HEALTH POLICY PLUS

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Strengthening Gender-Based Violence Policy Implementation for Improved Family Planning Outcomes

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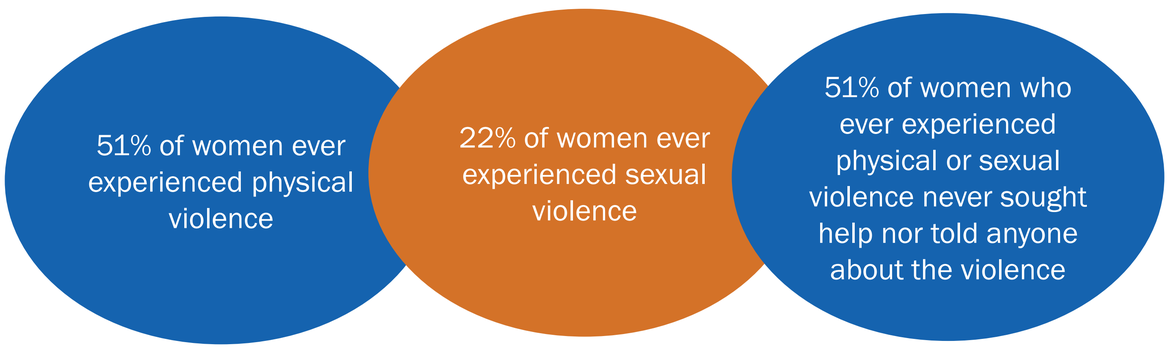
Background

In Uganda, gender-based violence (GBV) prevalence rates are among the highest in the world. The devastating effects of GBV on women's reproductive health are well documented and include unintended pregnancy, unsafe abortion, increased vulnerability to sexually transmitted infections, pregnancy complications, and increased adolescent pregnancy (cited in Rottach et al., 2018).



Source: UBOS & ICF, 2018

Establishing GBV policies is a critical step in stopping violence; however, countries often place little emphasis on translating policies into action and there is a dearth of evidence documenting how GBV policies are implemented or why progress is hindered. Similarly, evidence linking GBV policies to family planning services–a critical component of GBV prevention and response–is lacking. There is also a lack of evidence showing how family planning service delivery can be used as a critical vehicle for implementing GBV policies and programs.

To respond to these gaps, the USAID-funded Health Policy Plus (HP+) project conducted an assessment to identify GBV policies and guidelines in Uganda and examine how such policies are being implemented and monitored. The team analyzed whether the current policies in Uganda address the family planning needs of GBV survivors and examined whether their implementation promotes access to family planning among women of reproductive age.

Methods

The assessment, conducted from June to December 2017, consisted of a desk review, analysis of select policies, and 79 key informant interviews at the central and district level. HP+ did not interview GBV survivors or clients of GBV services, and none of the interview questions explored an individual's experience of violence.

Results

The study helped identify drivers of and constraints on effective GBV and family planning policy implementation.

Table 1. Drivers of Policy Implementation

Comprehensive multisectoral framework in place to prevent and respond to GBV	• 22 national policies and guidelines • Policies have clear objectives, purpose statements, and strategies
Effective GBV training curricula for health providers	• Health providers said that participating in the trainings improved their knowledge and skills in providing post-GBV care services, including provision of emergency contraceptives
Defined role of the health system in GBV prevention and response	• The health system's primary role is to provide post-GBV care services, including provision of emergency contraceptives • The health system also has a role in GBV prevention through awareness raising, advocacy, and data collection
Burgeoning multisectoral coordination mechanisms	• Most respondents reported that regular GBV coordination meetings were taking place • A study of the Government of Uganda-Irish Aid Joint Programme found that holding quarterly coordination meetings improved collaboration and helped to improve GBV service delivery
Donor resources that align with policy goals	• Funding enables district staff to carry out GBV programs that they otherwise would not have the resources to implement

Table 2. Policy Implementation Gaps

Inconsistent guidelines regarding timeline for provision of emergency contraceptives	• Some policies say that emergency contraceptives can be provided up to 72 hours after rape or unprotected sex; other policies say it can be provided up to 120 hours
Inadequate policy and guideline dissemination to districts and health providers	• Many respondents reported being aware of the policies' existence but were unfamiliar with the details • Hard copies of the policies are unavailable in the districts and policies are not translated into local languages
Low levels of public funding for GBV policy implementation	• GBV programs and services are severely under-resourced • To work around these funding gaps, some respondents say that they integrate GBV into community health and development activities
Lack of data management systems that track GBV and family planning data	• Without reliable data, it is difficult for managers to plan for and make the case for increased investment in GBV and family planning programs
Operational barriers, particularly weak contraceptive supply systems	• Health providers stated that they are unable to provide post-GBV care services according to guidelines due to a lack of supplies, including emergency contraceptives, rape kits, and disposable clothing to give to survivors when their clothing must be collected as evidence
Rigid cultural and gender norms that conflict with policy goals	• Culturally, violence is considered a private issue and stigma is attached to reporting GBV to authorities • Respondents reported that disagreement between husbands and wives about contraceptive use can lead to violence

Conclusions

The study team also developed recommendations to strengthen implementation of GBV and family planning policies in Uganda.

1. Update GBV and family planning policies so that they are consistent and recommend the same timeframe (72 versus 120 hours) for providing emergency contraceptives.
2. Scale up in-service training on family planning clinical skills, including how to discuss and counsel women on topics related to GBV and sexual coercion, to enable health providers to provide high-quality family planning services to all women according to their individual circumstances.
3. Develop policy dissemination tools and job aids for health providers on post-GBV care services, including provision of emergency contraceptives, to ensure that every health provider has the knowledge and skills to provide quality services to GBV survivors.
4. Strengthen data management systems to collect data on provision of post-GBV family planning services and unintended pregnancies that result from GBV to improve understanding of the family planning needs of GBV survivors and how well the system is meeting their needs.
5. Form coalitions to advocate for increased budget allocations to support implementation of GBV policies and programs, including provision of emergency contraceptives, at the district level.
6. Expand community-based GBV prevention programs to address gender norms that conflict with the goals of GBV and family planning policies, contribute to GBV, and hinder access to post-GBV services.

References

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