



Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis.

Country: Uganda

UNFPA and SafeBoda

Guided by the International Conference on Population and Development (ICPD) Plan of Action, UNFPA Uganda has a long and successful track record of working with the government of Uganda, cultural and religious institutions, civil society organizations, including youth organizations, and the private sector to improve the lives of women and young people. SafeBoda is a community of entrepreneurs and boda boda (motorcycle taxi) drivers revolutionizing transportation, payments, and on-demand services in Africa's cities. In partnership with SafeBoda, UNFPA included alternative delivery models for contraceptives that are more accessible and waived restrictions based on age, marital status, parental consent, and cost.

Were you delivering services to young people before the COVID-19 crisis?

SafeBoda was not focusing on sexual and reproductive health and rights (SRHR) service delivery to young people before the COVID-19 outbreak. However, in January 2020, UNFPA had already launched a partnership with SafeBoda, in Kampala. This partnership was intended to scale up interventions to prevent and respond to gender-based violence and promote SRHR among boda boda providers, users, and the families of both. This was part of UNFPA's desire to enhance the reach and impact of its operations through unique, strategic, and sustained partnerships with private sector institutions such as transport enterprises that have pursued development causes with impressive persistence and results.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

For UNFPA, the early 2020 partnership with SafeBoda created a unique opportunity to deliver reproductive health commodities to communities. In this regard, we worked with SafeBoda through its network of riders to provide free condoms to community health agents, including peer educators and village health teams in Kampala and Wakiso districts. This was done to avert early and unwanted pregnancies and reducing the risk of young people contracting HIV and other STIs.

This intervention was necessary after Uganda entered a COVID-19 induced nationwide lockdown on the 25th of March 2020, which disrupted the delivery of essential SRHR services. In the context of the new movement restrictions, boda boda riders became critical for delivering food and other items to households all over Uganda.

In addition to delivering condoms, UNFPA supported SafeBoda to create an e-pharmacy titled “Personal Health Pharmacy” on the SafeBoda app to enable clients to order reproductive health commodities online. We onboarded ten pharmacies with the support of Marie Stopes International (MSI), Population Services International (PSI), AfriPads, and Holic Pads for the initiative.

The Personal Health Pharmacy was one of several e-shops available on the SafeBoda app. To order a product, a user had to have downloaded the SafeBoda app. They would then place an order and pay using SafeBoda credit through mobile money or pay cash on delivery. Once this was done, the closest pharmacy within a seven km radius that had the item in stock would be automatically identified and linked to the nearest SafeBoda driver. The driver would then pick the item up and deliver it to the user.

All SRH products were delivered free of charge, including the delivery of free condoms provided by the government. Post COVID-19, users are expected to purchase SRH commodities using the Personal Health Pharmacy from all listed pharmacies on the shop app and pay a discounted delivery fee.

Why did you decide to use these approaches?

Delivering a package of integrated SRH services is critical, and more so during the outbreak of COVID-19. We had to rethink and become more innovative in reaching adolescents and young people with sexual and reproductive health-related information and services to ensure that movement restrictions did not impede their access to both.

We were cognisant that the movement restrictions increased the public’s reliance on privately owned mini-buses, boda bodas, and other ride-hailing services. In particular, boda bodas became increasingly popular due to their deep, direct, and wide reach in communities. These attributes offered an easy linkage with health services, addressed gender-based violence, and increased awareness of rights among women, men, and young people. Our partnership with SafeBoda hence expanded the possibilities of using digital solutions to solve real-time problems.

How are you working to find out if these approaches are having the desired impact?

Online ordering of drugs and medicine or telemedicine, in general, is a new phenomenon in the Ugandan market and can be harnessed to deliver and reach larger populations safely.

Since the launch in June 2020, a total of 1,175,040 free condoms have been distributed through the SafeBoda network and community-based agents by delivering door to door in communities around Kampala city. A total of 119 community agents were mobilized to move door to door, distributing condoms to clients in need. On the online Personal Health Pharmacy, 3075 orders were made on the app, and 4720 items were delivered. 8720 people were directly engaged in the Personal Health Pharmacy either through purchase, survey, or providing information. Additionally, 815,325 people were reached with information on SRH through various SafeBoda communication platforms, including social media.

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