SET-SRHR

Strengthening Education and Training in Sexual Reproductive Health and Rights

RESEARCH CONFERENCE
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN AFRICA

PROMOTING AND STRENGTHENING THE INTERCONNECTEDNESS OF RESEARCH, TRAINING, POLICY AND PRACTICE TO CONTRIBUTE TOWARDS THE ATTAINMENT OF UNIVERSAL ACCESS TO SRHR IN AFRICA

18 TH - 19 TH NOVEMBER 2020,
IMPERIAL BOTANICAL BEACH HOTEL, ENTEBBE,
UGANDA

Contents:

Word of welcome

Dear conference distinguished guests, speakers and participants,

We welcome you all to Entebbe, Uganda and to the Strengthening Education and Training in Sexual and Reproductive Health and Rights (SET-SRHR) Project Regional Research Conference. This conference is among activities that mark the culmination of our four-year project, which concludes this year. Congratulations to the presenters whose abstracts were accepted! Despite the challenges of the current context it is gratifying that we were able to hold the conference as planned.

This conference aims to support and strengthen the interconnectedness of research, training, policy and practice in Sexual and Reproductive Health and Rights. The SET-SRHR project's overall outcome is consistent with the vision of governments in the African region of attaining universal Sexual and Reproductive Health justice.

The conference provides a great platform for researchers, trainers, policy makers, and practitioners to disseminate and exchange innovations, ideas and outcomes of their SRHR endeavors. This is also an opportunity for strengthening networking and collaboration in SRHR research, training, policy and practice. While the project is ending, we hope that this is just the beginning of sustained regional collaboration and exchange in supporting SRHR in Africa.

Once again, we cordially welcome you.

Please stay safe! The organizing committee has put together a great program and we are confident that you will enjoy and learn much over the coming two days.

Warmly,

Auma Okwany

Elizabeth Nabiwemba

Conference Organizing Faculty

Conference Chairpersons:

Dr. Auma Okwany,
Overall Project Director
ISS-EUR

Dr. Elizabeth Nabiwemba,
Project Director Uganda
MakSPH

Co-chair:

Mr. Abraham Opito

Programs and Scientific Committee:

Mr. Denis Lewis Bukenya (Coordinator)

Mr. Camilo Antillon

Mr. Abraham Opito

Independent Reviewer 1

Independent Reviewer 2

Conference Administrator:

Ms. Olivia Nakisita

Day One

Day 1: 18th November 2020				
SESSION 1: Introduction and Official Opening, Chairperson: *Prof. Lynn Atuyambe* (MAIN CONFERENCE ROOM)				
Time	**Topic**			**Person Responsible**
7:30-8:00	Registration			MakSPH
8:00-8:15	Introduction: *Prayer, anthems, SET SRHR video* Statement from the Conveners			Dr. Elizabeth Nabiwemba Dr. Auma Okwany
8:15-8:45	Welcome remarks • The dean MakSPH, ***Prof. Rhoda Wanyenze*** • Ambassador, Kingdom of Netherlands: ***H.E Karin Boven*** • Chief guest, Minister of State for PHC, ***Dr Joyce M. Kaducu***			Prof. Lynn Atuyambe
8:45-9:30	**Key Note address 1:** The SRHR Environment in Africa: Interventions and Opportunities- ***Dr. Olive Ssentumbwe-Mugisa*** **Key Note address 2:** Utilization of Research in SRHR policy and Practice in Africa: The case of Uganda - ***Mr. Mondo Kyateeka,*** *Asst. Commissioner, Children and Youth, MoGLSD*			Prof. Lynn Atuyambe
9:30-10:00	**Plenary Discussion**			**Prof L. Atuyambe**
10:00-10:30	**Health Break**			MakSPH/Hotel
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10:30-10:45	*Deconstructing the discourses around young motherhood in policy and practice in Uganda*	**Annah Kamusiime**	*Our destiny is not written for us, it is written by us: Voices of the community on parent-child sexuality communication in rural South-Western Uganda*	**Dorcas Achen,** *Viola N Nyakato, Cecilia Akatukwasa, Elizabeth Kemigisha, Godfrey Z.Rukundo, Gad Ruzaaza, Stella Neema, Wendo Mlhangwa, Kristen Michielsen, Gily Coene*
10:45-11:00	*Access to Sexual, Reproductive Health Needs and Rights of Adolescents Living With HIV in Uganda*	**Busingye Ruth**	*Examining Refugee Youth Voice in Social Accountability for Sexual and Reproductive Health Services in Uganda*	**Jimmy Maguru**

11:00-11:15	*Peer Mobilisers Driving Uptake Of Contraceptive Services Among Adolescents: The case of Blue Star clinics in Uganda*	**Balamaga Samuel**	*Navigating marginality in SRHR: experiences of African migrant youth in the Netherlands*	**Jo Vondee-Awortwi**
11:15-11:30	*Examining the differences in quality of care for family planning services between private and public sector health facilities in Uganda*	**Peter Buyungo,** *Doreen Nakimuli*	*Adolescent Girls and Young Women's (15-24years) advocacy for an ethical, equitable and integrated roll out of Oral Pre Exposure Prophylaxis with Sexual Reproductive Health Programs in Uganda*	**Bridget Jjuuko N**, *Bukenya, D.L, Katumba A.K., Chatani, M., Feuer, C.*
11:30-12:00	**Plenary Discussion**	**Dr. C. Nalwadda**	**Plenary Discussion**	**Mr. James Tumusiime**
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13:15-13:30	*Breaking the Silence around Menstruation: Secrecy, Subversion, and Building a Community of Support for Women on their Menstrual Journey*	**Dr. Kristen Cheney,** *Linda Nambuusi, George Bush Ocen*	*SRHR in the context of COVID-19: The story of young women and girls in resource-constrained communities of Zimbabwe*	**Obey Mukorera,** *Rosemary Chigevenga*
13:30-13:45	*Traditional and Cultural Beliefs in Relation to Pregnancy, Labour and Puerperium: The Case of Kamuli District, Eastern Uganda*	**Amera Claudia,** *Charles Mudhumba, Namukose Mwajuma, Nyakato Annet, Zalwango Martha, Tendo Rossete. N.*	*Violence Against Women in Selected Nigerian Video Films and Novels*	**Chioma Enwerem**

13:45-14:00	*Promoting Long term family planning methods (method mix) by involving men as champions and users*	**Humphrey Nabimanya,** *Helen P. Amutuhaire, Winnie Watera Sheila Kasabiiti, James Tumusiime*	*Shifting Identities: Boda-Bodas As Allies for Maternal Health*	**Bakshi Asuman**
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16:30-17:00	**Announcements and Closure**			MakSPH

Day Two

Day 2: November 19th

SESSION 1: Review of day one and introduction to day two, Chairperson: *Dr. Nicholas Awortwi* *(MAIN CONFERENCE ROOM)*		
Time	**Topic**	**Person Responsible**
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8:00- 8:30	Day 2 Keynote address: Promoting and strengthening the Interconnectedness of research, training, policy and practice for the attainment of universal access to SRHR in Africa: Lessons and recommendations **– *Prof Rhoda Wanyenze***	Dr. Nicholas Awortwi
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SESSION 2: Scientific Abstracts, Chairperson: *Dr. Eliza Ngutuku* *(ROOM A)*			**SESSION 2: Scientific Abstracts, Chairperson: *Mr. James Tumusiime, (ROOM B)***	
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9:15-9:30	*Acquaintances of Youth Migrant Health Facility Utilization: Analysis of the 2016 Uganda Demographic and Health Survey*	**Sandrah Mirembe,** *Fredrick K. Ntale*	*Young people as Peer Researchers and Advocates: Adolescents Perception of Healthy Relationships in Tanzania*	**Lydia Belinda Sandi**, *Purity K. Kimuli, Alice K. Kilonzo*
9:30-9:45	*Making of Young Males and the Link to Sexual Health and Reproductive Rights in Urban Poor Locales of Nairobi, Kenya*	**Aurelia Munene**	*Combined skills training for prevention of early unplanned childbirth: An intervention for adolescents and young women using the Holistic Model intervention for fertility regulation in Mukono District in Uganda*	**Proscovia Nalwadda** *Kadokech Sebs*

9:45:10-00	*Tracing Impact: How Sexual and Reproductive Health and Rights Training Informs Practice*	**Zaituni Nabateregga,** *Jacqueline Nassimbwa, Winnifred Akeso, Bakshi Asuman*	*Integrating Legal Empowerment and Social Accountability (LESA) for Sexual Reproductive Health and HIV services for Young People in Selected Slum Areas in Uganda*	**Joselyn Nakyeyune,** *Kagina Daniella Mushikazi*
10:00-10:30	**Plenary Discussion**	**Dr E. Ngutuku**	**Plenary Discussion**	**Mr. J. Tumusiime**
10:30-11:00	**Health Break**			MakSPH/Hotel
SESSION 3: Scientific Abstracts, Chairperson: *Prof. Lynn Atuyambe (ROOM A)*			**SESSION 3: Scientific Abstracts, Chairperson: *Ms. Petranilla Khamara - (ROOM B)***	
11:00 -11:15	*Designed to Fail? Revisiting Uganda's Missed MDG 5 Maternal Mortality Targets: 2000-2015*	**Moses Mukuru,** *Jonathan Gorry, Linda Gibson, David Musoke, Suzanne N Kiwanuka, Freddie Ssengooba*	*"You should have 'shouted' for help": Narratives of Sexual Violence by Female Youth who are Deaf and Hard of Hearing in Kenya*	**Elizabeth Ngutuku**, *Auma Okwany*
11:15-11:30	*Assessing the effect of COVID-19 PSI interventions on access to sexual and reproductive health service within the private health facilities*	**Ronald Mubiru,** *Noah Nyende, Baker Lukwago, Peter Buyungo*	*Keep Chatty: A New Lens to Sexual and Reproductive Health Challenges among Young People*	**Nakato Rehema**
11:30-11:45	*Promoting Youth voices on sexual reproductive health rights within institutions of higher learning*	**Okiror David**	*Strengthening access to high-quality maternal health and family planning services during the COVID-19 pandemic*	**Faith Kyateeka,** *Pride Ashaba, Sam Ariko*
11:45-12:00	*Measuring coverage and availability of Uterotonics for PAC Services*	**Baker Lukwago,** *Doreen Nakimuli, Peter Buyungo, Henry Bakira*	*Prevalence of high-risk sexual behavior and associated factors among secondary day school adolescent girls in Homa Bay county, Kenya*	**Owaka Isaac O**, Keraka M. Nyanchoka, Otieno G. Ochieng
12:00-12:30	**Plenary Discussion**	**Prof. L. Atuyambe**	**Plenary Discussion**	**Ms.Petranilla Khamara**
12:30 – 13:30	**Lunch Break**			MakSPH

SESSION 5: Poster Presentation, Chairperson: Mr. Jonan Nduhuura *(ROOM C)*		
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14:30-15:30	Way forward	**Abraham**
15:30-16:00	Closing Remarks, Certificates pick up and Departure	**Dr. Elizabeth Nabiwemba** **Dr. Auma Okwany**
Announcements, Networking and Departure		

Rapporteurs

Ms. Winnie Akeso
Ms. Lillibet Namakula

Abstracts

Traditional and Cultural Beliefs and Pregnancy, Labour and Puerperium, Case of Kamuli District, Eastern Uganda

C. Amera, *J.Morel, C.Mudhumba, M. Namukose, A.Nyakato, M. Zalwango, R.N. Tendo*
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Background: Traditional and cultural beliefs influence maternal health care in rural communities particularly in developing countries such as Uganda. In Uganda, there are diverse and distinct traditions and cultures, and people attach particular interest to life events such as pregnancy, child birth and postpartum. The country is projected to have 25 per cent of all baby deliveries performed by unskilled birth attendants by end of 2020 with high maternal mortality rate of 343 per 100,000 live births. Despite the vast clinical knowledge on pregnancy, childbirth and postpartum, traditional, cultural and religious beliefs are important driving forces for maternal health.
Objective: This study was carried out in Kamuli District, Eastern Uganda, with the major aim of exploring and understanding the traditional and cultural beliefs (of the Basoga Kingdom) in relation to pregnancy, childbirth and puerperium.

Method: A qualitative explorative approach was adopted and data was collected through in-depth, unstructured, individual interviews using a guide with10 mothers who have ever given birth in the care of a Traditional Birth Attendant (TBA); focused group discussions with 15 community elders, 17 Village Health Teams (VHTs) and 67 mothers during antenatal care visit at the health facilities; and key informant interviews with the 3 cultural and religious leaders, 2 midwives and 2 previous TBAs

Results: Findings from the elders revealed that there are various herbs used by pregnant mothers before and after delivery to minimise the risk of complications. These should be prepared by a mother/mother in law and the birth of the baby should be in a banana plantation. Pregnant mothers continue to access TBA services for antenatal care and delivery regardless of the government ban. Mothers who were previously delivered by TBAs: admitted to have used the herbs given to them by the TBAs and they had normal deliveries. Therefore, they preferred the care, attention and privacy they receive at home as compared to that at health facilities. The TBAs are reported to neither look down nor ask for monetary bribes from the mothers. As frontline primary carers in the communities, VHTs mobilize mothers to go to the health facilities amidst multiple challenges. Despite being informed of the dangers of using herbs, midwives reveal that most mothers use local herbs which lead to complications during birth. Mothers avoid health facilities because they know the use of herbs are strongly discouraged.

Conclusion; A big percentage of women in Kamuli district use local herbs during pregnancy, labour and puerperium both when they are seeking help from the TBAs or health facility. The study also brought to light the significant role of TBAs in pregnancy, child birth and puerperium in rural and remote areas of Kamuli District. TBAs will continue to be on demand until every woman feels that the skilled midwives' in government facilities are more approachable and available.

Recommendation: There is need for skilled birth attendants to collaborate with the TBAs in rural and deprived communities to provide quality and culturally accepted care in the rural communities because they can be a link between the community and health facilities. Medical Research Council should formally train the TBAs with midwifery skills so that they can be instructed on when it is advisable to refer mothers to health facilities, so that they can team up with the health facilities and refer mothers. Ministry of Health to continue training the health workers to be more friendly and understanding towards their clients.

Promoting Long Term Family Planning Methods (Method Mix) By Involving Men as Champions and Users.

H.Nabimanya, *H.P.Amutuhaire, W.Watera, S.Kasabiiti, J.Tumusiime*

Background: Reach A Hand Uganda **(**RAHU) and Reproductive Health Uganda (RHU) are promoting voluntary male involvement in family planning through the Menplus campaign which promotes vasectomy as a viable and safe option for men above 35 years and their spouses (Tubal Ligation). It was piloted in 10 districts in 2019. 2

Rationale: Family Planning (FP) uptake remains low in Uganda; a mCPR of 35 per cent in married women and almost non-existent 3 among men due to the widely held misconceptions on FP fueled by misinformation on method use and side effects. Uganda's Total Fertility Rate (TFR) is one of the highest in the region at 5.4 per cent (Tanzania - 5.02 per cent, Rwanda - 3.88 per cent) in spite of the reduction from 6.2% in 2011 to 5.4% 6 7 in 2016 (UDHS 2016).

Objective: Menplus is focusing on the collective responsibility of men and women in FP uptake. Menplus is a gender transformative campaign that gives opportunity for men to play a part in the reproductive health choices of their families and lives; and contribute to a reduction in the gender disparity between men and women's Sexual Reproductive Health (SRH). Interventions like integrated community and clinic-based outreaches, group sessions, online messages and interpersonal communication, including the campaigns, broke barriers to vasectomy and Bilateral Tubal Ligation (BTL) access among men and women respectively. The project established a toll free number (0800200600) to capture clients' feedback and work as a referral point for potential clients.

Methodology: The project used the male champions model utilizing an approach in which peers encourage their peers to take up vasectomy as a safe, quick and reliable family planning method.

Results: The project expanded to 10 districts of Uganda. The Campaign realised 299 acceptors of vasectomy and BTLs.

Lessons: Interpersonal communication is vital in addressing key myths and misconceptions. Engaging both men and women in embracing permanent FP methods addresses cases of gender-based violence in families. Clear messaging is key in enhancing male involvement in FP and messages should be simple and enthusing.

Deconstructing the discourses around young motherhood in policy and practice in Uganda

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Motherhood in Uganda is constructed as tied to heterosexual marital relationships, occurring to adult women. Mothers who fall outside the normative, particularly young mothers out of union are widely condemned and stigmatized. Moreover, young motherhood occurs in situations as varied as young love, forced marriage, sexual violence and other forms of sexual exploitation. Uganda is a deeply conservative country on sexual and reproductive health and rights (SRHR) for young people and morality discourses shape most policies and programs. On one hand, ample research has focused on young motherhood, on the other, SRHR policies and services. However, these fields have not yet been brought into productive view together to elucidate how dominant discourses on young motherhood affect SRHR policies and services. This paper analyses both the way in which dominant discourse on young motherhood shapes SRHR policies and practice and how this influences the way in which young mothers navigate these services.

Discourse informs, sustains, reinforces, constitutes and is reproduced in sexual and reproductive health (SRH) policies and services in Uganda in problematic ways that this study interrogates. I argue that because of Uganda's conservative moral discourse, the Government is restrictive on which SRH services are offered to young people, sieves through which SRHR information is allowed to be given to young people and silences some critical SRH needs and concerns. The services are not only deficient in Uganda, but are largely provided in a judgmental, and patronizing environment thus constraining access and utilization for most young mothers. In such a constraining web of SRH services and delivery, young mothers utilize supportive relationships and structures to access SRH services especially those which meet the normative and moral standards. Evidence points to a need to deconstruct the narrative of young motherhood, pay attention to the voice of young mothers, conceptualize and reconstruct young parenthood by positioning it within the social contexts, experiences, and realities that it is actualized in, to inform service provisioning.

Making of Young Males and the Link to Sexual Health and Reproductive Rights in Urban Poor Locales of Nairobi, Kenya

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Young males living in urban poor settlements are constantly represented in literature and practice as violent and 'gangs for hire'. In sexual reproductive studies, they are often represented as perpetrators of sexual gender based violence and sexual promiscuity. This has led to SRHR interventions that are blind to the complex ways the realities of urban poor locales intersect with differently located young males to inform their holistic Sexual Health and Reproductive Health (SRHR). These dominant representations of male youth in urban poor slums have also led to a singular understanding of male youth and their sexual health and reproductive wellbeing issues. Yet, male youth are a heterogeneous category with intersecting identities of age, social economic status, education, marital status. This means their (SRHR) experiences, needs, vulnerabilities, barriers and opportunities are different at different times in their life cycle. In the study, SRHR) encompasses three aspects namely: sexual identity, sexual reproductive health and intimacy. As such, the urban poor locales are marginalized spaces marked with limited services, presence of multiple voices: peers, non state organizations, policy gaps and marked poverty. Limited studies have focused on examining how boys in these contexts are 'made'. Making in this study is conceptualized as the complex interactions and intersections of gender, generation with the urban poor context. I utilize the concepts of marginality and reproductive justice as frames for analysis. The questions the study answers include; How do the constructions and realities of young male in urban informal settlements of Nairobi inform contextualized SRHR initiatives? How does the "making" of young males in urban poor informal settlements of Nairobi Kenya link with their SRHR? Drawing on secondary data to answer these research questions, I examine the intersection of age, context, sexuality, masculinity and programming in an urban poor context. Findings will contribute to contextually reflexive SRHR programming that is attentive to diverse fluid ways masculinity for male youth is (re)constructed within particular contexts and spaces.

Measuring Coverage and Availability of Uterotonics for Post Abortipon Care Services

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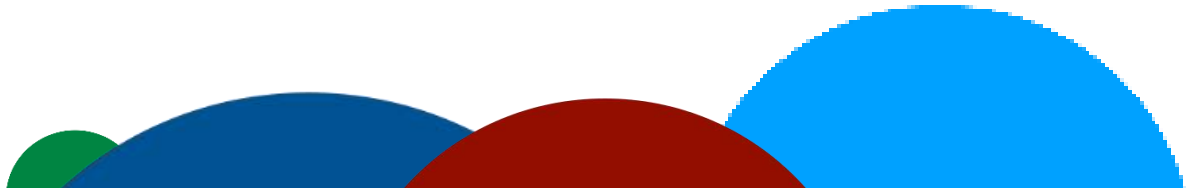
Background: Uterotonics can be used to successfully prevent and/or treat postpartum hemorrhage and improve outcomes after unsafe abortions. Access to essential medicines such as Misoprostol is critical in ensuring that women who need these maternal services get timely management. Since 2012, PSIU through the Women Health Project aimed at improving providers' knowledge, availability and ability to provide Misoprostol. The outcomes of the interventions were measured through a series of evaluations aimed at tracking performance of the distribution system for Misoprostol in public and private sector and the geographic coverage at each period.

Methodology: A Lot Quality Assurance Sampling (LQAS) approach was used; the country was divided into 5 regions; Central, Western, South Western (SW), Eastern and Northern, based on PSIU supervision areas (SA). All outlets, both public and private with potential to sell or provide Misoprostol in the sampled parishes were visited. A total of 798 outlets in 2013, 999 in 2015 and 1,555 in 2018 were surveyed in the five SAs. For coverage, the unit of analysis was a parish.

Results: Areas covered by Misoprostol (any brand) in the five regions increased significantly from 58 per cent in 2015 to 74 per cent in 2018. The increase in overall coverage levels was most notable in South Western and Eastern from 2013 and lowest in Western and Northern at 55 per cent. Coverage (at least 2 outlets stocked) increased significantly from 33 per cent in 2013 to 57 per cent in 2018. Overall, there was significant change in the availability of Misoprostol from 30 per cent in 2015 to 46 per cent in 2018. Brand availability saw an increase in Kontrc (PSI Brand), Misoclear and Cytotec brands.

Conclusions: Interventions towards improving coverage should be focused in Western, and Northern regions, where there are fewer number of facilities. Additionally, strategies need to be devised to monitor and cover stock outs in the private sector.



"Our destiny is not written for us, it is written by us:" Voices of the Community on Parent-Child Sexuality Communication in Rural South-Western Uganda

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Background: Positive communication between parents and children greatly helps young people to establish individual values and to make healthy sexual and reproductive health decisions. Sexual and Reproductive Health (SRH) risks are increased for very young adolescents as they transition to young adulthood, 20-24 years. Research has tended to focus on older adolescents and left out very young adolescents. Moreover, there has been minimal focus on parents and the community and how they are key actors in improving parent-child communication. This study therefore aims at working with community (parents, adolescents and community stakeholders) to improve parent-child communication.

Objectives: Explore the experiences of the community with parent-child communication in rural south-western Uganda

Methodology: qualitative participatory methods were employed using a community based participatory design. Study participants included: two stakeholder engagement meetings, interviews with parents, timeline activities with emerging adults and Venn diagram activities which very young adolescents. Data was collected in Mbarara district in the six villages of Rwebishekye parish and 43 interviews were carried out. 115 interviews with parents, 12 retrospective interviews with emerging adults (18-25), and 2 Venn diagram activities with very young adolescents (10-14)

Results: There is a general lack of sexuality communication between parents and their children. The nature of communication for those who communicate is very authoritative. Fathers prefer to talk to boys and mothers to girls.

Conclusion: There is need for parent-child sexuality communication in the community. Researchers have to be creative and interactive while designing interventions because talking about sexuality between parents and their children is complex.

Strengthening Access to High-Quality Maternal Health and Family Planning Services during the COVID-19 Pandemic

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Background

Lack of access to maternal health services can significantly increase morbidity and mortality during emergencies and pandemics. Data from Sierra Leone, during the Ebola crisis shows that the lack of access resulted in as many, if not more, deaths from maternal and child health than those caused by Ebola itself. The study showed that there were an estimated 3,600-4,900 additional maternal, neonatal and stillbirth deaths in the year 2014-15 a similar number to the 4,000 deaths caused by the Ebola virus itself over the entire epidemic. This evidence shows that in times of crisis, when access to contraception and safe delivery decrease, the subsequent health outcomes are grave.

Due to COVID-19 pandemic, there has been a disruption in provision of reproductive health information and services, with key service providers having to scale down operations thus affecting availability of these services. Marie Stopes for example had to suspend community-based outreaches offering reproductive health services however, it should be noted that women do not stop requiring services when there is a crisis.

Intervention

Despite the competing priorities posed by the current crisis, it is vital to maintain investment and momentum to reduce maternal mortality, particularly in the most vulnerable rural communities. The rationale is to save lives and because these interventions are crucial to developing strong and resilient health systems.

Marie Stopes has therefore put into place a number of interventions to ensure continued service delivery during this period. They include: Partnership with district leaders to integrate COVID -19 awareness messages during demand generation activities for FP services. Use of the convenient toll free line to offer clients access to information and referrals remotely. Expansion of community-based delivery of reproductive health services through Community Based mobilizers. Accelerate community sensitization through community drives with megaphones, radio talk shows and use of social media.

In conclusion, continued provision of SRHR services is critical during pandemics to prevent catastrophic long-term effects that may result from lack of access to Family Planning services.

NAVIGATING MARGINALITY IN SRHR: EXPERIENCES OF AFRICAN MIGRANT YOUTH IN THE NETHERLANDS

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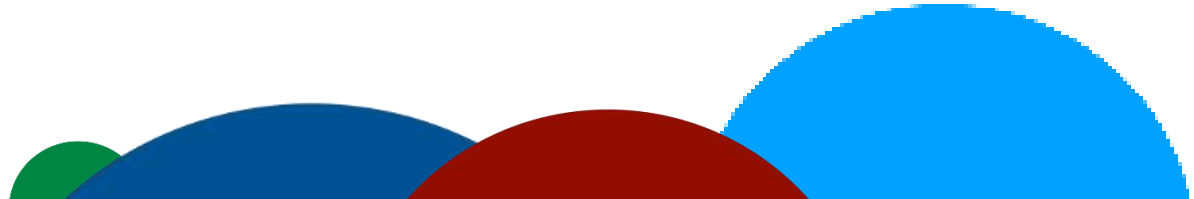
Migrant youth negotiate cross-cultural engagements and tensions between their countries of origin and their home (family) and host community. They are also often located in marginal positions socio-culturally in the host countries because of their migrant status. The Netherlands is home to African migrants from many countries – refugees, asylum seekers, undocumented, family reunion, economic (labour and highly skilled) migrants.

Migrant youth are at a high risk of sexual and reproductive health problems including lack of provision of safe abortion, contraceptive; lack of access to SRH information and services including orientation and identities(LGBTQ), marginalization and stigmatization, low access to SRH services by people living with HIV/aids, vulnerability to STIs, teenage pregnancy, and gender inequities and incidences of gender-based violence.

There are several studies providing evidence about the importance of the analysis of cultural SRH norms and values and the process of constructions of particular SRH subjectivities by migrants in Europe. However, the diverse literature on migrants' SRHR in The Netherlands is either risk, problem-oriented, or focuses on specific behavior associated with negative outcomes.

This paper examines challenges faced by Ghanaian, Nigerian and Sierra Leonean migrant youth in the cities of The Hague, Eindhoven and Delft and the complex ways through which they negotiate and bridge intercultural contradictions, difficulties and tensions in accessing SRH services. Drawing on lived experiences of varied migrants and supplemented with data generated from a review of secondary sources, and using marginality as a conceptual lens, the study provides insights into SRH vulnerabilities of these youth in accessing sexual and reproductive health services from their marginal positioning in social relations. Findings reveal their diverse, gendered experience within the Dutch health system that tends to homogenize the experience and SRH needs of migrants. This highlights the importance of inclusive, age and space-based approaches for equitable sexual and reproductive health and rights interventions targeting the SRH needs of migrant youth.



Using virtual grand rounds to revolutionize health care workers' capacity building within HIV service delivery in Uganda

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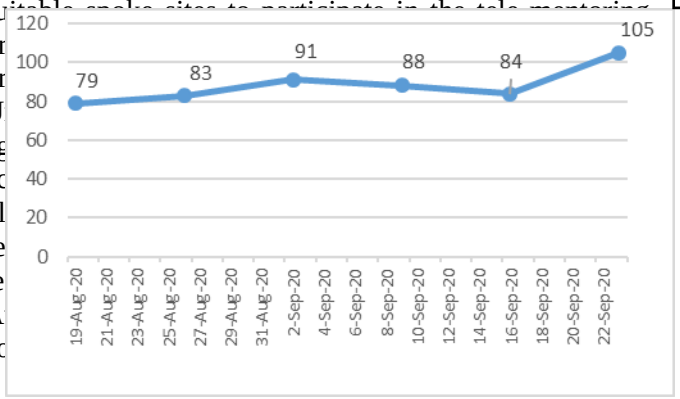
Over 1.2 million people in Uganda are living with HIV/AIDS[1]. Human resources for health (HRH) gaps, including limited health care worker (HCW) numbers, skills and competence, and retention, affect access to quality HIV care. The number of district governments increased from 45 in 2000 to 136 in 2019, making the Ministry of Health (MoH) mandate of capacity development and monitoring increasingly challenging in the decentralized governance context. Sustained and effective health workforce development is needed for Uganda to meet UNAIDS 95-95-95 goals. Since 2019, the Health Resources and Services Administration (HRSA) funded Health Workforce for the 21st Century (HW21) has supported MoH to introduce and implement the ECHO tele-mentoring model to improve HCWs' HIV service delivery capacity through continuous virtual learning.

In March 2020, HW21 conducted an infrastructure assessment at three hubs and 28 facilities to identify su… pr… or… U… ag… ac… pl… re… le… A… co…



A chart showing the growing number of connecting learning spokes and individuals during the last 5 HIVDR ECHO sessions

All six spokes actively participated in the weekly ECHO sessions, with more health facilities than anticipated connecting. The platform has allowed guiding the continuity of HIV/AIDS services during the COVID-19 pandemic. It is envisioned that the ECHO platform will continue to expand reach, improve MoH mandate for supervision, training, and mentorship, and reduce staff-time loss in travel for training.

[1] MoH DHIS2

Acquaintances of Youth Migrant Health Facility Utilization: Analysis of the 2016 Uganda Demographic and Health Survey.

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Health care utilization should be right to everyone in the community regardless of their place of origin/nationality, race, sex, and education levels. Usually, migrants reside in congested, shanty houses and slummy areas with poor conditions, which make them predisposed to infections, illnesses, and deaths in the long run.

With that, the study aimed at examining acquaintances of youth migrant's health facility utilization in the last 12 months while evaluating the association between *health facility utilization* and 1) socioeconomic variables, 2) demographic factors, 3) health risk factors, and 4) HIV awareness factors.

The study used secondary data from the 2016 demographic and health survey conducted by the Uganda Bureau Of Statistics. This survey had a total number of 19,566 women and 5,336 men. The study used the age and place of enumeration as criteria for selection. Therefore, people aged 18 – 35 years and who had lived in the enumeration area for less than one year were the only ones considered. A total number of 1, 617 respondents were considered in the study.

The study showed that *age*, *sex of the household head*, *current marital status*, *highest educational level*, *residence*, *termination of a pregnancy*, *number of children*, and *would be afraid to get HIV from contact with saliva from an infected person*, had a significant association with health facility utilization ($P<0.05$). Contrary to that, *would buy vegetables from a vendor with HIV* and *would be ashamed if someone in the family had HIV* did not have any association with health facility utilization ($P>0.05$).

Therefore the study recommends that there should be an integration of health care services to provide a network of health professionals who can provide trusted person-centered health services, identify people's health and wellbeing needs, identify the main causes and risks of ill health, and respond to emerging challenges that threaten people's lives. There is also a need to sensitize communities about the availability of such services so that migrants can utilize them.

Designed to Fail? Revisiting Uganda's Missed MDG 5 Maternal Mortality Targets: 2000-2015

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Research concerning missed global targets for maternal mortality in Uganda and Sub-Saharan Africa (SSA) has to date given limited attention to policy design. By applying Thaddeus and Maine's 'three delay model' and combining it with a policy design assessment framework derived from 'policy mixes', this paper offers a theoretically-informed but empirically-based approach for assessing the effectiveness of policy design. We suggest this prescriptive and analytical conceptualization of policy could have important implications for future reforms in maternal and neonatal mortality in Uganda and SSA.

Methods: This paper constitutes a mixed methods study covering the years 2000 – 2015 (MDG period). Our focus was explicitly on those policies that had the goal of reducing maternal mortality rates. Six policy documents on health that covered maternal mortality were retrieved and reviewed from the official Ugandan government publications archived in the Ministry of Health Online portal and public libraries. Besides, we conducted six in-depth interviews with respondents who were either managing Ugandan maternal health programmes, or otherwise noted experts involved in the policy processes at the time discussed. We used the analytical framework of the 'three delay model' (3D) combined with the lessons of 'policy mixing' to assess the policy instruments in terms of their coherence, comprehensiveness, consistency, and temporal stability.

Results: Despite introducing 14 incremental policy reforms during the 15 years of the MDGs, comprehensiveness of policies in respect of the three delays was not achieved (87 % score). Policy changes were not underpinned by a unifying theory of change, leading to a lack of synergies, linkages, and completeness of interventions. This led to the persistence of the three delays at the frontline.

Conclusions: Maternal health policies in Uganda during the MDGs offered an incomplete package of interventions working independently and sometimes in conflict with each other right from the design stage. Inevitably, they failed to achieve their targets when implemented. Future reforms should consider consolidating and harmonizing policies to comprehensively and coherently address the three delays.

Key Words: Policy design, Policy Mixes, Uganda, MDG Maternal Health, three-delays

Effectiveness of Peer Club in the dissemination of Sexual and Reproductive health and rights information. (Human Immune deficiency Virus (HIV) infection and other Sexually Transmitted Infections (STIs) in developing countries*)*

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Background: Naguru Teenage Information and Health Center (NTIHC) has worked since 2011 towards increasing access and utilization of Adolescent Sexual and Reproductive Health and Rights (ASRHR) services for young people in Uganda. It implements a youth-friendly model in health care delivery and Adolescent Sexual Reproductive Health (ASRH) programming using peer to peer approach, its main mobilization strategy. It has an annual average turn up of about 35,000 young people accessing services: 32,000 accessing services at the clinic and 3,000 through outreach site.

Methodology/Interventions: In 2007 Post Test Club was founded, a social support group for adolescents and young people who came for HIV and AIDS testing regardless of their serological test result. Over time, the club mainstreamed into the organization programming, compelled to mobilize/sensitize young people, schools, and communities about Sexual and Reproductive Health (SRH) with a focus on prevention of HIV, STIs, and teenage pregnancy. Peer educators are trained/deployed to deliver health and behavior change messages, identify and refer/link peers to SRH services, peer counseling, home visits, and condom education in outreaches. They equally support conducting weekly meetings to learn about SRH through edutainment, group discussions, and conducts biannual interclub visits.

Results: The club has a commendable output- for example, for the years 2017 & 2018, it conducted 96 outreaches, 8 inter-club visits, distributed 73,900 Information Education Communication (IEC) materials, and 120,174 condoms in Kampala. The community outreaches focus on information giving, referrals from the community to the health centers, and through the inter-club visits. They share experiences with similar peer clubs in institutions and schools, mainly through quizzes and debates on SRH topics (such as HIV and other STIs prevention, the consequences of teenage pregnancies, Menstrual hygiene, or body changes), to help bridge the information gap in young people and adolescents, and to clear common stereotypes. Furthermore, the club's outputs have inspired the formation of other peer clubs at NTIHC, like the New Born mothers' club (NBMC) and Peer Mothers' club (PMC), that focus on empowering young mothers with information on pregnancy (prenatal, antenatal, postnatal), Family planning and Nutrition.

Conclusions: In constrained settings, social groups are effective in reaching out to young people with huge potential of impact and greater ability to penetrate the lowest community levels.

Recommendations: Stakeholders need to consider investing in youth and adolescents' health through peer-to-peer approaches, including peer clubs, groups, and associations for the effective spread of information and awareness. Program implementers should leverage young people, equip them with the necessary skills for reaching out. Health programs focusing on changing the mindsets of young people stimulate health-seeking behaviors, attitudes, and practices.

Keywords: ASRHR. HIV/ AIDS, STIs, Peer clubs, Peer educators, effectiveness.

Prevalence of High-Risk Sexual Behavior and Associated Factors among Secondary Day School Adolescent Girls in Homa Bay County, Kenya

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Background: Adolescent sexual and reproductive health is a priority in the global agenda because of its associated negative reproductive health outcomes. It is estimated that Homa Bay County contributes 11.5% of adolescents aged 10-19 years living with HIV in Kenya. The fertility rate among girls aged 15-19 is also high in Homa Bay with a reported teenage pregnancy rate of 33% and the age-specific fertility rate of 178 births per 1000 girls. This study aimed to determine the prevalence of high-risk sexual behavior and associated factors among day school-going adolescent girls in Homa Bay County.

Methodology Using a cross-sectional study design, 492 girls from 28 schools were randomly selected to participate in the study. Data was collected through a self-administered questionnaire. Descriptive statistics was used to determine the prevalence of high-risk sexual behavior. Logistic regression analysis was conducted to determine factors associated with high-risk sexual behavior at 95% confidence interval.

Results The study found overall high-risk sexual behavior, sexual activity, early sexual debut, inconsistent utilization of condom and multiple sexual partners among adolescent girls to be 62.3%, 61.7%,37.5%, 33%, and 23.1% respectively. Girls living with both mother and father were less likely to both engage sex with multiple sexual partners (OR 0.327, CI 0.126-0.844, P 0.021) and inconsistent condom use (OR 0.477, CI 0.242-0.940, P 0.033). Being a last born in the family was protective toward inconsistent condom use (OR 0.355 CI 0.157-0.805, P 0.013).

Conclusion High-risk sexual behavior is common among day school-going girls. Integrated family, facility-level and school-based interventions are recommended to reduce high-risk exual behavior among sexually active adolescent girls and to sustain abstinence

Key words: Sexual behavior, Adolescent

Examining the differences in quality of care for family planning services between private and public sector health facilities in Uganda

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Background: Population Services International (PSI) implements a project focused on improving access to comprehensive family planning (FP) services in Uganda. The project works through a network of private clinics branded ProFam and public sector sites under 'enhancing public sector engagement' (EPSE). The main implementation approaches include; at ProFam walk-ins, ProFam FP special days (SDs) and public sector EPSE SDs. The FP special days (SDs) are where FP is promoted at facility level. PSIU aimed to assess client experiences of the quality of family planning services at these different sites in order to allocate support appropriately.

Methodology: Data was collected in December 2019 at ProFam and public sites during routine walk-ins and SDs. Study sites were located in twenty-three districts. A cross sectional design approach using client exit interviews was used. The assessment targeted females 18-49 years who got family planning services at 120 facilities and 492 clients were interviewed. Cross tabulations were done to compare ProFam walk-ins(n=108), ProFam FP SDs(n=211) and EPSE SDs (n=173).

Results: *Information provision:* Among those who received family planning, majority in ProFam walk-in and SD (97%) were told how to use the method compared to EPSE SD (88%). Clients who got information on side effects were fewer at EPSE SD (77%) compared to ProFam walk-ins (89%) and SD (92%).

Technical competence: Few clients were asked if they were pregnant at EPSE SD (68%) compared to ProFam walk-in (82%) and SD (77%). Many clients in ProFam walk-in (85%) and SD (84%) were told when to seek immediate care compared to only 62% at EPSE SD.

Conclusions: Public sector and SDs scored lower in most client experiences of quality compared to private sector walk ins. As the public sector provides more than half of contraceptives in Uganda and SDs / events are a high impact practice, it is critical to ensure that standards are upheld in order to ensure client satisfaction.

Combined skills training for prevention of early unplanned childbirth: An intervention for adolescents and young women using the Holistic Model intervention for fertility regulation in Mukono District in Uganda

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Background: Since 2016, CCAYEF has implemented an integration of sexuality education and life skills training with vocational skills to enhance fertility regulation among adolescents and young women in the Mukono district in Uganda.

The overall objective of the intervention is to prevent early unwanted pregnancy and to delay second pregnancy among adolescents and young women below 20 years who have experienced childbirth at an early age. Specifically, the objectives are:

1. To support child mothers delay second pregnancy;
2. To empower adolescent girls and young women to take up and utilize effective pregnancy prevention methods;
3. To increase awareness and create a safe environment (in and out of schools), to reduce sexual vulnerability and keep girls in school.

Program description: This intervention has two arms; one in school and the other in communities. In the first arm, sexuality education and life skills training for both boys and girls were incorporated in school health activities. Through school health clubs in 11 schools, 556 students, 324 girls, and 232 boys participated in the project. The school-based intervention focused on the provision of a comprehensive package of SRH education incorporating life skill education, contraceptive awareness, and family planning information; responsible relationships including negotiation for safer sex and abstinence. The community intervention arm was participated by 2300 child mothers. The package adds counseling on contraception, provision of FP service; livelihood support, formal education, and economic empowerment through group IGA and VSLA. Besides, the community arm also conducted group meetings and dialogue with men and boys to enhance male involvement in pregnancy prevention. The project was implemented for 4 years, from 2014 to 2018.

Methodology: An evaluation was conducted using pre- and post-program interventions data; using primary and secondary data obtained through direct interviews with project beneficiaries and review of project reports respectively.

Result: Overall, 100% of girls enrolled in the program knew about FP services as the best method for pregnancy prevention at the time of evaluation. Over 87% (7 in 8) adolescents in school could tell several FP methods compared to the 3 in 8 (38%) before the intervention. Among 337 child mothers who enrolled in the program, approximately 48% were using a method at the time of evaluation. All the 887 child mothers who joined vocational skills training, and the 23 who rejoined formal school, have remained without conception for at least 2 years of the program.

Lessons learned: Through the intervention, we have learned that adolescents are able to make better life decisions relating to contraceptive use, pregnancy prevention, and getting back to formal schooling when they are effectively supported. The program results suggest that contraceptive use and abstinence can be greatly enhanced through proper FP education and information. Child mothers can delay subsequent pregnancy and take actions to better their lives when effectively supported.

Assessing the effect of COVID- 19 PSI interventions on access to sexual and reproductive health services within the private health facilities.

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Background:
Starrs (2018) reminds us that everyone has a right to make decisions governing his/her body and to access services that support that right. However, in 2019, only half of the married women in Uganda (53.4%) had their demand for modern contraception satisfied. A third (32.5%) of them had an unmet need, while less than a third (29.2%) of women 15-49 years were using modern contraception. Additionally, 1.145.000 unintended pregnancies were recorded[2]. With the outbreak of COVID-19 and the subsequent lockdown/restrictions on movement in March 2020, follow-on responses have been blind to the sexual and reproductive health (SRH) needs of women hence pausing a threat to a surge in unintended pregnancies and undesirable SRH outcomes. As service providers shifted attention to COVID-19, many expectant mothers missed out on antenatal care services, and women in need of contraception found it hard to access the services.

Intervention:
To ensure continuity of SRH service provision PSI Uganda undertook COVID-19 response measures - changed the mode of provider training to online platforms like ZOOM and Teams, facility report submission, and feedback sharing through WhatsApp, among others - at selected private facilities across Uganda. We analyse variances between services data that was submitted on January-December 2019 (before COVID-19) against January-July 2020 (COVID-19 period).

Lessons learned:
Interpretation: The no significant difference between IUD and Implant insertions in the COVID-19 period and before. On the other hand, short-term SRH achievements (Injectables, orals, and ECs) are significantly different in the COVID-19 period.

Conclusion:
Whereas PSI's COVID-19 interventions significantly improved uptake of short-term FP methods, there was no significant improvement in the uptake of LARCs. There is therefore need for deliberate interventions that target improving uptake of LARCs during similar situations.

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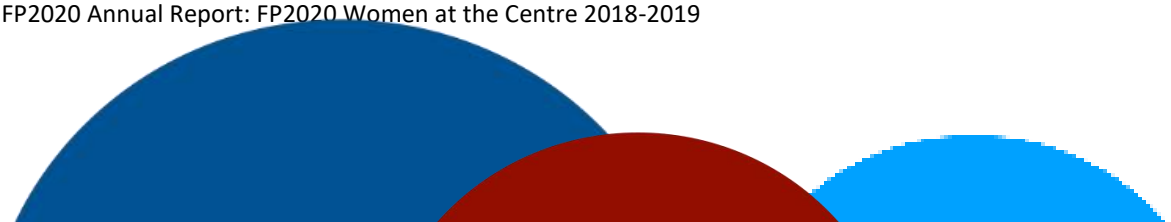
[2] FP2020 Annual Report: FP2020 Women at the Centre 2018-2019



SRHR in the context of COVID-19: The sad story of young women and girls in resource-constrained communities of Zimbabwe

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Background

Adolescent girls' and young women's access to sexual reproductive health services has been and is still a topical issue in Zimbabwe. The 15-24 age group is less protected from sexual and reproductive health risk factors which include but are not limited to early and forced marriages, early pregnancies, school dropouts, and sexual and gender-based violence. A qualitative study was done in three resource-constrained communities aiming at assessing adolescent girls and young women's access to SRH services during the COVID-19 era to inform policy on any identified gaps. The objectives were to examine the availability of SRH services to adolescent girls and young women during the COVID-19 lockdowns, unearth the challenges experienced in trying to get access, and recommend strategies that can be adopted in disseminating SRH services to the target group in poor communities during disastrous situations.

Methodology

The study was conducted between May and June 2020 in Mutare, Chipinge, and Masvingo rural areas where two wards were chosen per area. Four focus group discussions were conducted per area making a total of 12 for the whole study. Each focus group comprised of ten participants. Two groups per area comprised of 15-19-year-olds and the other two comprised of 20 -24-year-olds. A sample of 120 young women was drawn using purposive sampling.

Results

Thematic data analysis was utilised and four key themes emerged. These included that for both age groups the COVID-19 lockdowns restricted their movements in search of SRHR services; the adolescents could not freely communicate their need for such services with their elderly; health institutions prioritised COVID-19 issues to the neglect of all other issues; and the government did not prioritise many organisations offering such services as essential.

Conclusions

In conclusion, movement restrictions posed by the COVID-19 pandemic further exacerbates the challenges experienced by adolescents and young women in accessing SRHR services, and the government put less priority on these issues. The findings of this study have been regarded as useful for policymakers as they pointed to the strategies that can be adopted in trying to value SRHR of adolescents and young women even in pandemic situations.

Enhancing Communication for Availability, Access to Quality Family Planning Services to Bridge Unmet Needs in Isingiro District, South Western Uganda

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Background: This paper employs lessons learned, best practices, in tandem with ***Isingiro*** district development plan (2016-2020) to explain the effectiveness of communication in creating, raising, and sustaining sexual and reproductive health rights (SRHR) for family planning. Public advocacy communication strategy enhances personal, family, or community behaviour for SRHR contraceptive technology innovations adoption. Effective SRHR communication plan should target family planning incentives (benefits) to individuals, families (households), and local communities in the south western district. It highlights unmet contraceptive needs, socio-cultural and quality service barriers, access to contraceptive technology information services to curb unwanted or too early, frequent, or late pregnancies.

Description: The paper objectives are to: explain how health communication strategy can make individuals achieve their unmet contraceptive and reproductive intentions; present an overview an effective national family planning policy communication issues and experiences in Uganda; describe lessons learned, enablers, and best practices of family planning communication programmes; and illustrate the social, economic, environmental, and policy benefits of effective family planning practice at personal, family,national, and regional levels.

Lessons Learned: Preliminary findings indicated that contraceptive technology use was too low (20%).The unmet need was too high (80%). Hence, too early pregnancy, too frequent pregnancy, child marriage, teenage pregnancies, unplanned pregnancy, low family resources, poor nutrition, and illiteracy affected the status of maternal and infant health. The district faces population health risks associated with lack of access to family planning resources, prompting high (80 percent) unmet need for contraceptive use, high maternal mortality (430), high infant mortality (120) rate, high (3.3%) annual population growth rate, and fewer (35%) deliveries new born (neo-natal) births at health centres (clinics); and big households with abject povery (30%). The required access to critical information, services, or products were affected by field staff motivation, soumd funding, political mobilisation, advocacy campaigns, and efficacy of the SRHR innovations.

Conclusions: Health communication campaign is vital for achieving the desired awareness, attitudes, knowledge, and behaviour change in the target soio-economic demographics. Effective public communication is result-oriented because it is participatory, theory driven, participatory, coordinated, gender sensitive, and evaluation. *Isingiro* district communication strategy needs capacity building, content, and gender equality mainstreaming focus.

Shifting Identities: Boda-Bodas as Allies for Improved Maternal Health

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Background: Uganda has the fifth highest fertility rate in the world, with an average of 5.8 children per woman. This high birth rate is paired with maternal and infant mortality rates that remain high despite government and implementing partner efforts. Maternal health challenges, and increased maternal mortality are caused by the three delays: delay in decision to seek health service, delay in accessing health facility, delay in receiving adequate health care. A range of interventions by various policy actors have been instituted to address the drivers of the three delays.

Objective: Examine the role of motorcycle taxis locally known as boda boda riders towards improving timely maternal health care by easing physical access to health facilities.

Method: I used secondary data analysis to examine previously collected data from scholarly articles on youth masculinities, male involvement in maternal health to programs and projects working with boda bodas in improving maternal health.

Discussion: The boda-boda business is dominated by youth (urban poor) males who are often dominantly perceived as engaging in risky social behaviours, having multiple sexual partners and contributing to increased rates of teenage pregnancies and early marriage. Though boda-boda are not the safest form of travel, especially for pregnant women, they are popular for their efficiency, easy availability, and low fares. As such, they have become an intrinsic part of the country's healthcare system in the peri urban and rural communities. The role of boda-boda's surpasses that of ambulances not only because boda-bodas can access areas that are impassable by cars but also because many boda-boda operators have personal relations with their clients (mothers) which is beneficial to maternal health-care access. The boda boda referral transport system involves Village Health Team (VHT) members who have registered pregnant women in their catchment area and are trained to identify women in labor, those with maternal complications, and sick children. Women receive first aid where possible and are referred to health facilities for medical attention with a referral form and transported by a boda boda. In addition to saving the lives of mothers, the boda-bodas involvement in maternal health work has improved the lives of the boda boda riders and their families.

Conclusion: The analysis reveals how these interventions are supporting the making of positive masculinities for these young men through shifting of their identities from risky groups to individuals who emerge as allies for improving maternal health outcomes in Uganda.

Accelerating Adolescent Girls and Young Women's (15-24years) advocacy for an ethical, equitable and integrated roll out of Oral Pre Exposure Prophylaxis with Sexual Reproductive Health Programs in Uganda

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Background: With one of the highest rates of teenage pregnancy in Sub-Saharan Africa of over 25% and HIV prevalence of 5.1% for Ugandan young women 20-24, the AVAC advocacy fellow's project, hosted by the Naguru Teenage Information and Health Center, focused on advancing Adolescent Girls and Young Women participation and involvement in the roll out of Oral Pre Exposure Prophylaxis services in Uganda.

Objective: This project had four objectives; 1. To integrate Oral Pre Exposure Prophylaxis and other HIV prevention interventions into Sexual Reproductive Health and Rights programs by targeting Sexual Reproductive Health and Rights advocates. 2. To build adolescent girls and young women's voices and agency in advocating for Oral Pre Exposure Prophylaxis and comprehensive prevention rollout. 3. Integrate Oral Pre Exposure Prophylaxis information and comprehensive HIV prevention into communication materials for use at Naguru Teenage Information and Health Centre. 4. Advocate for comprehensive HIV prevention in the Sexuality Education Framework and monitor its rollout in schools.

Methodology: Targeting Adolescent Girls and Young Women, the one year project targeted an integrated and streamlined Oral Pre Exposure Prophylaxis program within the existing Sexual Reproductive Health and Rights programs for young people as part of a combination prevention package of HIV prevention. Through engagements and development of a compendium of peer reviewed communication material with local and national policy programming for Adolescent Girls and Young Women, sexual and reproductive health and HIV advocates, Young people and specifically Adolescent Girls and Young Women groups and networks, the project sought to create demand for Oral Pre Exposure Prophylaxis to address challenges to access to Oral Pre Exposure Prophylaxis for Adolescent Girls and Young Women and consolidate voices from Adolescent Girls and Young Women. Advocacy was based on evidence from Oral Pre Exposure Prophylaxis implementation and research programs: DREAMS, SEARCH, Partners Pre Exposure Prophylaxis Program, and Ministry of Health Oral Pre Exposure Prophylaxis roll out.

Results: The project specifically guided and influenced the development of an implementation plan for the Ministry of Education and sports' National Sexuality Education framework, Ministry of Gender, labor and social development's Out of school sexuality framework for young people, Ministry of Health's Oral Pre Exposure Prophylaxis communication strategy, and Oral Pre Exposure Prophylaxis communication material for young people. The project brought forth the Adolescent girls and young women's advocacy forum, a platform for Adolescent girls and young women to participate in decision making about HIV/ Sexual Reproductive Health and Rights program planning, implementation roll out, monitoring and accountability. Development of an advocacy booklet, a factsheet and a policy brief.

Conclusion: Need to draw a link between Adolescent Girls and Young Women's risk perception and the risks associated with HIV acquisition. A clear guidance on integrating HIV, Sexual Reproductive Health and Rights, Family Planning, and Gender Based Violence programs and the link between public health aspects. Review existing material to integrate Oral Pre Exposure Prophylaxis information and update youth health policies and guidelines to include Oral Pre Exposure Prophylaxis.

Recommendations: 1. Capacitate Adolescent Girls and Young Women to demand for Oral Pre Exposure Prophylaxis. Scale up Oral Pre Exposure Prophylaxis country wide. 2. Review guidelines and enact policies that support access to effective SRH including family planning services for young women. 3. Train health workers in providing youth friendly Oral Pre Exposure Prophylaxis services. 4. Launch and disseminate a communication strategy, and materials specific to Adolescent Girls and Young Women.

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Access to Sexual, Reproductive Health Needs and Rights of Adolescents Living with HIV/AIDS in Uganda

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Key words: Sexual and Reproductive Health Needs and Rights, HIV/AIDS, Adolescents living with HIV, HIV programming, HIV policies in Uganda.

Background: The International Conference on Population and Development (ICPD 1994 to date) provisions on adolescent girls' health and development have been increasing in Uganda. Policy and programme commitments to address their sexual and reproductive health and rights (SRHR) have expanded. This study examines access to SRHR for adolescents (aged 10–19) living with HIV/AIDS in Uganda and analyses additional actions that need to be taken to enable them transition safely into adulthood. It builds on recent data that shows the numbers of adolescents living with HIV/AIDS is growing significantly. Children who are infected at birth with HIV/AIDS take antiretroviral drugs and have an opportunity to grow into adolescence and adulthood. This achievement notwithstanding, new challenges have emerged in their care and support particularly in the area of SRHR.

Objectives: the study aims at identifying the gaps in policy, program and services for adolescents living with HIV/AIDS in accessing sexual and reproductive health needs and rights.

Methods: The paper is based on the literature review of existing sexual and reproductive health needs and rights primarily on publicly accessible data from the demographic and health surveys and these surveys provide data on a range of indicators measuring the SRHR for adolescents living with HIV/AIDS.

Results: Indicate adolescents who have HIV/AIDS infection are sexually active and are engaging in risky sexual encounters. Yet, existing policies, programs and services are insufficient in responding to their sexual and reproductive health needs and rights.

Conclusion: Against these findings, it is important, that programs, services and policies specifically targeting adolescents are articulated to support them in regards to their sexual and reproductive health needs and rights. It is also important that integration of sexual reproductive health and HIV/AIDS services is prioritized among adolescents starting from the grass root to higher levels involving local leaders and cultural leaders.

Women's Economic Status and Reproductive Rights within Conjugal Union: Is there any inequality in Nigeria?

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Background: Women's economic status and rights within conjugal unions have arisen as a significant health indicator in family reproductive health issues. Everyone has the liberty to decide if, when, and how often to reproduce according to United Nations Population Fund 2014. The right to make decisions on what to do with individuals' bodies and access to services, is inalienable. For these reasons, numerous countries struggle to improve sexual and reproductive health in their universal health coverage reforms. To examine the effects of women's economic status and rights within conjugal unions, this study answers the following questions: What are the individual and contextual factors influencing the reproductive rights of women within conjugal unions? To what extent is women's economic status related to reproductive rights within conjugal unions? How does women's economic status shape patterns of reproductive rights within conjugal unions?

Methods: The study sourced and utilized data for currently married women from the Nigeria Demographic and Health Surveys (NDHS) of 2003, 2013, & 2018. It measured reproductive rights by two indicators (i) sexual rights (ii) contraceptive decision making and three variables namely; wealth status, working status and for whom the respondents worked for were used for women's economic status. Data were analyzed at three levels and five models were developed and tested using multilevel analysis.

Results: The study established the positive significant relationship between age at first marriage, level of education, and reproductive rights ($p<.01$) while more rural women affirmed their reproductive rights compared with their counterparts in urban centres. A higher significant effect was approved between women's economic status and sexual rights in all the surveys ($p<.05$). Simultaneously, a significant relationship between working status and contraceptive decision making was ascertained in the study (NDHS, 2008 odds ratio1.770567 $p<.01$, NDHS 2013 odds ratio 1.7967$p<.01$, NDHS 2018 odds ratio 1.423272 $p<.01$)

Conclusion and recommendation

The study has reaffirmed the relationship between women's economic status and reproductive rights. To ensure universal access to sexual and reproductive health-care services, including family planning by 2030, there is a need to integrate reproductive health into economic advancement programs of the national government.

Integrating Legal Empowerment and Social Accountability (LESA) in Sexual and Reproductive Health and HIV Services for Young People in selected slum areas of Uganda.

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Background: Uganda has made tremendous progress in promoting, protecting and guaranteeing Sexual Reproductive Health Rights (SRHR). However, Adolescent Girls and Young Women (AGYW) still face numerous SRHR challenges and consequences, particularly in slum areas. The aim of this study was to explore the underlying factors impacting the realization of SRHR for young women in slum areas utilizing Legal Empowerment and Social Accountability (LESA) as a normative framework. Specifically, the study was aimed at identifying relevant stakeholders for the realization of SRHR for AGYW in Wakiso and establishing knowledge and practice gaps for the stakeholders and duty bearers in the realization of SRHR for them. The LESA approach is an innovative blend of Legal Empowerment (LE) and Social Accountability (SA). LE refers to "the process of systemic change through which the most vulnerable populations become able to use the law, the legal system and legal services to protect and advance their rights and interests as citizens"[1]. This is through education, trainings and information access but backed up by high level advocacy and where necessary and litigation. Social Accountability, on the other hand, uses information, participation and civic engagement to facilitate demand for more effective public services, through collaborative and confrontational strategies such as protests, petitions, community scorecard among others.

Description: The study applied a qualitative research design and was conducted from 1st June to 23rd August 2019 in two slum areas in Wakiso District. Using purposive sampling techniques, data was collected from 69 respondents through Focus Group Discussions and key informant interviews which involved AGYW, local leaders, teachers, parents, district officials and CSO representatives. The interviews and FGDs focused on areas of knowledge of SRHR, access to SRH and HIV/AIDS services and access to justice. Data was reviewed, analyzed and themes developed through an iterative process.

Results: Majority of local leaders and AGYW were not conversant with SRHR and had misconceptions about it. In addition, access to SRHR services was limited by drug stock outs, stigma, and unprofessional health workers. It was also found that there were high rates of sexual violence in form of rape, defilement and sexual harassment but access to justice was low as a result of corruption, parental negligence, high costs incurred by victims in pursuit of justice among others. All these factors allude to the need for LESA to address challenges in access to SRHR among AGYW in the slum areas of Wakiso.

Conclusion: While Social Accountability approaches like participation and civic engagement are proven approaches to address some shortcomings in SRHR, they cannot address all rights violations especially when pressure from the community to resolve a violation fails. Therefore, it is crucial that Social Accountability approaches are integrated with information entitlement approaches like the Legal Empowerment (LE) to work more effectively.

LESA is therefore instrumental in laying a multi-faceted foundation towards improving SRHR experiences and service utilization as it offers avenues for self-reflection as well as checks and balances between duty bearers and right holders.

[1] Commission on Legal Empowerment of the Poor, (2008). Making the Law Work for Everyone: Volume One., Report of the Commission on Legal Empowerment of the Poor

Strengthening Comprehensive Sexual and Reproductive Health Rights (SRHR) Education of Adolescents in Rakai District: Lessons Learnt from a Community-based Intervention

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Key words: Sexual Reproductive Health and Rights, community-based intervention, Adolescents

Introduction: Young people in Uganda face various sexual and reproductive health risks. Rakai District is one of the epicentre for adolescent pregnancy, with most being defiled and raped. The contributing factors include; behavioral, socio-cultural, religious, socio-economic, illiteracy, weak implementation of the Penal Code Act, but largely as a result of lack of awareness by adolescents of their Sexual Reproductive Health Rights (SRHR). This paper aims to share lessons learnt during the implementation of comprehensive SRHR education for adolescents in Kyalulangira sub-county.

Methods: The program employed a three-access model; the school, community and health facility that enrolled 500 both in- and out-of-school adolescents aged 10-19 years, who were residents of Kyalulangira sub-county. Clusters of 20 out-of-school adolescents were mobilized and facilitated by Community Health Workers (CHWs). Clusters received weekly sessions at health facilities and safe spaces. With the help of teachers, 75 in-school adolescents received weekly sessions in their respective schools. A fifteen session curriculum on SRHR was developed by BBBU and approved by MoH. The content of the curriculum included SRHR, sexuality, life skills, SGBV, making of re-usable Menstrual Pads (RUMPS) and access to SRH services. Pre and post assessments were administered to assess adolescents' knowledge on SHRH while facility-based registers were used to assess utilization of services. Victims of Sexual and Gender Based Violence (SGBV) were referred to Adolescent clinics for counseling and Antenatal Clinic (ANC).

Results: We witnessed a remarkable increase in the utilization of SRH services especially family planning, antenatal care and 45 percent increase in SRHR knowledge. The trained CHWs have created a supportive community environment which as contributed to individual behavioral change and reduces influences of peer pressure. Adolescents in the programme gained more confidence in making decisions concerning their sexual life. We have witnessed a change in gender norms with boys being more supportive and aware of SRH including menstrual hygiene. The need to involve parents and wide community during the sessions was revealed and it will be considered for future programing.

Conclusion: SRHR education using Community based resources is a cheaper and sustainable solution as communities get empowered and become capable of addressing their SRH needs.

HeyCOVID19; a tale of 65 volunteers from 12 countries confronting a crisis remotely in just six days

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Background

Canada's Youth-HIV charity, working with 65 volunteers from 25 countries, created a platform in six days to ensure that information about COVID-19 is available to vulnerable populations where online translations may not be available or up-to-date. The team joined forces remotely to build HeyCOVID19.com, a website dedicated to providing COVID-19 information and updates in over 20 languages and local dialects, including Luganda, Nyanga, and Setswana.

Description

Recognizing that COVID-19 is affecting communities globally at different cycles and waves and that the impact has started to be felt in developing regions, Canada's Youth-HIV charity, LetsStopAIDS, created the HeyCOVID19.com platform. LetsStopAIDS volunteers brought an idea for HeyCOVID19.com to life after witnessing the dangers and effects of misinformation.

At the beginning of April 2020, drawing parallels to the HIV pandemic, the team understood the importance of awareness for accurate and correct public health and safety knowledge. Sometimes, Google Translate is not an option, especially for local dialects, and that's where HeyCOVID19 comes in. The platform focuses on aspects of personal hygiene, physical distancing, recognizing symptoms, myth-busting, and how the virus impacts HIV-positive individuals. The goal of the project is to ensure that people living in the most remote areas are empowered to adopt public health precautions, act in solidarity and prevent the spread of misinformation about COVID19 and HIV and AIDS. The content is based on information provided by the World Health Organization (WHO), and it supports the United Nations (UN) call to action for this global health response to be as far-reaching as possible.

Lessons learned

- The information was brought to about 25 countries targeting a mass of people since most of the people were online during the pandemic.
- To address aspects of internet connectivity and accessibility, translations were disseminated through WhatsApp and Facebook Messenger in remote regions where telecommunication plans provide unlimited access to broadband internet.
- Through social media platforms, information has been widely exchanged as many times as possible, with no additional charges.
- Always keep the information clear, simple, science-driven, and free to download and share on any social media platforms.
- Developing the content for ay web-based initiative internationally; you should be mindful of the varying connectivity ability across the continents and always develop materials with this factor in mind.
- Key messages were translated into Arabic, Bemba, German, English, Spanish, Persian, French, Gujarati, Hebrew, Hindi, Italian, Luganda, Luo, Nyanga, Filipino, Portuguese, Siswati, Swahili, Setswana, Urdu, and Zulu.
- Most information challenges have to do with information flowing without being sieved for accuracy coupled with a big number of informers.
- Such innovations support the raise of resources that can be used to fund ongoing COVID-19 efforts, including internet connectivity for local volunteers and engaging community partners.

Conclusions/ next steps

- This engagement and program demonstrated again the power of collaborative effort united for a common cause.
- Such innovations support the raise of resources that can be used to fund causes
- Interested individuals are encouraged to visit and share HeyCOVID19.com

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[1*] LetsStopAIDS: Canada's largest youth-HIV charity. It focuses on HIV prevention and knowledge exchange by engaging young people and fostering leadership; it focuses on providing meaningful virtual/in-person opportunities that motivate leaders to share knowledge, resources, and support to youth affected by HIV.

Young people as Peer Researchers and Advocates: Adolescents Perception of Healthy Relationships: Research Project in Tanzania[1]

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Background: Adolescents are located within an ecology of relationships with significant others, including teachers, parents, peers, community leaders, among others. Healthy relationships are precursors to the prevention of violence. However, in examining how adolescents perceive healthy relationships, it is important to take their substantive voice as a starting point. In this presentation, we showcase an innovative research and advocacy project that was carried out by adolescents in both rural and urban contexts of Tanzania. We present this project as an example of good practice in bringing to the fore the voices of young people in research, policy, practice, and programmes. We demonstrate how the voice of adolescents, including very young adolescents, was embedded in developing the research problem, as well as the advocacy plan. Adolescent Perception of Healthy Relationships (APHR) was a three-phase, three-year peer-led research of adolescents, in-and-out-of-school, in Kinondoni Municipal Council and Magu District Council. The analysis was carried out to understand adolescents' perceptions and experiences of healthy relationships, including positive social pressures, sexuality and sexual relationships, safety and protection, and bodily integrity at home and schools. The main aim was to reduce adolescent's risks and vulnerabilities by increasing their power and agency into adulthood.

Methodology: During the three-phased study, we worked with 24 in-school and eight out-of-school adolescent boys and girls aged 10-18 years, who were trained, deployed, supervised, and supported as Peer-Researchers in Dar es Salaam and Mwanza. To get a perspective on diverse intersecting factors that influence perceptions of healthy relationships, we engaged a cross-section of adolescents covering the diversity of socio-economic background and spatial location variables. The study design was participatory and we employed a methodology where the peer researchers contributed to the design of the study, undertook the research, and participated in various stages of data analysis. In Phase I, the 32 Peer Researchers successfully interviewed 737 in-school and 190 out-of-school boys and girls with a semi-coded questionnaire. This approach aimed at understanding the perceptions of healthy relationships by placing them within an ecology at home, community, school, and media spaces. In Phase II, the adolescent Peer Researchers and their supervisors interviewed and organized group discussions with adolescent boys and girls, teachers, and community and religious leaders. Other methods used were writing essays, life histories, photo narratives, and creative drawings, and relationship strength assessments. In Phase III, the project empowered, trained, and mentored 10-18-year-olds in-and out-of-school male and female adolescent peer advocates to engage with policymakers, civil society organizations, educationists, and government leaders and parents. We also demonstrate how young people deployed various advocacy strategies, including the use of sport as a space for advocacy, debate clubs, peer-to-peer talk, as well as the use of 'talking school compounds' and 'talking communities. We end by presenting the innovativeness, replicability, and potential of taking such a project to scale.

[1] This project was implemented by Nascent Research and Development organization in collaboration with Centre for Research and Development (CEREDEV) and supported by the International Institute of Social Studies and funded by the Oak Foundation.

KEEP CHATTY-A NEW LENS TO SEXUAL AND REPRODUCTIVE HEALTH CHALLENGES AMONG YOUNG PEOPLE.

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Background

KeepCHATTY is the hallmark of innovation in sexual and reproductive health and rights. It is a high school mental health innovation programme that integrates sexual and reproductive health awareness messages within mental health education and literacy. The objective is to increase awareness on the impact of positive mental health through providing authentic and age-appropriate information that empowers and inspires behaviour change in sexual and reproductive health in a supportive young people's environment.

Description

The keepCHATTY initiative is designed to target high school youth between the ages of 13-19 years through a structured extra co-curricular programme. Peer learning sessions are complemented by the formation of student chatty groups and "Voice through Art" sessions culminating into well-structured student-led clubs where they are mentored to address their own sexual and reproductive health issues.

Lessons learned

KeepCHATTY programme is empowering over 1000 high school youth in urban and peri-urban school contexts to support each other through unique tailored interventions. This programme combats stigma around SRHR through interventions such as open discussions about risk factors arising from mental health such as depression, substance abuse, and how they impact on young people's SRHR. The programme has revealed the imperative need for sexual and reproductive health organizations and practitioners to interrogate the role of mental health in behaviour change and the sustainability of SRHR interventions, especially in health programming.

Conclusion

The keepCHATTY programme emphasized the synergistic relationship between sexual and reproductive health and mental health. Mental health being a neglected complex part of health is a major contributor to adverse sexual and reproductive health issues such as teenage pregnancy, gender-based violence, and acquisition of HIV/AIDS arising as a result of substance abuse, low self-esteem among mental health challenges. This innovation will be scaled up in both refugee and underserved communities which are ultimately defined by gender-based violence, teenage pregnancy, and low levels of education.

Peer Education: Bridging the Information and Service Access Gap in SRH and GBV Prevention in Buyende District.

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Background: Accessibility to accurate and comprehensive information and services for Sexual and Reproductive Health and Rights (SRHR), including mitigation against gender-based violence (GBV), is limited among the Buyende District population. This is due to the negative attitudes of health workers towards youth seeking SRH support, poor service seeking behaviors, limited knowledge about service provider obligations, lack of awareness of SRH rights, and the distance from health facilities. The outbreak of COVID19 and the related mobility restrictions made this even worse. As a result, the challenges of the young people concerning SRHR and SGBV shot even higher. For instance, the teenage pregnancy rate now stands at 29%.

The NI-YETU Project, a 5 years youth social empowerment project, sought to empower young people (10-24 years old) with knowledge, attitudes, and skills for reducing SGBV and improving their SRH outcomes in Buyende District. By doing this, it also looks to attain a vibrant and Inclusive youth-led society that is resilient and holds self and the state accountable for child protection and SRHR, especially for the **girls.**

The principal objective of this intervention was to "empower communities to address negative social norms, attitudes, and behaviours that affect the realisation of SRHR and reduction of SGBV with capacity building to hold duty bearers accountable, especially on issues affecting young people."

Description: We applied a community-based peer-to-peer approach and engaged 72 PEs in the entire district, 36 out-of-school and 36 in-school. The PEs facilitated interactive dialogue sessions with youth groups, covering healthy practices, better social living, referrals, and linkages for further management of cases at health facilities. They also discussed places of justice such as police and CSOs, enrolled youths into VSLA, and conducted community-wide health talks. Previously PEs were facilitating a group consisting of 30 (aged 10-14 years) members once a week, but with the outbreak of COVID19, to follow the MoH guidelines, the PEs were meeting groups of 5 members in a day for the smooth completion of the peer educators modules.

Lessons learned: In the period of the learning (June to September 2020), there were 24 active out-of-school PEs who reached out to 1,074 people with accurate and age-appropriate information (940 are aged between 10 to 24 years). With the daily theme of SRH and gender, they reached 720 people, referred and linked 68 cases for further management, 32 youths were enrolled into VSLA and through community-wide health talk, 254 people were reached.

In conclusion, PEs play a great role in bridging the information and services access gap through the dissemination of accurate and age-appropriate information, and provision of referrals and linkages to services. They are also at the forefront of mindset and behavioural change among young people because they can influence change.

The government should therefore invest and incorporate youth peer educators into the VHT structure given their significant contribution in health promotion, for without the youth peer educators, access to SRH services by the youth will lag and the issues affecting them like teenage pregnancies will continue to devour the future generation.

"You should have 'shouted' for help": Narratives of Sexual Violence by Female Youth who are Deaf and Hard of Hearing in Kenya

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Young people in Kenya face various sexual and reproductive health challenges. These challenges, which include sexual violence, are heightened for youth who are deaf and hard of Hearing (DHH). However, within a discursive context, the onus for preventing their sexual abuse is often legally and normatively vested on women and girls, including raising the alarm during an attack. DHH female youth are disadvantaged because literally shouting for help not only imagines a hearing person, but symbolically and structurally, such a perspective fails to take into consideration the assemblage of factors that constrain female youth from exercising self-efficacy in sexual decision making and in prevention of their sexual abuse.

Drawing on data from a one-year research conducted with DHH youth on the framing of their sexual and reproductive health in Western Kenya, we present narratives of sexual abuse of DHH female youth. We argue that within the context of specific othering discourses on their personhood, identity, sexuality and reproductive health, sexual abuse continues to be a barrier to their wellbeing. These discourses also often thrive on a failure to implicate the male DHH youth, who, while also disadvantaged, can perpetrate sexual abuse. These barriers are accentuated within the context of poverty, vulnerability, and an unresponsive justice seeking system, coupled with an incompetent health care system.

Within these and other complex intersecting factors, female youth who are deaf and hard of hearing name their experience of sexual abuse as a travesty of justice that needs to be remedied. Their voices point to the need for taking a human rights approach to address the various challenges in their locales.

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Promoting youths' voices on sexual reproductive health rights within institutions of higher learning. D. Okiror
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Background:
Medical Students for Choice -Mbarara University Chapter, in conjunction with Reproductive Health Uganda, organized a four-day activity in March 2019 tagged: "Sexual and Reproductive Health and Rights Week", under the theme "Promoting youths' voices on sexual and reproductive health and rights within institutions of higher learning". This activity is associated with the project "She Decides" that aims at improving access to quality, integrated Sexual and Reproductive Health Services, and information to poor-excluded and underserved people, especially women, girls, and youths in the districts of Mbale, Mityana, Kampala, Fort Portal, Mbarara, Kabale, and Bushenyi.

Objectives:
To share knowledge on sexuality education frameworks for youth in South Western Uganda.
To promote a better understanding of youths' role in advancing sexual reproductive health services and rights in Mbarara University.
To facilitate a forum for the exchange of ideas and reflections that address youths' sexual and reproductive health needs.
To facilitate the increase in demand for sexual and reproductive health knowledge for the young people at Mbarara University.
To provide family planning services and information.

Description:
We had a tent with the following services offered for 4days:
Contraception & STI screening.
Free SRHR counselling.
Displayed IEC materials on SRHR.
Displayed university policies related to SRHR.
The hot seat where students asked questions regarding SRHR.
Students and staff dialogue on SRHR.

Lessons learned:
658 students were reached. 61% were females and 39% males.
95% of the students did not know about the SRHR policies in the university.
A university with a population of about 4000, a turn-up of 658 for services in 4 days is significant and translates to an unmet need for services. We concluded that accessing SRHR information and services remains a challenge within institutions of higher learning.

Next steps:
There is an urgent need for university clinics to provide SRH services and information.
Make pocket handbooks regarding university policies on sexual and reproductive health and rights and the use of social media available.
Biannual "SRHR week" to offer services and disseminate policies.

Examining Refugee Youth Voice in Social Accountability for Sexual and Reproductive Health Services in Uganda

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Refugee youth like other young people are a significant majority in refugee settlements but are often excluded from social services including sexual and reproductive health (SRH) services. This is due to social cultural norms, and their construction and positioning in social relations that shape their gendered daily experiences.

This has an impact on their SRH vulnerabilities and wellbeing and on the interventions targeting them. Social accountability is about the power to make informed decisions that are relevant to the needs, preferences and interests of the beneficiaries and respond to societal concerns. It concerns governance discussions, increased citizen participation, equity, transparency and openness, and responsiveness to the beneficiaries' needs. Social accountability affects the general governance of SRH as well as access and utilization of SRH services by the youth and impacts on the gendered power relations and decision making capabilities among the young refugees and service providers.

Using social accountability as a conceptual lens and data generated from secondary sources the study examines the place of refugee youth voice in the accountability processes within state and non-state SRH service provisioning in settlements.

Findings reveal that youth have agency and their voice is gendered, diverse, and located within the constraints and realities of their context. This has implications for youth sensitive sexual and reproductive health and rights interventions and policies targeting refugees.

Breaking the Silence around Menstruation: Secrecy, Subversion, and Building a Community of Support for Women on their Menstrual Journeys

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Despite the recent proliferation of research and interventions around menstrual health and hygiene management (MHM), few studies address girls' and women's **qualitative experiences** of both learning and broader sociocultural MHM challenges. Our research team therefore set out to explore girls' and women's **experiences of menstruation throughout the life course**, with an aim of better understanding how various cultural norms, social relations, MHM interventions, and technologies have mediated generational experiences of—and interactions around—menstruation.

In 2019, our team's **intergenerational study of menstruation** organized focus group discussions by generational cohorts of women from pre-menarche to post-menopause across Kawempe and Iganga. We followed up with individual interviews in 2020 to document women's individual and collective 'menstrual journeys'.

Our study revealed **complex tensions between culturally accepted silences and women's yearning for more openness** around the topic of menstruation. Our presentation will therefore focus on three aspects of this discovery:

1. **Secrecy/taboos around menstruation** and how these negatively affect women of all ages. Namely, silence discourages them from seeking MHM information, leaving many unanswered questions, from menarche to childbearing to menopause.
2. **How women and girls subvert these silences** through such tactics as creating elaborate euphemisms, adjusting cultural practices, and utilizing nonverbal cues to address MHM challenges
3. Finally, we will consider **ways to build on these existing cultural practices** to gradually open up spaces for women—and men—to work together to meet MHM challenges.

We ultimately hope to apply the results of this discussion to creating **an intergenerational community of support** to help women of all ages overcome the challenges associated with MHM.

Tracking Impact: How Sexual Reproductive Health and Rights Training Informs Practice

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Background: Narrowing the gap between sexual and reproductive health and rights (SRHR) knowledge and practice requires diverse strategies. In Uganda, The Strengthening Education and Training on Sexual and Reproductive Health and Rights (SET-SRHR) training programme contributes to narrowing this gap through reflexive trainer's certificate course delivered to four hundred SRHR practitioners. The goal of this training program is to expand SRHR training and higher education opportunities and to enhance the professionalism of SRHR service provisioning in Uganda.

Description: To date, ten cohorts of forty participants each have been trained by thirty-four Master trainers now comprising the 'SET-SRHR TOT 400' alumni. The impact of this training is monitored by a team using surveys and interviews to track the transformations from knowledge to practice. Eight of these cohorts have thus far been tracked for changes in their attitudes and practice at different levels.

Lessons Learned: The results of the tracking reveals perceived significant improvements in attitudes on sex and sexuality; gender awareness; family planning; and training pedagogy. The interpersonal changes in practice include improved partner discussions, intentional parent-child discussions on sex and sexuality, and intentional startup of income-generating projects to improve household incomes. Study participants also reported having designed training programs and revised and enriched curricular in higher education institutions with SRHR modules and input.

Conclusions: The reflexive approach used in training offers promising pathways to improving broad understanding and engagement with SRHR and to accelerating improvement of maternal and adolescent health. The findings reveal the impact of this reflexive training, advocacy, research, and community interventions and how it is informing practice. The study highlights the transformative potential of the curriculum and significant changes in attitudes and norm shifts as well as SRHR knowledge, competency and skills acquisition that continue to influence practitioners' professional and personal lives. Practitioners continue to constantly question, challenging harmful norms, transforming minds, and influencing policy in various districts all over Uganda.

[1] Master Trainers who constitute the Monitoring and Tracking Team (MTT) tasked to develop and operationalize a monitoring and tracking plan for change in practice and service delivery among the Master Trainers and SET SRHR TOT 400 Alumni.

MITIGATING AND CASE MANAGEMENT OF TEENAGE PREGNANCY AND EARLY MARRIAGES ON BUYIGA ISLAND MPIGI DISTRICT

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Background: Child marriage is a global problem that cuts across countries in Africa, cultures, religions and ethnicities. Uganda ranks 16 with 40% number of teenage pregnancies out of 20 countries with the highest number of child marriages in the world; (UNICEF, 2017). Buyiga Island, with no female graduate has a population of 4595 people, with 923 women of child bearing age (UDHS Report, 2016).Teenage pregnancies between 2017and 2018, were 170 while facility deliveries 10-19yrs, were 91, the rest were referred (Buyiga H/C III, HMIS ANC 072 register) as some died on transit in the canoes.

Poverty, Inadequate education system and lack of sanitary materials have seen girls leave school. Use of dry banana leaves, fibers, cow-dung and sharing of reusable pads has exposed girls to infections; yet there's no intervention to address this challenge.

Purpose: To mitigate and case manage teenage Pregnancy and Early marriage on Buyiga Island

Scope: The project covers 10 young women, 20 adolescent girls and boys trained as champions to cascade SRHR information to their peers.

Objectives

1. To enhance knowledge and capacity of the health workers on adolescent SRHR for improved youth friendly services.
2. To strengthen referrals of pregnant adolescent girls to the health center through their champions and VHTs.
3. Equip adolescent peers with knowledge and skills of making re useable sanitary towels for improved menstrual hygiene management.

Description: This project is located on Buyiga Island Zone 'A', a fishing community, which was established in 2019 during a community dialogue. It has enabled peer led counseling, making of reusable sanitary pads and Liquid soap for personal use and income.

Lessons learnt:

- Community involvement in planning; enabled the designing of appropriate interventions to challenges faced by young people.
- Community dialogues enabled discussions on sexuality issues and moral practices.

Conclusion:

The achievement of the intended objectives of the project, will therefore improve uptake of SRHR services by the young people. Community dialogues will enhance parenting and necessitate appropriate policy formulation.

Community level factors influencing modern contraceptive use: An analysis of the Uganda national panel survey

K.R. Tumwine

Communities where women live affect their decision to either to uptake, discontinue or not to use any modern contraceptive. The study aimed at examining the influence of community – level factors on modern contraceptive use while assessing the role of community fertility norms on modern contraceptive use, examining the role of community women empowerment on modern contraceptive use, assessing the influence of community socio-economic development on modern contraceptive use and examining the influence of community's access to family planning information and services on modern contraceptive use.

This study used secondary data from the 2014/15 Uganda National Panel Survey (UNPS) which was the 5th in the series of panel surveys that the Uganda Bureau of Statistics (UBOS) conducted. It comprised of four modules namely; The Socio-economic, woman, agriculture and community modules and all the districts in Uganda were covered. The study only considered women aged 15-49 years who are married or living with a man. The four modules were merged together using the Household identification number (HHID) and the Village identification unique number to make one dataset.

Data was analyzed at Univariate, bivariate and multivariate levels. At Univariate level, almost seven in ten women (69.7%) were not using modern contraceptives as compared to only three in ten women (30.3%) who were using modern contraceptives. At multivariate level, results revealed that community wealth quintile, residence, age, region, female level of education, number of sons, age at first marriage, access to a health facility and poverty level had a significant association with modern contraceptive use ($p<0.05$) while employment status had no association with modern contraceptive use ($p>0.05$).

The study recommends that communities should be sensitized about the advantages of educating children especially the female children because education enables females to acquire skill which makes it possible for them to look for employment outside their homes and as well make decisions to adopt modern contraceptives so as to have spaced and wanted children.

A differential analysis of factors associated with the use of modern contraceptive among women with disabilities in Uganda for the period 2011 and 2016: A logit application of decomposition.

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The study objective was to decompose factors associated with the use of modern contraceptives among Women With Disabilities (WWDs) for the period 2011 to 2016. The changes were decomposed into components attributed to variations in characteristics and variations in the effect of coefficient using WWDs' demographic and socio-economic factors.

The logistic regression and logit based decomposition analysis were used to quantify the impact of change. The assessment was based on data sourced from Uganda Demographic and Health Surveys (UDHS) conducted among a total of 4290 WWDs aged 15-49 years.

Results show that modern contraceptive use increased from 24.7% in 2011 to 30.2% in 2016. The variation in the characteristics of WWDs were significantly associated ($p<0.05$) with parity, education level, wealth index and marital status. Thus, overall 3.1% of the gap in the use of modern contraceptives was attributed to differences in the characteristics of WWDs that would respectively be increased by 10.1%, 11.4%, 3.9% and 6.1% if WWDs in 2011 had similar composition to that of their counterparts in 2016. Therefore, 96.9% of the gap was attributed to differences in effects of compositional factors (coefficient).

The overall gap in contraceptive use in Uganda for the study period was attributed to the change in characteristics of Women with Disabilities. The factors that led to the changes were; parity, highest education level, wealth index and marital status. In order to reduce this gap, government and other stakeholders should scale up the use of modern contraceptives through comprehensive and ongoing sexuality education and wealth creation Programs to articulate rumors and misconception. As Uganda continues to focus on harnessing the Sustainable Development Goals (SDGs), social behavioral change communication (SBCC) interventions to change the attitude and enhance self-confidence among WWDs who are in danger of mistimed pregnancies irrespective of the total number of children.

Contribution of private clinics towards access to sexual reproductive health rights and services among adolescents in Bwaise Kawempe division Kampala district

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There is deep-seated discomfort about adolescent sexuality which contributes to legal and social barriers to the provision of SRHR. Adolescents (young people aged between 10 and 19 years). as they transition from childhood to Adulthood, they have health care needs that are distinct particularly in the area of sexual and reproductive health and rights (SRHR), however Access and availability to appropriate services is a countless challenge that affects this target despite their capabilities and willingness to access these services in both private and Public facilities.

In 2019 I conducted a study to explore experiences of adolescents with access to SRHR services in community private clinics and public health facilities to understand the products and services given to Adolescents and the ratio to which Adolescents access SRHR services from private sector, public sector and underlying factors. The study Administered 100 questionnaires to 15 private clinics (30 personnel) 30 community members, 3 health related organizations (10 personnel's), 2 Government health facilities (7 personnel) and 23 adolescents (16f, 7 M) and two adolescents Focus group discussion.

The study shows 68.8% Access SRHR service from Private Clinics, while 31.2 % use Government facilities,55.6. % would still opt for private clinics and 44.4% opted for Government health facilities, 47.8% where introduced to private clinics by friends, 30.1%, by themselves 15.3% by their relative,6.8% their boyfriends. Asked on why they preferred the particular category, 33.5 pointed on the unfriendly services from Government facilities, 55.4% availability and accessibility of private clinics, 11.1% the professionalism of the Government facilities.36.8% had got medical, 26.8% no issues from private clinics and 30.8% no medical issues, 16% got issues from Government facilities.

My study revealed **rigidities on demand, access and provision of SRHR services to adolescent's in private** and public facilities, my poster presentation will therefore focus on

1. Level of involvement and provision of SRHR services by private and public facilities
2. The influencing and underlying factors for the usage and engagement of private and public facilities.
3. Possibilities improving of accessibility and provision of SRHR services in private- both in private and Government facilities.

In a conclusive remark there is need for conducting massive research on involvement of private clinics in provision of SRHR services to clearly understand the positive and negative contribution of the actor in SRHR.

Knowledge, Restrictions, and Experiences of Adolescent girls during Menstruation

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Background

Due to stereotypes and misconceptions, many girls in Uganda face restrictions during menstruation that affect their health and education. This project aimed to tackle these restrictions and improve MHM among adolescent girls by researching the knowledge, experiences and restrictions associated with menstruation and its impact on their education.

Methodology

This study utilized mixed methods of data collection. 1,415 girls aged 9-17, 17 teachers, 17 parents and nine local female leaders from communities in Jinja and Mayuge districts were surveyed using simple random, purposive, convenience, and snowball sampling procedures. District, school, and participant consent was sought before undertaking data collection.

Quantitative data was collected using pretested semi-structured questionnaires, while qualitative data was collected using interviews and focus-group discussions. Quantitative data was entered into SPSS (version 22) and cleaned using univariate and bivariate analysis. Qualitative data was analysed through thematic analysis.

Results

Disaggregated results showed that girls with disabilities and premenarchal girls had limited knowledge of menstruation. Girls who were uneducated about menstruation pre-menarche experienced anxiety (18.9%), shame (6.2%), suspected sickness (7.9%), and/or ran away from school (4.8%) when they had their first period. Results revealed significant knowledge gaps among parents, teachers, and local leaders, contributing to girls' delayed education about menstruation, resulting in stigma and misconceptions. Many adolescent girls held beliefs restricting activities during menstruation, including engaging in strenuous work (56.3%) and discussing (74.8%) or associating with men/boys (67.3%). 24.9% of girls surveyed missed school during their most recent period. Reasons for absence included pain, fear of staining school uniform, inadequate sanitary pads or facilities, or fear of abuse. Participants also reported early marriages and domestic violence associated with menstruation among adolescent and adult females.

Conclusion

This research will inform future projects on menstrual hygiene management and community awareness. Participant recommendations for projects included training on reusable sanitary pad production, the construction of changing rooms equipped with water, educating boys and training teachers and parents so that they can educate and support girls and women during menstruation.

Factors Associated with Uptake of Human Papilloma Virus Vaccine among Girls Aged 10-15 years in Kibaale District, Uganda

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Background: Cervical cancer is the 4th most common cancer affecting women worldwide. In Uganda, more than half of the women diagnosed with cancer die of the disease. The World Health Organization (WHO) recommends Human papilloma virus (HPV) vaccination of girls aged 9-13 years as a primary prevention of cervical cancer in women. In 2015, Uganda adapted the WHO recommendation and rolled out HPV vaccination as part of the national immunization program. However, uptake of HPV vaccine is low. This study sought to understand the factors associated with uptake of HPV vaccine using the Attitudes-Social influence and Self-efficacy model.

Methods: This was a cross sectional study that used mixed methods approach. Structured interviews with 392 girls aged 10-15 were conducted. Key informant interviews with health workers and teachers were held. Focus group discussions were conducted with parents of the girls. The primary outcome was uptake of HPV vaccine, defined as having received two doses of HPV vaccine. Quantitative data was analyzed using STATA 14 while Qualitative data was analyzed using thematic analysis.

Results: Uptake of HPV vaccine was 22% (86/391). More than half (56.9%) of the respondents reported lack of awareness as a major reason for not completing HPV vaccination. Perceiving HPV vaccine as side effects free (Adjusted Prevalence Risk Ratios (APR) 1.67, 95% CI 1.02 – 2.72), encouragement from a teacher to get vaccinated (APR 1.84, 95% CI 1.05 – 3.25), encouragement from a health worker to get vaccinated (APR 3.12, 95% CI 1.64 – 5.95) and education level of primary five to seven (APR 2.17, 95% CI 1.17 -4.01) were significantly associated with uptake of HPV vaccine. Inadequate knowledge and lack of awareness of HPV vaccine among parents and service providers were the major factors elicited from the qualitative interviews.

Conclusions: Uptake of HPV vaccine among girls aged 10-15 years is very low. Measures to increase uptake of HPV vaccine such as improved sensitization of HPV vaccine in the community should be made a priority.

Integration of SRHR/HIV/GBV in policies, strategies, plans and programmes

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Background: FOME is a national organization working with men and boys to end all forms of violence against women and girls in the areas of health among others. With funding from United Nations Population Fund (UNFPA) through AIDS Information Center (AIC), FOME is the lead agency for the CSO Advocacy Coalition for integrated SRHR/HIV/GBV in Uganda. It has a membership of 23 civil society organisations. The objective of the coalition is to advocate for integration of SRHR/HIV/GBV into the national policies, plans, programmes and strategies.

Description: FOME is the lead coordinating agency for the coalition. During the review of the Uganda Gender Policy, 2020, the CSO Advocacy Coalition for integrated SRHR/HIV/GBV developed a strategy to engage policy and decision makers to make commitments to prioritize and include issues of SRHR in the Uganda Gender Policy and related documents. The coalition met with the Commissioner of Gender and Women Affairs at MoGLSD and commitments were made and documented and this gave a basis to demand for integration of SRHR issues into the Uganda Gender.

The coalition reviewed policy documents and policy briefs were developed and are being used for advocacy.

Lessons learned:

- Policy and decision makers are now more committed to integrating issues of SRHR into HIV and GBV policy documents.
- Technocrats at MoGLSD and MoH became more committed and responsive to SRHR service delivery needs of people of all categories.
- The policy reviews formed the basis for the coalition to hold policy and decision makers accountable on issues of integrating SRHR into HIV and GBV policies and plans.
- MoGLSD committed to consult the coalition during planning and budgeting processes for SRHR related interventions.

Conclusions/ next steps: Engagement of policy and decision makers to make commitments on integration of SRHR into HIV and GBV policies, strategies, plans and programmes proved an effective strategy for the coalition, the Commissioner of Gender and Women Affairs committed to raise issues of SRHR to be integrated in Gender related policies, plans, strategies and programmes.

Determinants of acceptance and continuous use of Modern Family Planning Methods among Adolescents in Kawempe slums, Uganda

I. Serubaale, J. Nabayunga

Even with the inspiring increase in contraceptive prevalence rate (CPR) in Ugandan from 24% to 30% (UDHS 2006 & 2011), the unmet need for any family planning (FP) method remains high predominantly among adolescents ,46% (Bongaarts, 2011). Many adolescents do not get chance of utilizing any family planning method and 18% dropping off use even when they have started using a method (Tsui, McDonald-Mosley, & Burke, 2017).

A cohort study was conducted in three Youth Friendly Corners in Kawempe (Kisowera, Ttula and Kilokole) between May and September 2019 among adolescents (10-19) who had been sensitized about Modern Family Planning (MFP) methods

Using systematic random sampling, 192 adolescents were chosen to participate in the study. Sensitization about the methods was handled by the facilities' personnel and the 150 who accepted using any method were given the desired method and data was collected. The rest were excluded from the study. They were followed until the end of the study as they frequently sought guidance from the facilities. Epi-data and STATA were used for data management where Descriptive statistics, Pearson chi-square and logistic regression were run. Pair-wise correlation command (pwcorr) was used to determine the variables to be used.
The results showed that out of the 150 adolescents who received a method, 92 (61%) used it until the end of the study while others dropped off before the study ended.

The statistically significant explanatory variables were; level of education (OR 1.23); age (OR: 1.03) and duration of the method (OR: 1.66). Sex (OR: 0.98) and who they reside with (OR 0.66) had no statistically significant relationship with acceptance, use and continuous using of a method. However, 13.5% considered discontinuing use because of side effects which included physical and psychological effects (9.6%) and compromised sexual sensitivity (0.7%). The commonest methods used were condoms and injections.

The results will assist policy makers in designing programs needed in order to strengthen the family planning-adolescent (FP-A) relationship in Kawempe slums.

Enhancing Communication for Availability, Access to Quality Family Planning Services to Bridge Unmet Needs in Isingiro District, South Western Uganda

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Background: This paper employs lessons learned, best practices, in tandem with ***Isingiro*** district development plan (2016-2020) to explain the effectiveness of communication in creating, raising, and sustaining sexual and reproductive health rights (SRHR) for family planning. Public advocacy communication strategy enhances personal, family, or community behaviour for SRHR contraceptive technology innovations adoption. Effective SRHR communication plan should target family planning incentives (benefits) to individuals, families (households), and local communities in the south western district. It highlights unmet contraceptive needs, socio-cultural and quality service barriers, access to contraceptive technology information services to curb unwanted or too early, frequent, or late pregnancies.

Description: The paper objectives are to: explain how health communication strategy can make individuals achieve their unmet contraceptive and reproductive intentions; present an overview an effective national family planning policy communication issues and experiences in Uganda; describe lessons learned, enablers, and best practices of family planning communication programmes; and illustrate the social, economic, environmental, and policy benefits of effective family planning practice at personal, family,national, and regional levels.

Lessons Learned: Preliminary findings indicated that contraceptive technology use was too low (20%).The unmet need was too high (80%). Hence, too early pregnancy, too frequent pregnancy, child marriage, teenage pregnancies, unplanned pregnancy, low family resources, poor nutrition, and illiteracy affected the status of maternal and infant health. The district faces population health risks associated with lack of access to family planning resources, prompting high (80 percent) unmet need for contraceptive use, high maternal mortality (430), high infant mortality (120) rate, high (3.3%) annual population growth rate, and fewer (35%) deliveries new born (neo-natal) births at health centres (clinics); and big households with abject povery (30%). The required access to critical information, services, or products were affected by field staff motivation, soumd funding, political mobilisation, advocacy campaigns, and efficacy of the SRHR innovations.

Conclusions: Health communication campaign is vital for achieving the desired awareness, attitudes, knowledge, and behaviour change in the target soio-economic demographics. Effective public communication is result-oriented because it is participatory, theory driven, participatory, coordinated, gender sensitive, and evaluation. *Isingiro* district communication strategy needs capacity building, content, and gender equality mainstreaming focus.

Which of the girls aged 15-19 years are most at risk of getting pregnant in school?

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Background: Despite the numerous adolescent pregnancy prevention interventions implemented, Uganda has persistently had a high prevalence of adolescent pregnancy (25%) for the last ten years. This study sought to identify the predictors of adolescent pregnancy among adolescent girls aged 15-19 years in school.

Methodology: Cross sectional study design was used to determine the prevalence of pregnancy among 1,182 girls aged 15-19 years attending 20 secondary schools in Hoima District. All girls who were currently pregnant at the time of data collection or reported to have aborted six months prior to data collection date were categorized as pregnant. Data was collected using structured questionnaire, descriptive statistics were done using SPSS.

Results: Out of 1182 girls, 104 girls (77 currently pregnant and 27 aborted) were pregnant, resulting in an adolescent pregnancy prevalence of 8.8% among girls aged 15-19 years in school. The girls who had the highest prevalence of pregnancy were those who reported to have ever used contraceptives at least once (78%), girls whose parents are informally employed (47%), girls who stayed with a single parent (52%), girls in the boarding section (89%), girls aged 17-18 years (48%) and girls in senior three class (71%)

Conclusions: Findings show a high adolescent pregnancy prevalence among school girls which needs urgent measures to address if the national adolescent pregnancy prevalence is to be reduced. Results further indicate the girls who are most at risk hence customized interventions can be designed to address the risk factors. Important to note is the inconsistent and or incorrect use of contraceptives resulting in pregnancy, measures to provide school girls with comprehensive SRH services including contraceptives need to be explored in order to reduce adolescent pregnancy in Uganda.

School outreaches on Sexual Reproductive Health Information through Learning Audio Visuals (LAVs).

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Young people aren't just the future but also the present. Young people aren't just using their voices, but also developing innovative solutions that are needed to achieve the Sustainable Development Goals (SDGs). Uganda has the world's youngest population with over 78 percent of its population below the age of 30, with 52.4% being under 15 years (UBOS, 2016). While adolescents (10-19 years of age) comprise of 23.3 %, the percentage for young people (10-24 years of age) amounts to 37.4% (The National Adolescent Health Strategy, 2015). Young people in Uganda face a multitude of health challenges including reproductive health problems such as early/unwanted pregnancy, unsafe abortion, STIs/HIV/AIDS, and psychosocial problems such as substance abuse, delinquency, truancy, sexual abuse to mention but a few.

To this effect, African Youth with the Light of Peace (AYLP) adopted the methodology of using Learning Audio Visuals (LAVs) and arts as a way to disseminate sexual reproductive health and rights information among school going youth aged 10 to 24 years with the main focus of addressing issues on teenage pregnancy, family planning, HIV/AIDS and Gender Based Violence (GBV). Most of the young people ages 10-24years, are largely attracted by arts and copied most of our lifestyle from the same. Post modernity scholars.

Through learning Audio Visuals, AYLP has reached out to over 800 school going youth in Mbarara city, out of 100,000 as its set target between 2016 and 2020.The out reaches were however disrupted by the outbreak of Covid-19 pandemic which has caused extreme scarcity of basic sources of income and survival resources.

In conclusion, AYLP observed that such learning visuals (movies) have equipped the youth with appropriate knowledge, attitudes, values and skills on their reproductive life to help safeguard their lives while they grow, develop and learn so as to achieve their goals in life accordingly.

The Prospects of Traditional Herbal Medicine in Treating Women's Breast and Cervical Cancers for Sexual Reproductive Health Rights in Uganda

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Background: Indigenous herbal medicine can be used to treat breast and cervical cancer attacks to enhance women's sexual reproductive health rights (SRHR) in Uganda. Breast or cervical cancer kills many women and yet it can be easily detected or identified, treated, and healed in early stages of healthcare, medical intervention, or treatment. Traditional herbal medicine can treat or reverse the known symptoms of breast and cervical cancer for SRHR.

Description: We present the merits of promoting traditional herbal medicine research policies, projects, laws, ethics, and innovations for natural breast or cervical cancer treatment; reviews the extent and implications of breast and cervical cancer attacks with a focus on early screening for SRHR; identifies the role of indigenous herbs in community medicine for SDG 3 progress. We did formative assessments, exploratory, and pilot - testing triangulations with a focus on informed consent by national and foreign volunteers. Data were obtained by policy analysis, literature review, direct observations, traditional leaders, WHO national herbal medicine policy, and key informants. More data were obtained by phone, email, word of mouth, visit, or self- report. A prototype of traditional herbal medicine juice extractor was designed, pre-tested, and used with biomedical engineering principles.

Lessons Learned: Preliminary findings indicated that the women who had been medically (clinically) diagnosed with breast cancer, declared their perfect healing, resumed active life, after they had been ejected from the hospital (health facilities). African medicine can aptly be identified, propagated, harvested, extracted, exploited, or harnessed to treat and heal breast or cervical cancer disease which affects women of all ages, occupations, cultures, or states.

Conclusions: In addition to the breast and cervical cancers, diabètes and haemorroid cases were well treated. Self-reports by the sick come after undergoing medical examinations. Documenting tradition herbal medicine was still too slow. In addition, public awareness of local medicine was wanting. Breast or cervical cancer impairs our SRHR. Digital technology adoption perfects monitoring, review, evaluation, documentation, dissemination, networking, awareness, participation, communication, SDG 3 progress, sound national and district health policy funding with a focus on gender equality for full enjoyment of women and girls' SRHR.

Access to Health Services for Sexual and Reproductive Health and Rights survivors in Kichinjaji Village, Soroti District, Uganda

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Background

Sexual and Reproductive Health rights is a cross cutting issue in Uganda and world over. Uganda is a member of international and local signatories like the SDGs and the Eastern and South African on the areas of Comprehensive Sexuality Education (CSE) and Sexual and Reproductive health rights for adolescents and young people. Uganda has the National Policy Guidelines and Service Standards for Reproductive Health Services. The constitution of Uganda Article 33(3) stipulates that the State shall protect women and their rights, taking into account their unique status and natural maternal functions in society.

World health organization highlights sexual and Reproductive health rights as a major public health problem (WHO 2014, Krug, Mercy, Dahberg, and Zwi 2002)

The 2014 UNICEF study report estimated 120 million girls and boys under the age of 20 have been forced to acts of sex. (SVAC Unicef, 2014).

However, with all these legalities, both local and international there is low knowledge of SRHR services translating to reduced access and usage of such facilities and services.

Rationale

The project objectives were to improve the knowledge on available sexual and reproductive rights services, improving access to health services and improve and strengthen the referral mechanisms for the survivors of sexual and reproductive health issues for the boys and the girls of 14 to 17 years

Lessons learnt

There is low knowledge on SRHR. This affected reporting and seeking medical care. However the community dialogues provided knowledge on available medical services

Survivors did not seek SRHR services because they never knew where they were. After provision of information, it caused increased demand for SRHR services.

The community did not have knowledge on how to help survivors of SRHR. After dialogues, they got informed of networks, and strengthen referral mechanisms

Conclusion

There needs involvement of parents in preventive and seeking referral services for SRHR

Government should continuously train communities on SRHR

The Strengthening Education and Training in Sexual and Reproductive Health and Rights (SET-SRHR) Project

SET-SRHR is a 4-year project (2016-2020) funded by the Netherlands Universities' Foundation for International Cooperation' (Nuffic). The project aims to strengthen SRHR education and training capacity in Uganda SET-SRHR is coimplemented by a consortium led by the International Institute of Social Studies of Erasmus University Rotterdam (ISS-EUR), in collaboration with Rutgers in the Netherlands and in Uganda, Makerere University School of Public Health (MakSPH) as local lead and Nsamizi Training Institute of Social Development (NTISD).

International Institute of Social Studies

Makerere University
College of Health Sciences
School of Public Health

Rutgers
For sexual and reproductive health and rights

Nsamizi Training Institute of Social Development

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