



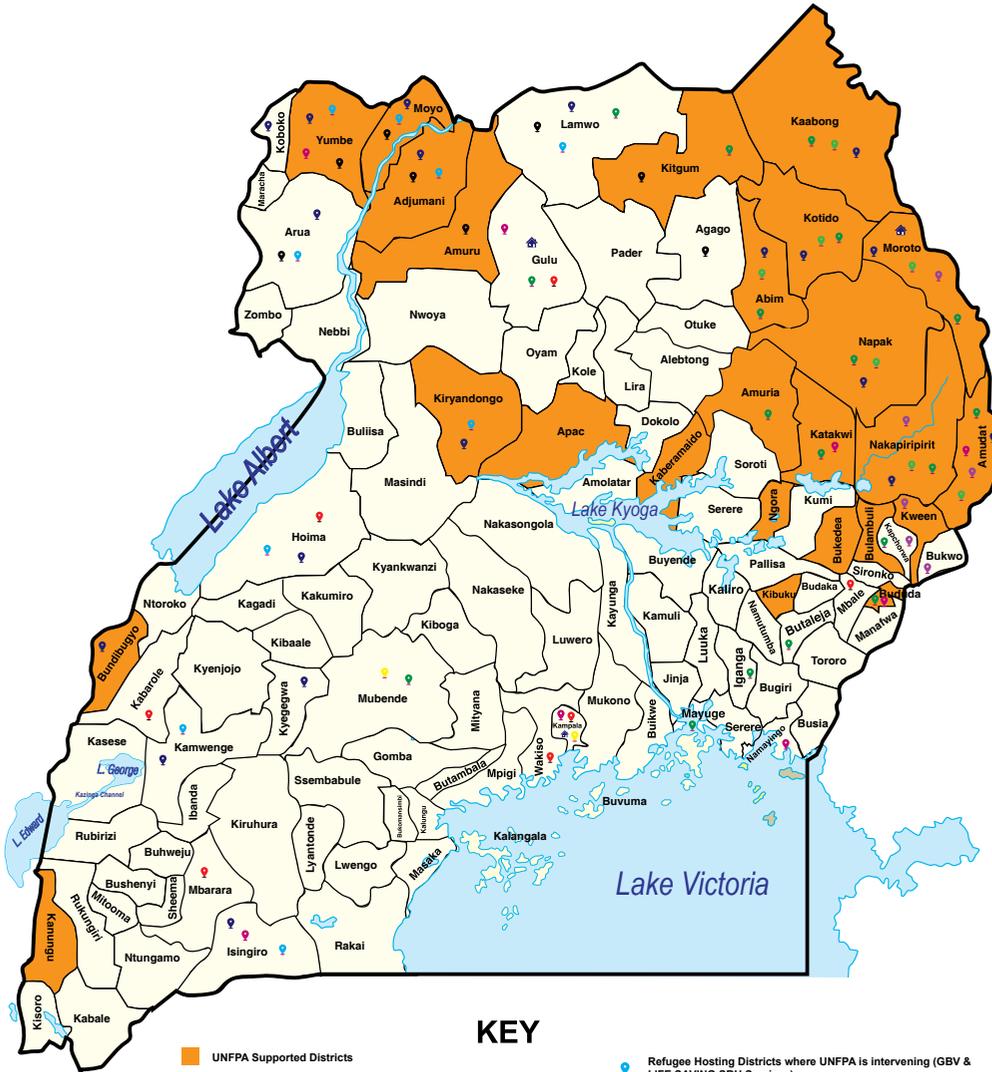
CONNECT

UNFPA UGANDA ANNUAL REPORT 2017





GOVERNMENT OF UGANDA - UNFPA 8TH COUNTRY PROGRAMME 2016 - 2020





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OUR 2017 STORY IN NUMBERS



TOWARDS ZERO UNMET NEED FOR FAMILY PLANNING

123,112

New users reached with modern contraceptives

3 million

Male Condoms procured and distributed

1,184,797

Unplanned pregnancies prevented

450,000

Female Condoms procured and distributed

292,363

Unsafe abortions prevented



TOWARDS ZERO MATERNAL DEATHS

4,454

Maternal deaths averted

1,350

Women underwent surgery to repair obstetric fistula

142,051

Safe births in health facilities supported

1,749,876

People reached through radio with messages on sexual, reproductive health and GBV

(IPSOS media monitoring report)



ENDING VIOLENCE AND HARMFUL PRACTICES AGAINST WOMEN AND GIRLS

98

Districts using the gender-based violence database

2,500,000

Reached with messages on SRH/HIV through religious and cultural structures

894

Survivors of female genital mutilation accessed integrated GBV/sexual and reproductive health services



EMPOWERING THE MOST VULNERABLE AND THE YOUNG GENERATION

10,000

Most at Risk Populations reached with services

9,242

Dignity kits distributed to women and girls in refugee settlements

1,025

Empowerment and Livelihood (ELA) clubs are functional

278,941

Adolescent girls accessed sexual and reproductive health services

Over
1,000,000

Young people engaged through a multi-media campaign to inspire innovations

KEEPING THE MOMENTUM

The year 2017 marked five years since the historic 2012 London Summit on Family Planning at which the Government of Uganda pledged to increase the country's budget for Family Planning supplies to \$5 million annually. Against the backdrop of this milestone, UNFPA and the Ministry of Health and partners paused to take stock of how far these commitments have been realised by organising the second National Family Planning Conference. For instance, one of the main issues of concern was that over the last five years, the budget allocations for family planning have been below the \$ 5 million threshold pledged in 2012. (The 2016/17 Reproductive Health /Family Planning Budget Line Tracking Report). The conference therefore provided firm recommendations for government and its partners on specific measures needed to ensure increased access to family planning for Ugandan women and girls, including supportive policies and guidelines and more effective budgeting.



Building a critical mass to reach communities with family planning messages, services

To ensure that no one is left out when it comes to delivery of family planning services, UNFPA employs a mix of approaches, to ensure that those that make a decision to use family planning could access the method of their choice. UNFPA supported the Ministry of Health and partner Reproductive Health Uganda to train 676 service providers including midwives, nurses, doctors and clinical officers and build their skills to ensure provision of comprehensive high quality family planning services. Alongside this, 873 Village Health Team members¹ from the 25 UNFPA focus districts were trained to provide information on family planning as well as to distribute non-surgical short-term methods including pills, condoms and self-injectable Sayana Press. To complement the efforts of the health workers and VHTs, in 10 districts² 381 family

planning champions³ were identified and trained to provide accurate information on family planning and help demystify myths and misconceptions among communities.

And to wrap it all up, UNFPA worked with partner Communication for Development Foundation Uganda (CDFU) to develop and produce 118 episodes of the Healthy Choices radio serial drama with storylines and messages on family planning, the Healthy Choices. The radio programmes were aired in 10 districts; Village Health Team members would mobilise Listening Groups, consisting of 10-12 community members to listen to the programmes and discuss the issues they learned. The combination of these awareness creation and community engagement strategies ensured that UNFPA and its partners were able to reach 123,112 new users of family planning with modern contraceptives.

- 1 Community volunteers who are selected by communities to provide accurate health information, mobilize communities and provide linkage to health services
- 2 Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit, Napak, Gulu, Lamwo, Kitgum

- 3 Individuals who believe in the values and benefits of family planning and actively support and promote family planning.

Capacity of **676** health workers strengthened to provide comprehensive FP services



873 Village Health Team (VHTs) trained to provide information on FP

KEY RESULTS

292,363 unsafe abortions prevented

123,112 new users reached with modern contraceptives



High level national conference galvanises support for Family Planning

In partnership with the government of Uganda, UNFPA Uganda launched a Family Planning Investment Case at the end of a two-day National Conference on Family Planning. The Conference that ran from September 26 to 27, 2017 was organised by the Ministry of Health with support from UNFPA. The UK Department for International Development (DFID) in Uganda also supported the event held under the theme: **'Universal access to family planning for healthier and empowered communities; towards social and economic development.'**

The conference was attended by stakeholders including religious and cultural leaders, District Chairpersons, Members of Parliament, representatives of civil society, young people, District Health Officers and development partners.

The State Minister for Primary Healthcare Dr. Joyce Kaduccu Moriku joined UNFPA Uganda Representative Mr. Alain Sibenaler and the Director General of the National Population Council Dr. Jotham Musinguzi to officially launch the Family Planning Investment Case. The policy document provides concrete evidence of the benefits of family planning, demonstrating that family planning has benefits at both micro and macro levels.

"This is the first investment case on family planning in Uganda; it provides tangible evidence that investing in family planning saves lives and money," said Mr. Sibenaler.

According to data contained in the Investment Case, if Uganda invests in supporting more people to use family planning, especially long acting and reversible methods such as implants, the country

would be able to meet its goal of increasing modern contraceptive use to 50% by the year 2020. This would in turn save the lives of more than 8,900 mothers and 101,000 children and avert more than 4.3 million unintended pregnancies.

The Investment Case was developed by UNFPA in partnership with the Ministry of Health, the National Population Council and Partners in Population and Development, using the IMPACTNOW tool, developed by the USAID-supported Health Policy Project.

In his remarks at the closing of the conference, Mr. Sibenaler commended Uganda for making progress in fulfilling its commitments on family planning and called for even more dedicated efforts based on the new evidence and recommendations contained in the Investment Case.

"Uganda has got everything it takes to achieve its Family Planning targets. For this to happen there must be a more deliberate and sustained effort by government to make more investments in family planning, beyond what is already being done," he said. "Until we reach every woman, man, boy and girl who requires information and services our job cannot be complete".



Thanks to the Healthy Choices radio drama I can now enjoy the benefits of family planning

According to the 2016 UDHS, 28 percent of currently married women have an unmet need for family planning services, while 39 percent of married women are currently using a contraceptive method. To increase the demand for family planning services, Communication for Development Foundation Uganda (CDFU) with support from UNFPA, thanks to the government of Sweden, developed the Healthy Choices radio serial drama. The series models positive behaviour change among women and men of reproductive age. Brenda Abalo, a resident of Water Village in Gulu district is one listener whose life has changed as a result of listening to the *radio* programme.

With her baby on her lap, twenty-four-year-old Brenda, narrated her experience. "I got pregnant when I was not ready because I did not know about family planning" she says. After giving birth to a baby girl, she did not want to get pregnant again until she was ready for another child.

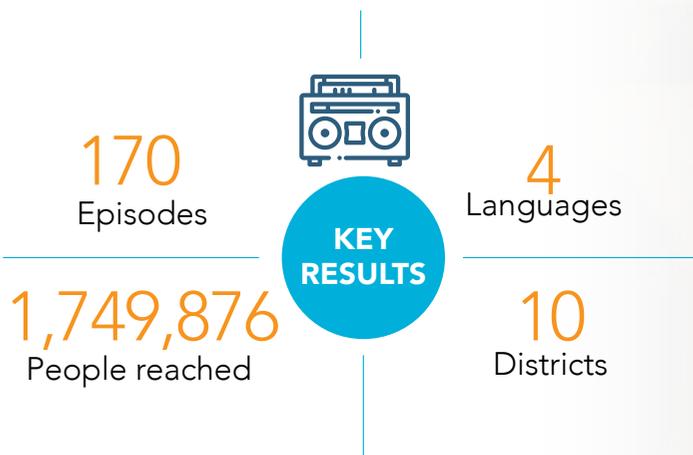
One evening in March 2017, Brenda was at home listening to Mega FM when the *Healthy Choices* radio drama played. "The story of Simon and Rose (characters who receive counselling and agree to use family planning)

in the drama that day was very touching. It seemed to have answers to my questions so I made sure that I listened every time the drama played," she adds.

Brenda acknowledges that she was able to get new information on family planning and this prompted her to visit Bardege Health Centre III for more information just like Simon and Rose did in the drama. When she informed her husband about her plan to use family planning, he supported her.

At the health centre, the health worker educated her on the different methods of family planning and she chose to use an implant. "I'm now confident that another pregnancy won't come soon. We can now plan for our future and the future of our baby" she smilingly says.

The radio drama series is aired on stations covering central, Karamoja and northern regions of Uganda in English, Luganda, Ngakarimojong and Luo languages. By December 2017, the programme reached 1,749,876 people according to an IPSOS media monitoring report.





“I listened to the radio programme for my first time and it really attracted my attention to the extent that I put aside what I was doing and listened attentively” Brenda narrates.

MORE SAFE BIRTHS: DELIVERING ON MATERNAL HEALTH

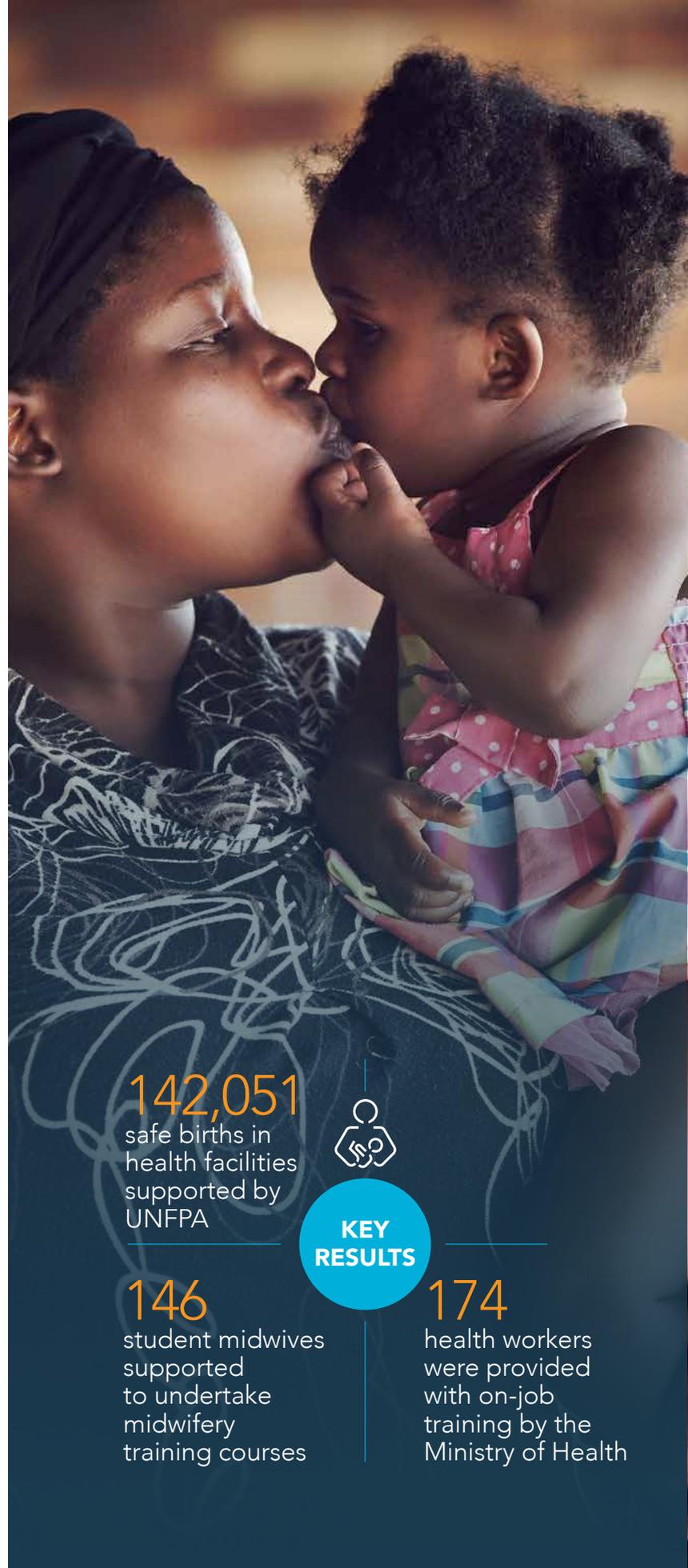
When time comes for a woman to have her baby, being able to access a health facility increases the chances of the delivery being supervised by a trained, skilled health worker, increases the mothers' access to equipment and supplies and the likelihood of a safe delivery.



More safe births: Delivering on maternal health

According to the 2016 UDHS, seven in ten births (73%) took place in a health facility, up from 57% in 2011. Mirroring this gain, in the 25 districts supported by UNFPA, there was a nine percent increase in institutional deliveries from 130,244 in 2016 to 142,051 in 2017. These improvements were a result of the support provided by UNFPA to the Ministry of Health and the districts. UNFPA provided technical support to the Ministry to conduct an Emergency Obstetric and Newborn Care (EMONC) Quality of care assessment in all the 25 focus districts⁴ to assess their capacity to provide quality EMONC services. Based on the findings of this assessment, the Ministry of Health provided on-job training for 174 health workers from health centre IIIs and IVs across the country. In addition, with support from the government of Sweden, UNFPA continued its support to development of midwifery services as a means to ensure that more women were supported to deliver safely. The focus of our work on midwifery was around efforts to create a supportive environment for midwives to carry out their work, support the Uganda Nurses and Midwives Council to carry out its roles including licensing and advocacy for increased investments in midwifery services.

⁴ Amudat, Kaabong, Nakapiripirit, Napak, Kotido, Moroto, Abim, Amuru, Kitgum, Apac, Adjumani, Yumbe, Moyo, Amuria, Katakwi, Kaberamaido, Bududa, Kibuku, Kween, Bukedea, Bulambuli, Ngora, Kiryandongo, Bundibugyo, Kanungu



142,051
safe births in
health facilities
supported by
UNFPA



**KEY
RESULTS**

146
student midwives
supported
to undertake
midwifery
training courses

174
health workers
were provided
with on-job
training by the
Ministry of Health

The focus of our work on midwifery was around efforts to create a supportive environment for midwives to carry out their work, support the Uganda Nurses and Midwives Council to carry out its roles including licensing and advocacy for increased investments in midwifery services.



Shining a spotlight on the midwife

In 2017, UNFPA continued to build the capacity of midwives to provide skilled delivery services across the country. UNFPA worked with districts to identify students from hard-to-reach areas who were interested in midwifery as a career but without the means to pay for the midwifery course. A total of 146 students were supported to embark on midwifery training in a number of training institutions. The students are expected to return and serve in those districts on completion of their training. In addition, UNFPA procured and distributed skills lab equipment to twenty training institutions

equipped to enhance student learning and acquisition of skills. On the advocacy front, in partnership with the Embassy of Sweden in Uganda, UNFPA continued to generate evidence on the importance of midwifery to Uganda's health system and to highlight the critical role that midwives play in ensuring safe births. UNFPA and the Swedish Embassy supported the Ministry of Health to commemorate International Day of the Midwife and also held a special awards ceremony to recognize best performing midwives from across the country.



Recognising the unsung heroes: Uganda's midwives

Alice Aganira has been a midwife for fifteen years. Her face lights up as she talks about her work while doing her rounds in the maternity ward at Kagote Health Centre III in Fort Portal, Western Uganda.

"As a midwife the best moments for me are when a mother returns to the health centre with her baby for immunization. Or when I see some of the babies I delivered now grown up and attending secondary school and I know 'oh I delivered that one'," she says.

But her dedication masks the reality of the challenges midwives face while providing services. These include frequent power outages, lack of housing for midwives on night duty and stock outs of supplies such as gloves.

Kagote Health Centre experiences frequent power outages and, because there is no standby generator, the midwives have to use candles to light the maternity ward.

"When we have to deliver mothers at night, we use candles but then you also have to use the torch from the mobile phone so that you can see what you're doing. You put the phone in your mouth because you are using your hands to examine the mother," Alice explains.

Venaranda Musaasizi from Rukiga district, agrees with her counterpart, saying that midwives are sometimes overwhelmed by the amount of work they have to do.

"At one point, I was delivering over 70 babies a month and that is a lot of work. But the fact that no mother has ever lost her life while in my hands is what inspires me to keep going," she says.

Since 2009, through UNFPA the Government of Sweden has supported midwifery interventions

in Uganda. This includes training of midwives, as well as advocacy to shine a spotlight on the work they do so as to attract increased investment by the Government of Uganda.

At an event hosted by His Excellency Per Lindgarde the Ambassador of Sweden to Uganda, eleven midwives received awards for excellence in midwifery practice. The awards were handed over by State Minister for Health Sarah Opendi, His Excellency Per Lindgarde and UNFPA Representative, Mr. Alain Sibenaler. Venaranda Musaasizi was one of the recipients.

The awards, organised in partnership with UNFPA and the Ministry of Health, are a follow up to the global campaign 'Midwives4all' launched in 2015 by the Ministry of Foreign Affairs in Sweden to highlight the important role midwives play in maternal health. At the event, Mr. Sibenaler appreciated the eleven midwives for their dedication, noting that all over the country many midwives work long hours to save the lives of mothers and babies.

Mr. Sibenaler noted that while progress has been made in training midwives the recruitment was still lagging behind. As a result, the country still has a shortage of midwives: A Ugandan midwife delivers between 350 – 500 babies a year, way over the WHO recommendation of 175 deliveries per midwife.

"Even though we have made a lot of headway with support from the Government of Sweden in training midwives, we still have gaps in recruitment. Many of the trained midwives are still not absorbed by the districts," he said.

He appealed to the Ministry of Health to prioritize recruitment and retention of the trained midwives by increasing the wage bill to allow preferential recruitment of midwives, especially for underserved districts.

A Ugandan midwife delivers
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We came, we ran, we conquered: UNFPA Uganda runs marathon in support of maternal health

When 18 staff of UNFPA Uganda Country office set out to participate in the annual MTN Uganda marathon most of them were not expecting to win a medal. But, unknown to the rest, for International Operations Manager Abilio Alfeu, winning a medal was always on the cards.

His determination paid off.

On Sunday November 19 at the annual marathon organised by MTN Uganda, the largest private Telecom Company in Uganda, Mr. Alfeu walked away with a medal, having come among the first 100 participants in the 21 km race. The MTN marathon attracted over 20,000 participants.

“It is so fulfilling to run 21 kilometres at my age and win a medal. I feel rewarded. And the fact that we were running for maternal health, which is at the heart of UNFPA mandate makes the medal even more special,” he said. The marathon had three other race categories; 05, 10 and 42 kilometres.

For at least one week before the marathon, the hills of Kololo a Kampala suburb where the Country Office is located were dotted with staff participating in all sorts of physical drills, trying to up their fitness game and ensure they were “fit for purpose”. While the marathon has been a feature of Kampala’s social calendar for over 10 years, this year’s edition was special because this time round one of the themes was on maternal health, making it a perfect cause for UNFPA to join.

“The marathon provided us an opportunity to stand in solidarity with the Uganda’s mothers in a very practical way. It is also a demonstration of our

engagement strategy, to reach out and engage with private sector partners like MTN who can support us to continue bringing down maternal mortality rates,” Representative Alain Sibenaler explained the Country Office’s participation.

On race day, Team UNFPA showed up at Kololo Airstrip, the starting point as early as 6:00am, eager to get going. The weather was perfect; clear skies and no rain in sight. But beneath the perfect skies lay another challenge. Kampala is famously a city of hills, which put the runners to the ultimate test. “I felt like giving up several times. At one of the water points, when I asked how far we had to go I was told I’d not even covered 10 kilometres. But something within me, a determination not to lose focus of my goal kept me going. I told myself I had to finish the race even if it meant walking and crawling to the finish line,” says Mr. Alfeu, who was running in his third marathon.

According to Mr. Alfeu, the biggest lesson learnt from this experience is about never giving up, which he says is applicable to all aspects of life. “I encourage my colleagues to always go for it. With anything in life, the start is always easy but sustaining is the hard part. It is about determination and refusing to give up no matter what.”

The proceeds from the marathon went towards improving maternal health by providing equipment and supplies to Kiswa and Komamboga health facilities in Kampala. In addition, some of the funds went towards replacement of asbestos roofing in public schools to protect school-going children from the risk of exposure to cancer.



Fistula: Prevalence reduces as UNFPA support provides second chances for survivors

Uganda experiences about 1,900 new cases of fistula annually. From 2003 when the *End Fistula Campaign* was launched, UNFPA Uganda has taken the lead, alongside the Ministry of Health in supporting fistula prevention and treatment efforts in the country. These efforts have not been without challenges; for instance, there is still a significant backlog of between 75,000-100,000 cases countrywide. Even then, UNFPA and partners' hard work has finally paid off. The prevalence of fistula has reduced from 2% to 1%, according to the final results of the 2016 Uganda Demographic and Health Survey released in 2017.



52

treatment camps
conducted

1,350

fistula cases
repaired

21

hospitals had their
capacity to provide
routine fistula repair
services built

Turning the tide on fistula

Over the course of 2017, UNFPA provided technical support to the Ministry of Health through the Fistula Technical Working Group to strengthen coordination of partners' interventions and mobilize resources for fistula care. First off, UNFPA provided funding and technical support to 21 Regional Referral Hospitals and Private not for profit hospitals countrywide to carry out routine and camp-based outreach fistula repair in Regional Referral Hospitals and selected General Hospitals. The outreach camps served as on-the-job mentoring and training sessions during which the UNFPA-supported team of six trainers mentored and trained six fistula surgeons to enhance their surgical skills. In addition, seven new doctors were initiated into fistula repair surgery; these will be continually trained and mentored to become part of the existing pool of 25 fistula surgeons that the Ministry of Health has built with UNFPA and partner support. UNFPA also procured and distributed 20 pieces of Kit 2 (kit comprised of key materials and medical supplies that a fistula surgeon and the health team need to provide fistula repairs and post-operative care) to active repair facilities in the country. As a result of all these interventions, over the course of 2017, UNFPA supported 1,350 women with fistula to receive treatment; accounting for 67% of the 2,045 cases repaired countrywide.

Moving forward, UNFPA will support the Ministry of Health to finalise the development and costing of a new national fistula strategy (2017-2020). The strategy will provide technical guidance on policy making and service provision for fistula prevention and treatment and reintegration of survivors. In addition, UNFPA will facilitate training and mentoring of more fistula surgeons and care nurses to ensure that the backlog of untreated cases is addressed and that the country progressively moves towards elimination of fistula.

Restoring hope and healing

Twenty-three-year-old Beatrice Katushabe was only 19 years when she met 24-year-old Mike Tumusiime. The casual labourer and then teenage girl both from Ruhama in Ntungamo district in south western Uganda got married and she conceived in the same year.

The evening the UNFPA team met Katushabe, she was recovering from a fistula ward at Mbarara Referral Regional hospital after a successful fistula repair. She developed the condition at childbirth after a prolonged labour delivering in the hands of a Traditional Birth Attendant in the village. She also lost her baby.

"It took three days of labour and my wife kept pushing until we went to the village birth attendant. When the attendant failed to deliver the baby, she referred us to the nearby health centre, but it was already too late. Our baby did not survive," narrates Tumusiime.

But what the couple did not know was that she had also developed a fistula. She thus lived with the condition for two years without knowing the cause. "Women who develop fistulas are dejected and rejected by everyone. They lose their husbands on top of having lost their babies when they are giving birth. This condition can occur to any woman in her reproductive age," said Dr. Moses Kayondo, regional fistula surgeon at Mbarara Regional Referral Hospital in south western Uganda.

For Katushabe, living with a fistula was a nightmare: "I was never comfortable. People did not want to be near me because I was always leaking and smelling. I would just stay indoors most of the time," Katushabe narrates.

It was two years later that the couple decided to take the three-hour journey to Mbarara hospital to seek medical attention. They did not know that the condition was a fistula.

Luckily for the couple, with support from UNFPA and partners, a free fistula repair camp was taking place at the hospital. After screening, the health worker identified Katushabe with a fistula and recommended that she stays for the repair.

She was among the 40 women who got fistula repairs during the surgical camp that was running as part of the national activities to commemorate the International the Day to End Fistula.

Katushabe is now grateful to her husband who stood by her in spite of the smell and leakage. Her husband says he never gave up, even when discouraged by his friends. "They would tell me to leave her and marry someone else. But I stayed with her because she is my gift from God. I will take care of her until she completely recovers," Tumusiime said. The couple say they have big plans for the future: "We want to work hard and save some money so that we can live a better life. My wife got a fistula because we were poor. We did not know that childbirth can cause a fistula," Tumusiime says. The couple also say they will practice family planning as advised by the health worker. "We shall start thinking about having another child after she has fully recovered," Tumusiime said.





Katushabe is now grateful to her husband who stood by her in spite of the smell and leakage. Her husband says he never gave up, even when discouraged by his friends.

SEXUAL AND REPRODUCTIVE HEALTH/HIV/GBV INTEGRATION

The majority of HIV infections in Uganda (78%) are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding and with sexually transmitted infections that increase the risk of HIV infection. For UNFPA Uganda, 2017 was about ensuring that the linkages between HIV, sexual and reproductive health (SRH) and gender based violence are covered in prevention care and treatment.

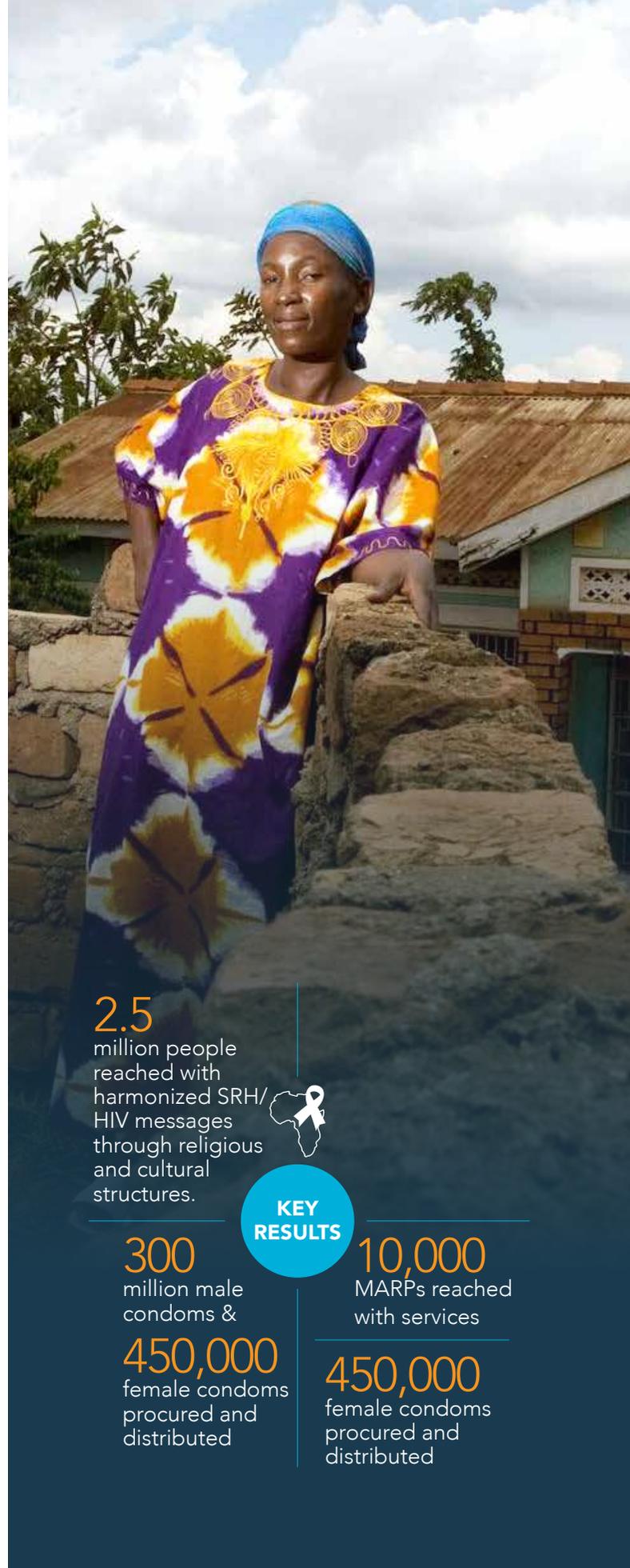


making the connection between HIV prevention and care, sexual and reproductive health

The majority of HIV infections in Uganda (78%) are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding and with sexually transmitted infections that increase the risk of HIV infection. For UNFPA Uganda, 2017 was about ensuring that the linkages between HIV, sexual and reproductive health (SRH) and gender based violence are covered in prevention care and treatment.

Integration refers to the process of bringing together different types of Sexual and Reproductive Health and Rights (SRHR), interventions or operational programmes to ensure access to comprehensive services in an efficient and effective manner.

Key milestone was the re-ignition of Uganda's HIV response by the launching of the Presidential Fast Track Initiative on HIV. This was boosted by religious and cultural leaders who came on board to rekindle the campaign against HIV.



2.5
million people
reached with
harmonized SRH/
HIV messages
through religious
and cultural
structures.



KEY RESULTS

300
million male
condoms &

450,000
female condoms
procured and
distributed

10,000
MARPs reached
with services

450,000
female condoms
procured and
distributed

President Museveni launches Fast track initiative on Ending HIV/AIDS

Over the years, Uganda has made progress in the fight against HIV/AIDS. New infections have reduced from 135,000 in 2010 to approximately 60,000 by 2016. The number of babies being born with HIV has dropped from 28,000 in 2011 to about 3,000 currently.

However, despite this progress, the dynamics of HIV infection still present a challenge to the country's efforts to end the epidemic: Every day, approximately 151 people get infected with HIV in Uganda. Of these 67 (44.1%) are young people, most of them adolescent girls. While more women are the face of new HIV infections, (60% of infections occur among women) men are the face of HIV-related deaths. In 2016, AIDS deaths among men were almost twice many among men than among women; 14,348 men died of AIDS compared 9,600 women in the same year. Forty five percent of men infected with HIV haven't been diagnosed, while 48% of men infected with HIV have not been initiated on treatment.

Men are therefore a source of unchecked HIV infection to young girls and women whose low socio-economic status renders them incapable of negotiating safe sex or initiating action to address their HIV status as a couple.

In a bid to turn this around, on the 6th of June 2017, the President of Uganda, H.E. Yoweri Museveni,

launched the Presidential Fast Track Initiative on Ending HIV/AIDS as a Public Health Threat in Uganda. President Museveni stressed the importance of Abstinence, Being Faithful and Condom use (ABC) as the backbone of HIV prevention, supplemented by Antiretroviral Therapy and circumcision. "All men who are not aware of their HIV sero-status, should go for voluntary testing. Those who find themselves positive, should go on drugs," he said.

The President emphasized the need to re-ignite the fight against HIV/AIDS as was done in the 1980s and 90's when HIV prevalence decreased from 18 percent in 1991 to 6.4 percent in 2005.

President Museveni also implored leaders at all levels to create awareness about HIV/AIDS. "Sensitization is very effective. Before the ARVs were introduced, open campaign against AIDS sensitization was by talking and alerting people. That recorded a reduction in infection from 30% to 6%. Use your tongue as a special weapon to fight the scourge," he said.

The event was also attended by the First Lady of Zambia Ms Edith Lungu – representing the Organization of African First Ladies against AIDS (OAFILA) and First lady and Minister of Education, Ms Janet Museveni.

Unpacking the initiative

The Fast track initiative targets mainly men and is hinged on five pillars:

- Engaging men in HIV prevention and close the tap on new infections particularly among adolescent girls and young women. and their male partners
- Accelerating the implementation of the Test and Treat strategy and attainment of 90-90-90 targets particularly among men and young people. The test and treat strategy by the World Health Organisation provides for everyone with HIV to receive anti-retroviral drugs as soon as they are diagnosed. The target is to have 90% of all people living

with HIV know their status, 90% of all people with diagnosed HIV infection will receive antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020.

- Consolidating progress on eliminating mother-to-child transmission of HIV.
- Ensure financial sustainability for the HIV response.
- Ensuring institutional effectiveness for a well-coordinated multi-sectoral response.

Implementation of the Fast Track Initiative is led by the Uganda AIDS Commission, under the Office of the President.

90%

of all people living with HIV will know their HIV status

90%

of all people with diagnosed HIV infection will receive antiretroviral therapy.

90%

of all people receiving antiretroviral therapy will have viral suppression by 2020.

Championing the integration agenda

From October 30 to November 3 2017, Uganda hosted a series of meetings on integration of Sexual and Reproductive Health and Rights and Sexual and Gender Based Violence prevention and HIV programmes. The meetings, organised under the leadership of the Minister of Health of Uganda, UNFPA East and Southern African Regional Office (ESARO), UNFPA Uganda and UNAIDS Regional Support Team for Eastern and Southern Africa (RST ESA), brought together participants from the UN, regional governments, civil society, the East African Community (EAC) and Southern African Development Community (SADC). They kicked off with a planning meeting for the Joint UN Regional Programme to Strengthen Integrated Sexual and Reproductive and Rights/HIV and

Sexual and Gender based Violence in East and Southern Africa. The programme is implemented in Lesotho, Malawi, Uganda, Zimbabwe and Zambia. Following on the heels of the Planning meeting was the Regional Technical Consultation on integration, which was held concurrently with a National Dialogue meeting on SRHR/HIV and GBV integration. Rounding off the week was a meeting of the Steering Committee of Linkages, a UNFPA / UNAIDS joint programme funded by the Swedish Government under the Swedish International Development Agency (SIDA). The meetings aimed at discussing progress, lessons and challenges countries have experienced in implementing integration programmes and planning for future interventions.

Testimony from Sarah Aporo, 22

"My name is Sarah Aporo. I am 22 years old and a happy person living with HIV. To me integration is very important because of what it means to me as a young person living with HIV. If I diligently take my medication I can give birth to a healthy child. When my sexual and reproductive health needs are properly catered for I can manage to raise properly-spaced children and give birth to a wanted child by using family planning. It's important that these factors are tackled at the same time. I am grateful that these services are available. Every time I take my pill in the night I wonder how about if there was no medication

where would I be? I am healthy because I take my medication but this is not the case with everyone out there. With this integration involving everyone in the community is important because then we shall achieve our target of every young person living with HIV having a suppressed viral load. One of the biggest challenges that young people go through is access to services. The stigma surrounding People Living with HIV supersedes the knowledge that people have about HIV. Young people sometimes are afraid to ask questions regarding HIV because of the fear of what people might think. Young people are afraid of testing because they wonder 'will I study?' 'Will I work?' 'Will I get married?' It is important that we as young people are supported so that when we look to the future life will be better for us and we shall have HIV out of the way."



Sarah Aporo

To me integration is very important because of what it means to me as a young person living with HIV. If I diligently take my medication I can give birth to a healthy child.

CONNECTING WITH WOMEN AND GIRLS AFFECTED IN HUMANITARIAN SETTINGS

In crisis situations, one in five women of childbearing age is likely to be pregnant. These pregnant women and lactating mothers remain among the most vulnerable groups. Without access to reproductive health services, these women face an increased risk of life-threatening complications. UNFPA procured and facilitated the distribution of emergency Reproductive Health Kits to all health facilities serving to the refugees and host communities; we supported the recruitment of midwives; supported ambulance services; procured and supported the distribution of dignity kits; provided medical tents to support maternal health services like antenatal and postnatal care; as well as ensuring that women suffering from obstetric fistula get repairs.



Safe births on wheels: Our ambulance stories

"The distance to the referral level facility is quite far, but we are lucky to have an ambulance stationed here and we can refer on time, thanks to the support from UNFPA," said Grace Oleru, a Midwife at Ocea HCII in Rhino refugee settlement in West Nile, Uganda.

Midwife Oleru is referring to one of the five ambulances provided by UNFPA to improve access to emergency obstetric and neonatal care, saving lives of mothers and babies in humanitarian settings.

Oleru who has worked in Ocea HCII since 2003 says that initially, as midwives, they faced challenges like the far distance from referral level facilities and lack of ambulance services.

"We would book the front seat of a truck ferrying charcoal for sale, to ensure a pregnant woman and her caretaker make it to the regional referral hospital over 70 kilometers away," she narrates.

To address these challenges, UNFPA stationed an ambulance in Ocea HCII that also serves four other health facilities to support emergency obstetric referrals.

The impact of the ambulance referral services in humanitarian settings is visible.

In the last half of 2017, Ocea health facility alone referred 33 mothers to Arua Regional Referral Hospital due to complications related to multiple pregnancies, previous scars, code/arm prolapse, pelvic



disproportion, prolonged and obstructed labor and cervical dystocia, among others.

"I am now well equipped to ensure safe deliveries and I work hard to prevent a number of maternal deaths by ensuring timely referral and improved emergency obstetric care", Said Oleru

But Ocea is not the only centre that has benefited from ambulance services in refugee settlements. UNFPA has placed five ambulances in the refugee settlements of Adjumani, Yumbe, Kiryandongo, Moyo, Arua and Lamwo. Through partners including ACORD, IRC and CARE, the ambulances have ensured timely referrals of expectant mothers from health centres in the refugee settlements to referral hospitals for emergency obstetric care. As a result, in 2017, 1,559 pregnant women living in refugee settlements of Adjumani, Yumbe, Kiryandongo, Moyo, Arua and Lamwo and were referred for emergency obstetric care using the strengthened UNFPA ambulance system.

KEY RESULTS



In 2017, UNFPA reached a total of

554,006 people with life saving Sexual and Reproductive Health/HIV and Gender based Violence services

343 sexual violence survivors received post rape services

1,345 pregnant women were referred for emergency obstetric care through the UNFPA supported ambulance system

237 Healthcare workers were trained in key areas - Minimum Initial Service Package (MISP), emergency obstetric care, GBV case management and clinical management of rape

Meet John Suuna, the ambulance driver

The smile on his face tells it all; John Suuna, 41, enjoys his job as an ambulance driver. For many mothers in the refugee settlements of Adjumani, Suuna has been there on time to ensure that they have a safe birth.

In his white land cruiser with a midwife by his side, Suuna's emergency sirens can be heard, hurriedly across the terrains of Adjumani. He is always on-call to save the life of an expectant mother who may need referral from a health centre to the Regional Referral Hospital for emergency obstetric care, or transport a mother who was delayed to get to a health centre on time to deliver safely.

"Four mothers have delivered in my ambulance on transit to the hospital. One night at 2 am, I picked up a mother who was referred for emergency care but she delivered along the way and we had to stop on the roadside.

He says another mother delivered in transit, two kilometers to the hospital, while the other one in Pagirinya settlement.

"But I have always had a midwife with me so we were able to have safe deliveries. The midwife was always helpful and we had all the equipment for delivery in the ambulance," he recalls.

Suuna's services benefit both refugees and the host communities in the catchment area; from Bira HC II to Boroli I & II, Olua I & II and Pagirinya refugee settlements; Suuna is always available to save the mothers.

"Now the community is aware of the ambulance services. They love me because I am always on time," he says.

Sr Susan Aber, the midwife at Adjumani Regional Referral hospital is thankful for the ambulance service, which she says, has saved the lives of many mothers and their babies:

"In a week we can have up to ten referrals. This is an increase from the 3-4 we used to have. Only this morning we had three mothers coming in. I am happy that they come with their dignity kits from the health centres that refer them here," she says.



"Four mothers have delivered in my ambulance on transit to the hospital. One night at 2 am, I picked up a mother who was referred for emergency care but she delivered along the way and we had to stop on the roadside.



A bucket-full of dignity

At Ngoromoro refugee reception centre in northern Uganda, nine refugee mothers stood in a single-file, visibly exhausted and filled with anxiety. Each had a story to share; of how they had, pregnant and near their expected dates of delivery, fled the armed conflict raging in the Pajok town in South Sudan.

As they say, pregnancy does not wait for a conflict to end. So, of the nine mothers, two had delivered along the way, one in a tent at the refugee reception centre and the others - with the help of a UNFPA partner, delivered safely at the nearby Ngoromoro Health Centre II in Lamwo district under skilled care.

Now happily cuddling their newborn babies who all wrapped up in heavy woolly shawls and next to the mothers were green plastic buckets filled up with basics for them to start a life with

a new baby. Provided by UNFPA, the dignity kit package is a bucket containing essential supplies that help women delivering in emergencies maintain their personal hygiene and sense of dignity, and increase their mobility during and after an emergency.

“My labour started as we were running away. So, I delivered my baby boy along the way in the bushes by the mountainside with the help of my aunt. We had nothing so I am thankful for this,” said 35-year-old Rose Anyiri through an interpreter.

The kits, designed in partnership with affected communities to ensure appropriate items are included contain a pair of sandals, underwear, a body wrap, t-shirt and a bar of soap for the mother, as well as underwear, two bodysuit ‘grows’ and a shawl for the baby.

CONTENT

Bucket,
soap and
underwear



Body
wrap,
t-shirt and
sandals



Baby shawl
and body
suit



PURPOSE

Allow women and girls to manage their monthly menstruation safely, comfortably and discretely. The bucket are also used for cleaning newborn baby.

Clothing facilitate women's mobility to freely access health care, food, water, shared toilets, and create a sense of security.

To keep the baby warm and comfortable

As they say, pregnancy does not wait for a conflict to end. So, of the nine mothers, two had delivered along the way, one in a tent at the refugee reception centre and the others - with the help of a UNFPA partner, delivered safely at the nearby Ngoromoro Health Centre II in Lamwo district under skilled care.

Increasing safe births in emergencies

The distribution of dignity kits to all mothers in humanitarian situations is not only done in emergencies, but also at the recovery stage where UNFPA supports health centres in the refugee settlements to increase skilled attendance at birth and prevent maternal and neonatal mortality.

Through pregnancy mapping, expectant mothers in the community are identified by UNFPA partners and mapped to follow up and ensure that they deliver at a health centre. One of the incentives of delivering at a health centre is a free dignity kit.

In 2017, 9,242 dignity kits were distributed to mothers in Arua, Moyo, Adjumani, Yumbe, Lamwo and Kiryadongo refugee settlements.

9,242

dignity kits were distributed to mothers in Arua, Moyo, Adjumani, Yumbe, Lamwo and Kiryadongo refugee settlements.



 **UNFPA Uganda**
United Nations Population Fund

Because Everyone Counts

FROM POLICY TO PRACTICE...

In 2017, UNFPA strengthened efforts to influence policy and accountability for a functioning system for gender-based prevention, reporting and response. Focus was around adopting and implementing legislation, policies and measures to prevent gender-based violence and ensure access to justice. In this context, District Local Governments that had developed ordinances in 2016 were followed up; the capacity of the Evidence Act Task-force was strengthened; national accountability monitoring tools were developed and implementation is on track. All these initiatives supported women and girls to enjoy their rights, live a violence-free and dignified life, where they are empowered to be bold in pursuit of their aspirations.





UNFPA facilitated

14,626

survivors of gender-based violence to access services



894 survivors of female genital mutilation accessed integrated related services. Out of these 671 received integrated health services

KEY RESULTS

2,176

GBV survivors received more than one session of psychosocial support

4,000

GBV survivors were facilitated to access integrated health services, including clinical services for survivors of rape such as emergency contraception, HIV post exposure prophylaxis, and counselling

8,566

GBV survivors received legal services

Aligning national efforts to global mechanisms for GBV prevention and response

To align with global mechanisms, UNFPA supported the Uganda Human Rights Commission (UHRC) to develop the Accountability Tracking Tool for Human Rights Based Approach. Staff from 10 Regional Offices of the Uganda Human Rights Commission were trained in tracking Sexual and Reproductive Health and Rights.

As such, UNFPA provided support to the reporting process on implementation of international instruments and national legislations including: The Commission on the Status of Women (CSW); The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); The UN Secretary General's report on Female Genital Mutilation (FGM), among others.

In particular, UNFPA provided technical support to the 8th Periodic Report of the Government of Uganda on CEDAW with focus on sexual and reproductive health and rights. Technical guidance was provided to the paper presented by Government of Uganda at the CSW. More to that, UNFPA participated and provided input in the implementation of strategies of instruments of SGBV in the Great Lakes Region.

At district level, UNFPA supported the strengthening GBV response infrastructure. For example, Lira District Local Government had its ordinance cleared by Government in November 2017 and implementation will commence in 2018.

In addition, UNFPA supported the Evidence Act taskforce to understand and address hindrance to justice. The Evidence Act Taskforce report outlining gaps in access to justice and in filling-in of the Police Form 3 for sectors of Health, Police, Public Prosecution and Judiciary was finalized with clear recommendations on what needs to be done. The report also identified inadequacies in legislation that need to be amended including, The Penal Code, The Evidence Act, The Magistrates Act as well as the Trail and Indictments Act. In 2018, the focus for UNFPA will be to mobilize stakeholders in this area to implement the recommendations.



Engaging men and boys as change agents for gender-based violence prevention

In 2017, UNFPA continued to strengthen male engagement strategies in the fight against gender-based violence. Most significantly, UNFPA supported Ministry of Gender, Labour and Social Development (MGLSD) to finalise, publish and launch a Male Involvement Strategy in line with the Gender-Based Violence National Action Plan. The Strategy aims at engaging men and boys to become change agents in their communities and workplaces, promoting peace and security, mitigating conflicts, protecting the rights of women and girls, sensitizing their peers and ensuring survivors receive appropriate services.

The use of Role Model Men (RMM) as change agents provided an excellent platform for behavioral change as it constituted use of personal testimonies as tools for unleashing effective change among fellow men. This model re-organized men as supportive partners to their spouses to seek maternal health services; it also inspired men as clients in the use of sexual and reproductive health services, such as the use of condoms and other family planning methods.

As a result, over 230 families were supported to re-unite. These were families where spouses had separated for long periods of time, some of them for years. Through home visitations, guidance and counselling, family mediation sessions as well as family dialogues, members of the Male Action Groups provided support to rebuild broken relationships.

230

families were supported to re-unite. These were families where spouses had separated for long periods of time, some of them for years.



Influencing action to operationalize the Anti-Female Genital Mutilation Act, 2010

In support of the existing policy, UNFPA facilitated foras where key stakeholders made public statements in the elimination of gender-based violence, including female genital mutilation (FGM). On 11th July 2017, during a press conference, the Inter-Religious Council of Uganda (IRCU) constituting of over 100 representatives of different faith-based denominations passed a resolution to support efforts to eliminate female genital mutilation. Subsequently, the resolution was reviewed and adopted by the House of Bishops of the Church of Uganda (CoU) constituting 32 Bishops chaired by His Grace Stanley Ntagali, the Archbishop of Church of Uganda. The resolutions integrated issues on gender-based violence including ending female genital mutilation, as well as issues on reproductive health, including HIV prevention and teenage pregnancy.

As a follow-up, in August 2017, 31 representatives from interfaith organizations from Eastern Uganda made a commitment to engage religious leaders on ending FGM. In another context, the Sebei Diocese mobilized 100 Diocesan Health Coordinators and provincial staff in which the resolutions adopted by the Bishops were disseminated. The Seventh Day Adventist (SDA) Church, the Uganda Muslim Supreme Council (UMSC), Union of Orthodox Churches (UOC) leadership issued press releases outlining the agreed upon and actions to be undertaken to eliminate FGM, end maternal death and promote HIV prevention with a focus on male involvement.



KEY RESULTS

Over

2,500,000

people were reached on GBV prevention through outreaches by members of Parliament in Acholi, Lango, West Nile and Karamoja regions.

1,012 in school

and **347** out-of-school peer educators were engaged in GBV prevention

1,593 Role Model Men (RMM) in Acholi, Lango, West Nile and Karamoja were mobilized for GBV prevention

UNFPA supports special courts to handle GBV case backlog

Case backlog is one of the major challenges that the Justice Law and Order Sector (JLOS) in Uganda is grappling with. According to FIDA, gender-based violence accounts for at least 50% of the cases within the criminal justice system, meaning that gender based violence cases contribute significantly to the case backlog in the justice system.

As such, FIDA-Uganda and ActionAid as stakeholders in the national GBV taskforce in Uganda, with funding from Norway through UNFPA under the United Nations Joint Programme, have implemented the first phase of the GBV special courts.

The programme targeted three regions of Acholi, Teso/Lango and Karamoja in the specific districts of, Amuria, Amuru, Dokolo, Gulu, Kaabong, Katakwi, Kitgum, Kotido, Lira, Moroto, and Pader. The major aim was to demonstrate, document and advocate for the establishment of GBV Special Courts as one of the interventions to address case backlog and delayed justice to GBV survivors.

The specialized court sessions provided for a gender-sensitive approach to, case hearing

enabled the judicial officers to experience the unique characteristics of violence against women cases, compelling them to process cases more quickly hence reducing the burden on.

As a result, 350 cases were successfully concluded in a record period of 3 weeks across 5 sessions in the targeted regions. Ordinarily, a criminal session should have a maximum of 40 cases to be heard. This means that that these cases would have been heard over a period of 6 months under the traditional court process.

Moreover, judicial officers who dealt with the cases of violence against women were able to access repeat offenders and took appropriate action.

This success story, benchmarked by evidence from other countries like Brazil, Spain, Uruguay, Venezuela, and the United Kingdom where specialized courts exist, Stakeholders hope that the Justice Sector in Uganda will pick lessons from this model and take a leadership role in replicating it as one of the key interventions to address case backlog.

Backlog by Court Level

| COURT LEVEL | Over 10 years | 5-10 years | 2-5 years | 1-2 years |
|---------------------|---------------|------------|-----------|-----------|
| Supreme | | 8 | 5 | 21 |
| Court of Appeal | 451 | 1,094(16%) | 1,656 | 1,516 |
| High Court | 254 | 1,557(24%) | 8,821 | 9,206 |
| Chief Magistrates | 217 | 3,086(47%) | 8,169 | 7,617 |
| Magistrate Grade I | 33 | 650 | 2,064 | 2,438 |
| Magistrate Grade II | 13 | 75 | 711 | 1,207 |
| Grand Total | 968 | 6,470 | 21,426 | 22,005 |
| Percentage | 0.84% | 5.64% | 18.66% | 19.17% |

Source: FIDA – Uganda, referencing Justice Law and Order Sector (JLOS) Uganda.

**SPECIAL
COURTS
CASES**

As a result, **350** cases were successfully concluded in a record period of **3 weeks across 5 sessions** in the targeted regions.

Young men and boys team up to promote gender equality and healthy choices

Fifty male action groups (MAGs) consisting of young men and boys from Moroto, Napak, Nakapiripirit, Kaabong, Amudat, Kotido, Abim, Gulu, Kitgum and Lamwo have been formed to raise awareness on positive fatherhood. The MAGs each consisting of 9 executive members, and over 30 members raise awareness on how to support individuals to take actions that promote health and safety.

Each MAGs consists of on average 30 members

Each Member commits to sensitize at least 10 fellow men

A total of 15,000 men and boys were reached in 2017

"Alcohol and drug substance use in Karamoja is seen as the leading cause of domestic violence, HIV/STIs infection, early marriages and teenage pregnancies," said Mr. Andrew Napaja the LCV Chairman, Moroto District. During a dialogue with male champions "Alcoholism has led to poor health, poverty and crime rate among men and women in the community."

With support from United Nations Population Fund (UNFPA), AIDS Information Centre-Uganda (AIC) mobilized male peer educators and male champions of change to prevent alcohol and drug abuse, as well as domestic violence. The 'Ideal Man and One Man Can' Campaign, project that started in September 2016 addresses

low health seeking behaviour and unsafe sex practices among the communities.

According to the members, this campaign has empowered champions by equipping them with information. They in turn sensitize communities about sexual and reproductive health issues like the benefits and how to use condoms for dual protection against unplanned pregnancy and HIV. The men also create awareness about supporting their spouses to access maternal health services.

"We now understand why in every community it is important for all pregnant mothers go together with their husbands to attend Antenatal Care," one member said.

In 2017 the group held fifty monthly steering committee meetings to guide members on how to implement their activities. MAGs are also now being consulted for advice and guidance on GBV prevention.



Male Champions gather for a dialogue where they pledge to sensitize their fellow men on GBV and SRH/HIV issues.



UN Joint Programme on Gender-Based Violence closes with big impact

“The Norwegian Embassy in Kampala is proud to have supported the Joint Programme and is proud to see the fruits of eight years of work. The results are many and the impact is great. Our appreciation goes to all ministries, agencies, organizations and persons involved,” said Norwegian Ambassador to Uganda, Ms. Susan Eckey.

The ambassador was speaking at a meeting on the closure of the UN Joint Programme on Gender Based Violence (GBV) at Golf Course Hotel in Kampala on September 29. In her remarks, the ambassador said she was pleased to know that although the programme, which started in 2008 has come to an end, the impact on the ground is visible, with changed laws, new mechanisms and structures established to prevent and end gender based violence.

The programme was implemented by the Ministry of Gender Labour and Social Development with support from four UN Agencies including UNFPA, FAO, UNICEF and UN Women.

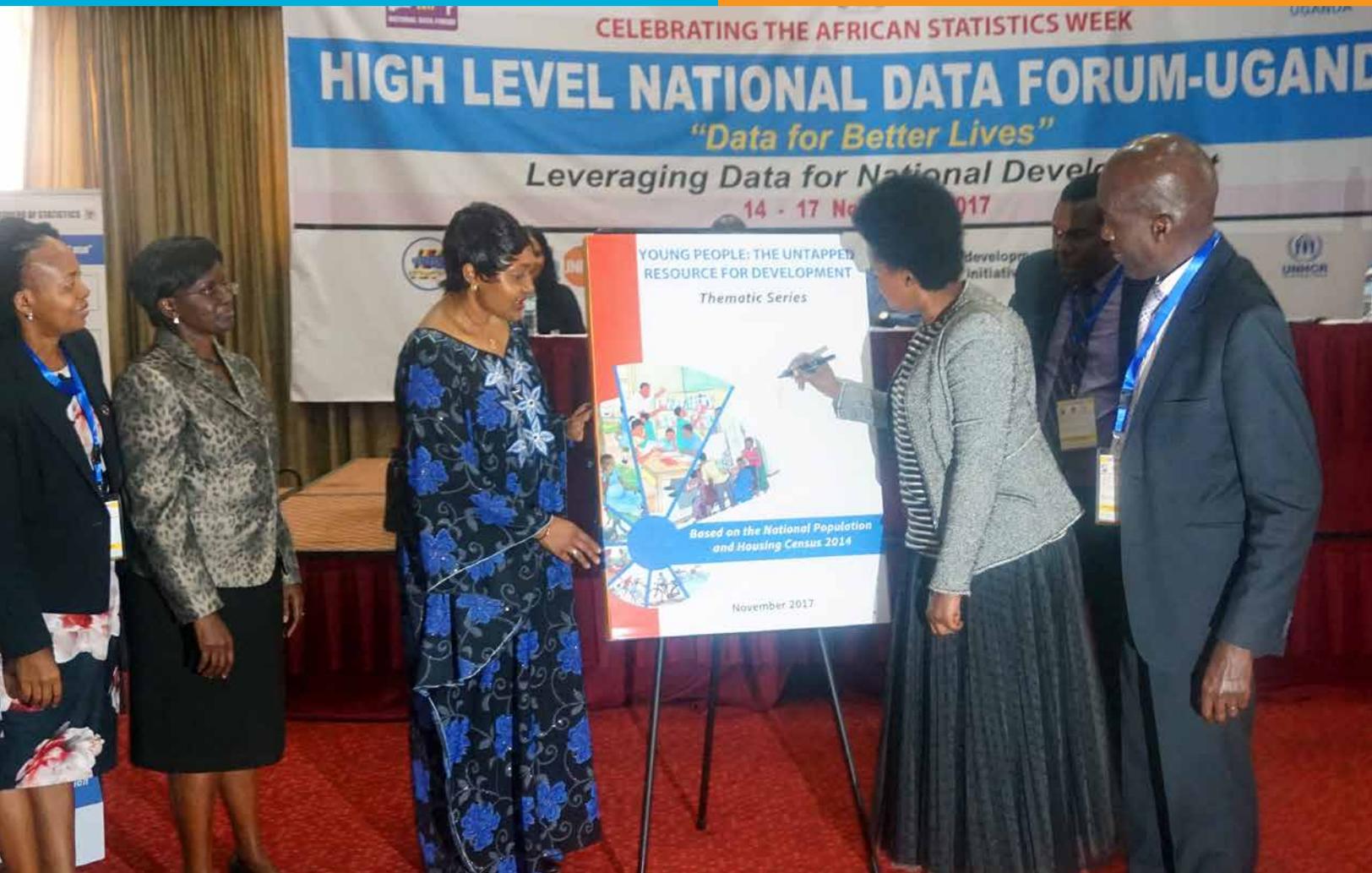
From policy to practice...

In November 2017, UNFPA supported the development and launch of three monograph thematic series. Based on the National Population and Census Report 2014, the monograph series extracts census data on population dynamics (health, young people and education) to provide clear evidence, inform policy, decisions and measure progress on the road to achieving the demographic dividend in Uganda.

Minister of State for ICT Hon. Sarah Nantaba launched the monographs during a High Level Data Forum that took place 14-17 November 2017 in Kampala.

Through critical analysis of tables and figures, the Uganda Bureau of Statistics (UBOS) paints a clear picture on the status of Uganda's education, health and young people in the context of a country with one of the youngest population in the World.

"It is my hope therefore, that the data in these reports will be used by all sectors in Uganda to guide decision making and policy advancement for improving the wellbeing and productivity of Uganda's youthful population," said UNFPA Representative, Mr. Alain Sibenaler.



What matters is the population

In 2017, UNFPA Uganda produced five issue briefs aimed at facilitating advocacy for actions to accelerate harnessing of the demographic dividend in Uganda. Titled 'Population Matters', the briefs provide evidence and actionable recommendations for investing in Uganda's population structures to achieve the demographic dividend for social-economic transformation.



1. Issue Brief 1: Uganda's population dynamics:

Recognizing Uganda as one of the third fastest growing population in the world because of high fertility, this issue considers four highly interactive accelerators to spur equitable and people-centred development. The policy brief advocates for employment creation and harnessing the youth potential; education to build human capital and; recognizing the health of the population as the most important component of human capital development.

<http://uganda.unfpa.org/en/publications/uganda-population-dynamics-opportunity-rethink-development>



2. Issue Brief 2: Midwifery services in Uganda:

This policy brief builds a strong case for the need to recognize the role of midwives in prevention of maternal and neonatal deaths caused by preventable causes. It emphasizes the need to revise staffing norms to commensurate the current needs of the increasing population, improve working environment for midwives and strengthening the referral system and midwifery regulation and professional associations to provide effective professional support to midwives so to reduce maternal deaths and achieve SDG3.

<http://uganda.unfpa.org/en/publications/midwifery-services-uganda>



3 Issue Brief 3: Family Planning: The right investment to drive Uganda's socio-economic transformation

This policy brief explains why investing in family planning is a key driver of all the Sustainable Development Goals as it saves lives and improves maternal and child health outcomes. It shows with evidence, how investing in family planning is a human right that prevents not only adolescent pregnancy, but promotes economic empowerment and environmental preservation. The policy brief recognizes the Uganda government's efforts towards ensuring universal access to family planning and the subsequent returns on these investments, while making concrete recommendations and additional steps in order to make quick gains to meet the FP2020 targets.

<http://uganda.unfpa.org/en/publications/family-planning-right-investment-drive-uganda%E2%80%99s-socio-economic-transformation>



4 Issue Brief 4: Young people; The one investment the country cannot afford to ignore:

To a significant extent, the emerging face of poverty in the country is the face of a young person. They are the new capable poor. Despite their potential to lead economic and social change, insufficient investment have been made to develop their human capital. As a result, they face increased likelihood of future dependency, lower earnings and poor health outcomes. This brief makes a case for the need to invest in Uganda's young population as a means to achieve the Demographic Dividend.

<http://uganda.unfpa.org/en/publications/young-people-one-investment-country-cannot-afford-ignore>

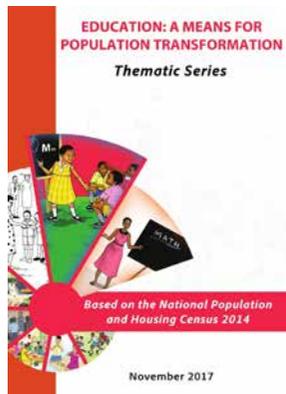


5 Issue Brief 5: Worlds apart in Uganda: Inequalities in women's health, education and economic empowerment:

More than ever before, there is global consensus that the path to sustainable development for the next 15 years must be built on a foundation of equality, inclusiveness and universal enjoyment of rights. Several studies have further indicated that closing the gender gap can accelerate development. In this regard, all the 17 Sustainable Development Goals (SDGs) address issues of gender equality and ensuring that nobody is left behind. The policy brief builds a case for closing the inequalities in women's health, education and economic empowerment in Uganda including but not limited to ending all forms of violence and discrimination against all women and girls, as well as ensuring universal access to sexual and reproductive health and rights.

<http://uganda.unfpa.org/en/publications/worlds-apart-uganda-inequalities-women%E2%80%99s-health-education-and-economic-empowerment>

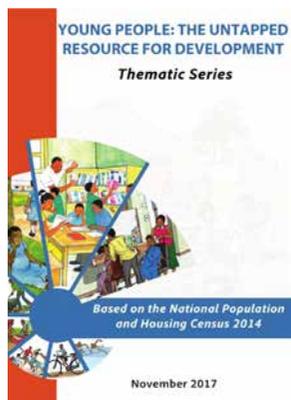
Monographs



Education: A means for population transformation clear picture

This monograph makes a strong case that quality education for a rapidly growing number of school-aged girls and boys is a top national priority. It points to major gaps in the education sector including enrollment disparities in terms of gender, region and special needs. The monograph provides quality and usable data to inform policy decisions and, ultimately, benchmarks against which Uganda will continue to measure progress in the education of its girls, boys and youth, critical to the country's efforts towards harnessing the demographic dividend.

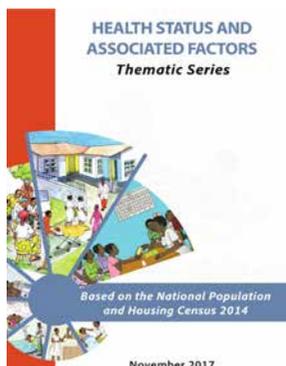
Available here: <http://uganda.unfpa.org/en/publications/education-means-population-transformation>



Young people: The untapped resources for development

This monograph makes a case for increased investments in young people to enable them achieve their full potentials. It indicates that although Uganda's adolescents and youth comprise of Uganda's biggest population (78 percent of whom are below 30 years) for many, their potential to lead economic and social change has not been realized. For Uganda to reach upper-middle income status by 2040, investments in creation of jobs and improved opportunities for entrepreneurship and profitable self-employment for the rapidly expanding youth labour force is critical. This includes investment in adolescent girls who are vulnerable for reduction in school dropout, child marriage, teenage pregnancy and improved sexual and reproductive health.

Available here: <http://uganda.unfpa.org/en/publications/young-people-untapped-resource-development>



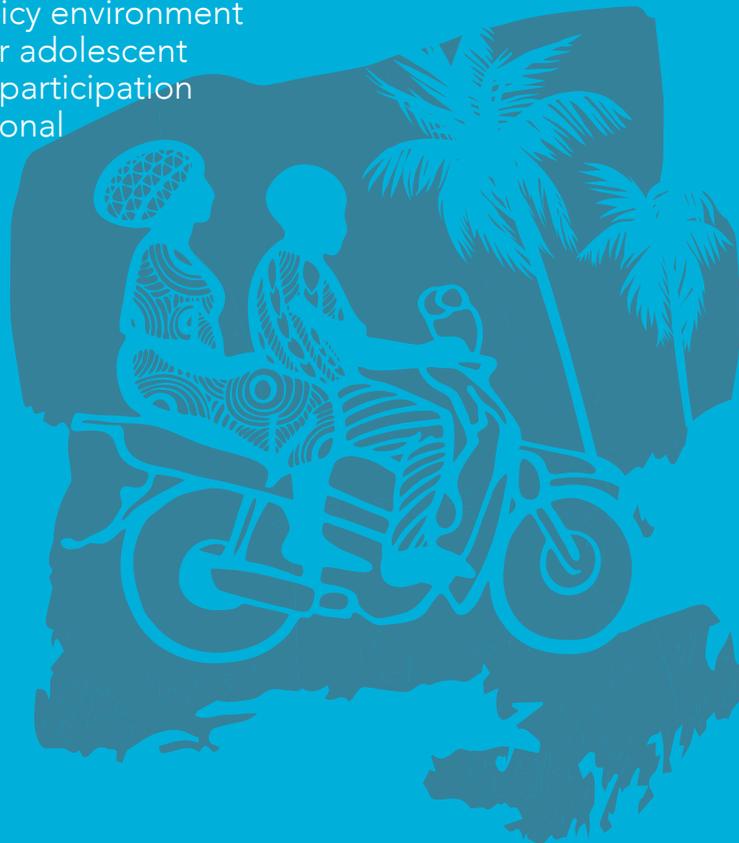
Health Status and Associated Factors

This thematic report explains the social determinants of health and the quality life based on the 2014 Census report. It makes a case for the urgent need to tackle the immediate causes of death and morbidity among women, newborns, adolescents and youth, while putting in longer-term efforts to strengthen the health system and address the social determinants of health.

Available here: <http://uganda.unfpa.org/sites/default/files/pub-pdf/Health%20Monograph%2010-01-2018%20With%20Covers.pdf>

EMPOWERING THE NEXT GENERATION OF UGANDA'S ADOLESCENTS AND YOUTH

UNFPA Uganda continued to support the government of Uganda to ensure access to sexual and reproductive health information and service delivery for adolescents and youth by strengthening policy environment and programming for adolescent development, youth participation and subsequently national development.

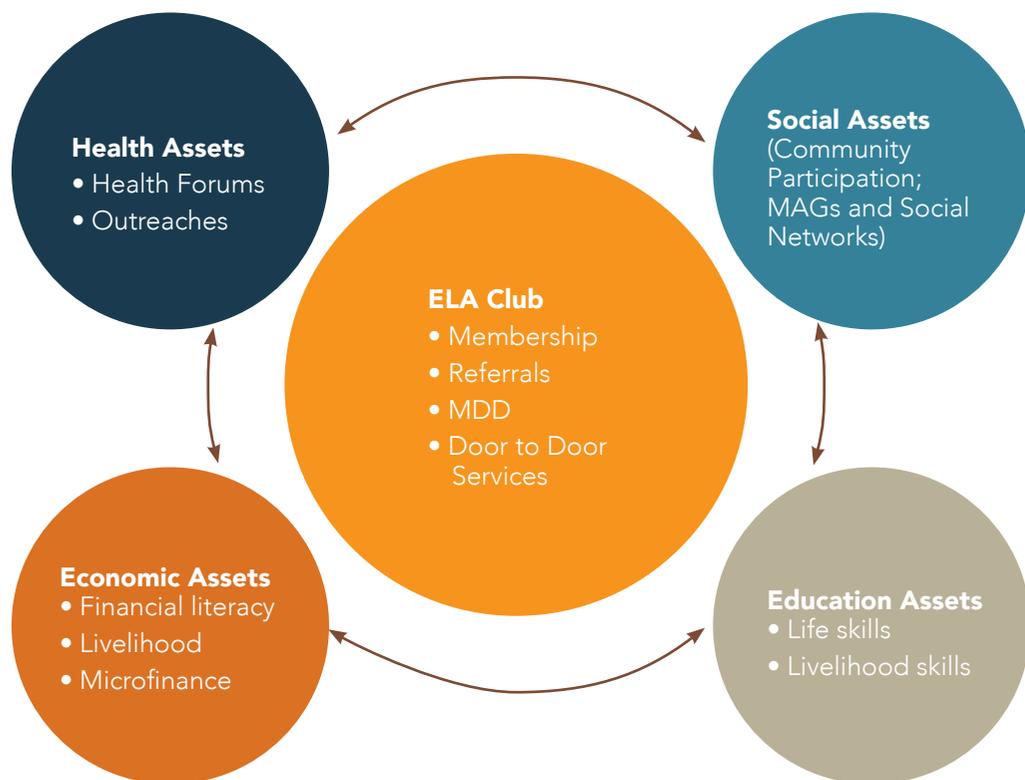


Safe spaces to ensure girls' access to sexual and reproductive health information

Adolescent development has been a key aspect of UNFPA's work in 2017. The asset building model has been used to reach adolescent girls out of school with empowerment in the areas of health and financial literacy. Safe spaces in the community have been used as mobilization spaces for girls to get information and services for SRHR and GBV. Thanks to the safe spaces, 34,423 young marginalized girls (91% out of school, 31% married and 25% with children) obtained preventive information of and service referrals on ASRH/FP/HIV and livelihood skilling (basic numeracy and literacy).

UNFPA supported the establishment of an enabling environment in 752 schools (663 primary and 89 secondary) to facilitate improved learning to ensure that both secondary and primary schools respond to the Sexual and Reproductive Health and Rights needs of young girls in schools. Over 657 teachers were trained in adolescent development aspects in 2017.

Asset Building Model: Empowerment and Livelihood for Adolescents



Better Life for Girls: Changing lives through Empowerment and Livelihood for Adolescents (ELA) clubs

At 15 years, Jessica Namusisi found out she was pregnant. Raised by a single mother who abandoned her, Jessica had little knowledge of pregnancy and no money to seek prenatal care. She had no choice but to drop out of school.

"I thought of killing myself because I did not know what to do - a man whom I was dating at the time walked away soon after he learned that I was pregnant," said Jessica.

After giving birth to her first daughter, she saw other girls going to a "safe space" in Nsooba in Kalerwe, a Kampala suburb. The safe space was provided by BRAC, UNFPA's implementing partner of "Better Life For Girls (BL4G)⁵," under the Empowerment and Livelihood for Adolescents (ELA) programme.

Along with a small group of 20 girls, Jessica joined the ELA club. Seeing other girls' eyes light up when they learned something new was a very encouraging experience for Jessica. She realized that even in poverty, these girls were resilient and hungry for learning.

Just like all the other girls at the club, Jessica acquired a variety of life skills including, financial management, sexual and reproductive health rights, communications, and life planning.

"We get practical microfinance and business skills, such as saving, baking, and soap-making, along with SRHR lessons in this club," Jessica explained enthusiastically with a twinkle in her eye.

"I want to be a certified hairdresser, so I am planning on going back to school with the money I saved. I am also saving for my daughter so that she can complete her education. Eventually, my dream is to open my own hair salon and training school so that I can train other girls to be financially independent."

Jessica eventually became a leader of the Nsooba ELA club - facilitating sexual and reproductive health conversations, sharing her own experience, encouraging girls, parents, and community leaders to support their daughters and ELA club activities.

5 The Better Life for Girls (BL4G) Initiative in Uganda aims to advance efforts to prevent teenage pregnancy and under-age marriage so as to reap the girl effect dividend. The initiative is funded by the Korea International Cooperation Agency (KOICA), coordinated by UNFPA Uganda, and implemented by UNFPA implementing partners: BRAC, CDFU, IRCU, and Straight Talk Foundation.

**UNDER THE
BETTER LIFE
FOR GIRLS
PROGRAMME
IN 2017...**

1,025
Empowerment
and Livelihood
for Adolescents
(ELA) clubs were
functional across

278,941
adolescent girls
accessed SRH
services

30,068
girls have graduated
from ELA Club out of
38,341 girls enrolled
since May 2016.

Jessica Namusis (19), leading a discussion on menstrual hygiene. The girls are sharing knowledge on how to manage their menstrual period and asking questions.



[1] The Better Life for Girls (BL4G) Initiative in Uganda aims to advance efforts to prevent teenage pregnancy and under-age marriage so as to reap the girl effect dividend. The initiative is funded by the Korea International Cooperation Agency (KOICA), coordinated by UNFPA Uganda, and implemented by UNFPA implementing partners: BRAC, CDFU, IRCU, and Straight Talk Foundation.

[2] Abim, Amudat, Amuria, Bududa, Butaleja, Gulu, Iganga, Kaabong, Kampala. Kapchorwa, Katakwi, Kitgum, Kotido, Lamwo, Mayuge, Moroto, Mubende, Nakapiripirit, and Napak.

[3] The remaining 25% of girls were enrolled later and will be graduating in 2018.

YEM 2.0 launch at the Uganda Youth Business Forum

A great attention was devoted to Evelyn Zalwango during the Uganda Youth Business Forum's Panel Discussion on the 26th July. Evelyn is a female master carpenter, who established the first furniture export company in Uganda. "Give a woman opportunities to work towards anything," Evelyn answered when the moderator asked her how to increase employment rate of young women. While women began increasing their presence in the labor market in some countries, women in Uganda and other commonwealth member states still consist a high percentage of youth unemployment rate. "Try to invest them in what they are really good at, is the key to raise future female entrepreneurs," Evelyn added.

This was at the pre-event of the 9th Commonwealth Youth Ministers Meeting (9CYMM), organized by the Uganda Parliamentary Forum on Youth Affairs (UPFYA), in partnership with UNFPA and AMPROC INC. Participants discussed the opportunities and constraints for the young entrepreneurs and suggested ideas for improved business.

With Uganda's large population of young people accounting for 78% below the age of 30, the participants at the meeting agreed that there is a need for business trainings and financial institutions to support young entrepreneurs in Uganda. "Along with increased funding, the Government

would have to commit to improve and reform the education and training system to examine learning outcomes, productivities, and innovativeness," said Hon. Ephraim Kamuntu, the Minister of Tourism, Wildlife and Antiquities.

For UNFPA, it was an opportunity to launch the 'Youth Enterprise Model (YEM) 2.0,' an initiative that supports youth livelihoods and innovations to ensure integration of health information and services.

"UNFPA has a long rich history of working with young people and adolescents," said Mr. Alain Sibenaler, UNFPA Representative. "Youth programmes are at the core of our work, because our unique experience tells us that an unhealthy youth is neither productive nor happy."

YEM 2.0 targets young people at all levels, including the most vulnerable refugee youth, in order to achieve inclusive development and maximize all young entrepreneurs' potential. The programme will leverage existing initiatives, supported by the Government of Uganda, which will enable young people to have access to skill development, business training, mentorship, health services and information, incubation, financing and resourcing to respond to their development needs.

"The young entrepreneurs that bring us together today for the Demo Day of the Up Accelerate program are part of that vibrant new generation of Ugandans who are seeking to reinvent the society they live in." -
UNFPA Representative



Youth Participation and Leadership to Accelerate Access to SRHR Information and Services

UNFPA has supported the strengthening of national advocacy platforms to promote adolescent and youth engagement and participation in shaping the sexual and reproductive health and rights agenda in the country. To enhance youth leadership and participation, UNFPA has invested in strengthening support for the African Youth and Adolescent Network (AfriYan) Uganda through training and mobilization of over 25 youth-led and youth serving organizations in the areas of advocacy and youth leadership. The network members have led initiatives like "She Decides" in the country to advance the agenda of young women.

During the June, 2017, the Government of Uganda and United Nations co-hosted "The Uganda Solidarity Summit on Refugees." UNFPA co-hosted the side event on young people with the Royal Danish Embassy. The event brought over 100 participants, including 25 young refugee and host communities in Uganda and increased both national and international attention and support to the Ugandan refugee hosting model and the role of young people as positive contributors to inclusive sustainable development of refugee and host communities.

In addition, at the 9th Commonwealth Youth Ministers Meeting (9CYMM), under the theme: "Resourcing and Financing Youth Development: Empowering Young People," UNFPA emphasized that there is a need for countries to invest in harnessing the demographic dividend. As a result, the final communique clearly articulated the necessity to invest in young people and strengthen efforts to promote youth leadership and participation.

19
districts⁶

1,852
community dialogues held with religious and cultural leaders

40,408 parents reached with message on abandoning harmful cultural practices that contribute to teenage pregnancy and early child marriage

6 Abim, Amudat, Amuria, Bududa, Butaleja, Gulu, Iganga, Kaabong, Kampala, Kapchorwa, Katakwi, Kitgum, Kotido, Lamwo, Mayuge, Moroto, Mubende, Nakapiripirit, and Napak.

7 The remaining 25% of girls were enrolled later and will be graduating in 2018.

Integration of Sexual and Reproductive Health and Rights in Youth Enterprises and Livelihood

Using the Youth Enterprise Model (YEM), UNFPA continued to support integration of sexual and reproductive health information and services in youth enterprises and livelihood programmes including formal and informal vocational training institutes (VTIs). This involved training of 46 VTI instructors (54% females and 46% males), 74 national youth

livelihood officers and 44 bank personnel from 3 banks on SRHR. This resulted in reaching over 78,900 young people in Kampala and Mubende districts. Young people accessed sexual and reproductive health services including HIV counselling and testing (39%), safe male circumcision (20%), and family planning services (19%).

"[As VIT instructors], what we teach in the school is hands-on skills and how [students] can save their little money sparingly. And on top of that, we help them in that they don't end up missing the money and contract HIV/AIDS and some other STIs."

Shared by one of the VTI instructors in Kampala.

20,971
young people
were referred
and accessed
SRHR services

100 condom
dispensers in **50**
small and small and
medium enterprises
installed in Kampala
Mubende.

Throughout
them,

143,800
male and
550 female
condoms were
distributed to
young people.

Isma Ntale (24), a member of bodaboda group which is one of the YEM SRHR information and service recipients in Mubende district.

INNOVATION: EXPANDING THE POSSIBLE

The year 2017 was very exciting for UNFPA Uganda; 2 mobile applications were launched. SafePal and GetIN are youth-led innovations that tackle sexual and reproductive issues for young people. In addition, 7 youth-led startups from 26 young entrepreneurs were supported under Up Accelerate Programme.



Launch of Safe Pal and GetIN Mobile applications

SafePal was launched in July 2017 in Kampala through outreaches in selected secondary schools. Within just 6 months, the app was downloaded by 91 users and 10 cases sexual violence were reported and handled. SafePal also established partnerships with 6 civil society organizations that were trained to manage the legal, medical, and psychological aspects of the cases that are reported through the platform.

Since the launch of the GetIN pilot in Kanungu district in November 2017, midwives and Community Health Extension Workers (CHEWS) successfully mapped 585 pregnant women and girls (72% below age of 24). Out of the 585 mapped mothers, 78% of them sought and received antenatal care at health facilities in the district. It's also estimated that 40% of the mapped women and girls have delivered under the care of skilled health workers.

Through the Innovation Accelerator Programme (Up Accelerate)[1], the young entrepreneurs developed their solutions to address key bottleneck in the areas of sexual and reproductive health data and commodity management devices in Uganda. *In 2017, the*

program has supported up-to 25 young people and 7 startups with up-to \$80,000 in seed funding. The startups have gone on to raise an additional \$50,000 and have reached up-to 70,000 beneficiaries to-date.

In addition, UNFPA in collaboration with the Government of Uganda, supported 3 innovation forums and co-hosted 1 eHealth forum in 2017. The forums covered over 2,000 key stakeholders in the area of innovation policy, implementation, and evaluation.

Uganda's first forum on improving access to sexual and reproductive health information through ICT based innovations took place in December. Supported by UNFPA through with the co-host, Ministry of Health, the eHealth forum on "Adolescent and Youth Sexual and Reproductive Health (AYSRH) Information Access" attracted 86 participants from key stakeholders, the private sector, academic institutions, civil society organizations, and young innovators. The forum created a platform for discussion and the sharing of ideas regarding key issues, policies, best practices, and innovations for SRH information access for young people.



Since the launch of the GetIN pilot in Kanungu district in November 2017, midwives and Community Health Extension Workers (CHEWS) successfully **mapped 585 pregnant women and girls (72% below age of 24).**

DigiHealth, one of the startups participated in the second cycle of Up Accelerate, won the first prize during Demo-Day on 5 October, 2017.



SafePal helps young people to report sexual and gender-based violence confidentially in and around schools and other public spaces. The mobile app and online platform enable victims to report incidents in a timely and anonymous manner and collect data for monitoring and decision-making. The app also refers these victims to the closest service delivery point within a radius of 5 kilometer. For those who wish to seek direct advice from the child helpline, 116 call buttons are available. Users can download SafePal for free through QR code and Google Play.



One of the SafePal programmers, Nurah Nantume Shariff, teaching students how to use SafePal mobile application.



You can download the mobile application by using the QR code or accessing and searching GetIN on Google Play.

7 Social Entrepreneur Startups



Drug Dash: Enables health centers to capture data on drug supply and consumption patterns and use the data to support decision making including re-distribution of supplies from overstocked to understocked facilities.



TEHECA: A tool meant to help solve the problem of limited availability of health care workers by linking expectant and new mothers with alternative healthcare workers to provide timely care- "uberizing" health care.



stre@mline: A web and mobile application that supports health workers to collect data on their clinical activities and display it visually, to aid real time decision making



EcoSmart Pad: Affordable biodegradable disposable sanitary pads from sugarcane residue, targeting women and girls from low-income households and refugee settlements.



DigiHealth: A mobile and web solution to support collection and real-time data analysis during health outreaches.



iDrain: A low-cost chest drainage system to remove excess fluid accumulations in the lungs.



mScan: A low-cost and effective device to follow up fetal development inside the mothers' womb in resource scarce environments.

Innovation Products



GetIN: GetIN mobile application enables health care providers to reach out to the “hard-to-reach” young pregnant women, map their physical location, and send key maternal health messages up until the three-month post pregnancy period, thereby improving their knowledge on how to ensure safe motherhood and postpartum family planning. GetIN also collects accurate information of the young pregnant women and reports the data to a central dashboard, which is monitored by District Health Officer and District Bio-statistician. The dashboard provides information of the work done by the health care providers and creates an opportunity for the district health team to respond to any noted challenges in real time.

A Community Health Extension Worker (CHEW) from the Kanungu Town Council mapping a pregnant girl on GetIN mobile app at Kanungu District Hospital 4.



Donald Waruhanga, Technical Developer of GetIN, teaching how to use GetIN mobile app to midwives and CHEWS in Kanungu District.

“By utilizing GetIN, young pregnant girls and women in rural communities will be able to access more health information and services. In a long run, our hope is to reduce maternal morbidity and mortality among young women in Uganda.”
Mr. Donald Waruhanga,
Technical Developer of
GetIN





"With seed funding, mentorship, and training, EcoSmart's dream has become a reality. There's nothing to be ashamed of when it comes to talking about menstrual hygiene and body changes. Right now, we are getting our affordable pads ready for market. But our visions for the future are to educate everyone on and equip every girl for menstrual hygiene and to establish ourselves in Uganda and eventually neighboring countries."

Ms. Lydia Asiimwe, Co-Founder, EcoSmart Pad

Under the eHealth Forum in 2017...



Over **1,700**
viewers joined the
online live streaming
of eHealth Forum on
Adolescent and Youth
Sexual and Reproductive
Health (AYSRH)
Information Access.

Under Up Accelerate in 2017...



Up Accelerate generated

over **113,000** weekly
impressions on Facebook and
a Public Relations (PR) value of
over USD 13,000. Over 1 million
Ugandan youth reached through
multimedia campaign, which
has significantly contributed
to improve knowledge about
UNFPA as an innovation
champion in Uganda.

With GetIN in 2017...



82 healthcare
providers in Kanungu
have been trained to
use the mobile app.

With SafePal in 2017...



Approximately **1,050**
young people were
informed about SafePal
through through
outreaches.

UNFPA Staff in Action:



WORLD
POPULATION
DAY 2017





STAFF RETREAT 2017
reflecting on the theme:
'Good to Greater'



**TEAM UNFPA AT THE
MTN MARATHON –**
maternal health was on
the agenda

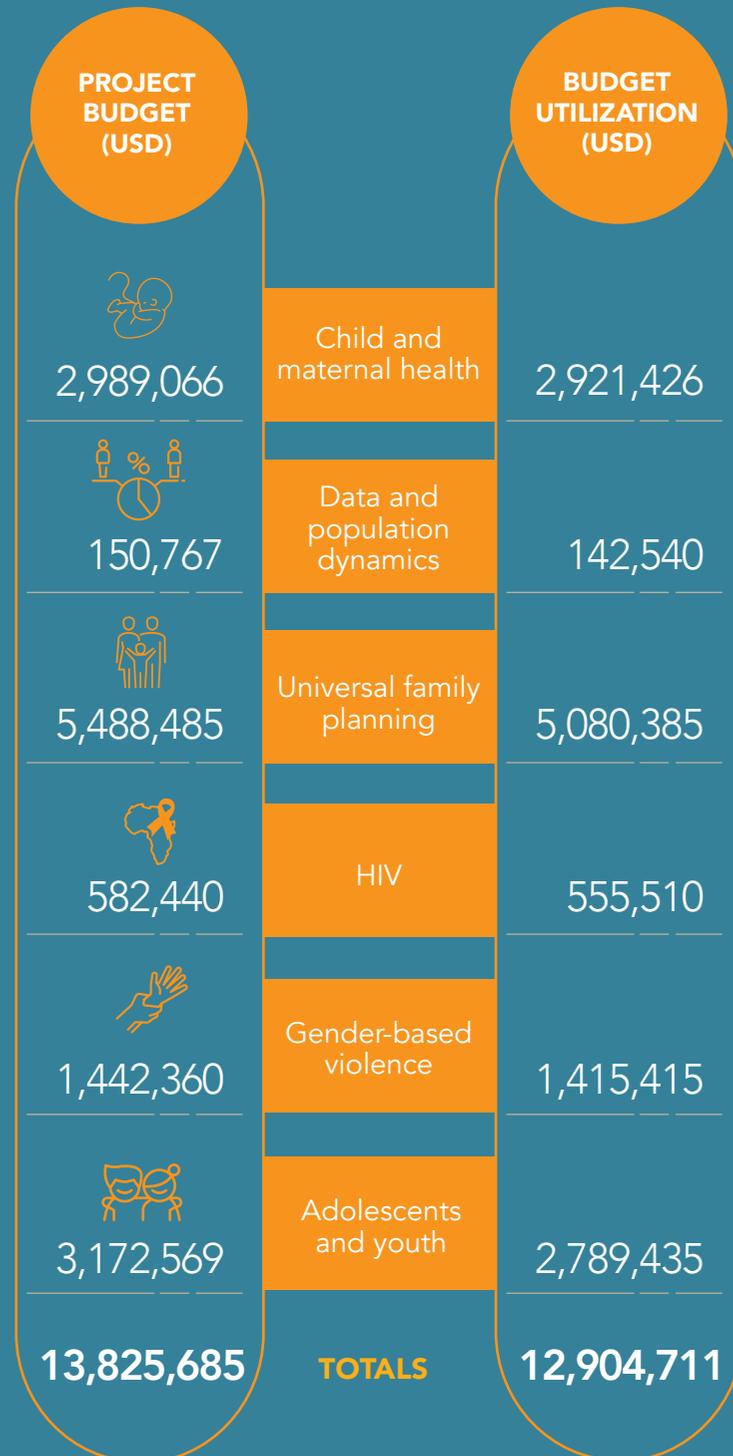


**UN DAY,
OCTOBER 24**
UNFPA joined the rest of UN
staff to clean Kalerwe market in
Kampala to commemorate UN
Day under the theme,
"UN for You"



**UN DAY,
OCTOBER 24**
The Representative led the
UNFPA team that joined
other UN Staff and Kalerwe
community to clean the market

Our Resources in 2017



Acronyms

| | |
|---------------|---|
| ANC | Antenatal Care |
| AYSRH | Adolescent and Youth Sexual Reproductive Health |
| BRAC | Building Resources Across Communities |
| CERF | Central Emergency Relief Fund |
| CYP | Couple Years of Protection |
| DRC | Democratic Republic of Congo |
| FGM | Female Genital Mutilation |
| FP | Family Planning |
| GBV | Gender Based Violence |
| IUD | Intrauterine Device |
| JUPSA | Joint UN Programme of Support on AIDS |
| KOICA | Korea International Cooperation Agency |
| MARPs | Most-at-Risk Populations |
| NGBVD | National Gender Based Violence Database |
| NGO | Non-Governmental Organization |
| NPC | National Population Council |
| RAHU | Reach A Hand Uganda |
| SIDA | Swedish International Development Agency |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually Transmitted Infection |
| UBOS | Uganda Bureau of Statistics |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |
| VHT | Village Health Team |

United Nations Population Fund

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