10 May 2021

I have the honour to address you in my capacity as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolution 42/16.

I would like to invite you to respond to the questionnaire below. Submissions received will inform my next thematic report on the right of everyone to sexual and reproductive health – challenges and opportunities during COVID-19, which will be presented to the UN General Assembly in October 2021.

The questionnaire on the report is available at OHCHR website in English (original language) as well as in French, and Spanish: (<https://www.ohchr.org/EN/Issues/health/pages/srrighthealthindex.aspx>).

All submissions received will be published in the aforementioned website, unless it is indicated that the submission should be kept confidential.

There is a word limit of 3000 words per questionnaire. Please submit the completed questionnaire to srhealth@ohchr.org. The deadline for submissions is: **10 June 2021.**

Tlaleng Mofokeng

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

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**Contact Details**

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

|  |  |
| --- | --- |
| Type of Stakeholder (please select one) | [ ]  Member State [ ]  Observer State[ ]  Other (please specify) **√** |
| Name of StateName of Survey Respondent | *Simon Richard Mugenyi*  |
| Email | rmugenyi@rhu.or.ug  |
| Can we attribute responses to this questionnaire to your State publicly\*? \*On OHCHR website, under the section of SR health |  Yes **√** NoComments (if any): |

**QUESTIONNAIRE**

# Background

The right to sexual and reproductive health is an integral part of the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights and a key priority theme for the work of the Special Rapporteur on the right to physical and mental health during her tenure.

The Special Rapporteur, Tlaleng Mofokeng will focus her next thematic report to the General Assembly on “The right to sexual and reproductive health – challenges and opportunities during COVID – 19”.

# Objectives of the report

With her report, the Special Rapporteur intends to shed light on the current status/level of realization of the right to sexual and reproductive health and the availability, accessibility, acceptability and quality of related services, during the COVID-19 pandemic. Building on the work and previous reports of the mandate, she aims to further develop understanding of the structural and systemic issues preventing all persons from freely and fully enjoying the right to sexual and reproductive health.

She will focus on elements historically neglected, including the impact of colonialism and racism in the enjoyment of these right, with an intersectional approach and will also analyze the impact of COVID -19 and related policies, legal developments and practices on access to sexual and reproductive health services. She will also aim to present challenges and opportunities in the operationalization of the right to sexual and reproductive health in the current context of pandemic.

*For the purpose of this questionnaire:*

*The* ***Right to sexual and reproductive health*** *entails the right to make free and responsible decisions and choices, free of violence coercion and discrimination regarding matters concerning one’s body and sexual and reproductive health. It also entails entitlement to unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of CESCR.*

***Sexual reproductive health care*** *refers to services, goods and facilities including:*

* *Pregnancy and post-natal related services*
* *Family planning and contraception, including access to safe abortion*
* *Prevention, diagnosis and treatment of reproductive cancers, sexually transmitted infections, and, HIV/AIDS*
* *Hormonal treatments*
* *Gender affirming treatments*
* *Access to information on all aspects of sexual and reproductive health issues.*

# Key questions

1. Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.

* *With the initial guideline to control the spread of Covid 19 in Uganda, SRH services were not included among the essential services that were to be continued to be offered. The biggest service providers (NGOs) were not among the essential workers and this affected delivery of SRH services. On top of this, the restrictions on movements also affected movement to health facilities for clients to access SRH services*
* *As a result of schools/learning institutions of learning closing, there was an information gap, especially on sexuality education. And many young people being at home, this worsened sexual violence cases, with reports of defilement increasing, consequently leading to increase in teenage pregnancy cases. Similarly, because of the lockdown and restrictions on movement, there were increased cases of gender-based violence in homes*
* *DMPA-SC was a great opportunity especially when it comes to self-injection, where a woman could take refill for upto three months*
* *The guidelines gave an opportunity for advocacy that led to inclusion of SRHR among the essential services. The Covid 19 taskforces (at both national and subnational level saw representatives of SRH service providers included*
* *As a result of increased cases of gender-based violence, there was increased interest and visibility that included media reports on SRHR including gender equality*
1. Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one’s body and sexual and reproductive health.
2. Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?
	1. Any changes compared to pre-COVID 19? Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?
	2. Please explain if there has been any impacts on the availability, accessibility, acceptability or quality of sexual reproductive services during COVID – 19. *There were stockout of family planning commodities at public facilities across the country. The situation was worsened by the new policy of health facilities ordering for all the needed RH commodities including those for service provision outreaches by the private-not-for profit providers*
	3. Please also share information on other practical obstacles or challenges to access sexual reproductive services during the pandemic, and who were most affected.
* *Like mentioned earlier, among the major challenges were restrictions on movement- especially suspending private vehicles and the much used motorcycle taxis (boda bodas). Approval for private vehicles to move was mishandled and this especially affected expectant mothers, some of whom lost their lives as they couldn’t easily access health facilities*
* *Similarly, because of restrictions on public transport, many family planning clients found it hard to go for their contraception refill*
	1. Please also share good practices and opportunities in the provision of sexual and reproductive health care during the pandemic.
* *The use of community health workers was a great opportunity. These live within the communities and they would easily move within their communities extending SRHR services, including family planning. Similarly, some community resource persons, including peer educators, played a great role in intervening on the issue of gender-based violence and extending sexuality education in the communities especially at a time when learners where home*
* *Like mentioned before, self-injection for family planning was handy and a good practice*
1. In connection to questions 1 to 3, please also share other relevant information on legal, policy or other changes affecting the right to sexual and reproductive health and related health care in your country or countries in focus, unrelated to COVID-19.
* *The Uganda Government introduced a one-warehouse one facility policy that make a health facility to project and order for all RH commodities that would be needed in their vicinity (including those to be used by the private-not-for profit service delivery organisations- for their outreaches) this has perpetuated stockout of RH commodities across the country*
* *Although the national sexuality education framework (a guide for implementation of sexuality education in schools) was launched in 2018, it’s full implementation has been affected by opposition especially from some section of the religious leaders*
* *Access to SRHR information and services, especially for adolescents, is negatively affected by absence of policies, such as the SRHR Policy, whose launch was halted in 2017. Some health workers still deny adolescents certain services because the policy environment is obscure.*
1. Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.
2. Please indicate if your country, institution or organization has been affected by a decreased in financial support or aid, including through international cooperation, compared to pre-COVID time, and how this has affected sexual and reproductive health care.
* *The government RH commodity budget has not been increased, despite the commitment and the persistent stockouts*
* *SRHR programmes in Uganda are so dependent on foreign funding and of recent donors such as DFID suspended funding for major projects that have been ensuring million of women access SRHR information and services*