



# RIGHT(S) HERE: DELIVERING SRHR UNDER COVID-19

## SUPPORTING POLICY-/AND DECISION MAKERS TO LEAD DIFFERENTLY: A NEW LOOK AT VULNERABILITY AND DATA FOR DECISION-MAKING

### Increasing Trend of Women Receiving Post-Abortion Services in Uganda, What Are the Implications?

Abortion – whether spontaneous or induced, can be unsafe leading to death and injury for women. Abortion complications are one of the main causes of maternal mortality and morbidity. Worldwide, the World Health Organization (WHO) estimates that 67,000 women, mostly in developing countries, die each year from untreated or poorly treated abortion complications. Globally, an estimated 121 million unintended pregnancies occur each year (WHO 2020). In Uganda, most abortions are the result of unintended pregnancy which stand at 52%. Additionally, a quarter of these unintended pregnancies end in abortion each year (Guttmacher Institute 2017).

Despite significant reductions in pregnancy-related deaths over the past decade in Uganda; from 524 deaths per 100,000 live births in the 2000-01 UDHS to 368 deaths per 100,000 live births in 2016 UDHS, the high number of maternal deaths remains a public health challenge. A 2019 report by the Ugandan Ministry of Health shows that abortion related complications accounted for 5% of maternal deaths.

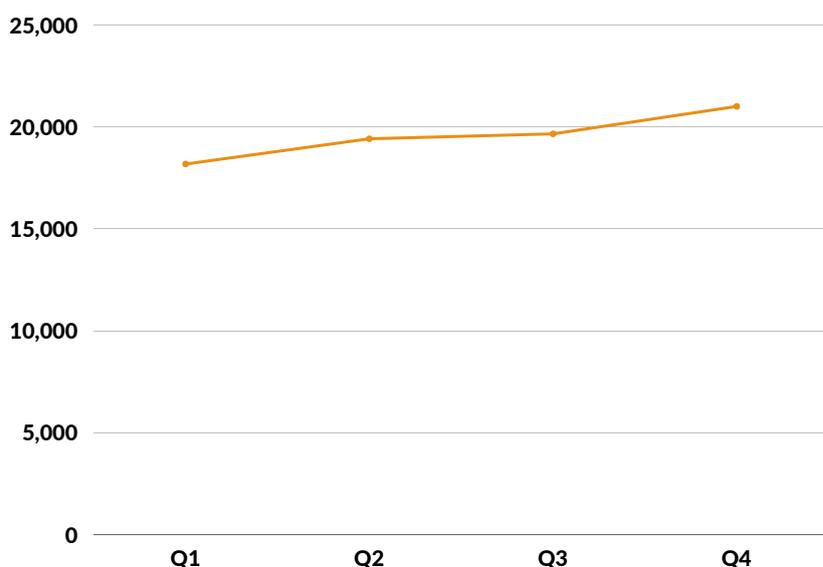
The ICPD 1994 recognised women’s rights to reproductive and sexual health, the right to decide freely and responsibly – without discrimination, coercion and violence, the number, spacing and timing of their children, and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe abortion, and timely care for complications - WHO.

## What Does the Data in Uganda Show?

Analysis of data from the Health Management Information System (HMIS) shows an increasing trend in number of women receiving Post-Abortion Care (PAC) services in health facilities in 2020 (during the COVID-19 pandemic) - see figure below.

### Post-Abortion Care Numbers (2020)



Its also worth noting that 3% of these cases were due to GBV. Decomposing the national figures by district, shows that Kampala in Central region, Wakiso - Central region, Gulu - Northern region, Pader Northern region, have the highest numbers of women receiving post-abortion care services in 2020.

Regional comparison shows that the Central (31.8%), Western (21.6%) and Eastern (21.5%) regions have the highest number of women receiving abortion care services during the the same period. Comparison of regional abortion figures, with data of unmet need for family planning shows some consistency in some of these regions especially the Northern and Eastern regions that have relatively high rate of unmet need according to the UDHS 2016.

Comparison with GBV incidence figures shows some level of consistency in some regions especially Northern Uganda, that had the highest incidence of GBV in 2020 (MOGLSD-NGBVD).

Similarly, comparison of regional abortion care figures, with regional poverty figures shows consistency in some regions as the Eastern (36%) and Northern (33%) regions have the highest poverty incidence, indicating further vulnerability.



## Economic Impact

In addition to the deaths and disabilities caused by unsafe abortion, there are major social and financial costs to women, families, communities, and health systems (WHO).

WHO estimated that in developing countries, the yearly cost for health systems include:

- US\$ 553 million for treating complications from unsafe abortion.
- US\$ 6 billion for treating post-abortion infertility.
- A need for an additional US\$ 373 million, if unmet needs for treating complications from unsafe abortion were to be met.

Unsafe abortion can also lead to short and long-term financial costs for women and ultimately entire families and communities. Annual cost estimates for developing countries include:

- US\$ 200 million in out-of-pocket expenses of individuals and households, for the treatment of post-abortion complications, in sub-Saharan Africa alone.
- US\$ 922 million in loss of income as a result of long-term disability, due to infertility or pelvic inflammatory disease caused by unsafe abortion.

## Policy Recommendations

The data on increasing number of women seeking post abortion care services indicates a need for greater action to reduce the negative impact on health and social economic outcomes of women and girls, and health system as a whole.

- There is an urgent need for efforts to prevent unwanted pregnancies in order to reduce the need for abortion by increasing access to Sexuality Education and access to contraceptives. The interventions need to consider the regional inequalities in SRHR.
- Strengthen Health Care system to ensure the early identification of abortion complications and easy access to treatment for women suffering those complications.
- Expansion of safe abortion services and for proper training and resources for providers of abortion services.
- Continued investment is needed to ensure access to the full spectrum of high-quality sexual and reproductive health care. A comprehensive package of essential sexual and reproductive health services, including contraception and safe abortion care, needs to be included in national health care system.
- Data shows consistency in increase in abortion care seeking behaviour with GBV and poverty levels. There is need for comprehensive approach to address these interlinked challenges to effectively improve health and economic outcomes of women and girls.
- Evidence shows that in countries that restrict abortion, the percentage of unintended pregnancies ending in abortion has increased during the past 30 years from 36% in 1990–1994 to 50% in 2015–2019 (Guttmacher Institute 2020). Upholding commitments to sexual and reproductive health and rights would result in better outcomes, and is necessary to achieve the targets set forth in numerous global commitments and goals e.g ICPD.



*52% of abortions in Uganda are as a result of unintended pregnancies*

### What this Trend of Increasing Abortions Means

- The trend is a reflection of the rising unmet need for FP for these women and girls.
- Increase in unintended pregnancies.
- Poor access to SRHR services and information especially by the young people.
- Challenges in SRHR service availability.
- Challenge of quality of SRHR care.

### What are the Opportunities?

- Advocacy for alternative mechanisms for distribution and scaling up use of Family Planning and information among different age groups.
- Advocacy for more investment in capacity of facilities to offer Post Abortion Care FP to tap in the ready demand that presents to the health facilities for care.
- Opportunity to strengthen integration of FP in PAC.
- Improve quality of health care at HFs to prevent these outcomes.

# COMMUNICATING AND PARTNERING FOR SOCIAL CHANGE: DIVERSITY, PARTICIPATION AND INCLUSION

## Partnerships Yielding Impressive Results to Reduce GBV/VAWG in Uganda

Early in the COVID-19 pandemic, there was a significant increase in Gender Based Violence (GBV) in Uganda. For example, over 70% of the GBV cases were registered within the first six months of 2020, following the lock down and other COVID-19 control measures. With multi stakeholder partnership by government, UN agencies, CSOs and funding by development partners, UNFPA, has implemented a number of interventions under its different programmes - EU Spotlight Initiative, UN Joint Programme on Gender Based Violence (UNJPGBV), ANSWER programme funded by Netherlands, Austrian Development Agency (ADA), to address the increasing cases of GBV and Violence Against Women & Girls (VAWG), through the COVID-19 pandemic.

The interventions include; strengthening implementation of existing laws and policies to more effectively protect the rights of women and girls, and address barriers to women's and girls' access to essential services and SRH services, strengthening capacity of relevant institutions (ministries, departments and agencies including education, health, justice, police, culture, security, etc) to implement laws and regulations to prioritise actions reducing VAWG; promoting gender equitable social norm change interventions and enhancing access to quality integrated GBV and SRHR services during the pandemic.

### Key Results

#### Strengthening Legislative and Policy Frameworks for VAWG/HP

- In 2020, UNFPA engaged with the Government of Uganda to ensure that the crucial policies for preventing VAWG are developed/in place: the SRHR policy was approved by the Ministry of Health (MOH).
- UNFPA facilitated the presentation of a joint statement on teenage pregnancy by the ministries of gender, health and education to H.E. the President, which resulted into issuance of the Ministry of Education and Sports (MoES) policy guidance/circular directing schools to accept pregnant girls to continue with schooling once schools re-opened.
- At district level, 7 districts were supported to develop ordinances on alcohol abuse, GBV prevention and promotion of Sexual Reproductive Health and Rights (SRHR).
- UNFPA facilitated the National Planning Authority (NPA) to assess the level of integration of VAW/G and SRHR in the District work plans and Budget framework papers, in order to step up informed advocacy in parliament, Ministry of Finance Planning and Economic Development (MoFPED), line ministries and in districts to allocate funding to specific areas and provide clear budget lines for VAW/G and SRHR issues.



## Ensuring access to quality integrated GBV and SRHR services during the pandemic

- Access to justice; In collaboration with the UNJPGBV, the Global Programme to End Child Marriage, and Austria Development Aid, the Spotlight Initiative, supported fast track disposal of SGBV cases through 14 special court sessions leading to disposal of 629 Violence Against Women/Children (VAW/C) cases out of the 730 cases listed in 7 districts.

- Access to SRHR services;

1. Over 1.8 million women and girls accessed various SRH services while access to life-saving GBV services within 72 hours averaged at 85% with some districts (Kampala, Kitgum and Tororo) ranging between 90% and 100% through routine services.

2. UNFPA partnered with private sector actors – Safeboda; and government, to support continuity of essential SRHR services. With joint financing from the Spotlight and UNJPGBV, over 1 million free condoms to vulnerable populations living in densely populated slum areas of Kampala were distributed, and a personal E-health platform was established which enabled clients to order reproductive health supplies i.e. female and male condoms, emergency contraception (ECP), pregnancy test kits, and menstrual health supplies online, registering 8,720 deliveries, 40% being ECP ordered by young people aged 13-19 years.

3. A total of 180 Midwives were trained on the continuity of essential services for management of pregnant and breastfeeding women and their infants; as well as access to modern contraceptives; provision of SRH, HIV, GBV during COVID-19.

4. Another 20 health workers were trained on mental health service provision as a response mechanism to COVID-19 pandemic cases that were on the rise; and to people highly affected by the Government COVID-19 measures including the 5-months lock down.



## Prevention and Social Norm Change

- A total of 4,200,000 people were reached with GBV and SRHR messages including door-to-door counselling of the most affected homes.
- Through the Spotlight Initiative, UNFPA supported roll-out of 2 Apps – GetIN and SafePal, which facilitated mapping of 1,347 young mothers in Kampala and SafePal reached 500,000 young people with information and facilitating GBV referrals during the COVID-19 lock down.
- Rollout of Sexuality Education: UNFPA facilitated the training of 364 teachers at regional level on the new lower secondary school curriculum with sexuality education, and orientation of 126 head teachers on the new curriculum, in preparation of the schools re-opening.
- In addition, guidelines were developed: on formation of school clubs, guidelines for senior women and men teachers, re-entry of teenage mother's guidelines, guidelines on prevention of teenage pregnancy, and sexuality education readers for upper primary to further enhance implementation of the Sexuality Education Framework (SEF) in schools.
- UNFPA through Spotlight Initiative supported the re-design of the Empowerment and Livelihoods for Adolescents (ELA) curriculum to integrate sexuality education for out of school young people.

5. Seven midwives were deployed in three districts (Arua, Kasese and Tororo - Malaba) to support provision of SRHR essential services targeting Refugee, border and flood affected districts, where COVID-19 cases were on the rise; and also to those highly affected by the Government COVID-19 measures like the 5-months lock down.

6. Evidence generation for action against VAWG. Continuous analysis of the Uganda Demographic and Health Survey data sets (2006-2016) was done to understand patterns, underlying causes of different forms of violence against Women and Girls in Uganda to support evidence based GBV response interventions.

## Lessons Learned

- Integrating GBV services among continuity of essential health services, and sustaining national GBV coordination during the COVID-19 pandemic contributed to reduction in GBV incidence.
- The COVID-19 pandemic and the resulting lockdown measures inspired innovations to sustain delivery and access to essential integrated GBV/SRHR services – GetIN, SafePal, SafeBoda partnership, fuel vouchers, outreaches, and development of the online training programme and materials on quality of care for health workers.
- Availing PPEs helped to continue community level and SRHR/GBV service delivery activities.

## Policy Recommendations

- Advocacy for alternative mechanisms for distribution and scaling up use of Family Planning and information among different age groups.
- Advocacy for more investment in capacity of facilities to offer Post Abortion Care FP to tap in the ready demand that presents to the facilities for care.
- Opportunity to strengthen integration of FP in PAC.
- Improve quality of health care at HFs to prevent these outcomes.

## The Impact

Analysis of data shows the trend of GBV significantly reduced - see figure below;

### Trend of GBV incidence Jan-December 2020



Source: MGLSD, NGBVD

- This reduction is attributed to the heightened action by stakeholders (government, partners and CSOs) to address the rising cases of GBV in the early phases of the COVID-19 pandemic. The leading forms of GBV are: denial of resources, physical assault, psychological abuse and defilement.
- Analysis by gender shows females still account for the most GBV cases at 80% compared to men (20%). Regional comparison shows Northern (25%) and Eastern regions had the highest GBV incidence in 2020.

# INNOVATING AND ADAPTING TO CONTINUE THE DELIVERY OF RIGHTS

*Approximately 1,519 women and girls were trained on Menstrual Hygiene Management (MHM) and making reusable sanitary pads in the districts of Adjumani, Lamwo, Madi-Okollo, Obongi and Yumbe.*



## The Social Innovation Incubator in 10 Districts

The Women, Adolescents and Youth Rights and Empowerment (WAY) programme supported 33 young people in seven (7) teams to develop break-through solutions that address SRHR and GBV bottleneck in their communities.

The teams were further tasked to rethink their business models in light of the pandemic situation as well as further measures that could be sustained well into the future because of the pandemic. The businesses from cohort 1 were able to reach 1,760 individuals (40% males; 60% females), while 800 individuals were indirectly reached through VHTs.

[Continue Reading>>](#)

## Women Mentors Support Other Women and Girls

Women mentors are engaged to mentor and support other women and girls to ensure reduction in teenage pregnancy and school dropouts. The purpose of the mentorship programme is to create linkages between all community platforms created under the WAY programme and to health centres, while strengthening the humanitarian-development nexus by involving women mentors in both host communities and refugee settings.

By 2020, 750 women mentors were active in the 10 districts and had reached approximately 31,000 girls and women. In 2020, a total number of 212 women mentors were trained.



## Male Action Groups (MAGs)

The Male Action Groups (MAGs) support engagement of men and boys as role models, agents of change, clients and mentors of men and boys in GBV prevention, promotion of gender equality, human rights and SRHR and link survivors to services. Role model men are guiding households on parenting, family planning, alcohol/substance abuse, land disagreements, cases of sexual and gender based violence and child neglect.

- In 2020, a total of 105 Male Action Groups (MAGs) were functional across 10 districts. An estimated 1,500 role model men were active and engaged in MAGs.
- The MAGs have reached 4,320 households in their communities during 2020, which translates to approximately 21,600 people when considering an average household size of 5 people reached.
- Anti-alcohol activities and campaigns were conducted as part of COVID-19 risk communication and as part of the commemoration of the 16 days of activism on GBV. The anti-alcohol activities reached a total of 2,848 people in 2020. [Continue Reading>>](#)



## Integrated SRHR Outreaches in Hard-to-Reach Communities

In response to increased demand for SRHR, FP and GBV services, the MOH supported technically by UNFPA and other partners, developed guidelines for continued provision of quality essential health services. The outreaches were held to maintain continued provision of quality essential health service delivery, particularly in ensuring prevention of maternal and infant deaths, continuity of family planning, ANC, skilled and clean delivery, immunization services and GBV response services given that a majority were experiencing challenges in reaching the health facilities during the lockdown.

- In 2020, a total of 193 outreaches were held in the 10 target districts by MOH with District Local Governments taking lead in the planning and execution of the outreaches.
- A total of 79,311 people were reached with SRHR information and services during these outreaches, of which 71,380 (90.6%) were young people aged 10-24 years.
- The highest demanded SRHR services among young people (10-24 years) were HIV counselling and testing, family planning and STI testing. Overall, 14.1% of young people at outreaches received family planning services and counselling.

**\$ 1,768,998**

*Worth of PPE  
procured and  
disbursed*

### Door to door Delivery of RH Commodities

- 34 SRHR pharmacies on boarded on the SafeBoda platform as vendors in Kampala as of April, 2021.
- 340 SafeBoda drivers trained in safe-SRHR product service delivery as of April, 2021.
- 1,301 SRHR orders completed on the SafeBoda platform by April, 2021.
- 1,138 customers have purchased SRHR products via SafeBoda as of April, 2021.
- 197 product Stock Keeping Units (SKUs) made available to customers.

### Convenient Access to RH Commodities Online

- 38,500 people reached with SRHR information through online promotion.
- 2,200 people bought RH products referred through the online campaign.
- 43 Jumia Staff trained on GBV and SRHR.
- 15 pharmacies on-boarded to sell/distribute RH products.

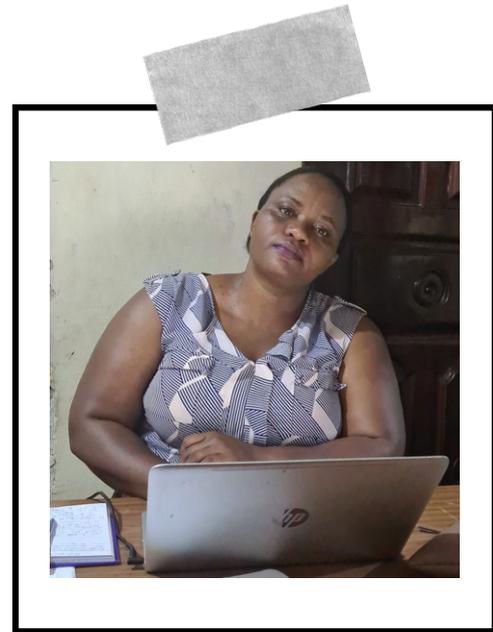
# WEATHERING THE STORM

## Staff Stories on Delivering Services Amidst the COVID-19 Pandemic

### HARRIET NDAGIRE

In March, 2020 when Uganda registered the first COVID-19 cases, no one expected the situation to last this long or the drastic changes it would cause. Unfortunately for me, the situation worsened when I tested positive for COVID-19 in December. This triggered a rollercoaster of emotions – panic, disbelief, fear, pain and anxiety, to me and my family. Not disregarding that it occurred during an extremely busy time, with end of year work planning, reviews and donor reporting deadlines among others. This was not fun. With house isolation, enlisted don'ts (don't come near me, don't share a room, etc) plus intensive mask use, sanitizing, taking concoctions every after 3 hours, chest and cough exercises and daily spraying of my house. This was all very challenging. My children could not understand all this, especially my 5-year-old daughter.

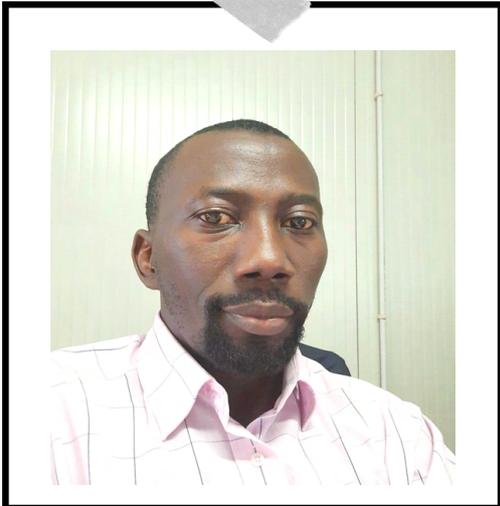
I am grateful to the Country Representative for his check-ins, and support from my colleagues and IOM doctors. Though some symptoms like loss of taste and appetite are still present, I thank God for the gift of life. All in all, working from home can be hard, hence the need for proper self-management, high level of prioritization and remaining focused and motivated.



### ROBERT MUSOKE

The lockdown found me in Moroto where I stayed to support districts in the delivery of lifesaving activities and ensuring women and young people continue accessing SRHR & GBV services even amidst COVID-19 pandemic. However, ensuring service delivery was a challenge due to restricted movements. It was a trying moment knowing our services as UNFPA were needed at community level but would not be availed to address maternal and child health concerns on time, GBV incidences because of the breakdown in the protective system.

Despite the circumstances, Richard Akena and I kept encouraging each other. We would prepare our meals and eat together, living on hope amidst the uncertainty. The other area of concern was the uncoordinated messages on COVID-19, these messages were causing anxiety and stress. I am glad UNFPA management realized the impact of these ambiguous messages and once in a while we would get check-in calls which kept us strong.



### LISA HARTWIG

It was challenging to adjust to working from home full time when so much of my joy at work involved working with colleagues together at the office. I loved running into colleagues in the corridors or in the kitchen when I was making my daily coffee (I was the "coffee girl!"). We would catch up about how we were doing or our families and health. Now that I have to work from home alone, I still make my coffee but reminisce about when it could be a shared joy. These days I try to use a shared work space at my university in Tokyo a few days a week so that I do not become too isolated.

Having a safe working environment and taking care of my physical and mental health is the best way I can continue delivering at work. I highly encourage colleagues to maintain a workout or walking routine in order to release some of the anxiety and stress of social distancing. By taking care of ourselves, we can take care of each other and deliver our best to the beneficiaries who need our valuable work amidst the pandemic.

