Uganda

A. We Lead Programme Overview

CoA Member Organizations

There were originally 10 Community of Action (CoA) members in Uganda.[1] However, one CoA member, [redacted], couldn't proceed with implementation in 2025 due to failure to submit the 2025 workplan and budget. In addition to the CoA, the project had 5 direct grantees with 4-year contracts which ended in 2024. SRH-R Alliance acted as the host organisation. The We Lead Programme was implemented across 3 regions and 8 districts of Uganda; Eastern (Kamuli, Jinja, Busia and Tororo districts), Northern (Gulu and Amuru districts) and West Nile (Arua and Terego districts) along with Kampala.

Main Activities

- **Capacity building and training:** Organizational capacity building focusing on strengthening organizational governance and leadership, internal controls and systems, financial and grants management as well as human resources and performance management and reporting; Helping partners contextualize key frameworks such as the Theory of Change (ToC): feminist leadership; youth engagement; youth-led research.
- **Public awareness and community engagement on SRH-R:** National advocacy for inclusive SRH-R policies for young women in their diversity; strengthening capacity of journalists on SRH-R and HIV positive reporting.
- **Engagement with health services:** Integration of clusters and cluster coordinators at Reproductive Health Uganda (RHU) regional centres; establishment of safe spaces (drop-in centers); community led monitoring such as for referral and linkage.
- **Policy and legislative advocacy:** consolidating leadership of external partners in policy implementation, service provision and supporting the passing of by-laws and ordinances in support of SRH-R.

B. End Term Evaluation Fieldwork

Number of stakeholders interviewed	7 women; 6 men
Number of participants of CoA Sensemaking Workshop	10 women
Number of participants of Rightsholder Sensemaking Workshops	34 women
Total number of participants	**57**

C. Country Context

Uganda remains generally stable but faces security threats particularly from the Allied Democratic Forces (ADF) militant group operating in the DRC and occasionally launching cross-border attacks in Western Uganda,[2] although ADF attacks have been largely neutralized since May 2024. President Yoweri Museveni, leader of the National Resistance Movement (NRM) has been in

[redacted]

[2] UN Security Council: https://main.un.org/securitycouncil/en/sanctions/1533/materials/summaries/entity/allied-democratic-forces-%28adf%29

power for nearly 40 continuous years. Women currently hold about 34% of parliamentary seats, partly driven by 146 seats specifically reserved for women representatives (one per district).[3] The opposition is principally led by Robert Kyagulanyi (Bobi Wine) and the National Unity Platform (NUP) appealing to younger voters and urban populations.[4] The NRM is nevertheless dominant with a highly centralized and authoritarian-leaning governance style, with critics accusing the regime of using security forces to suppress opposition and curtail democratic freedoms. Political tensions have escalated ahead of the 2026 elections with prominent opposition figures facing detentions and legal challenges, restricted political space, and intensified political violence and harassment. Freedom of expression and peaceful assembly are severely restricted with journalists and human rights defenders facing detention, harassment, and surveillance, and the government exerts strong control over media and civil society activities.[5]

Uganda's GDP was approximately $53 billion in 2023/2024[6] with major economic challenges including high youth unemployment and poverty. Uganda continues to host approximately 1.9 million refugees (including South Sudanese).[7]

Abortion is illegal in Uganda except to save the woman's life, highly restricted and prosecuted under the Penal Code[8], with unsafe abortion a major contributor to maternal morbidity. Contraception is legal and available through the public sector, with modern contraceptive prevalence among married women at 54%,[9] while infertility services are not explicitly prioritized by public policy and lack an explicit guarantee in law. The Domestic Violence Act 2010 and Sexual Offences Act (2021) recognize protection in law and national strategy, but enforcement and resource provision remain limited. As a result, high rates of gender-based violence persist including domestic violence and sexual assault. Sexuality education is included in national policy and NGOs and international partners deliver community and school-based programs targeting adolescents, however it is not comprehensive or mandatory in law.

Same-sex acts are criminalized with intense societal hostility.[10] In 2023 Parliament passed the Anti-Homosexuality Act (AHA) introducing long prison sentences and the death penalty for certain homosexual acts, upheld by the Constitutional Court in April 2024. LGBTQ+ individuals face criminal prosecution, social stigma, discrimination, violence, and increased arrests and harassment post-2023 enactment of the law, and same-sex marriage is illegal.

While there are numerous SRH-R policies such as the National Strategy for Integration of Sexual Reproductive Health and Rights and HIV/AIDS (2017-2021) and Policy Guidelines to Male Involvement in Sexual and Reproductive Health Service Delivery (2017) aimed at protection and promotion of young people and girls to realize their SRH-R, implementation gaps for these policies, harmful social-cultural norms, and lack of comprehensive support continue to hinder their ability to optimally access essential services. This is especially true for PWDs for whom there are inadequate services and facilities. Young people especially girls in Uganda are still faced with a complex blend of structural, cultural, legal, and informational barriers towards accessing sexual and reproductive health and rights information and services leading to high maternal mortality, unmet family planning needs and the widespread prevalence of GBV. Only 41% of the girls in the

[3] World Bank Proportion of seats held by women in national parliaments (%)

[4] LSE (2024) https://blogs.lse.ac.uk/africaatlse/2024/01/18/ugandas-battle-for-the-youth-vote-how-museveni-keeps-bobi-wines-reach-in-check/

[5] Freedom House (2025) Freedom in the World Uganda

[6] https://mepd.finance.go.ug/documents/MFP/MFP-FY202324.pdf

[7] Development Action Platform https://developmentactionrefugees.org/country-responses/uganda

[8] Penal Code Act Cap. 120, Sections 141-143

[9] Towongo, M.F., Kelepile, M. Prevalence, distribution and factors associated with modern contraceptive use among women of reproductive age in Uganda: evidence from UDHS 2016. Contracept Reprod Med 9, 32 (2024). https://doi.org/10.1186/s40834-024-00288-6

[10] Equaldex https://www.equaldex.com/region/uganda

age group of 15-19 reported comprehensive knowledge of HIV and only 43% of the adolescents having ever tested for HIV.[11]

The healthcare system operates through a district health system (HC I-IV tiers) with public facilities covering the majority of essential services complemented by a large Private Not-for-Profit network often faith-based, with Total Health Expenditure at approximately 4.4% of GDP (World Bank) and out-of-pocket spending accounting for approximately 34% (World Bank). The Maternal Mortality Ratio is high at 284 per 100,000 live births,[12] the Under-5 mortality rate is 38.8 per 1,000 live births (World Bank), and skilled birth attendance occurs in 74% of births.[13] The total fertility rate is high at 4.3 children per woman (World Bank) with an adolescent birth rate of 107 per 1,000 girls aged 15-19 (World Bank), and Northern Uganda lags significantly in coverage indicators with urban areas generally showing better outcomes in all SRH-R metrics.

C. Evaluation results

Relevance

The words that CoA member organisations would most use to describe the programme in Uganda, according to the survey, emphasise the resilience and empowerment aspects of the programme's design and activities. Respondents also highlight how the programme promotes boldness, awakening, and reclaiming among the rightsholders it engages with:

The survey results found that in Uganda the programme was perceived by the CoA to have been well designed (either very or fairly well) to meet the needs of the different rightsholder groups, although the findings suggest that there were some limitations with the design which prevented the activities from very well suited to meet the varying needs of the different communities. The [redacted] community perceived to have been less well served by the programme's design with just 44% of the organisations who answered the survey saying that they had been very well served. In contrast women with HIV were felt to have been served the best by the design of the programme in the country.

[11] UNFPA Report, 2024

[12] World Population Review (2025) https://worldpopulationreview.com/country-rankings/maternal-mortality-rate-by-country

[13] Ducille C, Bilsborrow R, Singh K, Hussey J, Jennings Mayo-Wilson L. Association of remittances with skilled delivery in Uganda, 2019/2020. PLOS Glob Public Health. 2025 Jun 13;5(6):e0004769. doi: 10.1371/journal.pgph.0004769. PMID: 40512813; PMCID: PMC12165348.

Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:

	Young women and girls generally?	Young women and girls with disabilities?	Young women and girls living with HIV?	Young women and girls who are affected by displacement?	Young women and girls who identify as belonging to the [redacted] community?
Very well	65%	59%	71%	47%	44%
Fairly well	35%	35%	29%	47%	39%
Neither well nor badly	0%	6%	0%	0%	6%
Fairly badly	0%	0%	0%	6%	6%
Very badly	0%	0%	0%	0%	6%
Don't know	0%	0%	0%	0%	0%

The Ugandan CoA was one of the first to finalise the localisation of its ToC in 2021. Initial localization was done through a team planning workshop where programme staff came together to brainstorm, contextualize and understand the role of key stakeholders. Localisation of the ToC helped understand the environment, the challenges faced by the vulnerable women, support required and what is available. The process also focused on laws and policies that respond and protect the young women's SRH-R.

The annual review process for the ToC was described as inclusive with most CoA organisations involved in all the sessions. Writeshops organised by the host organisation shaped the alignment of the project intervention with the ToC.[14] While most CoA organisations were involved in the annual reviews, some noted that there was a lack of initial engagement prior to the start of the programme.[15] Others noted that the ToC and monitoring framework were bulky with multiple interlinking indicators and assumptions which were very hard for a person with no monitoring and evaluation knowledge to understand, while some indicators were not sensitive enough to rightsholders' lived experiences, making it more challenging to measure the direct effects at the grassroots level.[16]

To help ensure relevance and impact, the We Lead programme was implemented through partnerships with already existing structures such as People with Disability (PWD) structures, health management committees, and youth committees. In response to stakeholder livelihood needs, the programme integrated economic empowerment and justice components in its SRH-R programming to enable rightsholders to afford SRH-R services. Rightsholder groups were linked to government livelihood programmes, with some receiving Parish Development Model Funds. Through district community development offices, selected groups accessed entrepreneurship training, business support, and market linkages, fostering economic empowerment and long-term sustainability. These economic empowerment and skilling programmes also fostered unity of the vulnerable girls.

> "*In 2023, we found out that it was important to integrate livelihood into SRH-R programming, which resulted from programme year two feedback that SRH-R services were not affordable for the young girls. Integrating livelihoods into SRH-R gave the young people the opportunity to get money and access SRH-R services. This enabled us to*

[14] CoA survey
[15] CoA survey
[16] CoA survey

integrate conversations around economic empowerment, economic justice, livelihood into SRH-R programming even when our core mandate was advocacy."[17]

"Integration of Economic Empowerment/ Livelihood and SRH-R. Economic stability and autonomy are intrinsically linked to young women's ability to make informed and autonomous decisions about their sexual and reproductive health, thus empowering rightsholders with economic skills and resources"[18]

The programme also integrated a climate lens into some of its activities. Climate challenges, including heavy floods, destroyed infrastructure like roads and bridges, limiting CoA members access to districts such as Arua, Gulu, and Terego and disrupting rightsholders' access to services. In response, CoA members such as [redacted] launched initiatives such as tree planting in schools to promote environmental sustainability while engaging PWDs in eco-friendly activities, including reducing print waste and using local resources. Young women were empowered through storytelling, climate justice training, and agri-business activities, linking advocacy to livelihoods. These efforts addressed intersecting vulnerabilities and strengthened both environmental and programmatic resilience.

Effectiveness

Outcome 1: Strengthening the capacity of CoA members and rightsholders

The We Lead programme invested significantly in strengthening the capacities of CoA organisations focused on strengthening young women's confidence, political agency, and participatory leadership to ensure their meaningful participation and influence within movements and their own organizations.

Early in the programme, the Ugandan CoA Facilitator received training from Restless Development and Positive Vibes on inclusive workshop facilitation and ToC development. This personalized support significantly boosted her confidence, planning, and coordination skills, enabling her to engage more assertively with partners and stakeholders. The safe spaces created through these platforms also allowed the CoA Facilitator to share her leadership goals, discuss challenges, and build resilience through continuous reflection and tailored guidance.

"The Accompaniment Plan has indeed been very instrumental in my personal leadership development journey. It has helped me refine my managerial skills and gain valuable insights on people management. I have been provided with support and guidance which has increased my confidence, mental wellbeing and effectiveness. Through continuous learning and self-reflection, I have become more adaptable and open to change which is enabling me [to] navigate complex CoA challenges and lead with resilience."[19]

In 2021, 11 rightsholders were trained on youth-led research, using the skills to conduct research on COVID-19 and SRH-R.[20] This was followed up in 2024 with a training on research and data collection for 25 rightsholders.[21] Restless Development conducted training for 38 CoA members across Kenya, Uganda, and Nigeria on Meaningful Youth Engagement (MYE) and Youth-led Accountability (YLA). In 2024, a further leadership training session reached 21 youth from 14 Ugandan CoA organisations, resulting in an approximate 30% increase in their knowledge. Restless Development also organised Annual Leadership Bootcamps to bring CoA Facilitators from all countries, including Uganda, together to share successes, learn from each other, and identify collective solutions.

In 2023, FEMNET organised in-country advocacy training aimed at improving the advocacy capacities of CSOs, especially in promoting SRH-R obligations within the Ugandan context. In

[17] FG5

[18] CoA survey

[19] E2

[20] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf

[21] 2024 Consolidated Results Framework Final.pdf

2024, 30 rightsholders were successfully trained on national, regional, and international SRH-R policies and laws, and how to influence them[22]. FEMNET also conducted training for 15 rightsholders in Uganda on opposition monitoring and mitigation techniques in 2024.[23] In addition, FEMNET facilitated an in-country training course on Gender Responsive Budgeting (GRB) Advocacy for CoA organisations in Uganda. One participant noted that, as a result *"I can now track the National budgeting cycle and see how to target my advocacy"*.[24] Training was also conducted on sustainability and men-to-men engagement in 2025.[25]

The majority of the CoA organisations attribute their improvements in capacities to the programme, for all the capacity strengthening topics. Particularly on the topic of strengthening their active promotion of SRH-R realisation, almost 80% reported a very substantial contribution for their improved capacities for promotion of SRH-R realisation. Organisations' credibility and sustainability tended to be less well attributed to the work of the programme, with just 33% saying the programme had made a very substantial contribution to this.

Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:

	Credible and sustainable?	Resilient and adaptive?	Inclusive, supportive, and led by young women rights-holders?	Active in promoting SRH-R realization?	Safe, secure and practice collective care?	Act jointly?
A very substantial contribution	33%	39%	67%	78%	44%	61%
A substantial contribution	44%	44%	28%	22%	44%	39%
A moderate contribution	22%	17%	6%	0%	0%	0%
A limited contribution	0%	0%	0%	0%	11%	0%
No contribution at all	0%	0%	0%	0%	0%	0%
Don't know	0%	0%	0%	0%	0%	0%

In 2024, 30 rightsholders were made aware of safety and security mechanisms through dedicated training sessions[26]. This training is particularly critical in light of the hostile environment created by the AHA 2023, which led to evictions, threats of violence, and harassment of rightsholders by security agencies . The programme also facilitated well-being processes, using the 'Looking In, Looking Out' (LILO) methodologies developed by PV, specifically LILO Inclusion, LILO Women, and LILO Voice, to improve psychosocial well-being and personal empowerment rolled out in 2022. This included LILO Facilitate which trained 22 facilitators in these methodologies in 2022[27]. A constitutional literacy workshop called Sing of Freedom was also delivered in 2022, while Nile Girls hosted a regional displacement learning visit in 2023. Finally, in 2024 a joint Pathways to

[22] 2024 Consolidated Results Framework Final.pdf
[23] 2024 Consolidated Results Framework Final.pdf
[24] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf
[25] E16
[26] 2024 Consolidated Results Framework Final.pdf
[27] 2024 Consolidated Results Framework Final.pdf

Sustainability workshop was held with F2BM and WL in Uganda including 9 participants from 3 WL CoA organisations.[28]

SRH-R Alliance built the capacity of youth committees, and trained rightsholders with disabilities on SRH-R laws, SGBV management, and access to legal aid reaching a total of 87 rightsholders. SRH-R Alliance also partnered with Tunaweza, an organization working with PWDs and engaged a PWD inclusive specialist to guide on PWD programming and inclusivity.

Partners reported that these capacity building interventions enabled them to be more intentional at integrating diversity in their programming and resource mobilization or grant-making efforts.

> "*I learnt how I can effectively prepare to engage in decision making processes. I also managed to appreciate my strengths and take pride in the work I do as a young leader. This has influenced my ability to engage with different stakeholders. Through the mentorship by Restless Development, I was introduced to other youth leadership spaces such as the Youth Collective leadership lab where I shared my ideas and knowledge widely with other rightsholders*"[29]

Some CoA organisations have also cascaded the approach to other programmes in their respective organizations. For persons with disabilities, capacity building has built their self-confidence and inspired them to take up leadership roles. For example, one of the young women is contesting to become a Local Councillor in her area so she can advocate for others and show that they can do what she is doing.

Nevertheless, it also emerged that there was limited capacity to deal with intersecting vulnerabilities. As expressed by one of the organizations engaged, while it was a welcome idea that there were four distinct rightsholder groups, members struggled to appreciate and deal with intersecting vulnerabilities, for example how to deal with disabled [redacted] or displaced persons with disability etc. There was difficulty to support PWDs with multiple disabilities, which was attributed to the unforeseen or unbudgeted costs. One respondent described a scenario where a partner deployed physical engagement activities in a session where there were persons with disabilities demonstrating limited appreciation/application of diversity and inclusion principles. It also emerged that training facilitators could have done more to ensure that meeting venues were disability friendly.

It was also suggested that not enough investment was done in building organizational capacities in digital communications despite the fact that the bulk of their engagement was online. Given a lack of a clear plan or guidance to organizations championing digital advocacy, they had to figure it out themselves. This they argue should have been a priority area considering that their work and engagement was increasingly transitioned online:

> *"I believe in the aspect of cyber, but we did not have any help at all. And then here we are doing activities for almost five years online. We had to forge our own path, and I think we expected a little bit of assistance. There was nothing that was told to us. We had issues with posting a lot of work, especially work that we had to do."*[30]

There were also sentiments about how the use of online platforms could have reinforced the exclusion of young women and girls in rural communities that do not have access to the internet and smartphones to join online engagements. While rightsholders were actively involved in the programme most of the activities were virtual. This created challenges with internet connectivity, language barriers, and limited full participation. A similar sentiment was expressed when it came to including those in the hard of hearing category where requests to have sign language interpreters were often ignored because of costs associated with the intervention.

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[28] E15

[29] E6

[30] FG5

"I think for me it is important to think about other cheaper models for providing capacity building because the resources are not going to be enough. How do we take advantage of technology to deliver this capacity building through blended modules, I mean short formats that could be listened to on the Internet. We need to think about how to package this information to make it accessible, on online platforms."[31]

Economic empowerment

Unlike many other programme countries, the We Lead Programme in Uganda included an important emphasis on economic empowerment. In 2024, [redacted] and [redacted] focused on empowering rights holders by linking them to income-generating opportunities. The Community Health Livelihood and Enhancement Group (CHLEG) model was initiated by [redacted] in year 2 of the programme, which enhanced economic empowerment through financial literacy, and training on saving and investment. The CHLEG membership enabled the girls to set up their own businesses and benefit from government youth livelihood programmes such as Parish Development Model (PDM) and Youth Livelihood Programme (YLP) among others.

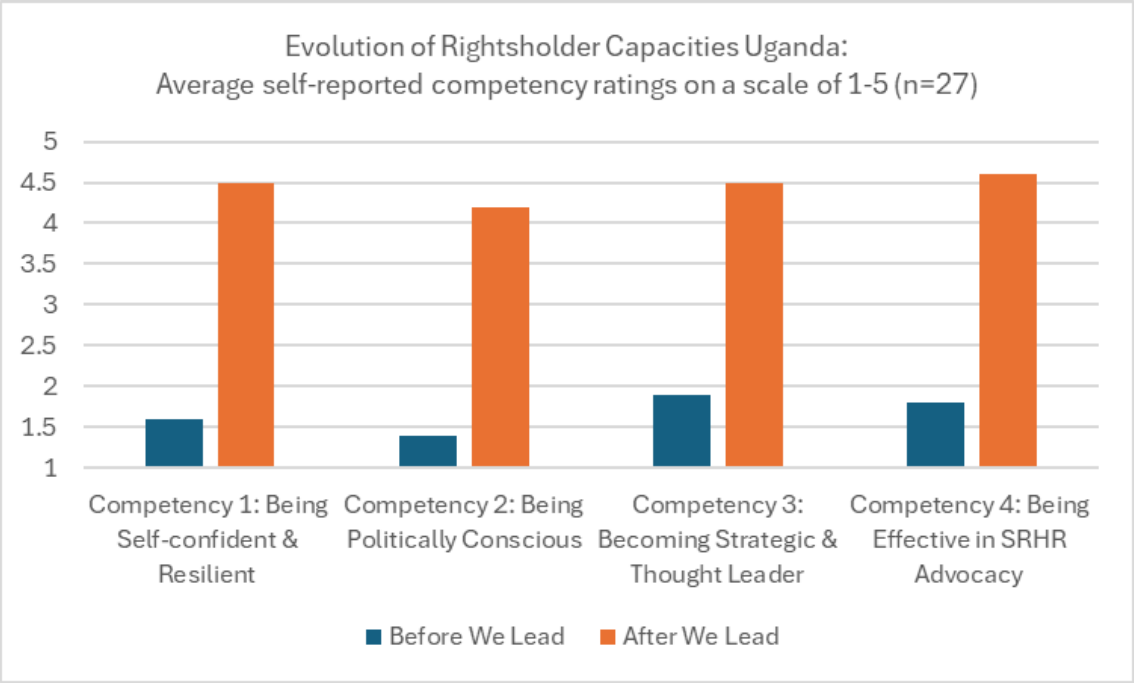
[redacted], meanwhile, trained its rightsholders on the savings / Village Savings and Loans Association (VSLA) methodology where the rightsholders were taught the importance of saving as a way of addressing the poverty challenges. As a result of the formed groups, they were able to officially register them at the district level as recognized youth groups to be able to benefit from government Youth Empowerment and Livelihood programmes.[32]

In Tororo and Busia districts 18 champions started and managed their own businesses including charcoal selling, liquid making, poultry and mobile money businesses within their communities. The We Lead programme significantly strengthened the capacity of the four rightsholder groups to meaningfully advocate for their SRH-R. Rightsholders were trained in Menstrual Health Hygiene Management (MHM) including making of reusable sanitary pads across both the refugee/displaced rightsholders and the [redacted] rightsholder category. [redacted] generated a business arm in Busia district dealing in menstrual hygiene products, menstrual hygiene training and other hygiene products. By making and selling reusable and affordable menstrual pads, 100 adolescent girls are able to generate an income. Furthermore, many girls use these pads themselves. While before, menstruation/period poverty made them stay at home, now they can stay in school. Additionally, three young women's groups in Jinja accessed funds to expand tailoring businesses, and the "Kisa Kya Mukama" group secured land for horticulture.

The capacity assessment results for the rightsholders show high levels of improvement in capacities across all 4 themes from before and after the programme, with the biggest improvement seen in terms of self-confidence and resilience.

[31] E7

[32] Outcome harvesting consolidation Uganda



Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women

The We Lead programme's public awareness-raising and campaign activities in Uganda were profoundly shaped by the repressive political context, requiring adaptation toward cautious, often digital strategies with strong safety emphasis. This also reflected Mid-Term Review recommendations to rethink advocacy approaches due to the challenging context.[33] Digital capacity building included 2021 training for the Ugandan CoA Facilitator on digital collective platforms and 2024 introduction of 10 local organisations to the Youth Collective Platform for linking, learning, and joint campaigns.[34]

The CoA successfully undertook four influencing initiatives to affect public opinion, securing four media publications. This was supported by FEMNET's media training for rightsholders focusing on social media advocacy, influencer collaboration, and campaign creation with specific safety and security emphasis for marginalised groups.[35] On the other hand, one survey respondent noted that, during some SRH-R awareness campaigns, coordination with certain CSOs did not work as expected, with some being unresponsive or unwilling to collaborate, which meant that the team responsible often had to implement campaigns alone or work with only a few partners. This limited the reach and potential impact of the campaigns.[36]

The We Lead programme also brought religious and cultural leaders on board through community dialogues to demystify myths about SRH-R and create awareness about its value and ensure that accurate messages were disseminated for example information on family planning, safe sex and reproductive health rights. At health facilities, the health management committees were a center of advocacy with a focus on peer-to-peer sensitization, for example sex workers were used to reach out to fellow sex workers.

Health care workers, community and religious leaders reported that deepened community engagement/outreach programmes and the use of mass media, especially radio, created opportunities to increase broader community awareness about the plight of young women and

[33] 2025 Consolidated Annual Plan_We Lead.pdf; Revised MTR Global Report We Lead Oct '23.pdf

[34] 2024 Consolidated Results Framework Final.pdf; 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf

[35] 2024 Consolidated Results Framework Final.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf

[36] CoA survey

girls with disabilities and progressively facilitated shifts in attitudes to access SRH-R services. The We Lead Programme created platforms to engage the public and disseminate information about SRH-R through electronic radio and online platforms- like X spaces where information on SRH-R was disseminated.

> *"There were so many barriers before the We Lead Program came because most of the young girls and women were not willing to seek sexual reproductive health services and medical attention. They were scared; It is not until the We Lead Program came in, and awareness was created and now we see many young people and older women seeking reproductive health services"*[37]

Outcome 3: Awareness among health service providers and service delivery

The We Lead programme's activities to improve public healthcare services in Uganda focused on direct advocacy with health authorities, community-led monitoring, and health professional training.

In 2023, Positive Vibes, held planning meetings to prepare Ugandan CSOs for Health Systems Monitoring and Accountability (HSMA) work and trained them on data collection and analysis, although it proved challenging to continue HSMA work in Uganda due to the AHA and resulting backlash.[38] This included country-based planning meetings and 'Setting the Levels' dialogue processes for facility monitoring[39] Training and dialogue initiatives successfully trained 30 Ministry of Health staff on inclusive SRH-R in 2024 (fulfilling activities postponed from 2021), engaged 35 health workers and facility managers in 'Open' CoA sessions designed to stimulate provider-civil society collaboration, and established a national health advocacy champions forum by strengthening one healthcare worker's capacity.[40] Meanwhile, FEMNET conducted VCAT training for healthcare providers in 2024.[41]

A number of tangible results were achieved through community-led advocacy, resulting in the accreditation of Omen Health Center II in Amuru District to Health Center III status in March 2024, leading to Ministry of Health assignment of a midwife and clinical officer to improve access to Prevention of Mother-To-Child Transmission and Antiretroviral Therapy services for rightsholders.[42] The District Health Officer in Gulu District authorized MoUs with CSOs serving key populations, enabling more effective work within the public health system.[43]

In April 2025, Kamuli District Local Government procured adjustable labour beds for three health facilities. The adjustable labour beds came as a result of alternative budget proposals and advocacy engagements made by the Girls and young women with disabilities with the district officials that were conducted in 2023/2024. Health care workers were also re-trained on disability rights and these changed their attitude when providing services to the PWDs.

In 2025, the number of rightsholders accessing services at three health facilities in Gulu and Amuru districts surged from 50 to 800, according to data captured through Ma'Box, an online feedback tool. This surge followed a LILO inclusion workshop for health workers conducted by Resilience Women's Health Uganda (RWHU), which enabled health workers to reflect on their values, challenge stigma, and build empathy toward marginalized groups. Through "Wang'oo" dialogues (fireside chats), Resilience Women Health Uganda (RWHU) invited different stakeholders including health workers to discuss challenges faced by the [redacted] rightsholders including lack of designated health workers to attend them at health facilities and continuing

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[37] E12

[38] E15

[39] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf; 2024 Consolidated Results Framework Final.pdf

[40] 2024 Consolidated Results Framework Final.pdf; 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf; 1.1 We Lead - Annexes- Results Framework.pdf

[41] E16

[42] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[43] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

stigma.[44] This led to a noticeable shift in service provider attitudes and more respectful, non-judgmental interactions with clients they serve. The use of Ma'Box, allowed service users to share real-time experiences, which informed programme improvements and ensured services were responsive to the needs of the Key Populations[45]

In 2025, [redacted] sustained its 24-hour confidential digital SRH-R helpline, [redacted] Malaika (0800333177), providing young people and rightsholders with accessible support, information, and referrals. The platform served as a safe space for discussing SRH-R concerns, reaching a total of 469 rightsholders and empowering them to make informed decisions and access essential services.[46]

In June 2025, following a close-out event where [redacted] rightsholders shared lived experiences and policy recommendations, sub-county leaders and health educators in Jinja and Busia began actively engaging in inclusive SRH-R dialogues. The Team Leader at [redacted] Organization in Jinja provided [redacted] Uganda with free office space, establishing the district's first [redacted]-led presence to enhance program sustainability. This outcome is significant because it marks a tangible shift in how duty bearers engage with evidence generated by [redacted] communities, an essential step toward more inclusive and accountable SRH-R service delivery. By referencing and discussing the findings from a community-led policy brief during dissemination meetings, health and gender officers in Jinja and Busia began to recognize and validate the lived realities of [redacted] persons, which are often invisible in mainstream health planning.

CoA organisations enhanced SRH-R access by organizing clinic days, community outreaches, and peer-led sessions in Gulu, Amuru, Jinja, and Kamuli, reaching over 600 rightsholders. Peer buddies and drop-in centers (like AWAC's in Busia and Tororo) played a key role in delivering HIV/SRH-R information, boosting treatment adherence and viral suppression among young people living with HIV and the [redacted] rightsholder group. For example, in April 2025, the youth-friendly corner at Buhehe Health Center III was equipped with SRH-R IEC materials and indoor/outdoor games from Child Fund International (BUACOFE). This enhancement has significantly boosted the facility's appeal, enabling young women and adolescent girls to freely access SRH-R information and services in a supportive environment."[47]

On the other hand, significant challenges included the AHA's severe impact creating hostile environments leading to service contract nullification and forced Ministry of Health renegotiation, while 2024 Ministry of Health circulars banning hotel-based capacity building for health workers by CSOs and recommending onsite training instead required significant training delivery shifts.[48]

Outcome 4: Influence policy change

The We Lead programme's policy and advocacy work on legal reforms in Uganda was conducted within a context of severe political repression. The enactment of the AHA severely impacted rightsholders and supporting organisations through evictions, violence threats, [redacted] people abduction by security agencies, and harassment forcing some CoA organisations to vacate offices.[49] This required the programme to make a strategic shift from direct national lobbying toward capacity strengthening, international platforms, and cautious engagement with accessible duty-bearers.

National-level engagement achieved some successes despite careful navigation. In 2021, for example, the CoA participated in a Parliamentary consultative meeting on the Eastern and Southern Africa (ESA) Commitments on the health and education of young people. This

[44] Outcome harvesting consolidation Uganda

[45] Outcome harvesting consolidation Uganda

[46] SHRH Alliance 2025 annual report

[47] E13

[48] Revised MTR Global Report We Lead Oct '23.pdf; we lead risk table 2023 final.pdf; 2025 Consolidated Annual Plan_We Lead.pdf

[49] we lead risk table 2023 final.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

engagement led to the development of an Action Plan by Members of Parliament to investigate why the government had not reaffirmed these commitments.[50]

International advocacy provided safer alternatives with active Universal Periodic Review engagement (although no SRH-R recommendations were ultimately accepted). Meanwhile, a Ugandan rightsholder attended the ICASA conference in 2023 leading peer-to-peer sessions reaching approximately 300 young people with SRH-R, diversity, and inclusivity messages, while 2024 support enabled rightsholders to participate in Commission on the Status of Women and International AIDS Conference forums among 57 globally supported participants.[51] FEMNET supported the CoA Facilitator, CoA, and rightsholders in various regional and global contexts that shape policy change, including GIMAC, Africa Disrupt CSW, CPD, AWID, SRHR Charter, Beijing +30, and Girls Festivals.[52].

In addition, the programme developed guidelines on sexuality and how to promote sexuality in schools and out of schools, but these have not yet been finalized. Additionally attempts to push for the passing of the Adolescent Health Policy did not yield any results even though this has been under review for the last 20 years.

At the sub-national level, the We Lead programme supported district local governments, as was the case with Kamuli district, to pass *an ordinance on ending teenage marriage and early pregnancy*.[53] COA members UGANET hosted a national dialogue in December 2023 to assess gaps in SRH-R, HIV, and legal healthcare access for adolescent girls and young women. The dialogue convened policymakers, government actors, CSOs, media, and rights holders to align policies and push for full SRH-R realization for young women in Uganda.

[redacted] actively contributed to the Youth coordination working group meeting organized by the Ministry of Gender, Labour, and Social Development and Team Up UG. Key outcomes included strengthened coordination among youth actors, updated members on legal and policy frameworks, and validation of the National Action Plan roadmap for Youth peace and security aligned with national and international commitments. This engagement reinforced Nile Girls Forum's role in shaping youth-focused policy and partnerships.

Relatedly, the [redacted] annually conducted Y+ (y plus) summits where young people living with HIV/AIDS participate freely in educational engagements. These summits helped young people become involved in planning, coordinating, and monitoring HIV prevention and control activities and advocating for policies that address the disease burden within districts.[54]

Coherence

Programme design and delivery model was collaborative and anchored in principles of localization and stakeholder engagement. The flexible delivery approach ensured that the global ToC was contextualized to Uganda's social, political, legal realities. It was shaped by stakeholder feedback and learning. For example the integration of economic empowerment into SRH-R programming was in response to stakeholder feedback. However, it was also reported that the programme structure, with a long chain of partners affected the distribution of resources, with limited budget to support the activities at community level where there was the most need.

The executive directors' forum platform was created to discuss updates within The We Lead Programme. According to members of the forum, the platform was very effective in strengthening

[50] 0.2. New doc_ 2021 We Lead Annex 2 Results framework - Submitted to MFA on 28.4.2022.pdf

[51] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[52] E16

[53] E14

[54] Outcome harvesting consolidation Uganda

the relationship between the Executive Directors of participating organisations thus allowing for joint planning and joint programming as well as mutual accountability.

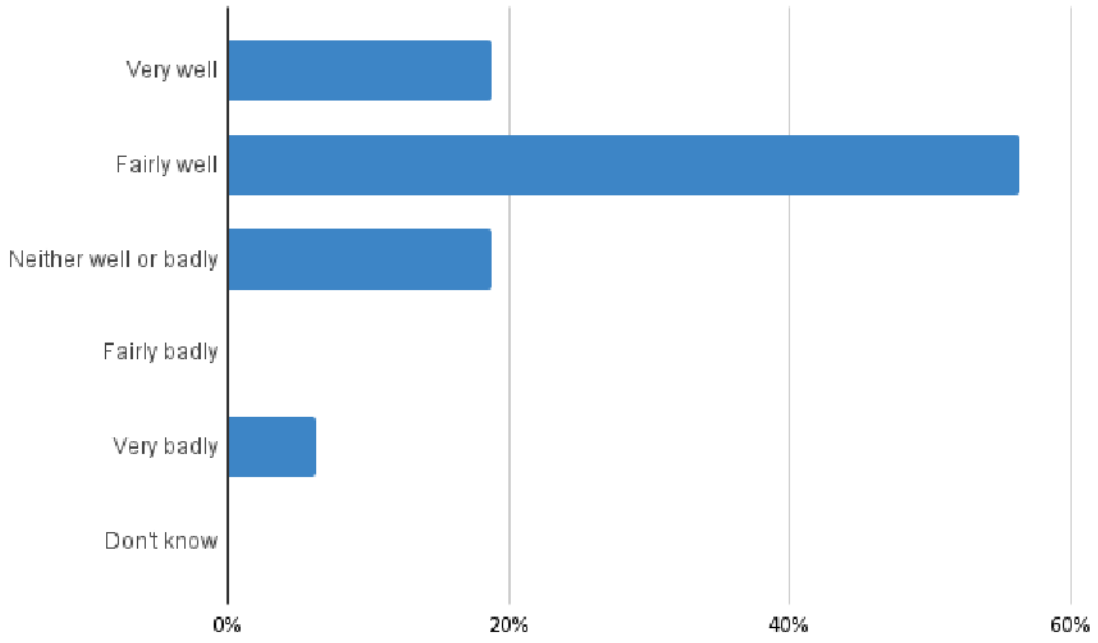
The We Lead programme core organizations aligned their implementation with other programmes and built a strong movement of organizations that invested in collaborative resource mobilization or fundraising for SRH-R. It also built strong movements of individuals, of organizations and networks.

The partnership model was considered to have worked well because it involved key local stakeholders, health providers and community members who understood the specific needs and cultural context of the populations served. The peer champions, being from the community, were able to break down barriers and reduce the stigma around seeking SRH-R services. One example cited was the joint advocacy and community sensitisation campaign on inclusive SRH-R services conducted in Tororo district in partnership with local government departments, health facilities, all CoA members and implementing partners, youth networks, and community leaders.[55] [redacted], meanwhile, facilitated regular multi-stakeholder meetings in Both Tororo and Busia districts to ensure open communication, shared goals and joint problem-solving. Through these collaborative forums, partners aligned their strategies, pooled resources and supported each other's roles effectively. The engagement of community members in these discussions ensured that advocacy efforts remained grounded in real needs and experiences.

The survey findings indicate that there may have been opportunities for the programme to coordinate better with other relevant international initiatives. While around half of the organisations felt this was done fairly well, less than one in five thought the programme did this very well in Uganda.

Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?

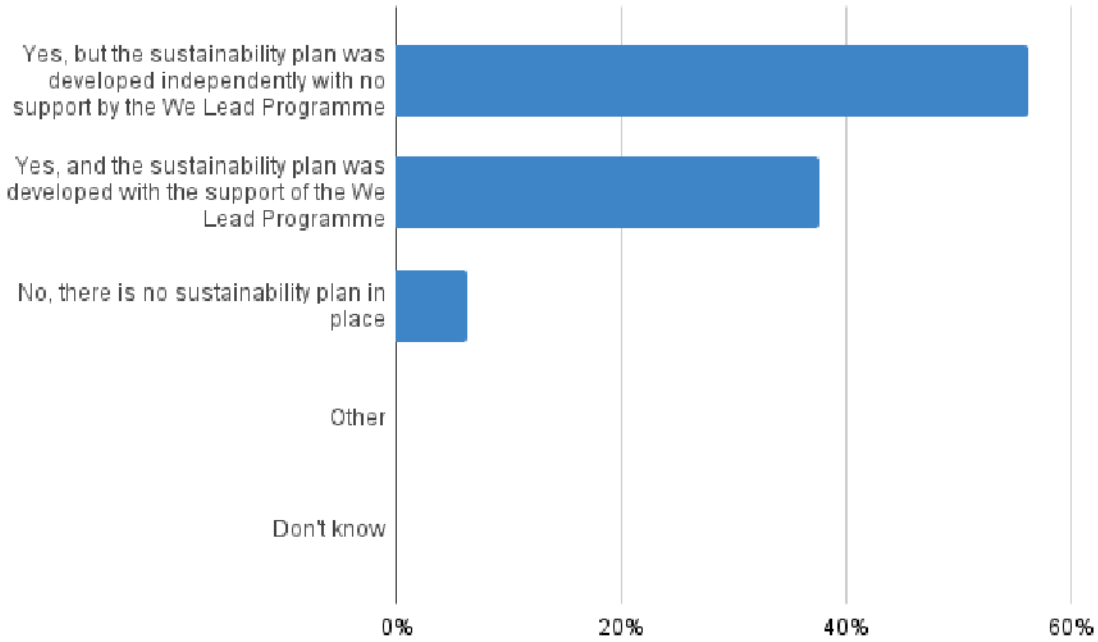
[55] CoA survey



Sustainability

Almost all the organisations from the CoA who took the survey reported that they have a sustainability plan in place. However, the majority of these had developed the plan without the support of We Lead. This suggests an area in which the programme could have offered greater help to organisations to share best practice and learnings to boost likely sustainability.

Q: Does your organisation have a sustainability plan in place for when this programme ends?



The We Lead programme invested in organisational capacity building, strengthening CoA members' long-term resilience. For example, [redacted] built solid internal systems,

including the installation and training in QuickBooks, a review of their strategic plan, and the formulation of an Inclusion Policy. These investments laid the groundwork for greater transparency, accountability, and efficiency. Also, In January 2025, the We Lead programme supported [redacted] Foundation to strengthen internal control systems and policies for programming, staffing, and management, leading to the development of a Human Resource Manual, Safeguarding Manual, Financial Management Tools, an Organizational Strategic Plan, a Safety & Security Plan for rightsholders, and an active board meeting quarterly.[56]

[redacted] Forum also joined a youth media hub led by [redacted] and partners, which offers skills in IT, design, and media. Through the Girls in ICT programme with Smart Girls Foundation and MTN Foundation, they are also training young women in digital skills to gain official certification. The [redacted] Forum team grew by 50%, with a strong focus on hiring young women, expanding youth employment opportunities and embedding lived experience into leadership. Simultaneously, the organization mobilized and trained 200 Peer Pals, young women, including refugees and young women with disabilities, to lead safe spaces focused on leadership, health, and economic empowerment. These peer-led spaces created ripple effects of empowerment across displaced and marginalized communities.

> *"We have seen that young people have become board members in our organizations. We ensure that we have a young person after implementing these projects and take on the leadership roles. That was intentionally done. As the young people lead, others speak out."*[57]

Relatedly three staff from [redacted] Forum, three from Resilience, and 3 from [redacted] Uganda attended a Pathways to sustainability workshop in September 2024 organized by [redacted] Uganda and facilitated by Positive Vibes.[58] The workshop was designed for grounded, small-to-medium sized CSO's who are clear about what change they wish to bring about in their communities, and how they will go about this, with a focus on ensuring financial sustainability over time.[59]

The integration of livelihoods and economic empowerment into SRH-R programming also facilitated potential for programme sustainability. The establishment of the Community health livelihoods and enhancement groups (CHLEGS MODEL) which involves both a savings and an SRH-R component serves as one useful model.[60]

Collaborative fundraising efforts between the host and CoAs in Uganda resulted in new funding for organizations like [redacted] Forum and [redacted] ensuring the continuity and expansion of initiatives. This was partly as a result of the capacity strengthening support from the We Lead programme, [redacted] among others have been able to secure additional funding. [redacted] Forum successfully bid and was awarded a £30,000 three-year grant titled "The East Africa Feminist Project on Peace and Security and also won the financial resilience fund of 60,000,000/= by Civ Fund to build livelihood skills among young women affected by Displacement, [redacted] won a new grant from IPAS Africa Alliance to support policy and advocacy mechanisms that ensure gender equity and an enabling environment for women and girls' sexual and reproductive health and rights in East Africa. In April 2025, 7 rightsholders received government funding (PDM) and 3 economic empowerment groups were registered in Gulu and Amuru in preparation for NUSAF III funding with the help of RDC, CAO, Youth counselors among other district officials. [redacted]

[56] Outcome harvesting Consolidation Uganda
[57] FG5
[58] E15
[59] CoA Survey
[60] CoA survey

"We are using the We Lead programme results to write other grants. Some of us have written books, some of us have documented journeys and we are using these for fundraising."[61]

To ensure continued provision of youth friendly services by health service providers, the CoA partners identified and connected with government structures through the Ministry of Health delivering similar programmes to leverage the expertise of the health service providers to encourage rightsholders to seek out their services. [redacted], for example, have built strong partnerships with district networks and community health structures. By placing peer buddies, several fully registered young women-led groups now operate independently, engaging in advocacy and livelihood activities like group savings, climate-smart agriculture, livestock farming, while addressing SRH-R and discrimination. Access to government programs like PDM in Busia and Tororo further supports their entrepreneurship and economic empowerment, strengthening long-term sustainability.

D. Recommendations

1. Continue investing in the CoA as a network of activists with diverse skills and experiences. This could serve as an important hub for knowledge sharing, training, and mentorship for new activists. The CoA could continue pushing for legal reforms, advocating for [redacted] rights, and raising awareness about the challenges faced by these communities.
2. Continue to integrate livelihoods and economic empowerment into SRH-R programming alongside advocacy, as the two are inextricably linked.
3. Continue to invest in psychosocial wellbeing support as a core part of rightsholder empowerment approaches.
4. Strengthen Multi-Stakeholder Partnerships with local governments, civil society, health providers and community leaders. Continue to seek out locally rooted networks and invest in grassroots consultation to ensure interventions are relevant and effective.
5. Ensure partner commitment to joint campaigns upfront, establish clear expectations for collaboration, and have contingency plans for activities if some stakeholders are unresponsive.
6. Develop a structured follow-up system for training participants, with regular check-ins, refresher courses, and opportunities for continued learning. Move beyond one-off events by ensuring consistent follow-up, mentorship for trained rightsholders.
7. Consider holding more face-to-face meetings where rightsholders can come together, learn from one another, and have interpreters available to ensure everyone can participate. The fact that most of the activities were virtual created challenges with internet connectivity, language barriers, and meaningful participation.
8. Ensure that financial resources are released on time to enable organizations to plan and implement activities effectively. Late disbursements caused delays and reduced the quality of delivery.
9. Allocate more funds to administrative costs at the CoA level to help to sustain the grassroot organisations as they strive to establish themselves.
10. Ensure clear, consistent and respectful communication channels between partners and avoid last-minute communication.
11. Explore strategies for creating self-sustaining funding models or partnerships that support ongoing capacity-building efforts beyond the life of the programme. Integrate

[61] FG5

sustainability strategies early, such as embedding activities into district health plans, strengthening CoA governance, and building local fundraising capacity to reduce reliance on donor funding.