

# Sustainable solutions for sexual and reproductive health services

A youth summit emphasises the role of governance structures for delivering SRH information and services in Uganda, reports Paul Gabula

The third annual Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Youth Summit was held online on 8 August 2020 with a theme of “Leveraging local government structures to address persistent Sexual Reproductive Health and Rights (SRHR): challenges and opportunities of a young population for national development”. Over 200 delegates from across Uganda joined the event which was streamed live on TV, Zoom and various social media platforms. It was an interactive event, with several young people participating through four regional hubs which were hosted at Lubowa (a suburb of Kampala) for the central region, Kole for the Northern Uganda, Jinja for the Eastern Uganda and one at the Imperial Royale Hotel, Kampala, for the national audience. The summit brought to the fore the significant role of sub-national, multi-sectoral and multi-stakeholder structures play in mainstreaming programmes (information, services and policies) for young people to facilitate the last mile of SRH care.

The objective was to share evidence, engage policy makers and explore avenues for more active youth inclusion in SRHR programmes. The Conference was attended by Dr Diana Atwine, the permanent secretary, Ministry of Health, Dr Richard Mugahi, the Assistant Commissioner of Reproductive Health in the Ministry of Health Kampala, Uganda, representatives from local government, youth leaders, CSO representatives and many young people. There was a keynote address, panel discussions and several presentations.

## Leveraging local government systems

The keynote address was delivered by Prof Francis Omaswa, the Executive Director African Center for Global Health and Social Transformation (ACHEST). He shed light on Uganda’s 1997 decentralisation statute (Local Government Act), which transferred the implementation of all services to local governments, with a mandate to ensure delivery of all forms of services including health services for everyone. He noted that the existing structures, including the various government ministries, health system structures and political, community, cultural and social structures that can be used to deliver programmes for young people across communities. He stressed that these structures are designed to ensure quality service delivery: operationalising and implementing programmes is thus a question of mindset change. Citizens need to participate and own the health

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system and hold duty bearers accountable.

Dr Atwine gave an account of the threat that adolescents face during the COVID-19 pandemic lockdown and school closure. She observed that these include teenage pregnancies and drug abuse. She urged partners to synergise adolescent health programmes to accelerate progress.

A panel on community SRHR structures was held. Panellists included Dr Richard Mugahi, Faith Mairah, the Youth Country Coordinator for the SRHR Alliance Uganda, Friday Madinah from the Ministry of Gender and Social Development, and Reverend Constantine Mbonabingi, the Secretary General of the Uganda Joint Christian Council and board member of Faith for Family Health Initiative (3FHi). It was agreed that the district health adolescent committees, which represent both in- and out-of-school youths, were making a difference. The Ministry of Health has scaled up youth-friendly services at health facilities and offered health worker training and mentorships on young people’s access and use of quality SRHR and gender-based violence services. Through community development officers, probation officers and social workers, the Ministry of Gender, Labour and Social Development has developed guidelines to reach families and young people; and to empower parents to give children age appropriate information. The role of religious leaders and inter-sectoral collaboration was also discussed.

## Call to action

At the end of the summit, it was agreed that there is need to invest in young people’s health and wellbeing and ensure programmes are beneficial to the youth. The need to involve stakeholders from various sectors was noted to be a matter of urgency. It was agreed that the governance structures at the different levels and sectors are instrumental in mainstreaming programming for young people and ensuring ‘last-mile delivery’ of SRH information and services to create the much-needed change in the health and social outcomes of young people across the country.