



## In this edition:

- Ensuring access to SRHR services during COVID-19
- Why our peer approach works
- Health care workers critical to providing youth-friendly services
- Youth-friendly corners boost uptake of sexual and reproductive health services

## Editorial

Welcome to the SRHR Umbrella newsletter! This is where we will showcase some of the work of the partnership, exchange stories, and hear directly from programme staff, peers, and community members about how our work is changing their lives.

We are at a critical moment in this journey. There has been great progress towards universal sexual and reproductive health with new HIV prevention and treatment approaches, including 'PrEP', HIV self-testing, and a growing awareness that it's possible to live a long and healthy life with HIV, contributing to reducing stigma and discrimination. There have been advances in other areas of sexual and reproductive health too, like new family planning methods. But there are still many challenges. And the COVID-19 pandemic has posed a real threat to progress on HIV and SRHR.

At the heart of the SRHR Umbrella programme are young people themselves, working as peer educators within their communities, and creating a bridge to health workers and facilities. Youth-friendly services with welcoming staff who know how to talk to adolescents and young people about their sexual and reproductive health – without judgement – are essential to attract more young people into services. Our first issue will focus on their amazing work to ensure young people can access health services, even during a pandemic. We hope you enjoy the read!

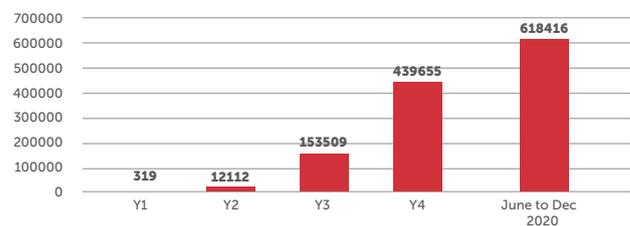
*The SRHR Umbrella team*

## Key data



The programme reached **618,416** people with integrated SRHR and HIV service as of December 2020

Cummulative number of people reached with integrated SRHR/HIV services



Gladys, peer educator in Hoima



## Ensuring access to SRHR services during COVID-19

**The COVID-19 pandemic has disrupted our whole lives and poses an unprecedented threat to SRHR. Measures taken to curb the spread of the virus – lockdowns, school closure, curfews, transport restrictions and social distancing – have made access to SRHR and HIV information and services extremely challenging; while increasing vulnerabilities. But dedicated peer educators, health workers, and programme staff have risen to the challenge to provide continuity in SRHR and HIV services in these uncertain times.**

The programme adapted its activities, with health workers, peer educators, and programme staff changing their ways of working to provide information and services in a different way, ensuring safety of clients: outreaches and dialogues have been conducted in smaller groups and following Ministry of Health standard operating procedures.

**“During the coronavirus pandemic, schools were closed as a way of controlling the spread of the virus and young people have had a lot of time at home and some have been engaging a lot in unprotected sexual activities and as a result some young girls have got pregnant since they were ignorant about sexual reproductive services.”** Gladys, peer educator

Peer educators, provided with PPE, continued working hard to inform their peers and refer them to relevant services. Their role is particularly important during the COVID-19 pandemic, with new challenges to respond to, as Gladys, a peer educator in Hoima, explains: “During the coronavirus pandemic, schools were closed as a way of controlling the spread of the virus and young people have had a lot of time at home and some have been engaging a lot in unprotected sexual activities and as a results some young girls have got pregnant since they were ignorant about sexual

reproductive services. As a peer I have helped my fellow peers to access modern family planning methods. Because of fearing their parent, some young girls have resorted to using traditional methods of carrying out (unsafe) abortion which has affected their health. I have referred a number of them to access post-abortion care services after they have had issues during abortion.”

The programme also facilitated ART refills in the community using various approaches involving health workers and peer educators, including home deliveries (AMS, CEDO, ACODEV); deliveries to small community groups (TASO); establishment of drop-in centres (YAU) and use of couriers (AMS).

With lockdown and other restrictions, reaching the community with accurate information has been critical and the programme increased investments on radio shows, as well as new strategies such as the use of moving vans with public address systems. This allowed us to inform the community about SRHR in a changing context (how to access services), and about COVID-19 and related issues – such as the increase of gender-based violence observed everywhere.

A health worker from Bugambe HC III in Kikuube district taking blood sample of a positive living youth to monitor his viral load during the home-based ART service delivery services



## Why our peer approach works

Peer educators are a cornerstone of the SRHR Umbrella. They implement and participate in many activities across all programme outcomes. Their work includes: peer-to-peer dialogues, management of youth-friendly corners, support in the health facilities, follow up of clients, outreaches, community mobilisation – among others! Peer educators are a valued source of information on SRHR and HIV for young people and key populations. Being a peer educator is also a valued opportunity for passionate young people, who are empowered to help their peers and advocate for



**524**

peer educators

## Why our peer approach works **continued**

their SRHR. Peer educators receive supportive supervision from the implementing partners as well as initial training. The programme currently has 524 peer educators with varied profiles and experiences. A three-day training was conducted in December 2020 for the 183 new peer educators that joined the programme.

**“The trainings and meetings I have attended have built my confidence to deal with my fellow peers in regard to SRH, and also demand for better health services for young people through community & Health Unit Management Committee meetings, representing young people.”**

John, peer educator, 22

**SRHR Umbrella Good Practice:** The mid-term review found that involving peers as core actors across different outcomes of the programme, information disseminated is having a clear impact on service demand. Unlike other programmes using peer education, the SRHR Umbrella is ‘closing the gap’ between IEC and services through its peer approach.

Peer educators from Buikwe district



## Health care workers critical to providing youth-friendly services

The SRHR Umbrella currently supports 132 partner health facilities across 18 districts. To achieve its first outcome (increased use of quality, inclusive and integrated SRHR and HIV services among vulnerable and key populations), the programme has made important investments in training and mentorship of health workers across these facilities, focusing on the delivery of quality and friendly services to young and vulnerable people.

Efforts to upskill health workers were accelerated with trainings for health workers coordinated by RHU, covering: long-acting reversible contraceptive; differentiated service delivery; key populations programming; and gender-based violence. 2091 health workers had been trained or mentored by the programme by December 2020.

**“I have observed significant improvement in attitude of health workers at my facility towards young people and key populations”** Richard, In-charge, Kapaapi HC III

“I have observed significant improvement in attitude of health workers at my facility towards young people and key populations and in serving them with services in line with the trainings my health workers have participated in. Health workers have been equipped with capacity, information and skills to better serve the young people with SRH/HIV services” said Richard, In-charge at Kapaapi HC III



The programme also assesses the availability and quality of youth-friendly services, and involvement of young people in service delivery through the quality assurance audit process started in 2020, and involves health workers and peer educators. Implementing partners are conducting the second assessment of health facilities in quarter one of 2021. This process supports health facilities in developing action plans for improvements.

Cumulative number of health workers trained



# Youth-friendly corners boost uptake of sexual and reproductive health services

**When young people turn to public health services, they often face long queues, a lack of privacy and confidentiality, negative attitudes of health workers, and rude and judgemental staff. For teenage mothers and key populations (KP), who are already marginalised, this can be a major barrier to accessing SRH/HIV services. According to health workers, young people and KP shy away from seeking reproductive health services offered in open-to-all clinics because of how they might be treated and through fear of being seen by parents or people who know them.**

In response, the SRHR Umbrella has constructed and renovated over 35 youth-friendly corners to boost access to SRH and mitigate multiple health challenges and behavioural risks that young people and KP are facing. These facilities offer a range of services, including HIV counselling, adherence support, pre- and post-natal care for young women, post-abortion care, immunisation, clinical care for sexually abused young people, and information on their health rights.

All youth corners are equipped with infrastructure that appeals to young people such as video and TV screens, CD players and games such as ludo, pool tables, volleyball, and football. They also provide confidential spaces for young people and KP to access services, discuss their sexual health and concerns with each other, and receive non-judgemental advice and access to trained health workers. Young people feel supported, helping to reduce stigma and cultural taboos which prevents uptake of SRH services. Services are also extended to after-school hours.

Young people also support each other on social, economic, mental health and physical wellbeing issues, with savings groups and talent groups, adding to the holistic nature of the health services.

The positive impact of youth corners also provides a significant boost to health facilities' results-based financing, an added motivation for health workers.

Youth corners continue to make a huge impact to the SRHR Umbrella programme; increasing accessibility and uptake of SRH/HIV services and improving outpatient attendance at health facilities.



## About SRHR Umbrella



The **Sexual and Reproductive Health and Rights Umbrella** is a 7 year programme funded by the Swedish International Development Cooperation Agency (SIDA) and managed by Frontline AIDS. It is implemented by Ugandan NGOs across 18 districts.

## Thank you

Frontline AIDS would like to thank the current SRHR Umbrella implementing partners: Action for Community Development (ACODEV), Alive Medical Services (AMS), Child Rights Empowerment and Development Organization (CEDO), The AIDS Support Organisation (TASO) and Youth Alive Uganda (YAU).

We would like to thank the Swedish International Development Cooperation Agency for their support.

