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We Want Birth Control

Reproductive Health Findings in Northern Uganda

(summary report)

Women's Commission for Refugee Women and Children
& United Nations Population Fund



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Mission Statements

The Women's Commission for Refugee Women and Children works to improve the lives and defend the rights of refugee and internally displaced women, youth and children. The Women's Commission is legally part of the International Rescue Committee (IRC), a nonprofit 501(c)(3) organization. The Women's Commission receives no direct financial support from the IRC.

The United Nations Population Fund (UNFPA) is the world's largest multilateral source of population assistance. The Fund helps ensure that women displaced by natural disasters or armed conflicts have life-saving services such as assisted delivery and prenatal and post-partum care. It also works to reduce their vulnerability to HIV infection, sexual exploitation and violence.

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A copy of the full report is available at http://womenscommission.org/pdf/ug_rha.pdf

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EXECUTIVE SUMMARY

In 1994, the Women's Commission for Refugee Women and Children (Women's Commission) published a landmark report that described how little was being done to address the critical reproductive health needs of refugees and internally displaced persons (IDPs).¹ That report served as a call to action for the humanitarian community. In the 13 years since the report was published, significant progress has been made in establishing standards and guidelines for reproductive health care and in the provision of services to some refugee populations. However, as a 2004 follow-up study² made clear, reproductive health care in conflict settings is still greatly under-funded, and there is a significant gap in reproductive health services for IDPs. This was illustrated vividly when a team from the Women's Commission and the United Nations Population Fund (UNFPA) conducted a reproductive health assessment among conflict-affected populations in the Kitgum and Pader districts of northern Uganda in February 2007.

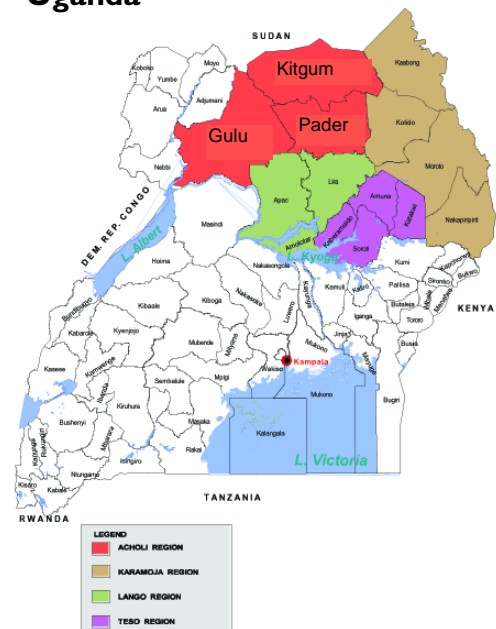
The team visited a region that has endured more than 20 years of civil war and has seen more than 1.5 million people displaced from their homes.³ Rape has been used as a tool of war; there have been numerous reports of rampant sexual exploitation and abuse of women and girls by both sides in the conflict; and more than 30,000 children have been abducted to serve in rebel forces as soldiers, porters and sex slaves.⁴

The level of sexual violence alone makes the need for comprehensive reproductive health services absolutely critical, yet the team found that while some basic services were in place, many were sorely lacking. There are not enough functioning health facilities to even begin to meet the need. The facilities that do exist are under-staffed. Health care workers are often overwhelmed, under-qualified and poorly trained. Supplies of essential reproductive health care commodities are erratic, and there is a

widespread lack of awareness and information among adults and youth about the importance of reproductive health care and how to access and advocate for services. All of this is further exacerbated by poor coordination among the national and international organizations responsible for the reproductive health care of displaced northern Ugandans.

The team conducted structured interviews and meetings with representatives of local and international nongovernmental organizations (NGOs), as well as with members of the Ministry of Health and district-level health officials. The assessment also included 10 focus group discussions with 80 men and 140 women and youth displaced by the conflict. In addition, the team visited local and district-level health facilities. Consent to share findings was obtained from all those consulted.

Uganda



Eleven new districts were created in July 2006 which are not included in this map. © OCHA



Non-functioning bicycle ambulance: it has a flat tire and the bicycle is gone. It is only used to move dead bodies and supplies. Omot IDP camp, Health Center II.

Recommendations

- **International donors must provide greater funding for reproductive health care in northern Uganda, and the Ugandan government must increase funding for reproductive health care** within its national health budget and for the conflict-affected north in particular. This additional funding is needed to establish more health facilities, hire more health care workers, improve training and ensure that there are sufficient supplies in the field to meet reproductive health needs. The responsible national and international agencies must also establish better mechanisms for coordinating reproductive health care issues.
- **Greater attention should be given to education campaigns about family planning and emergency contraception**, particularly among internally displaced men.
- **Community health workers should be used more effectively.** They should be trained to educate pregnant women and their families about the danger signs of pregnancy and the need for immediate referral to health facilities. Community health workers should also be trained in family planning and the correct use of contraceptives so they can educate their communities and help with community-based distribution of contraceptives.
- **Comprehensive, concerted efforts are needed to prevent and respond to widespread gender-based violence in northern Uganda.** This includes ensuring that women and girls have safe access to water, food, fuel, sanitation and income generation opportunities. Health care workers must be trained to provide comprehensive clinical care to survivors of rape and sexual abuse.
- **More services are needed to address the reproductive health needs of youth**, many of whom are at high risk of sexual exploitation and abuse. They need to be better educated on these issues and have youth-friendly places where they can go for counseling and care. Greater efforts should be made to encourage communities, including parents and teachers, to allow pregnant girls to remain in school.

The Women's Commission and UNFPA will share the findings of this report and advocate for implementation of our recommendations with the Ugandan government, international agencies, donor governments and other donors that support health programs, and with international and local NGOs that run health programs in conflict-affected areas. Through our advocacy, we hope to improve programs in northern Uganda and draw greater attention and resources to reproductive health care for all internally displaced persons.

The Challenges of Delivering Reproductive Health Care in Northern Uganda



Unfenced medical waste pit, Health Center II, Omot IDP camp.

Reproductive health care includes family planning services; prevention and care for sexually transmitted infections, including HIV/AIDS; maternal and infant care, including emergency obstetric care for difficult deliveries; and prevention and response services for gender-based violence.

Quality reproductive health care is particularly essential in a country like Uganda. The country has one of the fastest growing populations in the world and one of the highest maternal death rates. The percentage of women delivering their babies in health facilities is low. Violence against women, including rape, is a significant phenomenon.⁵ The use of contraception remains very low⁶ and the country has one of the highest levels of adolescent pregnancy in sub-Saharan Africa.⁷ Unsafe abortions are also a problem, given that abortion is banned except to save a woman's life.⁸

In the past year, the Ministry of Health has specifically prioritized reproductive health but it still represents less than one percent of

the country's entire health budget⁹ and is mainly funded by international donors.¹⁰ Furthermore, health care resources are unevenly distributed among urban, rural and conflict-affected populations, and most of the funding is targeted for urban hospitals.

The conflict-affected north has been shortchanged in many respects. The 20-plus years of conflict have had a devastating impact on the delivery of health services. Facilities and agencies were forced to shut down and the destruction of the infrastructure made service delivery even more difficult.¹¹

The north is also plagued by a severe shortage of qualified health workers. Trained staff do not want to work in the north for a number of reasons, including the insecurity and instability, inadequate pay, lack of housing and poor facilities. Studies show that there is less than 21 percent staffing coverage for level II health centers and only 25 to 50 percent of the staffing needs are met at the larger level III and level IV health centers.¹²

In addition to staffing shortages, there are also concerns about the inadequate training of existing personnel. UNFPA found gaps in the understanding and practice of universal precautions on preventing infection and documented limited training in emergency obstetric care. One team member heard accounts of inappropriate and unethical behavior by nurses and midwives. A woman gave this example: "When my brother's wife, who is 16 years old, delivered, she was frightened with her first baby and would not open her legs, so they just cut her legs to force them open."¹³

The problems brought about by a lack of facilities and trained staff are compounded by shortages of supplies, including medicines and contraceptive commodities. Supply shortages could also be related to poor staff training because in the Ugandan system district staff must request the needed supplies. If community health workers do not know about or choose not to request certain items, they will not be ordered.

Insufficient health facilities, a dearth of trained health care workers and regular supply shortages translate into poor reproductive health care services for the very vulnerable displaced peoples of northern Uganda in several critical areas, including family planning, maternity care, prevention and care for victims of rape and abuse, and prevention and treatment of sexually transmitted infections.

Safe Motherhood

Throughout the developing world but especially in conflict-affected areas, too many women and girls and too many infants die because of poor obstetric and newborn care. At the sites the Women's Commission and UNFPA visited in northern Uganda, prenatal care was fair to good—although women from one camp must walk nine miles for this care. Safe delivery, however, was another question. As one doctor said: "What is killing our mothers are simple things that can be stopped."¹⁴

Many women in the north deliver at home with traditional birth attendants. According to a UNFPA representative, the number of safe deliveries in the northern districts is the lowest in the country, and emergency obstetric care for women experiencing problems with pregnancy or delivery is nearly non-existent.¹⁵ This is a national problem. Recent studies have shown that only 24 percent of emergency obstetric needs are met in Uganda—but it is worse in the north where only 14 percent of the need is met.¹⁶

Training, supplies and transportation are inadequate and the results can be disastrous. According to one resident of a displaced persons camp: "Many women have died of complications. They die on the way to town typically."¹⁷

Women suffering from pregnancy complications may be transported from home to clinic by bicycle—with a stretcher attached if one is available. In one treatment facility, vital



Focus group discussion with prenatal care clients, Padibe Maternity Unit.

medications to prevent hemorrhage and seizures and stabilize patients were not available. Health workers also noted the need for resuscitation kits for newborns. In a country where complications from unsafe abortions are a real health issue, the training of health workers and availability of supplies for post-abortion care were inconsistent.

“Many women have died because of complications. They die on the way to town typically.”

Focus group participant, Mucwini camp.

On the positive side, UNFPA is now working to provide supplies and training for 115 health facilities and their staff. They have also purchased 30 ambulances for use in the north but these have been awaiting clearance at the national level for months. Other international organizations and NGOs are planning to significantly scale up their support for emergency obstetric care and maternity units.

Given the many challenges of providing good obstetric care, it is not surprising that postnatal care is limited. Health workers reported that generally these services are not available, and women are advised that they should only return if they are experiencing complications. In a country where HIV/AIDS remains a major health threat, the lack of post-natal care also translates into lost opportunities to ensure that HIV-positive mothers get the counseling they need to make informed, safe decisions on feeding options for their infants.

Family Planning Services

According to Ugandan figures, the conflict-affected areas of the north have the lowest rate of contraceptive use in the entire country¹⁸ and reportedly the highest rates of abortion.¹⁹ The low use of contraceptives is due in part to their limited availability and in part to widely held misconceptions about family planning.²⁰

The Women's Commission met with a number of displaced women who desperately wanted access to birth control. As one woman said, "...I pray my husband will understand that I want no more [children]," and another, "God should be so kind that I can have contraceptives."²¹ Most women were aware of different contraceptive methods but few knew about emergency contraception to prevent pregnancy and there was mixed awareness of the female condom. Moreover, although they may have been aware of different methods, many of those interviewed did not know how to access birth control or were concerned about the negative reactions of their husbands.



Women returning from the market. Like her elders, the little girl is carrying a small baby on her back, protected from the sun by half a calabash shell, Mucwini camp.

In discussions with the Women's Commission, women talked about the importance of educating married men about family planning. They noted that the health clinics do not allow for private counseling or discussion of such sensitive issues. Women in one displaced persons camp reported that the free government hospital expected husbands to attend the clinic with their wives, so women resorted to secretly buying contraceptives from a clinic. Assessment team members heard many reports in meetings with both men and women about women's efforts to secretly obtain contraceptives.

Most of the men the Women's Commission interviewed did not want or were suspicious about contraceptives. Many said they wanted as many children as possible and some saw a direct link between women's use of contraception and infidelity. This was particularly true among older men.

While the Ugandan Ministry of Health has guidelines for comprehensive family planning, including emergency contraception, there are still significant supply and distribution problems. Condom shortages have plagued the country since 2004, and condoms are promoted more in the context of HIV prevention and less for contraception. In the areas visited by the Women's Commission and UNFPA, health workers reported that female condoms are not available, although clients were asking for them. In several facilities

visited by UNFPA, there were shortages of certain contraceptives as well as expired supplies.

The attitudes and training of health workers may also come into play. As one World Health Organization representative said: "All methods of contraception are available in the national medical store but they don't reach where they are supposed to go because we have problems of ignorance, negligence and mismanagement. We are dealing with a pull system where supplies must be ordered from the health centers and some people order medicines instead of contraception or do not know how to request them. Training in logistics management is also needed."²²

"I have six children and I pray that my husband will understand that I want no more."

Female focus group participant, Mucwini camp.

Sexually Transmitted Infections, Including HIV/AIDS

The lack of training and supplies also affects the quality of treatment for sexually transmitted infections, including HIV/AIDS. A UNICEF representative reported that services to address these infections, apart from HIV, are generally unavailable in the north. When a UNFPA health professional who is part of the assessment team reviewed the records of one health facility, she noted that many different cases of sexually transmitted infections were diagnosed, but the course of treatment did not reflect specific treatment protocols. Infection control was also observed to be poor in the site visited, and health workers were concerned about running out of needles, syringes and gloves.

Regarding HIV/AIDS, the Ugandan government's efforts to fight this disease are well known. Most of the men and women interviewed by the Women's Commission were very knowledgeable about HIV/AIDS. They could accurately describe the causes of transmission and how to prevent and treat the disease. But they reported that the availability of treatment and care for HIV-positive people is mixed. Male condoms are generally free at public health facilities but some men complained they did not know how to use them and some women reported that men simply did not want to use them. And, as noted earlier, supply shortages are a recurring problem.



Dressing room at Omot IDP camp HC II. All equipment and instruments are kept and cleaned in kidney dishes on the floor as the room does not have a table.

Sexual Violence against Women and Girls

Sexual violence against women and girls is a widespread problem in many conflict-affected areas, including northern Uganda. Abuse of alcohol, high unemployment, restricted freedom of movement and a breakdown of traditional social structures and values all contribute to high rates of violence in and around displaced persons camps.²³

Domestic violence is reported by the displaced population to be common, as are rape, abuse and exploitation by soldiers and other armed men. Women and girls who were abducted by the guerrilla group, the Lord's Resistance Army, are often ostracized by their communities upon their return, and appear to be particularly vulnerable to sexual harassment and exploitation.²⁴ Men and women who live in the camps also reported that the need for money and protection will lead women to engage in exploitative sex, but that they hope this situation will improve when they are able to return home.

Young girls are especially at risk. More than one-third of girls in northern Uganda are estimated to have their first sexual experience as a result of rape.²⁵ Humanitarian workers have also reported an increase in rape as a

way to force young girls into marriage. As one humanitarian worker said: "There is a lot of forced early marriage in the north. You end up getting children bearing children."²⁶

This pattern of widespread abuse makes the case for comprehensive reproductive health services all the more compelling. At four of the five health facilities UNFPA visited, health workers were trained in the clinical care of

“There is a lot of forced early marriage in the north. You end up getting children bearing children.”

Bibiane Nyiramana, GBV Advisor, Christian Children’s Fund Inc.

rape survivors and had all the required supplies, with the notable exception of post-exposure prophylaxis, drugs which can reduce the risk of HIV infection. The fifth facility had no one trained to treat rape sur-

vivors and no supplies. In terms of data collection, UNFPA found that the health facilities they visited had systems in place to monitor rape but not other forms of gender-based violence.

Most of the displaced men and women interviewed by the Women's Commission said that women and girls should report rape and should get treatment, but they only saw medical care in the context of HIV prevention. They did not mention that it would also provide a chance to obtain emergency contraception to prevent pregnancy since, as noted earlier, most of those interviewed were not aware of emergency contraception. It must be noted that some interviewees did not understand why medical care was important at all for a rape survivor.

Services for Youth

More than one-third of the population in Uganda is 10 to 24 years old.²⁷ The turbulent and violent environment in which displaced youth live argues for focused attention to their sexual and reproductive health needs. In general, these have been terribly neglected. "Reproductive health services for young people are a big, big gap," reported the country representative of a large NGO.²⁸

This gap represents a real crisis in a region where, as reported above, young girls are at risk of rape and abuse, forced early marriage, early pregnancies and, in some cases, unsafe abortions. Young people in the north face high reproductive health risks, including becoming sexually active at an early age, with the average age between 15 and 16 years.²⁹ Both boys and girls reportedly have multiple partners and there is low acceptance of condoms and contraceptives.³⁰ HIV/AIDS prevalence is also higher in the north than in the south.³¹ Young school girls interviewed by the Women's Commission reported that soldiers will approach them for sex and will attack them if they refuse. Adults interviewed reported that young girls will provide sex in exchange for food and protection.

In focus groups, school boys and girls both indicated that they receive some reproductive health education in school—although all reported there were more boys in school than girls. Boys reported that they could also get some information from community health workers in the camps but otherwise they would have to go to a hospital in a nearby town because the local clinic lacked supplies.

In general, health facilities serving the displaced in the areas UNFPA visited do not provide targeted services for youth and typically their health workers do not have the training required to deal effectively with youth on reproductive health issues. In addition, some religious organizations that run several health units in the area are reluctant to offer family planning support and services to young people.

During its visit to the north, the Women's Commission and UNFPA heard of only two youth-friendly clinics, one run by a local NGO and one by an international NGO. The Women's Commission was able to spend time at the youth center in Gulu run by a Ugandan organization called Straight Talk Foundation. The Gulu Youth Center was established with financial support from the U.S. Agency for International Development. Its male and female peer education counselors conduct outreach to five IDP camps in the area. They open youth clubs and train peer educators on sexual and reproductive health issues. The multi-purpose Center offers recreation, entertainment, health education and free sexual and reproductive health services. The Center also works with the police



Gulu Youth Center Entertainment.

on legal issues involving rape survivors, which can be a challenge because in some cases the parents of the survivor and the perpetrator negotiate a settlement.

The Gulu Youth Center operates in a difficult environment and faces challenges that include motivating and retaining their young staff, dealing with conflicting messages and approaches to HIV prevention and managing the negative influences of poverty, insecurity and lack of parental guidance on sexual exploitation and abuse. Nevertheless, the Center represents a good model for providing important health education and services in a youth-friendly environment. And because the Center offers a variety of activities, including a library for reading or quiet study and sports activities, young people can visit the Center and receive additional health services without creating speculation as to their

health status. There should be many more of these centers to help fill the yawning gap in reproductive health care for youth.

CONCLUSION

The conflict in northern Uganda has been labeled one of the world's most forgotten humanitarian crises. This report describes the impact that years of insecurity and neglect have had on the provision of reproductive health care. The lack of health care facilities, trained health workers, comprehensive services and adequate supplies has put already vulnerable people at even greater risk of sexually transmitted infections, increased mortality of infants and mothers, unwanted pregnancies and unsafe abortions.

The government of Uganda and the international community must take immediate steps to address the reproductive health care needs of the conflict-affected north. This will require additional funding for facilities, health care workers, services and supplies. There will need to be more awareness and education campaigns in communities, stronger networks of well-trained community-based health workers, a comprehensive strategy for preventing and responding to sexual exploitation and abuse and greater attention to the needs of youth.

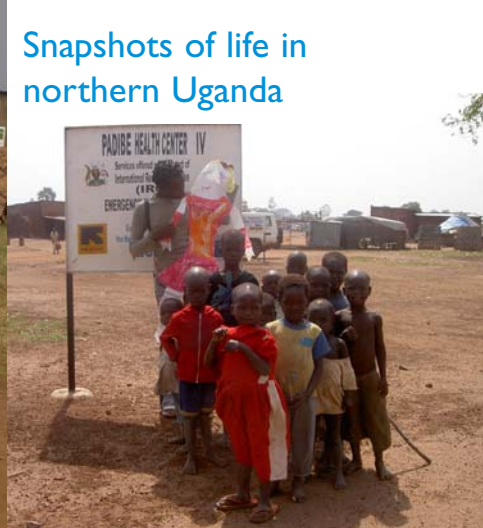
Meeting the reproductive health needs of displaced persons in northern Uganda is an essential step to restoring individual health, family health, community well-being and, in the end, national peace and reconciliation.

A more comprehensive report on this assessment, *We Want Birth Control: Reproductive Health Findings in Northern Uganda*, can be found at http://www.womenscommission.org/pdf/ug_rha.pdf

Notes

- ¹ Refugees have crossed an international border. Internally displaced persons are displaced within their own country.
- ² Inter-agency Working Group on Reproductive Health in Crisis Settings. *Inter-Agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons*. 2004. <http://www.rhrc.org/resources/iawg/documents/Summary-Nov04.pdf>.
- ³ Human Rights Watch. *Human Rights Overview: Uganda*. <http://hrw.org/english/docs/2006/01/18/uganda12284.htm>
- ⁴ Ibid.
- ⁵ Agencia de Noticias de África (AFROL). *Gender Profiles: Uganda*. Retrieved on January 26, 2007. http://www.afrol.com/Categories/Women/profiles/uganda_women.htm
- ⁶ Uganda Bureau of Statistics (UBOS) and ORC Macro. *Uganda Demographic and Health Survey 2006*. Preliminary Report. Entebbe, Uganda and Calverton, Maryland, USA: Uganda Bureau of Statistics and ORC Macro. p. 8. November 2006.
- ⁷ Benyat, F. "Challenges in the implementation of reproductive health: experiences within a sector-wide approach in Uganda," in WHO, *A Framework to assist countries in the development of national and district health plans and programmes in reproductive health*. WHO: Department of Reproductive Health and Research. 2002. http://www.who.int/reproductive-health/publications/RHR_02_2/RHR_02_2_ax9.en.html
- ⁸ Singh, S., et al. *Unintended Pregnancy and Induced Abortion in Uganda: Causes and Consequences*. New York: Guttmacher Institute. p. 5. 2006. <http://www.alanguttmacher.org/pubs/2006/11/27/UgandaUPIA.pdf>
- ⁹ Women's Commission for Refugee Women and Children Reproductive Health Program Director meeting with UNFPA RH Focal Point. February 8, 2006.
- ¹⁰ Benyat, F. "Challenges in the implementation of reproductive health: experiences within a sector-wide approach in Uganda," in WHO, *A Framework to assist countries in the development of national and district health plans and programmes in reproductive health*. 2002.
- ¹¹ Maseruka, J. "Uganda: Gulu tops abortion list," in *New Vision*. December 15, 2006. <http://allafrica.com/stories/200612151053.html>
- ¹² Ministry of Health, Republic of Uganda. *Mapping and Assessment of Health Services Availability of Northern Uganda*. April-May, 2006; Women's Commission RH Program Director meeting with AMREF Project Officer, Kitgum District. February 16, 2006.
- ¹³ Jacqueline Amono, interviewee.
- ¹⁴ Dr. Keith Mugarurua, Canadian Physicians for Aid and Relief.
- ¹⁵ UNFPA, Uganda. *Consolidated Appeals Process 2007*. <http://www.unfpa.org/emergencies/appeals/uganda07.doc>; Uganda Bureau of Statistics. *Uganda Demographic and Health Survey 2006*. Preliminary Report, p. 24.
- ¹⁶ Ministry of Health, Republic of Uganda. *Mapping and Assessment of Health Services Availability of Northern Uganda*. April-May 2006.
- ¹⁷ Focus group participant, Mucwini camp.
- ¹⁸ Uganda Bureau of Statistics (UBOS) and ORC Macro. *Uganda Demographic and Health Survey 2006*. Preliminary Report. p. 9.
- ¹⁹ Singh, S. et al. *Unintended Pregnancy and Induced Abortion in Uganda*. p. 10.
- ²⁰ UNFPA. *Rapid assessment of sexual and reproductive health in Northern Uganda, A study carried out in the districts of Lira, Apac, Amolatar, Pader, Kitgum, Gulu and Amuru*. Written by Mulumba, D. and Nkoyooyo, A. October 16, 2006. p. viii.
- ²¹ Female focus group participants, Mucwini camp.
- ²² Dr. Olive, World Health Organization, Kampala.
- ²³ Feinstein GBV prevalence rates for the districts visited are currently not available. A recent study by Feinstein International Center found that domestic violence is the form of violence against women which is reported the most frequently; according to the report, women are generally discouraged from reporting GBV. See International Center, *Movements on the margins: livelihoods and security in Kitgum district, Northern Uganda*. Feinstein International Center, written by Stites, E., Mazurana D., Carlson, K. November 2006. p. 50.
- ²⁴ Feinstein International Center. *Movements on the margins: livelihoods and security in Kitgum district, Northern Uganda*. 2006. p. 43.
- ²⁵ Straight Talk Foundation. PowerPoint presentation. Service Delivery: A National Field Experience Youth Friendly Services in Emergency Settings.
- ²⁶ Bibiane Nyiramana, GBV Advisor, Christian Children's Fund Inc.
- ²⁷ Uganda Bureau of Statistics. *Uganda Housing and Population Census of 2002*. <http://www.ubos.org/2002%20CensusPopnSizeGrowthAnalyticalReport.pdf>
- ²⁸ Dr. Abeja Apunya, Country Representative, Pathfinder International.
- ²⁹ Straight Talk Foundation. PowerPoint presentation. Service Delivery: A National Field Experience Youth Friendly Services in Emergency Settings.
- ³⁰ Ibid.
- ³¹ Uganda Bureau of Statistics (UBOS) and ORC Macro. *Uganda Demographic and Health Survey 2006*. Preliminary Report.

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