



# COVID 19: Policy Brief

**Safeguarding women and girls' sexual and reproductive health rights**

**August 2021**

# Context

The ability to realize sexual and reproductive health rights (SRHR) is critical for the health and well-being of all women and girls. The Sustainable Development Goals (SDG) Framework marks huge progress in addressing women's reproductive rights, including targets that address the barriers and human rights-based dimensions of SRHR, through SDG target 5.6. The Government of Uganda (GOU) has committed to safeguarding women and girls' SRHR through adopting international and regional instruments including the SDGs. At the national level, a number of policies and strategies have also been developed to support the Government's commitment in this regard. They include; Uganda Vision 2040, The third national development plan (NDP III), the National health policy, the Gender policy, the National policy guidelines and service standards on sexual reproductive health and rights (2012), the Adolescent health policy, and the Health strategic plans among others.

SRHR encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, and violence against women and girls. Fulfilment of SRHR positively impacts economic, educational and sustainable development outcomes for all. This is particularly the case for women and girls, who face

disproportionate challenges to realizing their SRHR. Water, sanitation and hygiene (WASH) also plays a significant role in the quality of SRH service delivery and the realization of SRHR. Poor access to gender-sensitive WASH facilities limits women's and girls' ability to manage their menstrual period privately and hygienically.

Despite commitments by the government, women and girls in Uganda continue to face difficulties in accessing SRH services. The COVID-19 pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic. While early reports reveal more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities. As reported in previous health and humanitarian emergencies, sexual and reproductive health services are likely to be scaled back. This can result in an increased risk of maternal mortality, unintended pregnancies and other adverse sexual and reproductive health outcomes among women and girls. As countries adopt regular handwashing as a preventive measure for COVID-19 spread, the demand for safe and clean water and sanitation facilities have become more paramount than before. Combining SRHR and WASH interventions creates opportunities to bolster health and rights outcomes for women and girls.

# Covid-19 impacts on SRHR services

## Disruption of health care delivery

The COVID-19 pandemic overburdened the healthcare systems due to the need to provide emergency services. As resources are reallocated to respond to the pandemic, this can further disrupt health services unique to the well-being of the populace, in particular those living in poverty who rely on the government's free healthcare programmes. Disruption of health care service delivery has led to an increase in the number of preventable deaths during childbirth, diseases like malaria and in other health emergencies<sup>2</sup>. The absence of a pre-existing or coordinated system that ensures continuity of essential services such as food and drugs for those with chronic illnesses during an epidemic crisis may lead to further frustrations at both household and community levels, as well as increased police-citizen encounters resulting in increased cases of violence<sup>3</sup>.

Community members in Kiboga and Kyankwanzi who were interviewed by ARUWE team mentioned that 5 out of 10 i.e. 50% of the pregnant mothers delivered in the health facilities and 50% at traditional birth attendants for reasons of fear of COVID infection, lack of transport, absence of midwives and nurses among others. They further indicated that during lockdown, for one to access a medical centre meant obtaining an LC1 permit to travel to the hospital. However, even with written notice, community members often found themselves in scuffles with security personnel who claimed that they were either not sick or the service being sought

was not necessary. "The lockdown was not selective and could not even tolerate the pregnant mothers, enforcement officers were so brutal that they would even beat a pregnant mother on *bodaboda*." Women FGD in Kigaga village, Gayaza Parish, Kyankwanzi district.

## Limited access to sexual and reproductive health services

The ability to realize quality family planning and other sexual and reproductive health (SRHR) services is critical for the health and well-being of all women and girls. The lockdown due to COVID-19 pandemic may compromise women's access to these critical services. Besides, the diversion of attention and critical resources away from these provisions may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases.

Through focus group discussions in Kiboga and Kyankwanzi (ARUWE 2021), women mentioned that in most cases their husbands are not supportive of them accessing family planning services, and as such a majority tend to sneak to access the services. During the lockdowns as men were fully at home, it was not easy for women to leave the house to obtain their routine services. Accessing hospitals and medical centres was also very hard due to closure of public transport services, especially motorbikes (*boda boda*), the most popular transport in rural areas.

## **Increased teenage pregnancies and motherhood**

The lockdown measures in response to COVID-19 have led to school closures around the world, leaving an estimated 1.54 billion young people out of school. As such, fewer young people are now receiving vital Comprehensive Sexuality Education. In addition, the school closures are likely to expose children especially girls to sexual abuses mostly perpetrated by people they live with. In cases of households already faced with poverty, children may be forced into transactional sex, early marriages, child pregnancies and other actions that violate the rights of children. This is likely to exacerbate the already high rates of teenage pregnancy and other sexually related challenges as has been reported in previous health crises<sup>4</sup>.

## **Limited access to hand hygiene and sanitation**

As the world grapples with the COVID-19 pandemic, countries, including Uganda, have adopted various measures to prevent its spread. Regular handwashing with water and soap has been promoted as one

of the essential precautionary measures that the public should take to prevent the spread of the virus. But regular handwashing requires regular access to and availability of clean water. In Uganda, clean water supply remains a challenge in rural areas. At least 8 million Ugandans lack access to safe water and 27 million do not have access to improved sanitation facilities<sup>5</sup>. In addition to being a country-wide health problem, the sanitation crisis in Uganda can damage the dignity and confidence of families, especially women and girls who are disproportionately affected by a lack of basic sanitation, affecting their personal sexual and reproductive health and menstrual hygiene, dignity, and safety. The COVID-19 crisis further worsens the situation in particular for those who already face these challenges due to lack of access to clean water and private toilets. Such challenges associated with accessing water do not only make the fight to combat pandemics like the corona virus hard, but they also keep these vulnerable groups in a cycle of poverty<sup>6</sup>. Girls FGDs in Kiboga and Kyankwanzi mentioned the lack of access to sanitary pads since the parents don't work anymore and resources are allocated to issues considered critical e.g. food purchase.

## How big is the problem?

Malaria is the leading cause of death in Uganda. In 2019, malaria claimed 4000 lives and infected more than 13 million people. With the movement restrictions during COVID-19, malaria infections were projected to increase by 22% and the number of deaths to double. The supply of critical material for malaria control also suffered disruptions. A UN Womensurvey (2020)in Uganda<sup>7</sup> showed that 57% of the respondents could not access healthcare services due to COVID-19 restrictions or fear of contracting the disease. There were also media reports of Ugandan communities struggling to transmit sick people to the health facilities, which led to increased deaths due to other preventable illnesses. This was disporportional across the country with worst access to healthcare services reported in Eastern Uganda; 64% for women and 57% for men. Although data and studies are still limited, early evidence indicates that COVID-19 has both direct and indirect effects on maternal mortality, with some estimates as high as 56,700 additional maternal deaths. Community members in Kyankwanzi and Kiboga mentioned that 5 out of 10 of the pregnant mothers delivered

in the health facilities and the rest at traditional birth attendants for reasons of fear of COVID infection, lack of transport, and absence of midwives and nurses among others

Access to SRHR Among those who needed SRHR services but could not access them, transport issues presented the most common challenge. Projections from UNFPA suggest lack of access to modern contraceptives for 47 million women could result in up to 7 million unintended pregnancies if the lockdown continued for six months<sup>8</sup>. An online survey of Ugandan youth in 2020 showed that 28% of the respondents did not receive any information and/or education concerning sexual and reproductive health (SRH), while 27% did not receive testing and treatment services of sexually transmitted infections during the lockdown. Lack of transport means was the commonest (68.7%) limiting factor to access to SRH services during the lockdown followed by the long distance from home to health facility where to get the services (55.2%), cost of services (42.2%) and curfew (39.1%).



**57%**  
**People**

who needed health care services could not access them due to COVID-19 restrictions



**22%**

Projected increase in malaria infections and number of deaths to double during the lockdown



Estimates of  
**56,700**

additional deaths due to lack of maternal care services

# 22.5%

Increase in pregnancy among girls aged 10-24 years between March 2020 and June 2021

# 8300

Reported cases of teenage pregnancy in Moroto and Kitgum alone

# 18%

Increase in child marriages in Kampala leading to school dropout and other devastating health and social consequences for girls

Uganda's medium-term target to improve population health, safety and management are to reduce adolescent pregnancy rates to 22% in FY 2020/21 and 15% by FY 2025. Government of Uganda's efforts to reduce teenage pregnancy have been hampered by the COVID-19 pandemic. Across the country, cases of child transactional sex, early marriage, child pregnancies, and child recruitment and trafficking as a result of the pandemic were reported. Media reports and household surveys during the COVID-19 pandemic indicated that teenage pregnancy rates increased in 2020. Between March 2020 and June 2021, there was a 22.5% increase in pregnancy among girls aged 10-24 years seeking first antenatal care from 80,653 to 98,810. In Moroto alone, at least 6000 cases of teenage pregnancies were reported during lockdown, while in Kitgum at least 2,300 schoolgirls conceived and 128 were married. UNHCR (2020) survey in Kampala shows a 21% increase in teenage pregnancies and 18% in child marriages, leading to school dropout and other devastating health and social consequences for girls<sup>9</sup>.

The increase in teenage pregnancies registered during COVID-19 has implications for healthcare and the aspirations of the adolescents affected. Early sexual activity and adolescent pregnancies are associated with a higher risk of contracting sexually transmitted infections—especially HIV/AIDS and a likelihood of death due to childbirth complications, all of which can be worsened by lack of critical care occasioned by the pandemic.

While the human capital development programme under the NDP III prioritises adolescent sexual and reproductive health services, it nonetheless does not focus on non-health facility-based services, such as adolescent menstrual hygiene. The 2017 Adolescent Health Risk Behaviours in Uganda national study revealed 26% of the adolescents reported menstrual-related school absenteeism. Although the predominant reason for school absenteeism was the feeling of sickness, a substantial proportion of young girls miss school due to the lack of pads.

# What can be done?

## **Develop a coordinated system that ensures continuity of essential services**

There is need to make provisions for standard health services to be continued even during emergencies and health crises, especially for sexual and reproductive health care and necessary infection control measures. HIV treatment access needs to be maintained with no interruptions, as well as prevention of mother to child transmission of HIV.

## **Gender and rights-based advocacy**

Develop and promote a shared advocacy agenda for a gender and rights-based approach to SRH and WASH, and a supportive enabling environment, including policies that answer to women's and girls' menstrual health needs during emergencies. The advocacy agenda should involve representation of women in planning and decision making. Beyond individual women, women's organizations who are often on the front line of response in communities should also be represented and supported.

## **Investment in public health infrastructure**

Investing in core public health infrastructure, including water and sanitation systems may be one of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings. Good WASH practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces. Rapid and low-cost water service and sanitation provision for communities, health care facilities, and schools is critical to enable hand washing, hygiene, and disinfection.

## **Behavior change communication**

Promotion of communication and preparedness related to hand washing and safe water practices to help increase the frequency and improve the practice of critical hygiene behaviours. Concomitantly, provision of access to comprehensive information as well as services can improve menstrual health by women and girls. This should take an integrated approach that combines holistic sexuality and menstrual health education, access to gender-sensitive WASH facilities, access to hygiene products, and including a range of menstrual products.

# Recommendations



GOVERNMENT should ensure that health services continue to operate safely, and that gender responsive public health policies and support systems are in place to support SRH of women and girls and their newborns.

WASH facilities, access to hygiene products, and including a range of menstrual products.



ALL ACTORS develop and promote a shared advocacy contributing to the formulation of national strategies which promote a gender-transformative agenda in SRHR and WASH solutions, including women's perspectives and leadership in decision-making about health and emergency response.

ALL ACTORS should increase the focus of menstrual health as a critical pathway to improving SRHR.



GOVERNMENT AND IMPLEMENTING AGENCIES should invest in core public health infrastructure, including water and sanitation systems in the communities and schools, to ensure access to health services, clean water, decent sanitation and good hygiene; and ensure systematic access of SRHR services in disease outbreak response.

## References



GOVERNMENT AND IMPLEMENTING AGENCIES should train frontline health care workers delivering SRH services in hygiene-related infection prevention and control, and establish mechanisms to deliver the services during emergencies.

<sup>1</sup>WHO. (2020). *Gender and COVID-19: Advocacy brief* World Health Organisation (WHO), 14th May 2020. [https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy\\_brief-Gender-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng.pdf?sequence=1&isAllowed=y)

<sup>2</sup> Development Initiatives. (2020). *Socioeconomic impact of Covid-19 in Uganda: How has the government allocated public expenditure for FY2020/21?* Development Initiatives [www.devinit.org](http://www.devinit.org)

<sup>3</sup><https://www.dandc.eu/en/article/ugandas-poor-are-struggling-covid-19-lockdown>

<sup>4</sup> Chattu, V., Yaya, S., & et al. (2020). Emerging infectious diseases and outbreaks: Implications for women's reproductive health and rights in resource-poor settings. *Reprod Health*, 17(1), 1-5.

<sup>5</sup> <https://water.org/our-impact/where-we-work/uganda/>

<sup>6</sup> <https://thewaterproject.org/why-water/poverty>

<sup>7</sup>UN-Women (2020). COVID-19 Rapid Gender Assessment: Gendered Perspective. [https://reliefweb.int/sites/reliefweb.int/files/resources/uganda\\_rga\\_full\\_report.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/uganda_rga_full_report.pdf)

<sup>8</sup> UNFPA, 27 April 2020, Interim technical note, [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

<sup>9</sup><https://www.unhcr.org/afr/news/press/2020/12/5fc7a6694/inter-agency-report-refugee-women-and-girls-in-uganda-disproportionately.html>



ALL ACTORS should adopt an integrated communication and service approach that combines holistic sexuality and menstrual health education, access to gender-sensitive





Emails 1: [aruwe@aruweug.org](mailto:aruwe@aruweug.org)  
2: [aruwe.aruwe@gmail.com](mailto:aruwe.aruwe@gmail.com)  
Website: [www.aruweug.org](http://www.aruweug.org)

Action for Rural Women's Empowerment  
(ARUWE)  
P.O. Box 28564 Kampala, Uganda.