



ENFORCEMENT OF PATIENTS AND HEALTH WORKERS' RIGHTS (EPHWOR)

Office Location: Off Sir Apollo Kagawa Road, P.O.Box 24919, Njuki Road

Phone Numbers: +256703731367 / +256704168698

Email: info.ephwor@gmail.com/info@ephwor.org

Facebook: @Ephworights / Twitter: @ephwor_ug

Url: www.ephwor.org

Sexual Reproductive Health and Rights (SRHR) of Adolescent Girls and Young Women (AGYW) in the Wake of COVID-19 Pandemic Report

Background

Sexuality is part of being human and having sex in all settings may not be controlled during lockdowns. Availability and access to sexual reproductive health and rights services is critical, even if it may not be seen to be essential in the wake of COVID-19 (Fatia Kiyange). As a global pandemic many countries including Uganda have taken rush measures like lockdowns both partial and total. Governments are concentrating on fighting of COVID-19 at the expense of many other services and other compelling situations especially the Sexual reproductive health and rights. Analyzing and understanding the situation surrounding the access to Sexual Reproductive Health and Rights (SRHR) is a starting point to ensuring that individual rights especially those of marginalized groups (Adolescent Girls And Young Women(AGYW)) are not stepped on. COVID-19 has far highlighted the gender inequalities and undermined the access to SRHR in Uganda especially for the young women and girls. Following the presidential guidelines EPHWOR organized online conversation on Twitter to discuss the current situation in regards to SRHR of AGYW in the wake of covid-19 to bring forth recommendations to increase the access to SRHR.

Key points to Note

Government's concentration is on COVID-19, AGYW are missing out on a full range of information about body changes, menstruation, sexual maturity, contraception, family and pregnancy planning options.

Very many rights have been sidelined in the name of fighting COVID-19, unfortunately the AGYW have suffered most, sanitary pads are dignity and life to AGYW. You can forego sex but they cannot forego a period. Very many have been affected because they are not earning at the moment yet their bodily needs are not on a stand still.

AGYW have been affected because they cannot easily access health services, they may not access contraceptives during this time which may result into unwanted pregnancies, less access to condoms hence at high risk of HIV.

Currently, we are already seeing maternal mortalities increasing the big factor being the delay in transportation to reach health facilities. This one mother's death directly affects the quality of life there will be for the children left behind, talk of malnutrition and so on.

COVID-19 has greatly affected the livelihood of AGYW, most of them having lost employment due to the lock down. They cannot fend for their families due limited day to day income generating activities. This may force AGYW to opt for other unfavorable means like prostitution to be able to put food on their table.

The situation has proved to be very hard for the AGYW at the moment considering the increased social space due to the lockdown. The idler some couples get and the more time they spend together, the more likely domestic violence is going to occur which has proved a great risk for the AGYW as they are ,mostly the victims.

The rates of domestic violence have greatly increased in Uganda, they are sky rocketing. This doesn't come as surprise since there has been a drastic change in daily routine and so many stressors like uncertainty of the future especially financially. This has left many AGYW at risk of the increasing violence.

AGYW living with HIV have limited access to health services due to the limitations of movement. With suspension of transport, the access to Medication (ARVs) has become worse due to the limitation on people's movement and mobility. Many people in our communities are living with HIV/AIDS and haven't disclosed to their partners or even close family members. Such a time makes it hard for them to take long journeys to health centres for refills without having to make lengthy explanations to their families. AGYW living with HIV has equally been affected by the situation at the moment a few may be able to access their monthly refills.

Social discrimination in their families, has resulted to mental health issues, psychological and social torture.

Following the presidential directives that suspended both private and public transport, maternal mortality rate health has since been escalated yet a preexisting challenge of high maternal mortality rate of around 16 women dying in labor daily, “Anti-natal and post-natal care have now suffered as they are looked at as mere luxuries” this has been escalated due to the limitation on mobility and transport of people.

By nature, idleness switches on the sexuality gene. If people can't have safe sex, we will have to deal with challenges of STDs, unsafe abortions, unsafe deliveries. The biggest complication is DEATH. Can we make mobile clinics available to communities.

Recommendations

We are in are situation where everyone is focused on controlling the pandemic, efforts are also required to ensure the rights of women and girls are protected during this period to maintain a balance. Gender equality is provided by our constitution and many acts of parliament, such a

Pandemic should not in any way compromise AGYW from what is legally provided by the law. The following are the laid out recommendations;

In times of normalcy, 42% of all the pregnancies among adolescents in Uganda are unintended. (UNFPA Uganda); this means government should not allow this percentile to escalate. They should address the SRHR challenges faced by girls and young women.

Setting up mobile clinics would be so helpful so as to ensure good adherence to treatment for individuals leaving with HIV and other chronic illnesses. If the pandemic goes on for many months ahead, then we'll be seeing patients with very many other complications of opportunistic infections

Flexibilities in the directives for AGYW and other persons leaving with HIV to be able to access ARVs.

Increased awareness and advocacy on Radios and televisions that address issues relating to GBV. Main stream media should also sensitize the citizenry about GBV and also condemn the vice and encourage spouses to live together in harmony or separate in peace.

Creating a system that allows for victims of domestic and gender based violence to report and perpetrators be brought to book to face justice.

Families are also encouraged to try out bonding activities like rediscovering their fun activities like sports and cooking to reduce on incidences of domestic violence due to idleness.

Family and child protection unit shouldn't get under staffed or de_staffed because they are needed most now. Maybe a tool free for GBV should be opened up.

There is need for a hotline to be used by young women and girls who have experienced SGBV. TVs and radios are also essential for sensitization of the masses against SGBV during these hard times of COVID-19.

Women seeking maternal services should be treated as essential services and allowed to seek treatment as and when. It should actually be categorized as an emergency with in an emergency, if it is to do with pregnant mothers that must be an automatic pass at any stage. Or at worst, such powers should be vested in LC1 chairpersons. We applaud the president who hinted on it during his last address that ambulances should be got to help out.

This is the time for elders to engage boys and young men to become gents of change, to standup for gender quality and breakdown the attitude that cause violence against girls and women and bridges gender inequality.

We're at a point where staying at home is necessary, but this has affected accessibility to SRHR services and other health services. As a way to prevent people moving from one community to another in search of a health facility, how about we bring services closer to the people:

- Equipping the VHTs at all levels in villages and those who are qualified to address the issues of maternal health can do better. We have VHT in almost every small community, these very easily will reach every family to provide basic SRHR and other health services

like contraceptive methods, and also attaching different mothers in need of ANC services to the health facilities.

- VHTs should collaborate with the local authorities because the RDCs cannot real work over 200 people in day alone like today I called the RDC since morning but up to now he has not yet responded it was a private issue so let say I had a patient
- Many private facilities have continued to reach out to their clients and provide services online especially antenatal services which should always continue
- The ministries of ICT, Health and Gender can as well spearhead innovative approaches to with mobile apps, digital health/ telemedicine for counselling services and delivery of sexual health information for purposes of self-care however these have to appropriate.
- More ambulances should be provided at health centres and should always be on standby ready to move because expecting mothers cannot wait to follow through certain procedures to be able to access health facilities.

Households should be advised on ways of being able to keep busy and work from home instead of being redundant which may be the may cause for such violence cases. Small farm Projects can be run from and around home e.g. poultry, backyard gardening etc.

In conclusion, the starting point is that access to essential and life-saving SRHR services is a human right. It's from that point that we should go back and review our commitments in promoting and respecting the said right. SRHR should be treated with maximum urgency, there shouldn't be any room for compromise. We applaud the government for maintaining healthy services during this period, laying forth essential guidelines to stop the spread of the virus, highlighting children, pregnant mothers and mental health patients as high priority.

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