



CEHURD
social justice in health

THE IMPLICATIONS OF THE GLOBAL GAG RULE ON PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES DURING THE COVID-19 PANDEMIC IN UGANDA

Case Studies from Kampala, Mbarara and Gulu Districts



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Table of Contents

Acronyms and abbreviations	3
Acknowledgments	4
EXECUTIVE SUMMARY	5
1. BACKGROUND	7
1.1 Introduction	7
1.2 Objectives	12
2. METHODOLOGY	13
2.1 Study design	13
2.2 Analytical framework	13
2.3 Study clinics	13
2.3.1 Marie Stopes Clinic, Gulu	14
2.3.2 Bazadde Medical Centre, Kampala	14
2.3.3 Kathel Medical Care, Rwampara	14
2.3.4 Pikwo Medical Centre, Gulu	14
2.3.5 St. Augustine Medical Centre, Mbarara	15
2.4 Data sources	15
3. KEY FINDINGS	16
3.1 MSU's model of SRHR service provision	16
3.1.1 Static MSU clinics	16
3.1.2 BlueStar Healthcare Network	16
3.1.3 Marie Stopes Ladies	17
3.1.4 Outreach camps	18
3.2 Major effects of the Global Gag Rule	18
3.2.1 Closure and scale-down of services	18
3.2.2 Escalation of operational and access challenges	21
3.2.3 Management of the effects of the Global Gag Rule	22
4. CASE STUDIES	24
4.1 Marie Stopes Clinic Gulu	24
4.2 Bazadde Medical Centre	24
4.3 Kathel Medical Care, Rwampara	26
4.4 Pikwo Medical Center, Gulu	28
4.5 St. Augustine Medical Centre, Mbarara	31
5. CONCLUSION AND RECOMMENDATION	33
5.1 Conclusion	33
5.2 Recommendations	33

Acronyms and abbreviations

ANC	Antenatal care
CAC	Comprehensive abortion care
CBD	Community-based distributor
CHW	Community health worker
GGR	Global Gag Rule
JMS	Joint Medical Stores
MMR	Maternal mortality ratio
MOU	Memorandum of understanding
MSI	Marie Stopes International
MSU	Marie Stopes Uganda
NGO	Non-governmental organization
PAC	Post-abortion care
SRHR	Sexual and reproductive health and rights
VHT	Village health teams

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Executive Summary

Introduction

Marie Stopes Uganda (MSI Reproductive Choices) is one of the major non-US nongovernmental organisations (NGOs) that play an important role in the delivery of sexual and reproductive health and rights (SRHR) in general with US Government funding. The organisation delivers over half of Uganda's family planning services; provides approximately 36 per cent of all modern contraception providing free services to the rural poor, at subsidy to the peri-urban and through user fees to urban and middle-income clients through 29 mobile clinical outreach teams; 180 social franchise clinics; and 15 static clinics; while also supporting 2,000 village health teams (VHTs) and presence in over 200 dedicated family planning and reproductive health service providers at public facilities.

The Global Gag Rule (GGR), reinstated by the Trump Administration in 2017, required foreign NGOs such as Marie Stopes to stop providing comprehensive sexual and reproductive health care if they were to continue receiving US global health assistance. The policy prohibits foreign NGOs that receive U.S. global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform even if it is done with the NGO's own, non- U.S. funds. While the U.S. Government remains the biggest single funder of family planning programmes worldwide,¹ this expansion covered work unrelated to family planning, including HIV/ AIDS, nutrition, malaria, water and sanitation, tuberculosis and other infectious diseases.

In response to the policy, Marie Stopes and other foreign NGOs declined awards worth a total of about US\$153 million as of September 30, 2018. A recent study² has found that, after losing funding from the U.S. Government, MSU was forced to cut or scale back services.

Objective

The main objective of the study was to document case studies of the impact of the Global Gag Rule on SRHR service provision and access at selected NGO and NGO-affiliated clinics during the Covid-19 period in Uganda.

Methodology

The study used a case study design which has facilitated the in-depth exploration of the experiences of clinics in the period of the twin challenges of the Global Gag Rule and the

1 MSI. Global impact report 2019. <https://www.msichoices.org/media/3814/global-impact-report-2019.pdf>

2 Giorgio M, Makumbi F, Kibira SPS, Bell S, Anjur-Dietrich S, et al. (2020). Investigating the early impact of the Trump Administration's Global Gag Rule on sexual and reproductive health service delivery in Uganda. PLOS ONE 15(4): e0231960. <https://doi.org/10.1371/journal.pone.0231960>

Covid-19 pandemic. The study was conducted in five clinics: one clinic owned by MSU, and four clinics affiliated to MSU under the BlueStar network under a franchise arrangement. Data was collected through interviews with MSU staff, service providers, and through a review of clinic records.

Key findings

Closure and scale-down of services: The provision of SRHR services, particularly family planning services, has been severely affected by the Global Gag Rule, leading many poor women to go without family planning services. Marie Stopes has had to prematurely close the voucher project and disenfranchise clinics. The provision of services through outreaches has been scaled down while outreaches through BlueStar clinics has virtually stopped. When Covid-19 broke out and a lockdown was imposed, it became even more difficult for women to access family planning leading to a surge in unintended pregnancies and unsafe abortions.

Escalation of operational and access challenges: With reduced activity and funds, MSU and BlueStar clinics have had to reduce their staff. There have also been adverse effects on retention and remuneration of staff which have affected the operations of clinics. Even the staff that have been able to retain their jobs and proprietors that have kept their clinics operational have lost the motivation and morale have waned among clinic proprietors, frontline service providers and clients. Marie Stopes has suffered a reputational blow and reports that they have received numerous inquiries about “when all this will end”.

Conclusion

The effects of the Global Gag Rule have not only been far-reaching but are likely to be long-term, mostly impacting poor, vulnerable women and sexually active girls. While many stakeholders are hopeful that the end of the Trump Administration and the coming of the Biden Administration should lead to a rescission of the Global Gag Rule, its effects will not end immediately. The policy has led to shrinking budgets, disappearing services, unintended pregnancies, to ill-health and deaths, with these effects being more pronounced due the Covid-19 pandemic.

Recommendations

- 1) SRHR advocacy organizations should sensitize partners about the policy and build a movement against a future return of the policy.
- 2) Service providers should start laying the ground for a quick return to normal service delivery when the policy is, as expected, rescinded by the new US administration.
- 3) Civil society partners should sensitize the women, men and service providers about the legal provisions on abortion, engage cultural and religious leaders, and advocate for reform of abortion laws with a view facilitating access to SRHR services.

1. BACKGROUND

1.1 Introduction

The Global Gag Rule (GGR) prohibits foreign nongovernmental organisations (NGOs) who receive U.S. global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform even if it is done with the NGO's own, non-U.S. funds.³ The policy allows access to abortion only in cases of rape, incest or when a woman's life is at risk.⁴ The Global Gag Rule – also known as the Mexico City Policy – was first enacted in 1984 by US former president Ronald Reagan. Since then, each US president has decided whether to enact or revoke the policy, making NGO funding vulnerable to political changes happening in the United States.⁵

Notably, this policy has been implemented by every Republican administration since President Ronald Reagan, and reversed by every Democratic administration.⁶ Hence, in one of his first actions after he became president, Donald Trump promptly reinstated the policy in 2017, expanded it vastly to apply to any foreign NGOs receiving U.S. development assistance for health—a vast expansion from application only to family planning resources, which had been the limit of its application in prior Republican administrations.⁷ Foreign NGOs were required to stop providing comprehensive sexual and reproductive health care if they were to continue receiving U.S. global health assistance.

The Trump administration's expansion to apply to all U.S. global health assistance, increased the amount of money affected by the policy in planned U.S. Government funding by an unprecedented 20-fold, from US\$600 million that the USA spends in bilateral family planning assistance to a whopping US\$12 billion in the U.S. global health assistance in 2018.⁸ While the U.S. Government remains the biggest single funder of family planning programs worldwide,⁹ this expansion covered all development assistance for health, including HIV/AIDS, nutrition,

3 Rominski, S., & Greer, S. (2017). The expansion of the global gag rule under the Trump administration.

4 Open Society Foundations (2019). What is the global gag rule? Explainer. <https://www.opensocietyfoundations.org/explainers/what-global-gag-rule>

5 Ibid 2

6 Rominski, S., & Greer, S. (2017). The expansion of the global gag rule under the Trump administration.

7 Executive Office of the President (2017). Memorandum for the Secretary of State, Secretary of Health and Human Services and Administrator of the United States Agency for International Development, The Mexico City Policy, Jan. 23, 2017, *Federal Register*, 2017, 82(15):8495, <https://www.gpo.gov/fdsys/pkg/FR-2017-01-25/pdf/2017-01843.pdf>

8 U.S. Government Accountability Office (GAO), (2020). Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions. Washington, DC: GAO, 2020, GAO-20-347 <https://www.gao.gov/assets/710/705388.pdf>

9 MSI. Global impact report 2019. <https://www.msichoice.org/media/3814/global-impact-report-2019.pdf>

malaria, water and sanitation, tuberculosis and other infectious diseases.¹⁰ Over two-thirds of this planned funding – covering 1,309 global health awards covering at least 72 countries for projects spanning HIV/AIDS, maternal and child health, family planning and reproductive health, TB and nutrition – was for awards in Africa.^{11 12}

In March 2019, the Trump Administration expanded the Global Gag Rule further by announcing a new interpretation of language included in the standard provisions implementing the Global Gag Rule.¹³ Under the new interpretation, a foreign NGO that agrees to comply with the policy either as a direct recipient of U.S. global health assistance or as a subrecipient, is prohibited from providing any financial support to any other foreign NGO that conducts activities prohibited under the Global Gag Rule.¹⁴ This meant that complying foreign NGOs would no longer use their own, non-U.S. funds to provide financial support for any health or development work of another organization that does not receive U.S. global health assistance if that organization separately engages in abortion-related work with its own funding.¹⁵

In response to the policy, foreign NGOs rejected seven prime awards and 47 sub-awards, worth a total of about US\$153 million as of September 30, 2018.¹⁶ Among the organizations that declined to comply with the policy were major global SRHR actors, Marie Stopes International (MSI) and the International Planned Parenthood Foundation (IPPF), which declined the two largest of these awards, totaling about US\$79 million in planned funding.^{17 18} These two awards included, among other activities, mobile family planning and reproductive health outreach activities to underserved, rural populations in multiple countries.¹⁹ Thirty-two of the 47 subawards that that were declined, totaling about US\$51 million in planned funding, were intended for Africa.²⁰

10 PAI (2019). Do you really know the Global Gag Rule? <https://pai.org/wp-content/uploads/2019/09/GGR-FAQ.pdf>

11 U.S. Government Accountability Office (GAO), (2020). Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions. Washington, DC: GAO, 2020, GAO-20-347 <https://www.gao.gov/assets/710/705388.pdf>

12 Zara Ahmed (2020). The unprecedented expansion of the Global Gag Rule. Guttmacher Policy Review, Vol.23. Guttmacher Institute. <https://www.guttmacher.org/gpr/2020/04/unprecedented-expansion-global-gag-rule-trampling-rights-health-and-free-speech>

13 PAI (2019). Absolutely Deplorable: Trump Administration's Global Gag Rule interpretation represents massive overreach. <https://pai.org/resources/absolutely-deplorable-trump-administrations-ggr-interpretation-represents-massive-overreach/>

14 PAI (2019). Do you really know the Global Gag Rule? <https://pai.org/wp-content/uploads/2019/09/GGR-FAQ.pdf>

15 PAI (2019). Absolutely Deplorable: Trump Administration's Global Gag Rule interpretation represents massive overreach. <https://pai.org/resources/absolutely-deplorable-trump-administrations-ggr-interpretation-represents-massive-overreach/>

16 U.S. Government Accountability Office (GAO), (2020). Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions. Washington, DC: GAO, 2020, GAO-20-347 <https://www.gao.gov/assets/710/705388.pdf>

17 U.S. Government Accountability Office (GAO), (2020).

18 Montes, A. (2017). Reinstatement of the Global Gag Rule in 2017: Playing Politics with Women's Lives around the World. *Nova L. Rev.*, 42, 285.

19 U.S. Government Accountability Office (GAO), (2020).

20 U.S. Government Accountability Office (GAO), (2020).

Marie Stopes International, renamed MSI Reproductive Choices in November 2020, is an international NGO that provides family planning and comprehensive abortion care (CAC) to women and girls in 37 countries where the law permits, with over 70 per cent of all clients served living in communities with the greatest need: adolescents for whom access is invariably heavily restricted; those using a method of contraception for the first time; and those living in extreme poverty, where often neither the public nor private sector provides affordable options.^{21 22}

Employing more than 10,000 workers, the pro-choice SRHR organization currently serves an average of 28,000 clients daily, and an estimated 32 million women and girls worldwide use a method of contraception provided by MSI. MSI reports that in 2019, their services prevented 13 million unintended pregnancies, 6.5 million unsafe abortions and 34,600 maternal deaths.²³

suggesting that the region may have suffered the biggest impact of the Global Gag Rule on SRHR services provided by MSI. In Uganda, Marie Stopes has been making a critical contribution to narrow the service gap in the public sector. It is the largest, most specialized, private family planning and reproductive health organization, working in all districts of the country, making a critical contribution to address the population's unmet health needs in a setting where services in government facilities are inadequate. For instance, Marie Stopes Uganda (MSU) provides approximately 36 per cent of all modern contraception – providing free services to the rural poor, at subsidy to the peri-urban and through user fees to urban and middle-income clients.²⁴

Through a voucher program, thousands of poor women have been able to access obstetric care for a nominal fee to have a delivery at a health facility whose service quality MSU oversees.²⁵ MSU operates 29 mobile clinical outreach teams; 180 social franchise clinics under the BlueStar healthcare network; and 15 static clinics; while also supporting 2,000 village health teams (VHTs) and 200 dedicated family planning and reproductive health service providers at public facilities.²⁶

A recent study²⁷ has found that, after losing funding from the U.S. Government because of the Global Gag Rule, MSU was forced to cut or scale back mobile outreach teams that provide long-acting contraceptives to women in public health facilities. The study found that while there was no immediate impact of the Global Gag Rule on the provision of long-acting reversible contraceptives, contraceptive stock-outs, mobile outreach services, service integration, or quality of care, there was a significant impact of the policy on the community health workers

21 MSI Reproductive Choices. About us. <https://www.msichoices.org/about-us/>

22 MSI. Global impact report 2019. <https://www.msichoices.org/media/3814/global-impact-report-2019.pdf>

23 MSI. Global impact report 2019. <https://www.msichoices.org/media/3814/global-impact-report-2019.pdf>

24 Devex, 2020. Marie Stopes Uganda. <https://www.devex.com/organizations/marie-stopes-uganda-23085>

25 MSI. Global impact report 2019. <https://www.msichoices.org/media/3814/global-impact-report-2019.pdf>

26 Devex, 2020. Marie Stopes Uganda. <https://www.devex.com/organizations/marie-stopes-uganda-23085>

27 Giorgio M, Makumbi F, Kibira SPS, Bell S, Anjur-Dietrich S, et al. (2020). Investigating the early impact of the Trump Administration's Global Gag Rule on sexual and reproductive health service delivery in Uganda. PLOS ONE 15(4): e0231960. <https://doi.org/10.1371/journal.pone.0231960>

(CHWs) program, with “more exposed” facilities engaging 3.8 fewer CHWs post-GGR.²⁸ Less engagement by CHWs will likely lead to decreased access to family planning services and in turn to more unintended pregnancies in Uganda; given the cross-cutting work of CHWs, there may be impacts on other primary health services as well.²⁹

It should be noted that USAID is by far the largest international donor to Uganda’s family planning program, contributing up to 90 per cent of all international disbursements in financial year 2016.³⁰ Non-U.S. NGOs, who are major recipients of this US funding, play an important role by delivering over half of Uganda’s family planning services.³¹ Hence, there are genuine fears that the loss of U.S. Government funding due to the Global Gag Rule could place Uganda’s family planning programme in a precarious and vulnerable state.³² Ministry of Health estimated the total funding need for the family planning program and contraceptive commodities in fiscal year 2017 at US\$19.8 million and US\$25.5 million, respectively,³³ and the Government of Uganda pledged less than 10 per cent of these costs in 2018.³⁴

An assessment of the preliminary impacts of the expanded Global Gag Rule conducted by PAI in 2017 found emerging negative impact on SRHR in terms of increasing commodity insecurity; chilling effects on advocacy for safe abortion and post-abortion care services; the dismantling of referral networks between compliant and noncompliant organisations; heavy administrative burdens for organisations; the disruption of donor coordination; and a bolstering of Ugandan opponents of sexual and reproductive health and rights.³⁵

Uganda registered improvements in some SRHR indicators between the 2011 and 2016 national demographic and health surveys, however, the overall situation of SRHR remains poor. In 2019, HIV prevalence among adults aged 15 to 49 years was estimated at 5.8 percent, with prevalence among women being higher (7.1 percent) than among men (4.3 percent).³⁶

28 Giorgio M, Makumbi F, Kibira SPS, Bell S, Anjur-Dietrich S, et al. (2020). Investigating the early impact of the Trump Administration’s Global Gag Rule on sexual and reproductive health service delivery in Uganda. PLOS ONE 15(4): e0231960. <https://doi.org/10.1371/journal.pone.0231960>

29 Zara Ahmed (2020). The unprecedented expansion of the Global Gag Rule. Guttmacher Policy Review, Vol.23. Guttmacher Institute. <https://www.guttmacher.org/gpr/2020/04/unprecedented-expansion-global-gag-rule-tramplng-rights-health-and-free-speech>

30 FOREIGNASSISTANCE.gov. Foreign assistance in Uganda. <https://foreignassistance.gov/explore/country/Uganda>

31 PAI (2018). Access denied: Uganda – Preliminary impacts of Trump’s expanded Global Gag Rule. [Access-Denied_Uganda_March-2018.pdf](https://www.pai.org/access-denied-uganda-march-2018.pdf) (pai.org)

32 Giorgio M, Makumbi F, Kibira SPS, Bell S, Anjur-Dietrich S, Sully E (2020). Investigating the early impact of the Trump Administration’s Global Gag Rule on sexual and reproductive health service delivery in Uganda. PLoS ONE 15(4): e0231960. <https://doi.org/10.1371/journal.pone.0231960>

33 Ministry of Health (2014). Uganda Family Planning Costed Implementation Plan 2015-2020.

34 Giorgio M, et. Al (2020).

35 PAI (2018). Access denied: Uganda – Preliminary impacts of Trump’s expanded Global Gag Rule. [Access-Denied_Uganda_March-2018.pdf](https://www.pai.org/access-denied-uganda-march-2018.pdf) (pai.org)

36 UNAIDS. Country factsheets: Uganda 2019. <https://www.unaids.org/en/regionscountries/countries/uganda>

The country has one of the youngest and fastest growing populations in the world.³⁷ The national population is estimated to have reached 40.3 million people in mid-2019,³⁸ and will reach 56 million by 2025. According to the 2016 Uganda Demographic and Health Survey (UDHS), the total fertility rate was estimated at 5.4 children per woman. The teenage pregnancy rate is among the highest in sub-Saharan Africa, estimated at about 25 per cent. The annual population growth rate between 2002 and 2014 censuses was estimated at 3.03 per cent, making Uganda the nation with the world's biggest population growth. As a result, the majority of the population is young; up to 55 per cent of the population is below 18 years and 75 per cent below the age of 35 years.³⁹

Religious and cultural norms as well as insufficient investment in sexual and reproductive health impact access to services and information.⁴⁰ In addition, informing women about available contraceptive options and distributing supplies remain huge challenges.⁴¹ While contraceptive availability has increased, only 27.3 per cent of Ugandan women use a modern form of contraception, which is still below the average for sub-Saharan Africa, and almost half of sexually active women of reproductive age have an unmet need for modern contraception.⁴²

Uganda's maternal mortality ratio (MMR) is estimated at 368 deaths for every 100,000 live births, well above the average of 239 deaths in developing countries worldwide – 8 per cent of these deaths are as a result of unsafe abortions.⁴³ In 2013, it was estimated that up to 52 per cent of pregnancies of Ugandan women were unplanned and that 314,300 induced abortions occurred, and an estimated 128,682 women were treated for abortion complications.⁴⁴ Unsafe abortions are one of the leading causes of maternal mortality and morbidity in Uganda, contributing an estimated 26 per cent of maternal deaths.^{45 46}

The provision of comprehensive abortion care services has been hampered by a restrictive legal environment. The Penal Code criminalises the procurement of abortion except to save the life of the mother, but falls short of comprehensively providing for instances in which abortion may be permitted.⁴⁷ This has resulted in the law being interpreted inconsistently by law

37 Uganda Population Council. Uganda state of the population report 2019.

38 UBOS. 2019 statistical abstract

39 Uganda Bureau of Statistics (UBOS). National Housing and Population Census 2014.

40 Expanded, °. T. S., & Rule, G. G. (2018). Uganda.

41 Cleland, J., Harbison, S., & Shah, I. H. (2014). Unmet need for contraception: issues and challenges. *Studies in family planning*, 45(2), 105-122.

42 Cleland, J., Harbison, S., & Shah, I. H. (2014). Unmet need for contraception: issues and challenges. *Studies in family planning*, 45(2), 105-122

43 <https://www.guttmacher.org/fact-sheet/abortion-and-postabortion-care-uganda#>

44 Prada E, Atuyambe LM, Blades NM, Bukenya JN, Orach CG, Bankole A (2016). Incidence of Induced Abortion in Uganda, 2013: New Estimates Since 2003. *PLoS ONE* 11(11): e0165812. <https://doi.org/10.1371/journal.pone.0165812>

45 Gorrette, N., Nabukera, S., & Salihu, H. M. (2005). The abortion paradox in Uganda: fertility regulator or cause of maternal mortality. *Journal of obstetrics and gynaecology*, 25(8), 776-780.

46 Ministry of Health (2014). The Annual Health Sector Performance Report 2013/2014.

47 Center for Health, Human Rights and Development (CEHURD) and CRR, (2016). *Facing Uganda's Law on Abortion: Experiences from Women & Service Providers*. <https://bit.ly/2lqY6c8>

enforcement and judicial personnel, leaving medical providers reluctant to perform an abortion for any reason because they are often unsure when it is legal to do so.⁴⁸

The expanded Global Gag Rule has in the past been linked to a 40 per cent increase in pregnancy terminations in African countries that depend on American foreign aid, along with a symmetric reduction in use of modern contraception of 13.5 per cent, and an increase in pregnancies of 12 per cent.⁴⁹ The impact of the Global Gag Rule has likely been exacerbated by the outbreak of the Covid-19 pandemic, which together with the associated response, has had significant downstream effect on the accessibility and availability of SRHR services, and indirectly caused morbidity, mortality and other negative SRHR consequences.⁵⁰

In order to understand the impact of the Global Gag Rule and opposition activities on progressive SRHR in Uganda, Center for Health, Human Rights and Development (CEHURD) undertook a documentation of case studies on the implications of the Global Gag Rule on SRHR service provision during COVID-19 pandemic at selected MSU clinics. The rest of this report summarizes the outcomes of the documentation process.

1.2 Objectives

The main objective of the study was to document case studies of the impact of the Global Gag Rule on SRHR service provision and access at selected NGO and NGO-affiliated clinics during the Covid-19 period in Uganda. The specific objectives were:

- 1) To explore the knowledge and awareness of the Expanded Global Gag Rule among SRHR service providers in Uganda,
- 2) To examine the impact of the expanded GGR on sexual reproductive health in Uganda,
- 3) To ascertain the coping mechanisms of selected MSU and MSU-affiliated clinics,
- 4) To generate relevant information on the effects of the expanded GGR for progressive advocacy for SRHR.

48 Center for Health, Human Rights and Development (CEHURD) and CRR, (2016). *Facing Uganda's Law on Abortion: Experiences from Women & Service Providers*. <https://bit.ly/2IqY6c8>

49 Nina Brooks, Eran Bendavid, and Grant Miller (2019). USA aid policy and induced abortion in sub-Saharan Africa: an analysis of the Mexico City Policy. *The Lancet Global Health*, Vol.7 Issue 8, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30267-0/fulltext)

50 UNFPA Uganda (2020). Right(s) here: Delivering SRHR under Covid-19. [https://uganda.unfpa.org/sites/default/files/pub-pdf/rights here delivering srhr under covid-19 1 0.pdf](https://uganda.unfpa.org/sites/default/files/pub-pdf/rights%20here%20delivering%20srhr%20under%20covid-19%201%200.pdf)

2. METHODOLOGY

2.1 Study design

The study used a case study design to explore the implications of the Global Gag Rule on service provision and access at selected SRHR service points. The case study design has enabled the in-depth capture of experiences of clinics with the provision of SRHR services in the period of the twin challenges of the Global Gag Rule and the Covid-19 pandemic. This approach was applied flexibly to explore not only the facts but also the perspectives of the respondents on the study issue.

2.2 Analytical framework

The research has adapted the AAAQ framework⁵¹ of the Human Rights Based Approach (HRBA) to health in data analysis and interpretation of the results. The right to health imposes four essential standards on healthcare services: Availability, Accessibility, Acceptability and Quality (AAAQ):

-
- Availability means that services and commodities are available at healthcare facilities in sufficient quantity;
 - Accessibility means that healthcare facilities, goods and services are accessible to all, without discrimination, and are in safe physical reach, are affordable and clients have the necessary information;
 - Acceptability requires that services are ethically and culturally appropriate; and
 - Quality means that services and goods are scientifically and medically appropriate and of good quality.
-

2.3 Study clinics

The study was conducted in five clinics: one clinic owned by MSU, and four clinics affiliated to MSU under the BlueStar network under a franchise arrangement.

51 IFHHRO Medical Human Rights Network. AAAQ framework. <https://www.ifhhro.org/topics/aaaq-framework/>

2.3.1 Marie Stopes Clinic, Gulu

The Gulu clinic is one of the 15 static clinics of Marie Stopes targeting the high-end urban market. The clinic provides a nearly full range of sexual and reproductive health (SRHR) services at cost-recovery prices. For cases beyond the clinic's capacity, such as those requiring surgery, referrals are made to a gynecologist who operates a private clinic in the city. The clinic also receives referrals from clinics in the BlueStar network in the city and surrounding districts. The clinic also provides outreach services, usually at lower public health facilities. Marie Stopes meets the cost of mobilisation of women, and provides the health workers to work alongside those of the facility to provide family planning services, especially the long-term methods.

2.3.2 Bazadde Medical Centre, Kampala

Bazadde Medical Centre is a private clinic that has been in existence for more than 20 years. Located in Nateete, a Kampala suburb, the clinic is operated by its proprietor, a medical officer and former civil servant, supported by his family members and other staff. The proprietor says the name of the clinic, Bazadde, which literally means 'parents', was deliberately chosen due to the inclination toward the health needs of women and children. However, the clinic provides general medical services, in addition to paediatric services, family planning, immunization, minor surgeries, and delivery in emergency situations.

Under family planning, the clinic provides both short-term and long-term methods. It does not provide permanent methods. Initially, the clinic did not provide family planning services until Marie Stopes came in. The clinic does not provide any abortion-related services, including postabortion care (PAC), even though it is PAC services are not illegal and are officially provided in the government health system.

2.3.3 Kathel Medical Care, Rwampara

Kathel Medical Care is a private family-owned clinic in Rwampara district. It started in 2006 and has been in existence for 14 years. The clinic provides general outpatient care, family planning, HIV testing and counselling, antenatal and maternity services, immunization, postabortion care (PAC) and laboratory services, among other services. It serves clients from the districts of Rwampara, Sheema, Ntungamo and Isingiro. Owned by a clinical officer and his midwife wife, the clinic has been providing SRHR services from the initial days.

The clinic's partnership with Marie Stopes started in 2008.

2.3.4 Pikwo Medical Centre, Gulu

Pikwo Medical Centre is a private, family-owned clinic in the outskirts of Gulu city. It was founded in 2011 by a clinical officer and her husband, a teacher. The clinic has a branch in Opet in neighboring Omoro district.

Pikwo Medical Center currently provides general medical consultation, laboratory test services and management of common conditions. It also provides family planning services, post-abortion care (PAC), cervical cancer screening, STI screening and management, and HIV testing and counselling services. The clinic signed a memorandum of understanding (MOU) with Marie Stopes and joined the BlueStar network in 2013.

2.3.5 St. Augustine Medical Centre, Mbarara

St. Augustine Medical Centre is a private clinic on the outskirts of Mbarara city in western Uganda. It was founded in 2013 and has an establishment of nine staff: one medical officer, one clinical officer, two nursing officers, two laboratory assistants and three support staff.

The clinic provides general outpatient medical care, including diagnosis and management of malaria, typhoid, brucella and other common illnesses. It also provides family planning services, post abortion care (PAC) and laboratory test services for blood count, liver function, and kidney function, and others. It also performs minor surgeries, such as circumcision, tubal ligation, vasectomies and others.

St. Augustine Medical Centre became part of the BlueStar Healthcare Network shortly after it was founded in 2013.

2.4 Data sources

Data was collected through interviews with clinic in-charges and staff, as well as through observations and a review of clinic records. Interviews were also conducted with MSU franchise coordinators in the central and the southwestern regions.

3. KEY FINDINGS

3.1 MSU's model of SRHR service provision

Marie Stopes Uganda (MSU) provides sexual and reproductive health and rights (SRHR) services through a wide range of channels.

3.1.1 Static MSU clinics

Marie Stopes Gulu is one of MSU's 15 static clinics, serving mainly the urban centres. Services in these clinics are provided at a fee, and have largely not been affected by the Global Gag Rule because they have normally been funded by user-fees, and provide a broad range of services beyond family planning. Instead, the static clinics have been affected more by Covid-19. One static clinic, Marie Stopes Gulu clinic, has been included among the case studies.

3.1.2 BlueStar Healthcare Network

Launched 2011, the BlueStar Healthcare Network is a franchise of service providers operated by MSU to scale up coverage of high quality SRHR services in order to reach the underserved in Uganda.⁵² The franchise encompasses a network of health practitioners linked through contractual agreements to provide socially beneficial services of a specified quality under a common brand, 'BlueStar'.

Facilities under the BlueStar network provide family planning services that meet the MSU clinical quality standards, and in turn, MSU supports with capacity building training, equipment, family planning commodities, mentorship and support supervision. MSU's basic package of support to BlueStar clinics includes staff training (clinical and business skills), supply chain management for commodities, provision of equipment, job aids, record keeping and reporting, referral networks, mobile technology applications, marketing, and minor structural improvements where necessary. Franchisee management is carried out to support, supervise, monitor and evaluate performance against the set MSU BlueStar standards, which are centered on quality of care, customer experience, equity of services delivered, and tracking and monitoring.

The supervision supports member facilities to adhere to Marie Stopes' terms and conditions, guidelines, and policies. Hence, the supervision ensures that the facility is good looking, that it has trained service providers and that all healthcare workers including midwives, doctors and clinical officers are licensed to practise. In turn, network members pay an annual subscription fee of UGX 100,000-150,000, depending on the size of the clinic.

52 Center for Health Market Innovations. BlueStar Healthcare Network Uganda. <https://healthmarketinnovations.org/program/bluestar-healthcare-network-uganda>

Under the Blue Star network, Marie Stopes implemented a project called the voucher project. Under this, women and men bought a voucher from a community-based mobiliser (CBM) at a nominal fee of UGX 2,000 and received a long-term contraceptive method of their choice from any BlueStar network clinic.

While the payments at times delayed and were modest, the voucher project was a lifeline for many partner clinics as well. In Mbarara the project did not only help St. Augustine Medical Centre thrive, it helped it expand to two new branches – one in Ntungamo and another in Isingiro districts. When the project ended, and since the situation exacerbated by the Covid-19 pandemic, the clinic had to close its branches. The impact has been similar across private sector family planning service providers in the BlueStar network.

Overall, the Voucher Project has been a mainstay of the BlueStar Healthcare Network with its performance-based approach to family planning service provision. Marie Stopes provided the family planning commodities to the clinic free of charge, and paid the clinic at least UGX 10,000 depending on the family planning service provided. The project helped thousands of poor women access quality family planning services that they ordinarily would not have been able to afford.

The partners report that they derived satisfaction from the high volumes of poor women who were happily accessing subsidised quality services they could not access in the government health sector. They report that they have been trained in the provision of long-term and permanent methods of family planning and the standard of their clinics greatly improved. Pikwo Medical Centre was able to expand from injectables and condoms, both of which are short-term methods, to IUDs and implants which are long-term reversible methods.

Four of the case studies that have been documented in this study operate under social franchise and operate under the BlueStar Healthcare Network – Bazadde Medical Centre in Kampala, St. Augustine Medical Centre in Mbarara, Kethel Medical Care in Rwampara and Pikwo Medical Centre in Gulu.

3.1.3 Marie Stopes Ladies

MSU further provides services through the “Marie Stopes Ladies”. These are qualified midwives and nurses from the local community, or simply committed women from other walks of life, who are trained and supported by MSU to provide contraceptive services and advice to women in their own homes. They are tailored to provide discreet support to women, and are fully embedded in the communities they serve. Marie Stopes Ladies live and operate drug shops deep in the rural and peri-urban areas and are supported to provide family planning services at a fee. They are expected to provide door-to-door service in hard-to-reach areas, and have proved particularly effective at reaching young and unmarried women and girls who might not feel confident in using traditional clinics. They not only establish close relationships with their clients, but tailor their services to the unique needs of the local community.

The Marie Stopes Ladies program has been implemented in 12 districts: Arua, Entebbe, Fort Portal, Gulu, Hoima, Jinja, Kabale, Kampala, Lira, Mbale, Soroti and Tororo. The nurses and midwives selected to be Marie Stopes Ladies are provided with training, equipment, and on-going support to establish their own community-level businesses delivering high quality maternal and reproductive health services to underserved women and girls at an affordable price within their homes in peri-urban areas.

3.1.4 Outreach camps

The MSU outreach program ensures access to SRHR services in hard-to-reach and rural areas across Uganda. The program has 28 mobile outreach teams. The teams, consisting of midwives, nurses, and drivers, travel to the hardest-to-reach areas to provide contraception and family planning services in high-need, low-access communities. Outreach is MSU's most effective way of reaching people who need access to contraception, because it accesses hard-to-reach locations but also because services under the outreach program are provided free of charge. Outreach camps are normally conducted at public and private health facilities.

3.2 Major effects of the Global Gag Rule

This research has uncovered far-reaching effects of the Global Gag Rule (GGR) to pregnant women, sexually active teenagers and other vulnerable service recipients, as well as to service providers at the facility and community levels.

3.2.1 Closure and scale-down of services

The findings confirm that the provision of SRHR services, particularly family planning services, has been severely affected by the Trump Administration's expanded Global Gag Rule, leading many poor women to go without family planning services. While Marie Stopes has continued to receive funding from the British (UKAID) and Norwegian (NORAD) governments, its overall budget has reduced. MSU also continues to get donations of commodities from UNFPA. In 2020, the overall impact of the Global Gag Rule has been exacerbated by the Covid-19 pandemic. With this smaller funding, Marie Stopes is only able to provide funding for post abortion care (PAC) and to facilitate community-based distributors (CBDs).

At the time of the research, MSU had just withdrawn the franchise from three clinics in western Uganda, and it was due to withdraw from a further six clinics. The disengagement is largely affecting clinics that do not provide PAC services. In addition, some clinics have voluntarily withdrawn from the BlueStar network, as the end of payments to clinics has greatly diminished its value. Even for clinics that remain in the network, compliance with MSU's prescribed standards has become a challenge due to limited resources



“...The decision to disenfranchise [clinics in Ntungamo, Kabale and Rukungiri] mainly came when we were defunded for family planning. The little funding which we had was for abortion and so we had to let clinics that were not prochoice go.”
– **MSU social franchise regional coordinator, southwest**

“Mayanja Memorial Hospital and Ishaka Adventist Hospital were part of my network but they asked to withdraw. Their rationale was that we were no longer paying them for providing the service, and they even no longer get commodities from us but from JMS, so our value to them has diminished. People do not look at the knowledge and skills (provided during support supervision); they [have to] look at the money...” – **MSU social franchise regional coordinator, southwest**

“They (facilities that have withdrawn) are many. In districts like Kampala, we have about four facilities that have pulled out because of no support... Because of the limited funding, these facilities could not pay the providers who were giving out the methods. When funding ended, most of the providers left.” – **MSU social franchise coordinator, central region.**

“Well, we noticed that it has been hard for facilities. It was hard for not just women who were seeking family planning services but also for facilities that were providing the services. If the money that a facility is receiving from its clients is the main source of funding and then people are not coming, then it becomes even harder for us to move there and tell the in-charge to upgrade their premises because we know they don't have money. We have seen some facilities lay off some of their staff; now we have facilities with one or two staff plus the in-charge.” – **MSU social franchise regional coordinator, southwest**

After the end of the US funded family planning voucher project, Marie Stopes advised the BlueStar clinics to charge women for the services they provide. While the clinics continue to receive free commodities through Joint Medical Stores (JMS) under the new “One facility one warehouse” program, clinics normally charge their clients for the service. The challenge however, is that prices are not regulated and Marie Stopes’ appeals to service providers not to overcharge their clients appears to have fallen on deaf ears. Pikwo Medical Centre has resorted to cross-subsidization or price discrimination, where clients who are willing to pay are charged a double amount in order to compensate for those that are either unwilling or unable to pay.

While there is no evidence of a direct link, limited access to outreach during the Global Gag Rule and Covid-19 may have contributed to lower access to contraceptive services, which may have contributed to higher numbers of unplanned pregnancies and higher demand from CAC services. When Covid-19 broke out and a lockdown was imposed, it became even more difficult for women to access family planning. Service providers report that there has been an increase in the number of women seeking abortion and post-abortion care services.

Clinics participating in this study report that they received many calls from women seeking help but in many cases the clinic was unhelpful, as it was unviable to provide door-door delivery. The clinic received calls from desperate women seeking help with unplanned pregnancies, likely conceived after failing to access contraceptives. With Covid-19, the demand for services nosedived, and so did the clinic's income.



“The complaint from our partners is that people come demanding for the service and yet they have no money to pay. So, many of them go back without the service and end up with unplanned pregnancies and needing abortion services.”
– **Social franchise coordinator, Central region**

“People were not coming as before simply because they were told not to move. Secondly, economically people did not have money. In terms of demand, it rose because I could receive phone calls made by people demanding for services. I have about 5 beds here and they are for abortion services but there was no way they could reach here. It reached a time when I hired a van that acted as an ambulance to reach out to those people who needed the service but the cost was prohibitive,” – **Manager, Marie Stopes Gulu.**

“Unfortunately, right now women have to pay the cost for each of these which are so expensive. After the GGR, different facilities charge different prices. We usually encourage facilities not to exceed certain prices for different methods. For instance, under the facilities I oversee, I recommend that an implant should not exceed 10,000 shillings. We try to control the pricing but that is difficult because if you dictate low amounts for these commodities, then facilities won't be able to cater for their own expenses and operational costs.” – **MSU social franchise coordinator, southwest region**

3.2.2 Escalation of operational and access challenges

With reduced activity and funds, MSU and BlueStar clinics have had to reduce their staff. There have been effects on retention and remuneration of staff which have affected the operations of MSU clinics. For example, Bazadde Medical Centre in Kampala suspended salaries to its staff. The clinic also began to experience commodity stock-outs.



*“What has changed is that we have reduced the manpower. For example, you see me driving that Landcruiser but before that I had a driver. The driver was taken away and now I have to drive myself.” – **social franchise regional coordinator, southwest region.***

*“Of course, when we lost the funding, we lost staff because they could not pay them. Some became redundant because the work they were doing was no longer being funded. Others with contracts were terminated. Even the facilities themselves, some were kicked out because of funding. That is why we have other facilities that are now supporting themselves.” – **social franchise coordinator, central region***

*“Of course, the clients did not take it well, but we did not have anywhere to get the resources so we had to make them pay. But of course, they also disappeared, every person who came and you told them an implant is UGX 20,000, they would tell you, ‘let me come back’ and you won’t see them again... And it reached a time and some methods also disappeared. The injection, one of the most used methods, disappeared. Sometimes, the pills also disappeared, so people were just there.” – **Director, St. Augustine Medical Centre***

Even the staff that have been able to retain their jobs and proprietors that have kept their clinics operational have lost the motivation and morale have waned among clinic proprietors, frontline service providers and clients. Marie Stopes has suffered a reputational blow and reports that they have received numerous inquiries about “when all this will end”. “They are asking when it is going to end, but that is a hard question to answer. Actually, most of them don’t have the zeal any more. They don’t have the other motivation; the morale has really gone down – in fact some people think Marie Stopes closed,” says MSU social franchise regional coordinator, southwest region.



“Of course, some people had to go because you know when you have high numbers of people seeking services you need more hands. So, (when demand fell) I had to let off some people, definitely. I even closed one of the branches – the Isingiro one – and sold the one in Ntungamo. I gave it to one of my staff members, the money that was coming in was too little for me to keep going there every now and then.” – **Director, St. Augustine Medical Centre**

The restrictive legal environment has not been supportive of CAC service providers, and the law has been applied expansively to harass even PAC providers. The Global Gag Rule has played a role in perpetuating abortion-related stigma and to buttress conservative voices.



“I have interfaced with two providers who have been arrested for providing PAC. One of them has stopped associating with Marie Stopes. We did all we could to support him to get him out of cells but he does not want to associate with us anymore.” – **Social franchise regional coordinator, southwest**

Women seem resigned to delivering unplanned babies.



“No, they are just delivering babies now. They do not get it anywhere now because I think it was only this Marie Stopes providing these services. I may not know, there may be other organizations, but as far as I’m concerned in this area, they were talking about us and some other clinics in Kibuye (Vision clinic). So, I think I was the only one providing these services judging from the people I was getting, yeah extremely poor people.” – **Director, Bazadde Medical Centre, Kampala**

3.2.3 Management of the effects of the Global Gag Rule

Following the loss of funding due to the Global Gag Rule, Marie Stopes has not withdrawn completely; they have continued to provide technical support even after the flagship voucher project closed. Unfortunately, they appear not to have been clear in communicating the Global Gag Rule and its implications to its local partners. The responses in this study indicate a low level

of awareness of the Global Gag Rule among frontline SRHR service providers. Respondents at only one of the five clinics reached in this study demonstrated a fair knowledge of the policy, and none was aware of the link between the policy and the new challenges experienced at their clinic. The responses indicate that Marie Stopes was too vague, unnecessarily guarded or overly general in its communication with partners about the reasons for closure of the voucher project and other forms of support.

In one instance, one respondent in Gulu stated that the communication indicated that the donor was no longer interested in the northern region, and no clear reason was given for the loss of interest. In Kampala, the partners indicated that the communication was that the donor had “no more money to pay the service providers”. One of the respondents had only heard about the policy “from a friend”, and they had no recollection of what the friend had told them. Awareness of the policy, even among the MSU team, is low, as one stated, “For them (the voucher donors) they were saying their time was done.”

Stigmatization of comprehensive abortion care (CAC) services: The Gulu clinic has its price list displayed but CAC services are conspicuously missing. Instead, the clinic has displayed postabortion care (PAC) is priced at UGX 100,000, which in Uganda’s context is on the higher side, especially for common complications that may not require surgery.

MSU reports that workshops to solicit and discuss feedback from CAC service providers, including strategies to fight stigma, were suspended due to reduced funding.



“Not everyone will afford to pay that money. Not only young girls but even mothers. There has been a system of waiving these prices. We talk to them... These rates are negotiable... At the end of the day, we attend to them irrespective of the amount (they have). I have attended to people who have come with 5,000shs or 10,000shs. For me it is about ensuring that no woman leaves without being attended to, because if you don’t help her, she might end up losing her life.” – respondent at Marie Stopes Gulu clinic.

“I have seen some abortion providers being stopped from going to church because they are considered dirty. So, this is why we hold workshops with abortion providers. We try to make sure that abortion providers are not feeling the weight of religion or culture. There is also fear of having these workshops because when they get to know, there is stigma. People look at it as if we are promoting or pushing for abortion yet all you’re trying to do is that someone is in a good psychological state.” – Social franchise regional coordinator, southwest

4. CASE STUDIES

4.1 Marie Stopes Clinic Gulu

The Gulu clinic is one of the 15 static clinics of Marie Stopes targeting the high-end urban market. The clinic provides a nearly full range of sexual and reproductive health (SRHR) services at cost-recovery prices. For cases beyond the clinic's capacity, such as those requiring surgery, referrals are made to a gynecologist who operates a private clinic in the city. The clinic also receives referrals from clinics in the BlueStar network in the city and surrounding districts. "For instance, two months ago, a Marie Stopes-supported centre had a primary perforation secondary to an IUD which they could not handle so they referred here and we handled it very well," states the clinic manager.

The situation has been complicated by the Covid-19 pandemic, particularly during the lockdown when movement was restricted. Many women called the clinic seeking help but in many cases the clinic was unhelpful, as it was unviable to provide door-door delivery. The clinic received calls from desperate women seeking help with unplanned pregnancies, likely conceived after failing to access contraceptives. With Covid-19, the demand for services nosedived, and so did the clinic's income.



"People were not coming as before simply because they were told not to move. Secondly, economically people did not have money. In terms of demand, it rose because I could receive phone calls made by people demanding for services. I have about 5 beds here and they are for abortion services but there was no way they could reach here. It reached a time when I hired a van that acted as an ambulance to reach out to those people who needed the service but the cost was prohibitive," – Manager, Marie Stopes Gulu.

4.2 Bazadde Medical Centre

Bazadde Medical Centre is a private clinic that has been in existence for more than 20 years. The clinic is operated by its proprietor, a medical officer and former civil servant, supported by his family members and other staff. The proprietor says the name of the clinic, Bazadde, which literally means 'parents', was deliberately chosen due the inclination toward the health needs of women and children.

However, the clinic provides general medical services, in addition to paediatric services, family planning, immunisation, minor surgeries, and delivery in emergency situations. Under family planning, the clinic provides both short-term and long-term methods. It does not provide permanent methods. Initially, the clinic did not provide family planning services until Marie Stopes came in.



“They found that we (the individual workers) have the experience and expertise in family planning. They asked to open up an office here and we agreed. So, they provided us with all the necessary materials, and it was free. We got so many customers here, especially the poor class; they came in big numbers.”

Director, Bazadde Medical Centre

The clinic does not provide any abortion-related services, including post-abortion care (PAC), which clearly is legal and officially provided in the government health system. The director argues that abortion is “criminal”, and that “once the child has started life, even if it means one day, am very, very strict... Marie Stopes knew that these types of service we would never provide. Never!” Hence, when a woman walks into the clinic seeking abortion services, like they often do, “I (the director) just advise them.”

It is for this reason that the clinic declined Marie Stopes’ BlueStar branding due to the organisation’s pro-choice stance. Nevertheless, the clinic appreciates Marie Stopes’ overall support in upgrading the quality of care at the facility. “They had fantastic supervision, in fact they made us very clean and organised because they kept us on our toes. They kept the place to the standard, using quality control (the 5 S’s).”

However, around mid-2018, Marie Stopes withdrew and they stopped providing the clinic free services and took away the voucher card program. The clients have to pay for services, and the clinic receives commodity supplies from Joint Medical Stores (JMS). However, having been used to free services, many patients were unwilling or unable to pay and client numbers dwindled. As expected, the clientele reduced drastically after charges were introduced, reducing a minimum of 30 women per month, to just less than 10.

Marie Stopes’ withdrawal and the end of free family planning services has created mistrust between service providers and service recipients. The director of the clinic reports that clients assume that the clinic continues to get money from Bazungu (western donors) and shortchanging them.

The reason for the end of the support was not clearly communicated to the clinic. The respondents at Bazadde Medical Centre report that Marie Stopes “just withdrew slowly”, although they had reportedly been warning them that the donors had “no more money to pay us the providers”

and advised them to start getting the payments from the clients, only cautioning them against overcharging clients.

Like many former partners, Bazadde Medical Centre is struggling to meet its costs, including rent, salaries and utilities, due to reduced revenues due to the duo effect of the Global Gag Rule and Covid-19. The clinic used to provide services to employees of private companies under an insurance scheme, but these have dwindled because of Covid-related job layoffs. The clinic reports that before Covid-19, they used to serve a minimum 1,200 patients – an average of 40 patients per day – and that the number had since fallen 15 per day.

Bazadde Medical Centre used to have clients from as far as Masaka, but these no longer come, probably preferring to seek services from nearby facilities due to the exorbitant transport costs that followed the new restrictions as part of the lifting of the Covid-19 lockdown. Even clients that show-up cannot afford to pay, and clients who have received services on credit have not returned, leaving the clinic in “a mess” and “just gambling”, in the words of the director. Fortunately, the clinic had a good relationship with the landlord, who agreed to defer part of the rent payments. The director says he contemplated cutting his staff by half, but after a discussion, all staff agreed “to share the little (they) get” to help them get basic needs until the situation normalizes. At the time of this survey, the clinic was yet to resume paying its staff full salaries. The clinic director is not aware of the Global Gag Rule/Mexico City Policy, and reported that they were hearing of it for the first time from the research team. “We even don’t know why they withdrew, maybe that was the reason... For they were just saying that their donors were no longer willing.”

4.3 Kathel Medical Care, Rwampara

Kathel Medical Care is a private family-owned clinic in Rwampara district. It started in 2006 and has been in existence for 14 years. The clinic provides general outpatient care, family planning, HIV testing and counselling, antenatal and maternity services, immunisation, postabortion care (PAC) and laboratory services, among other services. It serves clients from the districts of Rwampara, Sheema, Ntungamo and Isingiro. Owned by a clinical officer and his midwife wife, the clinic has been providing SRHR services from the initial days.

The clinic’s partnership with Marie Stopes started in 2008, and over the next three years between 2009 and 2012, the clinic provided antenatal care (ANC) to an estimated 2,800 women and conducted up to 1,587 normal deliveries, and referred complicated cases. “Marie Stopes gave us the brand and their support improved our value,” says the director. The clinic reports that it receives many women seeking comprehensive abortion care (CAC) services. Some that fail to access safe abortion services have resorted to unsafe options to terminate the pregnancy, endangering their health and losing life. They are normally counselled and supported to make an informed decision



*“Of course, when they come, we normally take them through counselling and then you give them appropriate measures. Most of the people come here because of unwanted pregnancies. Most of these are people’s women because this man has been away and all of a sudden, he is giving notice that he is coming yet she is having a pregnancy. So, we have to assist them.” – **Director, Kathel Medical Care***

In 2013, the clinic started a health cooperative program to enable low-income clients save for healthcare. The cooperative is still in place. The clinic became part of MSU’s BlueStar healthcare network in 2014. It benefited from training of its staff in the provision of family planning services, and received equipment for provision of SRHR services, as well as technical support in reporting and reporting tools.



*“Actually, it was a major boost. We kind of became ‘self-contained’ because we are capable of handling many client needs... We have the knowledge and the skill. We have the equipment, some of which we never knew that we could have.” – **Director, Kathel Medical Care***

The clinic reports that the voucher project wound up in 2018, as the effects of the Global Gag Rule began to be felt. The effects of this policy have been worsened by Covid-19 pandemic. The clinic experienced a drastic reduction in clientele as well as income. The money from the voucher project helped the clinic breakeven and to expand services. The clinic reports that the number of clients has reduced from a range of 400-600 clients per month, to about 230-300 clients. The clinic has had to adjust by reducing its staff from 11 to six, and it had had only two community outreaches in 12 months.



*“Before COVID-19 came in, we were a team of a total of about 11 people but, of course, with the Covid-19 impact, we have reduced the human resource to six people. We are still able to do the work because we no longer have as many clients. Then, among them we have myself a clinical officer, two midwives, two nurses, two lab technicians.” – **Director, Kathel Medical Care***

The director of the clinic is not aware of the Global Gag Rule, and little do they know that it is behind their clinic's woes. All they know is that the Voucher Project ended. "That one is new to me... I may be knowing it in a different form but not the form you may be expecting."

Kathel Medical Care is one of the clinics that have felt the direct impact of the Global Gag Rule. The clinic has experienced an increase in the number of women, especially young women, seeking PAC services, but with limited ability to pay for them. Many of the young are unable to afford a safe abortion and their ability to afford PAC is very limited. Attempts on the part of the clinic to continue the provision of services at non-commercial prices and to carry on with the staff establishment saw the clinic run into debt, the public lost confidence and demand plummeted – putting the clinic's very survival on the line. At the time of the study, the clinic was struggling.

4.4 Pikwo Medical Center, Gulu

Pikwo Medical Center is a private, family-owned clinic in the outskirts of Gulu city. It was founded in 2011 by a clinical officer and her husband, a teacher. The clinic has a branch in Opet in neighboring Omoro district.

Pikwo Medical Center currently provides general medical consultation, laboratory test services and management of common conditions. It also provides family planning services, post-abortion care (PAC), cervical cancer screening, STI screening and management, and HIV testing and counselling services. SRHR-related cases are referred to the Marie Stopes clinic in the city center, or to the government regional referral hospital or to the Catholic-owned Lacor hospital.

The clinic signed a memorandum of understanding (MOU) with Marie Stopes and joined the BlueStar network in 2013. Under the MOU, the clinic received capacity building and support to provide family planning services. Two staff were trained and the clinic started to receive family planning commodities from Marie Stopes and to provide services under the oversight of Marie Stopes.

Marie Stopes' support enabled the clinic to provide a broader range of contraceptives, from injectables and condoms that it previously provided, to long-term methods, such as IUDs and implants, to permanent methods such as tubal ligation. The clinic also received equipment, including an autoclave machine, forceps, speculums and others. Marie Stopes conducts supervision visits on a quarterly basis. The supervision seeks to find out if there is always a trained service provider at the station at any one time; if commodities are available; and if the facility adheres to the agreed service quality standards.

Under the terms of the MOU, the clinic ensures that whoever comes seeking family planning receives the service; that each client gives their informed consent to any service or procedure; that each client and the services they have received are documented; and that an annual subscription fee of UGX 120,000 is paid.

Although Pikwo Medical Center is generally “pro-life” and has generally steered clear of comprehensive abortion care (CAC) services, it has not been spared the effects of the expanded Global Gag Rule. The clinic co-director does not have any knowledge about the policy, but its effects on her clinic are vivid.

For instance, the clinic was a beneficiary of the USAID Funded voucher project, which ended two years ago, and currently provides all its services on a cash basis. Under the voucher project, community mobilisers sold vouchers worth a nominal UGX 2,000 to women who used them to access long term or permanent family planning methods of their choice including counselling, at the clinic. The voucher project was a major source of revenue for the clinic, as it received UGX 10,000 for each voucher client served.



“Most of our clients knew that if they wanted contraceptives, Pikwo is where they came for reduced prices. And now, even after the voucher (project) disappeared, they are still stuck on that old voucher issue. When you ask them to pay, some of them just walk away... The few who pay, you just see the dissatisfaction on their faces. And because of that, the number of clients for family planning has reduced.” – **Co-director, Pikwo Medical Center.**

Unfortunately, the reason for the abrupt end of the voucher project was not clearly communicated, and clinics fumbled to handle clients who had been promised free method removal.



“They (Marie Stopes) said it was a donor issue... that the donor was no longer interested in this region. The whole of the northern region was affected but in other regions, the vouchers are still there up to today – in West Nile, central and western, they have the voucher. They said the donor interest was not in this region and there was nothing much we could do but accept. And it ended prematurely because the second half of it was supposed to end this year 2020, but it ended in late 2017.” **Co-director, Pikwo Medical Center, Gulu**

“It came as a shock, we were not prepared for that. They started with shortage of vouchers and you would hardly get enough vouchers for three months. Then later, we got an official communication that there would be no more vouchers. After that, we were told that the donor had withdrawn. So, there was no clear communication from the beginning and so the whole thing came as a shock to most of us in the north.” – **Co-director, Pikwo Medical Center, Gulu**

After the voucher project, the clinic had to reduce its staff to just three due to reduced revenue. The clinic has however, continued to receive family planning commodities sufficient for its level of clientele, even when it is much lower than the peak days of the voucher project.



“They have not limited us on the quantities (of commodities) to be ordered, only that because the number of clients dropped – we only order what we think we can consume. So, in terms of how much we order currently has also drastically decreased. Those days we would order more because the demand was high but currently, we order what we can consume.” – Co-director, **Pikwo Medical Center**.

Even with the challenges from the effects of the Global Gag Rule, the clinic has struggled to push ahead with quality services and to provide services even with their clients’ limited ability to pay. The clinic has particular challenges with women who once had the service with the voucher and are coming back for side effects management or method removal. These clients are specifically difficult to convince that the project under which they received the insertions has since ended and they have to pay.

Where the clients have been adamant, the clinic has had to incur the cost by providing a free service to save its reputation. However, it charges a double fee of UGX 10,000 to those who accept to pay as a way of compensation. Removal of an IUD or implant that was inserted at the clinic is normally charged UGX 5,000. The situation has worsened with Covid-19. Many people deserted the city and its suburbs which are the clinic catch areas, and went to villages.



“Besides , transport was also an issue then. So, there was no way we could get to the villages even if we had wanted, and remember anything that would gather people (such as an outreach camp) was prohibited, so nothing much would be done. We received calls from desperate mothers and tried to ask them to go to the nearest government health facilities, but they usually came back to us that they had not been assisted.” – **Co-director, Pikwo Medical Center, Gulu**

The Pikwo Medical Center co-director is willing to sign a petition that will appeal to the U.S. Government to rescind the Global Gag Policy, to help poor mothers access family planning and other critical SRHR services.

4.5 St. Augustine Medical Centre, Mbarara

St. Augustine Medical Centre is a private clinic on the outskirts of Mbarara city in western Uganda. It was founded in 2013 and has an establishment of nine staff: one medical officer, one clinical officer, two nursing officers, two laboratory assistants and three support staff.

The clinic provides general outpatient medical care, including diagnosis and management of malaria, typhoid, brucella and other common illnesses. It also provides family planning services, post abortion care (PAC) and laboratory test services for blood count, liver function, and kidney function, and others. It also performs minor surgeries, such as circumcision, tubal ligation, vasectomies and others.

St. Augustine Medical Centre became part of the BlueStar Healthcare Network shortly after it was founded in 2013. The proprietor had previously worked with Marie Stopes, which reached out to his clinic due to his ability to perform vasectomies and tubal ligations. With Marie Stopes' support, the clinic quickly flourished, boosted by cash from the voucher project, capacity building training, mentorship, instruments and equipment, commodity supplies, reporting tools and support supervision. Soon, the clinic was able to open a branch in Isingiro town, in neighboring Isingiro district, and later another in Ntungamo district.

All three clinics were accredited for the voucher project that is no more. The director says the voucher project had facilitated his clinics to reach many women with SRHR services they ordinarily would not afford. Clients with a voucher they bought for a nominal fee of UGX 2,000 accessed a service at the clinic and the clinic claimed the payment from Marie Stopes at the end of the month.

The director is not aware of the Global Gag Rule and its implications for the continuity of services at his clinic. "Right now, there is nothing being paid for by Marie Stopes... The project ended I think it was because some donors pulled out. They stopped, but there are some other regions that are still receiving services on a voucher, but this (western) region specifically, they stopped. I do not know if they thought we were doing fine," he explains.

At the moment, all services at the clinic are provided at a fee to the clients. Post-abortion care PAC costs UGX 60,000-150,000, depending on the severity of the complication. Most times the complications are simple, such as sepsis, bleeding and the like. The clinic says it has only had one death, way back in 2014, and it was a case of excessive bleeding that was referred to the regional hospital within the city where help could not be readily accessed because the specialist was not on duty.

The Global Gag Rule and Covid-19 have had a huge impact on access to SRHR services at the clinic. During the lockdown, women walked long distances to the clinic, while others spent most of the money on transport, and turned up almost empty handed at the clinic. The number of family planning clients went down from 50-90 per month to about 30. The clinic largely serves women who have a limited ability to pay, and have found it a challenge to pay, for instance, UGX 20,000 for an implant. The clinic also began to experience commodity stock-outs.



“Of course, the clients did not take it well, but we did not have anywhere to get the resources so we had to make them pay. But of course, they also disappeared, every person who came and you told them an implant is UGX 20,000, they would tell you, ‘let me come back’ and you won’t see them again... And it reached a time and some methods also disappeared. The injection, one of the most used methods, disappeared. Sometimes the pills also disappeared, so people were just there.” – Director, St. Augustine Medical Centre

The clinic reports receiving more women seeking abortion and post-abortion services. “We have a system to screen them and we help them... if it is to tell them to start antenatal, we do so,” says the director. He says the unwanted pregnancies have a link to the challenges in accessing contraception.

Has there been any effect on staff retention or remuneration?



“Of course, some people had to go because you know when you have high numbers of people seeking services you need more hands. So, (when demand fell) I had to let off some people, definitely. I even closed one of the branches – the Isingiro one – and sold the one in Ntungamo. I gave it to one of my staff members, the money that was coming in was too little for me to keep going there every now and then.” – Director, St. Augustine Medical Centre

The clinic director is “more than ready” to sign a petition appealing to the U.S. Government to rescind the Global Gag Rule and to resume funding SRHR organizations.

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Drawing from a service provider with decades of experience providing quality integrated services to fill gaps created by underinvestment by Government of Uganda, the effects of the Global Gag Rule have not only been far-reaching but are likely to be long-term. This is because an unplanned pregnancy and an unsafe abortion normally have lifelong effects. While many stakeholders are hopeful that the end of the Trump Administration and the coming of the Biden Administration should lead to a rescission of the Global Gag Rule, its effects will not end immediately, and many of its effects may not be possible to reverse. MSU is just one example.

From shrinking budgets, disappearing services, unintended pregnancies, to ill-health and deaths, the impact has been more pronounced for poor, vulnerable women and girls, the policy has most affected vulnerable, poor women and girls, who have no power over their sexual and reproductive lives as well as resources to access the SRHR services they need. These effects have been compounded by the Covid-19 pandemic. Avoiding a future return of the policy altogether, let alone its expansions – with or without a return of the conservative Republican administration in the United States – is critical. Fortunately, most respondents in this study were unanimous in their willingness to endorse any petition that may appeal for a rescission of the policy.

5.2 Recommendations

- 1) Advocacy should focus on avoiding a return to the Global Gag Rule, even when there is a return to a Republican administration in the United States. Marie Stopes should sensitise partners about the policy and build a movement against a future return of the policy.
- 2) Marie Stopes and partners should start laying the group with preparatory work to hasten a return to normal delivery and access to family planning services when the policy is, as expected, rescinded by the new Democratic administration in the United States.
- 3) Marie Stopes and partners in the civil society should sensitise the women, men and service providers about the legal provisions on abortion, engage cultural and religious leaders, and advocate for reform of abortion laws with a view facilitating access to SRHR services.



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