

Reaching adolescents and youth with integrated SRHR services through community outreaches in Northern Uganda



YOUNG PEOPLE IN UGANDA



Uganda is home to 14.6 million young people (10-24 years old) out of the country's total population of 41.6 million (2020 projections¹)



The sexual debut is 16.9 years for female and 18.5 years for male²



Only 9% of girls in the age group of 15-19 years and 28% in the age group of 20-24 years reported current use of modern contraception²

41%

girls and 40% boys in the age group of 15-19 reported comprehensive knowledge of HIV²



Only 43% adolescents have ever tested for HIV³



In the age group 20-24, 34% of girls reported being married by 18 years²



The teenage pregnancy rate is stagnated at 25%²

42%

of all the pregnancies among adolescents in Uganda are unintended⁴

45%

girls and 53% boys in the age group of 15-19 reported physical and/or sexual violence²



8.8 million young people are not engaged in education, employment or under any training⁴



Access to sexual and reproductive health information and service is a challenge for adolescents and youth

Uganda has one of the youngest populations in the world with 76% of the population aged 30 years and below.¹ Adolescents (10-19 years) and youth (15-24 years) represent a vulnerable and underserved group, making it one of the most-at-risk populations.

Young people (10-24 years) in Uganda face many sexual reproductive health and rights (SRHR) challenges stemming from early, unprotected and forced sexual activity. An underlying factor to this is limited access to youth-friendly SRHR information and services, which impact on young people's ability to make informed and healthy life choices. Especially in many rural areas of Uganda, the provision and uptake of quality adolescent SRHR services remains low. This makes young people vulnerable and subject to high rates of teenage pregnancy, child marriage, HIV and gender-based violence (GBV).²

As the generic healthcare system is not adequate for the hard-to-reach and vulnerable populations, there is a need for defined strategies specifically reaching those with disabilities, out of school, orphans, sex workers, adolescent parents, those with mental disorders, refugees and those in geographically hard-to-reach areas.

A strategic intervention of the UNFPA Uganda programmes is the integrated SRHR community outreaches specifically targeting hard-to-reach adolescents and youth in host and refugee settings in Northern Uganda. The integrated SRHR community outreaches refer to community-based outreaches that offer an integrated package of services, including health education, family planning, HIV & Sexually Transmitted Infections (STIs) screening and testing, vaccinations, antenatal and postnatal care, GBV risk and response assessment among others. The outreach model aims to increase accessibility and uptake of SRHR services by supporting health facilities to provide services to the target population who would otherwise have limited or no access to the services.

Conducting community-based outreaches to address barriers to access

The community-based outreaches provide a number of health services for hard-to-reach adolescents and youth in a setting outside the usual static health facility. The approach is intended to overcome barriers to access due to long distance to health facilities, lack of information among youth, stigma and limited availability of youth-friendly services. The outreaches are recreating a smaller version of a normal health facility and offer an integrated package of services, including health education, family planning, HIV/STI screening and testing, vaccinations, antenatal and postnatal care, GBV risk and response assessments as well as linkage and referrals for more complex services given that only a limited number of health services can be attained through the outreaches. Instead of waiting for young people to come to the health facility, the outreaches take the health services to sites where young people are and gather naturally. The sites may be near a school, work place, market place, leisure centre, tradition centre, sports ground, religious centre or institution among others. These services focus specifically on responding to the needs of young people and are delivered in a youth-friendly manner, for example ensuring service delivery by a trained health worker and provided in a comfortable and non-judgemental space that observe confidentiality and is welcoming to the young people.

The Ministry of Health (MOH) and partners are supported by UNFPA to conduct community outreaches in West Nile and Acholi sub-regions, covering the districts of Adjumani, Agago, Amuru, Arua, Kitgum, Koboko, Lamwo, Madi-Okollo, Maracha, Moyo, Nebbi, Obongi, Pakwach, Yumbe and Zombo. Prior to each round of outreaches, national and district teams undertake preparatory activities and decision-making to achieve the goals of the outreaches. These include; planning meetings, site selection, site organisation and social mobilisation among others. In order to increase the reach of young people, the district health department uses various strategies and communication channels such as using

radio talk shows, radio spot messages, local leaders, peer educators and members of the Village Health Teams (VHTs) to disseminate information about where to access sexual and reproductive health services. The outreaches are conducted in both host communities and refugee settlements, including special outreaches conducted in the late evenings specifically targeting sex workers.

Benefits of community outreaches:

- Reaches vulnerable young people where they are
- Improves access to and uptake of integrated SRHR/GBV/HIV services
- Promotes integrated youth-friendly SRHR service delivery
- Reduces stigma and discrimination associated with accessing SRHR services
- Links young people to appropriate health service providers
- Supports use of innovative approaches in SRHR programming



Increasing access to and uptake of SRHR services among young people

With support from the Ministry of Foreign Affairs of Denmark through the Royal Danish Embassy in Kampala, the integrated SRHR community outreaches for adolescents and youth have been ongoing since 2018 under the Women, Adolescents and Youth Rights and Empowerment (WAY) programme. It took some time for the outreaches to gain momentum, but given the growing popularity among the young people, implementing teams at both national and district level have shown increased ownership of the outreach agenda and commitment to ensuring the success of the outreaches. The trends over the rounds of outreaches conducted this far have been promising, and the outreaches have revealed great potential in increasing access, awareness and uptake of SRHR/HIV/GBV services for vulnerable adolescents and youth in hard-to-reach community settings.



The most popular services among young people have been HIV/STI screening and testing, followed by demand for contraceptives.

In 2019, outreach activities under the WAY programme successfully surpassed the annual targets, as more outreaches were conducted and more young people were reached than originally planned for. A total of 80 outreaches (target: 64 outreaches) were conducted in 2019 and reached a total of 77,639 people, of which 63,455 were aged 10-24 years (target: 19,200 young people). It is noteworthy that on an average, young people formed 82% of the total clients being served during the outreaches. Though other population groups (men and women older than 24 years) have benefitted from the services, the outreaches have proven effective in reaching the targeted young population. The most popular services among young people have been HIV/STI screening and testing, followed by demand for contraceptives. In total, 5,942 young people received contraceptives during the outreaches in 2019. The highest demanded contraceptives among young people were condoms, pills, emergency pills, injectables and implants.

The outreaches under the WAY programme have eventually led to integration of the model into the National Implementation Guidelines for Community-based Integrated SRHR/HIV/GBV Health Service Delivery and Outreaches for Adolescents and Young People.⁵ The national guidelines developed by MOH in 2019 are based on the outreach model under the WAY programme, and the document is now continuously updated to be used nationwide. In addition, other UNFPA programmes have now incorporated the outreach model within their interventions.

Lessons learned

- 1. Coordination and defined roles:** Clearly defined roles between district health teams and national teams facilitates expectation management, enabling a sense of ownership, responsibility, and mutual accountability.
- 2. Involvement of district staff:** Involvement of health workers and district staff in preparation and decision-making strengthens ownership and sustainability of the outreach activities as well as increases the reach of the target population. Successful measures have included demand generation activities and promotion of the outreaches through various communication channels such as audio-visual vans, radios and use of local leaders, members of VHTs and peer educators to popularise the outreaches for young people.
- 3. Health education sessions:** Health education sessions are an important component of the outreaches, as they not only offer critical information on sensitive topics, but also they ease waiting time for the young people during the outreaches.
- 4. Engagement of local communities:** Engagement of local communities as part of social mobilisation efforts is important in increasing the popularity of the outreaches, particularly in districts with refugees where young people speak multiple languages. Local community members have also been successfully involved in setting up the sites and acting as interpreters in health education sessions and designing posters in local languages.
- 5. Innovation and flexibility:** The moonlight outreaches organised late in the evening effectively reach Sex Workers (SWs), one of the most constrained population groups in accessing timely SRHR services. Unlike the usual outreaches, the moonlight outreaches provide services at a more convenient hour and in places where SWs are. These outreaches are usually organised in consultation with the leadership of the SWs who support with the mobilisation, site selection and attaining necessary permissions and security.
- 6. Linkage between education and health departments:** Engagement of District Education Officers (DEOs) to officially announce and mobilise for the outreaches enhance participation of schools and students. This commitment has led to teachers and students helping in setting up sites and offering space at schools to facilitate clinical services in a confidential manner. Engagement of DEOs paved the way for better communication and linkages between educational and health departments.
- 7. Integration of music and sports:** Several districts and partners learned to successfully integrate music and sports activities to attract young people to the outreach sites. Some used local artists to stage mobile music performance in urban centres through public address systems mounted on pick-up trucks, while others used local drama groups and games.



Accelerating efforts to reach young people

In order to accelerate efforts to reach vulnerable young people in hard-to-reach settings and to advance the outreach model for increased access to SRHR information and services, the following actions are recommended:

- Strengthening and scaling up provision of outreaches and youth-friendly integrated SRHR/GBV/HIV service delivery, including family planning and GBV prevention and response, to national coverage.
- Enhancing involvement of health workers and district staff in preparation and decision-making of the outreach activities to ensure ownership and sustainability.
- Ensuring good on-ground coordination and clearly defined roles between partners and implementing teams to realise a sense of ownership, responsibility and accountability.
- Engaging community leaders and key influencers, including cultural and religious leaders, as part of social mobilisation efforts to increase popularity of outreaches and reach of the target population.
- Using various communication channels such as mass media, radio, audio-visual vans, village health teams and peer educators with standardized messages tailored to specific target audiences, including hard-to-reach vulnerable adolescents and young people.
- Linking education and health departments for mobilisation and logistic collaboration in order to increase participation of schools and students.
- Using innovative and flexible approaches to provide services in places and at hours that are more convenient for specific vulnerable groups in a similar way to the moonlight outreaches.
- Advancing entertaining activities such as music, dance, drama and sports to attract young people to the outreach sites.

Conclusion

Considering that young people represent a vulnerable and underserved population group, the integrated SRHR community outreaches have proven effective in reaching the hard-to-reach adolescents and youth who would otherwise not have access to services. In order to advance the outreach model, an integrated approach to service delivery and a strengthened partnership with MOH in ensuring increased and sustained provision of youth-friendly SRHR is recommended.

References

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