



Title: Policy and Advocacy for ASRH/Partnership with Cultural & Religious Institutions	
Region/Country: Uganda	Division/Branch: Africa
Name (last, first): Bharam Namanya	
Phone #: 256-41-258816/23	E-mail: bnamanya@aya.or.ug/namanya@unfpa.org
Date (dd-mm-yy): November 11, 2004	
Primary Subject Area: <u>Adolescent Reproductive Health</u>	Additional Keywords:
<p>Lesson Learned:</p> <ul style="list-style-type: none"> ➤ Identifying, persuading and mobilizing respected/top level leaders facilitates acceptance of ASRH by cultural and religious institutions ➤ Facilitating cultural and religious institutions to identify solutions for ASRH issues/problems without disrespecting values and beliefs promotes acceptability of ASRH interventions ➤ Cultural & Religious Institutions have infrastructure in which ASRH programmes can be integrated ➤ Establishing consortia of cultural and religious institutions facilitates mutual understanding, holding each other accountable, resource sharing and joint advocacy including resource mobilization 	
<p>Description of Issue and Context: Why Cultural & Religious Institutions? The four Cultural Institutions (Buganda, Bunyoro, Busoga and Toro) involved in this project cover 50 % of the total population of Uganda, which is currently estimated at 24.7 million people (UBOS 2002 Census). While over 97% of the Ugandan population belongs to Christian denominations or Muslim faith (Catholic, Church of Uganda, Orthodox Church and Muslim Supreme Council). Each institutional has a hierarchy and systems running from national to community levels with clear leadership and can influence legislation, programming and service delivery to young people. Religious institutions have schools, Seminaries and Theological colleges, universities, hospitals/clinics, Churches and Mosques. Large number of young people belongs to these institutions and benefit from their programs. They have credibility with their Constituents/followers and have both written and non-written laws and policies.</p>	

Cultural and religious beliefs, and practices predispose young people to negative SRH behaviors. These include; early marriages, which are normally acceptable to these institutions and leads to early pregnancies with their attendant maternal deaths. Moreover, most cultural and religious entities shun or do not actively promote the use of modern methods of family planning. Large families are (still) considered a source of wealth and prestige. The problem is further compounded by negative culture practices during various rituals including last funeral rites, initiation of twins and pre-wedding day celebrations, whose activities are spiced with sexual innuendoes and overtones. All these enhance the young peoples' exposure and interest in sex and sexual matters.

Strategy Used: Strategy is building partnership and networking with civil society organizations. The process to build partnership with Cultural and Religious Institutions followed the following process:

- Identification of respected leaders as entry points
- Facilitating review of socio-cultural practices religious laws
- Increasing their knowledge about ASRH issues, laws/policies and programs and garnering their support for ASRH programming
- Building capacity in identification of advocacy issues, strategies, skills and development of action plans
- Facilitating consensus building meetings to prioritize issues for advocacy for each institution

Results:

Indicator 1: The # of Statements or Actions by Stakeholders by Category in Support of ASRH

- ✿ The eight institutions (Cultural & Religious) resolved to Prioritize ASRH within their development agencies programs, ASRH, and HIV/AIDS prevention initiatives have been institutionalized within respective Kingdoms' development agenda.
- ✿ Four Church of Uganda dioceses (Kampala, Kigezi, South Rwenzori and Sebei) developed health policies that include ASRH
- ✿ Busoga Kingdom and Kigezi Diocese committed to reintegrate teenage mothers into their institutions' schools
- ✿ Four Religious institutions resolved to harmonize the age of marriage within their institutions with the national constitutional law on age marriage of 18.
- ✿ King of Bunyoro Kitara developed prioritized programmes for adolescent mothers.
- ✿ Kingdom of Toro set up a by- law prescribing eighteen as the earliest age of marriage and all other kingdoms have taken it on.
- ✿ All Kingdoms have designed certificates, which are legal documents that entitle women to the property of their husbands when married customarily.
- ✿ Key ASRH Messages have been integrated into Church Sermons and Mosques
- ✿ Three Theological institutions and Church Uganda-founded University Integrated ASRH into their teaching curriculum

Indicator 2: Increasing the Proportion of Resources (both in kind & financial) allocated to ASRH by Stakeholders.

- The four religious institutions leveraged about 2 million US dollars from donors such as USAID and PEPFAR and \$450,000 from Global Fund for supporting HIV/AIDS prevention including youth and institutional capacity building
- Four Diocese of Kigezi, South Rwenzori, Kampala and Soroti have committed internal funds to ASRH
- Diocese of Kigezi supports a radio program on voice of Kigezi on ASRH issues while the Kingdom of Buganda supports 60% of ASRH radio talk show every week.
- Four Kingdoms mobilized resources from AIDS Control for HIV/AIDS prevention among young people
- Catholic Secretariat mobilized \$29,700 from International Family Health from UK to support ASRH Advocacy campaign and materials
- Church of Uganda raised 38,700 US dollars to continue with ASRH Advocacy programs in three dioceses for the year 2005

Indicator 3: Implementing Partners' Capacity to Plan, Implement and Evaluate ASRH Advocacy Programs.

- Institutional capacity building in ASRH Advocacy and programming allowed the partners to raise funds for ASRH interventions and HIV/Prevention in general; integration in their institutions and development plans;
- Each institution has a network of teams at national and district level established for ASRH advocacy including young people.

Note: These results are obtained from quarterly monitoring and reporting. The evaluation of the project is yet to be conducted.

Challenges: Different stands on some ASRH issues like condom use e.g. Catholic Church

- Young peoples values of modern sources information may be at odds with traditional modes of communication
- The flow of restricted resources such as PEPFAR fund may reverse gains made with these partnerships.

Recommendations:

- Additional capacity building for cultural and religious institutions is needed in order to consolidate and sustain results achieved
- More capacity building is required in other areas such as BCC and youth friendly services to allow these institutions fully support and integrate ASRH initiatives in their on-going programmes.