions. These unequal power relations restrict women's and girls' ability to negotiate safer sex.

The training also helped us to think about how to approach our activities to bring about change. The marginalised groups we work with, like sex workers, are particularly affected by unequal power relations, and often experience abuse and violence from their clients. We adapt our activities to work with their clients too, and we work with the police to inform the community gatekeepers (including those of the sex workers) of their rights and how to access services.

What did you learn from your experience as co-facilitator?

“ Isaac: At first, participants thought a gender-transformative approach was complex, but as the training unfolded they realised that they were already doing it in their work. They learnt, however, that they need to be more intentional and transform the way people think, act and respond in their communities.

I learnt lots from the participants themselves about how things work on the ground. We also realised that participants had certain misconceptions about gender, but attitudes changed by the end of the training.



Has your own understanding of gender evolved?

“ Madhina: Before the training I had a narrow perspective of gender. I learnt to be more open and changed some biases I held about men's and women's roles.

Gender norms can be difficult to discuss. Were there any areas you found challenging as a facilitator?

“ Isaac: In terms of the training, the **Genderbread Person** was quite difficult but also a highlight for me. It sparked lots of discussion among participants as we broke down and tried to understand all the different concepts. Conversations about gender identity were challenging due to personal beliefs; there are still some negative attitudes towards trans people, for example.

Any final thoughts?

“ Madhina: The good news is that we've already seen attitudes shift in the community. Sensitisation has increased the demand for more dialogue. It wasn't easy at first to break the silence on gender-based violence but now communities are more open to discussing gender, gender-based violence and SRHR.

Breaking through the binary by Sam Killermann (genderbread.org)



How mental health training helps providers deliver integrated care

Mental health conditions are a neglected public health issue in many low and middle-income countries like Uganda, and most people in need of support rarely receive effective care. Mental health problems often start early, with young people aged 16–24 most affected. Despite reforms and some improvement, Uganda’s mental health care system still faces considerable challenges, including a lack of trained human resources and funding.

Between October 2020 and June 2021, AMS implemented a pilot project through the SRHR Umbrella Innovation Fund to strengthen the integration of mental health, gender-based violence (GBV), SRHR and HIV services for adolescents and young people living with HIV. The pilot identified the need for further training, as health workers mentioned that they had never received refresher training in mental health. This meant that they often found it difficult to identify and provide support for widespread mental health issues such as depression, which is common among young people living with HIV, and can lead to poor adherence to antiretroviral treatment as well as drug use.

“I think that’s why we’ve seen a lot of GBV in our community during the Covid lockdown. I’m going to get my workmates on board to improve this.” Health worker, Hoima

To address this gap, in October–November 2021 the SRHR Umbrella team trained health workers in how to deliver integrated services in all the facilities supported by the

programme in 15 districts. AMS led the training, given its experience from the pilot project. The aim was to increase health workers’ understanding of the links between mental health, GBV, HIV and SRHR among adolescents and young people and strengthen their capacity to integrate these elements, with the goal of promoting timely identification, screening and provision of mental health care and GBV support.

Health workers greatly appreciated the training, which will help them to support young people experiencing mental health issues and/or GBV. A health worker from Hoima said, “I realised that many of our clients go back home without being properly assessed for GBV or mental health problems because we don’t probe more. I think that’s why we’ve seen a lot of GBV in our community during the Covid lockdown. I’m going to get my workmates on board to improve this.” And a health worker from Buyende added, “We’ve been struggling with adolescents and young people failing to achieve viral suppression even after a lot of support with adherence. But after the training I now feel empowered to go and help these adolescents and young people.”

During the training, health workers developed work plans. Some of the activities planned include holding sessions with their colleagues, informing the community through health education talks and dialogues, and setting up virtual consultation forums with trainers for future discussions. Given the clear benefits, AMS intends to encourage district health teams and the Ministry of Health to plan for routine refresher training for health workers in delivering integrated care.

About SRHR Umbrella



The **Sexual and Reproductive Health and Rights Umbrella** is a seven-year programme funded by the Swedish International Development Cooperation Agency (SIDA).

It is managed by Frontline AIDS and implemented by Ugandan NGOs across 15 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).

We would also like to thank the Swedish International Development Cooperation Agency for their support.



Find out more:

frontlineaids.org/our-work-includes/srhr-umbrella-grant/