Accelerating Access to priority Sexual and Reproductive Health of Urban Refugees.

Social Media for Sexual Health of the Urban based Refugees

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Background

- More than half of the world’s refugees now reside in non-camp settings, including urban areas, and a larger proportion of them than before are now fleeing from middle-income countries where the demographic and disease epidemiologic profiles are those of an older population with chronic diseases. Furthermore, refugees in urban areas often face numerous disadvantages compared with low income city dwellers - disadvantages such as lack of community support systems, exclusion from social security systems or health services, and insufficient disposable income (e.g. to pay for transport to access such services and for user fees and other health-care costs). Stigma and discrimination may also reduce access to already overstretched government health services.
Background...

- Kampala, the capital city of Uganda, has about 1.72 million inhabitants. The city itself is home to more than 350,000 registered refugees, but the actual figure may be higher. More and more refugees are moving out of refugee settlements and into Kampala, as evidenced by the 31,000 new urban registrants filed in 2014.

- Refugees who opt to stay in Kampala rather than the designated refugee settlements are expected to be self-reliant. Displaced adolescents living in Kampala are vulnerable to a host of difficulties that..
Background...

affect their sexual and reproductive health. The stakes are highest for adolescent girls, who face a high risk of gender-based violence and stigmatization and segregation while accessing SRHS from public health centers.
Introduction to the project

- The project, a brain child of Youth Action members (Reproductive Health Uganda youth arm) who happens to be a refugee.

- Project targeted to promote and popularise in a comic but factual manner the importance of correct and consistent sexual health decision including condom use, contraception uptake and HIV counselling and testing among others as a fancy lifestyle for young urban based refugees.
Introduction to the project....

This was partly premised on a research conducted by Rap software solutions; a software developing company whose findings indicate that when a funny clips/cartoons are shared on a busy social media page it takes 5 minutes to be viewed by up to 500,000 people.
Introduction to the project ...

- The project intended to increase awareness of the existing services and their locations (partner organisation clinics). This would increase the capacity of young people to reach out and demand for the SRH services. The packages developed included illustrative samples of young refugees reaching service points and how the same should request for the services they require. These role plays will affirm their confidence and self-worth as they seek to get SRHR services.
Project overall Goal

- The project overall goal was to promote sexual health of young urban based refugees through providing information on safer sex choices, and increasing confidence to demand for existing SRHR services.
Project Specific Objectives

- To increase awareness of 3000 young urban refugees about SRH Rights and SRHR services provided by 5 health centres; and dissemination of informative/educative animations (cartoons) on the 3 social media channels SRH e-clubs (face book, what sup and twitter) by December 2016.

- To increase the uptake of SRHS provided in five (5) health centres; by 10% (500) orders through development and implementation of e-referral mobile application and creation of depots (champions ) to easily deliver non prescriptive SRH Services got from these centres by December 2016.
Activities implemented

- Baseline survey was conducted and report was produced.
- Seven story lines were developed
- 6 cartoons were developed
- 2 e-club meetings were formed
- 6 e-club meetings were held
- Daily updates were made
- 20 champions were identified and oriented in SRH
- 6 champions were rewarded for their role in promoting SRH for Youth.
- Three software documents were produced (Requirements specification document, design document and testing plan and result documents.)
- Four partnerships were achieved (Makerere university hospital, Katego clinic, kalerwe community dental and Bethesda Medical Centre)
Contributing strategies

- Daily project social media traffic check up; Ranging from the educative cartoons to regular page updates, to receiving comments from project champions to receiving inquiries from the youth through social network, checking the number of people visiting the project social media platforms.

- Formulation of ambassadors’ general emailing system and monthly e-club meetings helped in sharing information as well as addressing emerging project issues.
Immediate impact of the project...

Organisation Level

- Appreciation of youth involvement in project planning, implementation and monitoring.
- Improved joint planning and day-to-day collaboration between partners and the project.
- All partners have continuously adopted use of new media in reaching SRHR information to young people.
Immediate impact of the project...

Community level

- Increased condom distribution
- Increased demand for emergency contraception
- Increased awareness about the reproductive health services available for young people and the providers available.
Results of the Project

- Social media for sexual health reached to 2,630 young refugees in the three weeks of the first cartoons with SRH information. This was testimony to the possibility of reaching many young people with appropriate SRHR information and services.

- At least every refugee occupying areas got three champions who acted as custodian of the SRH commodities like condoms and this eased access hence increased uptake. This has taught us that with services near and easy to access they can be taken and adopted by young people.
Challenges encountered and way forwards

- Some champions dropped out, which necessitated identification and orientation of new champions.

- Limited resources available to the project. The project could have done more, if the financial resource were more than the $5000 awarded. Some expected results such as the tracking of young people referred and attending SRH clinics were not realised due to the lack of key tools especially phones to install for continuous checking. Consequently Health facilities/Clinics did not initially accept the application. The design team had to redesign the system to fit the ordinary computers which left little time to roll this out.
Key lessons

Youth Leadership and Partnership

- The primary beneficiaries were young urban refugees and the management of the project were Youth.

- Social media and other e-platforms are a growing trend among young refugees. Careful information and presentation approaches are key to harness young people’s information uptake and behaviour change since they spend a lot of time on the internet platforms.
Recommendations. (Office of the prime minister, UNHCR)

- Fundraise for more resources to further the tested concept of using ICTs for promotion of sexual and reproductive health among young urban refugees.

- To continue giving mentorship to the project focal team and create necessary linkages with like minded movements.
Recommendations (other Humanitarian Agencies and Organizations)

- Embrace ICTs for youth mobilization and popularization of the movement.
- Champion local fundraising and linkages for the project so that it is scaled up.
- Integrate ICTs its other interventions