

**Project: Program on Women’s Empowerment in Sexual, Reproductive, Maternal, New-born, Child and Adolescent Health (SRMNCAH) Rights (POWER) in Humanitarian Settings in the Horn of Africa Region**

**Activity: Conduct a rapid survey to establish the SRMNCAH needs of women and girls in 4 refugee settlements.**

**Synopsis report**

**Introduction.** This report highlights the key findings from the rapid assessment which was conducted between March 12-17, 2021 in three districts of Yumbe, Terego and Adjumani districts. A total of three (3) camps were covered and these included Swinga (Yumbe), Yoro (Rhino) in Terego and Agojo camp in Adjumani respectively. A total of 12 focus group discussions were held 4 per district as follows: 3 for women leaders, 3 for young women, 3 for women and 3 for religious and cultural leaders. A total of 185 individuals were involved in the FGDs. Four key informants (health in-charges) from the camps were also involved.

**Background:** The International community of women living with HIV in Eastern Africa with support from the Un Women entered into partnership with Uganda Network of Young people living with HIV, (UNYPA) an the Alliance for Women advocating for change ( AWAC) to implement a Power project whose overall goal is to contribute to the impact that every woman, every child, every adolescent girl, everywhere demands her rights to quality sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) services in the refugee camps and host communities in Uganda. The Project is being implemented in BidiBidi camp in Yumbe district, (ICWEA) Rhino camp in Arua – Terego district (led by AWAC), Maaji-123 and Nyumazi in Adjumani (UNYPA) – all in West Nile region. ICWEA is taking lead in activities that are based in Yumbe District.

The Project Goal is : is to contribute to the impact that every woman, every child, every adolescent girl, everywhere demands her rights to quality sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) services in the refugee camps and host communities in Uganda. ICWEA is scheduled to carry out a rapid survey to establish the SRMNCAH needs of women and girls in 4 refugee settlements indicated above

**Objective of the Rapid Assessment** The rapid assessment was aimed at establishing a baseline in relation to the situation of SRMNCAH in the camps which will inform the implementation strategies for the scheduled project activities. It was also expected to reveal the current SRNBCAH needs of the women and girls in the settlement as well as the status of their accessibility and utilization of the same services and thus support in giving direction to what to address so as to realize the project goal

**Methodology:** The rapid assessment targeted different audiences/respondents who included women and girls cultural and religious leaders and health workers in selected health facilities. They were selected

purposively. One focus group discussion (FGD) was held with different audiences i.e., the women and young women in each of the camps as well as with cultural, women leaders and the religious leaders. Individual interviews were held with identified health facilities staff. At least 2 health facilities were reached in every camp. For some of the targeted audiences, the assessment took advantage of other activities that were being implemented at the time of the assessment. The district coordinators were charged with mobilization of the participants for the rapid assessment. Below is the breakdown *of FGDs and Key Informants*

Women (12 Participant)	One (1) in each settlement
Young women (12 participant)	One (1) in each settlement
Cultural leaders/ Other local leader in the settlement	One (1) in each settlement
Women Leaders	One (1) in each settlement
Health workers (One to one interviews)	2 health facilities in each settlement.

**Major findings per project outcomes.** The findings were categorized per project outcomes and guiding questions in order to appreciate the issues raised in relation to expected project outcomes. The unique issues from various FGDs were also pointed out to inform future project design/programming.

**Outcome 1:** Established rights-based national and local SRMNCAH Frameworks in humanitarian settings. It is critical to work with national and local authorities to reform discriminatory laws and policies, address barriers to SRMNCAH care, information, and ensure availability of resources for SRMNCAH services. POWER seeks to ensure that the various commitments ratified and polices in place to support SRMNCAH are applied to humanitarian settings.

**List the policies/laws (whether local or international) that support access to SRMNCAH services by women/girls in refuges settings**

There was a significant knowledge gap among all particulates involved in the assessment. Some key informants attempted to mention Adolescent Reproductive Health policies. They also emphasized that like any other places, health facilities in camps follow all MoH guidelines, standards and policies

**Which of the above policies and laws are being implemented? And who are the implementers?**

Some knowledgeable Key Informants said that policies and laws are being implemented by NGOs and Agencies such as the Reproductive health Uganda and the UN women

**List the barriers to access to SRMNCAH services by women/girls in refuges settings.** The major barriers cited across FGDs during the rapid assessment were:

- Shortage of reproductive health kits
- Knowledge gaps among the women and young women. One respondent remarked that....

***“One time 10 men used a girl and she did not go to the health centre despite all the risks exposed to her” Health worker KI -Terego***

- There a belief that family planning is against God’s will. ***“FP is against God’s commandments because God said that we should produce and fill the earth (Gen 1:28)” Yumbe Women FGD***
- Limited financial and human resources at health facilities. A respondent remarked ***“There is only one person at the health centre from Morning to sunset. For example, you find two mothers pushing at the same time with one midwife while other clients are waiting” Women Leader FGD-Terego***
- Long distance from the home area to the health centers, always scared of pregnant women produce while still on the way.
- Abusiveness of health workers. Most of them are not helpful during time of delivery of some pregnant women.
- Poor methods of providing treatment to the pregnant women. Most of them do not give clear direction of the treatment to the pregnant women leading to early born children and even miscarriages
- Lack of microscope and other needed lab equipment to conduct proper diagnosis is highly needed and all other laboratory equipment’s also needed
- Limited counselling services yet still highly needed mostly for those living with HIV/AIDs and others scared of going for VCT.
- Limited availability of well-trained health workers to offer quality family planning services.
- Time management is still a biggest challenge as the present health workers go to the health unit in his/ her convenient time. They do not bother about the patients who in most of the time need assistance.
- Family planning drugs were denied to the young women/girls
- Poor attention to pregnant women at health facilities leading to death of either mother during time of delivery or baby dies due to delay of delivery
- Inadequate delivery beds almost one bed in the whole health center
- Transport challenge to the health unit plus lack of ambulances
- Corruption is too high where by health workers are over asking the patients money.
- Abusive language, harassment/ rudeness of health workers towards the pregnant women
- Fear of negative side effects of FP such as over bleeding, failure to conceive, producing abnormal children fears, it promotes divorce amongst families, it can cause diseases like cancer and death among others.
- Language /communication barrier –most refugees do not understand the local languages in Uganda, neither do they understand English.

#### **Unique Issues -Adjumani**

- In Agojo refugee camp (Adjumani District), there was a unique issue where cultural and religious leaders noted that the gate keepers are rough in that they delay or refuse entry of mothers coming to deliver at night and end up delivering outside the gate. When further

probing was done, it was revealed that midwives at the health facilities are not interested to attend to mothers since it is their time to sleep / rest and so avoid the interruption of their sleep. This was strongly condemned

- Young women in Terego said that men should be sensitized and educated to behave when their wives are in menstruation period. They complained that most keep demanding for sex even when their sexual partners are in their periods. The clan leaders have a role to play into this matter.
- ***There is a unique brief if Agajo that if you produce many children you will cultivate and harvest more and that the grandfather of the children will show much love for the woman in that family (Women Leaders)***
- Some men in Terego kills their wives because of using family planning services so many women/young women cannot risk going for the same
- In Adjumani, if a young woman is not married officially but wants to seek health services, health workers demand for letters from local council one and this puts them away

#### **Unique issues-Terego**

- Lack of sanitary pads and a big problem fistra in the community (young women FGD)
- Young pregnant women cannot seek SRMNCAH services from health facilities because they we want to keep it a secret (young women FGD-Terego)
- There is fear of caesarian section as one remarked ***“girls when pregnant fear to go to the health centres because doctors are rude and want us to do caesarian section which they fear-for them they want to deliver normally” Elderly women FGD***
- Cultural divergence / briefs. Examples of negative cultural/religious briefs:  
***“We lost many people during wars and so must be replaced” Women Leaders FGD-Terego***

#### **Unique issues-Yumbe**

- Parents / guardians of young women do not support family planning. One FGD participant said “Parents in this community are making strikes against health facilities after hearing the health workers providing FP services to their children” Young women FGD. The communities are concerned that girls misuse the rights given them in form of empowerment with SRHR education.
- Some religious and women leaders are part of VHTs and have been trained and / or are trainable to handle SRHR issues but have not been facilitated with facts and visual materials to support education in relation to SRMNCAH services-***Women leaders FGD Yumbe***
- Men in Yumbe escort their wives to remove contraceptives rather supporting their utilization ***“A man after learning that her wife was using some contraceptives, picked a panga to cut her off, threatened to set their house on fire and pushed her to the health centre and insisted the health worker to remove it if she wanted peace...it was done”. Women Leaders FGD, Yumbe***

**Are there resources allocated particularly to promote access to SRMNCAH services by women/girls in refuges settings (Yes/No); if yes how much is allocated and by who**

In Adjumani, it was reported that 100,000 to support family planning services by medical team international per quarter for one health facility. In Yumbe, it was reported that government allocated only 5% which is 300,000/- per quarter per facility to care for fuel and refreshment during SRHR education sessions. In Terego, it was it was reported that 180,000/- is allocated per facility per quarter and 100,000 strictly for school health services per term.

**Do you think the existing policies/laws are sufficient to promote access to SRMNCAH services by women/girls in refuges settings (Yes/No); if yes how much is allocated and by who**

No

**Outcome 2:** Improved promotion of equal gender norms, attitudes and practices on women's rights to SRMNCAH in the humanitarian settings. Unequal social norms and attitudes regarding the (sexual and reproductive) rights of women can prevent women from seeking out and claiming vital and life-saving health services.

**List the gender norms, attitudes and practices that you think inhibit access to SRMNCAH services by women/girls in refuges settings**

- A woman/girl cannot expose her body to a male health worker and so girls fear to be delivered by men (Terego religious / cultural leaders FGD)
- A woman has no right in the home (Terego religious / cultural leaders FGD)
- Forced marriages for wealth
- Female genital mutilation
- Boys and girls even those not related sleep together in huts-one of the drivers of unwanted pregnancies and / or defilement. However, the issue of sleeping together in one hut could be compounded with high poverty
- Parents tend to recognize and prioritize boys compared to girls thus lack of equal love and services
- A lot of child labour practices in the camp
- Parents cannot openly or directly talk about sex education with their children-almost prohibitable. It should be done by Aunties
- Local people believe that women should deliver at home due to fear of tough health workers
- Brief that women are meant for production and fulfil the family obligations.
- The dowries are given according to the number of children produced, so a woman is forced to over produce.
- When women/young girls are allowed to use FP/contraceptives, it gives them opportunities to sleep with other men without conceiving and so one cannot tell (Terego religious / cultural leaders FGD)
- Most girls from Southern Sudan are not allowed to go to school because it is believed that they will get spoiled/become pregnant

**How are religious and traditional leaders, men and the wider community involved in**

### **promoting access to SRMNCAH services by women/girls in refuges settings**

- Through community level dialogues on access and use of SRMNCAH during which they emphasize that the services are free

### **What would be the roles and responsibilities of religious and traditional leaders, men and the wider community involved in promoting access to SRMNCAH services by women/girls in refuges settings**

- Both religious and cultural leaders should encourage/educate husbands to escort their wives to health facilities
- Religious leaders should sensitize girls that no sex before marriage and that their bodies are not for sell
- Cultural leaders should inform young girls that sex is normal but they must test before uniting and should get advice or counselling from health workers
- For men, there should be respect for women and rights-not to force them for sex but rather escort them (mothers/women) for ANC
- The women should report to the elder or clan leaders sexual GBV
- Cultural leaders should assess cultural practices which are positive and ride on them to promote the uptake of SRMNCAH services

**Outcome 3:** Empowered women and girls to exercise their SRMNCAH rights and seek services in humanitarian settings. By engaging women as agents of change and increasing their awareness and knowledge of their SRMNCAH rights as well as enhancing their capacities to know and advocate for those rights; women are more likely to demand and claim their SRMNCAH rights.

### **Are SRMNCAH care/services and information available in the refugee setting? If yes; which services are available and what is the source**

- Yes, they include ANC, PNC services, Family Planning services such as implant, IUDs, pills and injectable among others, Adolescent Reproductive Health Services, Cancer screening Services. These services are supported by medical Teams International, Ministry of Health, UNHCR, IRC, referral services, rape service such as PEP exist, HIV prevention and health education services for adolescent (10-15 years), distribution of condoms (especially male condoms) and available in health facilities. In addition, there are education on child protection laws. At community level, there are community radios for conducting SRHR sensitization services.

### **What fraction of women and girls in the refugee setting are accessing SRMNCAH care and information?**

- In Adjumani, it was reported that women its 40/100 and 60% for girls. While in Terego and Yumbe, it was reported that 30% of women and girls access services in the refugee setting

and 70% in the host community.

- The main reported source of information is: Out reaches and health facilities, school health events, local radios such as voice of life in Arua, vans move around in communities providing messages on the same and IEC materials

### **Do women and girls in the refugee setting have capacity to engage the local leadership to demand for SRMNCAH services?**

However, much as services were available, the assessment revealed that women/girls were not empowered enough to seek for the said services. In all the districts, it was reported that they do not have capacity to engage and hold leaders accountable. Some of the reported factors included insufficient knowledge on the available services, local and cultural beliefs and lack of legal and / or policy literacy. For example, in Terego the KI said ...” when a woman comes out to demand for her rights in a home, GBV starts and for those who already have children with men, its worse as they do not want to leave, they children alone when men chase them away”

### **Other related information on mechanisms to enhance facility and community linkages for SRMNCAH services**

- Strengthen community outreaches
- Strengthen radio talk shows
- Strengthen timely referral systems
- Follow up ANC and PNC

**Conclusions:** The rapid assessment was concluded as planned. Most issues that emerged were similar across districts and camps and host communities. However, much as the SRMNCAH services s were available, the assessment revealed that women/girls were not empowered enough to seek for the said services. Some of the reported factors included insufficient knowledge on the available services, local and cultural beliefs and lack of legal and / or policy literacy. In all the districts, it was reported that they do not have capacity to engage and hold leaders accountable. The information generated and recommendations here under will be important in future programming in the West Nile region. It is important that the results are disseminated at the districts in time targeting all relevant partners and action plans drawn to act on and operationalize the recommendations here under

### **Recommendations**

- Government should strengthen health promotion through use of educative videos/films both at health facilities and communities regarding the benefits of seeking for SRMNCAH services

- Partners need to train women and girls in reproductive health education such as safer sex negotiation and family planning –advantages and side effects, range of services so that they make informed choices
- Partners especially NGOs should organize education sessions for men in FP (make involvement) to reduce SGBV related with family Planning (FP)
- Civil society should train women leaders in advocacy so that they act as agents of change and demand for accountability
- Government/camp leaders should monitor the quality of SRMNCAH both in refugee and host communities to improve the situation
- Government should allow Southern Sudanese health workers to be recruited and take part in the camp to address language barrier, respond to cultural diversities and sensitivities among women and girls. Alternatively, those seeking services should be given translators at health facilities
- NOGs should facilitate women leaders to conduct accountability sessions to hold duty bearers on SRMNCAH services being provided in camps and host communities
- The government should provide ambulances to minimize the challenge of transport means and delivering from homes
- Government and partners should train more health workers to provide quality SRMNCAH services and where appropriate transfer health workers from time to time
- The government should put in place clear bylaws that govern young women and women seeking SRMNCAH services so as not disadvantage girls/women who go the facilities without the company of their husbands and / or boyfriends
- The MoH should improve attitude of health workers to utilize better language when handling mothers and girls in order for them to access the services
- MoH should improve the health infrastructure to ensure that young women get friendly corners (spaces) in all facilities to share their experiences and challenges
- Civil society should strengthen dialogues with religious and cultural institutions to play a more proactive role in promoting SRMNCAH services
- MoH and civil society should strengthen awareness creation on SRMNCAH at community level to improve health care seeking behaviours for the same both in refugee settings and host communities
- Government should equip health facilities in camps with TV screens to support mothers with education sessions while at health centres
- Civil society and government promote demand for female condoms-its lacking in both refugee and host communities
- MoH and implementing partners need to develop a training curriculum for women and young women to effectively engage their husbands in FP and contraceptive use at household level
- The government should facilitate VHTs with visual aids and transport to do better community-facility linkages for SRMNCAH services both in refugee settings and host communities

Some photos



Young women FGD-Yumbe



Religious and cultural leaders-Yumbe

**Appendix 2: Guiding Questions for the baseline**

**Outcome 1:** Established rights-based national and local SRMNCAH Frameworks in humanitarian settings. It is critical to work with national and local authorities to reform discriminatory laws and policies, address barriers to SRMNCAH care, information, and ensure availability of resources for SRMNCAH services. POWER seeks to ensure that the various commitments ratified and polices in place to support SRMNCAH are applied to humanitarian settings.

**Guiding Questions for the baseline**

List the policies/laws (whether local or international) that support access to SRMNCAH services by women/girls in refuges settings

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Which of the above policies and laws are being implemented? And who are the implementers

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**Outcome 2:** Improved promotion of equal gender norms, attitudes and practices on women’s rights to SRMNCAH in the humanitarian settings  
Unequal social norms and attitudes regarding the (sexual and reproductive) rights of women can prevent women from seeking out and claiming vital and life-saving health services.

List the gender norms, attitudes and practices that you think inhibit access to SRMNCAH services by women/girls in refuges settings

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How are religious and traditional leaders, men and the wider community involved in promoting access to SRMNCAH services by women/girls in refuges settings

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What would be the roles and responsibilities of religious and traditional leaders, men and the wider community involved in promoting access to SRMNCAH services by women/girls in refuges settings

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**Outcome 3:** Empowered women and girls to exercise their SRMNCAH rights and seek services in humanitarian settings. By engaging women as agents of change and increasing their awareness and knowledge of their SRMNCAH rights as well as enhancing their capacities to know and advocate for those rights; women are more likely to demand and claim their SRMNCAH rights.

Are SRMNCAH care/services and information available in the refugee setting? If Yes; which services are available and what is the source

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What fraction of women and girls in the refugee setting are accessing SRMNCAH care and information?

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Do women and girls in the refugee setting have capacity to engage the local leadership to demand for SRMNCAH services?

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