UK APPG on Population, Development and Reproductive Health

Uganda Study Tour

on sexual and reproductive health and rights and international development

This report was funded by the UK All-Party Parliamentary Group on Population, Development and Reproductive Health as per its financial register. This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members from both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

Contents

Executive Summary

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) organised a study tour to Uganda, 29th May – 1st June 2022, for a cross-party UK parliamentary delegation. The delegation was led by Baroness Sugg (Conservative), Co-chair APPG on PDRH with the following delegates: Alan Brown MP (SNP), Steve Brine MP (Conservative), Matt Vickers MP (Conservative) and Tommy Sheppard (SNP), the Secretary of the APPG on PDRH.

The study tour was co-hosted by MSI Reproductive Choices (MSI) and their Ugandan affiliate organisation MS Uganda and the International Planned Parenthood Federation (IPPF) and its member organisation Reproductive Health Uganda (RHU).

The aim of the study tour was to strengthen UK parliamentarians' knowledge of sexual and reproductive health and rights (SRHR) and International Development, and to enhance the membership of the APPG on PDRH.

The study tour delegates were briefed in the UK parliament prior to departure by representatives from the British High Commission Uganda (BHCU), the UK Foreign and Commonwealth Development Office (FCDO), MSI, MS Uganda, IPPF, RHU and the United Nations Population Fund (UNFPA).

Whilst visiting Uganda, delegates met with

- Kate Airey, The British High Commissioner and development staff
- Thomas Tayebwe, Uganda's Deputy Speaker of the Parliament, Ministry of Health officials, members of the Uganda Health Committee and other Parliamentarians with an interest and expertise in FP/SRHR
- Dr Carole Sekimpi, MS Uganda Director and staff
- Dr Annet Naguudi, Project Director WISH, RHU and staff,
- Dr Mary Otieno, UNFPA Country Representative and staff
- Representatives from the International Refugee Committee (IRC), Reach A Hand Uganda (RAHU), SRHR Alliance, youth representatives, National Union of Disabled persons of Uganda (NUDIPU), Uganda Family Planning Consortium, National Population Council (NPC), Partners in Population and Development Africa Regional Office (PPDARO) and the Center for Health Human Rights and Development (CEHURD).

Delegates met with directors, national and international health workers and volunteers and SRHR clients, logistics and supplies staff. In the Palabek refugee settlement in Lamwo delegates met and spoke with the settlement commandant and health coordinators, WFP and UNHCR representative, health workers and refugees, mainly from South Sudan.

Study tour delegates saw a variety of Ugandan Government and FCDO-supported FP and SRHR services including FCDO WISH, and RISE, and UNFPA supplies partnership programme.

The delegation discussed family planning, maternal and neonatal health, services for adolescents, male circumcision and HIV/AIDS, menstrual regulation, post-abortion care, obstetric fistula, cervical cancer, Human Papilloma Virus (HPV) and cancer, gender-based violence (GBV) including child marriage and Female Genital Mutilation (FGM). Services for young and vulnerable populations were prominent in discussions, as were service provisions for populations living in refugee settings.

75 percent of Uganda's population is less than 30 years of age. Maternal Mortality Rate (MMR) is high at 336 per 100,000 births. The Total Fertility Rate (TFR) is around 6 children per woman and teenage pregnancies account for 25 percent of all pregnancies and have been at this level for the past 25 years. The abortion law is very restrictive in Uganda and abortions are only permitted in order to save the woman's life. This law, combined with poverty,

gender inequality and deep stigma, results in an estimated 26 percent of maternal deaths being caused by unsafe abortions.

COVID-19 resulted in one of the most severe lockdowns globally – schools were closed for over 2 years in Uganda and this in turn increased sexual abuse and exploitation of young people, including child marriages and services struggled or collapsed. 30 percent of children have not yet returned to school.

Throughout the study tour, the Ugandan government, UN, NGO officials and clients thanked the UK Government for its long-standing support to the country, with particular emphasis on support to the SRHR sector.

The APPG on PDRH support the Ugandan Government's Vision 2040, which include realising the benefits of the demographic dividend and ensuring that adolescents are healthy, properly educated and appropriately-skilled to take up jobs to ensure economic and social progress and sustainable development. Importantly, the Government want to combat child marriages and prevent teenage pregnancies and as part of this appropriately implement legislation and policies to achieve universal access to comprehensive quality SRHR services.

Reaching the Africa Abuja commitment to spend 15 percent of the national budget on health was highlighted by government officials. The APPG on PDRH agree that the imbalance in national (90 percent) budget vs international (90 percent) ODA support to the health sector is not sustainable and needs addressing.

The aim of the study tour to introduce, broaden and deepen delegates' understanding of core FP, SRHR, GBV and refugees and international development in Uganda, with a particular reference to FCDO-supported projects was accomplished. It is hoped that Alan Brown MP, Steve Brine MP and Matthew Vickers MP will join the APPG on PDRH and commit to take action on SRHR in the UK Parliament.

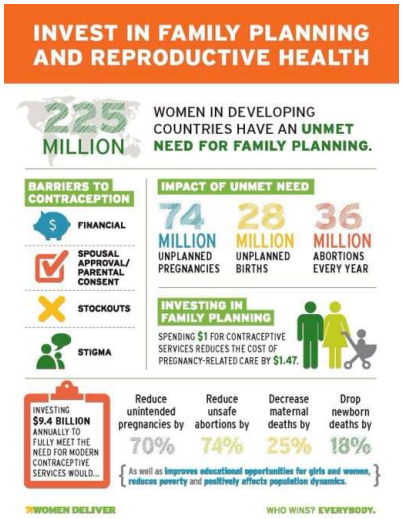
APPG on PDRH Recommendations

- Increased domestic funding to comprehensive FP/SRHR services as per the Abuja commitment (15 percent of GDP to health) and continued and renewed commitments from UK Government ODA, with particular reference to reducing MMR and supporting the successful RISE and WISH and UNFPA supplies programmes, as they come to an end 2022/2023;
- New, sustainable UK bilateral SRHR programmes to be delivered in partnership with NGOs and Ugandan government, including support for improved access to quality adolescent and youth responsive SRH services and comprehensive sexuality education (CSE) in and out of school;
- Progressive Ugandan SRHR laws and policies to be agreed and implemented as per the Ugandan Parliament's and populations' wishes, with particular reference to the latest Health Insurance bill and its FP budget line:
- Strengthened girl's education to increase the chances of girls' social and economic empowerment. Keeping girls in school by addressing period poverty, preventing child marriages and teenage pregnancies;
- Support evidence-informed social behaviour change communication packages to increase demand for FP/SRHR services to aid the demographic dividend, social and economic progress and sustainable development.

The APPG on PDRH study tour delegation thanks the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) for its financial support and MSI, MS Uganda, RHU, UNFPA, IRC and all other stakeholders for their collaboration and generous support in making the APPG on PDRH Uganda study tour successful and special thanks go to Sarah Shaw (MSI), Dr Carole Sekimpi and Faith Kyateka (MS Uganda), Lilian Nsubuga, Advisor to Ugandan MPs and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH for their attention to detail, advice and organisational skills.

APPG on PDRH study tour delegates comments and feedback:

Baroness Sugg tweeted during the study tour:



"Uganda is determined to benefit from the demographic dividend of a quickly growing population, but there's an unmet need for contraception which puts economic growth and progress at risk. UK Aid is getting women and girls the help they need to finish school and contribute to the economy."

"A busy first day with APPG on PDRH delegation in Uganda. After meeting local teams delivering family planning services on the ground, we visited Parliament to meet MPs working in health and women's rights. They are encouraging their government to spend more on family planning."

"Then to Kawempe Maternity Hospital, which sees around 36,000 births/year. The nurses and doctors I spoke to are providing the best care they can, but a struggling with the massive demand for their services. Sadly, maternal and child mortality are still very high across Uganda."

"Day two stop of the day is a MS Uganda franchise clinic on the outskirt of Kampala, run by the committed and wonderful Elizabeth. The clinic provides services from contraception advice and supply to post-natal care – 24 hours a day, 7 days a week. I spoke to two of their clients – 17-year-old mothers who told me they already had their hands full and didn't want another child. The clinic has advised and supplied them with contraception so they can now make their own decision about when to have another child."

"In areas with little media coverage, it can be hard to get information across. Local outreach workers travel around to tell the community about the clinic and services available. The funding for all of the family planning projects we saw in Uganda comes to an end next year. Giving women and girls the choice of when they have children is one of the most important ways they can fulfil their potential – and it's one of the most effective uses of UK Aid.
With the important and welcome focus on women and girls in the new FCDO International Development Strategy, I sincerely hope that these programmes will get new funding – so they can continue their lifesaving and life-changing work."

"We visited a busy UK Aid supported Reproductive Health Uganda Wish2Ation clinic in rural Luwero. They run multiple education sessions every day – designed for youth, women only, men only, couples and general health education. Official data is not in yet, but Dr Innocent, the district health officer, told me that thanks to the clinic and outreach work teenage pregnancy rates in this district have fallen significantly, bucking the trend of elsewhere."

"Those who can afford to pay do so but WISH specifically targets the very poor who wouldn't have access to these services otherwise. In the last 3 years, over 6.6 million clients in Uganda have been reached with reproductive health services thanks to UK Aid and other partners."

"I've just visited Palabek refugee settlement in Northern Uganda. They've had a malaria epidemic since February – it's the leading cause of illness in children there. But thanks to new treatment, 90 percent make a full recovery. More reasons to support the Global Fund – see my article in Conservative Home with the title: Britain must not step back in the fights against malaria."

Alan Brown MP wrote upon his return:

"It was a real privilege to visit Uganda with the APPG on Population, Development & Reproductive Health. Hearing just how high the teenage pregnancy rate is, having increased further after COVID lockdown was an eye opener. It became very obvious why the services of family planning and medical advice is so critical to effect change and stop the continue cycle of poverty and lack of opportunities for women. We met some amazing workers in this field and it is clear that the aid money supporting these outreach initiatives, particularly in rural areas is absolutely critical. UK Aid money must continue to be allocated.

Visiting a relatively new maternity hospital in Kampala was interesting. It was clear there was pride in the facility, but from a western perspective, all I could see was overcrowding, a lack of privacy and the sight of so many mothers and babies having to make do on corridor floors and stairs will stay with me. Statistics such as a 30 percent survival rate for mothers going through ICU also demonstrate the need for a cultural change with regards to pregnancy rates and ages of mothers.

The refugee camp was nothing like I expected – traditional built houses for refugees; an allocation of land of 30m2 to allow crop growth/animal management; the rights to travel and work as well as the provision of medical care and integration into the lands also occupied by indigenous Ugandans is a stark contrast to the refugee debate and policies of the UK Government at present. There are real lessons for us all when a developing country can be so empathetic and accommodating to so many refugees from neighbouring Sudan."

Steve Brine MP wrote an article for his local paper upon his return:

"Earlier this month I was very fortunate to travel to Africa as part of my ongoing work on global health. My first time on the continent took me to Uganda on a study tour with the all-party group on population, development and reproductive health. Uganda is a country where the population is ballooning and maternal mortality is among the highest in the world - some 336 per 100,000 new mum's - and 17percent of those deaths are among girls aged 15-19 years old.

To give you some context, maternal mortality here in the UK is 11 per 100,000 live births.

Furthermore, infant mortality in Uganda - in the first 28-days of life - stands at 42 per 1000. Here in the UK, it is 3.6. Our cross-party group travelled to Kampala and Gulu and the rural north in Luwero and Kabelega in a programme put together by Marie Stopes International and the United Nations Population Fund.

The figures I have given above are truly sobering but our visit to Kawempe maternity hospital, in the sprawling heat of the capital, took us to another place altogether. Kawempe hosts 2000 births every month and carries out some 30 caesarean sections every 24-hours. Perhaps no surprise when, according to the Uganda Bureau of Statistics, almost a quarter of Ugandan women has given birth by the age of 18. They are often much younger of course which makes natural birth even more of a risk.

The staff there, many who told me they never take a holiday, could not have been more welcoming to our group and just get on with it but I think we all found the special care baby unit – where very early and very poorly newborns are cared for – extremely difficult to see.

As a constituency MP, and a former UK Health Minister, I obviously take a very close interest in all matters NHS and it's true we have many challenges here at home but it's never a bad thing to look outside ourselves to gain perspective.

I previously held part of the Overseas Development Aid (ODA) budget in my ministerial portfolio, so it was really good to see some of the projects UK Aid funds in Uganda.

What we're talking about here is family planning clinics in and among the communities they seek to help where advice and education (and every contraception method known) are in plentiful supply.

Yes, Uganda has one of the highest birth rates in Africa, but UK taxpayers are helping women increasingly make informed reproductive choices and we should be incredibly proud of that.

As well as seeing the UK High Commissioner we also visited the Ugandan Parliament and met with senior MPs to share experiences and ideas.

I made many contacts and, for-instance, am liaising now I'm back in Westminster on various policy areas including the vaccination of teenage boys against HPV which I commissioned in 2018. Cervical cancer is the biggest killer of women in the country so perhaps our success in this area can help. Uganda remains part of the Commonwealth but it's a sovereign state and while we may struggle with some things (such as the near illegality of abortion) we come alongside them, and we help. For those interested further, I will post our full report at brine.com when it is published later this month."

Matthew Vickers MP said upon his return:

"The tour proved to be an informative and worthwhile event and one that I thoroughly enjoyed. It was fantastic being able to understand what steps Uganda and the various stakeholders are taking to tackle the issues highlighted on the study tour.

It became apparent from the outset, that family planning and wider services are critical resources to help tackle the challenges faced in Uganda. It was visible to see that international aid can be best used when it is used on worthwhile projects like those in Uganda.

In Kampala itself, it was fantastic to see the city developing into a business and cultural hub. The hustle and bustle of the city I feel perfectly symbolises Uganda. It is a nation motoring ahead.

I thoroughly enjoyed the trip to meet with the Deputy Speaker, Ugandan MPs and Ministry of Health officials. A warm welcome was received on all visits.

I wouldn't hesitate in recommending colleagues to participate in future study tours to what is a beautiful country."

Tommy Sheppard MP said upon his return:

"From leaving my home in Edinburgh to getting back there it was almost exactly 120 hours, 62 of them spent travelling. So, to say this was an intense trip would be an understatement. We packed an awful lot into our short time in Uganda and it's a credit to our partners MSI that we saw so much and met so many. Stimulating, depressing, unforgettable.

This is a country where abortion is illegal and yet 425,000 of them happened last year. Picking up the pieces is the biggest challenge for NGOs trying to rollout post abortion care into the community. Prevention through effective contraception is a big part of the story too, with a community workforce engaging directly with women often in a context of hostile family attitudes and cultural and religious opposition. I was impressed at the dedication and focus of the frontline health workers we met, the imaginative techniques they developed and their capacity to make a little go a long way.

A walk round the big new Kawempe maternity hospital in Kampala brings home the scale of the challenge the authorities face. Opened in 2018 the building has never had less than double the number of patients it was designed for. Women lie on floors in wards and corridors on blankets they have brought with them waiting to see overstretched staff. It's almost impossible to keep the building clean and sanitised such is the overcrowding. Already, in just four years, it is looking tired and worn. Truth be told they need another one just like it, and then another, to get to the sort of staff/patient ratios we would find acceptable here.

Without a doubt the highlight of the trip was the visit to the Lamwo refugee camp in the north of the country, one of the many dealing with a constant influx of disposed people from South Sudan and DRC. I've seen quite a few refugee camps and without doubt this was the best, a model for how it should be done.

Families are processed at temporary reception centres and within weeks allocated to a village in the area. Once there they are given the tools and materials to construct their own home. The huts are built to a standard design from the abundant burnt red clay which sets like concrete. This construction takes place amongst communities of Ugandan nationals and it is simply impossible to tell by looking which is a refugee family home and which is not.

Each family is invested in their community and plays a part in running it and this provides a solid social infrastructure on which to deliver health and education services. Uganda has 1.8 million refugees. They are made welcome and allowed to travel and work anywhere in the country. The comparison with how we treat people seeking sanctuary in the UK shames us."

Sunday 29th May 2022

SRHR Stakeholder briefing and networking event, Latitude Hotel, Kampala

UGANDA SRHR STAKEHOLDER BRIEFING MEETING, LATITUDE HOTEL, KAMPALA

Upon their arrival to the country, study tour delegates attended a Uganda SRHR stakeholder briefing meeting from Ministry of Health officials, MS Uganda Director and staff, RHU representatives, the UNFPA Country Representative, a representative from the Center for Health Human Rights and Development (CEHURD) and a youth delegate.

A dinner and networking event followed with other SRHR stakeholders including from the International Refugee Committee (IRC), Reach A Hand Uganda (RAHU), SRHR Alliance, National Union of Disabled Persons in Uganda (NUDIPU), Uganda Family Planning Consortium, National Population Council (NPC), Partners in Population and Development Africa Regional Office (PPDARO) and Members of the Ugandan Parliament.

MoH Reproductive Health division presentation

DR MUGAHI – MINISTRY OF HEALTH

Dr Mugahi, Ministry of Heath representative, welcomed delegates and thanked the UK Government for its long-standing support to his country. He noted that the numerous partners around the table were a sign of FP/SRHR stakeholder collaboration and it was within his mandate to coordinate partners and give technical guidance, as well as ensuring the provision of resources for implementation of FP/SRHR activities in Uganda.

He explained that the country's population has been growing exponentially from 5 million in 1948; to 50 million in 2021, to 54 million in 2022 and that the population projection is 71 million by 2040. 75 percent of the population is less than 30 years of age - the country has a pyramid shaped population. The large youth bulge has challenges and requires special attention. Teenage pregnancies account for 25 percent of all pregnancies and have been at this level for the past 25 years, even when the country's desired level was 15 percent by 2020. COVID compounded the problem due to school closure, sexual abuse and exploitation of young people, and limited access to integrated SRHR/HIV information and services. The COVID-19 lockdown was a missed opportunities to address the fast-growing youth bulge.

Life expectancy at present is 61 years of age for men and 63 years of age for women and 47.9 percent of the population is in the reproductive age group (15-49 years of age). Average fertility rate is 6 children per woman with regional variations. MMR is high at 336 per 100,000 births.

Dr Mugahi noted that Uganda has a drive to transform and prosper and achieve Vision 2040 in a timely manner, in order to reap the demographic bonus accruing from the youthful population. The country's main strategy for harnessing the demographic dividend is built around ensuring that adolescents are healthy, properly educated and appropriately- skilled to take up jobs that will be created in the economy as per the third National Development Plan. The bedrock of this strategy is rapid fertility decline. Arising mainly from young people delaying marriage and childbirth as they complete their education and build careers which will trigger the age structure transformation and in turn effect harnessing of the demographic dividend. Teenage pregnancy is a key bottleneck to harnessing the demographic dividend if no action is taken. FP/SRHR is therefore central to prosperity along with quality services for a productive population.

Uganda Government's strategic document refers to FP for a prosperous population socially and economically. 90 percent of FP funding is from donors and only 10 percent from the Ugandan Government. The 10 percent supports staff salaries, transport and health system strengthening. At present there is no budget line for FP commodities and the Government is looking to address this.

MMR remains high, in part due to unsafe abortions and sepsis. The Penal Code only permits an abortion in order to save the life of the woman. There is MoH regulatory guidance in place to further define and operationalise 'save a life'. The MoH provides post-abortion care (PAC).

Uganda's Government has a 10-year framework and roadmap to improve access to FP/SRHR services in remote areas, which include outreach with NGO help and self-care programmes. The National Development Plan includes health system strengthening with decentralisation and prioritisation of FP and strengthening of indicators to monitor progress in order to achieve sustainable development. NGO support is transformative in Uganda.

MS Uganda presentation

Dr Carole Sekimpi, MS Uganda Director welcomed delegates and noted that she was looking forward to showcasing FCDO, MS Uganda, RISE and WISH programmes this week and would be available to answer any questions as they arise, as she will be travelling up-country on the coach with delegation to showcase some of their project sites.

MS UGANDA REPRESENTATIVE AND BARONESS SUGG

UNFPA presentation

UNFPA COUNTRY DIRECTOR AND STEVE BRINE MP

Dr Mary Otieno, UNFPA country director welcomed delegates and noted that she had taken over this new position 6 months ago, having been the UNFPA country representative in South Sudan for years immediately prior. UNFPA supports the Uganda National Development Plan which has many challenges. MMR is high, as is the HIV prevalence - especially in the youth bulge. GBV exists including child marriages and FGM. The 25 percent adolescent pregnancy rate is of particular concern and needs attention. One in four women give birth by the age of 19 and for half of these girls the pregnancies are unintended. The determinants of adolescent pregnancy are complex, multidirectional, multidimensional and vary significancy across regions, age, income group and families and communities. Consequences of early childbirth are severe, including death. Preventing teenage pregnancy is essential for Uganda's economic development. Investment in FP/SRHR for young people leads to high economic return and offers the best guarantee of a productive workforce in the future.

UNFPA's support in Uganda includes advancing policy dialogue; capacity building; service delivery and strategic partnership.

UNFPA work with MPs and NGOs on health worker training and are currently doing the next population census (2023), which includes an innovative tracing of GBV with the Ministry of Gender. It also studies teenage pregnancy indicators and can calculate the cost of inaction referenced in $.

UNFPA also supports training and commodity supplies, which are supported by UK Aid. Members will be visiting the national medical store and supplies which include smart packs, sanitary products and torches, as well as FP/SRHR and obstetric commodities and equipment.

Strategic partnerships include dialogue with religious leaders on FP/ SRHR and even FGM. There are numerous cultural issues in Northern Uganda, but child marriages are now discouraged.

Young people can obtain confidential online services via MS Uganda and during COVID-19 mobile platforms were used by young people to obtain information and services. Opportunities exist in Uganda as the Government is supportive and is conducive to SRHR including advancing comprehensive sexuality education. Mobile phones are popular and radio mass media is good and are useful outlets for information, education and communication.

UNFPA looks at outcomes to advance FP/SRHR and uses its budget to reduce inequalities at the lowest level. UNFPA has an agreement with the Ministry of Financing to strengthen the country's health system and train health workers, as there are weaknesses in the health workforce. Voices of opposition to FP/SRHR do exist in Uganda, which is a challenge. UNFPA is currently involved with the demographic health survey and awaits latest figures.

Many laws exist in Uganda but are either not 'signed off' at the highest level or not implemented. This includes laws on gender issues, an FGM Act, SRHR policies and numerous strategies.

Dr Mary Otieno concluded by acknowledging and thanking the UK Government for its financial support to the UNFPA supplies initiative in Uganda.

RH Uganda presentation

Mr. Jackson Chekweko, Executive Director, RU Uganda

MR JACKSON CHEKWEKO, EXECUTIVE DIRECTOR MS UGANDA

Mr. Jackson Chekweko, Executive Director, RHU representative introduced Women's Integrated Sexual Health Lot 2 Project (WISH2ACTION).

WISH2ACTION is IPPFs flagship project and aims to transform the lives of millions of women and girls. Funded by FCDO, WISH2ACTION seeks to provide integrated and holistic reproductive healthcare to 2.2 million additional users of contraception across 15 countries in Africa and South Asia from 2018 to 2022.

Through a consortium of five internationally-recognised organisations and 10 IPPF Member Associations, under the leadership of IPPF, the WISH2ACTION project uses a comprehensive, integrated approach to ensure equitable access to FP and SRHR giving special priority to the most underserved women and girls, particularly youth under 20, the poor and marginalised populations including people with disability, those affected by humanitarian crisis, as well as those living in hard-to-reach areas. The programme has been extended for an additional year to March 2023 in 9 countries including Uganda.

The WISH programme in Uganda, through its 6 consortium partners (RHU, MS Uganda, International Rescue Committee, Development Media International, Humanity and Inclusion and Options) work in 77 districts of Uganda.

In collaboration with the Reproductive Health Directorate and other stakeholders such as community leaders, policy makers and civil society organisations (CSO) the programme works towards enhancing a supportive legal, financial and policy framework for sustainable FP and a supportive environment for SRHR for all women and girls, so that they face fewer risks during pregnancy and childbirth.

The project has four pillars and covers 50 percent of clinics in country and has innovative activities:

a. Basic capacity training of health workers to ensure quality SRHR service provisions;
b. Outreach work with the provision of long-acting FP;
c. GBV screening and support;
d. Cancer of the cervix care; and
e. Adolescents SRHR services.

The biggest challenge remains reaching the large youth bulge in Uganda at one-stop services with comprehensive care that includes FP, antibiotics for STIs, cervical cancer care and GBV. The task is huge. RHU look forward to showcasing a project site this week as the delegation move upcountry.

Centre for Health Human Rights and Development (CEHURD) presentation

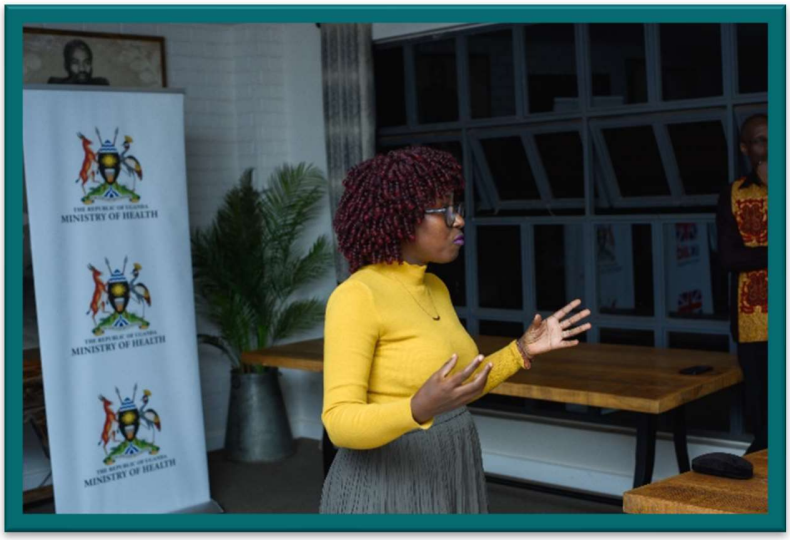
STEVE BRINE MP AND CENTRE FOR HEALTH HUMAN RIGHTS & DEVELOPMENT REPRESENTATIVE

Fatia Kiyange, the Executive Director for CEHURD welcomed delegates and noted that Uganda has a good Sustainable Development Goals (SDG) development plan. Its laws and policies are supportive of FP and SRHR but many of the laws have restrictive clauses; for example, there is a good law on HIV, but it is restrictive with a disconnect between wishes and actions. Likewise, Uganda has a high teenage pregnancy rate and the Government of Uganda wants to address this, but teenagers are not allowed to access FP and abortion services are very restrictive. Clandestine issues are therefore undertaken and remain problematic. Key population policies are in place, but there is no national health strategy and no financing to support policies. Values are correct in Uganda, but rights are restrictive. For example Parliament has prepared a SRHR bill, but without rights it is difficult to implement. The Uganda 2018 framework remains to be implemented, but as the Uganda MoH is constrained at higher level there are many obstacles and challenges. There has been no school policy for 20 years and despite promises this still remains to be published. The current SRHR policy is being reviewed or is 'in the pipeline' to be published, but not approved and there is no Government funding to support it.

The USA Global Gag Rule (GGR) has been impacting NGOs working on the ground in country and has stalled vital services in many areas.

In summary, values are correct, but as rights are restrictive, implementation cannot take place and funding remains problematic.

Reach A Hand Uganda presentation



HELEN AMUTUHAIRE, REACH A HAND UGANDA YOUTH REPRESENTATIVE

Helen Amutuhaire, youth representative from Reach A Hand Uganda noted that young people and grass root organisations must be listened to, including by MPs. She highlighted the high teenage pregnancy rate in Uganda as being a huge problem and that during COVID-19 the rate increased further. For young people climate change, conflict, mental health, food security and period poverty remain some of the biggest concerns and must be addressed. The USA GGR has legacy and has resulted in an increase in maternal deaths. Numerous programmes are working in isolation, which also needs addressing.

Baroness Sugg, Co-chair APPG on PDRH and leader of study tour delegation presentation

Baroness Sugg thanked all individuals and organisations for their presentations, which were a great introduction to the APPG on PDRH Uganda study tour and a big thank you to the organisers, MS Uganda and RH Uganda and supporting SRHR stakeholders for having put the study tour programme together.

UGANDA SRHR STAKEHOLDERS BRIEFING MEETING

She highlighted the fact that for visiting Parliamentarians, this is a unique learning opportunity to understand how the UK supports and delivers on the ground. The study tour will give members information and knowledge to press the UK government to continue support when returning to the UK. Members

look forward to visiting projects-, the large Government maternity hospital in Kampala and FP/SRHR clinics and the Lamwo settlement in the following days.

A reference was made to the recently published UK International Development Strategy, which highlights the importance of providing women and girls with the freedom they need to succeed and to unlock their future potential. This will include educating girls, supporting their empowerment via FP/SRHR and protecting them against violence.

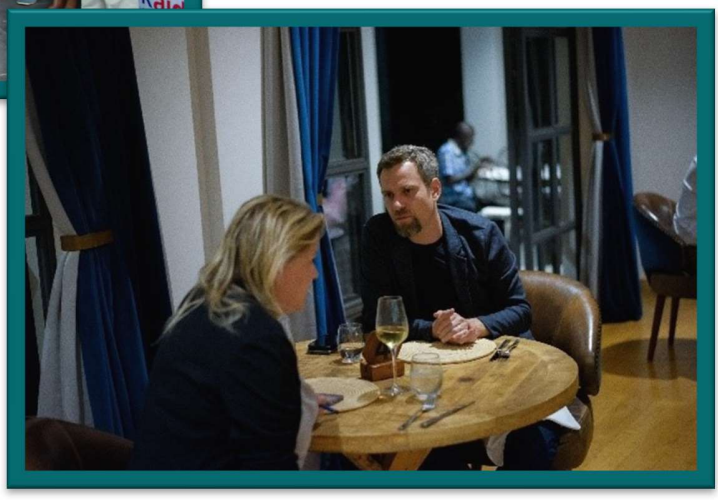
Baroness Sugg ended by noting that the UK is proud of the work it does in partnership with Uganda and SRHR stakeholders.

A networking dinner allowed delegates the opportunity to question and further engage with all SRHR stakeholders present.

This page and overleaf:

APPG on PDRH study tour delegates with Uganda SRHR stakeholders including representation from MoH, Ugandan MPs, MS Uganda, RHU, UNFPA, Reach A hand Uganda, SRHR Alliance, Youth delegate, National Union of Disabled Persons in Uganda, Uganda FP consortium, International Refugee Committee, National Population Council, Partners in Population and Development Africa Regional Office, and Center for Health, Human Rights and Development


UKaid



Monday 30th May 2022

British High Commission meeting, Kampala

KATE AIREY, BRITISH HIGH COMMISSIONER AND APPG ON PDRH STUDY TOUR DELEGATES

Kate Airey, The British High Commissioner and colleagues welcomed APPG on PDRH delegates to Uganda, and along with Commission development staff briefed the delegation on the political, economic and social situation in Uganda.

Ugandan Parliament Deputy Speaker and MPs meeting, Kampala

APPG ON PDRH STUDY TOUR DELEGATION IN UGANDAN PARLIAMENT, KAMPALA

The APPG on PDRH delegation was welcomed and escorted around the Ugandan Parliament prior to their meeting with the Deputy Speaker, Chair of the Health Committee and Uganda MPs.

The Chamber had a similar layout to the UK Parliament, though they will soon be transferring to an adjacent building currently under construction.





THOMAS TAYEBWE, DEPUTY SPEAKER PARLIAMENT WITH APPG ON PDRH DELEGATION AND PRESS

Thomas Tayebwe, Deputy Speaker of the Ugandan Parliament and Dr Charles Ayume MP, Chair of the Health Committee, members of the Uganda Health Committee and MPs from the Forum on Population and Development welcomed the APPG on PDRH delegation to the Ugandan Parliament with press in attendance.

Dr Ayume MP, Chair of Health Committee, initiated the round table introduction and proceeded by saying that Uganda has progressed on women and gender equality and this includes having more female parliamentarians elected and more female representatives in the MoH. Emancipation has ensured less corruption, improved RH and maternal health (MH) services with a reduction in TFR and MMR and money put to good use. He further noted that RH and MH still have a long journey with lots of tribulations and health system indicators are needed to aid the success.

The Ugandan Government is prioritising preventable maternal deaths and child health as it ensures economic and social progress. Investment in public good is needed but many challenges exist. Uganda has a reproductive and health development plan and the governing party has a manifesto and policies on maternal and reproductive health (MRH). The contraceptive prevalence rate is on the rise, now at 39 percent whereas 20-30 years ago this figure was abysmal.

Uganda has a forum on MRH which is strong and is a subcommittee of the Health Committee. There are strong links between policy, civil servants and communities to ensure 'no falling between the cracks'.

In 2012 access to health was declared a basic right in the capital Kampala, however the Government has still not reached the Abuja commitment of 15 percent of GDP to health - but is at 8 percent and the commitment is present. Uganda needs a productive population and to ensure this screening of mothers is important to prevent high health care costs from for example spina bifida, as a liability to tax-payers and social services. Women are also offered screening for Human Papillomavirus Virus (HPV), tetanus, rubella, and measles to ensure a 'quality population' that is not a burden to the system.

Uganda has a good training system for health workers including nurses and doctors and there is now a surplus of health workers in the country. The private sector is involved in this training.

Challenges in country include infertility, shortage of equipment including the lack of Ultrasound Scans (USS), and the need for neonatal incubators.

There is a constant need for in-service training of staff on emergency obstetric care and neonatal care to attract, retain and remunerate health workers.

Beyond health system strengthening there are issues around electricity, supplies and a lot of red tape exists. The way forward is to increase domestic taxes for health care in the country. A national health insurance scheme can add to the development of the country and the private sector is also important.

Mary Otieno, UNFPA representative was asked to speak and highlighted that UNFPA is in country to support the Ugandan Government with its reproductive health agenda and that the organisation's strength and pillars of work are around reducing MMR, meeting the unmet need for FP, and combatting GBV including child marriage and FGM**.** She referenced the importance of Uganda taking advantage of the demographic dividend by addressing the unmet need for FP and offering services to adolescents and addressing GBV. Ugandan MPs are pushing for this and indeed the Ugandan Government made promises on child marriage, FGM, the unmet need for FP and young people at the Nairobi Summit in 2019.

UNFPA stand ready to support and commit, including with data collection/population census to aid decision making and show progress. She thanked all for letting her speak, as this was her first meeting with the Deputy Speaker, Chair of the Health Committee and colleagues.

Dr Carole Sekimpi, MS Uganda Director was asked to make a short intervention and noted that MS Uganda is an NGO that focusses on reproductive health - which has numerous challenges that have been exacerbated during the COVID -19 pandemic. As well as delivering SRHR services and outreach, MS Uganda work on child marriage, GBV including rape within marriage. She noted the importance of getting girls back into schools.

The Deputy Speaker welcomed delegates and noted the close tie that Uganda has with the UK, which is much appreciated and he thanked the UK Government.

He proceeded by stating that health system strengthening is of particular importance for the country to prosper and the MoH is focusing on adolescent pregnancies, FGM and GBV in particular. The retainment of health workers is important and he is hoping for better salaries this year to retain staff.

Each constituency in Uganda now has 2 doctors to ensure women can give birth safely. The biggest problem however remains poverty – poverty is the indicator and driver of poor health including reproductive health and GBV. Money spent on alcohol by men was referenced as a problem in country and children leaving home early to marry.

The Deputy Speaker noted that he wants more dialogue with UNFPA and MS Uganda to discuss work on prevention, COVID, child pregnancy, schooling, how to protect people and issues not in line with customs.

He ended his intervention with the statement that prevention is better than cure and that pregnant girls must go to school and 'we must proceed together'.

APPG ON PDRH DELEGATION, DEPUTY SPEAKER AND UGANDAN MPs

DELEGATION, UNFPA COUNTRY DIRECTOR AND MS UGANDA DIRECTOR

Uganda National Medical Stores visit, Kampala

APPG ON PDRH DELEGATION IN UGANDA CENTRAL MEDICAL STORES, KAMPALA

Dr Mugahi, MoH representative and the central stores' Operation Officer, Procurement Officer, Project Director and other logistic officials welcomed the APPG on PDRH delegation to the Government's central medical stores on the outskirt of Kampala. Dr Mugahi presented a brief overview of the central stores.

It was established in 1993, so is now over 25 years old and has the Government's mandate to procure, store and distribute medicine and supplies to 3084 public health facilities in Uganda. Funding comes from donors and the Ugandan Government, the main donors being the Global Financing Facility, UNFPA (via UK Aid) and USAID. Donor funding ends 2022/23.

Clients and facilities are the end users. There are 6 cycle orders per year - so every 2 months and there has been no stock-out.

Sadly, a fire broke out recently which damaged the stores – 4 million dollars-worth of commodities burned. 71 percent of the losses have now been recouped via the insurance and further funds are expected.

The delegation was then escorted around the various medical store areas and encouraged to ask questions along the way. Stops were made in the commodity/equipment arrival area, the packaging area and in the cold chain freezer and fridge area. In the packeting area delegates were shown the 'mama kit' delivery pack and misoprostol and in the cold chain fridge/freezer areas delegates noted oxytocin for post-partum haemorrhage-, the Pfizer COVID vaccine and various injectable family planning methods. As delegates exited the warehouse, lorries were noted waiting to be loaded and interestingly the regular lorries could be converted into cold chain delivery fridges/freezers.

On the coach back into town delegates held a conversation with Dr Mugahi surrounding the various family planning methods available at the store and storage, misoprostol and its effects, ruptured uterus and treatment, help during COVID-19 which included assistance from the armed forces in disseminating COVID-19 and malaria vaccinations. The HPV vaccine has been available in country for the past 6 years to schoolgirls. A discussion around private verses public health care took place and women in Parliament. Dr Mugahi said that at present 80 percent of babies are born in public facilities and 20 percent in private practice.

Kawempe Maternity Hospital visit, Kampala

APPG ON PDRH DELEGATION OUTSIDE KAWEMPE MATERNITY HOSPITAL WITH STAFF, MS UGANDA AND MOH REPRESENTATIVES

APPG ON PDRH DELEGATION WITH THE PASTOR AND OBSTETRIC AND GYNAECOLOGICAL DOCTOR AND MIDWIFE, KAWEMPE MATERNITY HOSPITAL, KAMPALA

The APPG on PDRH delegation was greeted by Dr Nehemiah Katusiime, Kawempe Maternity Hospital Executive Director, senior obstetric and gynaecology staff and the resident Pastor and a prayer was held prior to the meeting starting.

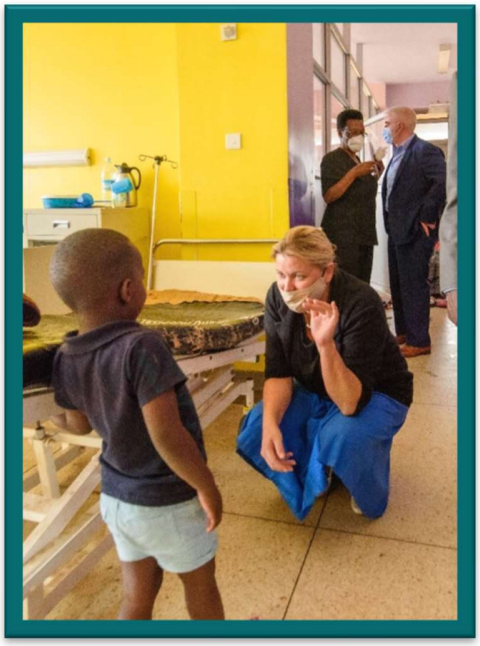
Dr Nehemiah Katusiime then expressed his gratitude for the visit, saying he was honoured that Members of the UK Parliament were visiting his hospital. He noted that although he was the Hospital Executive Director, he called himself a senior obstetric and gynaecological midwife and he was delighted to share the next couple of hours with all delegates around the table, which included senior obstetric and gynaecological staff and the resident Pastor.

Dr Nehemiah Katusiime proceeded with the statement that his hospital is first and foremost a 'baby factory' and has been so for the past 3 years – but is also a research centre, including for mothers living with HIV and it runs FP services. The hospital has 36,000 births per year, so extremely busy with a need for more space, more staff and increased funding from the Ugandan Government to keep up with the demand.

The care offered at the hospital is free of charge and his staff work extremely hard. He noted that midwives and medical staff from UK institutions work at his hospital on occasions and in fact some had just left to return to Cambridge and Norfolk.

A brief discussion followed on teenage pregnancies during COVID-19 lock-down, hospital caesarean section rate, and PPH and skilled birth attendants and misoprostol, prior to the delegation being escorted around the hospital. Dr Nehemiah Katusiime estimated that 30-35 percent of deliveries at his hospital were by mothers below 18 years of age during the COVID lockdown, PPH accounted for 42 percent of MMR some years ago and misoprostol is now available at the hospital to treat PPH along with oxytocin. The caesarean section rate is at 25-30 percent as it is a referral hospital and women generally stay in the hospital for 72 hrs after this procedure with family providing part of the care. All women arriving at his hospital will have skilled care, but nationally in 2016 only 73 percent of women delivered with a skilled birth attendant.

Post-natal ward visit



BARONESS SUGG WITH CHILD VISITING HIS MOTHER, KAWEMPE MATERNITY HOSPITAL

The delegation first visited the post-natal ward and were encouraged to ask questions and speak to clients.

Each bay-area had around 12 beds with mattresses and another 6-12 mattresses on the floor and more mattresses and mats in the hallway and walking area between the bays - and indeed outside the ward area. The post-natal wards were above capacity by at least 200 percent. Mothers were in beds with their babies breastfeeding with family members around to help out the new mums. Only one dad was in the bay area and staff explained that unfortunately due to overcrowding and the lack of privacy, men were discouraged from staying in the ward areas. Numerous drip stands were by the beds with IV fluids running low or on 'stand-by'. Considering the number of mothers, babies and relatives it was amazingly quiet for a post-natal ward with few babies crying and all staff greeted the delegation and hospital director with a smile and a sense of being in control, content and proud.

Neonatal Unit visit

APPG ON PDRH DELEGATION VISITING NEONATAL UNIT, KAWEMPE MATERNITY HOSPITAL

The delegation was escorted around the neonatal and neonatal intensive units, which were likewise above capacity with most cots having two, or in some cases three, babies per cot with various IV infusions and drips, oxygen supplies, lamps and monitors. Gestation varied from around 24 weeks to term, with sadly two babies passing away during the short visit. Due to the high delivery rate and large teenage deliveries, neonatal deaths were regular daily occurrences in the unit. Again, the staff were extremely busy but appeared content with their work.

Labour Ward visit

The delegation visited the labour ward and was welcomed by the Matron with a big smile and a sense of pride. Upon entry four rows of chairs were noted on the left all occupied by women in early labour and immediately adjoining there was an assessment area with all beds also occupied. Immediately in front and then left and right there were six screened-off areas with blue curtains with around 12 labouring women in beds in each area with one midwife noted in each screened off area. The labour ward was well above capacity and extremely busy – the staff to client ratio was well above anything one can ever imagine happening in the UK and providing the labouring women with intensive quality of care would be an enormous challenge if not impossible.

APPG ON PDRH DELEGATION AND THE MATRON OF THE LABOUR WARD KAWEMPE MATERNITY HOSPITAL

High Dependency Unit visit

The delegation was escorted to and around the high dependency unit, which had more space and was less crowded than other units visited. Staff took time from their busy schedule to explain that many of their clients were young girls or women admitted to the unit often due to long obstructed labours, PPH, pre-eclampsia or sepsis from unsafe abortions.

APPG ON PDRH DELEGATES VISITING THE HIGH DEPENDANCY UNIT, KAWEMPE MATERNITY HOSPITAL

APPG ON PDRH DELEGATION SAYING THEIR FAREWELLS AND THANKS TO DR NEHEMIAH KATUSIIME, HOSPITAL EXECUTIVE DIRECTOR AND STAFF, KAWEMPE MATERNITY HOSPITAL

Parliamentary Networking Dinner, Jikoni Restaurant, Kampala

An evening dinner was organised to round off the first study tour day for UK and for Ugandan MPs to interact and discuss FP/SRHR legislative and policy areas of mutual interest. The dinner also had representation from UNFPA, MS Uganda, and RHU and short speeches were made at the beginning of the dinner to initiate and focus the individual conversations.

APPG ON PDRH DELEGATION WITH UGANDAN MPS AND THE NATIONAL POPULATION COMMISSION REPRESENTATIVE

Tuesday 31st May 2022

MS Uganda Clinic visit, Matuga

APPG ON PDRH STUDY TOUR DELEGATES WITH MS UGANDA FRANCHISE CLINIC HUSBAND AND WIFE TEAM

The study tour delegates visited an MS Uganda franchise clinic on the outskirts of Kampala run by a committed husband and wife team. Elizabeth proudly explained that their clinic provides services from contraceptive advice and supplies to ante-natal, delivery and post-natal care, as well as STI diagnosis and treatment and general health care. It is a one-stop service clinic for the local population and community.

ALAN BROWN MP WITH MIDWIFE IN CLINIC WAITING AREA WITH THE DISPLAY OF SERVICES

The clinic has 15 staff members including qualified midwives and sees around 160 clients per month. The clinic is open 24/7. The prices for the various health care services were on display and services and were free for the poorest in the area. This clinic is one of the FCDO supported RISE project sites and has received financial support since 2018 but funding is due to end in 2023.

Delegates were escorted around the various clinical areas including the reception area, the delivery room, a laboratory, the post-natal ward and various consultation rooms where numerous contraceptive methods were on display for clients to look at and to aid consultations.

HUSBAND AND WIFE TEAM OUTSIDE THE CLINIC LABORATORY WITH TOMMY SHEPPARD MP, STEVE BRINE MP AND ALAN BROWN MP, MATUGA

BARONESS SUGG AND DR CAROLE SEKIMPI, MS UGANDA DIRECTOR IN FRONT OF AN OUTREACH VAN WITH MICROPHONES

The MS Uganda clinic has an outreach team and in areas with little media coverage, where it is hard to get information across, local outreach workers travel around to inform and educate the community about the clinic and services available. Vehicles are used in some remote areas and have microphones attached to the roofs for messaging to generate demand for family planning and other health services.

BARONESS SUGG AND CHILD, MATUGA

PLACENTA DISPOSAL UNIT IN THE CONCRETE FLOOR AT THE BACK OF THE MS UGANDA CLINIC, MATUGA

APPG ON PDRH STUDY TOUR DELEGATES SPEAKING TO CLIENTS AT THE MS UGANDA CLINIC MATUGA

Several teenagers were seen waiting with their babies to be called in for consultations at the Matuga clinic. According to the clinic's register many women and girls at this clinic chose long-acting contraceptive methods and mainly the implant. It was

apparent from conversations that community members felt welcome at this clinic and were satisfied with the services provided and their preference for long-acting contraceptive methods were cost-effectiveness, few follow up appointments and reliability.

As well as discussing the various service provisions at the clinic with clients a discussion with health workers surrounding salaries revealed that a midwife would earn around 500,000 Uganda Shilling per month = £110; police would earn around 480,000 – 560,000 per month = £105 - £120 in contrast to Ugandan Parliamentarians who would earn 13.7 million Uganda Shilling per month = £3000.

RH Uganda Clinic and Outreach visit, Luwero

STEVE BRINE MP, MATTHEW VICKERS MP AND ALAN BROWN MP WITH THE LOCAL TAXT DRIVERS – 'BODABODA DRIVERS'

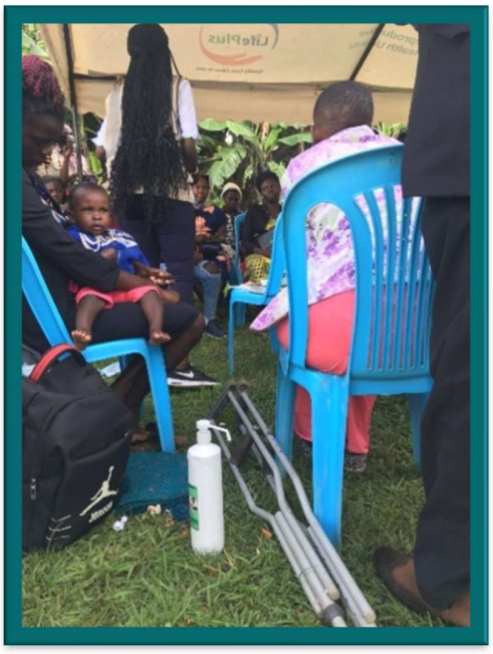
The study tour delegates were greeted by the local MP, clinic director and clinic staff members along with the local 'bodaboda' motorcycle taxi drivers at the RH clinic and outreach centre in rural Luwero.

The Luwero clinic is one of the UK Aid supported Reproductive Health Uganda Wish2Action government supported clinics. The IPPF WISH project was established in 2018 and includes service delivery, advocacy and demand generation with the aim of bringing FP/SRHR quality services to the underserved and hardest to reach populations, which include youth and adolescents with disabilities. Services provisions include contraception counselling and supplies, general maternity and obstetric care, STI including HIV prevention and treatment, cervical cancer screening and GBV activities. The clinic has youth volunteers and works with the local media to educate and generate demand for services. Health workers and volunteers receive capacity training and support and provide outreach work on long-acting FP and GBV screening. The project run multiple education sessions every day – designed for youth, women and girls only, men and boys only, as well as couples. Those who can afford the services pay.

APPG ON PDRH STUDY TOUR DELEGATES OBSERVING AN SRHR EDUCATION SESSION, RH UGANDA CLINIC, LUWERO

Study tour delegates were escorted around the various departments and a pop-up education centre session on the site. A mix of youths were noted in one area with a youth delegate hosting a session on contraception. Many of the young girls in attendance had either an infant or child on their laps and numerous others were using crutches or in wheelchairs. In between the girls a few young boys were seen and engaged in the discussions with enthusiasm.

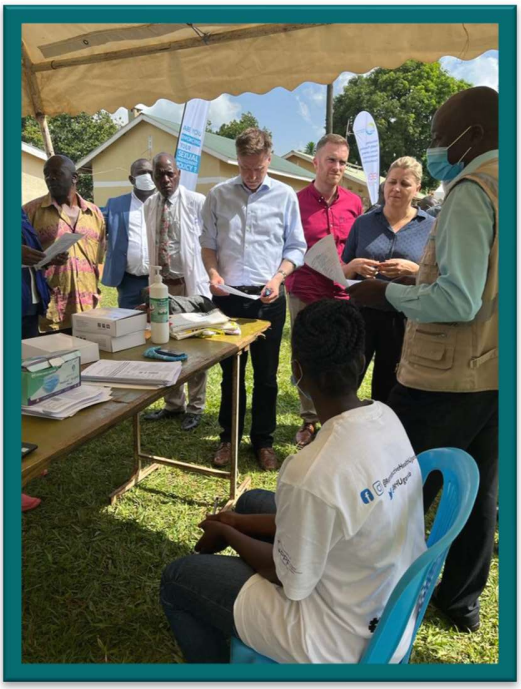
BARONESS SUGG MEETING AND SPEAKING WITH LOCAL COMMUNITY MEMBERS AT THE FCDO WISH2ACTION OUTREACH SITE, LUWERO



TOMMY SHEPPARD MP AT FCDO WISH2ACTION OUTREACH SITE, LUWERO

Delegates were encouraged to explore the site and speak to clients. A row of young boys were sitting in a line outside a tent in the corner of the site to undergo circumcision to protect against HIV infection. The procedure had been encouraged by the local school and consent was obtained prior. The boys looked content with their decision although a little apprehensive.

Immediately next to the 'circumcision tent' a group of boys were receiving information on hygiene and sexuality education including on HIV prevention and circumcision and the effect of alcohol and GBV.



In yet another tented area, youths were waiting for contraceptive consultations and services and the books and computers used for data collection channeled to the Ministry of Health for monitoring purposes were showcased.

STEVE BRINE MP AND MATTHEW VICKERS MP WERE SHOWN DATA COLLECTION TO BE SENT TO THE MINISTRY OF HEALTH

In one of the concrete buildings visited, general health care services were provided and clients were noted waiting in chairs and some were being cared for in hospital beds with mattresses in an open-plan ward.

APPG ON PDRH STUDY TOUR DELEGATES MEETING WITH LOCAL LEADERS

Towards the end of the visit local female community leaders joined the site visit and thanked the UK Government for its suppport to their people and community. Delegates were informed that thanks to the clinic and outreach work teenage pregnancy rates in this district had fallen significantly, bucking the trend of elsewhere.

MS Uganda Clinic visit, Pakanya

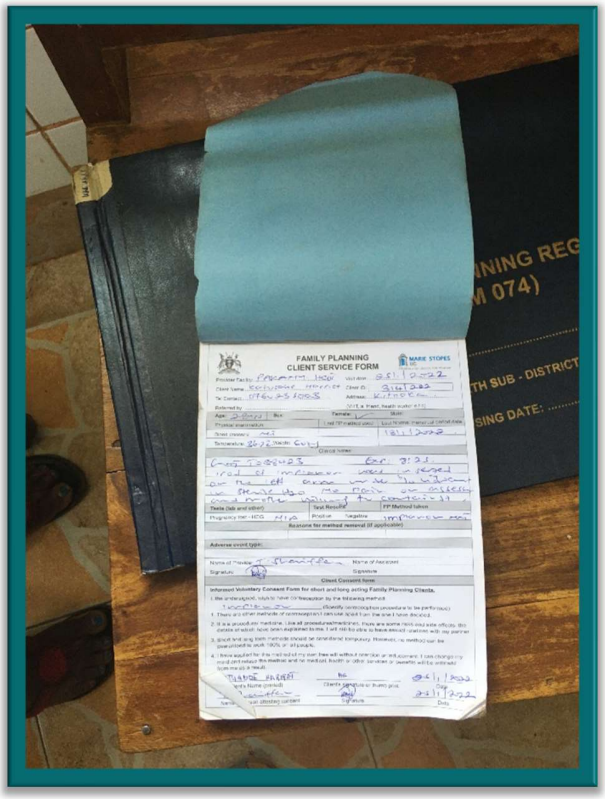
APPG ON PDRH STUDY TOUR DELEGATES SPEAKING TO MIDWIVES IN A SMALL LABOUR ROOM, MS UGANDA CLINIC, PAKANYA

MIDWIVES TALKING ABOUT THE IN-SERVICE TRAINING THEY HAD RECEIVED VIA THE FCDO RISE PROJECT, PAKANYA

Study tour delegates visited the rural MS Uganda FCDO RISE project site in Pakanya, which is one of the 279 public health facilities served in 7 out of 10 regions of Uganda by the FCDO-supported RISE project.

It was a small government health clinic in receipt of health strengthening support with the overarching aim of reducing MMR, with a focus on increasing the uptake of contraception, especially for adolescents – the poorest – disabled and lower educated.

The midwives met at the clinic were proud to showcase their clinic and share their experiences on the in-service training they had received to improve the quality of care provided. The clinic offered general maternity and contraceptive services. The most popular method of contraception at the clinic and at outreach sites were implants and injectables and the clientele were between 13 to 37 years of age according to the register.



FP PAPERWORK, MS UGANDA CLINIC, PAKANYA

STEVE BRINE MP OBTAINING INFORMATION FROM DR CAROLE SEKIMPI, MS UGANDA DIRECTOR

Delegates held various individual conversations with staff and Dr Carole Sekimpi, MS Uganda Director at the clinic relating to service provisions and health system strengthening supported by the FCDO RISE project.

Wednesday 1st June 2022

Palabek Refugee Settlement visit, Lamwo, Northern Uganda

APPG ON PDRH STUDY TOUR DELEGATES OUTSIDE PALABEK REFUGEE SETTTLEMENT HEAD OFFICE, LAMWO

Study tour delegates set off at 6am to reach the Palabek refugee settlement on time. They were received by Dr Herbert Muhumuza, WISH2ACTION Coordinator and Mr. Thomas Danao, IRC Lamwo Field Coordinator and escorted to the office of Mr. Omega Alex, Deputy Settlement Commandant and received a brief overview and introduction to the refugee situation in Uganda and this particular settlement.

Uganda is home to 1.3 million refugees and since 1998 IRC has supported 1.2 million refugees. Uganda has some of the most progressive refugee policies of any nation, allowing freedom of movement and the right to work. Refugees are offered immediate protection, as well as safe communities with services that prevent and respond to violence and inform them of their rights.

Many refugee women originate from South Sudan where only 6 percent of women aged 15-49 are using contraception, and when fleeing conflict, they are more vulnerable to sexual violence and unintended pregnancy. Women's health in the refugee population is Uganda is especially poor; at least a third of women who survive childbirth are left with chronic and debilitating health conditions and UNFPA estimates that 25-50 percent of maternal deaths in refugee camps can be attributed to unsafe abortion.

Established in April 2017, Palabek Refugee settlement is a home to 63,295 refugees, mostly from South Sudan with a few refugees from the Democratic Republic of Congo. Around 50 new refugees arrive each

day seeking asylum. Health services are provided through three health facilities, outreach to distant locations and through the Village Health Teams.

The IRC in Lamwo is the lead partner implementing primary health care programmes on behalf of UNHCR in Palabek settlement and include the FCDO flagship SRHR WISH2ACTION project.

SRH services include ante-natal care, safe deliveries, post-natal care, contraception, elimination of Mother-to-Child transmission of HIV/AIDS, Care for sexual assault survivors. In addition, IRC engages in SRHR awareness and demand creation, sensitisation of the communities with the use of role models and champions among community members and training health providers to provide SRH services.

FCDO, through the WISH2ACTION project is supporting critical contraceptive information and services within the refugee settlement which is also accessible by the host community in Lamwo district.

Between September to November 2021 and December 2021 to February 2022, IRC has contributed to a 10 percent increase in the uptake of contraceptive implants and a 6 percent increase in injectable contraceptive uptake.

HEALTH CLINIC VISIT, PALABEK SETTLEMENT, LAMWO

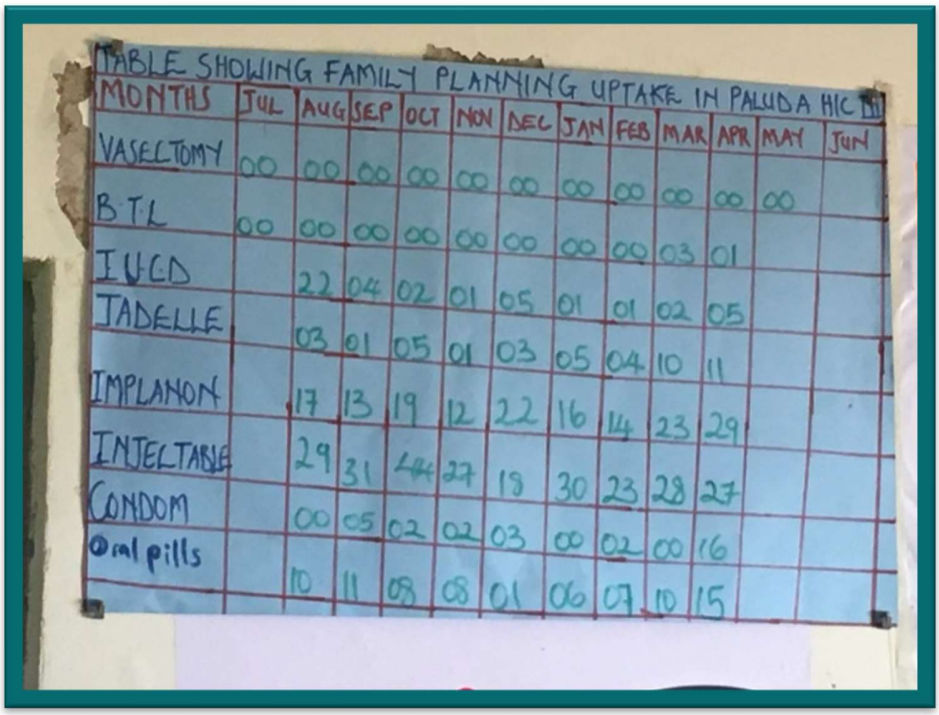
Study tour delegates were greeted at the local health facility by wonderful music by a local 'boy band' and local 'female youth' dance troupe. Instruments were assembled from local metal, wood, pans and other discarded items.

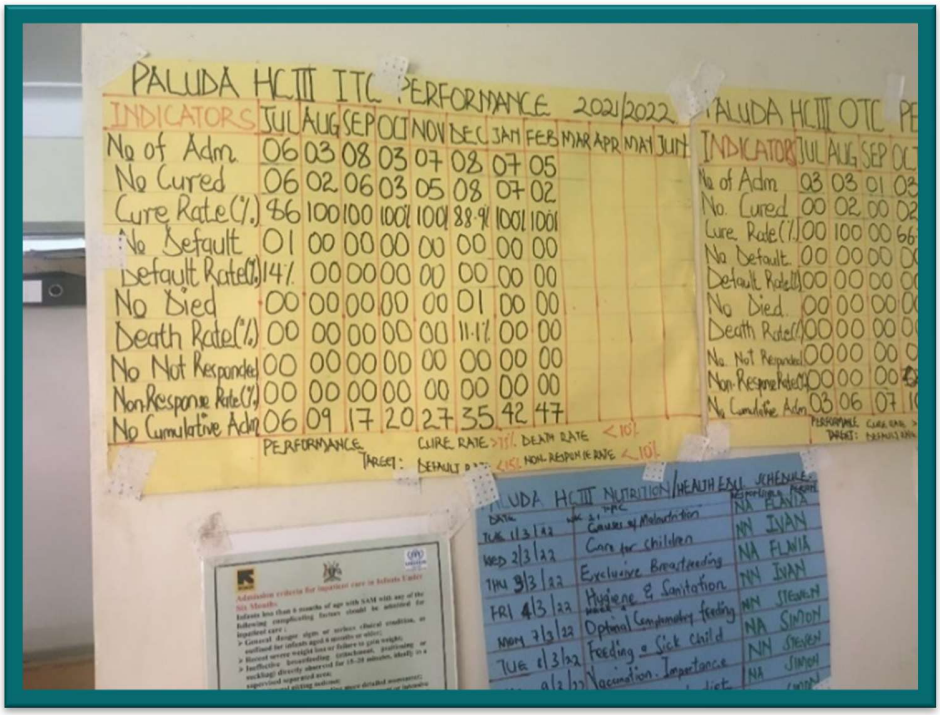
REGISTRATION BOOKLETS IN CORNER OF RECEPTION AREA, PALABEK SETTLEMENT, LAMWO

The first visit at the settlment was the outpatient clinic, which was a permanent-build brick building where clients were waiting in a shaded area to be called in for their consulations. Hard copy registers were noted stacked in the corner of the reception along with numerous boards with health education messages.

Palabek health clinic staff showing contraceptive methods, Lamwo

Various consulation rooms were visited and showcased in the building, including a general consultation room with a child receiving IV antimalaria treatment, a family planning consulation room with staff, and methods of contraception on display along with graphs on uptake and methods chosen by clients on the walls.





Study tour delegates also saw the delivery room as well as the post-natal ward where women were resting on beds and breastfeeding their newborn babies.

DELIVERY ROOM, PALABEK CLINIC, LAMWO

After the health clinic site visit delegates were driven to a small refugee settlement to meet with the settlers. Dr Ochula Dennish, District Health Officer, Lamwo and Fred Otim, UNHCR Field Associate joined the delegation to answer questions.

APPG ON PDRH STUDY TOUR DELEGATES VISITING HOMES WITH UNHCR AND ICR REPRESENTATIVES, LAMWO

The refugee huts were traditionally-built houses, often built by the settlers themselves with assistance from other refugees or the host community. Each refugee was allocated 30m2 of land to allow crop growth and animal management. Some travelled regularly into the local town, approximately 1 ½ hrs away to sell produce or work in the service industry.

THE CHIEF OF A SMALL REFUGEE SETTLEMENT AREA CHARGING HIS RADIO BY SOLAR POWER, PALABEK, LAMWO

The Chief of the area visited kindly offered delegates the opportunity to enter his home. Beds were separated by curtains and bed-nets were noted over the beds. A radio was broadcasting outside the Chief's hut via solar generated power and the chief's wife was busy working on their home, adding clay to the surrounding lower walls of the hut.

The Chief of the area explained that once their children became adolescents, a hut would be built next door for them to move into – a distance of around 5-10 metres was noted between the huts. Some concerns were raised with regards to security of female teenagers when moving from the parent's home.

APPG ON PDRH STUDY TOUT DELEGATES INSIDE A REFUGEE HOME, LAMWO

Showers and toilets were approximately 25 metres away from the living quarters as were animal shelters. Numerous children were running around and playing in the area. The Chief said that he was content and felt safe in the settlement and had been there since it originated in 2017. Several refugees leave after some time to find work but soon after new refugees arrive.

MS Uganda Clinic, Gulu

Steve Brine MP made an unannounced visit to MS Uganda Gulu clinic and was welcomed by the surprised staff. MS Uganda has been working in Uganda since 1993 and is one of the country's largest SRH care providers, offering a wide range of quality, affordable, client centered SRHR services. The clinic visited provided all modern methods of short-acting and long-acting contraception, post-abortion care following an unsafe abortion, as well as maternal and child health services, cervical cancer screening and treatment of precancerous lesions, testing and treatment of STIs including HIV, and laboratory services.

British High Commission virtual de-briefing meeting, Kampala

On return to Kampala, Baroness Sugg had a de-briefing call with the British HC and staff.

Baroness Sugg reported back that the delegates had all had a fascinating few days with good conversations with the Deputy Speaker and MPs including members from the Health Committee and health care providers and management.

The partnership with the UK Government was appreciated at all levels. MPs and the Ugandan Government were all expressing a need for their government to increase funding to FP/SRHR and were hoping that the UK Government will continue to prioritise women and girls and support the WISH, RISE and UNFPA supplies partnership in Uganda. Study tour delegates were particularly interested in the visit to the Palabek refugee settlement where refugees were living side by side with the host community.

Politically, the main take away was that the Uganda Government want to reach the Abuja commitment of 15 percent of GNI to health including FP/SRHR and more revenue is needed to achieve this.

The demand for FP/SRHR services at all hospitals and clinics visited was high and the Government maternity hospital, called a 'baby factory'; indeed, was as stated, as women and girls were noted everywhere either waiting, queuing or, if in luck, in a bed delivering. The demand for FP is increasing in country and health clinics must be prepared to support the demographic dividend along with good schooling and jobs for the youth.

Kate Airey, BHC said that women and girls will remain a priority for the UK partnership with Uganda and a decision will be made soon regarding the next funding phase in collaboration with SRHR stakeholders.

For further details, please contact:

Ann Mette Kjaerby, Parliamentary and Policy Advisor UK APPG on PDRH, Room 12, 2nd Floor, West Front Corridor, House of Lords, London SW1A OPW, UK

Mob: +44 (0)7791 082036 / e: kjaerbym@parliament.uk / web: www.appg-pdrh.uk