



## **HEROES FOR GENDER TRANSFORMATIVE ACTION**

*Supporting Community Solutions for  
Sustainable Health Outcomes*

# **PROGRAM BRIEF**

**HEROES FOR GENDER TRANSFORMATIVE ACTION IN UGANDA**

**Program Name:** Heroes for Gender Transformative Action in Uganda

**Tag line :** Supporting Community solutions for sustainable health outcomes

## Back ground information:

Heroes for Gender transformative action is designed to address key sexual reproductive health and rights barriers in 9 high burden districts in Uganda. It is implemented in a consortium of four organisations namely; Amref Health Africa in Uganda, Cordaid Uganda ,Mifumi and International Research Center for Women. This consortium is formed on the basis of the comparative advantage of each of the partners however working together to promote synergies.

The Heroes for gender transformative action uses key strategic approaches which include; Gender transformation Approaches, Health system strengthening, Ecological model, human life cycle development and meaningful involvement of beneficiaries. These approaches the program will create vibrant networks of informed communities that work together with empowered health care providers to strengthen the health system and the community level models.

The program will empower young girls, boys and women to make informed decisions on SRHR and be empowered to say no to sexual gender based violence which remains one of the sever forms of gender inequality that affects helath outcomes

## Problem Statement

District	Maternal mortality ratio/ 100.000 live births	Teenage Pregnancy rate	Adolescent birth rate per 1.000 live births	Total SGBV cases	Abortions due toGBV	Rape/Sexual Assault or Defilement	CYP (including natural)	CYP per capita	FP new users
Kalangala	156	13%	115	525	6	20	6,082	3	3531
EAST CENTRAL									
Bugiri	128	25%	255	1521	12	8	30,831	3	24049
Mayuge	37	26%	236	1074	29	52	33,854	3	23728

<b>Iganga</b>	<b>127</b>	<b>22%</b>	<b>208</b>	<b>782</b>	<b>5</b>	<b>113</b>	<b>55,138</b>	<b>3</b>	<b>46134</b>
<b>Namayingo</b>	<b>50</b>	<b>26%</b>	<b>261</b>	<b>564</b>	<b>14</b>	<b>13</b>	<b>14,712</b>	<b>3</b>	<b>10757</b>
<b>EASTERN</b>									
<b>Mbale</b>	<b>247</b>	<b>22%</b>	<b>226</b>	<b>4738</b>	<b>43</b>	<b>135</b>	<b>82,785</b>	<b>4</b>	<b>48984</b>
<b>Budaka</b>	<b>27</b>	<b>24%</b>	<b>251</b>	<b>926</b>	<b>15</b>	<b>135</b>	<b>21,661</b>	<b>4</b>	<b>14010</b>
<b>Bukwo</b>	<b>149</b>	<b>19%</b>	<b>222</b>	<b>594</b>	<b>3</b>	<b>22</b>	<b>8,379</b>	<b>3</b>	<b>5921</b>
<b>Kween</b>	<b>42</b>	<b>20%</b>	<b>181</b>	<b>95</b>	<b>0</b>	<b>6</b>	<b>7,302</b>	<b>2</b>	<b>7952</b>

Young people (10-14years) and women (15-49 years), including people with disabilities (PWD) in target districts experience high burden of SRHR violations (early/forced marriage, teenage pregnancy and SGBV caused by gender inequalities which are facilitated by:

- Limited access to accurate and applicable knowledge: - Unfavorable attitudes and lack of decision making skills of youth and women regarding SRHR and SGBV.
- Low quality of SRHR and SGBV services at service delivery points, which are not well integrated ,and are now also disrupted by COVID19 pandemic.
- Societal pressure from their immediate relations including ; Peers ,Parents, relatives and persons in authority, who they can't resist due to unsupportive traditional gender norms and power inequalities that foster silence around SRHR/SGBV issues, situation complicated by COVID19.
- Weak SGBV response systems , which do not effectively address SRHR violations and prevent young people and women from accessing justice.

**Program Goal:** “All young people and women in reproductive age in the 9 high burden districts of Uganda to fully enjoy their SRHR and live in a gender-equitable society free from SGBV.”

## Specific programme objectives:

- (i) Better information and greater freedom of choice for young people about their sexuality;
- (ii) Better public and private healthcare for family planning, pregnancy and childbirth, including post abortion care (PAC);
- (iii) More respect for sexual and reproductive rights for all;
- (iv) Enabling environment for young girls and women's elimination of violence against girls and women.

**Program duration and Partners:** The project is being implemented over 4 years from November 2020 to November 2024. The program is being implemented in partnership with the ministry of health, Ministry of Gender, labour and social development and local-level stakeholders with funding from the Embassy of Netherlands in Uganda.

**Program Area and Target Population:** The program is being implemented in 9 hard to reach, mountainous, island and high SRHR violation burdened districts.

**Eastern region :-** Budaka, Bukwo, Kween and Mbale - Cluster office is based in Mbale City

**East Central region :-** Bugiri, Iganga, Mayuge and Namayingo.

**Central region:-** Kalangala district which is an Island.

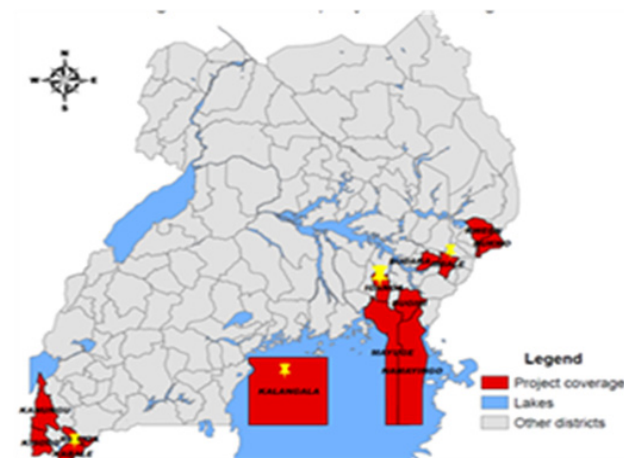
## The target population includes the following:

- 1. Women of reproductive age (15-49 years) and their partners (women are direct beneficiaries; their partners are secondary beneficiaries)
- 2. Young people in and out-of-school aged 10-24 years (including Boys and Girls)

## Secondary targets:

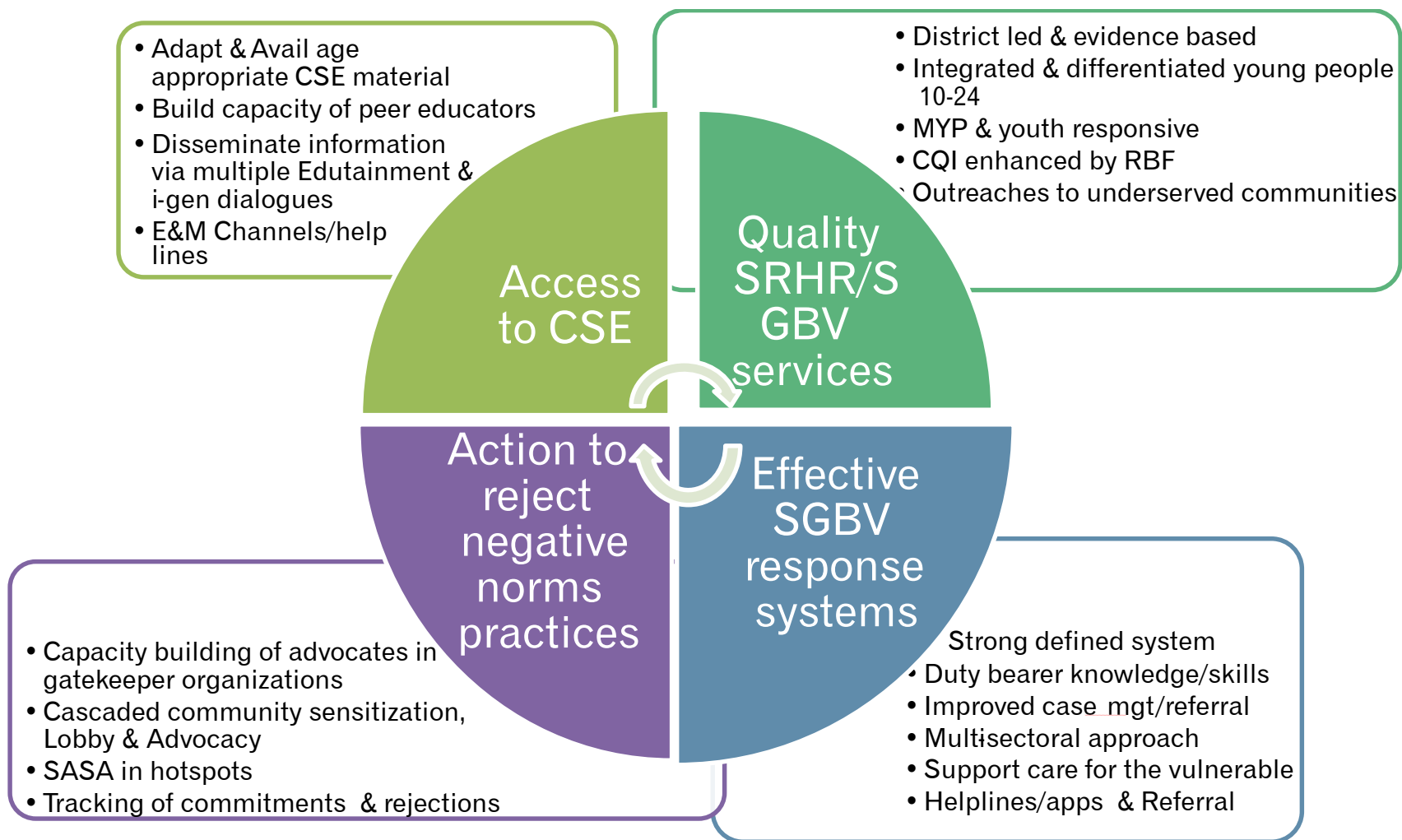
- **Duty bearers:** Health workers; village health teams, Police; JLOS officers; Teachers, Political/ Opinion leaders.
- **Gate Keepers:** Religious institutions, Cultural institutions, district health system, CSOs (YLOs/WLOs)
- **Social influencers:** Older men & women, youth leaders, media personalities, local celebrities, politicians, bar and hotel owners, Boda Boda riders, Traditional sex educators (Ssengas & Kojjas)
- **Broader community**

**Figure 1: location of current Program area in Red**



*Figure 1: Proposed Program districts*

## Program Strategies:

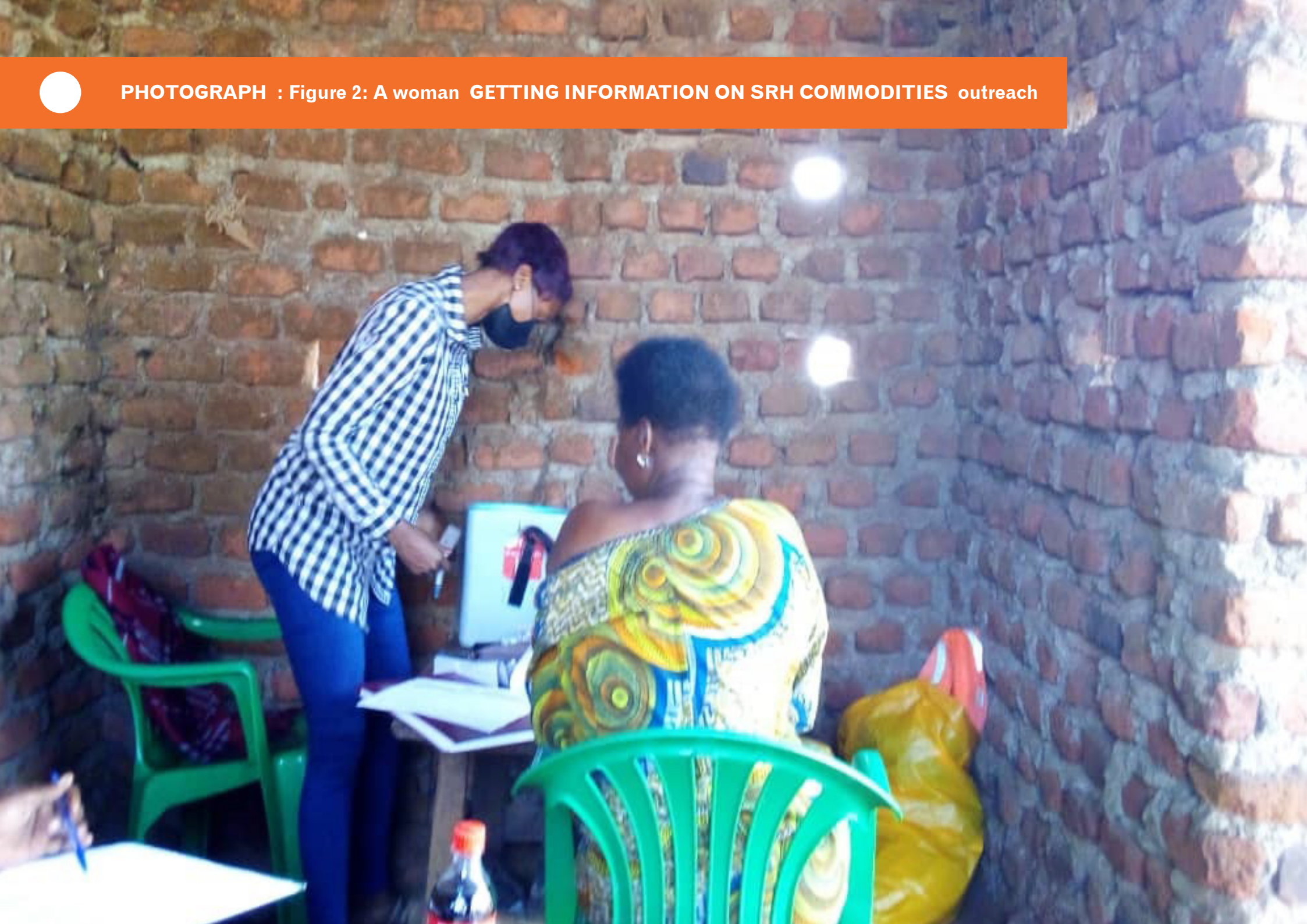


PHOTOGRAPH : Figure 2: A woman GETTING INFORMATION ON SRH COMMODITIES outreach





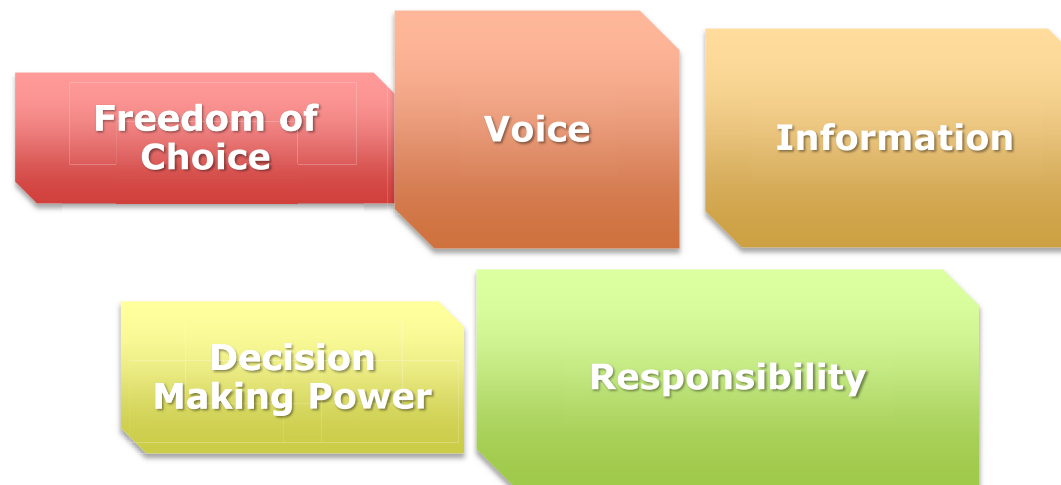
**PHOTOGRAPH : Figure 2: A woman GETTING INFORMATION ON SRH COMMODITIES outreach**



## Theory Of Change : Four pathways to the program outcomes

- Outcome 1:** Young people and women make healthy choices regarding their SRHR- through access to accurate and age appropriate SRHR messages
- Outcome 2:** Increased uptake & quality of SRHR-SGBV services by hard to reach groups- through strengthening the health facilities and district capacity, RBF .
- Outcome 3:** Increased activism by Gate keepers/communities take action to reject social norms and practices that perpetuate gender inequality and SGBV- through addressing social barriers and traditional gender norms and power inequalities that are root causes for SRHR and GBV indicators.
- Outcome 4:** Improved quality of SGBV response system to effectively address SRHR violations and enhance access to justice- through addressing structural problems in the SGBV response system to improve SGBV case service provision

### Core Elements of Youth Inclusion considered



## About the Partners in the Consortium.

**Amref Health Africa in Uganda:-** Overall program leadership and management, Leads implementation of activities and provides oversight of district based teams, serves as technical lead for QI/QM, Health systems strengthening, strategic information , organizational capacity building and Leads youth and community engagement.

**Cordaid Uganda :-** Technical partner on application of Result based financing in Health systems strengthening in selected result areas of the program.

**MIFUMI:-** Leads in Tracking of negative gender norms, SGBV management and access to justice

**ICRW:-** Leads and provides technical support for gendered research and learning and technically supports Monitoring and evaluation in all the program result areas.

