

THE 2024 SRHR IMPLEMENTATION STORIES

Empowering Young People to Make Healthy Sexual and Reproductive Health Choices:

Lessons from Heroes for Gender
Transformative Action in Uganda

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BACKGROUND

Ensuring equity in access to sexual and reproductive health (SRH), strengthening new and existing partnerships, and fostering resilience and innovation in health systems is vital for expanding comprehensive SRH access and addressing diverse population needs. To support projects in achieving these goals, the USAID-funded Knowledge SUCCESS project, in collaboration with the WHO/IBP Network, published a series of program implementation stories that showcase implementers who have successfully navigated these complexities to deliver impactful outcomes.

This story on the Heroes for Gender Transformative Action Program is one of three implementation stories selected for the 2024 series.

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THE HEROES PROGRAM



Learners from Namusiita Primary School in Uganda's Budaka district participate in games at the youth center in the Namusiita HCIII health facility during 'adolescent open day'—a day where health workers engage students with an aim to strengthen school-health facility linkages and to improve access to youth sexual and reproductive health information and services. (Image Credit: Heroes4GTA Program)

INTRODUCTION

Almost half of Uganda's population (44%) is under 15 years of age and one in four girls aged 15–19 has begun childbearing. The **Heroes for Gender Transformative Action Program** (Heroes4GTA) is a six-year (2020–2026) integrated sexual and reproductive health and rights (SRHR) program in Uganda implemented by Amref Health Africa Uganda, Cordaid, and MIFUMI and funded by the Kingdom of the Netherlands.

The program uses a socioecological model to implement interventions across four levels:

- **Individual:** The project works with young people (aged 9–24) and adults of reproductive age (15–49).
- **Interpersonal:** The project engages couples, parents, teachers, religious leaders, health workers, and other community leaders.
- **Community:** The project engages various youth-led, women-led, and disability-led community-based organizations.
- **Institutional:** The project works within the justice system to support action against sexual and gender-based violence (SGBV).

Heroes4GTA has four main objectives:

01

Empower young people and women to make healthy choices regarding their SRHR.

02

Increase uptake and quality of SRHR-SGBV services among hard-to-reach groups.

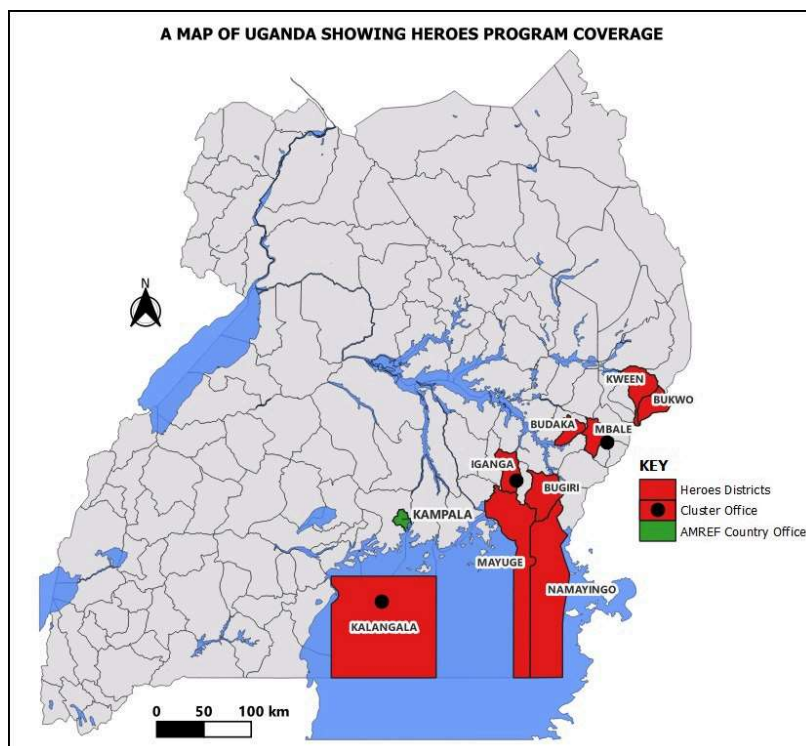
03

Increase awareness and activism by influential community members (referred to as “gatekeepers”) to reject social norms and practices that perpetuate gender inequality and SGBV.

04

Improve the quality of SGBV response systems to effectively address SRHR violations and enhance access to justice

The program supports 65 health facilities and 54 communities within **nine** high-burden districts in Uganda, comprising Kalangala, Burgiri, Mayuge, Iganga, Namayingo, Mbale, Budaka, Bukwo, and Kween.



A map showing the location of the 9 Heroes4GTA program districts in red.

The nine districts were selected based on an initial baseline assessment conducted by the Ministry of Health and District leadership. Districts were selected based on their attitudes towards gender and SGBV, school attendance rates, and the number of skilled birth attendants. Many of the districts were also hard-to-reach geographically, such as districts like Kalangala—a remote community made up of over 40 populated islands scattered across Lake Victoria, the world’s largest tropical lake.



What is SGBV?

According to Heroes4GTA, sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships. It includes physical, emotional, or psychological and sexual violence, as well as denial of resources or access to services.

Get to Know the Heroes4GTA Program Model

In order to empower young people and women to make healthy choices regarding their SRHR, Heroes4GTA uses five different age-appropriate curriculums, both in and out of schools, that is implemented through a combination of community facilitators, teachers, youth peers, and village health teams (VHTs).

- **Journeys Plus:** In-school youth aged 10–14
- **Program Y:** Youth aged 15–24
- **Family Health:** Men and women of reproductive age (15–49 years)
- **Men Engage:** Men and boys
- **Sinovuyo:** (a Xhosa name of South African origin, meaning “we have joy”): Parents, caregivers, and teens

The Heroes4GTA program is brought to life by over 900 community health workers (CHWs), all of whom were trained by the Heroes4GTA project to implement curriculum-based programs. These CHWs receive regular supervision from community-based organizations (CBOs) and are supported by young people and community engagement officers. Reflecting on her role, Dolly Ajok, a project manager and youth officer for the program, shared,

“I’m very excited to be a part of this program and that youth positions like mine exist, because there is a common youth slogan: ‘nothing for us without us.’ But sometimes youth programs are put in place and you don’t actually find youth working in these programs. It’s great to see that in this program, there is transformation going on for my fellow youth in the community.”

With over 21 CBOs supporting the project, these organizations are selected by community stakeholders through the use of the Organizational Capacity Assessment tool. The program is intentional about including at least one woman-led and one youth-led organization in each district, with three CBOs also focused on disability inclusion. Across the project, the CBOs play a crucial role in leading reporting and community engagement activities, including facilitating referrals to health facilities.

For the in-school Journey Plus program, young people called Y-Heroes, deliver SRHR knowledge to their peers with the support of teachers. The project creates safe spaces and reporting mechanisms ultimately meant to support young people to conclude their education. Y-Heroes are often young people from higher risk categories, including those living with HIV or those who have experienced SGBV themselves, and support others through a peer-to-peer model. The project implements a “whole school approach” including partnering with parent-teacher associations and district health and welfare committees, and facilitating teacher training integration of SRH/SGBV, Water, Sanitation, and Hygiene (WASH), and menstrual hygiene management, among other topics. During the curriculum, participants are introduced to different tools (translated into local languages), including the use of tablets to support referrals to care and SGBV reporting.



*In Iganga, Uganda, Edith, a Heroes Youth and Community Engagement Coordinator, leads a “Journeys Plus” session on crafting reusable sanitary pads for dignity and sustainability.
Image Credit: Heroes4GTA Program*

The program also includes an e-voucher system, distributed by Y-Heroes and VHTs to SGBV survivors to facilitate their access to medical services and ability to report incidents. The e-voucher is provided through a digital platform on the Sauti Plus app. The e-vouchers can be redeemed at designated service providers for various services, such as medical care, counseling, and legal aid. The process is designed to be confidential and user-friendly, ensuring that girls can access services without stigma.

The Heroes Resource Toolkit: Global SRHR Guidelines In Action

The Heroes4GTA program referred to several global guidelines throughout the project design phase including the WHO recommendations on adolescent sexual and reproductive health and rights and several family planning high impact practice (HIP) briefs and tools, including the *HIP FP-Immunization Integration Checklist* and the *Adolescent-Responsive-Contraceptive Services HIP*.

For example, the program team used the FP-Immunization Integration Checklist to review the local program and health system elements and determine what opportunities already existed that could be leveraged at district and facility levels. Based on the findings, the team identified next steps for implementation of integrated services, some of which included increasing human resources for community outreach and strengthening providers' capacities to offer long-acting contraceptives.

To **increase uptake and quality of SRHR/SGBV services among hard-to-reach groups**, Heroes4GTA implements a health systems strengthening approach whereby local health systems are strengthened to deliver quality, integrated SRHR, SGBV, family planning, postabortion care, basic emergency obstetric care, and comprehensive emergency obstetric care services. Heroes4GTA conducts facility readiness assessments, trains health staff, VHTs, and youth peers to provide services, generates demand through awareness and referrals, and supports various health committees across supported health facilities.

Explore the key program strategies employed to strengthen SRHR/SGBV services

To strengthen governance and leadership:

The Heroes4GTA program trains local Health Units to better understand their role in planning, monitoring, and budgeting for SRH/SGBV services.

To strengthen service delivery:

The program strengthens capacity of providers and integrates SRHR outreaches and legal aid clinics that provide SGBV and legal aid services free of charge to the underserved communities.

To strengthen linkages and referrals:

The program conducts bi-annual VHT coordination meetings to strengthen coordination among the community actors, improve services utilization, and promote synergies. Y-HEROES also provides SRHR information and referrals within youth spaces at facilities—reaching youth in places that are convenient for them.

To assess and improve the quality of reproductive health commodities and minimize stock-outs:

The program conducts monthly stock monitoring and implements quality improvement initiatives through the use of tools like the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) framework.

To incentivize performance and quality of care:

The program implements a contextually relevant and motivating results-based financing (RBF) approach, providing subsidies to facilities and districts based on their performance and quality of care related to maternal and child health and family planning, antenatal care, intermittent preventive treatment in pregnancy, SGBV, and postabortion care services.

The program also implements **social and behavior change activities to support gatekeepers**, such as religious leaders and cultural institutions, within communities to reject social norms and practices that perpetuate gender inequality and SGBV. This includes conducting awareness sessions, hosting community dialogues, and hosting radio talk shows and campaigns against SGBV, teenage pregnancy, and child marriage. In addition, Heroes4GTA supports districts to develop ordinances against harmful practices that perpetuate SGBV, including child protection against SGBV.

Esther Abbo, Heroes Legal Officer facilitating a training of community resource persons on SGBV prevention and response in Bukende sub-county, Mbale District in Eastern Uganda. Image Credit: Heroes4GTA Program



Finally, the project **works within the formal justice system** to strengthen the quality of SGBV response systems, increase reporting and follow-through of SGBV cases, and enhance access to justice. For example, the project formed nine advice centers, run by SGBV champions that provide mediation, psychosocial support, counseling, and referral services for SGBV cases. SGBV survivors are organized into Survivor Support Groups to facilitate and strengthen social networks for psychological support as well as economic empowerment for resilience and sustainability.

On the Path to Universal Health Coverage

The Heroes4GTA project focuses on addressing the SRHR and SGBV needs of hard-to-reach and underserved groups in Uganda by collaborating with schools, health care facilities, and other community structures, as well as utilizing disability and gender inclusion frameworks, e-voucher programs, and results-based financing approaches. Collectively, these approaches all support efforts toward achieving universal health coverage, to ensure that all community members can access the full range of quality health services they need, when and where they need them, and without financial hardship.

Program Impact

In 2021, the program led a robust baseline survey among the nine implementation districts and three control districts. The study included over 7,000 individuals and was a cross-sectional, mixed-method design leveraging both quantitative and qualitative data collection techniques. Heroes4GTA measures the quantity and quality of services received at health facilities including the number of facilities offering adolescent-friendly services, contraceptive use and availability, and family planning/immunization integration readiness, among other indicators.

To assess progress at midline, Heroes4GTA conducted a primarily qualitative cross-sectional midterm evaluation among 96 key informants, including 33 focus group discussions—reaching over 400 community members in their assessment. Community data is collected through the program register and entered into the Amref electronic system. For health facility data, the program contributes to strengthening the single data source system using the Ministry of Health HMIS tools and reporting using DHIS2, supporting routine facility, district-level quarterly performance review meetings and routine data quality assessments.



Namono Tapisa, a midwife in Bukiende sub-county, Mbale District in Eastern Uganda, shares essential SRHR information to empower communities. Image

Credit: Heroes4GTA Program

Comparing the findings from the baseline in 2020 to the most recent impact data in 2023, **the project has contributed to the following achievements:**

- Reached over 745,280 young girls, boys, and women with comprehensive sexuality, SRHR, SGBV, and life skills training across nine districts.
- Contributed to a reduction in the teenage pregnancy/adolescent birth rate, from 25% to 23%.
- Contributed to a decrease in facility maternal mortality ratio (deaths per 100,000), from 59 to 38.
- Increased couple years of protection (CYP), from 45,770 to 94,762.
- Increased the number of unintended pregnancies averted, from 13,182 to 27,291.
- Increased the number of births attended by skilled health personnel in Heroes Health facilities, from 56% to 70%. (Source: MOH-DHIS2, July 2024).
- Over 4,950 survivors (girls and women) were provided with access to justice through the program. Of these, 142 cases have been taken to court and 56% of them concluded through the court system. (Source: Programme Data accessed July 2024).

Showcasing the impact of the project, Emmanuel Mugalanzi, Local Capacity Development Advisor for Uganda Health Activity (UHA) noted:

“ *We have seen progressive action in the reduction of GBV cases and an increase in the reporting of cases that arises from the sensitizations using the men-alone sessions.* ”

An endline study is planned for 2026, commissioned by the Netherlands Embassy in Uganda, and will include both a quantitative and qualitative assessment of the changes in the program districts in comparison with the control districts. The assessment will also explore changes at the endline compared with the baseline on different parameters, including comprehensive SRHR knowledge among the target population, SRHR indicators and service systems, gender equity attitudes, and SGBV practices and response mechanisms. In addition, the assessment will explore the relevance and sustainability of the program interventions.

District-Led Programming: Key to Sustainability and Impact

Through these milestones, the Heroes program thrives due to its district-led programming model that allows for a high level of flexibility and local ownership. By using a multi-sectoral approach and partnering with community-selected CBOs, these organizations understand local issues and culture from the start and are deeply invested in the community, allowing for more authentic communication, tailored interventions, and greater continuity of care. This local leadership not only strengthens the program but also ensures its sustainability, leveraging local resources and building long-term community capacity by hiring and training local talent.

“Engaging a transformational leadership style by HEROES4GTA is critical to sustaining improvements in health outcomes; and it acts as a lever for adapting to changing demands and needs in the community and in health facilities. We have seen ... quick turnaround of performance in the target facilities ... in the involvement of men in the target districts ... and improvement in the number of deliveries due to transformative engagement of the leadership of these facilities.”

- Emmanuel Mugalanzi, Local Capacity Development Advisor, Uganda Health Activity (UHA)

Addressing Common Barriers

Challenges	How it was addressed
Limited capacity of peer educators / health workers to manage digital platforms, CBOs in project management, and health workers in SRHR technical topics	<ul style="list-style-type: none"> Conducted capacity needs assessments, facilitated training, and co-created interventions to strengthen capacity. Routine monthly mentorships and quarterly supportive supervision visits to the peer educators and CBOs by the program technical teams. Conducted quarterly reflection meetings with CBOs and the Y-Heroes.
Managing multiple partnerships across districts given the diversity and wider geographical scope of the districts and unique SRHR needs	<ul style="list-style-type: none"> Partnered with grassroots organizations, ensured joint ownership of activities, provided capacity strengthening opportunities, and was flexible to each community's strengths, challenges, and needs. Partnered with women-led, youth-led, and disability-led CBOs to support equity.
Insufficient human and financial resources, especially at the district level, impacting the effectiveness and sustainability of the program interventions	<ul style="list-style-type: none"> Created a joint district-led SRHR initiative where districts co-create and co-finance integrated SRHR initiatives within their plans to enhance and foster sustainability. Provided support to underfunded local services (e.g., created legal advice centers to provide mediation, psychosocial support, counseling, and referral services).
Stock out of commodities due to inefficient supply chain systems, limiting access and availability of services to the communities	<ul style="list-style-type: none"> Supported routine monthly stock monitoring across the facilities through the district supply chain officers to support re-distribution of commodities and provide technical support in stock management, quantification, and ordering. Supported district-level supply chain coordination meetings to minimize stock-outs and enhance data use and ownership among district stakeholders and partners.

Lessons Learned

Enhancing Community and Facility Linkages

Strengthening connections between community and health facilities has significantly boosted SRHR/SGBV service utilization. For instance, facility deliveries increased from 25,026 to 30,030 from program year 1 to year 3 at Heroes-supported facilities. This improvement is supported by comprehensive training for both service providers and program participants, along with strengthened community-to-facility referrals, continuous monitoring, and feedback to promptly address issues.

Strengthening Technical Supervision and Accountability

The hub and spoke model for technical supervision has improved accountability and local government capacities. This model facilitates collaboration through regional and district-level engagements, strengthening coordination, offering technical assistance, avoiding duplication of efforts, and supporting equitable resource utilization.

Transformative Health Leadership and Community Engagement

Strengthening Health Unit Management Committees (HUMCs) and District Health Management Teams (DHMTs) is critical for effective health service delivery. Empowered leaders, equipped with accurate SRHR information, engage communities to enhance service uptake and facility performance. Additionally, involving communities in the selection process and fostering collaboration among stakeholders is essential for the success and sustainability of SRHR programs. **“The DHMTs have adopted some of the innovations like the meeting agenda and HUMC supportive assessment tool to conduct support supervisions for HUMCs and provide technical assistance to perform their oversight roles.”** - Emmanuel Mugalanzi, Local Capacity Development Advisor, Uganda Health Activity (UHA)

Improving Data Utilization and Reviews

Strengthening data reviews at facility and district levels and ensuring support for data utilization in decision-making are crucial for enhancing service delivery and program effectiveness.

CONCLUSION

In summary, “Our success was not accidental,” said Dolly Ajok, Project Manager and Youth Representative, explaining that **the program’s achievements were rooted in four overarching strategies:**

- 01** A youth-centered approach
- 02** Significant investment in knowledge management
- 03** Using sustainable incentives to ensure that young people are deeply invested in their own programming
- 04** A strong emphasis on data-driven action

Dolly emphasized that these four elements made the program highly responsive and adaptive and that identifying effective, intrinsic motivators was crucial for ensuring youth ownership of the program. **“For me, these are the key things and you’ll crack the nut.”**

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Interested in learning more about Heroes 4 GTA? Reach out to Henry Wasswa at henry.wasswa@amref.org or Dr. Patrick Kagurusi at Patrick.Kagurusi@amref.org for additional information.

