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Uganda Youth and Adolescents Health Forum



# Integrated Advocacy Approaches for Adolescent Sexual and Reproductive Health and Rights



Uganda Youth and Adolescents  
Health Forum

A case study of Uganda Youth and  
Adolescents Health Forum  
(UYAHF)



# The Context

Nearly half of all new HIV infections worldwide occur in East and Southern Africa,<sup>1</sup> which is also home to more than half of all people living with HIV. Adolescent girls and young women aged 15 to 24 years account for about 1 in 5 new infections in Sub-Saharan Africa.<sup>2</sup> Adolescent girls and young women who want to prevent unintended pregnancy do not have adequate access to modern contraception as such some resort to unsafe abortions which contribute to maternal deaths and injuries. In spite of high fertility rates in Sub-Saharan Africa at 4.7 births per woman (higher than any other region in the world),<sup>3</sup> the contraceptive prevalence rate in sub-Saharan Africa stands at 22% with Uganda registering slightly higher rates at 35%,<sup>4</sup> Kenya at 61%, Malawi at 42% and Zimbabwe at 50.2%. Despite this, young people still face grave barriers in accessing contraceptives and accurate health information. This is one of the major reasons why the teenage pregnancy rates are high in the region at 19.3%.<sup>5</sup> Additionally, 1 in 2 women in East and Southern Africa has experienced physical or sexual violence.<sup>6</sup> Intimate Partner Violence (IPV) in sub-Saharan Africa affects 36% of the population.<sup>7</sup> These human rights violations continue to undermine the dignity of adolescent girls and increase their risk of early pregnancy and the associated effects of pregnancy complications, stigma, and discrimination.

## Background

With support from Hivos, through the Regional SRHR Fund, Uganda Youth and Adolescents Health Forum (UYAHF) as part of the SHE Decides Alliance with youth-led and youth-serving organizations; My Age Trust in Zimbabwe, HeR Liberty in Malawi and Organization of African Youth in Kenya implemented the 'Youths Engage and Take Action for Sexual and Reproductive Health and Rights' (YHA) Project. The project was aimed at mobilizing, building capacity and amplifying voices of young people in Uganda, Kenya, Malawi and Zimbabwe to advocate for and demand for improved access to high quality, youth-friendly contraceptive information and services as a Sexual and Reproductive Right. The project built the capacity of four youth-led organizations in generating and synthesizing evidence for advocacy to improve adolescent and youth access to non-discriminatory Sexual and Reproductive Health and Rights (SRHR) services. The project promoted knowledge management and cross learning among the partners in East and Southern Africa.



1. World Health Organization, 2018 <https://www.afro.who.int/health-topics/hivaids>

2. UNAIDS, 'Women and HIV: a spotlight on adolescent girls and young women' [https://www.unaids.org/sites/default/files/media\\_asset/2019\\_women-and-hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf)

3. Bongaarts, J. Trends in fertility and fertility preferences in sub-Saharan Africa: the roles of education and family planning programs. *Genus* 76, 32 (2020).

4. Uganda Bureau of Statistics and ICF. Uganda Demographic and Health Survey 2011. Kampala, Uganda, and Calverton, Maryland, USA: UBOS and ICF; 2012.

5. Kassa, G.M., Arowojolu, A.O., Odukogbe, A.A. et al. Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis. *Reprod Health* 15, 195 (2018).

6. WHO. Violence Against Women Factsheet. (2021). <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

7. McCloskey L, Boonzaier F et al, 'Determinants of Intimate Partner Violence in Sub-Saharan Africa: A Review of Prevention and Intervention Programs'.

In this regard, the partners embarked on a series of approaches and strategies which included the following steps:



## UYAHF Integrated Approaches for Adolescent Access to SRHR Services

### Evidence Generation for Advocacy



As part of evidence generation, UYAHF commissioned context-specific evidence generation processes aimed at informing advocacy processes. In Uganda, the formative research was conducted in Mbale District to determine the causes of poor adolescent health indicators in the district. The research focused on teenage pregnancy and access to adolescent-friendly SRHR services. The findings of the research highlighted a lack of comprehensive adolescent-friendly services which impacted privacy and confidentiality. Adolescents in the district reported inadequate access to SRHR information and services and most of the girls who participated in the research indicated their first sexual encounter as being a result of sexual abuse.

In Zimbabwe, My Age conducted and implemented 4 research dialogues. The aim of these was to establish young people's SRHR experiences and their access to SRHR services and information. Emerging issues included the need for a risk assessment process to be put in place for all HIV testing Services as young people are being turned away from accessing services based on having accessed the service in the past 12 months and tested negative. Other issues raised in the dialogues included; cultural barriers in accessing SRH services, limited adolescent-friendly spacing for open conversations on adolescent sexuality; and inadequate access to contraception and other SRH services to enable adolescents limited youths participating in open conversations on contraceptives which are a hindrance that leads to young people indulging in sexual activities without enough information on the different contraceptive methods available to prevent unintended pregnancy, HIV and other Sexually Transmitted Infections (STIs). Most adolescent girls stated that they are unable to access contraceptive services as health care providers refuse to attend to them in the absence of a parent or guardian. As a result, My Age Trust is working closely with health workers and engaging in advocacy to address these barriers .

In Malawi, HeR Liberty focused on their evidence generation on SRHR and contraceptives. They conducted interviews and developed scorecards. The findings showed a gap in terms of adolescent-friendly health service availability and accessibility. Most of the young people and providers suggested a need to strategically engage and sensitize the community leaders in adolescent health interventions as they are critical in influencing the decisions by most of the community members including the parents. The findings also highlighted the need to disseminate accurate SRHR information to adolescents, community members and leaders create awareness on their right to access quality SRH services and to enable them to demand and access the services in the health centres.

In Kenya, research on Universal Health Coverage (UHC) was carried out with the aim of documenting feedback on UHC experiences by youth in Kisumu County to inform decision making on how to effectively monitor and influence young people's participation in UHC discourse as strategic actors to the processes. Key findings showed that the general knowledge and appreciation of the youth component within the UHC package was still generally low – more so at the local levels. Additionally, young people had not witnessed any special focus on SRH information and services within the dispensary since the piloting of UHC and there were high stock outs of reproductive health commodities at the health centres. Furthermore, service providers admitted to being uncertain on whether the dispensary was youth friendly since there had never been capacity strengthened on Adolescent and Youth Friendly Services (AYFS). The study identified issues that were unique to individual sub-counties as well as those that cut across the three sub counties and these were then triangulated with the service provider interviews to establish strides made in relation to the UHC Kisumu Communique.

The evidence generation in the project countries was undertaken by young people themselves thereby building their capacity to generate evidence to inform advocacy efforts. The findings and recommendations were disseminated to various stakeholders including policy makers. The recommendations focused on addressing barriers facing adolescents in accessing SRH services as well as development of policies and resource allocation to make it a reality.



As a result, benchmarking on the recommendations made from evidence generation and the various policy engagements with key district personnel in Mbale District for example, a multi-sectoral Adolescent Health Technical Working Group (TWG), a Sub-Committee of the District Health Working Group where adolescent health policy and programming issues are discussed was established. Some of the results include the establishment of adolescent-friendly spaces at various health centers; meaningful participation of young people in the Adolescent Health TWG; and training of health workers in the provision of adolescent-friendly services. These efforts have led to increased access to SRH information and services by young people.

## Capacity Building



## Partnerships and Movement Building

Through the project, UYAHF undertook national level capacity building and strengthening processes which included training in SMART Advocacy, Communication and Research. This capacity building also enabled the project partners to develop a joint advocacy and communication strategy for the project.

The capacity building processes resulted in a knowledgeable and skilled pool of youth advocates in the project countries. This pool of young people participated in policy and decision making spaces where they made recommendations on how to address the barriers that adolescents face in accessing SRH services.



# Partnerships and Movement Building



The project created a movement of youth advocates in the project countries that contributed to strengthened partnerships and a youth movement across East and Southern Africa.

Partnerships were created with youth-led and youth-focused organizations, District Health Offices, County Representatives and other stakeholders. These partnerships continue to strengthen adolescent access to SRH information and services beyond the health centres. Furthermore, strengthened partnerships also led to the springing up of youth hubs and youth movements across the region. For example, HeR Liberty in Malawi has opened a Youth Hub in Lilongwe that provides a safe space where young people can talk and deliberate on issues affecting their SRH and well-being. This has led to more young people making informed decisions, having positive health seeking behaviours and accessing services from trained health workers at the health centers.

Another example is A little Bit of Hope, UYAHF partner in Butalejja District is providing knowledge and skills to adolescent girls who have already become mothers and adolescent girls still in school. They are working with UYAHF to address the problem of school dropouts due to teenage pregnancies, child marriages and substance abuse in the district.

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*“We engage the youths together with Community and District Officials to ensure Youth Centers are opened up, we are also partnering with health centers to ensure that SRHR services are available. We also encourage young people to go to the health centers to get health services to help them prevent pregnancy, HIV and other STIs. We have also engaged them through skills where they get a skill such as tailoring or hairdressing. The skills are needed to empower them with some finances so they are not lured into transactional sex or drug abuse”,*



Grace Liada from A Little Bit of Hope.

The implementing partners also focused on strengthened partnerships and movement building through active participation in key international conferences. During the ICPD +25 commemoration both UYAHF and OAY actively participated in the processes in country and in the region. In Uganda, UYAHF organized a pre-ICPD +25 youth satellite event in partnership with UNFPA Uganda, Ministry of Health, Ministry of Gender, Labour and Social Development and various youth led organizations. From this satellite event, key recommendations on youth issues were collected from young people across the country and packaged into a position paper that shared with policymakers during the ICPD+25 meeting in Nairobi, Kenya. The position paper was also used as an advocacy tool within Uganda which resulted in increased advocacy for Government of Uganda to expedite the approval of the School Health Policy and the National Adolescent Health Policy.

To enhance partnership and movement building, UYAHF conducted an online (digital) mapping of youth led organizations in each of the four countries. This mapping has led to strengthened coordination among youth led organizations in the region and offered an opportunity for the organizations to share good practice in conducting SMART Advocacy, research and communication. The Digital Map<sup>8</sup> has also resulted in improved visibility and resourcing of youth-led organizations as donors and other organizations seeking collaboration have been able to utilize the map to access information about the different youth-led organizations working on adolescent SRHR and gender. The Digital Map will also create synergies and reduce duplication of resources and efforts leading to more focused programming.

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## Policy Engagement



Cognisant of the fact that COVID-19 reduced physical contact of persons, UYAHF organised webinars for policy engagement. The webinars led to continued advocacy for the recognition of SRHR services for young people as essential services amidst COVID-19. The policy engagement during the webinars led to the acceleration of the development of guidelines for the provision of SRHR services amidst Covid-19 by the Ministry of Health.

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## Meaningful Youth Participation



The project meaningfully engaged young people in all aspects of the project, from its conceptualization to its implementation. Young people participated in policy engagement and advocacy processes where they co-created solutions and participated in decision making on issues affecting them.

Young people also used art, song and other creative arts to communicate their feelings about SRHR, menstruation, Sexual and Gender based Violence (SGBV) and adolescent sexuality during a festival organized in partnership with the Mbale District Local Government and the SHE Decides Local Movement in Uganda. At the Festival, the SHE Decides activists and champions in Uganda highlighted and leveraged actions aimed to achieving even more results for women and girls' rights and wellbeing.

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8. Accessible at <https://uyahf.com/digital-map>





## SOCIO-ECOLOGICAL SYSTEM

There is need to address the entire Socio-Ecological system for advocacy to be effective. Addressing the institutional and policy levels of the socio-ecological model will not bear results if community and individual beliefs, values and practices have not been addressed.

## YOUTH LED ADVOCACY

Advocacy for youth SRHR must be led by youth. It is therefore important to deal with the existing social-cultural norms that hinder young people from effectively participating in decision making spaces on issues affecting them as well as accessing accurate information on SRHR for which they can be advocates.



## ENGAGE GATEKEEPERS

It is important to engage key gatekeepers like parents, teachers, cultural leaders, district officials in advocacy for SRHR because they are channels through which to best reach the communities and address existing barriers.

## MULTI-MEDIA COMMUNICATION

There is need to make use of a multi-media communication engagement strategy to address needs of different people. Utilizing online channels to reach young people ensures that no one is left behind and makes learning "fun" for the young persons. Covid-19 has also increased the need for alternative forms of engagement making digital media one of the effective platforms for continued engagement..



## ENGAGE POLICY MAKERS

Young people need spaces where they can interact with policy makers on an equal footing and share ideas on how they can positively impact their lives. This gives them a chance to participate in decision making and generation of solutions on issues affecting them.



# Next Steps

UYAHF has utilized approaches and strategies that promote sustainability beyond the project lifetime. As part of the next steps, UYAHF will continue to update the Digital Map to offer visibility and opportunity for partnerships and capacity building to other like-minded youth-led organizations. UYAHF will continue policy engagement and advocacy processes for legal and policy review to address barriers that adolescents experience in accessing services as well as co-create policies and practices that enhance adolescent access to SRHR information and services.

UYAHF will also continue to strengthen partnerships beyond the project through trained paralegals to ensure access to justice for survivors of Gender Based Violence, enhance referrals to services through the UYAHF Adolescent clinic for management and use of the Suubi Helpline (+256 759 479 995) psychosocial counselling and referrals.

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