
# RESEARCH STUDY

The SRHR needs and challenges of young women affected by displacement and their active participation in decision making processes in Uganda.

A case study of Arua District, Terego District and Imvepi Refugee Settlement

NILE GIRLS FORUM
HOPE RENEWED

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In Partnership with:

This research study aims to shed light on the SRH needs, challenges, and participation of young displaced women in Uganda. By amplifying their voices and experiences, the study seeks to inform evidence-based interventions and policies that promote their sexual and reproductive health rights and empower them as active agents in decision-making processes.

# Acknowledgement

We are deeply grateful for the diligent efforts and invaluable insights provided by the team behind this research study. Your dedication and expertise have significantly advanced our understanding of "The SRHR needs and challenges of young women affected by displacement and their active participation in decision making processes in Uganda" which is crucial to our mission of creating solutions and platforms that groom vulnerable girls to realize their life potential and contribute to sustainable peace and development.

This research not only enhances our ability to make informed decisions but also strengthens our commitment to serving our community effectively. On behalf of the Nile Girls Forum, I extend my heartfelt appreciation to HIVOS for funding this research through the SRHR Alliance Uganda. The partners SRHR Alliance Uganda, Positive Vibes and Restless Development for the technical guidance throughout the research and for your unwavering support of our shared vision. A special appreciation to the entire staff at the Nile Girls Forum for your commitment, hard work and taking the driving seat in this research study.

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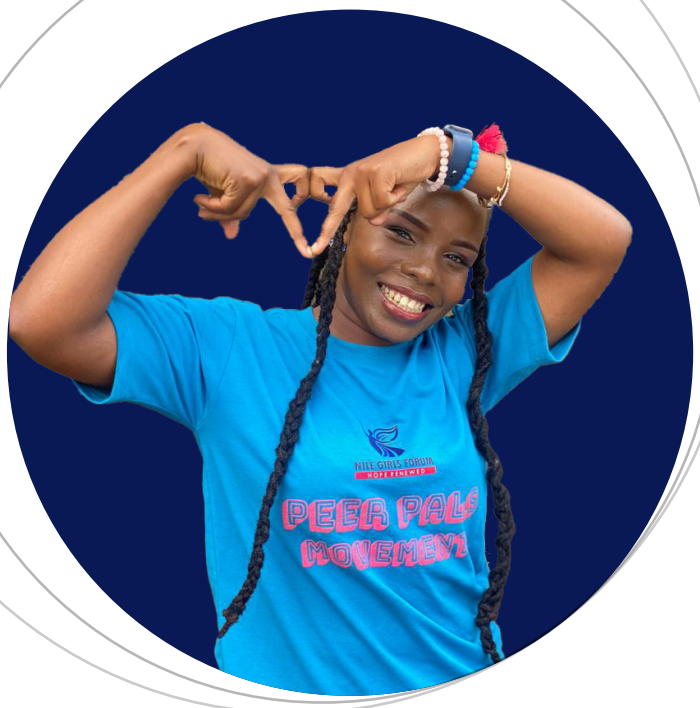
**Peace Monica Pimer**
**Founder & Executive Director**
**Nile Girls Forum**

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# Executive Summary.

This qualitative research seeks to provide an oversight of the Sexual and Reproductive Health and Rights needs of adolescent girls and young women affected by displacement and their active participation in decision making processes. This entails those living in host communities in Terego District, urban centers (Arua city), and in Imvepi Refugee Settlement in Terego District.
The purpose of this research is to explore the Sexual and Reproductive Health and Right's needs, challenges and enablers to accessing the available services and information for adolescent girls and young women affected by displacements in their communities.

The most significant challenge found in the study was the lack of information that starts with some of the leaders not being able to disseminate the appropriate information about the existing SRHR services and knowledge in their communities which remains a big hindrance to their access and consumption.

The study examines the need to make SRHR services and information accessible for all despite their status. It also explores the sources that the AGYW affected by displacement trust to get information about SRHR services. It explores how economic factors hinder or enable access to the services and information. The cultural or traditional beliefs that hinder the access and consumption of SRHR services and what roles parents, guardians and members of the community play in regards to accessing SRHR services and information, is also examined.

Importantly, this paper goes on to highlight the extent to which adolescent girls and young women affected by displacement participate in decision making processes related to their Sexual Reproductive Health and Rights and at what levels they participate including regional, national and subnational. It is vital that AGYW participate in decision making processes that relate to their SRHR because their voices need to be amplified so that it is not only leaders making decisions on their behalf because some of them are discriminatory. It also looks at the steps taken to ensure AGYW get engaged in decision making processes that relate to their SRHR and what leaders have been instrumental in pushing for voices of AGYW to be amplified at all levels.

# Summary of findings

This study found that SRHR understanding and access in host communities, with urban refugees and with those in refugee settlements is not adequate. Participants reported a few areas they were knowledgeable in; notably these were family planning but not having adequate understanding of other methods of family planning, menstrual health, and use of condoms.

The patterns of contraceptive use, misuse, and nonuse are troubling because a common result is unintended pregnancy. These patterns are also quite puzzling; with so many different contraceptive devices in existence, some widely available, even in drugstores, inadequate use of contraception may be traceable in part to insufficient knowledge about methods of birth control and related issues of human reproduction, as well as to difficulty in mastering the skills that many reversible methods of contraception.

In understanding Sexual and reproductive health and rights, it was evident that the participants were able to mention topics related to SRHR and sources of information where they were able to learn about SRHR. Examples of SRHR topics shared by participants were peer education, menstrual health, and the right to health. The easiest way of getting information on SRHR according to participants is through health centers, local FM Radios, some community health interventions by a few NGOs, and through village health teams in communities.

However, a lot of barriers in understanding and accessing SRHR were registered and many of the respondents acknowledged having encountered challenges in accessing SRHR. Key issues that featured prominently were related to transportation, language, availability of facilities, and discrimination.

Services for young women affected by displacement is lacking in the refugee settlements and where some are able to access these services in urban centers, discrimination has been identified among those seeking such services.

Participants shared that they had to travel long distances to the nearest health facilities in the refugee settlements, and even those among the host community members encountered similar challenges.

Language barriers were experienced among the refugees some of whom when accessing health facilities failed to express themselves in English and very few people were able to understand their languages. Despite this there are only a few interpreters in the health centers, and no sign language interpreters for the deaf and yet they are part of these communities too.

A common utterance which came from some health workers in the hospital include: "We don't give free services to refugees here". It's worth noting that early marriage and teenage pregnancy prevalence is reportedly high in the refugee settlements and host communities around the settlements, while among the right holders in urban centers a few cases were reported.

Therefore, amidst all these findings both positive and negative on SRHR and available health related interventions in the refugee settlements, host communities and in urban centers, the participants gave inputs on the following areas on effectiveness of SRHR needs through which some gaps could explicitly be covered;

Having direct access to medicines and health facilities with regular tests.

Increased confidence and social standing in their communities.

Provision of sanitary pads in schools to cater for young girls and women health.

Family planning services and sensitization programs

More education on SRHR services in the communities.

Encouraging young girls and boys to embrace education.

The specific SRHR needs commonly mentioned by the participants were family planning and contraceptive services, safe maternal healthcare, sexual and gender-based violence though with some interventions by some NGO's has been seen in the communities still with little impact since until then more GBV cases are still persisting.

In the vast majority of cases, GBV survivors do not report their case to the police instead, depending on the form of GBV they are subject to, survivors tend to go through personal, informal and community-based channels to share information of their GBV experience with the understanding amongst host and non-host urban poor communities that GBV is a private matter, while others prefer to deal with perpetrators out of formal structures, by claiming direct compensation from the perpetrator's family and more so the systemic weaknesses of processing GBV cases through Uganda service providers in the police, health and judiciary.

These key findings were from the right holders in the settlements, urban centers and host communities citing inadequate family planning services, adolescent sexual reproductive health (SRH), integrating STI/HIV/AIDS sexual health services, menopause and andropause. Refugees in urban centers reported having the opportunity to

access some of the services mentioned in the hospitals and health centers in the towns; however, the following were cited as being major challenges in accessing SRHR services: fear of being ashamed and embarrassed/feeling shy especially the young girls when they start seeing their periods or one gets pregnant; Stigma where some of the people get reminded by friends i.e. some remind you that "You are a refugee"

On the other hand there are factors mentioned by participants that according to them can help improve access and utilization of SRHR services these include;

1. community sensitization and training on SRHR, access to HIV testing and family planning linked for both males and females to enable improved relationships with their partners.

2. Ssensitization campaigns on early marriage and teenage pregnancy; it was also noted from the responses obtained where participants noted factors that influence access and utilization of SRHR services in refugee settlements, host communities and among urban refugees.

These changes included being able to discuss sexual health, to ensure that both partners are tested, and having more cooperative and equal relationships. Another driver of access and utilization of SRHR services, cited in both the male and female focus group discussions, was being seen as a role model and having increased respect in the community. Being seen as a role model also led some to give greater consideration to what kind of partner they wanted to be associated with.

There were some differences reported in regard to decision making processes and participation between refugee and host communities. In the host communities during the FGD sessions many respondents reported having participated in decision making in the communities mostly at family/household levels with a few having participated in the larger community mostly in the church, village meetings and other social gatherings which has created positive change and transformation in the community. However, in the


As example, one respondent was quoted saying "It's only those who have some money at hand who are mostly invited/ whose opinions are sought by our leaders to participate in key decision making; secondly where there are meetings called and there is facilitation or transport refund, our leaders call few people to participate in such meetings." There are also barriers and facilitators to participation with the respondents confirming the following barriers; shyness, feeling intimidated, low self-esteem/stigmatized as refugees to participate in decision making here people identify us and don't even call us by names but they chose to call us as a refugee without respect this has many times disorganized us so much." But through support from religious leaders who often preach unity among the people regardless of status, some of us have been able to take leadership roles in the communities"

# Methodology

The research adopted a qualitative approach to explore participants' experiences, perceptions and challenges regarding SRH needs and decision making. Data collection was done using semi structured Focus Group Discussions (FDGs) and online survey through Kobo Collect tool for Key Informant Interviews (KIIs) and the FGD's were conducted among the rights holders affected by displacement (urban refugees, refugees in settlements, host communities, community leaders at the settlement and host communities, and parents at an Africa Displacement Learning workshop which was held in Kampala to gather contextual data.)

The team collected primary data from key informant interviews (KII) and focus group discussions (FGD). The KII and FGD questionnaires can be found in Annexes 2 and 3, respectively. Both questionnaires were developed as semi-structured guides to the KIIs and FGDs, allowing the team members to adapt them as appropriate depending on how open and comfortable their interlocutors were in discussing the questions. Focus groups aimed to include 7 to 10 participants, but the final count was sometimes more, sometimes less. The teams that led each FGDs consisting of one facilitator and one note taker.

All team members were trained in using the FGD and KII tools ensuring that they understood and applied key principles and concepts in primary data collection on SRHR related issues. In particular, the latter were concerned discussing the sensitive issue of SRH, including how to define it and the rights to FGD participant anonymity and the principle of consent was used at all times.

The methodology used FGDs to triangulate findings from the interviews and same open-ended questions were used to collect data form the participants. The data generated by enlarging the sample size in this way made it possible to see where the same issues emerged during the interviews. FGDs were organized in order to allow freer discussion of issues around SRHR among the displaced young women needs, barriers and facilitators influencing access and utilization and understanding levels and determinants of active participation in decision making processes. In Terego, the FGD were held in Imvepi refugee settlements and in host communities was held in Aii-vu and Katrini Sub-Counties at the same time in Arua city the FGD's were held among the Right holders in urban centers with random selections to obtain different responses to achieve the intended goals.

The focus groups generated data which largely corroborated the findings from interviews with individuals, but further emphasized particular issues. The subsequent sections explored the key outcomes and drivers identified by FGD participants, and draw some comparisons between this data and that generated by the individual interviews.

Questionnaires. The authorities filled online kobo collect tools with questions leading to the research while the right holders were taken through Focus Group Discussions with qualitative approach to explore participants' experiences, perception and challenges regarding SRHR needs and decision making. A simple readable easy to interprete English was used and, in some instances, there were local language interpreters who would simplify some of the questions to the participants during the focus group discussions which allowed for in-depth data collection free flow of communication and exchange of ideas and range of opinions raised by the participants; while the online survey helped us in getting feedback from authorities at very flexible and cost-effective manner.

Questionnaire and Domains
The questionnaire for this study explored five sections of SRHR based on the key thematic areas of impact targeted and these sections are:

- Understanding and Access to SRHR Services
- SRHR needs and challenges
- Factors influencing access and utilization of SRHR services
- Participation in decision making processes in the communities (Right holders in the host Community, Right holders in the settlements, Right holders in the Urban centers)
- Barriers and facilitators to participation

The questionnaire was semi-structured and the bulk of the questions in each domain were open- ended. The researchers were trained to probe respondents with follow up questions to establish what they perceived to be the reasons for the changes mentioned.
At the end of each domain, one or two closed questions captured a participant overall perception regarding SRHR interventions in that area of their life. This allowed participants to provide their own summary judgment, given that the narratives elicited by the open and probing questions typically included a mixture of positive and negative elements.

## Data Collection

In all, there were Key Informant Interviews (KIIs) administered through online Kobo tool collect where 10 individual questionnaires administered and 7 responses were received successfully while; Sixty (60) participants were reached through focus group discussions (FGDs) with Right holders in the settlements of Imvepi, Host Communities in Katrini and Aii-vu Sub counties in Terego District, Right holders in Urban centers in Arua City and all were conducted by Six local researchers successfully over a period of two weeks. Each FGD interview lasted between one-and-a-half to two hours each. The individual interviews were arranged by appointment and were held one-on-one at a location of the respondents.

## Sampling

Sampling was conducted by deliberately selecting participants from displaced communities of Imvepi refuges settlement and host communities in Katrini and Aii-vu Sub Counties, Terego District and Arua City in Uganda, ensuring diversity in age, geographical location, and displacement experiences. Interviews with right holders affected by displacement were carried out in person and some few follow ups were made via phone calls to some specific participants on well-arranged appointments.

The study was conducted in two districts where most of the internally displaced persons (IDP) and refugees are being hosted, and this happens to be the most affected persons with SRHR challenges.

The evaluation was conducted in Arua and Terego Districts because this is where most of the displaced persons are hosted and living. Arua has been found to be hosting so many urban refugees with population of over 7,015 urban refugees out of population of 67,810 of those who stated their nationality according to Arua City Central Migrants and Host Communities census. https://www.citiesalliance.org/resources/programme-outputs/report/arua-city-central-division-census-migrants-and-host-communities. Some families and relatives are living in the refugee settlements while others have moved their entire families to urban centers while Terego District hosts significant number of refugees in the settlements under Odupi, Omugo and Uriama Sub Counties in the settlements of Imvepi, Omugo and Rhino Camp.

In summary, participants of the SRHR report review were drawn from the two purposefully sampled districts of Terego Districts and Arua City with 60 participants interviewed in each focus group discussion where each focus group having 7 to 10 participants during the interviews and 10 representatives of the authorities in the two locations tabulated regardless of gender but with main focus on the displaced young women, right holders, parents, urban refugees and the authorities in Terego District and Arua City mostly in department of health and community services.

Table 1: Purposive Sample Frame for participants

| District | Right Holders in the Settlement | Right Holders in Urban Centers | Right Holders in Host Communities | Parents of Right Holders | Authorities | Total FGDs |
|---|---|---|---|---|---|---|
| Terego District | 16 | | 17 | 15 | | 48 |
| Arua City | | 12 | | | | 12 |
| | | | | | | 60 |

From the sample selected and summarized in Table 1; focus group discussions were held with 16 right holders' participants and 8 parents of right holders in the settlement while 17 right holders in the host communities with 7 groups of parents the same case with urban refugees that had 12 focus groups discussion. Additionally, the questionnaires to the authorities were sent online and their responses obtained online which has been merged in this report.

The focus group discussions were held separately at different locations. In Imvepi refugee settlement they were held in Zone 1 villages 1, 2, 4, 10, 11 and 12, Zone 2 villages 10, 15, 16; while the host community FGDs were held in the Sub counties of Katrini and Aii-vu. For right holders in urban centers, the FGD was held in Arua City and at Youth Centre Ediofe.

Table 2: Focus Group Discussion Codes

| District | Responses worth taking Note for comments that stood out in the FGDs |
|---|---|
| Terego District | TFGD |
| Arua City | TFGD |

# Data analysis

The data obtained was analyzed with a focus to obtain the following expected outcomes: to give insights into the unique SRH needs and challenges faced by young displaced women in Uganda, identify barriers and facilitators influencing the access to and utilization of SRH services among displaced young women and understand the levels and determinants of active participation of displaced young women in SRH decision-making processes. Thematically coded with narrative data for causal claims, responses to open ended questions were analyzed.

### Data Analysis:

Thematic analysis was employed which identified patterns, themes, and variations in the data, allowing for a comprehensive understanding of the SRH needs and participation of young displaced women. A 1 to 10 ranking scale was used where the participants were ranked on numbers between 1 and 10 to indicate their sentiments with 1 being the lowest rank with participants strongly disagreeing or being dissatisfied or negative opinion and 10 the highest being completely agreeing or being satisfied with sentiments towards SRHR, there were follow up questions that helped to avoid double barreled questions.

# Main Findings

This section explores respondent narratives through the lens of SRHR: what respondents highlight in each domain? What activities or influences did they consider drove the expected outcomes? Did they attribute these to any particular projects or impacts? In particular, how did Unique SRHR needs and challenges, barriers and facilitators influencing access/ utilization and understanding levels/determinants appear in respondent narratives?

In this report, key findings based on the focus group discussions and responses obtained from the authorities are combined to generate findings for the study. In each section, the following dimensions are considered in the interpretation and analysis of the findings:

- Insights into the unique SRH needs and challenges faced by adolescent girls and young women affected by displacement in Uganda.
- Identification of barriers and facilitators influencing the access to and utilization of SRH services among adolescent girls and young women affected by displacement.
- Understanding of the levels and determinants of active participation of displaced young women in SRH decision-making processes.
- Recommendations for interventions and policies aimed at addressing SRH disparities and enhancing the participation of adolescent girls and young women affected by displacement in decision-making.

Finally, findings which were considered 'of interest' in either the individual interviews or FGDs, but which are not directly related to the project's rationale, are considered.
There is an increased risk of sexual and reproductive health and rights (SRHR) vulnerabilities and gender-based violence (GBV) for young women and girls, who additionally tend to have worse health outcomes compared to host-country populations. Their vulnerabilities often include unsafe abortion, high maternal mortality, early and forced marriage, early and unintended childbearing, trafficking, intimate partner violence (IPV), and sexual exploitation, among others.

## Understanding and Access to Sexual Reproductive Health Right (SRHR)

The results below were obtained during the focus groups conducted in finding responses from participants which was ranked according to the number of responses towards understanding and access to sexual reproductive health rights. The uniqueness of SRHR needs and challenges faced by young displaced women in Uganda both in FGDs conducted among the right holders and their parents in urban centers, in the settlement and in the host communities as well though response by parents was fair.

Limited Access and understanding of SRHR by young women with disabilities and those affected by displacement was frequently mentioned during the FGD's compared to individual responses with authorities. SRHR needs not being met was also frequently mentioned during the FGD's this was largely because many lacked knowledge of SRHR services and how to access these services a clear sign that there is a lack of information and sensitization in the communities that would enable right holders, parents and host communities to easily access services without discrimination.

Table 3: Response rate in Understanding & Access to SRHR

| Domain / Questionnaire | Right Holders in the Settlement | Right Holders in Urban Centers | Right Holders in Host Communities | Parents of Right Holders | Authorities |
|---|---|---|---|---|---|
| Understanding of SRHR | 2 | 3 | 3 | 3 | 5 |
| Main Sources of SRHR | 2 | 4 | 4 | 4 | 6 |
| Access of SRHR by Young Women with Disability | 2 | 2 | 3 | 2 | 5 |
| Access of SRHR by Young Women affected by Displacement | 2 | 3 | 5 | 4 | 6 |
| SRHR needs being met or not | 3 | 3 | 4 | 3 | 6 |

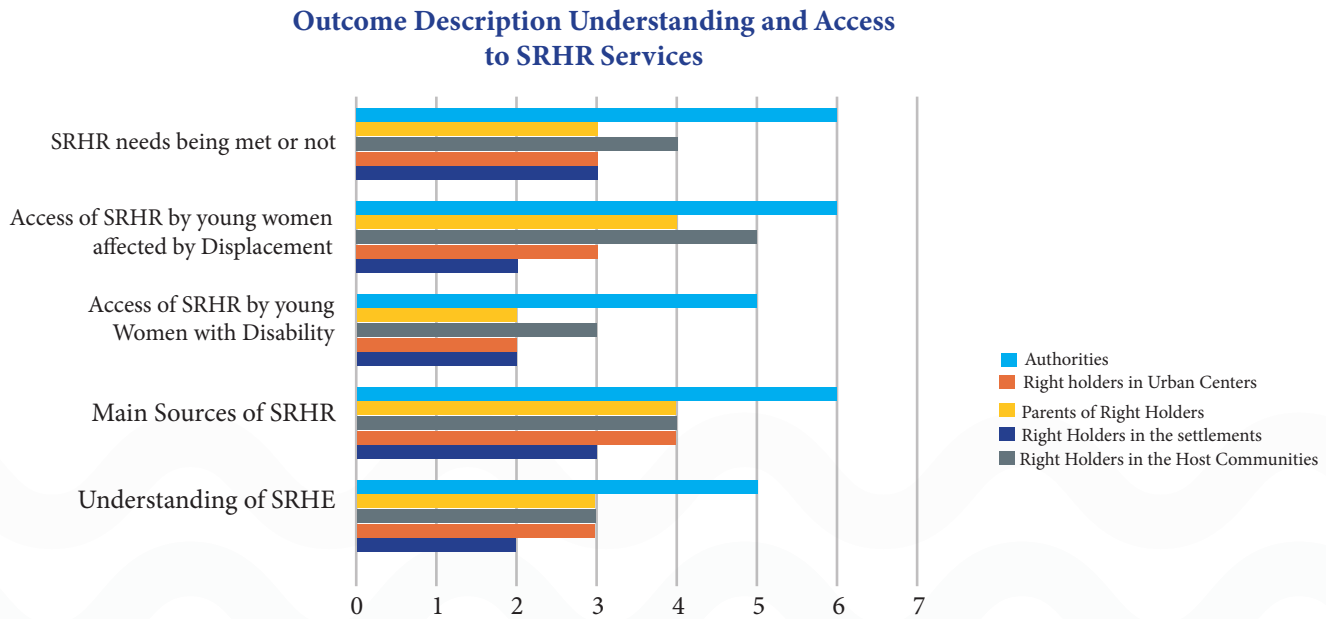


Figure 1: Changes in SRHR understanding in FGDs by respondents

The below quotes are from the young women's FGD in Terego and Arua City. It illustrates how lack of knowledge and information has affected them in the pursuit to access SRHR services in the communities and the settlements:


*TFGD -1: 'What's challenging is that people have not understood SRHR well, we only know of family planning and not producing many children whom you cannot afford. In case of any kind of problem like famine, that's when our people can know that having many children is risky and cannot afford to take care of them. Our people here don't understand all about SRHR, some of us go a long distance to get healthcare services and get little knowledge on Sexual Reproductive health. Some women in my community have gained trust in me. "They come and explain to me their problems and whatever concerns their lives as a family and they ask, "what kind of family planning method can we use?" So, I give them some advice. "*

*TFGD -2: Personally, SRHR needs are very high in my village, "a lot of challenges are being faced by young women including early marriage teenage pregnancy, and abortion cases which are prevalent since some men want to run away from responsibilities forcing the young girls to resort to abortion. In addition, some of our cultural practices are not good at all, since we came as refugees some of our elders encourage young girls and boys to produce children to replace those who died during the war in South Sudan; If we got adequate knowledge on SRHR in the settlements and communities around I am sure a lot of these mentalities will change with sensitization of the communities. I didn't think I could stand before the community before.'*

### 3.1.1 Individual Responses from Authorities

The responses obtained from the authorities had a common theme that showed messages on SRHR have been disseminated in schools with some incorporated in the syllabus. There are Information Education and Communication (IEC) materials printed with messages on SRH in the health centers, and health workers have undergone trainings on SRH and are capable of handling any cases relating to reproductive health in the communities. The person in charge of a Health Centre IV, for example, noted "we have family planning and contraceptive services, safe maternal health and motherhood education programs at the health center every Wednesday and Thursday just to pass information on SRHR as well as programs on Obstetric fistula, Adolescent sexual reproductive health education, and HIV counseling and testing, and many other information that people are free to access at any time which is a source of information to anybody regardless of tribe and nationality."

"We have a non-segregated service delivery approach to whoever lives in the district and the district budget caters for all those within the district and service delivery is planned to cater for the non-nationals as a result the disabled persons are catered for in accessing SRHR services in the health centers and those who cannot make it to health centers, the VHT's have handy data on such persons and they are helped accordingly."

It was also noted by one of the Arua City officials "we planned resources that catered for the needs of displaced young women in the city, being aware of the fact that Arua city is one of those cities hosting urban refugees we have always made sure the needs of urban refugees are catered for and they are free to access any services like any other Ugandan would and we don't sideline any one in accessing SRHR."

## 3.2 Sexual Reproductive Health Rights (SRHR) needs and challenges

There were four major areas that the study sought to engage regarding SRHR needs and challenges. Among the key issues was to find out what specific SRHR needs there were and what (if any) information was lacking. In addition, challenges faced while trying to access services and information and personal experiences more so how these challenges affect their ability to get the required services needed and how to overcome them.

Figure 2 shows the perception of the respondents during the FGD's conducted and what their thoughts are towards identification of barriers and facilitators influencing access to SRHR for young women affected by displacement.

Table 4: Response rate towards SRHR needs and Challenges

| Domain / Questionnaire | Right Holders in the Settlement | Right Holders in the Urban Centers | Right Holders in Host Communities | Parents of Right Holders | Authorities |
|---|---|---|---|---|---|
| Specific SRHR services available for Young Women affected by Displacement | 2 | 3 | 4 | 4 | 4 |
| Facing challenges in accessing SRHR services and Information | 9 | 6 | 5 | 4 | 6 |
| The challenges affect our ability to get SRHR services needed | 8 | 6 | 7 | 6 | 5 |
| Possibility in overcoming the challenges of SRHR | 6 | 7 | 5 | 4 | 10 |

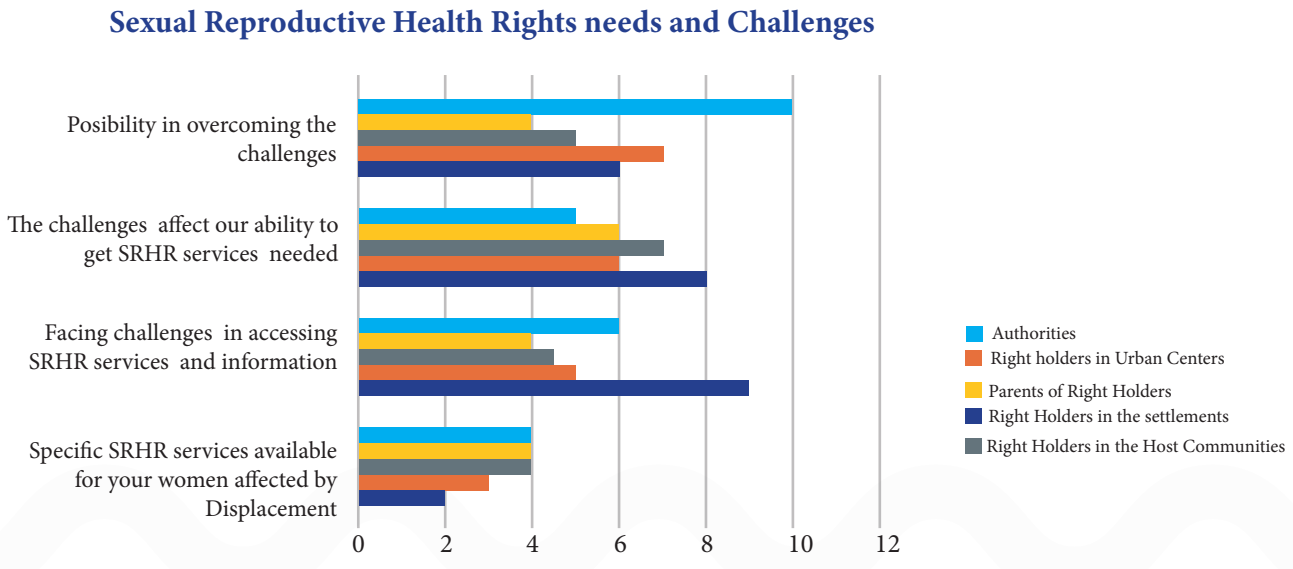


Figure 2: SRHR Needs and Challenges faced in the Communities

The FGD yielded results that clearly show that SRHR needs and challenges stood out in the responses obtained there are so many services lacking and the same responses obtained from rightsholders in the settlements, host communities and urban centers who inveterate specific services needed by the community and young women affected by displacement are lacking more so the available services that can easily be accessed are far away sometimes so challenging to get them in a timely manner; some of the challenges commonly mentioned during the FGD were "long distances, poor infrastructure e.g. road network to health facilities in deplorable state, flooding of the roads and slippery road surfaces whenever it rains and to go to the hospital becomes very hard, language barrier i.e. the people often face challenges reaching a hospital/health center and find no translator making it difficult to explain the health conditions. One issue noted across the FGD's conducted among the right holders in urban centers was segregation in the health facilities and stigmatization where as refugees some were told to "We don't offer free service for refugees, if you want free service go to the refugee settlements".

However, suggestions were given on how these challenges could be overcome with the following specific actions that can be of help to the communities; ensuring adequate and timely ambulance services, offering SRHR services at the lowest health units without segregation, improved road networks for easy access to health facilities, community sensitization programs be rolled out at all levels and educative programs on SRHR for young women and men.

### 3.2.1 Individual Responses Authorities

The argument towards having specific SRHR services available for Young Women affected by Displacement was basically lacking according to the responses obtained, "we don't have specific services that stand alone for the displaced young women, we plan service delivery to all nationals and non-nationals; we encourage people always seek medical attention at the nearest health facility."

On facing challenges in accessing SRHR services and Information Some respondents were quoted saying "there are places that are indeed far and accessing such services takes time we have worked with partners who help offer medical support services but then those are service that normally don't take long since they are project funded and time bound" some other responses confirmed existence of challenges in accessing SRHR services in the community as some are quoted saying

"We are faced with a lot of budgetary constraints at the district and to say all the SRHR services are being accessed by displaced young women, we shall be lying to ourselves therefore these challenges indeed affect people a lot but amidst the limited finances we have ensured service delivery to the people of all walks of life." And there are measures in place to ensure service delivery is accessible to lower levels and constant awareness creation in the communities.

### Causal Claims

The emphasis on SRHR needs and challenges in the FGDs is interesting to explore further because of its pertinence to ensuring success in reproductive health rights for young women affected by displacement with underlying cultural diversity that has come to play in causing a lot of negative impacts to young women and men for instance statements made by some cultural leaders have contributed to negative impacts "Let's get married and produce more to replace our relatives killed in the war" such has led to a lot of young women affected by displacement getting themselves into early marriage, teenage pregnancy and victims of abortion among other related issues.

## 3.3 Factors influencing access and Utilization of SRHR services

This section covered critical areas under review that enabled the following questions to be generated in getting factors influencing access and utilization of these services in the community; the different groups were asked what factors influenced their ability to access and use SRHR and how the parents, guardians or community leaders contributed to the understanding and access of sexual reproductive health rights.

Further details were obtained from cultural and religious perspectives that contributed to these findings. On the other hand, the role played by the community in supporting or hindering access to SRHR services was also investigated to find out if there were some cultural or social factors that impacted the use of SRHR services in the community and the following results were obtained;

Table 5: Response on factors influencing access and utilization of SRHR services

| Domain / Questionnaire | Right Holders in the Settlement | Right Holders in Urban Centers | Right Holders in Host Communities | Parents Of Right Holders | Authorities |
|---|---|---|---|---|---|
| Ability to access impacted by economic factors | 7 | 7 | 5 | 7 | 4 |
| Parents /Guardians, community /cultural leaders' contribution to understanding of SRHR | 7 | 6 | 4 | 5 | 5 |
| Community plays role in supporting /hindering access to SRHR services | 6 | 6 | 5 | 7 | 7 |
| Cultural and social factors that impact the use of SRHR | 8 | 8 | 5 | 6 | 7 |

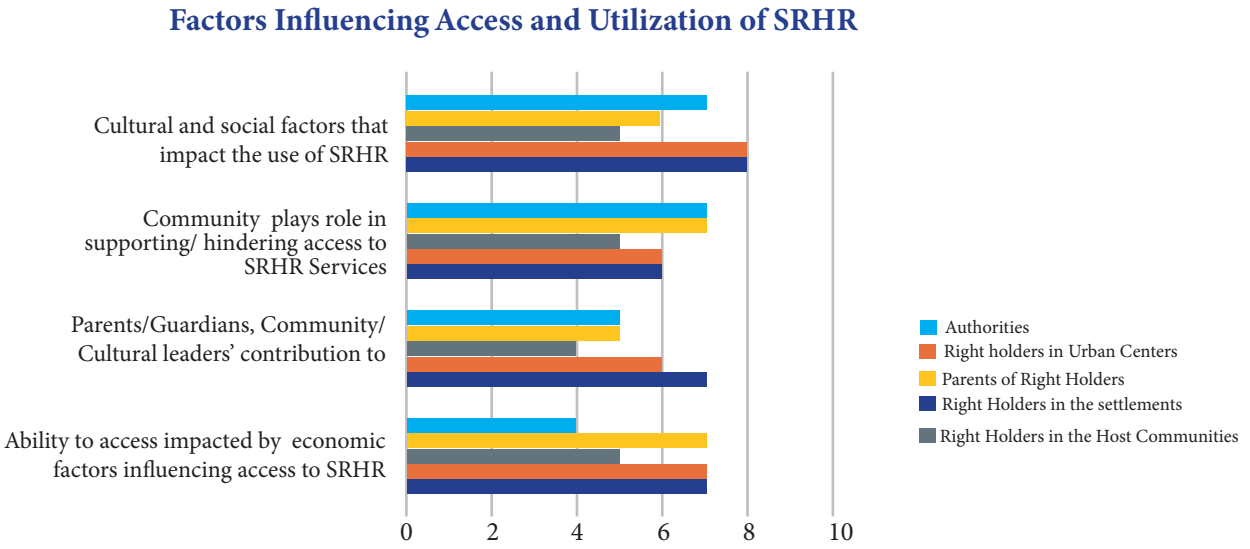


Figure 3: Factors Influencing Access and Utilizations of SRHR

The focus group discussions held the respondents were able to give their views towards factors influencing access and utilization of SRHR and the following information was obtained where; ability to access and use of SRHR services was largely influenced by economic factors, some women confirmed their experience during labor where if you don't have money to buy the necessary kits, the nurses won't attend to you as expected largely confirmed by the right holders, urban refugees and their parents and while the FGD with the host community members seemed to have given similar views as that of the right holders and they shared similar experiences to economic factors being key contributors towards access to SRHR services. While it has been noted from the FGDs held that some cultural and religious beliefs have negatively impacted SRHR services where some religions condemn use of family planning and contraceptives as measure of birth controls and child spacing as they only champion abstinence and early marriages on the other hand results showed some parents/cultural beliefs have negatively impacted SRHR services one respondent was quoted saying "My own parents don't want to hear us talk about family planning, they say those things are bad once we take it we shall never produce again they scare us saying we are meant to produce many children and if we go for family planning we shall become barren" while another was quoted saying "for us we have been stopped from going for family planning services at the health centers even when we fall sick they simply go and get for us some herbs and leaves they make locally for us to take of malaria and other sicknesses" another respondent during FGD says "My grandmother says the family planning things are a curse and she always tells us how she managed to produce many children who are strong was not because of the family planning hence she discourages us all the time"

The FGDs held among the different groups showed the community leadership has had their fair share of the blames in hindering SRHR understanding and service delivery some common quotes from the FGD's has been that "Refugees have money and they cannot be rendered free services" while others basically don't have any programs towards educating people on SRHR in the community, However, on the other hand it was noted in the FGDs that some parents have played a pivotal role in ensuring their children access SRHR services in the nearby health facilities.

### 3.3.1 Individual Responses Authorities

The authorities' perceptions and feedback on Factors influencing access and Utilization of SRHR services was that its true so many negative impact by economic factors have greatly influenced access to SRHR services in the community some people will have to travel some good distances to access health centers and getting medication, but also worth noting from the responses is that "Many people in the communities don't prioritize health instead it's when they fall sick is when they think of going to health centers the worst being noted here is people would prefer spending on herbs than seeking better medications, we have cases of obstetric fistula that have been common here and previously people would rash to traditional herbalists and using their own concoctions when things worsen that's when they will start looking for health centers" It has been mentioned consecutively by respondents, Parents /Guardians, community / cultural leaders' have contributed to understanding and supporting SRHR services with exception of some cultural leaders who have been misleading the people towards usage of herbs instead of accessing health centers. On the other hand, it has been noted mentioned many times on hindering factor of SRHR service i.e. "Some religious leaders discourage young women from the use of family planning services and use of contraceptives as a measure of birth controls and child spacing. They have been encouraging young women to rather abstain from sex."
There are both positive and negative impacts the cultural and social factors play in accessing and use of SRHR services as in the quote by some two respondents "Our people here love going to traditional healers and many traditional healers have their shrines in the urban areas here and they lure people to access their services just a way of making money and yet we have the main Arua regional Referral hospital nearby and Health Centre IV plus many other private health facilities." this has been noted as very unfortunate social influences of accepting traditional healers and witchdoctors in the communities sadly these witchdoctors have their agents who look for clients in the community.

## 3.4 Participation in decision making processes

The participation in decision making processes sought to understand the level and determinants of active participation of displaced young women in SRHR decision making processes as a result the following questions came handy in getting results where the FGD did find out if young women in the community participated in decision making processes related to SRHR, the type of decisions they may have been involved in and at what levels and what impact of their participations it created in the community and if their contributions are valued in decision making processes

Table 6: Responses to ascertain participation in decision making

| Domain / Questionnaire | Right Holders in the Settlement | Right Holders in Urban Centers | Right Holders in Host Communities | Parents Of Right Holders | Authorities |
|---|---|---|---|---|---|
| Participation in decision making processes regarding SRHR in the community | 3 | 3 | 6 | 6 | 8 |
| Type of decisions involved at various levels e.g. household, community, school. | 4 | 5 | 8 | 7 | 7 |
| Participation in these decisions that impacted my community | 5 | 6 | 6 | 5 | 8 |
| Feeling our contributions have been valued in decision making processes. | 3 | 4 | 7 | 6 | 9 |

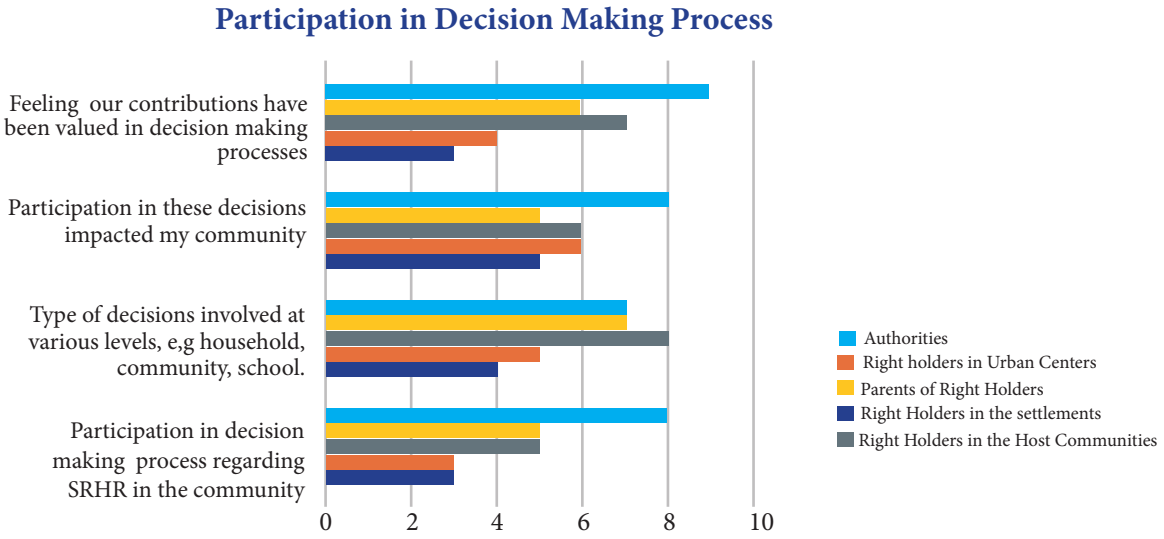


Figure 4: Participation in decision making processes and Impacts in the Community

The separate focus group discussions were held to understand levels and determine whether displaced young women actively participate in SRHR decision making and ascertain the impacts of the decisions in the communities from the FGDs conducted in each of the two districts. FGD participants were drawn from the right holders in settlements urban centers, host communities, parents/guardians of the right holders and the authorities from the two districts. Hence FGD participants responded not been involved and never taking part in key decision making regarding SRHR though some confirmed having taken decisions at other levels like household, in the community and schools whenever the chance comes and the type of decisions taken were mostly regarding their family matters some were quoted saying "I made decision to get another baby when the current child is 3 or 4 years old" another common quote from the FGD was "in our community we have a savings group and we have encouraged each other to use family planning" we have been supporting friends in the community and schools" "As a young girl, I advised my sisters to use family planning."
They have made decisions though at family or in their small circle of friends that have positively impacted the community and we the rightsholders feel the guidance we provide has been valued as some were quoted saying "In the community, the decision of using family planning has reduced the number of giving birth without proper child spacing and financially we are not constrained to take care of the children we produce."
The perceptions from the host community and parents were largely agreeing with being involved in decision making and taking part in decisions at various levels which positively impacted the community and feeling accepted "we have been involved in decision making regarding SRHR and it has helped the young women in the communities at least we see a bit of change but still need more interventions in regard to SRHR in the communities"

It's worth noting that, some contributing factors towards the participation in decision making processes and their impacts in the community towards displaced young women; This was in part due to realizing how further societal factors contributed negatively to SRHR services as illustrated by the quotes below:

AFGD – 3: We had SSUSA at school where we would speak and we would get listened to because we believed we are all the same (refugees). SSUSA is an association of South Sudanese students studying in Uganda. But top positions of leadership like head prefects, head girl are reserved for only Ugandans. When I was in senior three, the students came up with something that they do not want South Sudanese to become a head girl and this was implemented by the administration.

AFGD – 4: SSUSA in my school came up with the idea of contributing to the project of building a dormitory in my school. By giving the administration that money they started considering us South Sudanese like the other students. Our contribution became like a password for us to join other SSUSA students for the celebration of our independence. The headmistress allowed us but with a lot of restrictions because the school had to charge us five hundred thousand to hire the bus to take us to the venue.

TFGD – 5: Sometimes when we get problems for example, I had to help a neighbor whose daughter was raped. I gave her the advice to first report to the LC and then we would go to the health centers for medical checkup. This woman despised my advice by saying that I know nothing since I am a refugee. So that demoralized me. I h ad to go by myself to the LC and the LC asked for some money like five thousand and the lady got the help.

### 3.4.1 Individual Responses Authorities

The participation in decision making has been openly handled at different levels for example we have associations formed and run by displaced persons/right holders registered under the office of community services in the sub counties they run activities which benefit everybody regardless of nationality this has influenced decision making processes regarding SRHR in the community, "I have seen right holders taking leadership roles in the community and passing vital information on sexual reproductive health".

There are more responses that confirmed active participation in leadership and decision making among the displaced populations in the community and schools "The community leadership structures in the settlements are largely taken by the right holders and there are positions such as secretary for women affairs, secretary for the youth, secretary for health among others and these positions 80% is occupied by the young women and men are have influence in making decisions on pertinent issues. Their participations in the community and house hold levels have contributed greatly in the way they are carrying on activities as quoted by some respondents "Inclusion of the displaced persons in decision making and being part of the leadership processes has perfected many of them to live responsible lives before then cases of tribal clashes among right holders, conflicts with host communities has suddenly dropped just because of them being in positions of responsibility."

## 3.5 Barriers and facilitators to participation

The study sought to determine the barriers that may have contributed to displaced young women's limitation to participating in SRHR service delivery and this prompted questionnaire design section that captured what barriers they faced in participating in decision making about SRHR citing some specific incidents they may have felt in decision making and factors facilitating participation in decision making processes with the most supportive persons in the community; solutions that have been implemented in the community to reduce challenges in accessing SRHR services and their effectiveness and additional steps that can be taken to improve access and participation for young women affected by displacement and roles community leaders can play in the additional steps.

Table 7: Responses to determine Barriers and Facilitators to Participation

| Domain / Questionnaire | Right Holders in the Settlement | Right Holders in Urban Centers | Right Holders in Host Communities | Parents Of Right Holders | Authorities |
|---|---|---|---|---|---|
| Barriers faced in participating in decision making about SRHR | 2 | 3 | 5 | 4 | 6 |
| There were supportive factors facilitating participation in the decision-making processes | 7 | 6 | 8 | 7 | 7 |
| Solutions implemented in the community that reduced challenges in | 2 | 5 | 6 | 7 | 8 |
| Additional steps taken that improved access and participation for young women affected by displacement. | 3 | 4 | 6 | 7 | 8 |

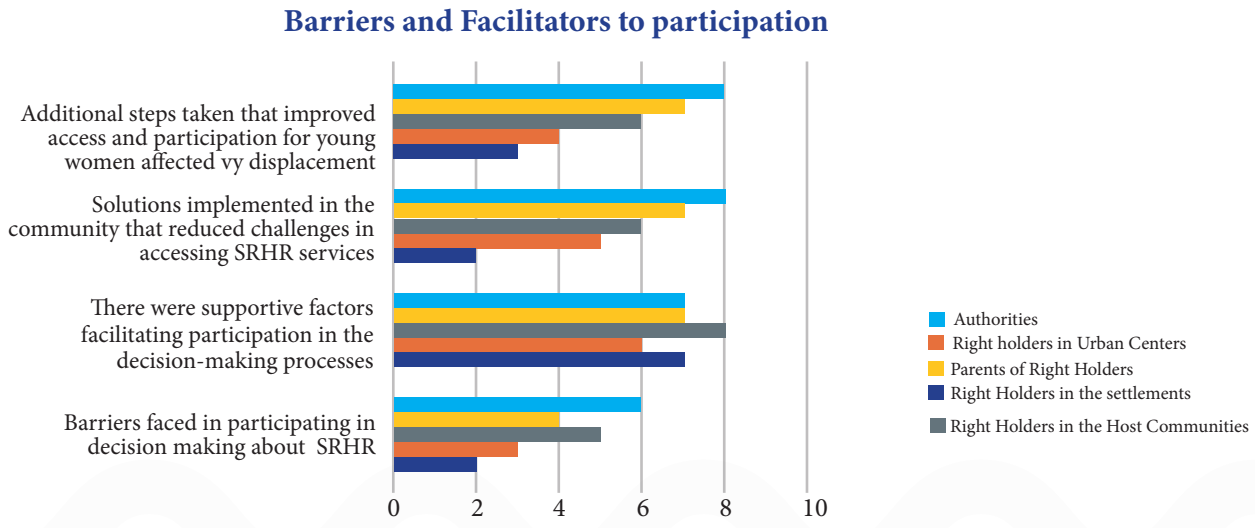


Figure 5: Barriers and Facilitators to Participation in SRHR

There are several reasons why many of the right holders mentioned in this context of factors that hinder decision making. Some of the issues that respondents had experienced and were commonly mentioned included having to travel long distances, language barrier that hindered effective communication and decision-making ability in the community, low self-esteem, segregation and living in denial in some cases. Lack of knowledge about opportunities to participate in decision making process was also reported. Sometimes they are intentionally excluded from the programs as they are not part of the target groups or the lack of confidence from the girls to engage in decision making processes. "From my school, to qualify in a netball team you have to be tall and giant to qualify in the first and second team."

This is negative outcome and these issues were raised mostly by the right holders in the settlement, urban centers and those in the host community who have been facing these challenges for a while even though there were supportive structures. Most of the women affected by displacement got support from religious leaders in the communities which has made them take an active role in decision making processes; indeed, some respondents were explicitly positive about the fact they had been able to cope with the situation as they look for solutions.

Amidst all these barriers, some solutions came handy and commonly mentioned during the Focus Group Discussions in the settlement among urban refugees and as well as parents among the solutions mentioned were; ART Clinics to be implemented in the communities, different days allocated in a week for HIV patients to receive their medicines and it has been going on Wednesdays meanwhile a ward set aside for the antenatal services and those in labor /Labor suites constructed in the health centers, Adolescent and Youth friendly services operated on Wednesdays have been initiated, Integrated outreaches targeting girls and youth and school outreaches and training of girls to make sanitary towels. Unfortunately, these solutions provided have mostly been benefiting the host communities but not refugees. For example, "team from some NGO's have been going to communities and teach them on sexual reproductive health issues but not us (refugees)". However, its explicitly noted that additional steps taken to improve access and participation for young women affected by displacement has not been adequate, the responses from authorities showed SRHR service provisions have been made available at different health facilities as noted by some authorities response that stood out of all those who responded "We serve a large population of all kinds without segregation but then we have constraints some services may not be adequate to support the current population of refugees and host communities, the meager resources available coupled with budget constraints have been shared without any discrimination and some basic services may be lacking at some lower health units this calls for cost sharing at some point where the drugs are lacking the patients will have to buy them from drug shops or pharmacies but whenever we receive drugs in the store we make sure everyone benefits."

There are solutions provided that could help in reducing barriers/challenges to enable active participation these among others included; bringing the services closer to the community i.e. opening health centers and SRHR services closer to the community, leaders/authorities play their roles to lobby for more health facilities, advocate and forge collaborations with partners in the settlements and those with programs in the communities, Community dialogues and sensitization programs, Sex education, Skills Training, HIV testing and counseling services made available, Should provide free MAMA Kits at the health Centers.

**AFGD – 6:**
"They should consider the urban refugees because we are really dying silently"

**AFGD – 7:**
"Skills training, we need to be trained especially about the SRHR services because we are really lacking information about it."

**TFGD – 8:**
"We should be involved in decision making for example in case there is something to be done in the communities, we suggest that they should involve us the refugees so that we can be part of the decision being made."

It's worth noting that some answers indicated negative associations with SRHR service delivery and associated barriers and possible solutions as commonly stated across the FGDs conducted;


**TFGD – 9:**
"They should also understand that not all refugees are having the refugee ID so that when we go to the hospitals to access the SRHR services, they can help us knowing that not all of us have IDs."

**AFGD – 10:**
"They should put people in the hospitals to cater for only the refugees so that they can easily be helped."

**AFGD – 11:**
"Nile Girls Forum should advocate for the refugees in schools so that they can reduce on the school fees for them."

### 3.5.1 Individual Responses Authorities

The authorities who gave in their inputs in regard to the Barriers faced in participating in decision making about SRHR "There is generally fear and feeling inferior a common scenario noted among the displaced young women and right holders in settlements and urban centers due to fear of being bullied by the nationals or otherwise" this fear as a barrier has affected many to speak openly about SRHR in their communities, amidst these we have leadership structures ranging from Local Council 1 in the villages up to Sub counties and district/city levels who have open hands to welcome anybody who has an issue of concern in the community. "We have well set structures in supporting young women in decision making processes towards access to SRHR".

We have government programs to into it that service delivery goes beyond borders and encouraging all-inclusive participation of the people in the communities this has helped to improve access and participation for young women affected by displacement.

## 4.0 Summary of Key Issues and Recommendations

### 1. Conducting additional research with stakeholders, such as service providers, NGOs, and family members:

This survey be focused specifically on adolescent girls and young women, and should bring out the fact that there are gaps in awareness and effects of stigma that are central to SRHR care and access for this population. There is also need to understand the stigmas held by service providers that may limit a woman or girls' comfort in engaging with them on SRHR needs, particularly around contraception, abortion, and GBV. Future investigation should also consider how this may specifically affect unmarried women. Greater understanding of the services currently provided, awareness efforts, and stigmatizing barriers from both providers and social circles can further help to address SRHR and GBV risks and challenges faced by adolescent girls and young women in humanitarian settings.

### 2. Provide gender norms training and SRHR education, particularly to men and elders, to decrease stigma and social barriers:

Respondents noted that their family and male partners were important aspects of their choices to use contraception and access SRHR services and they would most involve partners, friends, and family when learning about contraception or in help-seeking for IPV or GBV. Yet, this research found evidence that there were social barriers around discussion of SRHR that prevented adolescent girls and young women from learning about, accessing, and using contraception and SRHR services. Thus, programming should target the harmful gender norms around contraception and SRHR held those who adolescent girls and young women will turn to most when discussing these topics. By addressing stigma and misinformation held by those who are most influential in supporting adolescent girls and young women in making SRHR decisions, greater support for accessing formal SRHR services can be fostered throughout social circles and lead to heighted service usage.

### 3. Investigating core confidentiality concerns and address gaps:

Greater efforts to understand confidentiality concerns that prevent some women from using SRHR services can strengthen current confidentiality measures and develop new ones to ensure adolescent girls and young women feel confident using the service. This would include addressing consent barriers where some service providers require spousal consent for girls and women to access SRHR services in the settlements, forcing those whose parents or husbands are opposed to modern contraceptives to refrain from using services. Additionally, private spaces for those obtaining contraception to wait in can enhance comfort, among other confidentiality measures.

### 4. Increase awareness of service availability:

Lack of knowledge of services was a major reason why they were not used. SRHR services should have outreach activities to improve awareness, including where and how to access them, as well as confidentiality policies. These campaigns should additionally continue to investigate and address issues in accessing SRHR services as awareness rises, such as ensuring accessible hours and safe locations. Funding may also be allocated to providing menstrual hygiene management kits upon arrival to a humanitarian location. These kits would not only provide needed products but could be used as an avenue to inform adolescent girls and young women about the range of SRHR services available and their locations. Girls' use of SRHR services may also improve if there are peer guides that encourage them to use and help them navigate facility-based services.

### 5. Introduce preventive measures to screen IPV and GBV in existing SRHR services:

The survey showed help seeking for IPV and GBV were low and were mainly sought from withing the family or social circle. Including information and resources on IPV and GBV in other SRHR services, as well as monitoring for signs of abuse, can aid in prevention of violence and greater use of support resources.

## 5.0 Conclusion

The findings presented here provide key information to help improve SRHR service quality in providing insights into the unique SRH needs and challenges faced by young displaced women in Uganda which helps in the identification of barriers and facilitators influencing the access to and utilization of SRH services among displaced young women and understanding of the levels and determinants of active participation of displaced young women in SRH decision-making processes.

# Annex 1:
# Integrated Definition of Sexual and Reproductive Health and Rights

## DEFINITION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS PROPOSED BY THE GUTTMACHER - LANCET COMMISSION (STARRS AND OTHERS,2018)

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

Have their bodily integrity, privacy and personal autonomy respected;

* Freely define their own sexuality, including sexual orientation and gender identity and expression;
* Decide whether and when to be sexually active;
* Choose their sexual partners;
* Have safe and pleasurable sexual experiences;
* Decide whether, when and who to marry;
* Decide whether, when and by what means to have a child or children, and how many children to have;
* Have access over their lifetime to the information, resources, services and support necessary to achieve all of the above, free from discrimination, coercion, exploitation and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the availability, accessibility, acceptability and quality" framework of the right to health. The services should include:

Accurate information and counseling on sexual and reproductive health,
including evidence-based CSE;
* Information, counseling and care related to sexual function and satisfaction;
* The prevention, detection and management of sexual and gender-based violence and coercion;
* A choice of safe and effective contraceptive methods;
* Safe and effective antenatal, childbirth and postnatal care;
* Safe and effective abortion services and care;
* The prevention, management and treatment of infertility;
* The prevention, detection and treatment of STIs, including HIV infection, and of reproductive tract infections; and
* The prevention, detection and treatment of reproductive cancer.

The evaluation questionnaire was administered in a Focus group discussion to urban refugees, refugees in the settlement, and host communities. The same questionnaires were administered online to some key stakeholders and authorities.

Qn 1. How would you describe your understanding of sexual and reproductive health and rights?

What I would say is that SRHR is an activity that is done between a man and a girl, like having sex, then reproductive health is our body taking an example of a woman getting pregnant. It's our right just like we have a right to name, we have a right to say no to something that is not right to us, a right to say so many things that we are entitled to say NO to.

Qn 2. Is there any specific example you can relate to them Defilement
In our community there are many girls who have been raped and defiled but they have never come up to report the cases.

Qn 3. What are the main sources of SRHR information in your community?
Through radio talk shows, through our peers when we share where by some talk through experience, we have accessed information via WhatsApp groups because there is information that people forward in different groups, On TV adverts and Health centers

Qn 4. How accessible are SRHR services for young women affected by displacement

It is very difficult for us who are living in the urban centers, because if we go to the hospital, they will ask for our Identification Documents and if we do not have the Uganda National Identification Documents, we cannot access the services. For us who have the Refugee cards or IDs they tell us that our services are in the settlements not in towns. That is why some of us who stay around the urban centers will claim that we are Ugandans just to feel comfortable in the community and be able to access some of the services.

Language barrier; sometimes when we go to the hospital, health facilities or the markets and we express ourselves in English language, "they end up overcharging you knowing very well that you are not a Lugbara. "with "the fare is hiked because we cannot express ourselves in the native language "Lugbara" - Lugbara is the language spoken by most of the locals of Arua and Terego Districts in Uganda.
The fact that we are persons affected by displacement - refugees, price discrimination is evident in schools and health facilities, where there is a separate higher fee paid by the refugees compared to the nationals.

Qn 5. Do you feel that your SRHR are being met (why or why not)
The needs of the urban refugees have not been met and the health service providers need to be further trained on how to treat urban refugees equally with the refugees in the settlement.

Qn 6. What specific SRHR needs do you have as a young woman

When we are raped or defiled, we need to access timely medical treatment and justice, however, in most cases, we, the urban refugees do not know where to start from. If you report to the Local Council Authority, he or she will instead question why you are not in the settlement together with the other refugees in order to be assisted faster, after all this back and forth, it would be late to gather timely medical evidence from the survivor.

About family planning, yes, we hear but we do not know what types of family planning services are there yet when we are to go to the hospital, they require us to know. We would like to know the types of family planning because unfortunately most of the urban refugee girls do not have access to these services. They need to make informed choices on the family planning methods, however, there is no sensitization by most Non - Governmental Organizations (NGOs) who come to educate the urban refugee adolescent girls and young women about these reproductive services.
Inquiry. When you talked about the rape and defilement did you also mean no access to justice for example, if a girl or woman has been raped, they need to go to police to report and they surely require a lawyer, some of the lawyers ask for a lot of money because they believe refugees have a lot of money.

Qn 7. What challenges do you face when accessing SRHR services?

I am a refugee married to a Ugandan working in the health facility. This is my experience, when I got pregnant and went to the hospital for antenatal service. It was required of us to write our name for the medical register. When I wrote my name, it did not read and sound like a local name, it read more foreign. The nurse looked at me and said "we do not provide free services for refugees." She insisted that if I wanted antenatal services, I had to pay. When I informed her that Arua Regional Referral Hospital has free services, she told me that the free services are not for refugees, she went ahead and told me that free services for refugees are in the settlements, not in towns. She asked me what I was doing in Arua town yet I am a refugee claiming that the refugees are supposed to be in the settlements. It was only until I paid 10,000 Ugandan Shillings approximately 3 US Dollars, that she worked on me. That was for my first antenatal. The second time I went back for the same service, I got a different woman, a health service provider who also told me the same thing, therefore, I believe that it is difficult for us urban refugees to access SRHR services here in town. In addition, we need to have an identity for example the refugee ID because without it, accessing the services becomes hard. Accessing family planning services is a challenge for us because when we go to the hospital they ask for your husband and when you tell them that he is maybe in the settlement, you are asked what you are doing in the town which makes it very difficult for us to access family planning services here.

My challenge is mostly at school. Our tuition fees are always higher than that of the Ugandans. In addition, for example when we have study tours, the refugees are charged much higher than the Ugandans. Still on access to education, sometimes the non-Ugandans are also charged higher amounts just like the refugees forgetting that that person might not be a refugee but he/she has just come to Uganda but they end up charging them just like a refugee. This is even at the universities like for example when I was applying at Makerere University non-Ugandans were being charged fairly while the non-Ugandans were being overcharged and so the unfair treatment is everywhere.

Qn 8. How do the challenges mentioned affect your ability to access the SRHR services you need

In most cases we don't bother going to access these services because when you go there, they start reminding you that you are a refugee. As a result, I personally stopped going to public hospitals. I would rather go to a clinic or a private hospital.
About the antenatal service, most times I just decide not to go there because I feel it's useless to go to the health facilities if they must charge me such a high amount of money and equally the family planning services, I have abandoned it so most of us just end up continuing to conceive and give birth.

Qn 9. How do you think these challenges can be overcome?

We need to advocate for equal access to quality and affordable education, health services including family planning, training health and education service providers so that the services providers. So that the service providers can make it easy for us to access these services.
The inequalities in accessing education as a young woman or girl affected by displacement most of us end up dropping out of school due to the high school fees.

Qn 10. What factors influence your ability to access and use the SRHR services?

Since they already believe that we have a lot of money, when we have it, we pay to access services. we have it, we pay to access.
Yes, for antenatal, when you have the money you get quick service and then life continues.
For the drop outs, when you have a skill, you can make money and easily access the services

Qn 11. How do your parents, guardians or community leaders contribute to your understanding and access to SRHR?

I am not ashamed to say this, the fact is that the Catholic Church does not want anything to do with family planning. They always tell us not to use it. our parents do not even advise us to go for family planning. For instance, our South Sudanese parents never allow us to use family planning. My own parents don't want to hear us talk about family planning. They say "those things are bad, when you take it, you will never produce again, if you take it, it will affect you and yet you are supposed to produce very many kids."
Most times the times don't allow us to access the health centers. For example, "when someone falls sick of malaria, they always go and get some leaves that they prepare for you to take." Till date my grandmother still believes in those leaves when one falls sick. So going to the hospital is seen as a waste of money.

Qn 12. What role does your community play in supporting or hindering your access to SRHR services?

In my community, I have never seen anyone coming to assist a refugee crying for help to access maternal services. I have never seen any leader coming out to help us. They believe that refugees have money. So, all I can say is that we don't have access to the community leaders and they don't really help us.

Qn 13. Are there any cultural or social factors that affect your use of SRHR services?

About family planning, as a young girl, when someone sees you with the Intrauterine Device (IUD), people will judge you because you're not married, therefore one fears to go for family planning service when she is not married because people are going to judge you.

Qn 14. Have you or other women in your community participated in decision making processes related to SRHR?

As urban refugees we do not have information on SRHR that's why this whole crew is dull. We also do not have the group leaders who can train us the urban refugees on how to manage our menstrual health.
I happened to be one of the mobilizers of one of the groups led by an NGO working here in Arua but when they told me to mobilize adolescent girls and young women between the age of 18 - 30 years, they insisted that these participants must be only Ugandans; I could not disclose to them that i am a refugee because I was afraid that I would lose the opportunity. "It has never been Refugees" "this is the first time we have been invited and engaged as urban refugees, thank you."

Qn 15. What types of decisions have you been involved in and what levels at your homes, schools and communities?

We had SSUSA (South Sudanese Uganda Students Association) at school where we would speak and we would get listened to because we believed we are all the same (refugees). SSUSA is an association of South Sudanese students studying in Uganda. However, the schools we studied in top positions of leadership like head prefects, head girl were reserved for only Ugandans. When I was in senior three, the rest of the students came up with a proposal and requirement that they did not want South Sudanese to become head girl and this was and still implemented by the administration.

Qn 16. How did your participation in these decisions impact leave? Positive or negative

SSUSA in my school came up with the idea of contributing to the project of building a dormitory in my school. By making this financial contribution, they started considering us South Sudanese like the other students. Our contribution became a "password" for us to join other SSUSA students from other schools for the celebration of South Sudan independence organized by other students of South Sudan origin in the schools. The headmistress allowed us to attend the celebration on condition that we collectively paid five hundred thousand Uganda Shillings, approximately 150 dollars, to hire the bus to take us to the venue.
Recently, I had to help a neighbor whose daughter was raped. I gave her the advice to first report to the Local Council Authorities and then we would go to the health centers for medical checkup. This woman despised my advice by saying that I know nothing since I am a refugee. This demoralized me. I had to go by myself to the authorities to report the case, who requested five thousand shillings and then the lady was able to get assistance.

Qn 17. Do you feel your contributions have been valued or they have not been valued?

Most of our decision-making processes have not been met at all.

Qn 18. What do you think needs to be done in order for those contributions to be valued?

We are hopeless because we have tried our best, however, all our efforts have failed. We call upon non-governmental organizations to jointly advocate with us for inclusive programming for refugees.
About the pads that are being distributed in schools and to only Ugandans, I would say that they should equally consider the refugee girls because they are just like the other girls.

Qn 19. What barriers do you face in decision making processes?

Minimal male involvement for example when men are not involved it encourages violence, Shyness and low self-esteem, language barrier, segregation in the communities, lack of knowledge about opportunities to participate in decision making processes, intentional exclusions by some community leaders from programs where some of us are not made part of the beneficiaries just because we are refugees.

Qn 20. What factors facilitate your participation in these decision-making processes?

Having got empowerment and some sensitization on SRHR services opened our eyes to discover some of our rights. Community sensitization to build capacity of women and women facilitation by their men during antenatal has inspired some of us and more so some interventions by some partners that have been supportive; Nile Girls Forum, CARE International has inspired us.

Qn 21. What solutions have been implemented in your communities to reduce challenges in accessing SRHR services?

Community dialogues, training on menstrual hygiene management, however the organizations like those in working in Arua District mostly go to the communities and do not include us in their programming the urban refugees.

Qn 22. What additional steps can be done to improve SRHR services to the refugees?

They should consider the urban refugees because we are really dying silently. Skills training, economic empowerment and we need sensitization on SRHR services because we do not have information about it.
We should be involved in decision making for example in case there is something to be done in the communities, we suggest that they should involve us the refugees so that we can be part of the decision being made.

## Annex 3: Key Informant Interview (KII) Questionnaire

### Section 1: Understanding and Access to SRHR Services

1. How would you define Sexual and Reproductive Health and Rights (SRHR) in the context of your community?

2. What SRHR services are available to young women with disabilities and those affected by dis placement?
3. How accessible are these services to the target populations?
4. What measures are in place to ensure young women have access to accurate and comprehensive SRHR information?

### Section 2: SRHR Needs and Challenges

5. What do you identify as the key SRHR needs of young women affected by displacement?
6. What are the main challenges these young women face when accessing SRHR services?
7. How do these challenges affect their overall health and well-being?
8. What strategies have been effective in addressing these challenges?

### Section 3: Factors Influencing Access and Utilization

9. What factors most influence the access and utilization of SRHR services among young women in your community?
10. How do family, community leaders, and cultural norms impact SRHR access and utilization?
11. What role does education play in improving access to SRHR services?

### Section 4: Participation in Decision-Making Processes

12. How involved are young women in decision-making processes related to SRHR in your community?
13. What types of decision-making roles do they typically hold?
14. How has their participation influenced community outcomes related to SRHR?
15. Do you think their contributions are adequately valued? Why or why not?

### Section 5: Barriers and Facilitators to Participation

16. What are the main barriers to young women's participation in SRHR decision-making processes?
17. What factors facilitate their participation in these processes?
18. What initiatives have been implemented to support young women's involvement in SRHR decision-making?
19. What additional measures can be taken to enhance their participation and access to SRHR services?

# Field Research Team

Meet the heart of our research efforts: a dedicated team where a seasoned research consultant guides a group of bright research assistants. Together, they're not just collecting data; they're uncovering crucial insights in challenges of young women affected by displacement and their active participation in decision making processes in Uganda.

## Munguleni Dalmatius - Consultant

## Research assistants

1. Peace Monica Pimer - Executive Director
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6. Onen Douglas Drake - Support Officer

# Our Partners

Hivos people unlimited

WE Lead

SRHR ALLIANCE UGANDA

RESTLESS DEVELOPMENT

POSITIVE VIBES
Hope - Respect - Voice

FEMNET
The African Women's Development and Communication Network

Hope Foundation

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