HEROES FOR GENDER TRANSFORMATIVE ACTION

Supporting Community Solutions for Sustainable Health Outcomes



Contract Partner	: Amref Health Africa in Uganda
Project Name	: Heroes for Gender Transformative Action/ Integrated Sexual Reproductive Health & Rights Programme in High Burden Districts of Uganda
Total Project Duration	: 1st November 2020 - 30th October 2026
Annual /Period Report covering	: 1st August 2024 till 30th July 2025

"Because all young girls and boys, and women in Uganda should enjoy their sexual and reproductive health and rights and live in a gender – equal society free from SGBV"

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ACRONYMS

(A)DR	Alternative Dispute Resolution
ANC	Antenatal Care
AYFS	Adolescent Youth friendly Services
BEmONC	Basic Emergency Obstetric and Neonatal Care
CEmONC	Comprehensive Emergency Obstetric and New-born Care services
CBO	Community Based Organisation
CLA	Collaborative Learning and Adaptation
CSO	Civil Society Organization
CSSP	Client Self Service Portal
CQI	Continuous Quality Improvement
CYP	Couple Years of Protection
DICAH	District Committees on Adolescent Health
DHIS 2	District Health Information System II
DHMT	District Health Management Team
DHO	District Health Officer
DMMS	District Medicines Management Supervisors
DLG	District Local Government
DQA	Data Quality Audits
eCHIMS	electronic Community Health Information Systems
eLMS	Electronic Logistics Management System
FP	Family Planning
GBV	Gender-Based Violence
GRG	Gender Reference Groups
GTA	Gender Transformative Approach
HEROES 4GTA	HEROES for Gender Transformative Action
HMIS	Health Management Information System
HSD	Health Sub District
HSS	Health Systems Strengthening
HUMC	Health Unit Management Committee
IATI	International Aid Transparency Initiative
IEC	Information Education Communication
IPT	Intermittent Presumptive Treatment
IPV	Intimate Partner Violence
ISPHD	Integrated Sexual and Reproductive Health & Rights Programme in High Burden Districts of Uganda
IWD	International Women's Day
JLOS	Justice, Laws, and Order Sector
LMS	Learning Management System of Amref
MNCH	Maternal, New-born and Child Health
MoUs	Memorandum of Understanding
MPDSR	Maternal and Perinatal Death Surveillance & Review
MoH	Ministry of Health
MYP(E)	Meaningful Youth Participation (and Engagement)
NMS-CSSP	National Medical Stores Client Support System Portal
OCA	Organization Capacity Assessment
ODSS	Organization Development and Systems Strengthening
PAC	Post Abortion Care
PAG	Programme Advisory Group
PDM	Parish development model of Uganda

PHASE	Personal Hygiene and Sanitation Education
PIM	Project Implementation Manual
PNFP	Private Not for Profit Health facility
PTA	Parent Teachers Association
PWDs	Persons with disabilities
RBF	Result Based Financing
RH	Reproductive Health
RMNCAH	Reproductive maternal, new-born, child and adolescent health
SBCC	Social Behaviour Change Communication
SGBV	Sexual and Gender-based Violence
SMC	School Management Committee
SOP	Standard Operating procedure
SPARS	Supervision Performance Assessment & Recognition Strategy
SRHR	Sexual and Reproductive Health and Rights
SSG	Survivor Support Groups
VSLA	Village Saving Loans Association
VHT	Village Health Team
WLO	Women-Led Organization
WRA	Women of Reproductive Age
YLO	Youth-Led Organization
YPLHIV	Young People Living With HIV

EXECUTIVE SUMMARY

During Period 5 (August 2024 – July 2025), the Heroes Programme focused on consolidating advancements in providing comprehensive sex education and cultivating a culture of ownership and political commitment to enhance services in nine hard-to-reach districts in Eastern and Central Uganda. These areas, which experience high levels of violence against girls and women and have limited access to sexual and reproductive health and rights (SRHR) services, have benefited significantly from programme interventions. Key achievements during this period include:

- **Increased uptake of SRHR Education:** Authorities at the school, community, and district levels have increasingly embraced a comprehensive SRHR education, resulting in nearly double the number of young people engaged through in-person and digital learning platforms.
- **Integration of Gender, Equity, and Social Inclusion:** The Heroes Programme has integrated gender, equity, and social inclusion across all its intervention areas and extended it to health and education institutions within the programme's scope.
- **Strengthened Health Facility Capacity**: Sixty-five health facilities across the nine districts are better able to address the specific and diverse needs of their populations, providing improved maternal care, family planning, and post-abortion care services.
- **Challenging Gender Norms:** The programme has made strides in challenging harmful traditional gender norms that perpetuate gender-based violence by establishing and reinforcing civic structures that respond to and mitigate these issues.

These efforts have continued amid the government unfavourable laws om SRHR, the US defunding of the development assistance sector and biting poverty in the communities. Despite these challenges, the Heroes Programme remains committed to engaging at all levels of government and collaborating closely with both governmental and non-governmental partners. Key collaborations included the UNFPA Survivor Treatment and Obstetric Fistula Prevention (STOP) and EYE programmes, the ACTUATE initiative by DKT International, the Power to Youth programme, Healthy Entrepreneurs, TRAC FM, the USAID Uganda Health Activity, Absa Bank and Afripads limited. Heroes also received a top up fund of $700,000 from the Iceland Embassy in Uganda to strengthen key interventions in the programmes.

Our outreach activities facilitated candid discussions about the detrimental effects of traditional gender norms perpetuating gender-based violence, limiting girls' access to education and employment, and suppressing women's voices. There is a growing openness among stakeholders to address these issues, though deeply entrenched beliefs and adverse policy decisions, such as the anti-homosexuality law, present significant challenges. The extension of the Heroes Programme to Heroes 2.0. offered an encouraging opportunity for extended community dialogue and the potential for new perspectives to take hold.

The Heroes Programme is successfully implementing recommendations from the previous year, deep dive engagements, emphasizing relevance, effectiveness, and alignment with local, national, and international priorities. Our 82% budget utilization demonstrates that resources are being efficiently managed to deliver high-impact SRHR and anti-GBV interventions. The ongoing support from the Netherlands and Iceland Embassies in Uganda will enable the programme to consolidate its interventions through 2026.

CHAPTER 1: INTRODUCTION AND BACKGROUND INFORMATION

1.1. Introduction

This Period 5 report, submitted by Amref Health Africa on behalf of the Heroes Programme consortium, covers implementation from August 2024 to July 2025 under the Netherlands Embassy contract. It details intensified and expanded interventions, including top-up activities in Kalangala. Key focus areas were SRHR education, health systems strengthening, and access to justice for young people, women, and persons with disabilities. The programme also emphasized sustainability by building local government and civil society capacity. All activities aligned with the Heroes 2.0 Theory of Change to achieve the programme's overall targets.

Specifically, in period 5 the programme achieved the following:

1. Increased the number of young people, women, and men by 250,611 with better information and greater freedom of choice for young people about their sexuality
2. Strengthened the capacity of 65 public and private healthcare facilities to deliver better quality for family planning, pregnancy, and childbirth, including post-abortion care (PAC) services.
3. Enabled 9 district local governments and communities in 18 hotspot communities to demonstrate more respect for sexual and reproductive health rights for all.
4. Created an enabling environment to eliminate violence against girls and women by increasing access to justice for SGBV survivors.

The programme interventions focused on enhancing district led approach, multi-sectoral collaboration, male engagement, WASH, and menstrual hygiene management in schools, inclusive policy environment and planning, strengthening health systems and survivor empowerment and access to justice. The programme also deployed digital tools to enhance operations such as Journeys Plus digital curricula.

Additionally, the programme embraced strategic technical partnerships for tailored efforts. They include Health Entrepreneurs for community distribution of SRHR products; Health [E] Foundation for digitizing learning; Lilliane Fonds and Katalemwa Cheshire Home to ensure disability inclusion, Absa Bank & Afripads limited for menstrual hygiene management, in SRHR and SGBV initiatives; Amref in the Netherlands for technical guidance on Gender, Equity & Social Inclusion (GESI) and outcome harvesting and Amref International University to support research and learning. The programme collaborated with the line Ministries of Health, Gender, Labour and Social Development and Education & Sports, both directly. To enhance governance and oversight the programme advisory group (PAG) provided guidance through the quarterly check-in meetings. This report details progress toward the four result areas, impact indicators, implementation status, risk management and financial and monitoring components from August 2024 to July 2025.

CHAPTER 2: Explanation of outcomes realized or not, including success factors or reasons of failure

This section provides a summary of the key outcomes achieved or not during Period 5. Detailed information is presented in the relevant sections under each of the four outcome areas.

2.1 Result Area 1: Better information and greater freedom of choice for young people about their sexuality.

Three outcomes are presented under this result area in line with the programme results-matrix i.e. the % increase of young girls, boys and women with comprehensive/correct knowledge on SRHR/SGBV; Reduction in teenage pregnancy/adolescent birth rate and % of individuals who demonstrate self-efficacy to negotiate reproductive health choice in a relationship.

Increase in number of young people and women reached with CSE: Over the past five years, the Heroes Programme delivered five SRHR curricula, reaching 1,506,470 individuals—86% of its overall target. In Period 5 alone, 250,611 new learners were enrolled, with a 75% completion rate, up from 53% in Period 4. Of these, 21,611 learners (8.6%) participated in the digital Journeys Plus curriculum. Completion rates were highest in Kween (91%), Bukwo (90%), Mbale (86%), and Namayingo (82%), and lowest in Bugiri (70%) and Mayuge (73%). These improvements were driven by youth camps and enhanced support from local CBO facilitators.

Reduction in teenage pregnancy/adolescent birth rate. Across the nine supported districts, the programme contributed to a reduction in teenage pregnancy from a baseline rate of 25% in 2021 to 22% in 2025 (DHIS-2 ANC data). Notable reductions were recorded in Budaka (28% to 22%), Mayuge (25% to 21%), and Bukwo (21% to 17%). On the other hand, despite these efforts some districts like Namayingo(27%) and Bugiri (26%) remained with high teenage pregnancy rates. This success was attributed to the provision of age appropriate sexuality education and the improved access to contraceptives across the programme supported sites. Heroes also supported the rollout of the multisectoral Teenage Pregnancy Surveillance and Response Platform across the programme districts. The platform addressed the drivers of teenage pregnancies and commits duty bearers and other stakeholders contribute to influencing positive behaviours among the young people. Structural drivers especially poverty and the consequent pathways to teenage pregnancy such as transactional and intergenerational sex remain a big challenge in Heroes districts especially Namayingo and Bugiri districts.

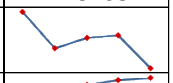
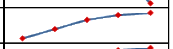
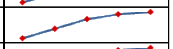
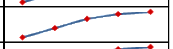
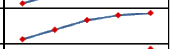
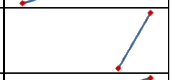
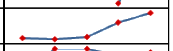
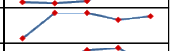
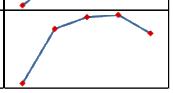
Proportion (%) of individuals who demonstrate self-efficacy to negotiate reproductive health choice in a relationship.

Under this result area, Heroes aims at contributing to an increase of individuals demonstrating self-efficacy regarding SRHR from 41% at baseline to 65% at end-line. while this has not been assessed (awaiting the end line survey), anecdotal data from community facilitators and teachers report an improvement in negotiation skills, assertiveness, confidence, health seeking behaviours and effective decision-making skills amongst the learners as such showing some positive progress towards demonstrating self-efficacy among beneficiaries. This could explain the increased uptake of SRHR services and subsequent reduction of teenage pregnancies in most districts.

2.2 Result Area2: Better public and private healthcare for family planning, pregnancies and childbirth, including post abortion care.

This result area aimed at improving quality of SRHR service for women and girls. Table 1 show trends of various indicator throughout the programme period (P).

Table 1: presents a summary of progress trends under Result Area 2, achieved from Period 1 to Period 5.

SRHR SERVICE INDICATORS	P1	P2	P3	P4	P5	Trends
Institutional maternal Mortality ratio	59	29	38	40	13	
Couple Years of Protection	45,770	68,664	94,763	108,933	113,819	
Unintended pregnancies averted	13,182	19,775	27,292	31,373	32,780	
Unsafe Abortions averted	4,633	6,951	9,593	11,028	11,522	
Maternal deaths averted	870	1,305	1,800	2,070	2,163	
Facilities experiencing no stockouts				69%	89%	
ANC visit attendances	133,582	131,689	136,243	163,400	180,389	
Health facility deliveries	56%	70%	70%	66%	68%	
Total SRH services	2,889	242,519	296,387	305,084	225,908	

Reduction in Institutional Maternal mortality (IMMR): The programme achieved a significant reduction in the institutional maternal mortality rate, from 30 to 13 deaths per 100,000 live births across supported health facilities. This progress is attributed to the implementation of the 'maternity care bundle,' which includes proactive identification and follow-up of pregnant women through quality antenatal, childbirth, and postnatal care. Key enablers included improved availability of essential supplies and equipment, strengthened referral systems, reduced stock-outs of maternal health commodities, and enhanced local transportation through trained motorcycle riders. The programme also strengthened linkages between communities (via VHTs) and health facilities to minimize delays in seeking care. Additionally, through Results-Based Financing (RBF), high-volume HCIIs were equipped to provide basic emergency obstetric care and referrals, supported by quality improvement initiatives across the maternal and child health continuum. All programme health facility staff are linked to the local maternity and new-born networks (LMNs) where they receive support.

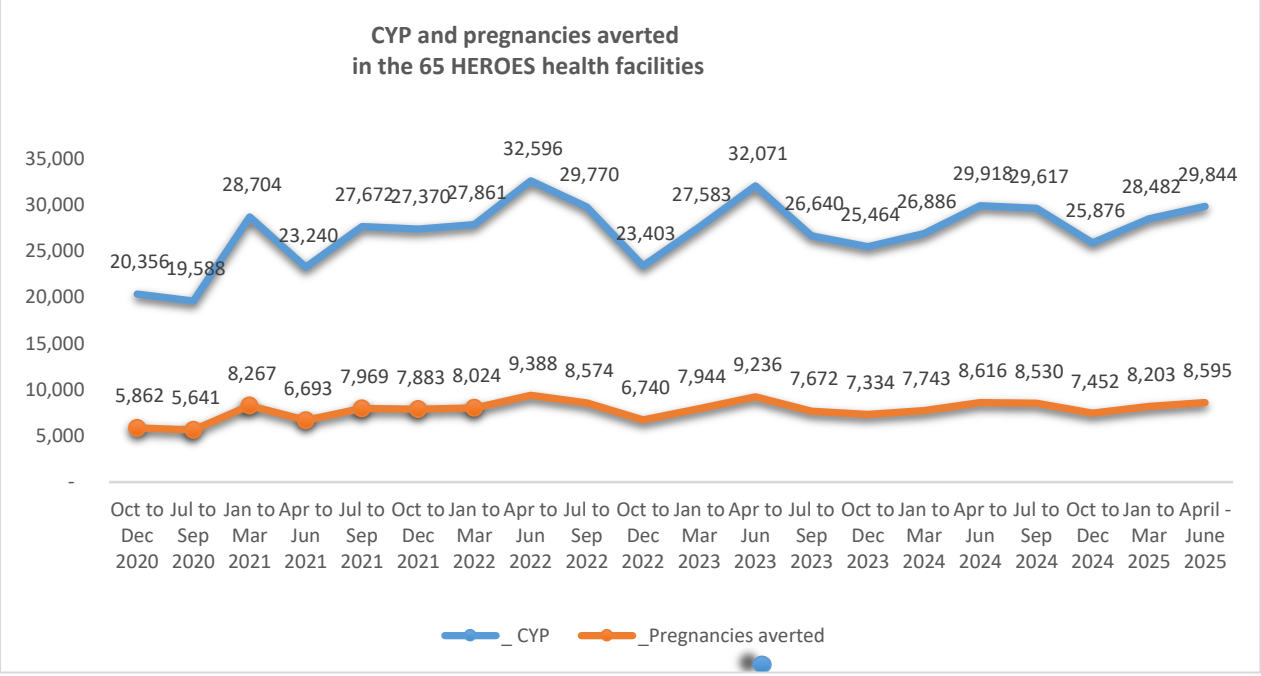
Increased institutional deliveries

The programme has contributed to increased Institutional deliveries by 12% from 56% at baseline in 2021 to 68% in 2025, although, this was below the set target of 85% for the reporting period. This gap is attributed multiple factors including, poverty, limited control of women on resources to facilitate transportation especially for pregnant women leaving communities very far from health facilities such as islands and new community settlements where transportation is difficult to come by, broken or non-existent ambulance services to health facilities. The programme is employing strategies like pregnancy mapping and early referral to address this gap.

Increased CYPs and pregnancies averted: In Period 5, the programme achieved 113,819 Couple Years of Protection (CYPs), reaching 96% of the annual target of 118,646, and successfully averted 32,870 unintended pregnancies, also 96% of the target of 34,170. These results are attributed to

enhanced provider capacity to deliver integrated family planning (FP) services—particularly long-acting reversible contraceptives (LARCs)—across both static and outreach service delivery points. Contributing factors included improved availability of FP commodities, more responsive and client-centered service delivery, integration of FP into routine EPI outreaches, and strengthened capacity of Community Health Extension Workers (CHEs) to distribute FP methods. However, persistent challenges such as negative community norms and irregular commodity supply continue to impede the effective provision of FP services. The trends of CYPs and averted unwanted pregnancies are in figure 1 below:

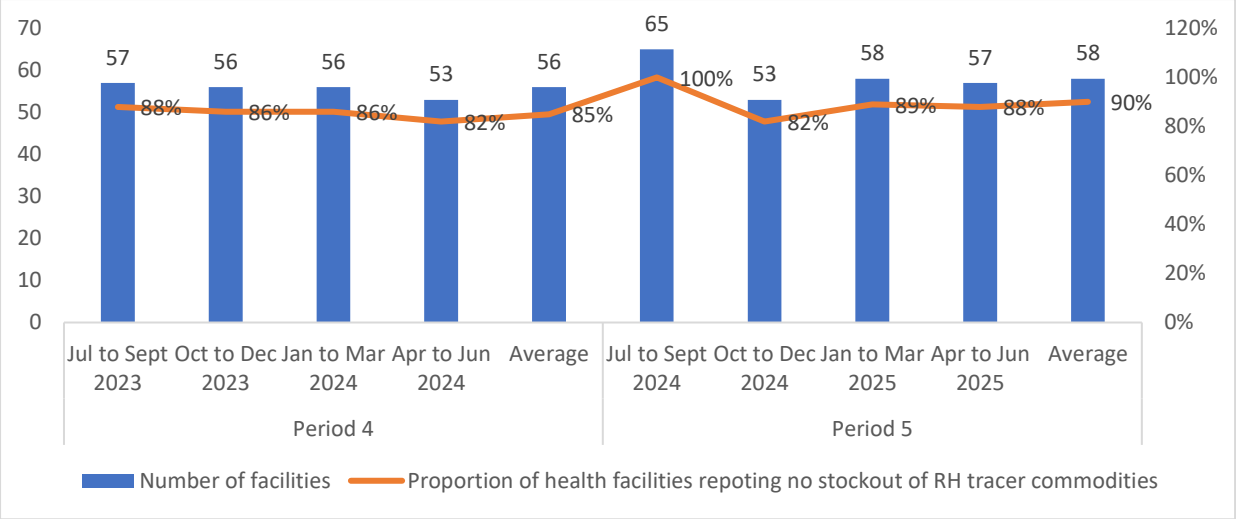
Figure 1:Distribution of Couple Years of Protection/FP users and Clients by Programme Districts



Source: DHIS II

Improved FP/RH commodity availability: In period-5, 90% of health facilities reported no stock-outs of reproductive health tracer commodities (condoms, injectable and Implanon) compared with 69% in period 4, above the 80% target for the reporting period. This shows that the programme is on track towards realization of the life of programme (LoP) target of 100%. This is attributed to strengthened facility capacity in use of the electronic logistics management system (eLMIS) and quality of orders, correct quantification, reporting, and accountability concretized through partnerships with other organizations and implementing partners through district supply chain partnership meetings. However, the occasional stockouts are related to the delays in the National Warehouse Delivery systems, some capacity gaps in proper stock management and lack of electricity in some facilities that limit use of eLMIS. The withdrawal of USG funding contribution to FP commodities has created uncertainty about meeting the demand and unmet need for contraception. The stock-out trends are illustrated in the figure-2 below:

Figure 2: Stock status trends for RH tracer commodities from period 4 to period 5



Source: DHIS II

Improved client satisfaction; Across the 65 supported health facilities, clients accessing SRHR services reported an overall satisfaction score of 71%. High ratings were recorded in areas such as facility cleanliness (94%), provider respectfulness (90.8%), and absence of bribery (95.9%). These outcomes are attributed to strengthened interpersonal communication, continuous quality improvement initiatives, targeted mentorship, provider capacity building, and service delivery adjustments informed by client feedback. However, lower satisfaction was noted in service timeliness (82.3%), availability of services (84.9%), and essential medicine availability (83.1%), with clients citing understaffing and long wait times as key concerns. District-level performance varied, with Namayingo, Bukwo, Kalangala, Kween, and Iganga consistently registering the highest satisfaction levels across multiple indicators. Heroes has deepened the continuous quality improvement at all facilities to address service quality gaps.

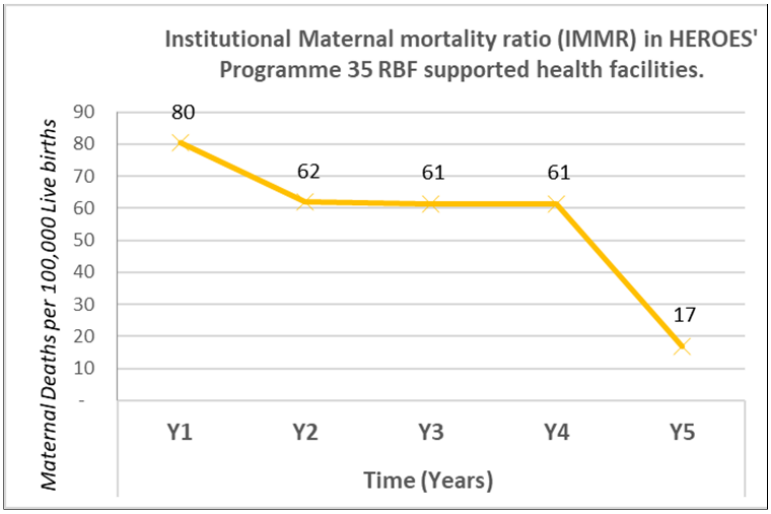
Strides in Health System Straightening through Result Best Financing (RBF)

The HEROES Programme continued to strengthen the delivery of SRHR services in 35 health facilities through RBF in alignment with Uganda's national health financing priorities. Specifically, this approach has significantly improved service availability, readiness, and quality across the supported health facilities. In these facilities, we have observed reduced maternal and perinatal deaths, particularly in facilities implementing transport voucher schemes for high-risk mothers and survivors of SGBV. Uptake of SRHR services increased steadily, with a 37.7% growth in standard units of output[1] (SOU) 62,659 in Period 5, up from 45,483 in Period 4.

Regarding leadership and governance, structures in target districts like DHMTs and DTPCs became more engaged in supervision and service audits which in turn has led to ownership of service quality improvement and sustainability. For instance, there has been a steady improvement of SRHR service quality of care scores rose from under 45% in 2020 to over 85% in 2025. In addition, nine

[1] The Standard Unit of Output (SUO) is a composite metric used to assess health system performance and efficiency. In the context of SRHR/SGBV, it standardizes measurement across services like antenatal care, family planning, post-abortion care, and gender-based violence support. SUO enables consistent comparison, resource allocation, and impact evaluation across different interventions. In this case, SOU combined - ANC1 in 1st trimester plus ANC4+ plus IPT2+ plus FP-LARC plus PAC plus SGBV).

health facilities (Kameruka HC3, Kebula HC3, Bukiende HC3 , Lwangoli, kwirot HC3, Bugana HC3, Syanjinia HC3, Amanang HC3 and, Brim HC3 etc.) have been prepared and transition to the government of Uganda RBF scheme as a sustainability measure.



Success was driven by a supportive policy environment, committed local governments, and active community health structures. Furthermore, RBF enabled consistent availability of essential medicines , supplies and equipment as well as availability of critical services such as post abortion care (PAC) and better management of cases of SGBV supported by transport vouchers and better collection of evidence from SGBV survivors. However, challenges such as staff transfers, dropout of community resource persons, and competing health facility demands affected consistency in SRHR service quality improvement. The Heroes programme continues to advocate against disruptive staff transfers and speedy recruitments to fill vacant positions.

2.3 Result Area 3: More Respect for Sexual and Reproductive Rights for All.

Under this result area, the Heroes focused on engaging duty bears to tackle social barriers, harmful gender norms, and power inequalities underlying GBV and SRHR violations. This phased build on previous action where leaders and communities were sensitized to SRHR, SGBV, the protective laws of Uganda and risk areas. The focus was on causing a shift in community attitudes, strengthening accountability, and create safer environments for survivors and young people. The following have been the key outcomes

District Budgetary Commitments: Four districts—Mbale, Budaka, Kween, and Bukwo—have committed to increasing their budgets for SRHR and GBV responses in the 2026/2027 financial year, focusing on access to care, treatment, justice, and protection for SGBV survivors. This commitment follows successful advocacy and Gender Equity Budgeting (GEB) training of district leaders by local CSOs and the Heroes programme. It reflects growing local ownership of the SGBV response and highlights the strengthened advocacy capacity of CSOs and youth leaders empowered through the Heroes programme.

Affirmative Actions for SRHR/SGBV: Five targeted districts (Namayingo, Bukwo, Kween, Budaka, Mbale & Kalangala) have taken affirmative actions to strengthen SRHR/SGBV service delivery, including filling of formally vacant positions of assistant community development officers (ACDO). These ACDOs lead district responses in addressing GBV through handholding support of survivors to access care services, facilitating routine community policing, and tackling harmful practices through the SGBV steering committees. Other actions included the designation of trained medical officers to collect evidence in cases of SGBV. For example, , Bukwo & Kween released names of

Doctors that are assigned to fill the PF3 forms. In Mbale, the police have included the negotiation with perpetrators in rape of defilement cases as a criminal offence and committed to arrest the negotiators. In Kalangala District, the district Council passed a bill against Alcohol and illicit Drug Abuse. The latter is a major cause of GBV in the district and the effort is aimed at curbing the vice.

Increase in accessibility and use of laws: The programme has so far distributed 5,000 copies of printed laws and 600 copies of compendia of laws to LCs, GRGs, district stakeholders, survivor support group (SSG) members, Advice Centre champions and the informal sector. Anecdotal evidence shows that there is application of these laws while handling cases in their communities. This success is rooted in the user-friendly format of the materials, targeted dissemination to key local actors, and the relevance of the content to their daily responsibilities making legal processes more approachable and actionable at the community level.

> *'This book is the best product that I have received as a probation officer because it makes my work much easier that keep going to look for the constitution, penal code, DVA....'*Says the probation officer of Namayingo district.

Shifts away from harmful SRH and SGBV norms (Measurement level attitudes /intentions/ behaviours).

The programme conducted a correctional behavioural survey from in November 2024 on attitude towards GBV involving 889 women (55%) and men (45%) aged 25-45 years. The results showed improved knowledge on SGBV and positive shifts away from harmful norms. Table 2 below summarizes some of the findings

Table 2: Shifts in attitudes among survey respondents.

Attitude	2022	November 2024	% Change
Acceptance of Wife Beating	50.9%	21.0%	-29.9 percentage points
Support for Male Dominance in Decision-Making	64.02	45.5%	-19.52 percentage points
Acceptance of Domestic Violence as a Private Matter	52.03%	32.6%	-19.43 percentage points
Traditional Gender Views of Women's Roles	67.82%	52.2%	-15.62 percentage points

Source: Attitude survey 2024

The shift in attitudes towards harmful practices seen in this survey , despite the small sample, was interesting considering that change in beliefs, norm and practices takes a long time. The most dramatic short-term improvement is seen in SGBV attitudes, with a 29.9 percentage point decrease in acceptance of wife beating (from 50.9% to 21.0%) between 2022 and 2024. This rapid shift suggests effective awareness campaigns and changing social norms. Similarly, the 19.52 percentage point decline in support for male dominance in decision-making (from 64.02% to 44.5%) indicates accelerated social transformation. The 19.43 percentage point decrease in accepting domestic

violence as a private matter (from 52.03% to 32.6%), and the 15.62 percentage point reduction in traditional gender views of women's roles (from 67.82% to 52.2%) represent substantial changes for a two-year period. There was strong support for shared decision-making (around 85% agreement from both genders), though concerning gaps exist in perceptions of safety and sexual consent. Males report feeling safer in relationships (82.8%) compared to females (73.9%), and show higher agreement with respecting sexual boundaries (73.5% vs 67.5% for females).The achievement of 81.20% awareness of SGBV services by 2024 also indicates successful community interventions. These findings call for a stronger survey in the Heroes programme districts in order to determine the actual impact of the community engagement interventions,

2.4 Result Area 4: Enabling Environment for Young Girls and Women's Elimination of Violence Against Girls and Women.

The programme successfully expanded to nine additional hotspot communities, establishing SGBV prevention and response services that supported 4,255 survivors to access justice. It also facilitated the formation of 34 Survivor Support Groups (SSGs), bringing together 1,722 survivors, with 368 linked to access the government's Parish Development Model (PDM).

Court Conclusion Rate for SGBV Cases: 52% of SGBV cases taken to court were concluded through the court system, achieving 86% of the period 5 target. This success is attributed to the buy-in and cooperation by witnesses and duty bearers.

% of SGBV survivors who accessed justice.

There was an increase in access to justice, with 223 cases taken to court in Period 5 more than double the 100 cases in Period 4 and 117 cases concluded, representing 52% case closure, most carried forward from previous periods and some cases taking 3–6 months at an average cost of UGX 350,000 and the highest cost being UGX 10,000,000. This progress was driven by a strengthened multi-sectoral approach, enabling effective collaboration, referrals and joint action among formal and informal actors. Regular capacity-building sessions for local councils, paralegals, and Gender Reference Groups (GRGs) helped remove barriers to justice previously faced by survivors.

However, a slight reduction of 13 in court-concluded cases compared to Period 4 points to ongoing systemic challenges, such as case backlog, some survivors and witnesses fear to continue perusing cases due to threats from community and fear of backlash, which require sustained engagement with the justice system and the community for long-term improvement.

CHAPTER 3: INDICATORS AND RESULTS ACHIEVED

This section presents a summary of the results achieved against the set indicators during the reporting period, including those of the top up activities funded by the Embassy of Iceland in Uganda. The section highlights progress made to achieve outcomes , reflecting both the indicators defined by the Embassy and any additional project-specific indicators.

Table 3: Programme Achievements as Per the Minister's Indicators

NL Result Framework	Result area	Result indicator	Target Value	Realized
Security and Rule of Law	1. Security for people and communities	13.1. # of people with access to justice [through formal and informal justice systems] (SAMDD)	N/A	N/A
	2. Rule of Law and people-centred justice	13.2. # of people with access to justice [through formal and informal justice systems] (SAMDD)	10,461	5,377
Sexual and Reproductive Health Rights	1.a. Promote active and meaningful involvement of young people in policy- and decision-making	1.a.1 # of youth who participate in policy and decision-making bodies who perceive their participation as meaningful	164	123
	1.b. Promote good quality, gender-transformative, comprehensive sexuality education that encourages healthy sexual behaviour, that reaches all youth (in and out of school)	1.b.1 # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception	500,169	250,611
	1.c. Boost access to and use of youth-friendly SRH and HIV/AIDS Services	1.c.1 # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services	65	65
	2.b. Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS	2.b.1 # of women and girls using modern contraceptives	103,171	100,067
		2.b.2 Couple years protection (CYP)	118646	113,819
		2.b.3 FP Method mix (availability at facilities)	65	65
	3.a. Strengthen health systems to support provision of SRH including HIV/AIDS services and safe abortion care	3.a.1 # health workers trained in providing SRH services	271	477

Additional Program Indicators

This section highlights the results achieved under Result Areas, focusing on additional core indicators defined by the project to complement those identified by the Embassy. These indicators provide a more comprehensive understanding of progress made toward the intended outcomes during period-5.

Table 4: Performance on Additional Programme Indicators (Green is for performance >75%, Amber 50-75%, red <50%)

Impact/Outcome/output	Indicator	Target	Realized

Outcome 1: Better information and greater freedom of choice for young girls, boys and women about their sexuality	Reduction in teenage pregnancy/adolescent birth rate (DHIS-2)	21%	22%
Output 1.1: Young girls, boys and women reached with comprehensive, correct information on SRHR and SGBV	# of young girls, boys and women reached with comprehensive, correct information on sexuality, SRHR, SGBV and life skills training. (Programme database)	500,169	250,611(50.1 %)
Output 1.1.1: Pupils reached with hygiene information and services	# of schools supported with basic menstrual hygiene kits	90	46 (51%)
	# of pupils trained in personal hygiene and sanitation education (PHASE) including menstrual hygiene.	24,435	17,591 (72%)
Output 1.1.2: Schools integrate SE and WASH services within the school's program and budget	# of district affirmative actions taken to strengthen delivery of SRHR/SGBV information to in/out of school young people	54	55 (100%)
	# of schools that formally integrate delivery of Sexual Education within the school timetable	93	65 (69%)
	# of schools that take and implement affirmative actions to strengthen finance for WASH menstrual hygiene management within schools	64	54(84%)
Iceland Embassy Top-Up Fund Activities			
Output 1.1.3: Improved access to inclusive Comprehensive Sexuality Education (CSE) among people with disabilities in Kalangala by December 2025.	# of PWDs reached with comprehensive sexuality education	904	576 (64%)
Output 1.1.4: Improved access to safe drinking water	# of schools that gained access to safely managed drinking water	1	0
	# of Pupils and school staff that gained access to safely managed drinking water	503	0
	# of Community members that gained access to basic drinking water	800	0
	# of Patients and health workers that gained access to safely managed drinking water	3,928	0
Output 1.1.5: Sustainable access to improved sanitation services	# of schools that gained access to basic sanitation facilities	5	0
	# of pupils and school staff that gained access to upgraded sanitation services	503	314 (62%)
	# of patients and health worker that gained access to upgraded sanitation services	3,928	0
	# of villages/zones that have eliminated open defecation	2	2 (100%)
	# of people that live in communities/villages/zones that have eliminated open defecation	385	273 (70%)

Impact/Outcome/output	Indicator	Target	Realized
Outcome 2: Better public and private healthcare for family planning, pregnancies and childbirth, including post abortion care	# unintended pregnancies averted. *(DHIS 2)*	34,170	**32,780(96%)**
	% increase of births attended by skilled health personnel in Heroes Health facilities *(DHIS 2)*	85%	68%
	% increase in client satisfaction rates of young girls, boys and women for SRHR services in the supported health facilities. *(Client exit interview reports)*	84%	71%
	% of health facilities experiencing no stockouts of at least three modern FP methods over a period of three consecutive months. ***(DHIS 2)***	65	57(88%)
Output 2.1: Private and public health systems strengthened to scale up SRHR & SGBV services for young girls, boys and women	# Health facilities providing FP Method mix (both short- and long-term methods). *(DHIS 2)*	65	65(100%)
	# of facilities that adopt and implement youth friendly SRHR/SGBV services, *(DHIS 2)*	65	65(100%)
	# of health facilities with functional e-LMIS system for supply management. *(Programme reports)*	65	62(95%)
	# of health facilities reporting non-stock outs of SRHR commodities in quarter. *(DHIS 2/Programme Reports)*	65	58(89%)
	# of VHTS enrolled into HE and distributing SRHR commodities at last mile. *(Programme reports)*	418	590(140%)
Output 2.2: Increased access to quality friendly services by young girls, boys & women in hard to reach areas	# of young girls, boys and women provided with SRH services at health facility/static & outreaches sites. (DHIS 2)	252,492	225,908 (89%)
Output 3.1: Strengthened capacities of CSOs (YLOs/WLOs) & key influencers to lobby and advocate against harmful practices related to gender and SRHR/SGBV	# Of CSOs and Advocacy networks with increased lobby & advocacy capacities. *(CBO assessment report)*	21	21(100%)
	# of community members reached through the different mobilization (education & sensitization) strategies.	245505	552109 (225%)
	# of measures introduced by the GRGs to increase protection of children, young people women and PWDs. *(Programme reports)*	9	7(78%)
Output 3.2: Changes in bi laws, guidelines, ordinances, and practices leading to decrease of barriers to SRHR services	# of laws, policies, practice, and strategies blocked, adopted or improved to eradicate all forms of violence against women and girls in public and private life. *(Programme reports)*	9	9(100%)
Outcome 4: Enabling environment for young girls and women's elimination of violence against girls and women	% of survivors who are satisfied with the SGBV response procedures/system. (*SGBV satisfaction reports)*	**85%**	To be done in period 6
	% of SGBV survivors who receive access to justice. *(Programme data base)*	85%	79%
Output 4.1: Improved SGBV service provision and case management	# of multi sector actors/responders trained and mentored on SGBV response. *(Programme reports)*	503	683(136%)
	# of girls and women who present cases of sexual violence. *(Programme database)*	4173	3913 (94%)
	# of survivors (of girls and women) provided with access to justice through the program.	4414	3335 (78%)

	(*Programme database)*		
	% of survivors who access health service within three days of assault. *(Programme database)*	579	406 (70%)
	# of SGBV cases taken to court. *(Programme database)*	457	223(49%)
	# of cases heard in court. *(Programme database)*	455	223 (49%)
	% of cases concluded through the court system. (Programme database)	223	117(52%)
	# of LC courts capacitated to deliver gender justice for survivors. *(Programme reports)*	18	18(100%)
Output 4.2: Young girls, boys and women have access to SRHR and SGBV safe spaces	# of individuals using SGBV social services. (Programme database)	12,322	5377 (44%)
	# Of district that have increased their budgets towards SRHR/GBV. *(Programme reports)*	6	4(66%)
	# of district affirmative actions taken to strengthen delivery of SRHR/SGBV. ***(Programme reports)***	8	4(50%)
Top-Up Fund Activities			
Output 4.3: Improved capacity and resilience of SGBV survivors	Fully functional skilling centre	1	0(0%)
	# of people from Kalangala trained on how to run skills development Centre	30	35(117%)
	# SGBV survivors trained towards specific range of skills	300	144(48%)
	Community Engagement and mobilization for Advocacy on harmful effects of HTPs and harmful social norms	5000	3465 (69%)

The programme publishes final annual reports and indicator data sets after the end of the period. Specifically, for the reporting period we anticipate to publish the final narrative report in October 2025 for period 5.

CHAPTER 4: ANALYSIS OF THE ACTIVITY PROGRESS

This section presents a graded assessment of implementation progress under each result area. Overall, the programme achieved 88% completion rates for all planned activities. Achievements

related to outcomes or impact are provided in the relevance section which areas where delays are and programme actions to improve are reported.

4.1. Progress in Interventions under Result Area One: Better information and greater freedom of choice for young people about their sexuality.

Under this result area, the program demonstrated strong performance, with significant progress in implementing comprehensive Sexual and Reproductive Health and Rights (SRHR) and Sexual and Gender-Based Violence (SGBV) education interventions. A key milestone was the successful co-development of 18 SRHR/SGBV messages and materials through a five-day content design workshop in partnership with the Ministry of Health (MOH). These materials, guided by findings from the "No More Silence Campaign" done in collaboration with TRAC FM and teenage pregnancy studies, as well as the adaptation of the "Together We Decide" male engagement game, were tailored to meet the specific needs of young people across different age groups and included inclusive approaches for people with disabilities. However, dissemination has been delayed due to pending MOH approvals. To improve the completion status of this activity, the program is now prioritizing engagement with MOH management to fast-track approvals, with a view to printing and distributing the materials through diverse platforms including schools, community hotspots, and digital media.

Figure 2: Figure 2: Pupils at Namakwekwe Primary School in Mbale demonstrate how they learn CSE using the digital Journeys+ curriculum in a Community internet Kiosk.



School-level leadership support was significantly enhanced through targeted engagement of School Management Committees (SMCs) and Parent Teacher Associations (PTAs). As a result, 70% of schools have formally integrated the "Journey Plus" curriculum into their school timetables, and 42% have committed budget allocations to SRH interventions, PHASE, and MHM initiatives. This progress reflects a strong institutional commitment and provides a conducive environment for sustained SRHR programming. Furthermore, the programme scaled up the digitized Journeys Plus initiative to 83 additional schools through joint efforts with District Education Officers across seven districts. This expansion included the training of 185 teachers, SMCs, and headteachers, thus building capacity for effective rollout and sustainability. In districts like Mbale, collaboration with Roke Telecom which provides affordable internet to schools and communities enabled Heroes to integrate the digital CSE in these schools.

Menstrual Hygiene Management (MHM) and sanitation interventions have seen notable success. The program exceeded its target by reaching 9,720 girls with menstrual hygiene kits in 46 schools, and with support from partners like ABSA Bank and Afripads LTD, distributed long lasting reusable pads to an additional 1,401 girls. Forty teachers were also trained as MHM champions. These efforts were integrated with the Personal Hygiene and Sanitation Education (PHASE+) model, which equipped over 17,500 pupils with skills in menstrual hygiene, handwashing, and body care, creating a ripple effect of improved health outcomes and student confidence. These learners are now seen as hygiene role models in their schools and communities. In addition, menstrual hygiene sanitation infrastructure. For example, Bukwo district constructed incinerators (co-financed by the district and heroes) to manage waste. In Kalangala school sanitation committees and school health clubs are promoting behaviour change to end open defecation.

Despite these gains, some activities remain incomplete or ongoing. Peer educator outreach has achieved wide reach—benefitting over 250,000 adolescents with information on leadership, self-esteem, and communication skills—though consistency and coverage need to be strengthened. Similarly, male engagement interventions reached over 50,000 men, laying the groundwork for shifting harmful gender norms. Ongoing support for inclusive education for persons with disabilities (PWDs) has reached 64% of the targeted PWD youth with age-appropriate SRHR/SGBV information, and training of 23 PWD peer educators was completed. Meanwhile, advocacy for inclusive resource allocation and promotion of WASH behaviour change continues in Kalangala, with activities like sanitation campaigns, hygiene peer groups, and school infrastructure support still in progress.

To improve overall completion rates, the programme must urgently secure necessary approvals from the Ministry of Health for the remaining SRHR/SGBV materials and expand logistical support for materials dissemination. Strengthening coordination with local governments and education stakeholders, increasing resource mobilization, and ensuring real-time monitoring and community feedback will be key. Additionally, accelerating implementation of the remaining male engagement tools and inclusive WASH infrastructure will close critical gaps and sustain momentum across all intervention areas.

4.2. Progress in Interventions under Result Area Two: Better public and private healthcare for family planning, pregnancy and childbirth, including post-abortion care.

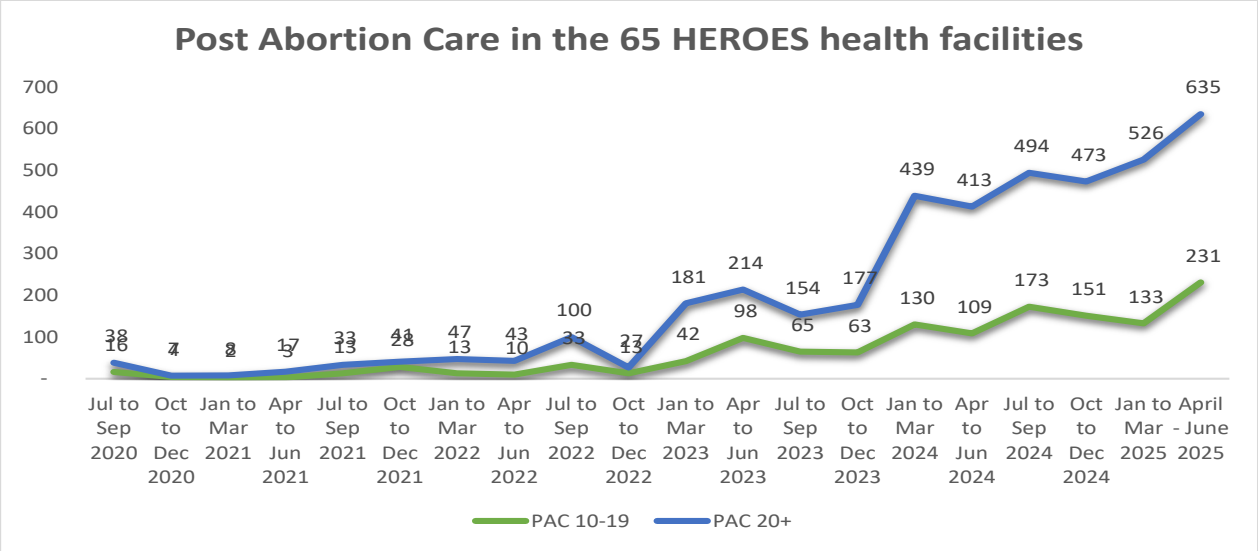
Under Result Area 2, significant progress was made toward enhancing access to inclusive, responsive, and high-quality SRHR/SGBV services across 65 health facilities in nine districts. The programme strengthened the health system by implementing WHO's building blocks and using the Results-Based Financing (RBF) model in 35 facilities. In Period 5, efforts focused on sustainability, including enhanced monitoring, integration of Continuous Quality Improvement (CQI) practices, strengthened supply chains, and community-referral linkages. These interventions have contributed to increased service uptake, improved facility performance, and more accountable and inclusive governance.

Governance and leadership for SRHR interventions also saw meaningful improvements. While only 45% of HUMCs had operational plans and budgets at baseline, targeted interventions, including ODSS and GESI training for 157 HUMC members, led to an average 32% improvement in functionality scores—from 52% to 83%. Representation of marginalized groups such as women, youth, and persons with disabilities (9%) was also improved. HUMC establishment across all

facilities stood at 99%, though ongoing work is needed to address formal appointments and comprehensive budgeting.

One of the most notable improvements was in human resource capacity. The programme exceeded its target by training 477 health workers (11% of the life-of-project goal) in SRHR/SGBV services, including FP, PAC, BeMOC, CeMOC, adolescent-friendly care, and human rights-based approaches. This was complemented by mentorship and support supervision based on real-time data from monitoring visits. These efforts directly contributed to improvements in service quality and coverage, particularly in facilities serving young people and women of reproductive age. Furthermore, 270 integrated outreach sessions reached marginalized populations with 53,000 services delivered, 38% of which targeted youth.

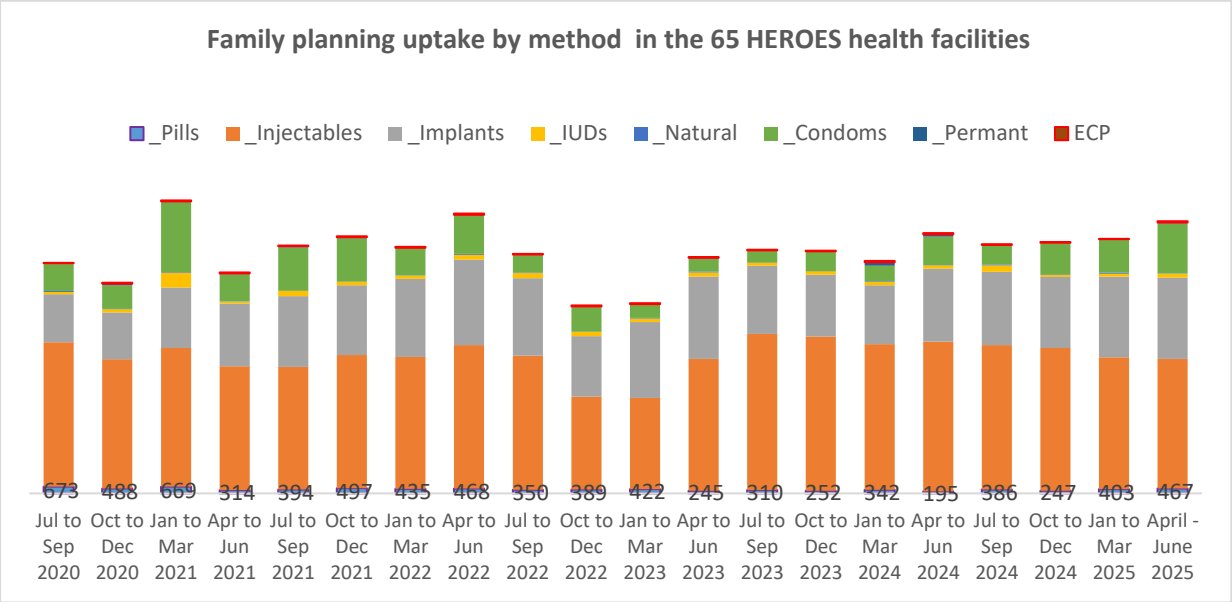
Figure 3: Improvement in delivery of PAC services following improved service provider competence and availability of equipment.



Increased community engagement and health-seeking behaviour was driven by training 829 Community Health Entrepreneurs (CHEs), exceeding the target by 54%. These CHEs—some of whom are SGBV survivors—provided referrals and distributed SRHR products, including menstrual hygiene supplies in schools. Additionally, 65 community CQI committees were formed to support data use, linkages, and demand generation. These multisectoral teams helped operationalize feedback mechanisms and improve community-level health governance.

The programme also enhanced health information systems and commodity security. With support to 38 facilities, 7.4% of ICT functionality was achieved in target regions. Nationally, 4.2% of all health facilities synchronizing with the Pharmaceutical Information Portal were from HEROES-supported sites. SPARS implementation through at least three bi-monthly visits per facility strengthened reporting and ordering of RH commodities, with facilities transitioning to less frequent visits upon achieving high performance.

Figure 4: Trends in Family Planning Uptake and Method Mix in the Heroes Programme



Under the RBF scheme implemented by Cordaid , major health system changes occurred. All 35 facilities remained active under the RBF model, with four acting as hubs and ten as spokes in Kalangala for SRHR services, including cervical cancer screening. Performance incentives extended to eight DHMTs, reinforcing district-level ownership. This was further strengthened by quarterly stakeholder reviews, quality assessments, and the development of a Project Implementation Manual in consultation with 83 local actors. Notably, some HCIIs were upgraded to HCIIIs due to improved performance—a sign of sustainability and system strengthening.

Client satisfaction and accountability improved through three community-led satisfaction surveys involving eight contracted CBOs. Meanwhile, 275 health workers and HUMC members received training on RBF roles and responsibilities (127% of target), which improved facility engagement with quality and business planning processes. Health workers and SGBV peer champions (107) were also trained on e-voucher systems, leading to increased survivor referrals for care. So far, 2,870 (43%) survivors accessed services through the e-voucher system, with improvements expected as awareness grows.

To ensure sustained performance, strategic actions include institutionalizing CQI practices, strengthening district budgeting for RH commodity supply chains (already adopted by three districts and committed by six more), and completing partnerships with 18 grassroots WLOs/YLOs—10 of which have already attracted independent funding. These partnerships are crucial for extending service reach and advocacy. Additionally, improvements in facility governance, including formalization of HUMC roles, gender representation, and functional planning, must continue. Ongoing support for e-voucher scale-up and monitoring will be vital to reach SGBV service access targets in the next implementation period.

In conclusion, the programme under Result Area 2 has successfully advanced key health systems components—human resources, governance, supply chains, financing, and service delivery. The improvements are visible both in numbers and outcomes, with promising signs of sustainability through local ownership, institutionalization of CQI and RBF, and strengthened community-facility

linkages. Strategic follow-through on partnerships, governance gaps, and service access for SGBV survivors will be essential to consolidate and sustain gains in the next phase.

4.3. Progress in Interventions under Result Area Three: More respect for sexual and reproductive rights for all.

Under this result area, the programme made significant strides in transforming harmful social norms and advancing a rights-based approach to preventing and responding to sexual and gender-based violence (SGBV) and promoting sexual and reproductive health and rights (SRHR) across nine districts. A key area of focus was the continued engagement and capacity building of community champions and duty bearers. Through the training of 32 community-based organization members per district—including both Youth-Led and Women-Led Organizations—a total of 129 females and 95 males were equipped with knowledge on harmful social norms, power dynamics, gender-transformative practices, and rights-based approaches. These champions became pivotal in leading community change efforts.

Figure 5: Youth in Iganga Engage in discussion on how to tackle harmful practices in their sub-county



Across the programme districts, over 6,363 female and 4,227 male youths participated in community dialogues that created safe spaces for learning and discussion around SGBV. These sessions not only facilitated increased awareness but also improved referral pathways and service uptake. Community champions led targeted awareness campaigns that reached approximately 90,000 individuals, with a balanced representation of youth and adults. Out-of-school youth were also specifically targeted, with over 1,600 young people (including 101 persons with disabilities) participating in support group engagements. These efforts contributed to an increase in peer-to-peer education, with trained youth champions reaching an estimated 359,321 of their peers. The programme's strategy of peer mentorship was affirmed by feedback from youth in Mbale, where a male youth leader noted, *"We used to have problems like drug abuse, early marriages, fights with our wives… after counselling them…we no longer have very many of the problems we had before."*

Another transformative achievement of the programme was the widespread change in attitudes, behaviours, and perceptions around gender equality and harmful norms. A total of 552,109 people (293,222 females and 258,887 males) were reached through gender reference group activities.

These interventions tackled issues such as early and child marriage, teenage pregnancy, FGM, enhancing civic participation, legal literacy, and understanding of referral pathways. The cumulative effect of these community engagements is evident in reported shifts in family and social dynamics. For example, a woman from Kalangala stated*, "In the past… everything that was in the home belonged to the man, including us the women. I too was a property. But now, people are equalizing in the family. Today, we have to share ideas before we make a decision."* This quote exemplifies how rights-based awareness is translating into empowered decision-making at the household level.

The programme also supported districts in the development and implementation of gender response plans, engaging over 120 officials from six districts in planning processes that are set to integrate gender considerations in the upcoming financial year. These initiatives were further strengthened by the training of 28 community facilitators using the MIFUMI Companion Series, which provided grassroots actors with practical tools to drive norm change and manage SGBV cases. Consolidation of community structures, particularly the Gender Reference Groups (GRGs), also emerged as a key result. With 720 women and 540 men participating actively in these groups, their influence is evident in increased community action, including coordinated arrests and protection of survivors. For example, in Kalangala, GRG members played a central role in the arrest of defilement perpetrators, who were successfully remanded to prison, while the survivors were supported with shelter and reintegration services. Furthermore, an attitude survey conducted at the end of 2024, revealed that 81.2% of the community reported improvement awareness of SGBV in communities as well as attitude shifts (see section 2.3).

Legal empowerment was another cornerstone of the programme's success. Through the simplification, printing, and dissemination of over 5,000 legal documents and 600 compendia of gender positive laws of Uganda, community actors (including local councils and para-social workers) were equipped to interpret and apply laws effectively. Anecdotal testimonies highlight how these tools demystified legal processes and enabling justice at the community level. The probation officer in Namayingo commented, *"This book is the best product that I have received as a probation officer because it makes my work much easier."* Similarly, a community leader from Mairiya, Budaka District noted, *"I am no longer an ignorant woman leader ('Nabachala') but one who understands what the law says in the community. This book is directing me on how to handle cases."* These resources are not only being used but are becoming instruments of empowerment and change.

The programme also focused on influencing policy and regulatory frameworks in districts. Districts such as Bugiri and Namayingo developed child protection ordinances, now under review by the Solicitor General, while Kortek Sub-county in Bukwo successfully passed a certified by-law on child protection. GRG members in Namayingo have expressed readiness to sustain these gains beyond the programme's lifespan, stating, *"Through the LCs who have worked with us, they are still there. We shall work with them, and together."* This sense of ownership and sustainability is a testament to the programme's community-anchored approach.

Efforts to promote gender-responsive budgeting (GRB) among district leadership have also yielded notable results. Heads of departments recognized inclusion of marginalized groups as critical to advancing gender equity and addressing root causes of child marriage and teenage pregnancy. In Mbale, this led to the piloting of a *"Silent Hour"* initiative in a secondary school to support students with hearing impairments—a clear example of inclusive planning in action.

The annual regional symposium held in February 2025 was a national level platform that brought together GBV survivors, district actors, representatives from national and international organizations concerned with eliminating GBV, The Embassy of Netherlands in Uganda, and community leaders under the theme "Equality, Peace and Justice." Central to the symposium was the inclusion of survivor voices, whose lived experiences guided strategic discussions, how communities can build movements to respond to gender-based violence and inspired commitments to action. One of the key takeaways was the decision to integrate survivors into SGBV steering committees, ensuring that their needs directly inform policy and service delivery. Follow-up activities have shown that several districts are taking concrete steps to prioritize, the rule of law, survivor access to essential services, further reinforcing the programme's long-term vision of a survivor-centered, rights-based approach.

Figure 6: Participants in the National Symposium on movement build for the response to GBV in February 2025, in Kampala Uganda



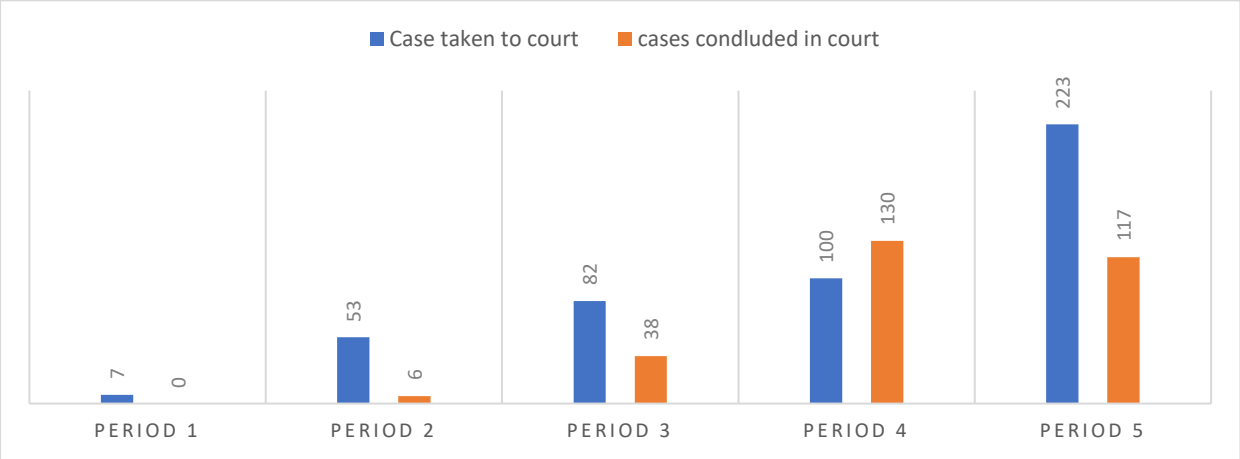
To ensure continued progress and sustainability, further actions are required. There is a need to institutionalize the role of community champions and GRGs by embedding them in formal district structures and budget frameworks. Districts should be supported to operationalize enacted by-laws and ensure consistent enforcement through ongoing monitoring. Continuous legal literacy campaigns, especially targeting newly elected local leaders, will be critical to reinforcing gains. Scaling gender-responsive budgeting across more departments and strengthening cross-sectoral coordination will also ensure that efforts are not fragmented. Finally, platforms like the annual symposium must be sustained to foster shared learning, accountability, and survivor leadership in shaping the future of SGBV prevention and response.

Overall, the programme has demonstrated that community-led, rights-based approaches to respect for SRHR for all that can lead to meaningful and measurable change in social norms, legal enforcement, and gender equity. Through continued investment in community structures, legal empowerment, and survivor inclusion, these gains can be deepened and sustained well beyond the programme's active implementation period.

4.4. Progress in Interventions in Result Area Four: Enabling environment for young girls and women's elimination of violence against girls and women.

Under Result Area 4, the programme has made significant progress in strengthening established structures to promote access to justice for survivors of sexual and gender-based violence (SGBV). Most planned activities were fully completed, with the exception of medical-legal facilitation, which is ongoing. To date, this intervention has supported the legal case management cascade for cases. In period 5, 223 eligible GBV cases were takin to court. Of these 117(52.5%) were concluded. This signals that an increasing number of survivors are increasingly accessing and navigating the justice system.

Figure 7: Trends in GBV court case conclusion in the programme



The programme successfully established and strengthened nine new gender response committees**,** as well as Survivor Support Groups (SSGs) across targeted districts. These committees are now fully operational and serve as community anchors for referral, advocacy, and protection. Their formation has significantly contributed to sustainability and community ownership of justice mechanisms. Complementing this, the rehabilitation and reintegration 236 of survivors was effectively completed, providing vital psychosocial support that enables survivors to rebuild their lives with dignity.

Legal training activities were robust, with 104 female and 102 male participants from the formal sector across the programme—including Police and Probation Officers—equipped with legal and management knowledge on SGBV. Similarly, training of 516 informal leaders (including religious, cultural, and traditional actors) has built a solid bridge between formal systems and community-based mechanisms. One example of this transformation was shared by Mr. Ronald Kabanda, LC1 of Nabiketo**,** who stated, *"I didn't know the cases to handle and which ones to refer… after the training, I now know the cases to handle and those to refer to police,"* indicating a positive shift in community-level case handling.

The programme has also strengthened the 18 SGBV advice centres, now fully operational and staffed by 32 volunteer champions. These centres have served as safe spaces for over 4,344 survivors, enabling them to receive legal aid, psychosocial support, and referrals. Despite this achievement, underreporting remains a concern in newly reached sub-counties, such as Kween and Iganga, where only 1,218 cases were reported across the new advice centres. As a result, the

programme intends to intensify awareness-raising in Period 6 to increase community trust and knowledge about these services.

Regarding the protection intervention, the shelters in Tororo and Kalangala have also played a crucial role in supporting survivors. In Tororo, 207 survivors (including 81 children, 30 caregivers, and 10 PWDs) received care, while in Kalangala, 101 survivors accessed the shelter, with the longest stay recorded at six months. The programme also supported 670 clients through a toll-free helpline, increasing real-time access to information and referral.

Legal awareness has been deepened through biannual training of LC courts and paralegals. Local Council courts in all 18 hotspot sub-counties were equipped to handle SGBV cases under the Alternative Legal Framework, while 30 paralegals per district in each of the 9 Heroes districts received training on survivor-centered legal procedures. Legal aid clinics and the digitalization of legal services further bridged the gap in access, with the appointment of a digital legal officer expanding reach to survivors who may not otherwise access traditional justice pathways.

An important milestone was the registration of 10 new SSGs with local governments with the aim to enable them to access government economic empowerment programmes such as the PDM during the reporting period. This brought total groups registered by the Heroes programmes to 59 groups with 1,722 members, of which 34 groups are have benefited from the such programmes.

Table 5: GBV survivor groups formed by district and linked to government economic empowerment programmes

District	Number of groups	Number of groups formally registered	Number of members	PDM reciepient individuals from Survior Groups
Iganga	3	1	90	30
Bugiri	4	1	120	20
Mayuge	11	4	330	100
Namayingo	15	6	450	85
Kalangala	6	2	190	30
Mbale	5	5	122	17
Bukwo	5	5	125	43
Budaka	5	5	138	16
Kween	5	5	157	27
Total	**59**	**34**	**1722**	**368**

These groups have become instrumental in peer support of GBV survivors, advocacy, and inclusion of GBV survivors in economic empowerment. Survivors are not only seeking justice but also supporting others to do the same. For instance, on 13th May 2025, survivors from Buludira East in Mbale district escorted an abused woman to the LC leader and followed the case to its conclusion. As one of them noted, *"We now act; we don't wait for others to rescue us."*

To enhance economic resilience, the programme supported these groups with start-up kits such as tailoring machines, soap-making equipment, and salon tools, while 338 survivors accessed the Parish Development Model (PDM). In Buhemba, Kalangala district the steering committee mobilized funds to purchase four tailoring machines and trained 14 women, including 6 teenage mothers, as mentors. In Kalangala, 30 survivors joined the national palm oil programme and each received animals to rear towards their self-help interventions. These investments have transformed groups like "Bulundira Twezimbe" in Iganga district into thriving enterprises. Now a registered

catering business, the group competes in the local market, reflecting the power of combining justice with economic empowerment.

Capacity building extended to disability inclusion, with 58 persons with disabilities (PWDs) trained across Mayuge and Bugiri to ensure that justice services are accessible to all. The programme mainstreamed disability across all activities and trained staff and volunteers on inclusion.

Coordination between the formal and informal sectors was another strong achievement. There is growing cooperation between village health teams, paralegals, GRGs, and local leaders, creating a grassroots accountability system. Mr. Kabanda of Misonzi observed, "I would handle matters and call it the court… but now I know that I need quorum to handle the cases," demonstrating improved adherence to procedural fairness. Similarly, the Child and Family Protection Unit (CPFU) officer in Namayingo shared, *"We respond together, act together, and look for feedback together—it has brought networking and coordination."*

The multisectoral approach, where the health, protection, psychosocial and justice worked together in improved referral pathways to support survivors better. For example, in Bukhiende, Mbale district, additional space was allocated to the advice centre to support case management and survivor group activities. At community there is integrated response to GBV by Village health teams, gender reference groups, paralegals and local council leaders which has built the grass root base for sustainability and also strengthened the multi sectoral approach. For example, LC 1 Chair of Misonzi in Kalangala said ; *"Before this programme, I would handle matters alone and call it the court. I would not wait for all the five members, I was even biased because I was alone but now I know that I need quorum with quorum to handle the cases*". This collaboration signals the increasing appreciation by duty bearer of how working together can address gender-based violence.

To improve performance going forward, the programme will focus on scaling up reporting of GBV cases in underreporting areas, institutionalizing community justice actors in district budgets, and ensuring that advice centers and survivor groups are embedded within formal local government planning frameworks. In addition, expanding digital legal services and sustaining economic empowerment initiatives will reinforce long-term survivor resilience. The integration of survivor voices, legal systems, and economic support has proven to be an effective model for justice and dignity, and now requires sustained investment and formalization to ensure its continued impact.

4.5. Progress on Top Interventions Supported by Iceland Embassy in Uganda

During the Period, the programme received a generous contribution of $700,000 (seven hundred thousand USD) from Embassy of Iceland in Uganda. The contribution was aimed at scale up access and delivery of inclusive Comprehensive Sexuality Education (CSE) for people with disabilities in 15 schools, promoting access to safe water and sanitation, scale up access to quality and inclusive SRHR services (including cervical cancer and HPV vaccination) and strengthen provision of skills and response for SGBV survivor in Kalangala by December 2025. Highlighted below are the achievements made so far:

Inclusive SRHR Curriculum Development: Development and dissemination of inclusive SRHR curriculum for Persons with Disabilities (PWDs) has commenced. Capacity building for 30 community facilitators and duty bearers was completed in anticipation to reach out to 904 PWDs with comprehensive Sexuality Education. Furthermore, consultative meetings have been held with line Ministries and department of special needs of Kyambogo University on conversion of different messages into accessible formats for persons with disabilities. The trained peer educators have so

far enrolled 576 PWDs across the six Sub Counties of Kalangala districts namely; Kalangala Town Council, Bujumba, Mugoye, Mazinga, Kyamuswa and Bufumira.

Water Supply Infrastructure and WASH Behavioural Improvement: The programme in collaboration with the Kalangala District Local Government secured as site in Mulabana Sub-Country where will be extracted from Lake Victoria(Nalubale), purified and distributed to a primary school, the health centre and the surrounding communities. By July 2025, the hydrological surveys and development of the designs were completed. Commencing August 2025, the contractor will be commission to construct the water system. In addition, 441 pupils were trained in Pupil-centred WASH behavioural change using the PHASE+ approach.

Figure 8:The Kalangala District Local Government, Ministry of Water and The Heads of Delegation from the Iceland and Netherlands Embassies, and Amref Launch teh Water System in Kalanaga May 2025



SGBV Survivor Support and Skills Development: On establishment of a skills development program/advice centre so far land has been secured and the MoU is in final stages. Five (5) survivor groups and 100 Gender-Responsive Groups (GRGs) have been trained in specific skills and on SGBV and advice centre management respectively.

Cervical Cancer Screening and RBF for Private Facilities: Key activities completed include an inception meeting, mapping of private-for-profit (PFP) facilities, and training 12 health facilities on cervical cancer screening and HPV vaccination. An RBF design workshop was held with 50 healthcare workers, and a cervical cancer focal person was recruited. Start-up funds amounting to UGX 55.8

million were disbursed to four hubs to support cervical cancer services and HPV vaccination. In June, 290 women aged 25–49, including 4 PWDs, were screened for cervical cancer; 19 tested positive and began treatment. Additionally, 306 girls received the HPV vaccine and 156 women accessed modern contraceptives in Kalangala District.

4.6. Progress in Cascading Gender Equality and Social Inclusion (GESI) Across the Programme

In Period 3, the programme identified a critical need to strengthen Gender Equality and Social Inclusion (GESI) skills and practices among all stakeholders to support internal gender transformation. In response, substantial progress was made in institutionalizing gender-responsive and inclusive practices throughout the programme. A significant achievement under this strategy was the formation of the GESI Working Group by Heroes. This group held 12 meetings during the reporting period, serving as a platform for coordination, accountability, and learning.

The GESI Working Group played a central role in promoting adherence to the GESI charter, a guiding document endorsed by partners in July 2024 that outlines the roles and responsibilities of the group. Its regular engagement helped reinforce the commitment of consortium members and other programme actors, ensuring that gender and inclusion considerations were systematically integrated into programme implementation. This structured and collaborative approach has been instrumental in enhancing political will, strengthening accountability, and sustaining momentum for gender transformation.

Capacity building was another core focus of the strategy. All consortium staff, including the Heroes 2.0 teams, received training on GESI principles and the use of practical tools, in collaboration with Amref Netherlands. These sessions emphasized real-world application, ensuring that the integration of GESI was contextually grounded and embedded in day-to-day operations. A GESI capacity-building trajectory, using an experiential learning approach, was developed and implemented to identify areas of strength, address gaps, and provide tailored support to staff.

Training content was aligned with Rutgers' Gender Transformative Toolkits and included a comprehensive range of topics such as gender and social inclusion analysis, the social ecological model, comprehensive sexuality education, youth-friendly services, and sexual and reproductive health and rights (SRHR) for persons with disabilities. Additionally, the programme extended technical support to the HEROES team and 21 community-based organizations (CBOs), with a strong emphasis on disability inclusion. Through mentorship and training, 19 CBOs were equipped with knowledge on disability rights, and 11 developed actionable plans to address identified participation barriers for persons with disabilities.

These efforts underscore the programme's strong commitment to advancing social equity and ensuring the empowerment of marginalized groups, particularly women, girls, and persons with disabilities. To sustain and build upon these achievements, consistent monitoring of the implementation of GESI action plans is essential. This should be complemented by thorough documentation of results and continuous sharing of lessons learned to inform future programming. Strengthening connections between the GESI Working Group and local leadership structures will also be key to fostering sustainability, community ownership, and long-term impact.

Looking ahead, future capacity-building initiatives should be regularly reviewed and adapted based on emerging needs and lessons from the field. This will ensure that GESI interventions remain relevant, effective, and responsive to evolving contexts. Maintaining a flexible, inclusive, and evidence-driven approach will be crucial for deepening gender transformation and promoting lasting change within the programme and beyond.

4.6. Progress in Communicating and Visibility of Programme

Heroes' work was broadcasted through multiple channels, including consortium partner websites, local Ugandan media outlets, and various social media platforms. In addition, programme achievements were published in several reputable outlets, contributing to broader dissemination of results and insights. These communication efforts were strategically designed to foster learning, enhance visibility, support advocacy, and influence gender-transformative processes both within Uganda and globally.

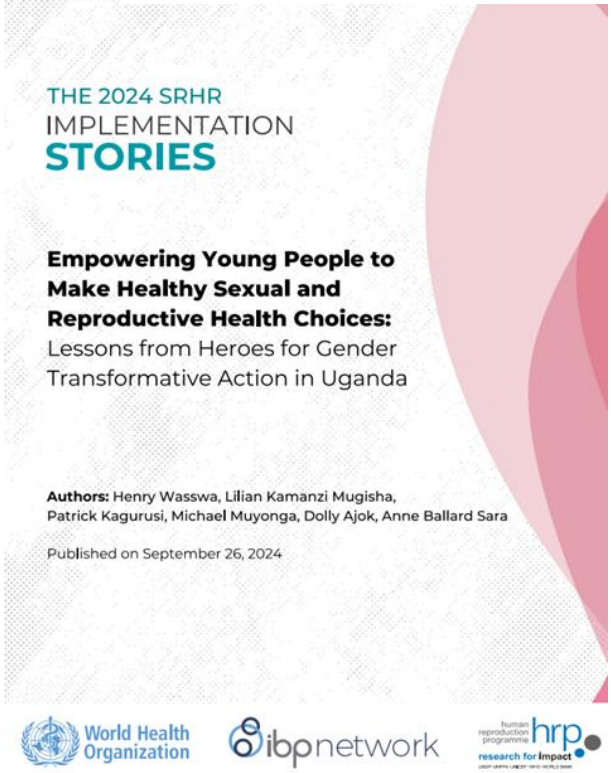


Figure 9: One or the Heroes Work Pieces published by the WHO.

Key achievements included the documentation of impact through survivor stories, youth champion profiles, and district-level success stories, which were disseminated via reports, social media (X formerly twitter - @GenderHeroes (Hashtag - #Heroes4GTA), and stakeholder engagements. These narratives not only humanized the programme's impact but also influenced district-level policy and budget decisions related to gender and inclusion.

Branding and visibility were consistently maintained across all nine programme districts, reinforcing community trust and enhancing the programme's recognition. Four major digital campaigns reached over 1.2 million people, demonstrating the value of digital platforms in community engagement, while internal communication tools strengthened coordination and learning across partners. Some of the publications are listed in Annex 1.

Lessons learned highlight the power of combining evidence-based advocacy with personal storytelling to drive policy attention and community trust. However, challenges remain, including delays in Ministry of Health approval of inclusive materials and the lack of a rapid-response mechanism for emerging gender and policy issues. Moving forward, the development of policy briefs, investment in flexible communication tools, and sustained funding for digital engagement are essential to deepen the programme's visibility, influence, and gender-transformative impact.

4.7 Partnerships and Collaborations to Enhance Heroes Work

The HEROES programme has deepened its impact through a series of strategic partnerships aimed at improving Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Social Inclusion (GESI), and community-level advocacy. A notable collaboration with ABSA Bank under their Corporate Social Responsibility (CSR) framework supported Menstrual Hygiene Management (MHM) and school retention in Mbale City and Mayuge. The "Period Friendly World" campaign used creative methods like drama, poetry, and music to break menstrual taboos, raise awareness, and strengthen advocacy networks by engaging other partners such as Power to Youth, Teach for Uganda, and Afripads Limited.

Figure 10: Girls at Namakwewe Primary School receive clean long long-lasting reusable sanitary pads from Afripads Limited with funding from ABSA Bank to Amref, in July 2025.



In another initiative, the partnership with Theatre for Change Malawi, under the Young Africa Leadership Academy (YALA), empowered four young leaders from CSOs to drive SRHR advocacy using interactive theatre. These leaders were trained in participatory methods such as Legislative Theatre to promote behavioural change and policy influence through community workshops and performances. Over 18 months, the initiative aims to reach peers and communities across Bugiri, Namayingo, Budaka, and Mbale, with HEROES providing logistical and management support to sustain the effort.

The mobility partnership with World Bicycle Relief/Buffalo Bicycles Uganda (WBR/BBU) distributed 600 bicycles to Community Change Agents (CCAs) across seven districts. This initiative significantly reduced travel time and transport costs while improving access to SRHR and SGBV services in hard-to-reach areas. For instance, in Bugiri, average travel time dropped from 96 to 31 minutes, and transport costs fell by over 60%. The enhanced mobility has enabled CCAs to expand their outreach and strengthen the programme's community-level impact.

To reinforce GESI, HEROES collaborated with Lilliane Fonds, Amref International University (AMIU), and Amref Netherlands. Lilliane Fonds trained Amref and CBO staff on disability inclusion and supported the development of guidelines that will standardize inclusive practices across the

consortium. Amref Netherlands provided strategic mentorship, culminating in a GESI learning paper, while AMIU supported knowledge management and documentation. These efforts contributed to the consolidation of technical support and sustainability of inclusive programming.

Cultural and religious leaders have also been vital partners in shifting harmful gender norms and promoting SRHR. In Kween and Bukwo, leaders are advocating for alternative rites of passage to eliminate FGM, while in Mbale, they are reshaping traditional male circumcision practices to reduce risky behaviour. In Busoga and Kalangala, leaders joined campaigns against teenage pregnancy through youth camps and radio engagements. As part of the National Teenage Pregnancy Surveillance and Response platform, HEROES hosted multi-stakeholder engagements in high-burden districts, leading to joint action plans to combat early pregnancies.

Additionally, collaboration with the Local Maternity and New-born Networks (LMNS) and Regional Referral Hospitals in Jinja and Mbale has strengthened health system capacity. Using a hub-and-spoke model, the programme supported facility mentorship, joint supervision, and awareness campaigns on maternal health issues such as Preeclampsia and Postpartum Haemorrhage. More than 470 health workers were trained, IPC compliance rose to 47.9%, and Maternal Death Reviews exceeded 89%. Integration into regional structures, including the use of platforms like WhatsApp and regular planning meetings, has ensured HEROES contributes effectively to national health priorities while addressing systemic challenges like staffing and supply chain gaps.

Progress on sustainability indicators.

The Period-5 programme focused on a comprehensive sustainability plan across 10 priority areas, addressing social, financial, institutional, and technical aspects for long-term impact. To institutionalize these efforts, formal letters were sent to district Chief Administrative Officers outlining the need to sustain these interventions. Key achievements included the continuation of comprehensive **Sexual and Reproductive Health and Rights (SRHR)** and **Comprehensive Sexuality Education (CSE)** through school and community approaches. The program trained 104 teachers and equipped schools with tablets for a digital curriculum and built the capacity of 21 Community-Based Organizations (CBOs) for advocacy using Participatory advocacy initiatives (Interactive Theatre and Community Score cards for Social Accountability. Sixty-Seven (67) out of 93 schools successfully integrated SRHR into school plans and 42% of these schools allocating resources to support SRH activities.

Using a CSO/youth-led social accountability model, 14 health facilities were assessed, showing an average performance score of 71% in providing youth-responsive SRH services, variations across districts (Mayuge-66%, Kalangala-74%, Kween and Mbale 76%, Iganga-80% and Bukwo-82%. Strengths included the availability of PEP (93%), STI treatment (88%), and non-judgmental health workers (86%). However, key gaps were identified, such as a lack of appealing and inclusive Information, Education, and Communication (IEC) materials (43%), and inaccessible youth spaces (62%). These findings will inform future Youth/CSO-led Social Accountability advocacy goals to integrate youth and disability-inclusive indicators into district budgeting and planning.

The programme strengthened leadership and governance by establishing functional Health Unit Management Committee (HUMC) structures in 65 facilities and improved SRHR/SGBV) service delivery by integrating Continuous Quality Improvement (CQI) activities into the budgets and plans of 9 districts and 65 health facilities and enhanced supply chain with 62 out of 65 facilities currently using the electronic Logistics Management Information System (eLMIS) for ordering, reporting for commodities.

The programme maintained safe spaces, like advice centres, with 9 centres receiving support from sub-counties and supervised by Community Development Officers (CDOs). Furthermore, 34 Survivor Support Groups (SSGs), with 2,322 members, registered and linked to Parish Development Model (PDM), and utilized digital tools for local activism against harmful social norms, with five Gender Reference Groups (GRGs) forming WhatsApp groups to strengthen

Programme Governance and Management

The programme continued to leverage on the established governance structures. These included a Senior Leadership team (SLT), the Programme Management Team (PMT) and Programme Implementation Teams (PIT): and the Programme Advisory Group (PAG).Specifically, Senior Leadership Team (SLT) composed of the chief executives of consortium partners met on bi-annual basis discussing strategic issues pertaining the programme. The programme management and implementation team convened on weekly basis to track implementation and address any emerging issues. The Programme Advisory Group (PAG) held two physical meetings and two other online meetings as opportunities to receive updates and provided guidance to the programme. They well also involved in joint monitoring activities and at dissemination of knowledge products.

CHAPTER 5: RISKS AND RISK MANAGEMENT

During Period 5, the programme actively monitored and addressed key risks identified in the work plan. These included beneficiary-related issues, contextual challenges such as political instability and SRHR restrictions, and implementation risks like fraud and partner conflicts. Environmental risks, including climate impacts and geographical barriers, were also considered. Efforts to prevent and report fraud and SEAH continued through staff sensitization. A detailed summary of risks, their ratings, and mitigation strategies is presented in Table 14.

Table 6: Risk matrix summary

Risk Category	Risk Statement/ Description	Likelihood Rating	Potential Impact Rating	Risk Mitigation Action Plan
Beneficiaries risk	Resistance to change as a result of sustained negative attitudes to improved access SRHR/SGBV services	Unlikely	Minor	The programme has ensured that all interventions have the ownership of leaders in the target districts, institutions and communities. On sensitive subjects, the program has applied value clarification to position the interventions. This has eliminated the likelihood of backlash.
	The health of Programme team members, community resources and beneficiaries affected due	Unlikely	Minor	This has not happened. The Programme Management has adopted a value clarification approach to be used during implementation to ensure the safety of

Risk Category	Risk Statement/ Description	Likelihood Rating	Potential Impact Rating	Risk Mitigation Action Plan
	to unintended harm or backlash.			Programme teams, community resources and beneficiaries during any reported or perceived unintentional harm or backlash.
Contextual risks	inability to implement SRHR activities affected due to a hostile policy environment, e.g. ban on 2018 Sexuality Education framework, Anti Homosexuality Act 2023.	Likely	Major	Heroes has continuously ensured that all interventions comply with the laws of the country while ensuring that programme beneficiaries exercise their right to choose and get SRHR services. Heroes has also share evidence during policy dialogues to cause an appreciation of SRHR and SGBV reforms. The programme team worked with line ministries and secured approval of all the SRHR Curricula and materials used. The line ministries continue to be involved in supervision and roll-out of interventions for buy-in and ownership.
	Delays in Programme implementation as a result of uncooperative stakeholders/ departments	Occurred	Major	Heroes engaged local authorities at both national and district level within the programme implementation to accelerate approval of SRHR messages for people with disabilities. This engagement continues happen.
	Negative effects on the byelaws and policies passed across supported communities emerging from political leaders	Did not occur	Major	The Programme team has ensured a non-partisan approach working with the district authorities and technical teams to ensure continuity of service delivery and communication of the benefits to communities.
Programme implementation risks	Internal or external fraud as a result of unscrupulous persons working in the Programme	Did not occur	Major	The Programme Management has oriented staff on preventing fraud, compliance, whistle-blower policies. There are structures in place to ensure that non-compliant persons are dealt with firmly and decisively. Steps have been taken to ensure that all high-value items of the Programme are insured.
	Delayed delivery of Programme interventions as a result of bureaucratic processes by partners and districts	Did not occur	Major	Heroes implementation was guided by a clearly articulated and jointly agreed implementation plan with clear timelines, assigned tasks and performance-based indicators to minimize any implementation bottlenecks.
	Untimely submission of orders for SRH commodities due to negative attitude of some health workers.	Did not occur	Moderate	The Programme ensured that the health workers were trained on SRHR essential commodity management. The introduction of SPARS helped to minimize the commodity shortages.
	Ineffective implementation as a result of health worker turnover and attrition	Occurred	Moderate	Heroes advocated for and achieved rapid replacement of health workers who left the programme, New health workers were rapidly oriented on the programme interventions.

Risk Category	Risk Statement/ Description	Likelihood Rating	Potential Impact Rating	Risk Mitigation Action Plan
	Mass population mobility in Kalangala interrupting Heroes interventions such as CSE.	Did not occur	Major	Knowing the mobility of communities in Kalangala, the programme used learning camps to conduct rapid learning sessions for CSE packages like Journeys Plus and Programme Y and complete them in shorter periods before likely mobility.
	Increased number of affected persons as a result of law enforcement of existing gender negative policies and laws	Did not occur	Minor	Heroes ensured that all stakeholders were aware of the laws by sensitizing them on simplified versions of the key laws and policies.
Partner organization risks	There was a whistle blow tip off in November 2024 on one of the CBOs concerning their poor work and misconduct of staff.	Occurred	Moderate	An investigation into the matter was conducted and it was established that the CBO had indeed poor work. By September 2024, their work with the Heroes programme had been terminated. The programme also increased its oversight on all CBOs in the programmes.
	Interruptions in implementation as a result of conflict among Programme partners	Unlikely	Moderate	Partners are engaged through a partnership agreement with a clear scope and code of conduct and clear dispute resolution mechanisms. The layered Programme management structure, open channels of communication among partners and regular meetings assist to avoid conflict.
	Inefficient implementation as a result of unhealthy competition among implementing partners	Unlikely	Moderate	The Programme has drawn synergies among implementing partners as they implement together to control unhealthy competition.
Epidemics	Disrupted Programme implementation: There was a minor disruption of the programme in the Bugisu region when Ebola broke out in Uganda.	Occurred	Moderate	The Programme worked the national and eastern emergency operations and coordination centers (EOC) to intervene. Specifically, the Heroes integrated risk communication and community engagement messages as well as continuity of essential service interventions into its operations. There was no major harm to program staff or beneficiaries.
Environmental risks	In March 2025, the programme experience stormy rains in Kalangala that damage the programme office and some community infrastructure, affecting programme operations.	Occurred	Moderate	The Programme secure secured staff and ensured that all beneficiaries were safe. Furthermore, the Heroes worked with the local government to sensitize the community on these environmental risks. All staff were given water safety training and safety equipment.

CHAPTER 6: Monitoring Evaluation, Research, and Learning Activities

During the reporting period, the HEROES Programme elevated its monitoring, evaluation, research and learning (MERL) drive, ensuring that data-driven decision-making guided programme management. Data Quality Assessments (DQAs) were carried out in 65 health facilities across nine districts, leading to an upward shift in data accuracy, completeness, consistency, and timeliness, with overall data quality now estimated at 80 %. Regular mentorship and district-led support to subdistrict actors such as health workers accompanied these assessments, enabling health workers to better understand core indicators, review facility-level data, and implement action plans derived from DQA findings. Concurrently, community-led monitoring was piloted in 14 facilities, engaging youth, VHTs, local leaders and health workers in using scorecards and feedback sessions to gauge the quality, inclusivity, and responsiveness of SRHR services. These monitoring efforts promoted accountability, strengthened data ownership, and enhanced transparency across service delivery points.

In April 2025, Heroes hosted a delegation from the Netherlands Ministry of Foreign Affairs and Embassy in Uganda for a field visit in Bulamagi, Iganga District. The visit highlighted the integrated approach of the Heroes, ACTUATE, Healthy Entrepreneurs programmes in delivering community-driven SRHR services. Key highlights included medical-legal outreach covering SRHR, immunization, and adolescent health, as well as referral systems and supply chain models. The SGBV Advice Centre demonstrated survivor support and community engagement. The team also observed school health programs and engaged with local government leaders.

Figure 11: Delegation from the Netherlands Ministry of Foreign Affairs attend a Heroes Programme joint outreach in Iganga, Uganda



In May 2025 , development partner field visits from Embassies of Netherlands and Iceland, allowed external observers to engage with implementation on the ground—highlighting synergies, resource gaps, leadership dynamics, and reflections on programme sustainability and last-mile reach. These visits reinforced internal learning, helped sharpen programme strategies, and ensured that donor engagement was anchored in observed realities rather than abstract reporting.

Figure 12: Visit to the Heroes Programme by the Embassies of Iceland and Netherlands in Kalangala District in May 2025.



Outcome harvesting and validation emerged as crucial tools for recognizing high-impact outcomes and enabling informed adaptation. In Period 5, validation processes in Kalangala, Mbale, Kween and Bukwo confirmed meaningful shifts, such as improved governance and service delivery at Amanang HCII (Kween), where the Health Unit Management Committee (HUMC) was revived, regular meetings commenced, its first annual plan developed, and essential infrastructure and equipment procured. Meanwhile, the Mbale Network of Young People Living with HIV (MNYPA) successfully mobilized UGX 274 million (Euro 59,724) in 2024 following capacity building in grant writing and resource mobilization, having had no grants in the preceding year. These validated outcomes illustrate how targeted mentorship combined with structured review processes can translate into concrete improvements in institutional capacity and service sustainability.

Performance reviews at the district level provided structured platforms for assessing progress, gap identification, and commitment to improvement. Quarterly review sessions brought together District Health Teams, facility in-charges, implementing partners and community representatives, enabling collaborative problem solving and ensuring that local stakeholders owned both challenges and solutions.

Knowledge management, research and documentation also saw elevated focus. Three key studies were initiated in Period 5: one assessing the contribution of Results-Based Financing (RBF) health facilities to GBV and SRH service delivery; another examining how eCHIS affects community health commodity tracking in Namayingo; and a third surveying SGBV, gender equality attitudes, and relationship dynamics. These studies are set for publication in the next period. The programme held major knowledge dissemination workshops—including one in Jinja in July 2025 that brought together national and district stakeholders from multiple ministries and civil society—to share

evidence, reflect on factors that drive long-term impact, and nurture ownership and inclusive financing. HEROES also participated in national conferences (Safe Motherhood; Quality Improvement), submitting abstracts and presenting findings, thereby boosting visibility and influencing the broader SRHR discourse. Two peer-reviewed articles were published during Period 5: one on the impact of the Journey Plus curriculum on SRHR behaviour among youth; the other on socio-cultural drivers of repeat teenage pregnancies and early/forced marriages in Central and Eastern Uganda[2](see Annex 2).

While these achievements are substantial, lessons have emerged that point to opportunities for sharpening future MERL efforts. First, while community scorecards, DQAs, and outcome validation have enhanced data quality and stakeholder engagement, there remains a gap in systematically measuring how knowledge products and adaptation translate into policy change or practice at scale. Secondly, the programme will benefit from expanding the production of policy-oriented briefs rooted in its evidence base, and from building stronger capacities among staff and partners in scientific writing and knowledge translation. Thirdly, institutionalizing rapid feedback loops and formal adaptive management processes could ensure more timely responses to shifts in SRHR service demand, emerging issues (e.g. SGBV, supply chain disruptions), or policy windows. Finally, sustaining the momentum of partner and development partner engagement—through field visits, joint supervision and inclusive forums—will be important to deepen ownership, ensure resource alignment, and strengthen sustainability of impact.

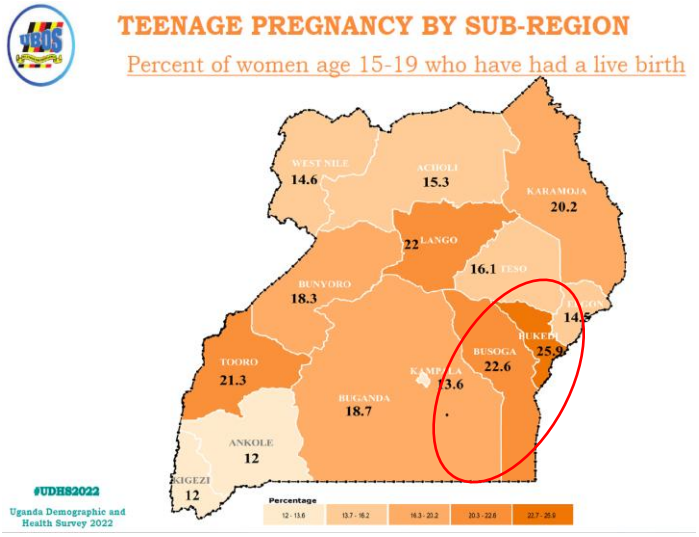
[2] Assessing the impact of the journey plus curriculum on sexual and reproductive health and rights and behavioural change among Ugandan youth. https://pubmed.ncbi.nlm.nih.gov/40314202/

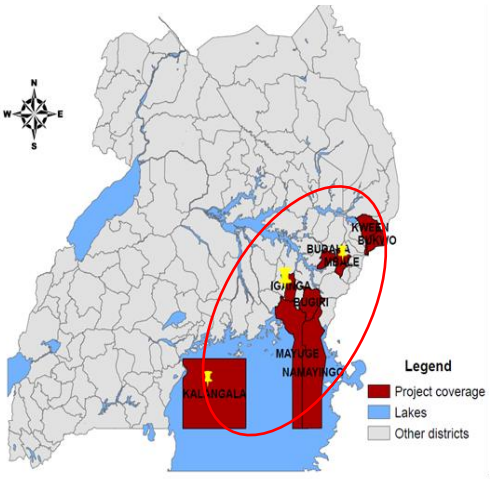
Socio-cultural drivers and barriers to addressing repeat teenage pregnancies and early child /forced marriages in Central and Eastern Uganda.
publication: https://www.ajrh.info/index.php/ajrh/article/view/5117

CHAPTER 7: POSSIBLE CHANGES IN APPROACH

Heroes maintained its four main strategies i.e. expanding SRHR education in and out of school, strengthening SRHR service delivery, promoting respect for SRHR and promoting access to justice by GBV survivors. The according the Uganda National Demographic health Survey of 2022, the Heroes regions of intervention remain relevant considering most SRHR indicators.

Figure 13: UDHS 2022 Map showing regions burdened by teenage pregnancy and Heroes programme districts(right)





Following the receipt of top up funding from the Embassy of Iceland, additional interventions were added into the Heroes programmes. These include developing CSE tools for people with disabilities (visual impairment), expansion of SRHR services to include cervical cancer screening and linkage of identified cases into care, HPV vaccination of young girls in school and skilling of GBV survivors into economic empowerment. No other shifts occurred in period 5.

Chapter 8: LESSONS LEARNED

This chapter reflects on key insights from the implementation of Period-5 activities under the HEROES programme, structured around the four main result areas. It further includes observations on complementary resource mobilization and risk management in what is otherwise a stable programme.

Result Area 1: Better Information and Greater Freedom of Choice for Young People About Their Sexuality

The HEROES programme made notable strides in expanding access to digital comprehensive sexuality education (CSE), with a remarkable 100% learner completion rate—up from 75% with traditional paper-based methods. This success was largely due to the programme's emphasis on adolescent self-learning and robust engagement with education stakeholders, including school management committees and PTAs. Aligning CSE content with the Ministry of Education's forthcoming Skills and Health Education Curriculum was pivotal. By positioning CSE as a

preventative strategy against HIV and teenage pregnancy, the programme gained greater acceptance at both community and institutional levels.

Inclusive approaches were central to this effort. Through support from the Iceland Embassy's top-up funding, the programme developed accessible content tailored for learners with disabilities, facilitating their active participation. In Mbale, collaborations with local internet providers improved digital access, serving as a scalable model for other underserved regions. Despite these advances, persistent connectivity challenges and regulatory delays in remote areas such as Sebei, Namayingo, and Kalangala impacted delivery. Moreover, tracking long-term outcomes remains complex due to student mobility as learners transition out of school systems.

In response, HEROES introduced offline versions of the curriculum and stressed flexible delivery methods. Continued stakeholder engagement remains crucial, particularly as the programme considers scaling. Looking forward, sustainability will depend on strengthened partnerships with youth, disability organizations, and community actors. CSE must be further embedded in national frameworks addressing HIV prevention, menstrual health, gender equality, and inclusion. A coordinated, policy-aligned approach will be essential for long-term integration into education and health systems.

Result Area 2: Addressing Health System Shocks Through a Client-Focused Multisectoral Approach

Amid growing pressures on Uganda's health system—including funding cuts, disease outbreaks, and commodity shortages—HEROES reinforced SRHR service delivery by promoting leadership, evidence-based decision-making, and community accountability. The use of community scorecards became a central tool for evaluating and improving services. The withdrawal of U.S. health sector funding heightened demands on local systems, prompting more efficient integration of SRHR services, particularly HIV care, into routine healthcare.

The programme introduced targeted interventions such as teenage pregnancy surveillance and maternal and new-born care networks. Outbreaks of Ebola and Mpox, staff absenteeism, and supply chain disruptions further tested the system. In response, HEROES adopted a client-centered, quality improvement model that prioritized the needs of individuals and communities. Cross-sector collaboration—with actors in education, law enforcement, and community development—enhanced referral mechanisms and harmonized responses.

Village Health Teams (VHTs), SGBV champions, peer support groups, and local leaders were mobilized to improve case identification and response. District health data informed staffing decisions, such as deploying midwives to high-burden areas like Budaka and Namayingo. The blending of in-facility and outreach services ensured continuity of care during system disruptions. This experience highlighted the importance of resilient, data-driven leadership and multi-sectoral coordination. Future SRHR programming must anticipate systemic shocks and incorporate adaptive service delivery models with strong community engagement.

Result Area 3: Respect for SRHR for All

Throughout the reporting period, the HEROES programme prioritized inclusivity in SRHR, emphasizing the rights and participation of marginalized groups, including persons with disabilities, teenage mothers, and fathers. Their involvement was embedded across planning, implementation,

and evaluation stages, with notable progress in integrating their perspectives into programme design.

To challenge harmful gender norms, the programme deployed gender- and age-sensitive community dialogues, often held in safe, segregated spaces. Tools like storytelling, short videos, and values clarification exercises enabled open discussions around early marriage, bride price, and teenage pregnancy. Participation of religious leaders, local authorities, and youth groups encouraged gradual attitudinal shifts.

Despite increased community engagement, a key barrier persisted: the perception that SRHR and SGBV interventions require substantial external funding. This mindset reinforced local dependency on donor resources and delayed community-led solutions, even where the will to act existed. The key lesson here is the need to shift narratives around local capacity. Sustainable SRHR progress relies not only on external support but also on empowering communities to leverage local resources, reshape priorities, and take ownership of their solutions.

Result Area 4: Reducing Gender-Based Violence (GBV)

Efforts to combat GBV were hampered by economic hardship, limited access to justice, and under-resourced public institutions. Survivors often lacked the financial means to pursue legal action or access support services, particularly for issues like child maintenance. Institutional constraints also limited the effectiveness of duty bearers such as the police and health facilities. To address this, HEROES employed a multi-level approach. At the household level, the programme promoted alternative dispute resolution mechanisms, engaging family members and community leaders in restorative practices. Targeted dialogues with partners and spouses helped reduce violence and rebuild trust.

Economically, the programme empowered survivors through support groups, skills training, and linkages to government livelihood initiatives such as the Parish Development Model. This helped survivors achieve greater independence and reduced reliance on perpetrators. At the institutional level, collaboration with schools and PTAs supported the reintegration of teenage mothers, backed by national policy encouraging their return to education. The overarching lesson is that sustainable GBV prevention requires coordinated interventions at every level—individual, family, institutional, and policy—alongside economic empowerment and inclusive support systems.

Complementary Resource Mobilization

To scale its interventions, HEROES actively pursued partnerships with ministries, development partners, and the private sector. Engagements with the Ministries of Health and Education, UNFPA, and organizations such as World Bicycle Relief and ABSA Bank yielded tangible support. ABSA contributed UGX 80 million for menstrual health, while 460 bicycles were provided on a loan-to-own basis for health workers. Additionally, the Iceland Embassy, through Netherlands Embassy advocacy, contributed $700,000 to support programme expansion. These outcomes underscore that proactive engagement can successfully attract complementary funding to sustain SRHR programming.

Lessons on Managing Risks in a Stable Programme

Despite strong systems, the programme faced several risks during the reporting period. These included a case of sexual exploitation by a third-party service provider, a staff-on-staff harassment incident, and whistle-blower reports of fraud within a community-based organization. In each case, the programme responded decisively—reporting incidents to the authorities, terminating contracts, and supporting affected individuals.

These incidents reinforce a critical insight: even stable programmes must anticipate and prepare for risk. Risk assessment, ongoing sensitization, and contractual safeguards are necessary but not sufficient. Programmes must maintain clear protocols for monitoring, responding to, and mitigating risks in real-time. A robust risk management framework is essential to uphold integrity and safeguard beneficiaries and staff alike.

CONCLUSION

Period 5 for the Heroes programme marked a phase of expansion, intensification and consolidation of interventions , leading to significant advancements in SRHR education, increased uptake of SRHR services, enhanced stakeholder dialogue, and improved access to justice for survivors of SGBV. These achievements resulted from accelerated implementation and robust collaboration with various partners. Top-up funding from the Iceland Embassy in Uganda enabled the programme introduce new interventions. However, we identified gaps and risks in our execution and capacity deficits among technical, governmental, civil society, and other partners that need addressing. Moving forward, we will focus on intensifying our engagement in SRHR education, and cultivate better health system performance and reliable commodity distribution. We will prioritize inclusive dialogue to transform behaviours, perspectives, and social norms, despite voices that reinforce harmful beliefs and restrict access to essential SRHR information. We remain committed to being a strong partner to the government while staying true to our principles of promoting SRHR for all. Looking ahead, we will work to consolidate and transition Heroes interventions to government for sustainability. We are specifically please the Heroes SRHR education has informed the government of Uganda life skills and health education framework (formerly the sexuality education framework).

We take the opportunity to thank the Embassy of Netherlands in Uganda for the great support to the people of Uganda through Heroes Programme. We recognize this support was not only funding but include creating new relations and linkages for the consortium.

CHAPTER 10: Annual Financial Report

The financial performance of the programme as at July 31, 2025 (end of period 5) was 82% against the period budget. This budget includes the top up fund activities, whose implementation has been slow due delays in approvals at various levels. The programme has working hard to secure these approvals.

Summary Per Partner			
	Data		
IP	**Sum of Approved Budget (€)**	**Sum of Actual Expenditure (€)**	**Sum of Budget Balance (€)**
Amref	3,310,937.55	2,864,422.91	446,514.64
Cordaid	1,205,642.89	870,329.38	335,313.52
Mifumi	1,229,403.02	980,075.39	249,327.63
Grand Total	**5,745,983.47**	**4,714,827.68**	**1,031,155.79**

Summary Per Category			
	Data		
Category	**Sum of Approved Budget (€)**	**Sum of Actual Expenditure (€)**	**Sum of Budget Balance (€)**
Communication and Knowledge Management	9,843.32	8,229.19	1,614.14
Contingencies	16,281.00	-	16,281.00
Equipment and Supplies	51,836.39	50,061.80	1,774.58
Human Resources	1,090,901.11	998,579.72	92,321.40
Indirect cost	847,056.80	699,008.18	148,048.62
Office Running costs	336,767.23	302,255.82	34,511.41
Output 1.1	739,074.73	523,838.44	215,236.29
Output 2.1	307,309.49	271,075.98	36,233.51
Output 2.2	749,960.91	643,827.31	106,133.60
Output 2.3	124,267.35	35,510.03	88,757.32
Output 3.1	346,323.97	273,963.68	72,360.29
Output 3.2	131,778.41	124,546.14	7,232.27
Output 4.1	121,142.31	108,968.05	12,174.26
Output 4.2	405,868.43	249,106.41	156,762.02
PMEAL	263,707.06	223,977.04	39,730.02
Travel	203,864.95	201,879.89	1,985.06
Grand Total	**5,745,983.47**	**4,714,827.68**	**1,031,155.79**

ANNEXES

ANNEX 1: MEDIA PIECES

Young advocates for Advocate – Ibrahim (youth Voices):
"The girls in our school miss school because of shame and embarrassment… I feel happy because I am helping my sisters and myself... I even showed my mother and my sisters how to make the pad." amrefuk.org

Midterm Evaluation Snapshot (Heroes Success Story, June 2025):
"Heroes4GTA measures the quantity and quality of SRHR services received at health facilities including the number of facilities offering adolescent-friendly services, contraceptive use and availability…" amref.org

New Investment (Amref Blog, May 2025):
"This landmark investment will significantly enhance SRHR, SGBV prevention, and WASH interventions… This new investment is not just about funding projects; it's about unlocking potential, restoring dignity…" Dr. Patrick Kagurusi newsroom.amref.org

Movement Launch (Heroes in the Media -New Vision, February 2025):
"The movement will focus on addressing social norms that oppress women and children through transformative

action… amplify the voices of thousands of SGBV victims…" Dr. Turner Atuki;
"Emphasized the need to continue engaging community resource persons to address SRHR and SGBV for sustainability." Dr. Patrick Kagurusi New Vision

Headline: Netherlands, Iceland Governments Lauded for Kalangala Transformation

https://www.newvision.co.ug/category/health/netherlands-iceland-govts-lauded-over-kalanga-NV_210372

Myths on Contraception: Bufumira: Ugandan island where Cola, Panadol, and milk are contraceptives

https://www.monitor.co.ug/uganda/special-reports/bufumira-ugandan-island-where-cola-panadol-and-milk-are-contraceptives-5109090#google_vignette

NO MORE SILENCE: A Heroes Campaign against Teenage Pregnancy

https://amref.org/uganda/news/no-more-silence/

Empowering young people to make healthy sexual and reproductive health choices: lessons from heroes for gender transformative action in Uganda: The 2024 SRHR implementation stories

https://cdn.who.int/media/docs/default-source/reproductive-health/contraception-family-planning/empowering-young-people-to-make-healthy-sexual-and-reproductive-health-choices.pdf?sfvrsn=749d0000_5

Poverty fuelling teenage pregnancy - Study

https://www.newvision.co.ug/category/news/poverty-fueling-repeated-teenage-pregnancies-NV_212336

Annex 2: Peer Reviewed Publications by Heroes

› Afr J Reprod Health. 2024 Dec 31;28(12):148-164. doi: 10.29063/ajrh2024/v28i12.16.

Socio-cultural drivers and barriers to addressing repeat teenage pregnancies and early child /forced marriages in Central and Eastern Uganda

Michael Muyonga [1], Patrick Kagurusi [2], Maureen Nankanja [2], Irene Ayanga [1], Pamela Kampire [3], Arnold Tigaiza [4], Mary S Nabacwa [1]

Affiliations + expand

PMID: 39772306 DOI: 10.29063/ajrh2024/v28i12.16

Afr J Reprod Health. 2025 Apr 23;29(4):63-77. doi: 10.29063/ajrh2025/v29i4.6.

Assessing the impact of the journey plus curriculum on sexual and reproductive health and rights and behavioural change among Ugandan youth

Patrick Kagurusi [1], Maureen Nankanja [1], Michael Muyonga [1], Irene Ayanga [1], Arnold Tigaiza [1], David Okimait [1], Mary Ssonko Nabacwa [1]

Affiliations + expand

PMID: 40314202 DOI: 10.29063/ajrh2025/v29i4.6