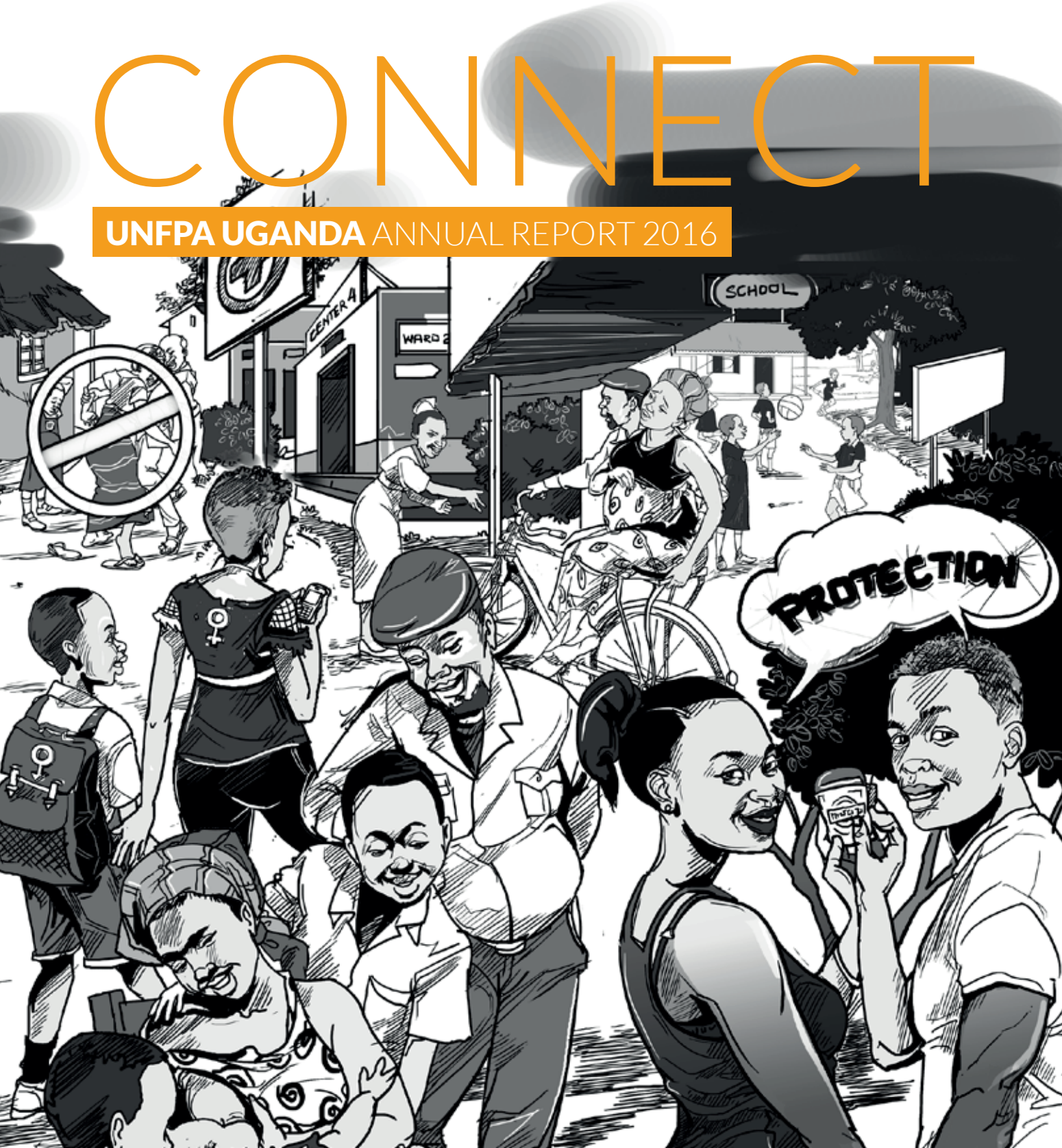
CONNECT

UNFPA UGANDA ANNUAL REPORT 2016



$5.2m
Invested in Family Planning

764
Village Health Teams trained

1.2m
Female condoms distributed

158,373
Unplanned pregnancies averted

39, 081
Unsafe abortions prevented

595
maternal deaths averted

1,501
Women who underwent surgery to repair obstetric fistula

24
Fistula Surgeons trained

5,501
Survivors of gender-based violence supported

86
Districts using gender-based violence database

38,084
People reached through female genital mutilation/ cutting events

867,404
Young people accessed sexual and reproductive health services

22,259
Marginalised girls trained in life skills

60,000
Members of most-at-risk populations accessed sexual and reproductive health services

637
Schools strengthened to provide HIV/sexual and reproductive health information

Contents

My Life with UNFPA

1. When I was born, I was wrapped in a blanket, my mother received one of the many items in the UNFPA dignity kit
2. In order for me to be given the best chance for a healthy start in life, my mother opted for one of family planning methods offered by UNFPA
3. My parents, influenced by UNFPA's campaign on gender quality and the importance of girls' education, encouraged me to excel in school and achieve my full potential
4. At school, I received sexuality education, approved as a result of UNFPA's inputs into the government process
5. During my teens I attended a heath centre where a midwife, trained by UNFPA, taught me about delaying my sexual debut and protecting myself against HIV
6. At the age of 19, during my first sexual encounter, I used a condom, probably one procured by UNFPA
7. I became a peer educator at one of UNFPA's partner organisations, where I was taught to champion against child marriage, gender-based violence and female genital mutilation in my community
8. But when my boyfriend hit me, I was able to use one of UNFPA's innovative platforms for young people to report the crime
9. The offence was captured on the GBV database, functional because of UNFPA's support to the Ministry of Gender, Labour and Social Development
10. When I knew I wanted to have children only after university, I opted for UNFPA's supported injection contraceptive
11. When I eventually chose to get pregnant, I made sure to attend my ante-natal visits, something UNFPA advocates for
12. When I gave birth, I had a skilled birth attendant, supported by UNFPA, at my side
13. I wrapped my baby in a blanket and knew, with UNFPA at our side, life would be okay

For these reasons, I, and all other women, men, young people and children, are grateful that 2016 marked the beginning of the Government of Uganda and UNFPA's 8th Country Programme (2016-2020).

SMALL IS BEAUTIFUL

As a result of our continued family planning efforts and increasing access to contraception for the general public, the size of Uganda's families has decreased in the last decade. They are still however, large, and therefore slow down efforts to reduce poverty across the country.

Efforts to ensure family planning methods are accessible to all who need them have resulted in a decrease in fertility from 6.2 in 2002 to 5.4 in 2016, meaning the average Ugandan family has one child less than in 2011. Uganda's population increased from 24.2m in 2002 to 34.6m in 2014, representing a 43% increase. This is a reality that puts a strain on health facilities, schools, as well as the environment.

UNFPA Uganda has integrated family planning into various other social and economic initiatives that ensure the overall well-being of individuals and communities becomes a reality. During 2016, we integrated family planning into agricultural extension activities, as well as livelihoods and youth empowerment programmes. In addition, and as a result of UNFPA's support, nine major cultural institutions and seven faith denominations have drafted and endorsed their own family planning messages as it relates to harmful cultural practices.

In 2016, UNFPA invested US $5,237,878 in family planning programmes in Uganda.

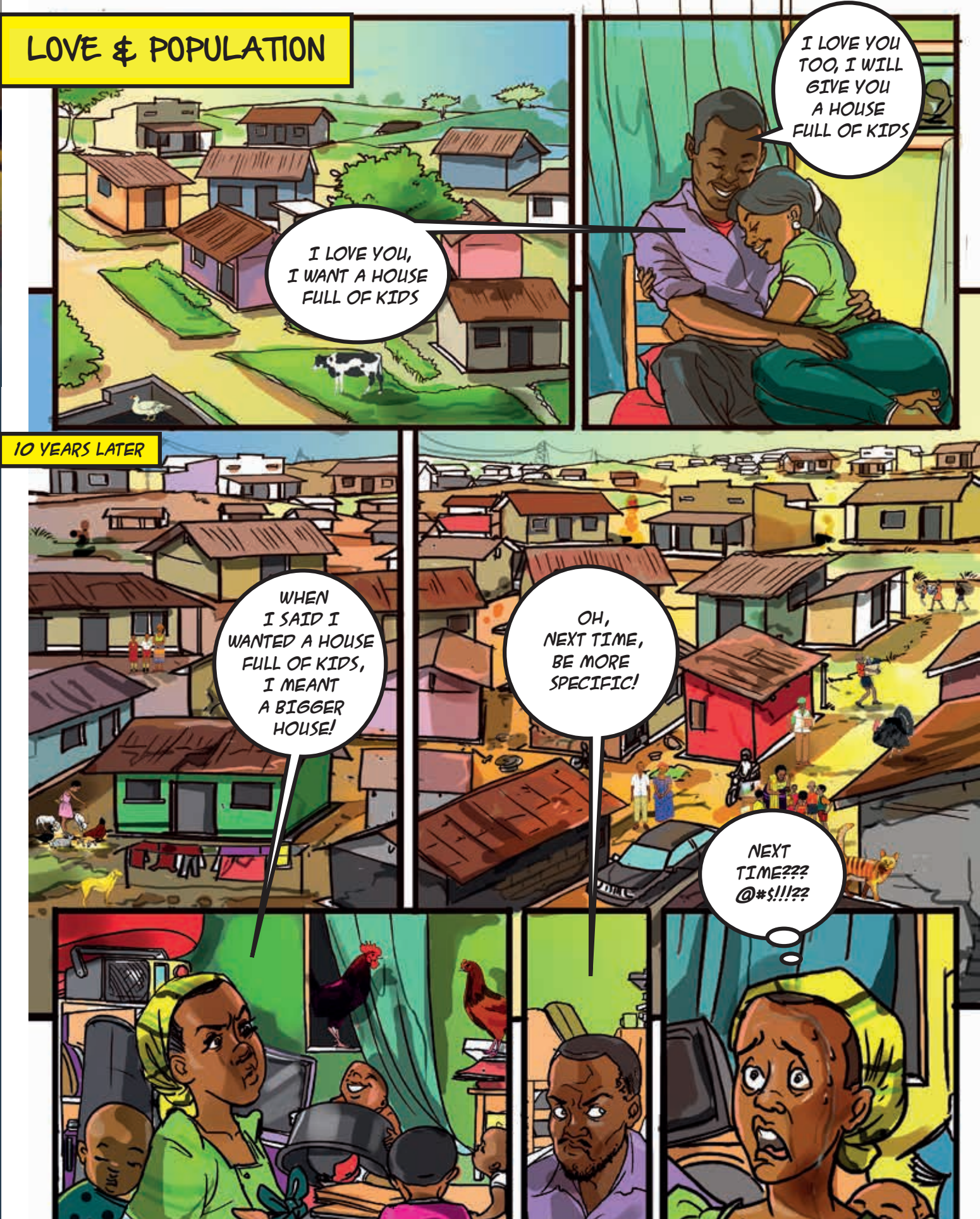
764 Village Health Teams from Karamoja region were trained in the provision of sexual and reproductive health information, as well as the distribution of family planning commodities, including Sayana Press.

UNFPA supported government of Uganda to procure 1.2 million female condoms

The 2016 visit of Denise Van Dijk, manufacturer of the female condom, contributed to a sharp rise in uptake. Ms Dijk advised on a distribution system that targets hot spots, rather than the general population.

Investment in reproductive health commodities in 2016

Government of Uganda – 2, 600, 000
UNFPA – 2, 835, 572
Other donors – 1, 477, 479


LOVE & POPULATION
I LOVE YOU, I WANT A HOUSE FULL OF KIDS
I LOVE YOU TOO, I WILL GIVE YOU A HOUSE FULL OF KIDS
10 YEARS LATER
WHEN I SAID I WANTED A HOUSE FULL OF KIDS, I MEANT A BIGGER HOUSE!
OH, NEXT TIME, BE MORE SPECIFIC!
NEXT TIME??? @#$!!!??

Family planning uptake on the increase in Kiboga

Probably because of her cheerful attitude, Robinah Nalubega looks younger than her 46 years. She dropped out of primary school when she got pregnant but made sure all her well-spaced children attained higher school education. She has used several contraceptive methods over the years but has now settled for the intra-uterine device (IUD). Her children range from 21 to 29 years of age. "I am only praying for the first two girls to get married but even if they don't, they are economically independent," Robinah says. She receives family planning services from Ndibula Domiciliary, a private health clinic in Lwamata Village in Kiboga District.

Rosemary Nampola has been operating Ndubula Domiciliary for twenty years. "Because of wide public education, women here have embraced modern birth control methods," says Rosemary, who has monitored the reproductive health trends for two decades.

The pastoralist communities are, however, still secretive about family planning. Many women opt for the injection and do not disclose to their partners that they are using family planning methods. This is because many men still object to family planning methods such as the pill, IUDs or implants. The female condom has been totally rejected in Kiboga because of the popular sex styles of the pastoralist communities, which involve non-penetrative stimulation.

Ndibula Domiciliary carries out reproductive health outreach programmes for partners including government and UNFPA. Although family planning services are provided free in government health facilities in Kiboga, many women still prefer the private clinics. This is because an injection that covers one for three months, can be bought for the equivalent of half a dollar, while ten years coverage costs three dollars. UNFPA and its partners will continue to support the upward trend in family planning in Kiboga as well as efforts towards getting men more involved in discussions on family planning.

SAVING MOTHERS … AND THOSE WHO LOVE THEM

There is sufficient evidence to demonstrate that investment in midwives is a game-changer in reducing maternal mortality. UNFPA has supported the Government of Uganda to ensure that there are enough midwives in hard to reach districts in the country, and thanks the Government of Sweden's Midwifery Scholarship Programme which has contributed hugely to this effort. The Uganda Demographic and Health Survey (UDHS 2016) reveals encouraging results in the fight to reduce maternal mortality.

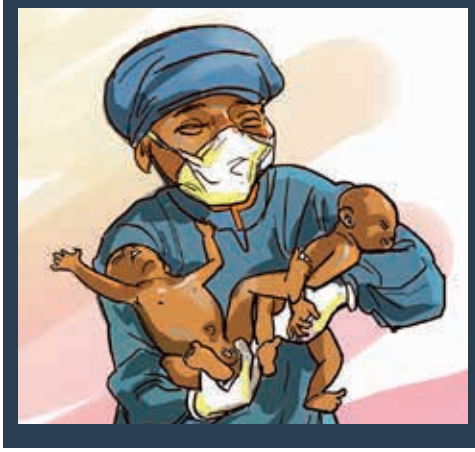
73.4% of all deliveries in 2016, took place in a facility, as compared to 57% in 2011

74.2% of all deliveries in 2016 were attended to by a skilled birth attendant as compared to 58% in 2011

Fewer pregnant women, 336 out of 100, 000 in 2016 as compared to 438 in 2011, died as a result of pregnancy and child-birth related complications

First Lady Janet Kataaha Museveni Champions Midwifery

In April 2016, the First Lady of the Republic of Uganda, Janet Kataaha Museveni, hosted over 200 UNFPA- supported midwives at State House in the north eastern district of Napak, Karamoja region. At this colourful and high spirited ceremony, the First Lady Commissioned 90 of the midwives to specifically serve in the underserved districts of Karamoja and Eastern regions of Uganda.
In her capacity as Champion for safe motherhood, the First Lady formed a Parliamentary champions group that drafted resolutions to advance maternal health, specifically through strengthening midwifery services. Through the Office of the First Lady (OAGFLA), 60 best performing midwives all over the country were recognized and awarded with certificates.



Male midwives:
Strange concept or genius way to break down gender stereotypes?
Tell us what you think?

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Smart Choices

Sarah Adiaka, 23, and Martha Gloria Tukei, 24, are two of the four midwives serving at Rupa Health Centre II in Moroto district. Both women were attracted to the "Be Smart, Be a Midwife" campaign, aimed at promoting the midwifery profession and inspiring girls to become midwives.

After completing their 'O' level examinations, both Sarah and Martha applied for and were successfully awarded UNFPA midwifery promotion scholarships. "The scholarship took care of my tuition, so I did not have to worry about anything but to concentrate on my studies," Sarah says.

On completion of their midwifery courses, the bonding agreement required the midwives to be assigned to work in a health centre in the district for a period of two years.

In 2016, Sarah and Martha were among 90 other midwives under the bonding agreement to benefit from a one-year salary support from the Reproductive, Maternal, Newborn and Child Health Fund. We are hopeful that the government will absorb the midwives into national service. Today, the midwives support the delivery of up to 25 babies a month.

"My satisfaction comes when I conduct a safe delivery and know I have saved a life," says Martha. "Once a mother was bleeding a lot during a delivery a night. Using skills from my training, I was able to stop the bleeding." Sarah also speaks about the love for her job, a commitment that at times sees her going beyond the call of duty and conducting follow-up home visits after discharge, in order to conduct further assessments and monitoring. "I have delivered many babies and I have many babies named after me. Today I am a midwife," she says.

"The scholarship took care of my tuition, so I did not have to worry about anything but to concentrate on my studies."

What is Obstetric Fistula?

Obstetric Fistula is an abnormal hole between the woman's birth canal and bladder or rectum that is caused by prolonged obstructed labour, causing a woman to leak urine or faeces or both uncontrollably. It is common in women who are unable to access proper medical care at the time they are due to give birth. In Uganda, it is estimated that 1 out of 50 women of reproductive age has had a fistula, although, because many women don't talk about it, this number may be higher. The incontinence caused by fistula often results in women being rejected by their families and community. Fistula is treatable. Although thousands of women have undergone fistula repair surgery, millions more have not.

In 2016, UNFPA trained 6 of the 24 fistula surgeons in the country, in advanced fistula repair, supported 64 fistula camps, and 1,501 survivors were repaired. Typically, fistula repairs address not only issues of incontinence but also contributes to healthier sexual relationships, increased sense of confidence and overall, an increase in the quality of life for the mother.

Innovations in maternal health

Acesarean that would cost approximately 500,000 shillings (US $125), excluding the cost of transport to the hospital, costs only 4,000 shillings under the maternal voucher system.

Through the maternal voucher system, a total of 1,939 women in the eight districts have been supported to deliver at a health facility, attended to by skilled health workers. A total of 14,999 vouchers have been sold.

A dollar goes a long way

UNFPA's partner, Marie Stopes Uganda, is implementing the Maternal Health Voucher system in 8 districts (Iganga, Mayuge, Namayingo, Bugiri, Namutumba, Kaliro, Kamuli, and Buyende) in Eastern Uganda. Rolled out in June 2016, the initiative is implemented in 100 public and private health facilities accredited by Marie Stopes to provide maternal health services. The scheme works through a network of 200 trained Village Health Teams (VHTs) who are a critical link to the health system. VHTs identify needy prospective mothers and sell them vouchers at 4,000 shillings (just over $1). VHTs also provide information to pregnant women on the importance of attending at least four ante natal care visits and delivering at a health facility.

The voucher card allows the mother to access services throughout pregnancy and delivery, with just one single payment. Once a mother buys the voucher she is entitled to four ante-natal care visits, delivery under the care of a skilled health worker, and ambulance services for referral in case of complications during childbirth.

ENOUGH IS ENOUGH

Fearless, integrated efforts to reduce gender-based violence (GBV) from Ugandan society have resulted in concrete achievements we can all be proud of. Through UNFPA's financial and technical support to the Ministry of Gender, Labour and Social Development (MGLSD), the National Elimination of GBV Policy and Action Plan 2016 was launched by H.E. the President of Uganda in November 2016. The Policy champions human rights, gender equality, male involvement, community participation, among other principles.

In 2016, as a result of training, 32 districts have incorporated GBV prevention/response and reproductive rights interventions in their district development plans and budgets. In addition, after training 403 newly elected counsellors on development of anti-GBV by-laws and ordinances, UNFPA, together with MGLSD, facilitated development of 9 ordinances at district level to curb GBV.

With the generous contribution of the Government of Norway and other partners, UNFPA supported 5,501 survivors of GBV:

380

survivors received **legal support** with the assistance of our implementing partners, Action Aid and the Uganda Association of Women Lawyers **(FIDA).** 5 special GBV courts sessions were established to deal with the backlog of cases. The success of these specialised GBV courts in bringing much-needed justice to survivors will form part of an advocacy strategy to call for the permanent establishment of GBV court sessions.

2473

survivors received **psycho-social counselling**. UNFPA and **MGLSD** collaborated to develop and publish psychosocial support guidelines to ensure GBV survivors receive acceptable support from service providers. In addition, UNFPA facilitated the training of 1200 district staff to provide support to GBV survivors is 18 districts.

2600

GBV survivors received **medical support** after UNFPA, in partnership with the **Ministry of Health**, trained and mentored 240 clinical officers and midwives in 18 districts to respond to GBV in healthcare settings. Not only did the training assist to encourage timely reporting of GBV in order to increase prevention, the connection to HIV and unwanted pregnancies was clearly made.

"Initially, only medical doctors were allowed to examine survivors of GBV. Survivors in need of care would have to travel very long distances to find qualified doctors to attend to their case. Then clinical officers were trained on accurate evidence collection, psychosocial support, administering PEP (Post Exposure Prophylaxis) and appropriate referral, including filling Police Form 3. This has greatly improved the response time and fast-tracked access to justice for survivors," said **Dr. Phillip Olinga, District Health Office, Kotido District.**

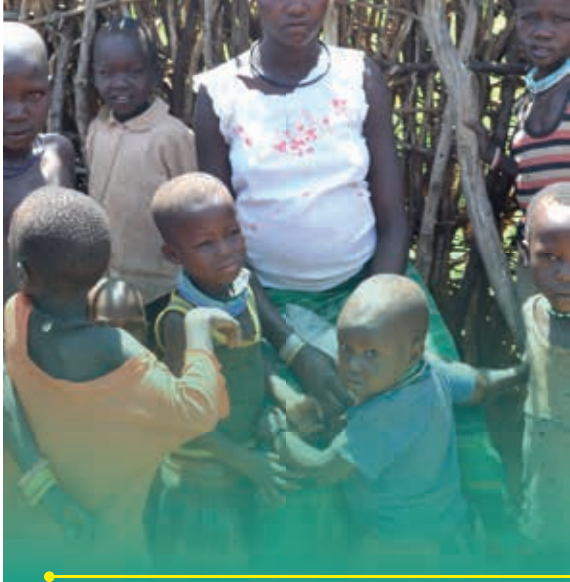
Getting the real picture

Data giving an accurate picture of gender-based violence (GBV) is notoriously difficult. It's no wonder then that Uganda's National GBV Database, a functional and innovative system currently operational in 73 out of 116 districts, received high praise at a side event at the 60th Commission on the Status of Women in 2016 in New York. There were calls for Uganda to disseminate its learnings to the global community in this regard and partner with universities for further research. International development agencies such as the Department for International Development, the World Bank, UN Women and UNICEF have also shown keen interest in the database. Currently, the database is able to collect real time, highly disaggregated data on GBV from a variety of public sources. These include District Community Development Officers, government and civil society organizations that have been trained on the different tools to facilitate utilization of the database. The Districts also held quarterly coordination meetings where various actors in the gender-based violence field were able to share experiences using the database.

The new National GBV Database can accurately tell us that between January 2014 and October 2016, it recorded 16, 500 GBV cases, with 81% of survivors being women and 19% being men.

"Previously all actors worked in silos with several databases in operation. Partners never shared and could not learn from their experiences effectively, which meant projects would be designed without the full picture of evidence on the ground, as well as the activities of other stakeholders. National and district budgeting is now aligned to GBV response- gaps and need areas. We developed quarterly data review meetings which are a platform for all duty bearers/service providers to analyze data, draw action plans and direct resources to a common problem. All gender-based violence responders, trained in using the database, are for the first time, reporting into a single database and allowing for transparency, reducing duplication- the result is a more harmonized response."

Kenneth Ayebazibwe,
NGBVD, Resource Center Manager, Head of Information Technology, Ministry of Gender, Labour and Social Development"



Uganda's National GBV Database, a functional and innovative system, is currently operational in 73 out of 116 districts.

81% women

19% men

It takes a village – joining hands in GBV case management

Otile Jimmy, a 33 year old farmer in Dokolo district narrates the story of his daughter being defiled by an in-law.

"My sister requested to stay with my 7-year-old daughter to help her look after her newly born baby. I agreed to her request and later my daughter was returned to me. However, after observing my daughter's behaving strangely upon her return we talked to her and she informed me that she had been defiled by my sister's husband. We rushed her to the nearest clinic and it was proved so, including the fact that she was HIV positive now. The clinician advised me to rush to police. I reported to the the Child and Family Protection Unit (CFPU) officer who rushed the girl to hospital and later called Child Fund." Dolly Ajok, the Project Officer GBV –CFI explains how Child Fund International, an implementing partner, got involved in the case.

"Child Fund has a structure at every parish, like male activists who are tasked to find out about GBV in the community and refer cases to police and local councils UNFPA works with. We supported the victim to travel to Kampala for medical support and we have continually supported her health centre appointments. The case was well filed in the Police Form 3 and taken up to court, handled with urgency and through the plea bargain procedure, the perpetrator was convicted and received a prison sentence for 25 years," said Ajok.

Child Fund has a structure at every parish, like male activists who are tasked to find out about GBV in the community and refer cases to police and local councils

Cut the abuse, not our girls

The UNFPA/UNICEF Joint Programme on female genital mutilation/cutting (FGM/C) is in its sixth year of implementation. It continues to make great strides in better understanding the cultural and economic underpinnings that drive the practice, prevalent largely in the Eastern region of the country. These efforts are beginning to bear fruit as, according to a 2016 report from the Uganda Bureau of Statistics, there has been a drop in FGM/C prevalence in the last few years from 50% to 13% in Sebei region and from 95% to 67% in Karamoja region.

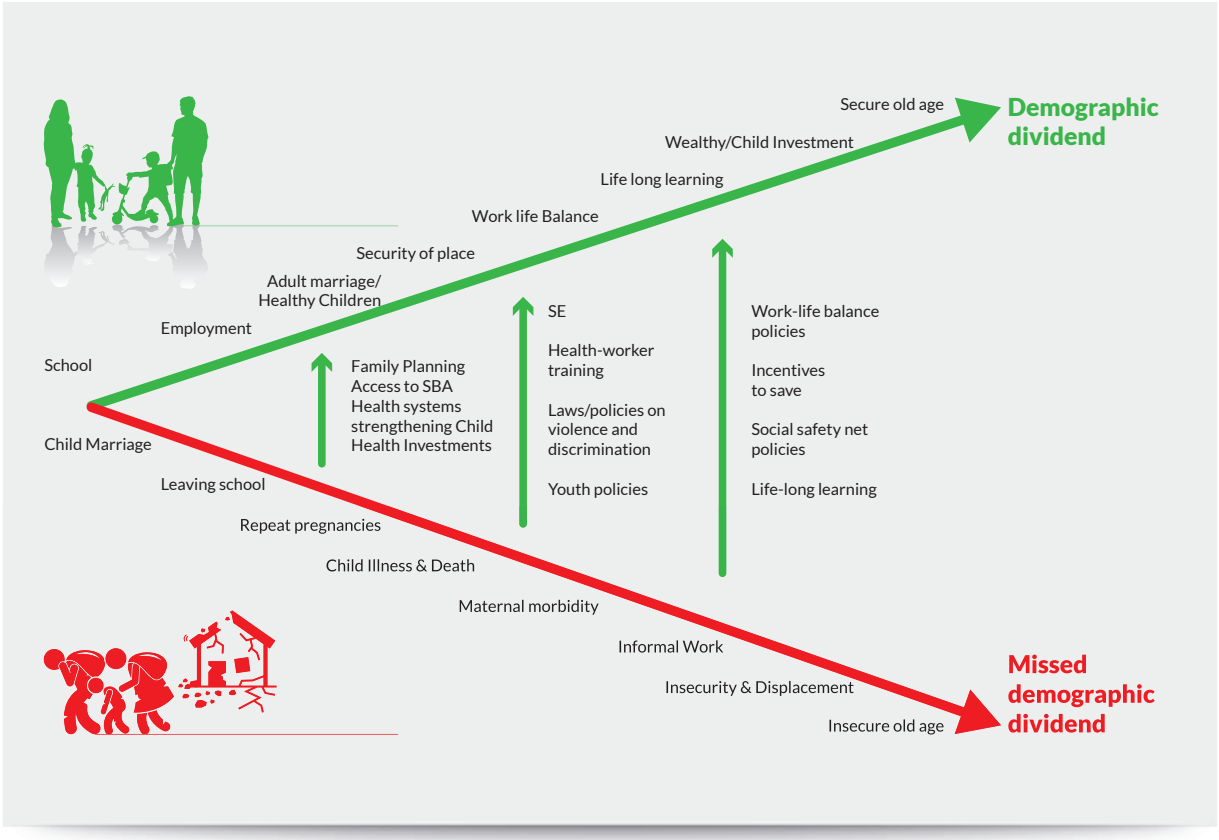
In understanding the role that culture and tradition play in FGM/C, such as the genuine belief by families, communities and cultural gate-keepers that FGM/C is an important initiation into womanhood, the programme reached out to key stakeholders for much needed dialogue and advocacy. Some notable achievements in 2016 include:

- 21 communities made public declarations against FGM/C, bringing the total number of communities in Sebei and Karamoja regions that have, since 2014, made public declarations against FGM/C, to 121.
- 1,202 girls and women received medical services related to FGM/C, as well as family planning services and psycho-social support
- Recommendations made to the Uganda Law Reform Commission to review the FGM Act and Regulations in order to integrate HIV/AIDS. There has also been a call for an FGM/C body at national level
- 32 cases of FGM/C were reported with 6 arrests but no convictions, suggesting more needs to be done to strengthen the criminal justice component of the national response
- 20,778 children and adolescents, both in and out of school, were reached through various activities such as dialogues and debates
- 6 football and netball competitions were held under the theme "Abandonment of FGM/C practice in Sebei region, involving 500 students
- Members of Parliament took part in activities that reached out to 3,850 local leaders and community members on issues related to FGM/C in six districts (Nakapiripirit, Amudat, Bukwo, Kapchorwa, Kween and Moroto)
- 27 spiritual leaders in Nakapiripirit, very influential on matters and practices of FGM/C, came together to devise alternative practices such as animal/ blood sacrifices to appease the spirits. These efforts accompany messages about delaying marriage and remaining in school

In addition, 5,000 people were mobilised in support of FGM abandonment through the FGM marathon in Bukwo district. H.E. President Yoweri Museveni, was represented by the Minister in charge of the Presidency; Hon. Esther Mbayo, while the Chief Host was the Archbishop of the Church of Uganda, Stanley Ntagali.

YOUNG, GIFTED AND ... EVERYTHING

Never has being young been so exciting and rife with potential, while at the same time, fraught with risks and uncertainties. African countries, including Uganda, have a small window of opportunity to invest in the youth in order to reap the future rewards that will be critical to Africa's sustainability and development. UNFPA recognizes that investing in young people is essential to enable them promote the well-being of their families, communities and thus drive national development.



What exactly is the demographic dividend?

The Demographic Dividend is the economic benefit arising from a significant increase in the ratio of working-aged adults relative to young dependents.

When birth rates decline significantly, the age structure shifts in favour of more working-aged adults, which can help accelerate economic growth through increased productivity, greater household savings, and lower costs for basic social services provided to children.

The demographic dividend is not automatic or guaranteed – it is earned through economic reforms that create jobs, investments in human capital, and efficient governance.

When people have less dependents they are able to more freely invest their time, money and labour and therefore contribute to economic growth.

Let girls be girls

UNFPA adopts a multi-faceted approach in assisting young people to reach their full potential. This includes prioritizing access to sexual and reproductive health services alongside access to quality education, creating opportunities for skills and leadership, and empowering young people with the tools and information to champion their rights and make safe and responsible decisions.

To achieve these goals, we are proud to say that in 2016, we contributed to the following:

271 health facilities had their capacity built to provide quality services to young people and in this way, improved the experience of young clients accessing services

726 health workers trained on AYSRH, which led to a more youth responsive service

867,404 young people received SRH services which contributed to them maintaining good SRH health through prevention and treatment

637 primary and secondary schools strengthened their provision of HIV/SRH information and referral services and in this way, contributed to maintaining a healthy student population and a safer school environment.

52 920 students accessed SRH/HIV prevention services, contributing to their empowerment and ability to make safe and responsible choices

76 198 young people in humanitarian settings were trained in life skills and livelihoods strengthening their resilience and ability to contribute to their communities

22 259 marginalized girls were trained in life skills and livelihoods, strengthening their resilience and supporting them to reach their full potential

23 youth-led organizations have capacity to engage on advocacy on human rights and SRH and as a result they can amplify their voices on issues important to them.

Hajjara Nanyonga, 28, a part-time peer educator at Straight Talk Foundation, is practicing family planning and regularly goes to a government health centre in Kampala for her injection. “The nurses are very friendly and provide me with a lot of information, especially about cervical cancer screening.” Hajjara, who also runs a catering business, and is a mother to a 15-year old and a 4-year-old. “I know I just can’t have more children without thinking what they are going to eat, or how I’m going to manage,” she says. Her husband, who accompanies her to the health centre every three months, agrees. As a peer educator, Hajjara enjoys visiting schools and providing students with information and counselling on HIV and STI prevention, as well as other aspects of SRH. She also encourages young people to visit health centres for more information.

“

The nurses are very friendly and provide me with a lot of information, especially about cervical cancer screening.

Reaching out to Young People with HIV/AIDS Messages through Football

UNFPA continued its support to the 'Protect the Goal' Campaign (PtG) through a football tournament for the 7 districts in the Karamoja region. Up to 500 young men from 98 sub-counties participated in the tournament. Approximately 60,000 young people were reached with SRH/HIV information and services linked to this tournament, including 12,000 taking the HIV test with 120 people testing positive. In addition, we were thrilled to have established the Karamoja Youth Connect, a young people leadership programme on SRH/HIV where, in 2016, up to 30 young people were oriented to participate in monitoring delivery of programmes to hold leaders and other actors accountable.

Pregnancy Pause

On a hot afternoon in Buyubu village in Eastern Uganda, some twenty girls, aged 10 to 19, are seated on the floor in a small room of a building made of mud bricks. They watch, attentively, as their mentor, 18-year-old Safina Namuganza, explains the different methods of family planning.

Using a flip chart, and picking her own date of 20th when she started her last period, Safina crosses out over two thirds of the days of the month she calls 'danger zone', during which a girl must not have unprotected sex. But when it comes to explaining the withdraw method, there are no teaching aids to use. Instead, without blinking, she spells out what a girl must do when male partner is about to ejaculate, using bodily movements to support her explanation. She remembers to caution the girls that withdraw can be unreliable and must not be taken as a method of choice, but only when sex happens unexpectedly.

Josephine Mukyala, the local chairperson of Building Resources Across Communities (BRAC), provides the space where the sessions are held. This particular club has 38 girls, of whom only four had children on joining. The rest, Josephine is convinced, will avoid getting pregnant until they are married or when they are ready for motherhood. BRAC, supported by UNFPA, now runs many 'end teenage pregnancy and early marriage' clubs in Iganga district. Between September and December 2016, a total of 1,645 girls had been reached.

1,645

girls reached in Iganga district under UNFPA's 'end teenage pregnancy and early marriage' between September and December 2016.

Innovation before procreation

2016 was an exciting year for creativity and innovation. We launched Up Accelerate, a one-year programme that seeks to source innovative solutions to health challenges in Uganda. By tapping into networks of young entrepreneurs and providing them with seed funding, mentorship and technical support, Up Accelerate aims to develop market ready, scalable and sustainable solutions in the area of sexual and reproductive health. The Up Accelerate program is facilitated by Outbox, an incubator specialized in supporting entrepreneurs into market. The initiative was developed with the support of the Ministry of Information and Communication Technology and the Ministry of Health, in order to align it to Uganda's Vision 2040. A total of sixty-two (62) teams submitted their solutions to the programme, which were vetted by public voting and an expert panel of judges. Four winners of the first cycle, to be judged in 2017, will win $10,000 each and a 4 months' mentorship session.

2016 also saw the fruits of the 2015 Hackathon labour. The Hackathon brought together programmers and developers, designers and innovators, as well as end-users to develop web and/or mobile app solutions to promote young people's access to SRH. After submissions and pitches that were judged by an expert panel, the three winning mobile solutions were:

SafePal

a platform that young people (aged 10 to 24) can use to confidentially report cases of sexual violence and get linked to the nearest service providers for help. Through a mobile application and an IVR (Interactive Voice Response) system, survivors or their friends are also able to report cases of abuse confidentially into the system.

The Zone

an ICT platform providing integrated information on life skills as well as SRH, HIV and STI prevention and other health issues. The platform is able to track the quality of services delivered to young people, and offers easy referrals to service providers at healthcare facilities, as well as to counsellors through SMS and hotline linkages.

GetIN – a mobile app aimed at strengthening the community follow-up system with a particular focus on the most-at- risk pregnant girls who are less likely to seek health care if no deliberate follow up system is in place.

"I want to see every girl achieve her desired goal"

Racheal Monica Acen, a 20-year old student at Makerere University, as well as Peer Educator and Board member at Reach A Hand Uganda (RAHU), is an inspiration to many.

What motivated you into becoming a peer educator?
While studying at Makerere College School, I got the opportunity to interact with RAHU. I hoped the training would have a positive impact on my future as a student leader in school.

So what have you learnt working as a peer educator?
Communication skills, leadership skills, making informed choices as a young lady. I have learnt about the different contraception options and how to say no to sex. In my family, most of my cousins got pregnant and/or married early. The fact that I made it up to University is a first in my family.

How can other young people be helped to get similar opportunities?
Most of the outreach programmes are in the city. A girl living in the rural areas does not know what a peer educator's academy looks like. So people should team up and take these academies to rural areas. And this has to be tailor-made in terms of language and should be age-appropriate.

What is your greatest achievement?
Being part of UNFPA's Innovation café team. Many people wait till they have achieved a Master's degree before they can actually get the confidence to walk through the corridors of a UN organization.

How has the Innovations Café benefited you?
I'm now interacting with experts building new skills. I have learnt how to design programmes for young people, how to package issues about sexual violence and what language to use when dealing with these issues. I am invited for panel discussions or interviews on topics like sexual violence and menstrual hygiene.

What's your advice to other young people, especially young girls?
To take up the opportunities that come your way, however small it is. I want to see every girl achieve her desired goal; what she speaks of as a child. Because if you really desire that goal, then you are not going let anything put you down or have that man come to try to convince otherwise.

People should team up and take these academies to rural areas. And also they have to be tailor-made in terms of language and should be age-appropriate.

A seat, or two, at the table

We recognise that dialogue and engagements with key and diverse stakeholders are critical ingredients to supporting the development of young people. Not only do such participatory platforms allow for the advocating of sexual and reproductive health and rights for young people but are also fora that strengthen arguments for increased investment in adolescent and youth reproductive health services and offers opportunities for financial and technical support to youth-led organisations.

In 2016, UNFPA worked with the following platforms to ensure they were inclusive and participatory spaces for youth and adolescent health issues.

- The Adolescent Health Technical Working Group (chaired by Ministry of Health)
- The Inter-Ministerial Committee on ESA Commitment (chaired by the Ministry of Education and Sports)
- The National Youth Council (under the Ministry of Gender, Labour and Social Development)
- The Office of the First Lady (OAFLA)
- The Inter-Religious Council of Uganda
- The African Youth and Adolescent Network (AfriYAN)
- Uganda Parliamentary Forum for Youth Affairs (UPFYA)

This engagement resulted in new voices being heard. It led to a more inclusive and government-led process of developing the National Framework on Sexuality Education. The supported platforms also sustained their call for increased accountability by government on young people's issues which resulted in the approval of the National Youth Policy and the initiation of the review process of the Adolescent Health Policy.

FINDING SYNERGIES

About 2.5 million people are estimated to have received sexual and reproductive health/HIV messages through platforms established by cultural and religious institutions during 2016. These include radio programming and integration of messages into routine community mobilization work.

Strengthening the national response to HIV

UNFPA is a key player in the Joint UN Programme of Support on AIDS (JUSPSA) in Uganda, working with a number of partners to strengthen the national response to HIV prevention and treatment. We are committed to working with government partners to strengthen policies designed to respond to the HIV epidemic, and capacitating officials, health practitioners and members of civil society to respond in a manner that is comprehensive and unlikely to induce stigma and discrimination. We are proud to have been a significant contributor to the 220 million male condoms that were procured in 2016.

We adopt a multi-pronged approach to HIV prevention in order respond to the diverse groups in society. Preventing and elimination of mother-to-child transmission of HIV is part of our maternal and child health services. We are also working with partners to increase the age at sexual debut among adolescents (reduce the proportion of adolescents having sex by age 15 years) and to reduce risky sexual behaviors by promoting increased and consistent condom use.

We also support most-at-risk-populations (MARPs) to ensure these groups have access to sexual and reproductive health services, including HIV prevention. 60,000 members of MARPs accessed services in the various regional hubs in 2016. Specifically, 10,000 were reached with services during the JUSPSA supported HIV prevention drives conducted in the 7 hubs during the World AIDS Day week, where 97 out of the 10, 000 (0.97%) that tested for HIV, tested positive.

Linkages

- Linking sexual and reproductive health (SRH) and HIV policies and services is now part of a global shift towards efficiency and effectiveness.
- The Ministry of Health established the first National SRH/HIV Linkages and Integration Technical Committee, which is anticipated to enhance joint programming between the SRH and HIV programmes at the sector level. In addition, a national stakeholders forum for SRH/HIV was also established that brings together diverse players to share lessons and experiences in the field of SRH/HIV integration.

Key documents outlining SRH/ HIV integration produced this year include:

The National Condom Strategy and Operational Plan

A manual integrating SRH/HIV into the work of community development workers under the Ministry of Gender, Labour and Social Development (MGLSD)

National guidelines for sexuality education for the out of school young people

A human rights tracking tool to enhance integration of SRH/HIV aspects into the tools for the National Human Rights Commission

A draft National HIV Prevention Roadmap 2016-2025

BORDERS NO MORE

Since 2012, Uganda has been offering humanitarian assistance to populations from South Sudan, Burundi and the Democratic Republic of Congo, among others. In 2016, renewed conflict in South Sudan saw these numbers reach staggering proportions, with 940, 835 refugees recorded. There are just over twenty refugee settlements in the northern and western districts of the country.

In 2016, UNFPA Uganda had a number of funding sources to respond to the refugee situation, including support from the (US) Bureau of Population Refugees and Migration (supporting since 2015), UNFPA Core Funds and the Central Emergency Response Fund (CERF).

The results are a snapshot of 2016 achievements regarding humanitarian assistance. These results were achieved through CERF and UNFPA core resources for a project implemented between March and December 2016 to respond to Congolese and South Sudanese refugees.

With funds from CERF, UNFPA was able to procure and distribute dignity kits as part of the response to the Congolese and South Sudan refugee crisis. Dignity kits contain items such as blankets, clothing, and toiletries for both mother and baby among others. Dignity kits are a great incentive to pregnant mothers to choose to deliver in a health facility with the assistance of a skilled birth attendant. With additional resources, UNFPA was able to supplement the number of dignity kits and in total, 14,933 mothers who delivered in health facilities received dignity kits.

Adolescent clinics in the settlements target young people both in school and those out of school. Activities such as counselling, focus group discussions, round-table/straight talk discussions, games and group therapy are implemented. Young people met regularly for music, dance and drama with key messages on reproductive health and livelihood skilling. With the afore-mentioned grant, 17 youth spaces were established, 100 peer educators were trained in adolescent sexual and reproductive health, who in turn, served 104, 554 young people.

UNFPA also supported the development and distribution of the referral pathways among the South Sudanese and DRC refugee settlements that facilitated GBV survivors' referral and access to support services.

Between March and December 2016, some of our highlights included:

328,639

Congolese and South Sudanese refugees (225, 978 women and 102, 661 men) reached with information and services on sexual and reproductive health.

30,304

pregnant women assisted to deliver safely and with the help of skilled personnel.

17,728

new family planning users (48% were provided with injection contraceptives) were assisted.

6

midwives recruited to support and assist in deliveries in Adjumani, Kiryandongo, Rwamwanja and Kyangwali

Refugee girl gets fistula repair

Seventeen-year-old Sarah (not her real name) lived with fistula for three years. It took her trekking the journey from South Sudan, to settle in Uganda as a refugee in Boroli II refugee settlement in Adjumani District, to finally get a repair.

After both her parents passed away, Sarah was alone and vulnerable with no close relative to care for her or pay her school fees. As a result, she was forced out of school.

In desperation, Sarah agreed to a sexual relationship with a man twice her age. At the age of 14, Sarah was already pregnant with her first baby but never attended ANC, nor did she have money for transport to take her to the nearest Kudo Health center II, thirty-two km away. She went into labour at home, which lasted three days. She was attended to by her father's relatives who, in a panic called the village traditional birth attendant, and with the help of her attendants, forced the baby out.

Sarah awoke to the horror of a dead baby boy. She was also leaking urine and as a result, was deserted by friends and relatives. The man who made her pregnant eventually married another woman. Sarah recounts her painful isolation, abuses, nicknames and insults from her peers. Living in fear and loneliness for three years, opting to stay in hiding, only taking a bath late in the evenings at a communal spring well, almost drove her to suicide.

Sarah arrived in Uganda in April 2016. With the assistance of Agency for Cooperation and Research in Development (ACORD), UNFPA's Implementing Partner, Sarah and ten other women with fistulas were successfully repaired at St Mary's Hospital Lacor, district in July, 2016.

"What happened to me is not what I want for any young girl. Girls should wait to get pregnant until they are old enough to give birth," Sarah says, who has expressed sincere gratitude for the surgery and now looks to life with great optimism.

Fleeing violence, meeting violence

Refugee settlements are where survivors of humanitarian disasters flee to safety. Therefore, it is doubly worrying when those in refugee camps experience gender-based violence. UNFPA supported community-based organisations to mobilise communities to stand up against gender-based violence, encourage male involvement in tackling the problem, print and distribute materials that speak about gender-based violence prevention and establish and support safe spaces for women. Within these safe spaces, awareness raising and skills training (such as bakery, crocheting, hair dressing, bead work and sandal making) take place.

UNFPA's training of health care providers on clinical management of rape and procurement of post rape kits contributed to 85% of rape survivors in refugee camps receiving appropriate clinical care within 72 hours. In July 2016, a national inter-agency gender-based violence technical working group was established, co-led by UNFPA and UNHCR in partnership with Ministry of Gender, Labour and Social Development, Office of the Prime Minister, UNICEF and other humanitarian actors. Staff were able to respond to 864 gender-based violence cases in refugee settings, 37% were sexual violence and 67% involved other types of gender-based violence.

864

Staff were able to respond to 864 GBV cases in refugee settings, 37% of which were sexual violence.

Giving back

Niyonsenga Solange, aged 17 years, a Congolese refugee hosted in Rwamwanja refugee camp, came to Uganda in 2012. At the time of displacement Solange was in Secondary School, Form Two. However, when she came to Uganda, she was demoted to Primary Five due to the differences in education curriculum. After five months Niyonsenga dropped out of school due to teenage pregnancy, while the man responsible for the pregnancy denied the action and all responsibility. During the adolescent clinics with young people out of school, Solange was identified by UNFPA-supported volunteers who counselled her and referred her for antenatal care (ANC). The volunteer made follow-up and home visits and also worked with other stakeholders in the settlement to identify the perpetrator, who was her neighbor and ensured that he was arrested. Solange was closely monitored by the volunteer to ensure the she had four ANC visits and a health facility delivery.

Solange delivered a baby girl, Penninah Nyiramugisha, and with continued psycho social support, Solanage went back to school. She started using family planning to ensure unplanned pregnancies, among others. Solange now understands the consequences of young people not accessing accurate information about their sexuality and is now a peer educator champion for the 'go-back-to-school' campaign for teenage mothers in Rwamwanja refugee settlement.

GETTING THE NUMBERS RIGHT

UNFPA continue to support our partners, namely, the Ministry of Health, the National Population Council, the National Planning Authority and the Uganda Bureau of Statistics, to generate and use disaggregated data on population, sexual reproductive health and gender-based violence to formulate and monitor policies and programmes.

UNFPA supported key population tools such as the 2016 Uganda Health and Demographic Survey. The 2014 Final Census report was launched, providing Uganda with a new disaggregated dataset for planning and decision making at the lowest planning level. To ensure widespread dissemination of the census results, two census electronic products including the census applications and census mobile website were developed. The Census and other survey data is being used to develop the Sustainable Development Indictor (SDG) baseline.

National institutions and district government departments were strengthened to collect and use data in humanitarian settings done. Specifically, UNFPA:

- supported updating of the Integrated Management Information System which is on-going with 2014 dataset
- held discussions with the National Identification Registration Authority on Civil Registration and Vital Statistics to harmonise and integrate management information systems with one unique identifier - National Identification Number
- conducted population projections up to sub county level
- completed two assessments on Internally Displaced People and Humanitarian Crisis profiles with data disaggregated by sex and vulnerability Data profiling of internally displaced people and refugee hosting areas was done using the 2014 census results
- supported the popularisation of the demographic dividend report and initail process in crafting the demographic dividend roadmap.

Dr. Jotham Musinguzi, Director General of the National Population Council, gives us his views on the country's efforts to respond to population issues.

> I would say we all need to take responsibility to get ourselves out of poverty. And in order to do this we have to reduce dependency.

How did the country move from a fertility rate of 6.2% in 2002 to 5.4% in 2016?
It's still an issue but contraceptive prevalence among married women is now at 39% and among unmarried women, 51%. With this, fertility goes down. We must also give credit to the employment of women in formal and informal sectors and the education of girls. This achievement couldn't have happened without our partners - UNFPA, USAID, the Department of International Development, Ministry of Health, civil society organizations, among others. A big drive, in terms of advocacy and funding, was the President's commitment at the 2012 London Summit to increase support for family planning. This mobilized greater domestic and international resources for family planning.

What do you have to say to men and women who, despite their difficult social conditions, still want to have large families?
I would say we all need to take responsibility to get ourselves out of poverty. And in order to do this we have to reduce dependency. We can't push everything onto government. Some social services won't always be free. Things are changing.

How is the NPC planning on pushing the population agenda forward?
As an advocacy organisation, we have finished revising the National Population Policy. We are planning to go to communities around the country to popularise it and solicit feedback and public participation. This policy, along with the National Development Plan II and the Road Map towards Demographic Dividend, must all be in sync. We ensure that all these documents feed into Uganda's Vision 2040.

What's your strategy for working with groups that reject family planning, based on religious or cultural beliefs?
When I look at the fact that the contraceptive prevalence rate in Italy - where the Vatican sits - is 70%, I know that despite everything, people are using family planning methods. So we still engage with those groups and focus not only on religion or culture, but on the quality of life they would like to have.

The concept of Demographic Dividend is new for many. How do you intend to popularise it?
The Road Map we have developed outlines engagement at the sector level so that people have a clear understanding that demographic dividend requires focused and deliberate investment. Engaging the private sector is also key as we expect that many of the jobs that young people eventually take up will be in the private sector. We are also engaging young people directly. We have many groups of young people in Uganda and they are rightly demanding that they be involved in a real way and not in a tokenistic manner.

Tell me a bit about your partnership with UNFPA Uganda?
It has been a very positive partnership. We have received both financial and technical support from UNFPA and we depend on them for guidance. They have also been able to facilitate other funding and strategic partnerships for us.

What has been the biggest success in the last five years with respect to family planning?
In addition to supporting our President to advocate for the importance of family planning at the 2012 London Summit, we have succeeded in shifting the discourse around family planning and locating it within the broader context of social development. So we've been able to adopt a holistic approach and advocate for national development and welfare.




WE
GOT
YOU












Midwives
save lives!




DELIVERING
a world
WANTED
SAFE
fulfill






Let girls be
girls!

















Projects	Project Budget (USD)	Budget Utilisation (USD)
Child and Maternal Health	3,054,231.82	2,343,621.12
Data and Population Dynamics	648,835.58	641,912.64
Universal Family Planning	7,773,920.12	6,600,610.06
HIV	1,460,373.39	1,080,288.22
Gender-based Violence	2,590,426.79	2,151,129.48
Adolescents and Youth	3,360,257.24	2,488,079.98
Total	**18,888,044.94**	**15,305,704.50**

Acronyms

ANC	Antenatal Care
AYSRH	Adolescence and Youth Sexual Reproductive Health
BRAC	Building Resources Across Communities
CERF	Central Emergency Relief Fund
CFI	Child Fund International
CYP	Couple Years of Protection
DRC	Democratic Republic of Congo
FGM	Female Genital Mutilation
GBV	Gender-based Violence
IUD	Intrauterine Device
JUSPS	Joint UN Programme of Support on AIDS
MARPs	Most-at-Risk Populations
MGLSD	Ministry of Gender, Labour and Social Development
NGBVD	National Gender-based Violence Database
NGO	Non-governmental Organisation
RAHU	Reach A Hand Uganda
SIDA	Swedish International Development Agency
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VHT	Village Health Team

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