Increasing youth-friendly sexual and reproductive health services

UGANDA
Young people in Uganda often face difficulties in accessing sexual and reproductive health services that respond to their specific needs. Only 5% of Ugandan public health facilities offer sexual and reproductive health services which are youth friendly. One of these is a health centre in Iganga District in Eastern Uganda, Nakalama Health Centre III. There is a need to increase the number of health centres with special opening hours and a separate space for service provision for youth. This is because many youth do not feel comfortable visiting a health centre to ask for services like contraceptives and HIV testing, and concerns about judgmental staff or their privacy. Sometimes they are even confronted with denial by health facilities to provide certain services because of their age. This is challenging, and increases their vulnerability to unintended pregnancies and sexually transmitted infections, including HIV.

Advocacy for provision of youth friendly services in health centres
In order to improve young people’s sexual and reproductive health and rights (SRHR), 12 organizations joined forces in the Uganda SRHR Alliance. They work with communities, schools and health centres in eight districts in Eastern and Northern Uganda to ensure that youth have access to the information and services they need to make healthy choices on their sexuality and relations. As part of this work, the Alliance has advocated for the provision of youth-friendly services by medium sized health centres (level 3 and 4) in their districts of focus.

Mapping of health centers
The Alliance started its advocacy in 2014 by undertaking a mapping to establish the extent to which these health centres were providing youth-friendly services. The mapping concerned, among others, 40 health centres in three districts in Northern Uganda: Gulu, Kitgum and Pader. Less than 50% had a designated space with available materials for the provision of youth-friendly services. Another finding was that 14 out of these 40 facilities had no staff trained in providing youth-friendly services. [VII]

Advocacy towards decision makers at different levels
The SRHR Alliance used the findings of this mapping to contact relevant decision-makers in the districts, such as District Health Officers and other district officials, health centre staff, community leaders and religious leaders, as well as national-level decision-makers. The buy-in of all these decision-makers was essential, as their roles are not only very different, but also highly complementary and interdependent.

Within the districts, the Alliance gave recommendations to the different decision-makers, adapted to their particular roles, on what their contribution could be in improving sexual and reproductive health services to young people. Some examples of recommendations include:

To health centres
- To reserve special opening hours for service provision to young people.
- To allocate a space for the provision of youth friendly services, which is equipped with materials?

To districts
- To promote the provision of youth-friendly services in health centres.
Young people have been actively participating in this advocacy. The creation of Sexual and Reproductive Health Committees, bringing together district officials, implementers and young people, has furthermore proven to be a successful strategy. These committees meet regularly and discuss the challenges in their district – including those related to the provision of youth-friendly services – and how to address them.

The Alliance furthermore initiated a media campaign to create awareness among decision-makers and Ugandans in general about the importance of youth-friendly services. This campaign made use of different media, such as radio and social media (#YFSforall), and provided a platform for youth to voice their demand for youth-friendly services. This campaign was launched in August 2015 during a meeting that brought together representatives from different ministries (such as health, education and gender), United Nations agencies and civil society organizations, and young people.

**Increased support for youth-friendly services**

In addition to these commitments by national-level decision-makers, progress was realized in the districts as well. Several district officials have become powerful advocates for better sexual and reproductive health, and encourage health centres to provide youth-friendly services. One of the districts in Eastern Uganda, Tororo District, has for example taken the initiative to request medium sized health centres to allocate two days per week for the provision of youth-friendly services.
A midwife explains their youth-friendly services as follows: "We have youth-friendly clinics every Thursday where we offer services like HIV counselling and testing, counselling and treating sexually transmitted infections (STIs) which are the main problems affecting the youth". [VIII]

**Continued efforts are needed**
To consolidate the good progress realized, continued advocacy at national level and in the districts is still needed to:

- Request allocation of adequate financial resources to realize the commitments made by decision-makers and to monitor the realization of these commitments.
- Monitor the quality of youth-friendly services provided.
- Increase awareness among youth about what youth-friendly services are and why it is important to make use of these services.
SRHR Alliance
What would your life look like if you had not received any comprehensive sexuality education, had no access to contraception, or if you, or your partner, had been pregnant or given birth without support? The Sexual and Reproductive Health and Rights Alliance, consisting of Rutgers, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life and Simavi, works with 52 organizations in nine countries to address these issues.
The five-year international programme ‘Unite for Body Rights’ strengthens southern civil society organizations in the promotion of sexual and reproductive health and rights (SRHR) for all. The Dutch Ministry of Foreign Affairs made 44 million euro available for the period 2011–2015. The SRHR Alliance aims to reach 2.5 million people in nine countries in Africa and Asia, including Uganda. In each of these countries, organizations have joined forces in SRHR Alliances. The programme combines and strengthens three crucial aspects of SRHR: SRHR education, sexual and reproductive health services, and an enabling environment to seek health services. In order to work towards an improved enabling environment, advocacy is an important strategy. Capacity building of civil society organizations to advocate is therefore part and parcel of the UBR programme.

Rutgers in Uganda
Rutgers strengthens the capacity for advocacy of the SRHR Alliances in seven countries. Uganda is one of these countries. Rutgers has provided technical support to the Uganda SRHR Alliance in the development and implementation of the advocacy strategy on the provision of youth-friendly services.
Rutgers’ advocacy mission

Everyone should have the opportunity to experience sexuality voluntarily, safely and pleasantly. And we pursue this aim with great passion. For several decades, the name Rutgers has been synonymous with open, candid and positive sexual education in the Netherlands. Nowadays we mainly support professionals in the care and education sectors in discussing sexuality with their target groups. We acquire knowledge and develop effective methods on the basis of research. Furthermore, we utilize our knowledge and expertise to influence policy-makers.

Rutgers’ success is also evident in other countries. This inspires us to cooperate with organizations throughout the world in improving sexual health and offering people freedom of choice in relationships, sexuality and the decision whether or not to have children.

References

Note: figure concerns 2014.

[II] Ibid. Note: figure concerns 2013.


Note: teenage mothers who have had children or are currently pregnant. Figure concerns 2007–2013.


