

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

UNFPA COVID-19 RESPONSE THUS FAR

9,241,742 Total amount of funds allocated towards the COVID-19 response



Period

April - December 2020

55 Total districts supported



- 4 Central
- 11 West Nile
- 9 Karamoja
- 10 North
- 8 South West
- 13 East

29,767 Births attended by skilled health personnel



4,976 Women provided with Emergency Obstetric Care

67,225 Women & men that received family planning services

156,117 Women received ANC services

66,711 Mothers provided with postnatal services

10,125 Number of women & young people that received GBV services



- 1,917 Refugees
- 8,208 Nationals

754,827 People reached with COVID-19 SRHR Information



- 328,403 Refugees
- 426,424 Nationals



INNOVATING AND ADAPTING TO CONTINUE THE DELIVERY OF RIGHTS

The COVID-19 pandemic and associated response has had significant downstream effect on the accessibility and availability of SRHR services, and indirectly caused morbidity, mortality and other negative SRHR consequences. The overwhelming demands of the COVID-19 pandemic have resulted into resources and staff being diverted from routine health care services, infection of health care staff leading to reduction or suspension of essential services in some health facilities. Government restrictions on movement and community gatherings also disrupted the delivery and access to life-saving care.

From the onset of the pandemic, UNFPA closely monitored delivery of SRHR services to identify changes in service utilization early on and initiate strategies to minimize impact of the pandemic. Evidence from district health service data, showed a downward trend in key SRHR indicators (Maternal mortality, ANC attendance, Health facility deliveries, Family planning use), in the first months of the Pandemic -March and April 2020.

These limitations in service availability and utilisation suggested an urgency by UNFPA to think about innovative strategies to maintain delivery of SRHR services to mitigate the health impact of the epidemic. UNFPA supported district local governments to re-organize their health care delivery models, to safely maintain access to high quality SRHR services in the pandemic context.



ENSURING CONTINUITY OF SRHR SERVICES

The Government of Denmark through the Danish Embassy extended a grant to UNFPA to ensure continuity of SRHR services during the pandemic.

Provision of Personal Protective Equipment (PPEs). UGX 1,697,404,770 worth of PPEs were procured and distributed to 46 UNFPA supported districts to ensure health workers have protection to safely provide SRHR services. They include face masks, hand sanitizers, aprons, gloves, soap, gumboots, among others.

Provision of Transport Services. UNFPA has provided fuel worth 509,133,060 UGX to 32 districts to facilitate mothers' access to services and critical health workers to reach health facilities. An ambulance was also given to Yumbe, a refugee-hosting district to strengthen referral and access to emergency services.

ADDRESSING GENDER BASED VIOLENCE

With emerging evidence indicating an increase in cases of Gender Based Violence; domestic violence and defilement forming the majority of cases reported at 8,065, UNFPA has responded by (among others);

- Training Uganda Police on GBV prevention in 14 districts.
- Facilitating the GBV Special court sessions through the Ministry of Justice where GBV cases experienced during the COVID-19 lock down period are tried.
- Supporting functionality of GBV shelters.
- Contextualizing referral pathways to the COVID-19 pandemic and the government response structure.
- Delivery of integrated GBV/HIV/SRHR camps in hard to reach districts.
- Supporting the functionality of the SAUTI and National GBV Database to support data collection of GBV cases.

ENSURING THE SUPPLY OF MODERN CONTRACEPTIVES AND OTHER REPRODUCTIVE HEALTH COMMODITIES

UNFPA continues to procure and ensure delivery of contraceptives plus other reproductive health commodities to communities. It also conducts pipeline monitoring and stock availability at both central warehouses and service delivery points. With this support 159,498 female condoms, 942,488 injectables and 949,664 oral contraceptives were issued.

UNFPA constantly engages the Ministry of Health and Joint Medical Stores to certify availability of contraceptives at health facilities while prioritizing regions with low stock levels and humanitarian settings. Redistributions at both national warehouses, within and among districts are also done to guarantee optimum stock levels.

MOTORCYCLE TAXIS DELIVER CONDOMS TO COMMUNITIES DURING THE COVID-19 PANDEMIC

UNFPA and SafeBoda, a ride-hailing company launched an e-Shop that has enabled people in Kampala and Wakiso districts (central region) order and receive reproductive health commodities such as condoms, contraceptive pills, HIV test kits, pregnancy test kits and Mama Kits. Furthermore, free condoms are being delivered conveniently and privately at consumers' doorsteps by SafeBoda riders. This has seen an improvement in access to reproductive health services that had been hindered by the lockdown and restrictions on movement. [Continue reading>](#)



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



SUPPORTING THE NDPIII DEVELOPMENT PROCESS TO IMPROVE SRHR SERVICES

UNFPA provided strong evidence that was used during the NDPIII planning process using its evidence based models, especially the demographic dividend that enabled government and stakeholders to appreciate that the realisation of Uganda's development targets can only be achieved by harnessing the potential of its youthful population, which is 78% of the total population. Through its strong partnership with government ministries and agencies, development partners and civil society, UNFPA was able to conduct successful advocacy at the highest levels of government to mobilise support for prioritisation of SRHR issues in the new government development framework for the next five years (2020/21-2024/25).

The Impact

The government of Uganda has prioritized SRHR among the critical areas for investment over the next five years (2020/21-2024/25), to achieve its overall development goal of increased household incomes and quality of life. Specifically, the following SRHR interventions and commitments have been highlighted by the government of Uganda for investment, which further advance the UNFPA mandate in Uganda.

a) Sexual Reproductive Health & Rights

- Increase access to Sexual Reproductive Health and Rights (SRHR) with special focus on family planning services and harmonised information.
- Reduce unmet need of family planning from 28% to 10%.
- Increase Contraceptive Prevalence Rate (CPR) from 35 to 50%.
- Reduce teenage pregnancy rate from 25% in 2016 to 15%.

c) Adolescents and Youth

Improve adolescent and youth health through;

- Providing youth-friendly health services.
- Establishing community adolescent and youth-friendly spaces at sub county level.
- Including youth among the Village Health Teams.

b) Gender Equality and Women Empowerment

- Reduce domestic violence.
- Implement a National Strategy against Child Marriage and Teenage Pregnancy.
- Promote women's economic empowerment, leadership and participation in decision making through investment in entrepreneurship programmes.
- Reduce gender gap index from 0.523% in 2017 to 0.8%.
- Scale up Gender Based Violence (GBV) prevention and response interventions at all levels.
- Support Gender Equality and Equity Responsive Budgeting in all Sectors and Local Governments.
- Implement a National Male Involvement Strategy in promotion of gender equality.



INFLUENCING UNSDCF DEVELOPMENT PROCESS

With Sexual Reproductive Health priorities included in the government development plan for the next five years, UNFPA engaged the UN Country Team to ensure that the NDPIII SRHR priorities are integrated in the joint workplan of UN agencies during the UN Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 planning process. This was to allow effective implementation and coordination of overall UN support to government in implementation of NDPIII SRHR priorities.

"The signing of this cooperation framework is another welcome demonstration of the mutually beneficial relationship between the UN system in Uganda, the Government and people of Uganda," Prime Minister Dr. Ruhakana Rugunda said at the signing ceremony of the Framework. [Full statement>](#)

The Impact

The UN Country Team in Uganda through its Country Cooperation Framework (UNSDCF), has prioritised the following outcomes over the next five years 2020/2021-2024/25, that further advance UNFPA mandate.

By 2025,

- People, especially the vulnerable and marginalized, have equitable access to and utilization of quality basic social and protection services.
- Gender equality and human rights of people in Uganda are promoted, protected and fulfilled in a culturally responsive environment.
- Uganda has inclusive and accountable governance systems and people are empowered, engaged and enjoy human rights, peace, justice and security.

Conclusion

With the prioritisation of SRHR among the government and UN development frameworks over the next five years, the main focus for UNFPA will be to mobilise resources and partnerships, to ensure the planned SRHR interventions and targets are fully realised. This will also require UNFPA to engage stakeholders and governments to implement a strong accountability framework to ensure each responsible stakeholder delivers on their commitment(s).

SUPPORTING POLICY & DECISION MAKERS TO LEAD DIFFERENTLY:

A new look at vulnerability and data for decision-making



An estimated 21.4% of Ugandans are living below the poverty line, corresponding to 8 million people (UNHS 2016/17). Significant disparities exist with the incidence of poverty higher in rural areas (25% of population) than in urban areas (10%) and variations across regions. Income inequality across individuals and regions is high. Vulnerability to external shocks remains high, and the number of poor people continues to increase; for every three Ugandans who get out of poverty, two fall back in (World Bank 2020).

Impact of COVID-19

The COVID-19 pandemic has worsened the poverty situation. According to the United Nations analysis of the social economic impact of COVID-19 in Uganda, June 2020, national poverty rates could rise between approximately 2 and 8 percentage points depending on the scenarios under consideration. The increase in unemployment could increase poverty rate among wage earning households by 15.7% points. Potential impacts are likely to be most severe for the following SDGs: Eliminating Poverty (SDG1), Zero Hunger (SDG2), Good Health and Well-Being (SDG3), Gender Equality (SDG5), and Decent Work and Economic Growth (SDG8).

Emerging evidence indicates increasing cases of Gender Based Violence against women, girls and children as a result of limited incomes. Evidence also shows more GBV cases have been reported during the pandemic period - 8,750 through the National GBV Database; 93 child marriages, 741 defilement, 2,842 denial of resources, 27 Female Genital Mutilation, 117 forced marriages, 2,471 physical assault, 1,852 psychological abuse, 273 rape, 334 sexual assaults; 2,137 and violence against children cases through the Sauti reporting platform and 16,242 cases through the Uganda Police.

Potential impacts on expected results of the NDPIII include; loss of household incomes, the gaps in human development between sub regions, social economic and demographic groups in Uganda will widen, partly impacting the poor, vulnerable and marginalised groups. The impacts to health and the health sector will also widen this gap. Vulnerable and marginalised groups, including refugees will be disproportionately impacted across several critical dimensions and require additional support. The pandemic situation in the refugee settlements is expected to disproportionately impact women, children, older persons, persons with disabilities, medically at risk and other groups with specific protection needs.

Due to this poverty and vulnerability situation, women, girls and young people are likely to suffer worse reproductive health outcomes, and the key reproductive health indicators could be negatively affected; including maternal survival, early childbearing, unintended pregnancy, and large families.

UNFPA interventions to reach the poor and vulnerable populations during and after the COVID-19 pandemic.

Addressing SGBV

Addressing SGBV through multi-pronged initiatives;

- Heightened efforts with Initiatives for GBV prevention, risk communication and reporting during COVID-19 with other UN agencies.
- Supporting legal action on GBV.
- Supporting Judiciary and Police to conduct special courts to try GBV cases.

Adolescents

- Economic opportunities for youth innovation challenges and models.
- Economic empowerment programmes for women, girls and youth to have control of resources through Income Generating Activities (IGAs), policies and reduce (financial) dependency on husbands.

Increasing access and affordability for contraceptives

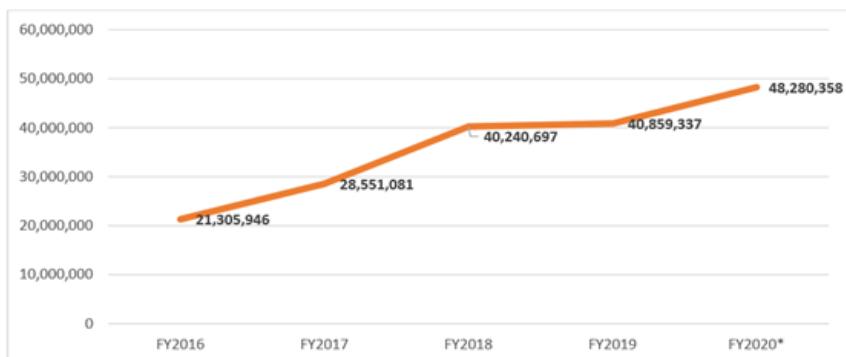
Investing more resources in Family Planning commodities.

- UNFPA has in 2020 invested 4,448,408 USD for procurement of FP commodities to ensure access to affordable family planning services by the poor.

Advocacy and partnerships for increased Family Planning financing.

- Supported Ministry of Health to develop the FP Advocacy Strategy.
- Supported Ministry of Health to develop FP Financing Strategy.

Total resources allocated to FP by both Government of Uganda and Donors (USD).



Strengthening supply chain management to ensure sufficient quantity to sustain method continuation and access.

- Last mile delivery of commodities to ensure different health facilities have what they need, monitor stock outs.

Taking services closer to the vulnerable populations

- Development of innovations to take commodities closer to population- SafeBoda condom distribution.
- Provision of transport vouchers to vulnerable populations including refugees during COVID-19 lockdown.
- Outreach service delivery: improving geographical access.
- Improving supply of medical equipment and supplies and human resources.
- Refurbishment of hospital maternity wards; Muyembe and Kawempe Health Center IV. [See Story Here](#)
- Human Resource- midwifery support (488 midwives deployed across the country).
- Ambulance support for Emergency Obstetric Care (EMOC) during COVID-19 to vulnerable women and girls.

WEATHERING THE STORM

Staff Stories on delivering services amidst the COVID-19 pandemic



WORK & HOMESCHOOLING

I am grateful that working from home has given me an opportunity to bond more with my children. Since they attend online classes we all agreed to sit at the same table so I can work while monitoring them. Once their classes end at 13:15 p.m, I go to my own room and continue with my work.

However, sometimes telecommuting is quite challenging because of the various meetings, conducting of oral interviews, and the unstable internet connectivity. Nevertheless, I try to make the best of this time by enjoying my children's company.

~Deborah Nakibira

FIT BODY=FIT MIND

The first month of telecommuting was not easy and my feet started swelling as a result of being glued to my work desk the whole day, trying to catch up with all the zoom meetings, responding to various emails, at the same time trying to meet deadlines.

To keep healthy and adjust to the 'new normal', we have routine family workouts from 6:40 a.m to 7:45 a.m, guided by the Zumba YouTube videos by Martha. The staff check-in meetings have also helped me to share my experiences and learn healthy coping mechanisms from colleagues.

~Roselline Achola

