

THE POWER OF WORKING AS AN ALLIANCE

When different organizations working towards a common goal work in isolation, duplication, competition and poor utilization of resources are bound to occur. On the other hand, domination and limited acknowledgment of efforts draw organizations away from working in alliances. These challenges pose serious implications for program implementation. However, when an alliance is managed effectively, the results are exceptionally rewarding. The journey of the 12 Organizations working in the Sexual Reproductive Health and Rights Alliance in Uganda proves that working in an alliance yields much more benefits to communities and the individual organizations.

The Alliance on Sexual and Reproductive Health and Rights (SRHR) is a global based Alliance that works towards a society free of poverty in which all women and men, girls and boys, and marginalized groups have the same rights irrespective of their ethnic, cultural and religious background, age and gender. SRHR Alliance aims to improve knowledge on SRHR through awareness-raising and sexuality education and to increase the accessibility and quality of sexual and reproductive health services.

In Uganda, the SRHR Alliance is made up of Reproductive Health Uganda (RHU), Straight Talk Foundation (STF), School Net Uganda (SNU) Restless Development (RD), Family Life Education Program (FLEP), Reach A Hand Uganda (RAHU), Uganda Network for Young people Living with HIV (UNYPA), Amref Health Africa, Uganda Young Positives (UYP), Mama's Club, Clinton Health Access Initiative (CHAI) and The United Nations Educational, Scientific and Cultural Organization (UNESCO). To guide the operations of the Alliance a steering committee comprising organization heads is in place.

"The Alliance has been instrumental in increasing access to sexual reproductive health rights information and services through strengthening existing structures and tapping into the expertise from the different member organizations," says Rev. Chris Yona Kyewe, the Chairperson of the SRHR Alliance, Uganda steering committee and the Executive Director of Family Life Education Program.

From 2011 to 2015, the Sexual Reproductive Health and Rights Alliance, Uganda with support from the Netherlands Ministry of Foreign Affairs has been implementing the United For a Healthy Tomorrow (UFHT) Program and the Access Services and Knowledge (ASK) Program aimed at increasing access to sexual reproductive health information and services for young people aged 10-24 years. The programs were implemented in eight districts; Jinja, Iganga, Bugiri, Tororo, Gulu, Amuru, Kitgum and Pader. The four identified key priorities addressed in the programs were:

- Improving SRH services through capacity building of public health facilities in the direct provision of Youth Friendly Services by Alliance members.
- Improving knowledge on sexual health through providing sexuality education in target schools and communities.
- Reducing the cases of sexual and gender based violence through providing information on alternate conflict resolution and building gender awareness and parity.
- Creating and enabling environment at social, legal and policy levels to remove barriers to accessing the information and services young people need.

Sexuality Education

With support from the local government in the districts, 133 schools were selected to take part in the programs. *"We supported the Alliance in selecting the schools in Bugiri district to benefit from the pro-grams. Ten primary schools from six sub-counties were selected based on factors like location, rate of pregnancy and HIV prevalence,"* says Mr. David Kazungu Senior Education Officer, Bugiri. To date, the Alliance has trained over 1817 individuals who include peer educators and teachers. They were equipped with skills to provide sexuality education and later supported with guidelines augmented by on going mentorship to ensure holistic and appropriate implementation of sexuality education programs in schools.

Delivering Youth Friendly Services

Among communities, a comprehensive integrated outreach approach was utilised to offer SRH services, supported by strengthening access to services. *"We noticed that most of the health centres were not youth friendly and there was self-stigmatisation among the adolescents. The basic objective of outreach was to enhance the sexual reproductive health of young people,"* says Dr. Lydia Mungherera Executive Director, Mama's Club. Outreach space was structured to provide different SRH services and information concurrently at different service points. A total of 408 health workers from both public and private health facilities were trained in the provision of youth friendly services over the five years.



A peer educator demonstrates how to correctly use a condom to peers.

The Alliance also tapped into the effectiveness of peer educators to enhance service delivery for example in distributing sexual reproductive health commodities and community mobilization thereby enhancing access to and demand for sexual reproductive health services. A total of 6,767,353 contraceptive commodities were distributed under the programs. *"We underwent several trainings on sexual and reproductive Health, gender, community mobilization and sensitization, referrals and many other sexuality issues. We now conduct monthly mentorship meetings to share success stories and challenges,"* says Joshua Othieno a peer educator at RHU Tororo. Regular refresher trainings were organized to support peer educators' capacities in advocacy, handling SRHR challenges emerging from the communities. Meaningful involvement of young people formed a key ingredient for participating in governance, planning, implementation and monitoring of Alliance interventions.

The Alliance through collaboration with its partners provided platforms for young people to use the skills obtained to reach out to peers, adults and stakeholders including advocating for the provision of youth friendly SRH services. *"Youth friendly services were not prioritized in the 8 Alliance districts however, during the review meetings district officials agreed to prioritize SRHR service provision in the districts plans,"* says Dr. Gloria Ndagire, Senior Program Officer, Maternal and Child Health/SRH, Amref Health in Africa.

The Program strengthened the use of mobile and electronic media channels for example SMS, hotline, facebook, twitter and whatsapp as innovations in increasing access to sexual reproductive health services and information to young people. *"I have had limited access to medical information before especially around sexuality issues. Amref Health in Africa, Uganda then came up with mobile phone technology. I can now consult a doctor on phone even when I am in the garden digging, it's a matter of a phone call moreover the call is completely free of charge".* Onek Freezer, a young person from Gulu district.



Young people access SRH information at an ICT centre.



A health worker delivers SRH services during a school outreach.

Reducing cases of Sexual and Gender Based Violence

The prevalence of gender based violence exposes young people to many SRHR related risks that the Alliance has addressed. Key initiatives spearheaded by the Alliance have been community sensitization about the associated consequences of sexual and gender based violence by facilitating discussions with communities on preventive measures. Specifically the Alliance's focus was on reducing child marriage, rape and defilement including strengthening collaborations with the Probation Offices and the Child Protection Units for referral services in the communities.



Advocating for an Enabling SRHR Environment

The Alliance initiated advocacy geared towards addressing barriers to effective youth friendly service delivery. Initiatives sought to increase access youth friendly SRH services at Health centers III and IV. As a result, young people have been able to access quality SRH information, education and communication materials at such facilities. Advocacy entailed meetings with key decision makers, community leaders, parents, teachers' associations, health workers and community members. *"The Alliance advocacy efforts sought support from important actors to enforce allocation of at least 4 hours a week and functional space at public health facilities to provide youth friendly services,"* says Dianah Nanyange National Program Coordinator, SRHR Alliance, Uganda.

Coordination and Sustainability of Interventions

In all the 8 districts of the Alliance, District SRHR Coordination Committees were formed to keep the SRH issues on the district development agendas. Headed by the Chief Administrative Officer and composed of the Resident District Commissioner, several departmental heads, youth delegates and community based organizations, the committee plays an advisory role and monitors activities of the Alliance. This innovation promotes visibility and sustains interventions initiated by the Alliance.

Joint planning with involvement of district stakeholders was key in ensuring true ownership of the achievements. District officials have integrated SRHR Alliance work into district programs. *"As a committee we have incorporated SRH activities in the School programs, trained Head teachers, Directors of studies and representatives of School Management Committees, availed finances for the activities, encouraged ownership of the program by the School Management Committees through financing and supervision, inclusion of sexuality education on the school inspection program and established of talking compound in the Schools,"* says Itaga Lydia Sekalala Senior Education Officer, Iganga District.

To date SRHR Alliance partners have worked closely with actors such as Community Based Organizations (CBO's) to increase coverage of SRH information and services. Working with civil society organizations has strengthened their capacity to deliver SRH programs.

As the current program comes to an end, the 133 pilot schools that have incorporated sexuality education activities in their timetables are prepared to sustain these initiatives in the future. Furthermore, with the training of health workers, it is anticipated that SRHR service delivery will further be consolidated. Development of a sustainability plan has been an important lesson learned in the implementation of the SRHR programs.

Delivering as One: What Works

The success of the Alliance is attributed to its effective functionality that was based on recognizing each members unique expertise and relevance to the program needs of the Alliance. Member organizations combined efforts to work towards a common SRHR agenda by jointly delivering impactful programs to achieve the Alliance goals and objectives. *"Working as an Alliance was very instrumental in enhancing the capacity of the Alliance members because organizations were able to tap into the expertise of other organizations through formal and informal agreements,"* says James Tumusiime from Reproductive Health Uganda.

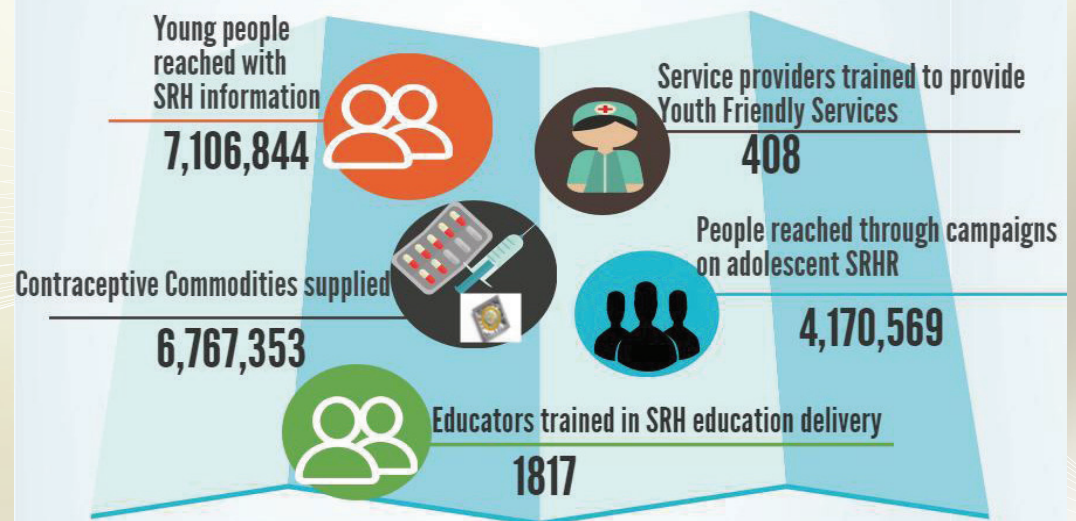
Challenges

Despite the successes realised during program implementation, it is still evident that the SRHR outcomes for young people is poor; for example girls face a greater likelihood of dropping out of school as a result of marrying early and early pregnancies. Such challenges are heavily driven by negative attitudes towards sexuality education and harmful cultural practices among communities.

"As an Alliance, it will be important to promote health seeking behavior, address negative attitudes towards sexuality education and SRH by engaging adults and important SRHR stakeholders," says, Susan Ajok, Executive Director, Straight Talk Foundation.

As a country, it is evident from schools that there is a lack of a framework to guide sexuality education in schools. Delivery of related programs at school level is often determined by resources available to schools and their own set up. Whereas the Adolescent Health policy mandates the establishment of youth friendly corners at all health facilities and schools, evidence shows a weak implementation of this. This greatly impacts access to SRHR services and information.

NUMBER OF PEOPLE REACHED BETWEEN 2011-2015 BY SRHR ALLIANCE PARTNERS



Future Plans

In the past years, significant gains were made by the Alliance, especially in renewing SRHR discourse at various levels. In the future, efforts will be geared towards consolidating these gains by investing in stakeholder capacity building in SRHR and strengthening joint SRHR advocacy as an important component in the success of the SRHR Alliance in Uganda.



Charles Dracebo from UNESCO, Rev. Kyewe Executive Director of FLEP and Bakshi Asuman Programs Manager, Reach A Hand Uganda participate at the SRHR Alliance National Stakeholders Meeting.

Call to Action

Despite the tremendous achievements realized in the provision of sexual reproductive health rights information and services, as the SRHR Alliance, we call upon:

- Cabinet to expedite the process of passing the School Health Policy.
- The Ministry of Health to implement the Adolescent Health Policy with emphasis on establishing of youth friendly corners.
- Duty bearers such police, school-heads, district and community leaders should take the lead in enforcing laws that condone Sexual and Gender based Violence in schools and communities.