

Uganda Protestant Medical Bureau

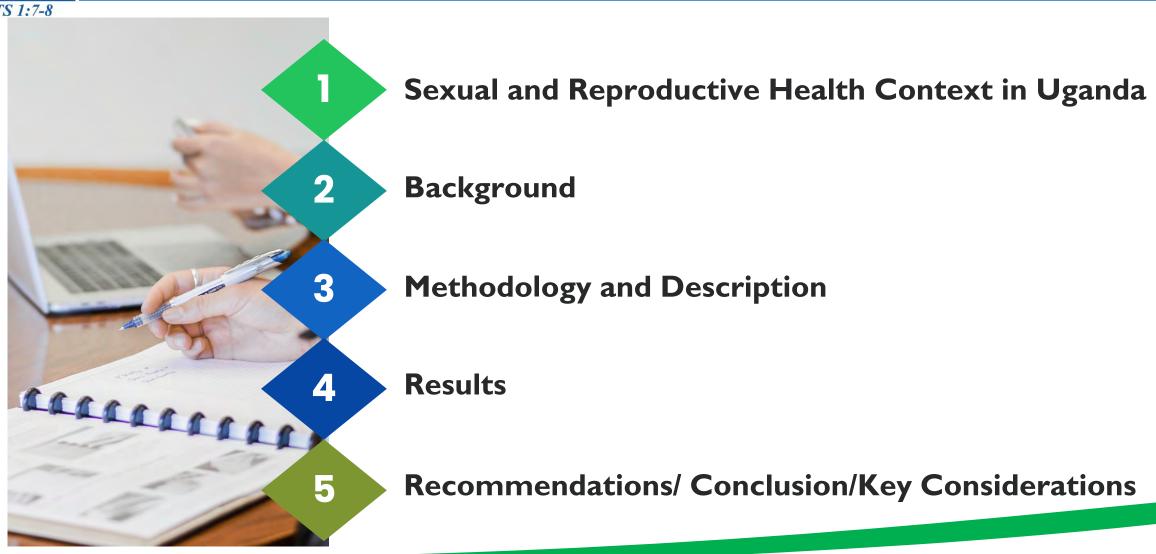
Leveraging Young Adolescent and youth peer supporters to expand access to sexual and Reproductive Information at Faith-Based Private Not-for-Profit Health Facilities in Uganda.

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Presentation Outline



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UGANDAN CONTEXT – SEXUAL AND REPRODUCTIVE HEALTH

In Uganda, the young people are disproportionately affected by HIV accounting for about 40% of the new HIV
infections.
□In 2023/2024, over 15,000 HIV infections were amongst the young people aged 15-24 years (2024 Uganda HIV AIDS Facts sheet) and 80% were adolescent girls.
Unfortunately, some of the youthful mothers cascade Mother-to-child transmission of HIV (MTCT) which accounts fo 14% of all new infections in Uganda (1), contributing 5,900 new infections (2)
□MTCT rate at 18 months is 2.8%, higher among infants born to mothers aged 15-24 yrs compared to 1.4% among those born to women aged 25+ yrs (2)
☐ The youths (18-30 years) constitute about 23% of Uganda's total population however 78% of the total population is below 35 years (National Population and Housing Census, 2024)
□ High Unmet need for modern contraception amongst youth (30%) while a number of the youths don't know the HIV status (Josephine et.al, 2022).
□Negative community perceptions, stigma, fear further worsen access to sexual and reproductive health amongst youths (JN Bukenya, 2025)



BACKGROUND

- The United Nations Population Fund report 2023 indicated that many young people in Africa face barriers regarding access to sexual reproductive health information and care putting them at risk of;
- unwanted pregnancies,
- unsafe abortions.
- sexually transmitted infections (STIs) including HIV.
- dangerous childbirth .
- □ In 2019, the Ministry of Health adopted Zvandiri CATS Model from Zimbabwe into the Young Adolescent Peer supporters (YAPS) model with an aim to improve HIV Care and Retention amongst young Adults and Adolescents (10-24 years).
- □ Local Youths are identified as Peer educators, trained to provide support, reduce stigma and improve adherence to treatment.
- To address the information gap on Sexual and Reproductive Health in the community, UPMB leveraged on trained peers as change agents to reach the young people with integrated services.



METHODOLOGY/APPROACH



- * 65 Young Adolescent peer supporters and 19 Youth peers were Identified at 42 PNFPs across 30 districts in Western, Eastern and Nothern Uganda. (aged between 10-21 years).
- Consent/assent was obtained to join the program.
- Empowered through a one week training, mentorships, coaching and Continuous Medical Education.



ASSIGNED ROLES TO THE PEER SUPPORTERS

- Conduct routine Health education talks amongst youth at Clinics and in the community
- Designated 2 days at the health facility and one day in the community
- Distribute HIV-self test kits to sexually active youth, link the positive to care, document.



FUNCTIONALISED ADOLESCENT ONLY CLINICS

- Designated Adolescent only Clinics to enable youths freely share information.
- Peers worked alongside Skilled Health care workers to sensitive and deliver SRHR information to Adolescents



OPTIMISED SOCIAL MEDIA PLATFORMS

- With support of the mentors and supervisors, whatsapp groups were formed.
- Peer supporters provide ongoing Sexual and reproductive information to youth
- Peers can freely ask and seek guidance to make informed decisions.



B APPROACH_CONTN'



Training of Youth peers at one of the facilities in Eastern Uganda



One of the trained Youth peers giving an SRHR talk



A Peer giving an SRHR talk to youths



RESULTS

Follow up; 1,030 who missed appointments, Brought back to care; 896

> ART treatment Literacy, Health education; 11964

OVERALL, 11964 YOUTHS Sensitised on SRH BETWEEN OCTOBER 2023 AND SEPT 2024

Referred for Family planning:3212

HTS Screened; 11320, Eligible & tested; 11210, HIV positive ;105

> Adherence support; Home visits; 2,324, Community visits; 1324, Psychosocial group sessions: 5,378



B RECOMMENDATIONS/ CONCLUSIONS.

Youth peer supporters should be empowered through trainings and mentorships to expand access to SRHR amongst the vulnerable youth.

Peers serve as an entry point to identification of the missing adolescents living with HIV through distribution of HIV self-testing kits and linking the positive to treatment.

- 1. Uganda AIDS commission 2023 HIV estimates https://www.uac.go.ug/media/attachments/2024/01/23/hiv-aids-factsheet-2023.pdf
- 2. National PMTCT Impact Evaluation (2017 2019) report

https://www.health.go.ug/wp-content/uploads/2022/06/Press-Statement-PMTCT-Impact-Evaluation-31052022-AK.pdf

- 3. UNAIDS SPECTRUM 2021 ESTIMATES https://www.unaids.org/en/regionscountries/countries/uganda
- 4. https://femnet.org/wp-content/uploads/2022/12/Uganda-Factsheet-final.pdf.
- 5. Josephine Zhane, Prossy Jonker Nakanjako, et al. June, 2022, Obstetric Fistula Surgeons in Uganda, the Unsung Heroes, onlinehttps://uganda.unfpa.org/sites/default/files/pubpdf/unfpa_uganda_newsletter_april_-_june_2022._final.pdf, UNFPA.
- 6. https://www.guttmacher.org/report/young-peoples-access-sexual-and-reproductive-health-services-uganda-understanding-barriers



Thank you

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