

Gender-Based Violence and Family Planning: A Policy Implementation Assessment in Uganda

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Advancing GBV and Family Planning Policies in Uganda

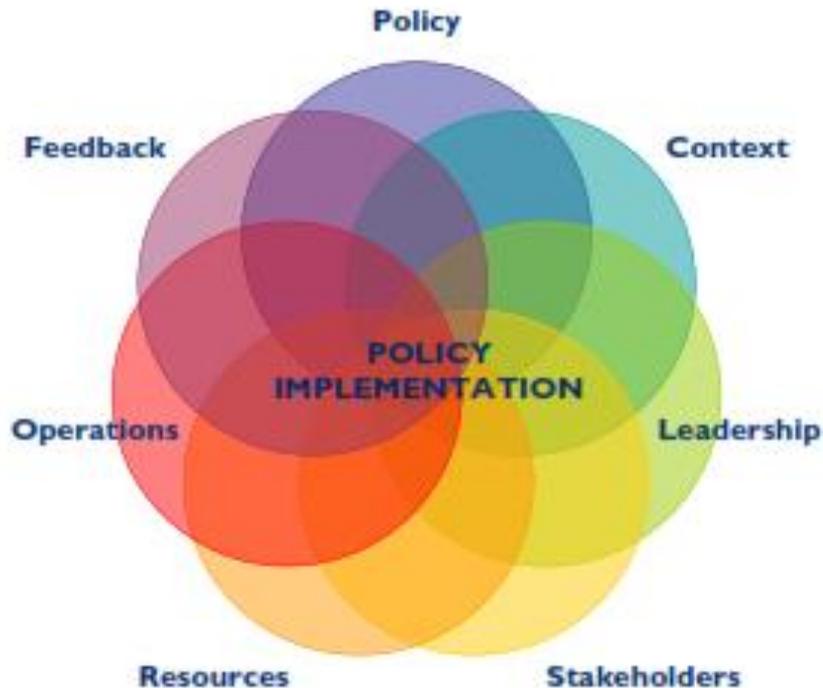
Objectives:

- Identify GBV-related policies in Uganda and examine how those policies are being implemented and monitored
- Assess how current policies address the family planning needs of GBV survivors
- Develop practical recommendations to strengthen implementation of GBV and family planning policies



Data collection team

Policy Implementation Framework



Seven Dimensions of Policy Implementation

1. The policy, its formulation, and dissemination
2. Social, political, and economic context
3. Leadership for policy implementation
4. Stakeholder involvement in policy implementation
5. Implementation planning and resource mobilization
6. Operations and services
7. Feedback on progress and results



Findings

Key Findings:

Policy Provisions by Health System Building Block

Building Block	Examples of Integrated GBV and Family Planning Policy Provisions In Uganda
Service Delivery	<ul style="list-style-type: none"> • Identify survivors of violence when conducting family planning counseling • Provide post-GBV medical care and family planning services, e.g., pregnancy tests, emergency contraceptive pills, copper-bearing intrauterine device • Make timely referrals to medical services • Raise community members' awareness of GBV services
Workforce	<ul style="list-style-type: none"> • Build capacity of health sector staff on clinical management of GBV survivors • Sensitize actors on the referral pathway and their roles and responsibilities in responding to GBV cases
Supplies and Infrastructure	<ul style="list-style-type: none"> • Supply pregnancy tests, emergency contraceptive pills, copper-bearing IUDs
Policy, Governance, and Leadership	<ul style="list-style-type: none"> • Integrate GBV prevention activities into national and local planning and budgeting • Issue guidelines for timely GBV clinical management • Integrate GBV into existing nursing and paramedic curricula • Advocate for provision of essential GBV services in all medical facilities
Information	<ul style="list-style-type: none"> • Monitor GBV and family planning service provision and availability of supplies • Use the integrated family planning register and national GBV database
Financing	<ul style="list-style-type: none"> • Advocate for budget allocations for GBV in sectors (i.e., education, health) and local governments

Key Findings:

Drivers of Policy Implementation in Uganda



Comprehensive multi-sectoral framework in place to prevent and respond to GBV



Defined role of the health system in GBV prevention and response



Effective GBV training curricula for health providers



Burgeoning multi-sectoral coordination mechanisms



Donor resources that align with policy goals

Key Findings:

Gaps in Policy Implementation in Uganda

Inconsistent guidelines regarding timeline for provision of emergency contraceptive

Inadequate policy and guideline dissemination to districts and health providers

Low levels of public funding for GBV policy implementation

Lack of data management systems that track GBV and family planning data

Operational barriers, particularly weak contraceptive supply systems

Rigid cultural and gender norms that conflict with policy goals

KEY FINDINGS:

Social, Political, and Economic Context

Like the cultural aspect of child marriage, the cultural belief of [female genital mutilation]...all these are cultural aspects which are embraced by the community. But then the policy says we should fight against them but culture says it's okay... How do we merge cultural aspects with implementing the policies?

- Key Informant

Recommendations



Update policy recommendations on provision of emergency contraceptives



Develop GBV policy dissemination tools



Strengthen GBV and family planning data management systems



Form coalitions to advocate for increased budget allocations



Expand community-based GBV prevention programs

Thank you

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Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This presentation was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this presentation is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.