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## Editorial

Welcome to the third edition of our SRHR Umbrella newsletter! In this issue, we are focusing on some of the innovative approaches taken by SRHR Umbrella partners. There's so much to say that we have split this issue in two parts.

You will hear from programme staff, young people and community members about how our new ideas and ways of working are improving people's lives in these strange times when COVID-19 restrictions have made service delivery incredibly challenging.

In this first part of the newsletter, read about the innovation grants successfully implemented by some of our partners in Year 5. More success stories will follow in the second part, which is out in October.

We're glad to report that even with COVID-19, the SRHR Umbrella partnership has adapted to keep delivering sexual and reproductive health and rights (SRHR) services and build on these gains. And our Innovation Fund has enabled partners to act as a catalyst for change in vital areas like gender-based violence, mental health and economic empowerment. Watch this space – there's more to come next month.

Enjoy reading as we take you on our innovation journey!

*The SRHR Umbrella team*

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## Key data



**8 GRANTS**



**5 PARTNERS**

**UGX 1.17 BN TOTAL SUM**

**Over 2 years, the SRHR Umbrella Innovation Fund has issued 8 grants to 5 partners for a total sum of UGX 1.17 billion (USD 332,000), directly reaching 7,933 young and marginalised people in Uganda as well as health workers, gatekeepers, decision-makers and the wider community.**

## Sparking innovation

Innovation is at the heart of how the Frontline AIDS partnership drives the HIV response. It describes how we explore, adapt and evolve the way we work to break down the multiple, often overlapping barriers faced by marginalised people living with or at risk of HIV. This is how we see innovation:

**Innovation is a process. It is the sparks of energy, ideas and learning turned into action that lead to doing things differently and better. It is in the impatience we feel for improved services, programmes, advocacy and organisations that respond to the needs of the most marginalised communities, contributing to ending AIDS for everyone, everywhere.**

## Sparking innovation (continued)

Underpinning this process is the activism and leadership of the communities we serve, especially adolescent girls and young women, sex workers of all genders, gay men and other men who have sex with men, trans and gender non-conforming people, people who use drugs and people living with HIV in their diversity. Like all our work, innovation must be grounded in their lived realities and shaped by their priorities.

Innovation is not an end in itself, but a journey that can advance our end goals: healthy people who have equal rights; sustainability of the HIV response; resilience of the most affected communities; and community preparedness for whatever the future brings.

## Strengthening livelihoods to improve young people's sexual and reproductive health

**Youth Alive Uganda (YAU) learned during the first four years of implementing the SRHR Umbrella programme that integrating economic interventions is essential to improve SRHR. "So it was handy that the Frontline AIDS Year 5 Innovation Grant call for proposals included economic empowerment as one of the priority areas for funding," said Jude, YAU's programme director.**

YAU successfully designed and ran a nine-month innovation project, Economic Inclusion for Adolescent Girls and Young Women and Key Populations, focusing on people whose economic vulnerability served as a barrier to accessing health care.

**"The self-help groups then started to meet weekly to manage the group businesses and save and borrow for economic and health reasons." Jude, YAU's programme director**

"Young people who were HIV-positive, teenage mothers or from marginalised communities were identified by peers at health service delivery points and supported to establish self-help groups in their communities," said Jude. They were trained in governance, the skills needed to find and keep a job, entrepreneurship and technical skills, and supported to set up group-based businesses. "The self-help groups then started to meet weekly to manage the group businesses and save and borrow for economic and health reasons."

This model created a platform for the delivery of SRHR information and services, including HIV counselling and testing, family planning and ante-natal care by qualified health workers. Nutrition education, adherence counselling and drug refills were also provided. Reducing poverty has led to the early treatment of opportunistic and other infections.

Results are impressive. An endline survey showed that 68% of self-help group members had made positive changes to their sexual behaviour and all had received at least one SRHR service. Most (81%) were in formal or informal employment, earning an income that they could invest in their health.

This project illustrates how boosting the income of marginalised young people and their households can improve their SRHR by reducing their vulnerability to risky sexual behaviours. It's particularly effective when combined with activities to increase access to SRHR services and information, improve adherence to treatment and suppress viral load. This innovative approach helps people to overcome financial barriers so that they can pay for food, transport to the health facility and respectful treatment.

YAU aims to advocate for initiatives to strengthen livelihoods to be integrated in all SRHR programmes either by incorporating economic empowerment in programming or linking the people who access SRHR services with existing opportunities to improve their livelihoods.

A self-help group meets in Kasana



# Promoting mental health care for adolescents and young people

**The World Health Organization defines mental health as a state of well-being in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.**

Globally, over one in four of us develop one or more mental disorders at some point in our lives, and critically, about 50% of these start before the age of 14. Adolescent mental health problems can lead to self-harm, tobacco, alcohol and substance use, and risky sexual behaviours, as well as exposure to violence. And adolescents and young people living with HIV can experience even higher rates of mental health problems than others of their age.



In Uganda, mental health problems, neurological disorders and substance use disorders have become a major public health burden, which has only recently been recognised. To help address this challenge, Alive Medical Services (AMS) implemented their Innovation Grant project, Promoting Mental Health in Adolescents and Young People, between October 2020 and June 2021. AMS worked within the community to promote the integration of mental health, SRHR and HIV services among 45 adolescents and young people living with HIV, alongside 45 of their caregivers, peer educators and some village health teams. They held workshops to foster understanding of the links between mental health, gender-based violence, HIV and SRHR. The workshops were followed up by group psychotherapy sessions in the community and individual home visits to provide psychosocial care.

Health workers from nine facilities were trained in how to screen and integrate youth-friendly mental health, gender-based violence and HIV services. The young people participating in the project have been sharing their knowledge through ongoing health education sessions conducted under the SRHR Umbrella. "I am so grateful for this project," said Caroline, a caregiver. "I had a difficult relationship with my daughter because she was drinking a lot and we were always arguing. But we've had the best of times together in the last nine months. We've learnt to communicate well and shared what was really the problem. She is now taking her medicine very well and has even reduced her alcohol intake."

A young woman also credited the project for turning her life around. "I had lost hope. I even attempted suicide three times before I was called to be part of the project. I was going through a traumatic past and had no one to talk to. I felt alone and had given up on life. I didn't know that I was struggling with depression. Now I'm doing well, and my future is brighter. I have big dreams."



## 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.

## 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.

