



UG CSO SRHR/HIV/GBV

COALITION

"2gether4integration"

Repackaging Gender Related Programmes, Policies, Plans and Strategies to include Sexual Reproductive Health and HIV/AIDS

Advocacy Brief

1.0. Background

Currently, Uganda has an estimated 1.4 million (5.7%) people living with HIV (UNAIDS, 2018). Gender based violence (GBV) is among the impediments hampering full realization of Sexual Reproductive Health and HIV better health outcomes. GBV disproportionately affects women and men due to power imbalances in the society's social processes and socially constructed gender norms. UDHS 2016 show that women are more than twice as likely to have experienced GBV, essentially sexual violence at some point in their lives as men (one in five or 22% for women; one in 10 or 8% for men). This translates to more than 1 million women exposed to gender-based violence every passing year in Uganda. (UNFPA, 2018) According to the UNWOMEN prevalence data on different forms of violence against women in Uganda, Lifetime Physical and/or Sexual Intimate Partner Violence: 50%, Physical and/or Sexual Intimate Partner Violence in the last 12 months: 30%, Child Marriage: 40%, Female Genital Mutilation: 1%.

2.0. Enabling Policy Environment

Uganda has committed to international instruments to promote the protection of all genders. Uganda is signatory to United Nations Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), United Nations Security Council Resolutions 1325, 1820 and the Goma Declaration I, Sustainable Development Goals (SDGs) SDG1 on "healthy lives and well-being for all", SDG5 on "gender equality" –essentially "SDG indicator 5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents". At national level, the following policies and Acts have been enacted –which imperative in the integration of GBV into SRH and HIV programming such as National Referral Pathway for Prevention and Response to Gender Based Violence Cases in Uganda (2013); National Guidelines on Establishment and Management of GBV Shelters in Uganda, and The National Action Plan on the United Nations Security Council Resolution 1325, 1820, Land Act (Cap 227) and Land acquisition Act (Cap 226) –which recognizes women's land rights, a spousal consent is a requirement on all matters relating to land from which the family derives sustenance, The National Development Plan III prioritizes the implementation of the National Strategy against Child Marriage and Teenage Pregnancy –it further recognizes high

rates of child marriages, teenage pregnancies, gender-based violence, female genital mutilation (FGM), and child sacrifice as harmful practices and manifestation of a failing social safety net, and the latest which is the National Strategy and Implementation guidelines for SRH, HIV/AIDS and GBV 2020 – 2024.

In 2018, the coalition started closely following the implementation of the proposed SRH/HIV/GBV integration and ensuring accountability to Government's commitment to various national and international frameworks to promote integration of SRH and GBV as a means of maximizing resource utilization impact of programs. Several policy frameworks are incorporated this process and therefore this advocacy brief presents the multiple gaps in the existing policies that aim to guide the integration –that is: (Gender Policy 2007, “seeks to address issues of gender inequality in access to justice, socio-cultural discrimination against women and girls, GBV and limited awareness about rights”. GBV policy 2016, “developed to address the critical problem of GBV in Uganda” (MoGLSD, 2016). And the Impact and recommendations for Out of school sexuality education framework 2020 for effective integration of GBV in SRH and HIV programming. Further, it presents the impact of Corona virus on SRHR, HIV and GBV, and GBV integration into SRH/HIV programming.

3.0. Key Issues and Concerns

- **The GBV Policy 2016 (revised in July 2019) misses out on SRH and HIV:** The policy does not provide guidance for HIV/AIDS prevention. The role of VHTs and Para-social Workers is not recognized anywhere in the policy yet it is essential in quick identification GBV cases and linkage and referral of the affected populations for SRH/HIV/GBV services. The role of the LCIs is not recognized in the GBV Policy yet they play a vital role in linking and referral of affected women, men and young people for SRH/HIV/GBV services as mandated in Part II - Close 5, of the Domestic Violence Act 2010. The policy doesn't provide guidance in relation to people with disabilities (i.e. the deaf and those with mental disability) to access GBV services.
- **The Uganda Gender Policy 2007 does not explicit on SRH and HIV:** The policy mentions HIV/AIDS declining trends and prevalence of men and women but it does not provide detailed integrated SRH/HIV programming. evaluation indicators of the gender policy focus more on Maternal Mortality Ratio missing out on SRH/HIV integration indicators.
- **Out of school sexuality education framework 2020 still in draft form:** The framework seeks to create an over-arching national direction for providing out of school youth with sexuality education. However, the framework is still in draft form, yet all school going AYP are now at home due to COVID-19 pandemic increasing the number of out of school youth.
- **Absence of district based SRHR/HIV/GBV integrated sector plans:** The district sector plans are not integrated. The DCDO and DHO have sector specific plans which don't support integration of SRHR/HIV/GBV at the district level.

4.0. Recommendations

To Government

- The GoU through the MoGLSD should expedite the process of finalization and approval of the Out of school Sexuality Education framework. The benefits of the framework include:
 - Increased individual, family and community knowledge on SRH/HIVGBV and best way to support the adolescents/teenagers especially those dropped out of school.
 - Enhancing awareness on the community environment for the adolescents/teenagers, such that they are informed about all forms of sexual abuse and violence; including sexual harassment and exploitation.
 - Building young people's capacity to control the influence of the misleading information and disinformation (i.e. sexualized adverts).
 - SRH information to reduce further upsurge of unwanted teenage pregnancies.
- Involve adolescents and young people in the design, implementation and monitoring of GBV development programmes, policies, plans and strategies.
- Review the GBV Policy to integrate the role and capacity of the LCI to effectively identify and refer affected communities for SRH/HIV/GBV services.
- MoGLSD should use the existing structures such as Para-social workers to integrate SRH/HIV and VHTs to integrate GBV services through training, mentorships and coaching SRHR/HIV/GBV/COVID-19 integration.
- MoH and MoGLSD design human rights centric guidelines to be applied by communities to help persons with disabilities to access SRH/HIV/GBV services.
- Revise the overall evaluation indicators of the gender policy to integrate indicators on SRH/HIV.
- MoGLSD should work with Uganda Police to build the capacity of health workers in filling the Police Form 3 and collection of forensic evidence.
- MoGLSD should support District Community Development Officers (DCDOs) to develop integrated SRHR/HIV/GBV sector plans including development of guidelines to support integration.

To Civil Society Organizations

- Build the capacity of VHTs, Para-Social Workers and Role Model Men for effective participation in linkages and referral for integrated SRH/HIV/GBV service delivery
- Play an advocacy role of ensuring that development programmes have deliberate interventions for integrated SRHR/HIV/GBV.
- Lobby for the establishment of SRHR/HIV/GBV integrated Fund that will provide the finances to enable implementation of integrated SRH/HIV/GBV programmes, policies, plans and strategies.

To Development Partners (Donors)

- Donors should prioritize and increase funding for integrated SRH/HIV/GBV programming.
- Technically backstop and finance civil society organizations to play an effective advocacy role of ensuring that development programmes have explicit interventions for integrated SRHR/HIV/GBV.
- Support initiatives for joint capacity-building and learning, and develop joint work plans as guided by core principles of 2005 Paris Declaration on Aid effectiveness and Global Action Plan for Healthy Lives and Wellbeing for All.

5.0. Conclusion

The GBV policy 2016 (revised July 2019) and Gender Policy 2007 are cognizant of GBV issues, however, they need to be revisited to address SRHR/HIV/COVID-19. The process of finalizing and approving the Out of School Sexuality Education Framework 2020 has to be expedited. Urgent need for SRHR/HIV/GBV integration in the district specific sector plans. All the above policies need stable and sustainable financing to enhance their implementation.

ADVOCACY BRIEF