

THE RIGHT TO DECIDE

SRHR INTERVENTIONS IN WEST NILE, UGANDA

In the last five years, Uganda has seen an unprecedented influx in the number of refugees. It is now the third largest refugee-hosting country in the world, with over one million refugees who have fled to Uganda in the last two and a half years, with most of them concentrated in the West Nile region, in the north west of the country.

Sexual and reproductive health and rights (SRHR) for children, adolescents and young people include the right to choose whether, when and with whom to engage in sexual activity, to choose whether, when and with whom to have children, and to access information, opportunities and means that enable these decisions, free from violence, coercion, subjugation, and discrimination. According to the 2019-2020 Uganda Country Refugee Response Plan, there is a need to strengthen reproductive health services across the refugee response and to expand family planning, adolescent sexual and reproductive health, and comprehensive HIV/AIDS services.

INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH

SRHR is one of the priority areas of Plan International Uganda (PIU), and one of four components of the national health programme. The expected outcomes of PIUs SRHR programmes are increased knowledge, attitude and practice of children, adolescents and young people, availability, access and utilization of youth friendly services as well as successful advocacy for policy shift that favour adolescent SRHR.

In Adjumani and Yumbe districts in West Nile, Plan International Uganda implements SRHR in the refugee response through a broader health project, funded by Takeda Pharmaceutical Company Ltd. The project addresses the sexual and reproductive health and rights needs of adolescents by implementing:

- **Integrated community health outreaches** with outpatient department (OPD) services, STI testing, family planning counselling etc.
- **Community dialogues** on a range of health topics, most often MNCH and family planning
- **Training of community health workers** on family planning and facilitation of community distribution of family planning in the settlements and host communities.
- **Home-based HIV testing**, to increase number of adolescents in the community who test for HIV
- **Nutrition sessions** where mothers are trained on basic MNCH and family planning
- **Peer groups and adolescent clubs** where SRHR information is shared and discussed. The sessions follow Ministry of Education and Health curriculums and draw on Champions of Change.
- **Menstrual health and hygiene management information** and production of reusable pads
- **Referrals of survivors** of sexual violence (including suspected cases) to our case workers under the child protection projects for case management, psychosocial support and follow-up

PROJECT GOALS

Outcome 1: (WASH) Increased supply of portable water, access to sanitation and hygiene items to South Sudanese refugees and host communities.

Outcome 2: (Nutrition) Increased nutrition wellbeing for children and mothers among refugee and host communities

Outcome 3: (Maternal Health) Health systems and prevention of diseases is strengthened at household and community (settlement) level

PROJECT PERIOD

January 2018 - December 2020

TOTAL BUDGET

1.37 million USD

The project is funded by Takeda – a Japanese renowned pharmaceutical company founded in 1781 with approximately 300,000 current employees all over the world. Not only developing and selling significant number of medicines to cure diseases, they are also passionate about contributing health improvement of people in the world with their corporate social responsibility programme. This holistic health programme, supported by Plan International Japan is currently being implemented in four countries, Uganda, Ethiopia, Sudan and South Sudan to enhance the health of South Sudanese refugees and their host communities.



**WE ARE THE ONES
WHO TRANSFORM OUR
COMMUNITY!**

Susan is 17 years old and has lived in Bidibidi for three years. She came here from South Sudan with her family and is now part of Plan International's peer support group. The group meets regularly in Plan's child-friendly space to discuss issues related to sexual and reproductive health and rights. They have learnt about contraception, menstrual health and hygiene management, and how to help their peers who are survivors of sexual violence in the settlements.

"Through the project, we have learnt about issues like contraception and condoms, and how to use it. If a girl is raped somewhere, we know how to help her and the best place to take her is the health centre where she'll get help. She can get medicines that will prevent her from getting HIV or becoming pregnant, because we don't know whether the person who raped her has HIV or if he has impregnated the girl."

The peer support group is a key player in changing the attitudes and knowledge of their communities. Not all adolescents are aware of their rights and Susan and her friends work to spread the word and empower their peers with knowledge about their sexual and reproductive health and rights. Some knows, some doesn't know, she says. "It is our right to tell them and spread the word. We go deep into the community, from family to family, and sensitize them about these issues. We are the one to transform our community,"

While adults can be positive towards discussing these issues with us, young people often fear speaking to adults, Susan explains. "Young people prefer to talk to their peers who can transfer the knowledge to them. They are more likely to tell us their problems and we can help them easier."

The peer support group also engages with adults in their community on issues like child marriage and early pregnancy

"We are fighting to stop child marriage in our communities. Many girls are forced to marry early and as a result, they become pregnant. This is very dangerous to them. We work on raising the awareness in the communities and we sensitize those who are ignorant. We use drama and creative songs to encourage them to stop child marriage and sensitize community members. We write poems and we call upon the parents and elders through the poems."

When asked about what she thinks is needed in the settlements, Susan is clear.

"I wish for more training for all girls to be able to enjoy their SRHR, including on how to manage their menstruation. We need to learn more about contraception because it is part of health, and we need to have access to it. Young people are sexually active and have the right to information and health!"

For questions about the SRHR interventions, contact Cissy Kaamu, National Programme Manager for Health:

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