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DELIVERING SRHR UNDER COVID-19

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

Partnering with Regional, National and District Local Governments to Protect Girls and Women at Risk of Female Genital Mutilation during and post COVID-19

In Uganda, the estimated prevalence of FGM in girls and women (aged 15-49 years) is 0.3% according to the most recent Demographic Health Survey (DHS, 2016). However, this trend seems to be changing over time. Data from the field showed an increasing trend with a regional prevalence at 27% for Karamoja and eastern districts (UBOS, 2017). Additionally, the UNICEF/UBOS policy brief report 2020 showed an average of 26.6% FGM prevalence rate across the six practicing districts, much higher than the national average.

Female genital mutilation (FGM) was outlawed in Uganda in 2010, as per the 2010 Prohibition of Female Genital Mutilation Act. Furthermore, there has been greater political commitment at the highest level to end FGM in Uganda, for example the commitment made by H.E. The President of Uganda to eliminate obstacles standing in the way of girls' empowerment like teenage pregnancy and child marriage, as well as all forms of gender-based violence (GBV) and harmful practices including FGM during the Nairobi ICPD meeting in 2019.

Notwithstanding the legal framework, female genital mutilation remains rampant, especially in the eastern region of Uganda among the Sabiny of Kapchorwa, Bukwo and Kween; the Pokot, Kadama and Tepeth of Amudat, Moroto, and Nakapiripirit districts in Karamoja with pockets of the practice among the migrant communities/refugees in the capital Kampala.

Female genital mutilation violates women and girl's fundamental rights to health, physical integrity, non-discrimination, social integrity and exposes them to other cruel, inhuman and degrading treatment other than the actual cutting.

Impact of the COVID-19 pandemic

UNFPA globally, estimated that 2 million FGM cases would occur due to the COVID-19 pandemic related disruptions in prevention programmes, over the next decade that would otherwise have been averted. The trend may not be different from Uganda.

During the COVID-19 lockdown, a total of 955 FGM related cases were reported for the period January-December 2020 (National GBV Database). In addition, reports such as from Kween district, indicated that 8 girls had undergone mutilation during the first three months of lockdown (March – June 2020), whereas in Karamoja a total of 68 girls were reported cut from with in Karamoja and the neighbouring country in Kenya. In addition, 81 girls (FGM survivors) were rescued with the help of community surveillance and policing interventions.

Strengthening coordination, national and district government's structures, and systems to address FGM prevention, management and protection during C0VID-19

- Regional coordination was enhanced in areas of policy and legislation and accountability; UNFPA in collaboration with Ministry of Gender, Labour and Social Development (MGLSD) supported nine (9) cross border meetings of duty bearers. This promoted accountability and collaboration between the two countries (Uganda and Kenya) in re-enforcing the FGM law and strengthened surveillance, policing and tracking of cross border commitments and actions to end FGM.

- Further, a high-level cross border interministerial meeting between Uganda and Kenya was held where information was shared and commitments made to collaboratively prevent FGM through sharing information and providing response services such as witness protection, legal aid, shelter and medical assistance, as well as lobbying through the Regional Economic Communities and Regional Mechanisms like the EAC and IGAD to establish/implement policy and legislation.

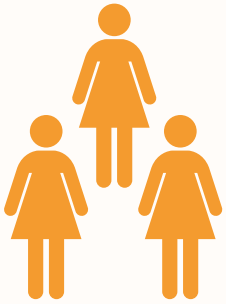
- Intensified policy dissemination using appropriate modalities within the COVID-19 context. These included radio talk shows by the local leaders like police officers, cultural leaders, religious leaders, community development officers among others. Using Sebei and Karamoja based radio stations, the leaders were able to disseminate the FGM act to an estimated 50,000 listenership in the region.

- Social norm change approaches such as inter-generational dialogues, men and boy's engagement, youth interface with policy makers, religious and cultural leader's engagement as fountains of change were a pivot to advance the rights of girls and women amidst the COVID-19 pandemic.

UNFPA interventions implemented for empowerment of girls and women to eliminate FGM during COVID-19

Capacity building was extended to young people where approximately 900 girls benefited from skilling programmes supported by UNFPA. The 900 girls, and women across the region graduated after completing a capacity development package. Of these, 184 women were linked to the Uganda Women Entreprenuership Programme (UWEP), 478 women linked to EMYOOGA (a new Presidential initiative) for community economic empowerment in addition to back to school campaigns including re-entry to school for pregnant girls.

16 new communities made public declarations abandoning FGM



826 girls and women received FGM preventive services and protection and care services during COVID-19

16 communities in the 3 Sebei districts, made declarations to end FGM in 2020.

These were Kwosir, Binyiny, Moyok, Kitawoi, Benet, Kokwobalit village in Kitawoi sub county, Mengya Benet sub county, Kurot in Kwanyiy sub county and Tukumo village in Binyiy Sub Counties in Kween, Kortek, Brim, Chepkwasta, Riwo and Kabei sub counties, in Bukwo district and Kwoti and Tumboboi in Kapchorwa Districts.

Through the 16 communities a total of 1,277 individuals, 701 female and 576 males were reached and eventually accepted and pronounced to end female genital mutilation in the different foras.

A total of 955 (826 females and 129 males) GBV/FGM related cases were reported in the three districts of Kapchorwa, Kween and Bukwo.

Of these, 57% received social protection, legal, health and psychosocial support services, 2 received shelter (Kween Shelter), 298 received psychosocial support services, 77 were referred for health services, 8 were referred for court services, and 187 received mediation services amidst the pandemic.

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

Social Protection: An Untapped Means of Reducing Vulnerability and Inequalities for Women and Young People during and post COVID-19

Social protection is recognised all over the world as a crucial component of national development strategies for achieving inclusive, pro-poor and equitable growth. It strengthens the capacity of the vulnerable persons and their families to meet basic needs, build resilience, access opportunities and improve life chances. Social protection provides a secure platform upon which individuals can build productive and sustainable livelihoods, directly reduces poverty and vulnerability, as well as supporting excluded citizens in accessing other services. Sustainable Development Goal 1 calls for poverty reduction through implementing nationally appropriate social protection systems and building the resilience of the poor and those in vulnerable situations. While Uganda in the past decade has seen improvements in access to and utilization of sexual and reproductive health (SRH) services, progress towards the international and national development targets has been slow and – after decades of investments, specifically; reducing maternal mortality, unmet need for FP, teenage pregnancy, GBV to mention but a few.

In Uganda, before the COVID-19 pandemic, there were already high levels of vulnerability and inequality in sexual and reproductive health (SRH) outcomes across gender, social economic status, geographical, and humanitarian settings. According to UDHS 2016, 25% of adolescents (15-19) have began childbearing and unmet need for family planning is also highest among young people (aged 15-19) at 30.4%. Analysis of regional differentials shows rural districts in West Nile and Acholi regions have the highest unmet need for family planning at 43.2% and 39% respectively. Maternal deaths are highest among the youth aged 20-24 at 24.5% compared to other age groups. Women in Uganda are also twice more likely to experience sexual violence than men. More than 1 in 5 women age 15-49 (22%) report that they have experienced sexual violence at some point in time compared with fewer than 1 in 10 (8%) men.

These inequalities that existed prior to the pandemic have led to these vulnerable groups, particularly women and young people, bearing a disproportionate burden in the COVID-19 crisis. Livelihoods of key vulnerable groups especially women have been negatively affected, as sources of income and jobs have been lost. In terms of gender, women's unpaid care and domestic work burden increased as schools closed. Likewise, incidence of GBV has been on the rise where women have less access to health and social protection services due to fear and lack of information. Evidence shows that violence against women increases during crises: an estimated one in five female refugees or displaced women in humanitarian settings experience some form of sexual violence (IASC, 2006). Economically, women are also more likely to suffer losses in crises, as the sectors in which they are overrepresented – agricultural trade and the informal economy – are often most impacted by crises (Barclay et al., 2016).

Compounding this, women are less likely to have access to adequate social protection than their male counterparts despite the potential of social protection to improve their lives. Because social protection has emerged as a crucial component in COVID-19 response, it is essential that gender-responsive measures are included that support the livelihoods of women and men and address existing gender inequalities.

Social protection response to reduce vulnerability and inequalities for women & young people

Social protection has been advanced globally to have positive effects to reduce the burden of those affected directly and indirectly by COVID-19, including women and girls, if it is designed with gender in mind. However, according to the Uganda National Social Protection Policy 2015, existing social protection interventions in Uganda are limited in scope and coverage and mainly target people in formal employment, excluding the majority of people who are self-employed or not employed at all. Social protection coverage in Uganda is very low with only 2% of the population covered, though the target is to increase it to 25% by end of NDP III (2025). According to the State of Uganda Population Report SUPRE 2020, the existing social protection for the youth are generally limited and include; the urban social protection programme for adolescent girls in Kampala - targeting girls both in school and out of school, the Northern Uganda Social Action Fund3 (NUSAF 3), and Development Response to Displacement Impact Project (DRDIP) in 15 Refugee hosting districts of Adjumani, Arua, Hoima, Isingiro, Kamwenge, Kikube, Madi-Okollo, Kiryandongo, Koboko, Kyegegwa, Lamwo, Moyo, Obongi, Terego and Yumbe. While the social protection to adults is largely covered by contributory social security.

Thus, women and youth are less likely to have access to, and benefit from social protection that would reduce their vulnerability to shocks such as COVID-19. Yet, for instance, evidence on differentials in uptake of modern contraception indicates that wealthy individuals adopt family planning practices faster than the poor – widening the rich–poor gap in service utilization and corresponding advantages of reduced fertility. Gender norms and inequalities also disproportionately expose women to shocks and stresses.

Policy Recommendations

- Government needs to increase investment in social protection to reduce inequalities among the population caused by crises such as the COVID-19 pandemic, that increase the number of vulnerabilities.
- Advocate for review and expansion of existing social protection programmes to prioritise vulnerable groups such as adolescents, women and girls.
- Promote gender equality and women's empowerment in social protection programme design and implementation. This is needed to ensure that a future crisis does not exacerbate existing gender inequalities and that programme responses take into account the fact that a crisis impacts men and women differently. It would also help to minimise social exclusion and discrimination while promoting empowerment and resilience of poor and vulnerable families.
- Establish linkages between SRHR programmes with existing social protection programmes and services to address vulnerabilities exacerbated by poverty due to the COVID-19 pandemic.

UNFPA COVID-19 RESPONSE THUS FAR

$ 2,704,469
Total COVID-19 budget spent

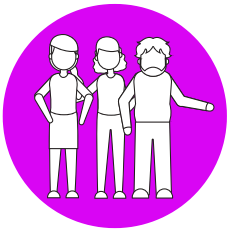
$ 1,381,477
Total PPE procured and disbursed

46
Total districts that received PPE allocation

163
Number of service delivery points providing FGM related services to girls

107,672
(Refugees=47,565, Nationals= 60,107) received SRHR/GBV information

432,216
(Refugees=156,379, Nationals= 275,837) women reached with integrated SRH services (including antenatal and postnatal care, emergency obstetric and new-born care and family planning)



127,587
(M=27,387, F=100,200) adolescents were reached with SRHR/GBV services

32,806
(M=9,753, F=23,053) were reached with SRHR/GBV information

Results

- Maternal deaths reduced by 11.5% at the end 2020 compared to March-April when the COVID-19 crisis had started.
- Deliveries increased by 9.7% from 38,913 at the beginning of the COVID-19 to 42,700 by the end of 2020.
- Proportion of service delivery points that experienced stock-outs of any contraceptive, significantly reduced from 35% at the beginning of COVID-19 to 13% by end of 2020.

INNOVATING AND ADAPTING TO CONTINUE THE DELIVERY OF RIGHTS

Ending Obstetric Fistula: Prevention and Expanding Access to Quality Treatment during COVID-19

The COVID-19 pandemic has created an acute economic crisis that has affected health care systems in many developing countries. As governments are reprioritising health resources towards COVID-19 response, efforts towards fistula prevention, treatment and follow-up services have been greatly constrained during the pandemic. In Uganda, prior to the COVID-19 pandemic, fistula cases have been on the increase due to a number of factors including; social- cultural practices such as child marriages for economic gains by the parents/guardians, child prostitution resulting into early unplanned pregnancies, and traditional practices like female genital mutilation. This has been coupled with high poverty rates, especially among women, which deters access to quality health care services. Equally, the health care system was already constrained to provide accessible, quality maternal health care before the pandemic.

COVID-19 has further increased the effects of fistula. Due to restricted movement, patients that need fistula repairs were not able to easily access hospitals. But also the pandemic has provided fertile ground for the contributory factors to thrive during the lockdown which have consequently been on the increase during the pandemic i.e. child marriages, early pregnancies, FGM and poverty.

UNFPA's Response to Obstetric Fistula during COVID

UNFPA Uganda working with the Ministry of Health and partners has remained committed and intensified actions for ending obstetric fistula, among other maternal health care services provided during the COVID-19 pandemic.

Strategic Level Actions

UNFPA supported the revision and costing of the National Obstetric Fistula strategy 2020/21-2024/25 by the Ministry of Health. The strategy will strengthen the integration of fistula repair as a routine service and practice at the National, Regional and selected General Hospitals across the country shifting from the camp-based mode of repair and treatment. As well as resource mobilization efforts to support financing for implementation of interventions for ending obstetric fistula.

UNFPA continues to support the functioning and operations of the National Fistula Technical Working Group (TWG) to strengthen coordination and mobilization of partners and stakeholders for fistula elimination in the country. The TWG achieved the following; 1) Held a successful commemoration of the International Day to End Obstetric Fistula through an online televised webinar on National TV, and, 2) Carried out sensitization and mobilization drives about fistula.

UNFPA supported Ministry of Health to improve national tracking and reporting of fistula care services to improve planning and decision making. National Fistula Management HMIS documentation and reporting tools were developed and approved by Ministry of Health. Fistula Care has been integrated into other HMIS tools for screening and identification for appropriate referral for care.

Expanding access to quality treatment for obstetric fistula and re-integration programmes

UNFPA mobilized more resources from its partners, SIDA under the UN-Joint Program on GBV and the EU-Spotlight initiative to support 18 Fistula repair camps by 14 Hospitals and social reintegration across the country. A total of 1,489 obstetric fistula cases were repaired across the 14 hospitals in the country.

Policy Recommendations

- Fast track approval of the National Obstetric Fistula Strategy 2020/21-2024/25 to improve provision of fistula services as well as resource mobilisation.
- Integrate fistula repairs as part of routine repairs at RRH and GHs to sustainably address backlog of fistula repairs estimated to be about 75,000 women.
- Scale up re-integration services, psychosocial support riding on existing structures and form linkages with other programmes in the community that can empower fistula survivors like women groups, among others.
- Support interventions that will encourage women to deliver in health facilities, for example attending ANC, and birth preparedness. As well as improving quality of care at the health facilities to quickly detect and refer complicated cases.
- Address social cultural issues contributing to obstetric fistula. These include; teenage pregnancies, FGM, poverty, among others.

INNOVATIONS AT UNFPA AND IMPACT DURING THE COVID-19 PANDEMIC

SAFEBODA

~ Delivering contraceptives to customers at their doorstep.

- A total of 1,175,040 free condoms were distributed through Safeboda.
- A total of 3,075 orders of commodities have been made on the app and 8,720 items have been delivered.
- Overall, over 1,000,000 people were reached with SRH information.

See Here>>

SMARTBAG4GIRLS

~ Improving menstrual hygiene for Adolescent girls in rural areas.

- 7,337 bags consisting of a pack of reusable eco sanitary pads, pads making starter kit and a booklet on MHM, translated to the local language were distributed to young girls.
- 10,347 people were reached- girls ages 12-17 (1,615 were refugees), 748 parents & teachers.

See Here>>

JUMIA

~ Increasing access to a wide range of reproductive health commodities conveniently and privately through an e-commerce platform.

- 2,200 people bought SRH products .
- 53% of the commodities ordered were condoms, 43% were menstrual health products and 1% were maternity kits.
- Approximately 38,500 people were reached through a 1-month online campaign.
- Increase in number of vendors selling SRH commodities.

See Here>>

DRUG DASH

~ Providing realtime information on family planning commodities stock to make accurate and timely decisions on redistribution to reduce shortages and wastage.

- UNFPA upgraded and deployed a new version of the DrugDash tool. See Here>>
- DrugDash was deployed in 56 health facilities in 5 districts.
- 122 health workers trained in using DrugDash.
- By the end of 2020, 56.8% of the facilities (44) actively using DrugDash had not reported stockouts or expiries in the last 3 months.
- 152 redistributions were conducted as a result of using DrugDash.

WEATHERING THE STORM

Staff Stories on Delivering Services Amidst the COVID-19 Pandemic

Ósk Sturludóttir

When I packed my bags for a quick stop in Iceland before heading to Uganda in November last year, I never imagined I would end up staying in Iceland for over 4 months (and counting). As for so many others, COVID-19 has been an exercise in accepting what we can't control and making the most of what we can do in the circumstances.

I am extremely grateful for the flexibility to be able to start work while in remote. While starting in a new position for a new organisation and in a new location in remote has at times been challenging, I am first and foremost grateful for the warm welcome of colleagues and their continuous support throughout. Getting acquainted with the team, learning about the important contributions we are making to the lives of women, girls, men and boys in Uganda, has been a source of great inspiration. I look forward to meeting my colleagues all in person in the near future.

Judi Erongot

The COVID-19 pandemic and consequent restrictions found me at my duty station in Moyo. It was a lonely time since I was far from my family and was working alone at home. However, to ensure effective continued delivery of SRHR services, I made the best use of networks to appreciate what I was supposed to deliver in Moyo and Obongi.

I further found comfort by listening to music, exercising at home guided by zumba videos, skyping with my family, praying and avoiding social media and news outlets that were delivering sad news.

I am also very grateful to my husband, Charles Erongot for keeping our twins at the time when they were only a year and 6 months.

Anne Sizomu

Having joined UNFPA Uganda country office in June 2020, I was hit with the fact that office is closed and everyone was working from home. Being a new staff I had to navigate how to build relationships remotely without having met my colleagues face to face, and undergo orientation too. However, my immediate supervisor has been responsive and available for the so many questions I have especially in the beginning. My anxiety was kept in check with support from a lot of colleagues across and willingness on my side to be open to guidance.

Juggling with work at home and helping my children with online school was another interesting experience. It was hectic but became easier after we divided roles with my husband - I took full responsibility for our 5-year old and he for our 11-year old son, in supporting with school work. We also sought guidance from the school which was supportive by adjusting to our schedules. To keep our children engaged and as a means of bonding, we often cycled and played footbal together. Currently we mix this with basketball early during the weekends, having found a good court where SOPs are adhered to.

Finally, keeping my routine wakeup time (5 a.m) and exercises helped me to mentally stay focused despite of what was going on in the world.