Exploring the Effectiveness of SRHR Champions in Advancing Positive Narratives on SRHR in Uganda

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ACKNOWLEDGMENT

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Foremost, we recognize the dedication and courage of the SRHR champions, community leaders, youth advocates, legal professionals, healthcare providers, media practitioners, and faith-based actors—whose lived experiences and unwavering commitment continue to drive transformative change in the sexual and reproductive health and rights (SRHR) landscape across Uganda. Their voices, actions, and advocacy have been central to shaping positive narratives and expanding access to rights-based services in communities nationwide.

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LIST OF ABBREVIATIONS AND ACRONYMS

AMwA	Akina Mama wa Afrika
CEHURD	Center for Health Human Rights and Development
CSO	Civil Society Organization
FGD	Focus Group Discussion
KII	Key Informant Interviews
KPs	Key Populations
MEAL	Monitoring, Evaluation, Accountability and Learning
MOH	Ministry of Health
MS	Microsoft
MTR	Mid-Term Review
NGO	Non-Governmental Organisation
OECD	Organization for Economic Co-operation and Development
PMF	Performance Monitoring Framework.
RRT	Rapid Response Team
SDG	Sustainable Development Goals
GUSO	Get Up, Speak Out
SGBV	Sexual Gender Based Violence
SPSS	Statistical Package for Social Scientists
SRHR	Sexual Reproductive Health and Rights
SRHR-AU	Sexual Reproductive Health and Rights Alliance Uganda
TSRHR	Transform Sexual Reproductive Health and Rights
UDHS	Uganda Demography and Household Survey
UKPC	Uganda Key Populations Consortium
UNFPA	United Nations Family Planning Association
VHT	Village Health Teams
WPI	Women's Probono Initiative

EXECUTIVE SUMMARY

Background and context.

This comprehensive study provides detailed assessment of the extent to which the Sexual and Reproductive Health and Rights (SRHR) champions across various districts in Uganda, including Kampala, Mbarara, Wakiso, Busia, Ntungamo, and Fort Portal have influenced SRHR narratives. The study aimed to document experiences, identify challenges, assess successful strategies, and develop recommendations to change SRHR negative narratives, especially in the face of growing resistance, misinformation, and shrinking civic space.

Methodology and approach.

The research employed a mixed-methods approach incorporating quantitative and qualitative data collection strategies. A total of 6 in-depth interviews were conducted, 15 key informant interviews, and two strategic interviews with Ministry representatives. The study examined **5** SRHR movements including Adolescent health and CSE, Safe Abortion, Key Population, Legal and Human Rights Movement and Feminist movement. Additionally, **15** Focus Group Discussions were conducted with the SRHR champions, and a digital survey tool was used to engage some community members, ensuring representation of marginalized groups. This comprehensive approach enabled effective triangulation of findings while ensuring both breadth and depth of understanding.

Key Findings.

a. Categories of champions

The study identified several categories of SRHR champions working with the various SRHR movements. These include but not limited to the Members of Parliament, Health Workers, Religious Leaders, cultural leaders, State Prosecutors, Legal Experts, Police Officers, Peers/Community members, Youth leaders and Civil Society Leaders.

b. Achievements and approaches used

Champions play a pivotal role in advancing SRHR by facilitating access to accurate information, mobilizing communities, challenging harmful norms, and defending the rights of vulnerable populations such as adolescents, young women, key populations (KPs), and LGBTQ+ individuals. Storytelling, peer education, community engagement, and social media were identified as highly effective tools for shifting narratives and encouraging behavior change.

c. Key barriers and challenges

However, the champions face considerable barriers. Cultural and religious resistance (reported by over 70% of respondents), government and legal restrictions (61%), resource constraints (65%), and stigma and discrimination were highlighted as major impediments. Many champions also reported personal threats, burnout, and a lack of legal protection, particularly when addressing sensitive topics such as safe abortion, gender-based violence, or LGBTQ+ rights.

d. Lessons Learned.

The study revealed critical lessons:

- ☑ **Structured support systems**, including continuous mentorship, legal aid, and mental health care, are essential for sustainability.
- ☑ **Training in communication, law, and cultural navigation** equips champions to operate safely and effectively.
- ☑ **Fewer, well-trained champions** grounded in policy, cultural context, and community dynamics have more lasting impact than numerous loosely coordinated actors.
- ☑ Collaboration with local leaders, influencers, and government institutions enhances credibility and reach.

e. Success Stories.

Champions reported significant progress, including:

a) Increased uptake of family planning services through community outreach.
b) Reduced stigma in accessing services via drop-in centers.
c) Youth-led initiatives using peer educators to share SRHR information.
d) Community engagement leading to lower rates of teenage pregnancy and improved school retention among adolescent girls.

Key Recommendations.

To advance SRHR narratives and support champions:

1) Increase and ensure consistent funding through partnerships with government and NGOs.
2) Invest in capacity building, emphasizing context-specific, culturally sensitive approaches.
3) Provide legal and safety support, especially for high-risk champions.
4) Strengthen digital engagement and data-driven storytelling.
5) Engage stakeholders such as cultural, religious, and political leaders.
6) Promote knowledge-sharing among champions and civil society actors to foster resilience and innovation.

Conclusion and Way forward.

SRHR champions are vital agents of change in Uganda's complex social landscape. This study underscores the need to invest in their safety, sustainability, and strategic capacity to build stronger, rights-based communities. A well-supported champion network can continue to dismantle stigma, drive behavior change, and uphold the sexual and reproductive health rights of all individuals regardless of gender, identity, or socio-economic status.

CHAPTER I: INTRODUCTION AND BACKGROUND.

1.1 About Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU).

The Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU) is a consortium of organizations that stand for and promote young people's SRHR. The Alliance is comprised of eight (8) founding member organizations with strong niche, expertise, and experience in key aspects of SRHR programming for vulnerable and structurally excluded groups of adolescents and young people. The organization works have been geared towards ensuring that all young people have access to high-quality and youth-friendly SRHR information and services within a supportive environment.

This consortium leverages the unique strengths, expertise, and experiences of its members to implement a multi-component approach to SRHR programming. This approach integrates multiple interventions, including education, service provision, advocacy, and capacity building, to create a comprehensive and supportive environment for young people's SRHR.

The SRHR Alliance Uganda is currently implementing the Transform SRHR project (TSRHR), which is a three-year project that was initiated August 1st, 2023. The project is hosted and coordinated by the Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU) and directly implemented through sub movements with different partners including Akina Mama wa Afrika, The Center for Health Human Rights and Development, SRHR Alliance Uganda, Uganda Key Populations Consortium, Ubuntu Law and Justice Centre, and Women's Probono Initiative.

The overall goal of the "Transform SRHR Project" is to shape the narratives and public discourse that supports, safeguards, and protects the SRHR of all people in their diversities in Uganda. the ***"Transform SRHR Project"*** that is aimed at shaping the narrative and public discourse that supports, safeguards, and protects the SRHR of all people in their diversities in Uganda. The project is also aimed at generating real-time intelligence that is contextualized to Uganda and translating it into actionable strategies for the different SRHR movements and Human Rights defenders to integrate opposition mitigation into their programs.

1.2 SRHR Context Global and in Uganda.

The SRHR remain one of the most contested and polarized issues in Uganda and globally, despite their fundamental role in promoting public health, gender equality, and sustainable development. While SRHR is widely recognized as a cornerstone of societal progress, its realization and enjoyment remain severely constrained, particularly for key populations, including LGBTQ+ persons, adolescents, women, and girls.

1.2.1 Understanding the SRHR Global Contexts.

Current global challenges in sexual and reproductive health (continue to impede progress toward health equity and human rights. Despite notable advancements over recent decades, disparities remain pronounced, especially in low- and middle-income countries. Maternal mortality is a

critical concern; the World Health Organization (WHO) reports that approximately 295,000 women died during pregnancy or childbirth in 2017, with the majority of these deaths occurring in sub-Saharan Africa. These high mortality rates highlight ongoing deficiencies in healthcare access, quality, and infrastructure that disproportionately affect vulnerable populations (WHO, 2019).

Access to contraception is another persistent issue, with over 218 million women in developing regions experiencing unmet needs. This gap in family planning services contributes to unplanned pregnancies and limits reproductive autonomy. The lack of reliable contraceptive options and information hampers efforts to reduce adolescent pregnancies and improve maternal health outcomes (UNFPA, 2022). Adolescents, in particular, face significant barriers to accessing SRH services, resulting in high rates of unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs). According to WHO, approximately 16 million girls aged 15–19 give birth each year, predominantly in resource-limited settings where comprehensive SRH education and services are scarce (WHO, 2021).

Additionally, Unsafe abortion remains a significant public health challenge worldwide, particularly in regions were restrictive laws and societal stigma limit access to safe procedures. According to the Guttmacher Institute, an estimated 23,000 women die annually from complications related to unsafe abortions, and millions more suffer from long-term health consequences such as infections, infertility, and chronic pain. In countries with restrictive abortion laws, women often resort to clandestine and unregulated procedures performed by untrained providers, significantly increasing health risks. These unsafe practices disproportionately affect young women, those in rural or impoverished areas, and marginalized populations, further entrenching health disparities.

Vulnerable populations, including youth and marginalized groups, remain at increased risk of HIV infection and other STIs. UNAIDS reports that in 2022, around 1.5 million new HIV infections occurred globally, with young people and key populations bearing a disproportionate burden. Addressing these issues requires targeted interventions that promote testing, treatment, and prevention efforts tailored to these groups (UNAIDS, 2023). Additionally, gender inequality and violence continue to undermine SRH rights and access. The WHO emphasizes that violence against women, including gender-based violence, adversely affects their health and well-being, often restricting their ability to make autonomous reproductive choices (WHO, 2021).

Legal and policy barriers further complicate the landscape of SRH globally. Restrictive laws, particularly around abortion, limit access to safe and legal services, thereby increasing health risks and perpetuating disparities. The Guttmacher Institute highlights that restrictive policies in some countries hinder the availability of comprehensive SRH care, exacerbating inequalities and violating human rights (Guttmacher Institute, 2023). Addressing these multifaceted challenges necessitates a coordinated global response, including strengthening health systems, reforming restrictive policies, and promoting gender equality.

1.2.2 Understanding SRHR Context and landscape in Uganda.

The SRHR landscape in Uganda is shaped by a range of social, cultural, political, and economic factors that influence the accessibility and quality of services available to the population. Despite

progress in some areas, significant challenges remain across various aspects of SRHR. Unsafe abortion is a major concern in Uganda, with the World Health Organization (WHO) estimating that unsafe abortions account for approximately 30% of maternal deaths in the country (WHO, 2022). The restrictive legal framework, which permits abortion only to save the mother's life, leads many women and girls to seek unsafe, clandestine procedures, contributing to a maternal mortality rate of 336 per 100,000 live births, according to Uganda Demographic and Health Survey (UDHS) 2021.

Teenage pregnancy remains a critical issue; the latest UDHS reports that 25% of girls aged 15-19 have begun childbearing (UDHS, 2021). Factors such as limited comprehensive sexuality education, gender inequalities, poverty, and cultural norms that discourage open discussions about sexuality drive this trend. High adolescent pregnancy rates threaten the health and future prospects of young girls, often resulting in school dropout and perpetuating cycles of poverty. HIV and AIDS continue to pose a significant challenge in Uganda, with an adult prevalence rate of 5.4%, according to UNAIDS 2023 data. Although prevention and treatment programs have expanded, stigma, misinformation, and lack of youth-friendly services hinder progress, especially among young populations and marginalized groups.

Maternal health remains a priority, yet Uganda's maternal mortality rate (MMR) remains high at 336 deaths per 100,000 live births (UDHS 2021), despite efforts to improve access to skilled birth attendance and antenatal care. Disparities are particularly acute in rural areas where health infrastructure is limited. Adolescent health also faces challenges; only about 53% of adolescent girls aged 15-19 have access to modern contraceptives (UDHS, 2021), which hampers their ability to make informed reproductive choices. Child marriage is prevalent, with 40% of girls aged 20-24 having been married or in union before age 18 (UNICEF, 2023), significantly increasing health risks and limiting girls' educational and economic opportunities.

Additionally, Sexual and gender-based violence (SGBV) remains a pervasive and deeply concerning issue in Uganda, affecting individuals across all age groups, but particularly women and girls. According to the Uganda Demographic and Health Survey (UDHS) 2021, approximately 21% of women aged 15-49 have experienced some form of physical violence, while 7% have endured sexual violence at some point in their lives (UDHS, 2021). SGBV is often rooted in gender inequalities, harmful cultural norms, and inadequate enforcement of laws designed to protect victims. It has severe consequences for physical and mental health, often resulting in injuries, unintended pregnancies, sexually transmitted infections including HIV, and long-term psychological trauma. Despite legal frameworks such as the Prevention of Trafficking in Persons Act and the Prohibition of Female Genital Mutilation Act, implementation and access to support services remain limited, especially in rural areas. Stigma and fear of reprisals further discourage many survivors from reporting abuse or seeking help.

1.2.3 SRHR Policy contexts in Uganda.

Uganda's SRHR policy framework is shaped by a combination of national laws, strategic policies, and international commitments aimed at improving health outcomes and promoting rights-based approaches. Central to this framework is the National Sexual and Reproductive Health Policy of 2014, which provides comprehensive guidance on delivering quality SRHR services. This policy

emphasizes access to family planning, maternal health care, adolescent and youth SRHR, HIV/AIDS prevention, gender equality, and the prevention of gender-based violence. Its overarching goal is to integrate SRHR into broader health and development strategies, ensuring that services are accessible, equitable, and rights based.

Complementing this policy is the National Adolescent Health Policy of 2012, which specifically targets the unique SRHR needs of adolescents. It advocates for youth-friendly services, improved access to contraceptives, HIV prevention, and comprehensive sexual education. This focus on adolescents recognizes their vulnerability and aims to empower young people to make informed decisions about their sexual health and rights. Additionally, the National Reproductive Health Policy of 2001 provides foundational principles that guide reproductive health service delivery across the country, including safe motherhood initiatives, family planning, and, where legal, safe abortion services.

Legal frameworks in Uganda further influence the SRHR landscape. Notably, the Penal Code Act and subsequent amendments criminalize abortion except to save the life of the mother, which remains a significant barrier to safe abortion access and contributes to high maternal mortality rates. Other laws, such as the HIV/AIDS Prevention and Control Act and the Refugee Act, address SRHR needs among vulnerable populations, including refugees and individuals living with HIV, emphasizing non-discrimination and access to services.

Uganda's commitments extend beyond national policies through international treaties and agreements. The country is a signatory to instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Sustainable Development Goals (SDGs), and the Maputo Protocol, all of which advocate for gender equality, reproductive rights, and access to comprehensive SRHR services. These commitments serve to guide national policy development and encourage alignment with global standards.

Despite the existence of comprehensive policies and legal frameworks, Uganda faces ongoing challenges in fully realizing SRHR rights. Cultural barriers, legal restrictions particularly on abortion and insufficient funding hinder service delivery. The rise of conservative narratives has fueled policy regressions, legal restrictions, and a hostile civic environment, further limiting progress in SRHR advocacy. This is evident in:

- ❑ The Anti-Homosexuality Act of 2014, followed by the Anti-Homosexuality Act of 2023, which criminalizes LGBTQ+ identities and restricts access to essential SRHR services for sexual minorities.
- ❑ The recall of key SRHR policies, including the *Reducing Morbidity and Mortality from Unsafe Abortion in Uganda: Standards and Guidelines (2015)* and the *Sexual and Reproductive Health and Rights National Guidelines and Service Standards (2012)*, significantly restricting access to safe abortion and reproductive healthcare.
- ❑ The Sexual Offences Act of 2022, which further reinforces restrictive laws around sexual health and bodily autonomy.

These legal and policy shifts have led to increased online and physical harassment of SRHR advocates, human rights defenders, and rights holders, creating a shrinking civic space for organizations working on contentious SRHR issues such as abortion rights, comprehensive sexuality education (CSE), and LGBTQ+ rights. Many organizations advocating for these issues have faced crackdowns, funding restrictions, and closure, further limiting access to critical SRHR services and information.

1.3 Previous Studies and Reports on SRHR Champions.

Understanding the works of SRHR champions globally and in Uganda has been the focus of several significant research initiatives over the past five years, providing valuable insights while also revealing important knowledge gaps. These studies and reports have approached the issue from various angles, employing different methodological frameworks and focusing on distinct aspects of SRHR.

1. Global Perspective (2022, International Journal of SRH):

The study by Smith et al. (2022) emphasizes the critical role of SRHR champions in transforming community perceptions and facilitating access to reproductive health services worldwide. The researchers found that champions—such as local leaders, healthcare workers, and youth activists—are effective in disseminating information, challenging stigma, and advocating for policy reforms. The study highlights that capacity-building programs that equip these champions with knowledge and advocacy skills significantly enhance their influence. Furthermore, it underscores that their active engagement leads to measurable improvements in SRHR outcomes, especially among marginalized populations, including adolescents and persons with disabilities.

2. Sub-Saharan Africa (2021, Health Policy and Planning).

Ochieng and Njoroge's (2021) research in Kenya and Nigeria explored how community-based SRHR champions impact contraceptive use among youth. The study found that these champions often serve as trusted sources of information, helping to dispel myths and address cultural misconceptions about contraception. They also facilitate dialogues that encourage community acceptance of family planning methods. The researchers noted that the success of these champions depends on their understanding of local cultural contexts and their ability to navigate sensitive topics. The study concludes that strengthening the capacity of community champions is a promising strategy to improve SRHR services in diverse cultural settings.

3. WHO Report on SRHR (2023)

The WHO report highlights that in many sub-Saharan African countries, culturally rooted issues like early marriage, gender-based violence, and harmful traditional practices hinder SRHR progress. It emphasizes that local champions are crucial for tailoring interventions to specific community needs. The report advocates for comprehensive training programs that enhance champions' skills in advocacy, negotiation, and culturally sensitive communication. It also stresses the importance of integrating these champions into national health strategies to ensure sustainability and alignment with broader health goals. Ultimately, the report underscores that empowered local champions can be pivotal in shifting social norms and policies affecting SRHR.

4. Uganda (2022, African Journal of Reproductive Health):

Kato and Mugisha's (2022) study focused on rural Uganda, revealing that community health workers and youth advocates are key drivers of reproductive health initiatives. These champions often operate within resource-constrained settings but manage to foster trust and openness around sensitive topics like family planning, HIV/AIDS, and gender equity. The study found that ongoing training, supportive supervision, and policy backing significantly boost the effectiveness of these champions. They reported increased uptake of contraceptives and greater community engagement in SRHR activities as a result. The researchers conclude that investing in local champions and recognizing their role within the health system can lead to sustainable improvements in reproductive health outcomes in Uganda.

1.4 About the SRHR Champions study.

This study seeks to assess the effectiveness of SRHR champions in advancing positive SRHR narratives, influencing policy and public attitudes, and mitigating conservative opposition. The study findings provide critical insights into how SRHR champions can be further supported to overcome systemic barriers, amplify their advocacy efforts, and promote an inclusive and rights-based approach to sexual and reproductive health in Uganda.

1.4.1 Overall purpose of the study.

The overarching goal of this study is to explore the effectiveness of SRHR champions in advancing positive narratives on SRHR in Uganda.

1.4.2 The specific objectives of the study.

The specific objectives of the study were:

1) Document and analyze successful strategies used by SRHR champions to promote positive SRHR Awareness and Education.
2) Evaluate the tangible outcomes of SRHR champions' initiatives on SRHR indicators.
3) Examine the effectiveness of communication campaigns led by SRHR champions in countering negative narratives on SRHR.
4) Identify challenges and barriers faced by SRHR Champions in advancing positive SRHR narratives.

CHAPTER 2: APPROACH AND METHODOLOGY.

This section of the report outlines the overall methodological approach used to explore the effectiveness of SRHR champions in advancing positive narratives on sexual and reproductive health and rights (SRHR) in Uganda. We adopted mixed methods designed to triangulate quantitative and qualitative insights, ensuring both breadth and depth in understanding champion strategies, impacts, barriers, and pathways for scale. All activities were guided by principles of ethical research, cultural sensitivity, and participatory engagement with local stakeholders.

2.1 The study design.

The consultants used a case study design that entails both quantitative and qualitative approaches to examine how the SRHR champions operate. The quantitative approaches focused on the documenting the measure of effectiveness of SRHR champions from their own perspectives. Whereas the qualitative approach focused on exploring the main perceptions about champions from their own perspectives and those of the key partners and leaders in the sector.

2.2 Study Scope and Parameters.

2.2.1 Geographical Coverage.

This was a national study, as the Transform SRHR Project, which is the focus of the research, is not linked to any specific geographical area. However, some participants were from Kampala, Mbarara, Wakiso, Busia, Ntungamo, and Fort Portal. The geographical scope captures a range of diverse contexts in which SRHR narrative shaping and opposition mitigation, particularly through media engagement and legislative advocacy, are needed. This broad coverage allows for a comprehensive analysis of how SRHR narratives are emerging and being influenced across Uganda's varied socio-economic, environmental, and developmental settings, as well as the efforts of SRHR champions working within these different contexts.

2.2.2 Research Questions.

The study was designed and executed to answer the following research questions:

1) What are the different categories of SRHR Champions and how do they work?
2) What strategies do SRHR champions use to advance positive SRHR narratives?
3) How do SRHR champions influence perceptions and address stigma in their respective communities?
4) What systemic, cultural, or operational challenges hinder their efforts?
5) What are the key learnings and best practices among the SRHR Champions?
6) How can SRHR champions' initiatives be strengthened and scaled for greater impact?

2.2.3 Core dimensions of the study.

The study was executed based on the following parameters:

Area	Focus of the study
Profiling SRHR Champions	The study identified and profiled the various categories of the SRHR champions and the nature of their operations.

Communication and Strategies used	The study documented the various strategies and tools being used by the SRHR champions
Key influence and change	The study documented the various changes that occurred as results of the works of the diverse group of SRHR Champions.
Policy and social change	The study profiled policy changes that occurred as result of the strong engagements of the various champions.
Challenges and barriers	Key challenges and barriers faced by the SRHR champions were profiled
Best Practices	The consultants documented and analyzed successful strategies and approaches employed by SRHR champions, such as grassroots initiatives, media campaigns, and stakeholder engagement.
Lessons learnt	The consulting team documented the key lessons learnt from the perspective of the project and beyond.

2.2.4 Sampling strategy.

The study employed a meticulously structured stratified purposive sampling approach to ensure a comprehensive representation of Uganda's diverse Sexual and Reproductive Health and Rights (SRHR) contexts. Participants were systematically stratified into five key SRHR movements: Adolescent Health and Comprehensive Sexuality Education (CSE), Safe Abortion, Feminism, Key Populations, and Legal/Human Rights. This stratification allowed the researchers to capture nuanced insights and varied perspectives across different thematic areas within the SRHR landscape. At the institutional level, the sampling strategy emphasized including individuals from a range of organizations and stakeholders that operate within these movements, ensuring that both leadership figures and technical team members' viewpoints were adequately represented.

In addition to stratifying by thematic movement and institutional roles, the study also purposively sampled champions within each SRHR movement. These champions, identified as influential advocates or key figures driving the agenda within their respective movement, provided in-depth insights into the activism, policy influence, and implementation efforts related to SRHR issues.

2.3 Data Collection Methods.

The study employed a comprehensive mixed-method approach, integrating both qualitative and quantitative research techniques to ensure a robust and nuanced understanding of SRHR advocacy in Uganda. Data collection was strategically designed to encompass a variety of methods, including surveys, interviews, focus group discussions (FGDs), and document reviews. This multi-faceted approach facilitated the gathering of rich, diverse data to capture the complex dynamics of SRHR movements and advocacy efforts across different contexts and stakeholder groups.

Primary data collection involved administering surveys that were evenly distributed among the five SRHR movements, ensuring balanced representation and facilitating comparative analysis across different groups. In addition to surveys, the study conducted 8 in-depth interviews with various champions from the diverse SRHR advocacy community. These interviewees included

champions from various SRHR movements as well as journalists who play a pivotal role in shaping public discourse and advocacy narratives.

To further explore community-level perspectives and lived experiences, the study organized 6 Focus Group Discussions (FGDs) with selected SRHR champions from across the five movements. These FGDs were carefully structured to ensure diverse demographic representation, capturing a wide range of viewpoints and experiences. Through these discussions, participants shared insights into their advocacy work, challenges encountered, and local coping mechanisms in response to evolving SRHR contexts.

Complementing the primary data collection, the study also conducted 11 key informant interviews with senior leaders within the SRHR sector, including representatives from civil society organizations (CSOs) and prominent champions. These high-level interviews facilitated an understanding of broader policy dynamics, sectoral trends, and the impact of recent changes within the WASH and SRHR sectors.

To ensure a comprehensive analysis, the research incorporated an extensive review of relevant documents, including project reports, policy briefs, media outputs, and other relevant publications. This document review provided contextual background, verified findings from primary data, and enriched the overall understanding of SRHR advocacy narratives, policy shifts, and media representations. The triangulation of data from surveys, interviews, FGDs, and document reviews facilitated a layered and holistic exploration of the complex, multi-dimensional landscape of SRHR advocacy in Uganda.

2.4 Data Analysis.

The data collected using the Kobo Collect application was later downloaded into MS Excel. First, data cleaning was done in MS Excel and later exported to SPSS version 22 for further checks and quality assurance as well as generation of statistical outputs in the form of tables, graphs, and charts. The data in SPSS was tested for consistency and all possible errors were corrected before conducting the analysis. Data was analyzed using descriptive statistics (i.e., frequencies and percentages).

To triangulate the findings of the study, qualitative data from Focus Group Discussions and Key Informant Interviews were analyzed, interpreted, and incorporated in the report.

2.5 Ethical considerations

The following ethical considerations were followed before, during and after the study be considered: research ethical principles and guidelines, including but not limited to respect for persons, beneficence and non-maleficence, Informed consent, confidentiality and data protection/privacy, integrity and safeguarding policies, to protect participants and uphold the project values. Specifically, the following activities will be implemented.

- ☑ All the research assistants signed protection and safeguarding commitment to ensure no harms and protection of the respondents.

- ☑ Verbal consent was sought for all the participants ensuring confidentiality of the information both during and after data collection.
- ☑ The consultant trained and supported the enumerators on safety and security risks listed in SRHR safeguarding standards and general safeguarding in data collection measures.
- ☑ Also, research assistants were regularly supervised by the lead consultant daily to track performance checks of research assistants' behavior, ensure data quality and consistency and organize reflection sessions to address any red flags.
- ☑ The consultant ensured that the team followed ethical guidelines applied to research on human subjects, including avoiding judgmental tone in interview, treating study participants with respect and dignity, and ensuring the privacy of participants during interviews.

2.6. Study limitations.

Despite careful planning and implementation, certain limitations affected the study's execution and should be considered when interpreting the findings. The study began during the Easter festive season, which impacted the availability of respondents at critical times. This timing constraint may have influenced participation rates, and the overall representativeness of the data collected.

Additionally, the study aimed to provide a representative sample of the beneficiaries of the implementing partners. However, some partners were unable to mobilize the required number of participants, resulting in limited representation from certain groups or areas. Furthermore, the study was conducted from the perspective of the Transform SRHR Project. As a result, partners and champions may not have shared other important perspectives or lived experiences that could have provided a more comprehensive understanding of the issues examined.

CHAPTER 3: STUDY FINDINGS

This outlines the core focus and findings of the SRHR Champions study. It profiles the different categories of SRHR champions and analyzes their roles, communication strategies, and impact on policy and social change. The section also addresses the challenges they face and highlights effective practices such as grassroots mobilization and media use.

Furthermore, it introduces the main evaluation findings, structured around the OECD criteria relevance, effectiveness, efficiency, results, and sustainability providing a comprehensive assessment of the champions' work and its long-term potential.

3.1 Response rate

The quantitative survey achieved an exceptionally high level of engagement across all implementing partners, with an overall response rate of 98%, far exceeding the minimum threshold for robust analysis. Respondents were purposively selected from the direct beneficiary cohorts, SRHR Champions, project leads, and partner CSO staff, and each partner organization was assigned its own target quota.

As shown in **Table 1**, most partners met or surpassed their planned targets, demonstrating both strong buy-in and the adequacy of the sample for representative reporting.

Table 1: Actual sample reach

Implementing Partner	Planned	Actual	Response Rate
Akina Mama wa Afrika	20	10	50%
The Center for Health Human Rights and Development (CEHURD)	2	1	50%
Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU)	20	20	100%
Uganda Key Populations Consortium (UKPC)	20	21	105%
Ubuntu Law and Justice Centre	20	25	125%
Women's Pro-bono Initiative (WPI)	20	25	125%
Total	**119**	**117**	**98%**

The Focus Group Discussions (FGDs) achieved an overall participation rate of **82.5%**, meeting 80% of the planned sessions. While most partners reached their full quota, two deviations occurred: CEHURD, despite not having formally trained any champions, was nonetheless engaged in one ad-hoc FGD to capture broader stakeholder perspectives; and Akina Mama wa Afrika's FGDs were not convened due to participant mobilization challenges and time constraints.

Table 2: Focus Group Discussion reach

Implementing Partner	Planned	Actual	Response Rate
Akina Mama wa Afrika	8	0	0%

The Center for Health Human Rights and Development (CEHURD)	0	0	N/A
Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU)	8	8	100%
Uganda Key Populations Consortium (UKPC)	8	8	100%
Ubuntu Law and Justice Centre	8	8	100%
Women's Pro-bono Initiative (WPI)	8	8	100%
Total	**40**	**32**	**82.5%**

The study aimed to conduct 16 Key Informant Interviews (KIIs) with a diverse range of stakeholders, including civil society organizations, legal institutions, media, government bodies, and religious leaders. A total of 19 KIIs were completed, resulting in a response rate of 119%. This strong response reflects high engagement levels from several key actors, particularly those involved in legal advocacy, public communication, and SRHR service provision.

Notably, full participation was achieved from most partners, as well as from media practitioners, indicating robust involvement from stakeholders actively shaping SRHR discourse and legal reform. However, challenges were encountered in engaging some government officials and religious leaders, largely due to scheduling constraints and the sensitive nature of SRHR topics in conservative settings.

Table 3: Key Informant Interview Sample by Stakeholder Group

Stakeholder Group	Planned KIIs	Actual KIIs	Response Rate
Akina Mama wa Afrika (AMwA)	2	2	100%
Center for Health, Human Rights and Development (CEHURD)	2	2	100%
SRHR Alliance Uganda (SRHR-AU)	2	1	50%
Uganda Key Populations Consortium (UKPC)	2	1	50%
Ubuntu Law and Justice Centre	2	2	100%
Women's Pro-bono Initiative (WPI)	2	2	100%
Religious Leaders	3	2	67%
Ministry of Health	2	1	50%
Media Practitioners	1	3	300%
Total	**18**	**19**	**106%**

Note: The media category significantly exceeded its planned target, with three interviews conducted instead of one. This overrepresentation enriched the study with valuable insights on SRHR public narratives and communication strategies.

3.2. Categories of SRHR Champions Being Engaged

The study revealed a diverse ecosystem of Sexual and Reproductive Health and Rights (SRHR) champions working across Uganda. These champions span legal, political, health, media, civil society, religious, and community sectors. Their collective actions are crucial in promoting legal and policy reforms, challenging harmful norms, increasing access to services, and transforming the broader societal narratives around SRHR.

Table 4: Respondents by Sub-Movement.

Sub-Movement	Percentage (%)
Legal and Human Rights	35.0%
Key Populations	32.5%
Adolescent and CSE Health	17.5%
Feminist	10.0%
Safe Abortion Movement	5.0%
Total	**100.0%**

The champions operate at multiple levels; national, district, and grassroots—often overlapping in function, but united by a shared goal of advancing rights-based and inclusive SRHR outcomes.

3.2.1 Legal and Political Champions.

Legal and political champions constituted the largest proportion of SRHR actors in the study, accounting for 35% of respondents. These champions engage in critical efforts such as constitutional litigation, defense of human rights defenders, legal literacy, and influencing legislative processes. They play a prominent role in dismantling discriminatory laws and promoting gender-equitable policies.

Members of Parliament (MPs) are pivotal in legislative advocacy, where they table progressive motions, challenge regressive bills, and serve on parliamentary committees addressing health, human rights, and gender equality. Their presence ensures that the SRHR agenda remains visible within national legislative discourse. Similarly, State Attorneys and Judicial Officers contribute significantly through their interpretation of the law in cases concerning SRHR, often reinforcing constitutional protections. These actors have supported landmark rulings such as the partial nullification of the Anti-Homosexuality Act in 2016, where the Constitutional Court cited procedural irregularities and human rights violations.

Police officers are also increasingly recognized as SRHR allies, especially those trained under the Uganda Police Force's Human Rights Policy (2014). These officers have been instrumental in supporting the rights of detained SRHR activists and ensuring access to legal counsel. Legal experts and public interest lawyers, many of whom work with think tanks and civil society groups, continue to drive strategic litigation and policy reform. Their interventions have influenced national frameworks, including contributions to Uganda's HIV and AIDS Prevention and Control Act and the National Sexuality Education Framework. According to the study, 47% of participants acknowledged the impact of legal champions in promoting legal empowerment and influencing SRHR policy changes. As one respondent from a legal aid organization noted, *"Litigation has helped challenge abuse and misconceptions while influencing recognition in national policies."* However, most the legal champions do not come out in the public to speak and challenge negative SRHR narrative, especially on sensitive issues such as the LGBTQ rights and safe abortion right.

3.2.2 Champions among Health Workers.

Health sector champions represented 17.5% of the study sample and are primarily responsible for ensuring the delivery of inclusive, non-discriminatory SRHR services. These include health workers such as nurses, midwives, clinical officers, and reproductive health educators who serve as critical frontline actors in service delivery and awareness creation. Community Health Volunteers (CHVs), in particular, are essential in rural and underserved communities where they act as first responders, educators, and referral agents.

Health champions are actively involved in providing Comprehensive Sexuality Education (CSE), promoting adolescent and youth-friendly services, and addressing stigma in healthcare settings. This role is especially urgent given national statistics from the Uganda Demographic and Health Survey (UDHS) 2022, which indicate that 25% of Ugandan girls begin childbearing before age 19, and that only 42% of young women aged 15–24 are aware of modern contraceptive methods. These figures underscore the continued need for health workers who are not only technically competent but also sensitive to the needs of adolescents and marginalized populations.
One nurse from Mukono captured this impact poignantly, stating, *"I talk to mothers and young girls every day, just making information accessible can change a life."* Health workers have been instrumental in supporting services, particularly for marginalized and discriminated groups such as LGBTQ persons, adolescents, and sex workers. Their impact has primarily been on service delivery; however, they have hardly spoken out publicly to voice the SRHR (needs of these groups.

3.2.3 Champions among Religious and Cultural leaders.

Religious leaders have historically been perceived as barriers to SRHR advocacy due to their influence over conservative norms. However, the study found that a growing number are becoming influential champions for change. These leaders mainly pastors, imams, and lay preachers, use faith-based narratives to promote family planning, HIV testing, and gender equality, creating space for dialogue on SRHR issues within conservative communities.

With over 89% of Ugandans identifying with a religious affiliation (UBOS, 2021 Census Projections), the role of faith-based champions cannot be overstated. Their influence is particularly significant in shaping moral attitudes and community behavior. The study found that where religious leaders openly support SRHR, community acceptance improves markedly, especially regarding issues such as contraception and maternal health.
One religious leader from Bugiri noted, *"When we speak about SRHR and family planning in church, it shifts people's thinking, it becomes okay to ask questions."* This testimony affirms that religious voices, when mobilized effectively, can play a transformative role in SRHR advocacy.

3.2.4 Champions among Media Partitioners.

Media professionals, including journalists, editors, and digital influencers, are pivotal in shaping public discourse on SRHR. They act as watchdogs, storytellers, and mobilizers of public opinion. Journalists contribute by reporting on SRHR-related developments, exposing injustices, and holding public institutions accountable. Trained media professionals have increasingly adopted a rights-based approach in covering sensitive topics like abortion, LGBTQ+ rights, and sexual violence.

Digital influencers, especially those on TikTok, X (formerly Twitter), and Facebook, are reaching younger audiences through engaging content that challenges stigma and spreads awareness. According to the Digital 2023 Report, over 6.5 million Ugandans are active social media users, making online platforms a strategic space for SRHR advocacy. The study found that 73% of urban-based respondents encountered SRHR-related content online, often through personal storytelling, informational threads, or influencer-led campaigns. As one digital content creator shared, *"When I talk about consent or contraception on TikTok, people inbox me to ask more. That means we're breaking the silence."* This underscores the role of media as both an information channel and a safe space for engagement.

3.2.5 Civil Society and Feminist Champions.

Civil society organizations (CSOs) and feminist advocates form the backbone of Uganda's SRHR movement. CSOs like Akina Mama wa Afrika (AMwA), CEHURD, and SRHR Alliance Uganda play a multifaceted role in research, service provision, litigation, policy engagement, and capacity building. They are often the bridge between community needs and national-level policy responses. Feminist champions, many of whom operate within or alongside CSOs, advocate for reproductive justice, bodily autonomy, and the dismantling of patriarchal structures that limit SRHR access. Their work includes supporting survivors of gender-based violence, pushing for menstrual health rights, and challenging taboos around sexuality.

A feminist organizer from Wakiso emphasized, *"Feminism gives us the language and power to claim our rights, not ask for them."* This assertion reflects the transformative, rights-affirming ethos that feminist champions bring to the SRHR landscape in Uganda.

The Civil Society champions operate in two categories namely the beneficiary led such as LGBTQ led CSOs, youth led CSOs, Women led CSOs, and Sex Workers led CSOs among others. The other categories are coalitions such as the SRHR Alliance, safe abortion coalition, Uganda Key population consortium and NAFOPHANU among many others.

3.2.6 Champions among Community leaders.

Finally, the study found a strong presence of community-based and independent champions, individuals not formally affiliated with organizations but deeply committed to SRHR advocacy. These include parents, local council leaders, former service recipients, and community influencers who engage their peers and challenge stigma from within their own communities. These champions represented 32.5% of respondents.

3.2.7 Experts and Opinion Leaders.

These champions include experts from academia and distinguished individuals across various sectors. Their opinions on SRHR are highly regarded and carry significant influence throughout different communities. As one respondent noted: *"When we received positive opinions on SRHR in newspapers from academic experts and eminent religious leaders like Canon Gedeon Byamugisha, it garnered a great deal of respect and attention."* Although the number of such champions is relatively small, they have achieved considerable success in shaping the narratives surrounding SRHR. Their voices help to challenge stigma, promote awareness, and foster a more informed and supportive

environment for discussions on sexual and reproductive health and rights. Their leadership and advocacy play a crucial role in influencing public perceptions and policy decisions, making them vital allies in advancing SRHR initiatives.

3.2.7 Champions among Peer Educators.

This category of champions was predominantly found among young people, persons living with HIV, PWDs and key populations including the LGBTQ+ activists. They are particularly influential in shaping SRHR narratives within their peer groups, including colleagues, friends, and age mates. As one respondent noted: *"Some of the peer educators have become community resource persons and role models, to whom parents and schools refer their children when facing SRHR challenges."* These peer educators often serve as accessible and relatable sources of information, which enhances their credibility and impact. Additionally, many of them actively facilitate community sensitization sessions and dialogues on SRHR topics, thereby fostering greater awareness and understanding at the community level. Their grassroots approach helps to challenge misconceptions, reduce stigma, and promote positive attitudes toward SRHR, making them vital agents of change within their communities. Their influence extends beyond individual education to shaping broader community norms and perceptions around sexual and reproductive health rights.

Peer champions among key populations are particularly influential due to their lived experience and trust within marginalized groups such as sex workers, LGBTQ+ persons, and people living with HIV. Their roles range from facilitating access to services and conducting home-based sensitization, to mobilizing digital campaigns and advocating for structural change. One respondent from a key populations movement noted, *"We successfully pushed for commitment from the Ministry of Health and Uganda AIDS Commission to guarantee access to health services for key populations."* These testimonies reflect how grassroots champions are shaping not only narratives but also health policy and programming from the bottom up.

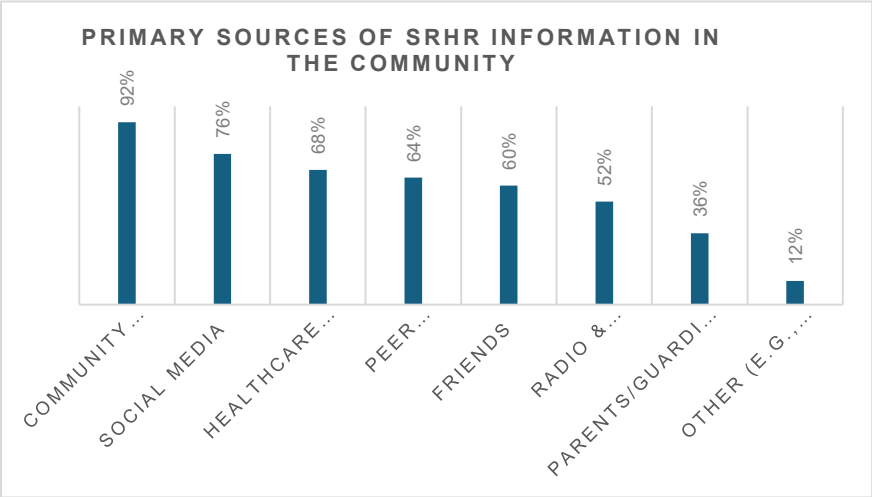
3.3 Key enablers for the SRHR Champions.

The findings of this study reaffirm the indispensable role that Sexual and Reproductive Health and Rights (SRHR) champions play in advancing SRHR across Uganda's multifaceted socio-cultural and political landscape. Champions act as vital links between underserved communities, health systems, and policymakers, especially in a context where 63% of women aged 15–49 still face barriers to accessing family planning services, and where social stigma and misinformation remain major obstacles to SRHR uptake (UDHS, 2022). By using culturally grounded messaging and personal testimonies, champions help reshape public discourse, replacing silence and taboo with informed dialogue, empathy, and openness.

3.3.1 Champions as Primary Sources of SRHR Information in the Community.

Understanding the main sources of Sexual and Reproductive Health and Rights (SRHR) information is crucial for designing targeted and effective communication strategies. This analysis draws from responses to the question: *"What are your primary sources of SRHR information?"*.

a. **Champion led Community meetings:** This emerged as the most prominent source of SRHR information, mentioned by approximately **92%** of respondents. Social media followed closely at **76%**, indicating its growing influence, particularly among the youth. Healthcare facilities were identified by **68%**, underscoring the role of medical professionals in delivering credible information.



Peer educators and Village Health Teams (VHTs) were also significant, cited by 64%, which reflects the value of community-based outreach. Additionally, 60% of respondents rely on friends for SRHR knowledge, showing the importance of peer-to-peer conversations. Radio and television, though less dominant, were still notable at 52%, while 36% of respondents reported learning from parents or guardians. A small proportion (12%) mentioned other sources such as legal aid movements and civil society organizations.

These findings emphasize the need for a comprehensive, blended communication strategy to enhance SRHR awareness and education across diverse audiences. *"I mostly learn about SRHR from social media and community meetings because that's where real discussions happen, and I can ask questions freely."* Respondent, Kampala.

b. **Community mobilisation Engagement:** The champions are critical players in grassroots mobilization which emerged as the cornerstone of effective SRHR advocacy. Our data shows that 88% of respondents acknowledged champions' active involvement in direct community outreach through door-to-door campaigns, peer education, and mobile clinics. This community-rooted approach builds trust, making champions credible and approachable sources of information, particularly in rural and underserved areas where formal health infrastructure is scarce. For example, respondents from Ntungamu highlighted that *"information now reaches even the remotest villages,"* underscoring the champions' embeddedness within communities.
Such trust is crucial, as it facilitates the dissemination of accurate SRHR knowledge, dispels myths, and encourages the uptake of vital services such as contraception and HIV testing. This aligns with previous studies that emphasize culturally sensitive, peer-led education as key to improving SRHR outcomes in low-resource settings (WHO, 2021).

c. **Digital Platforms as Catalysts:** The digital space, particularly social media, has proven a powerful amplifier for SRHR messages. Champions increasingly use platforms like WhatsApp, Facebook, and radio to share facts, challenge myths, and share personal experiences. 73% of urban respondents said they had engaged with SRHR content online. Storytelling, especially when delivered by peers or community leaders, has been instrumental in reshaping harmful narratives, reducing stigma, and reaching younger audiences in urban and peri-urban settings. A journalist from Kampala remarked, "*We've seen behavior change because of the stories shared online. People are talking and learning more about SRHR.*" This finding reflects global trends noted in the UNESCO (2021) report, which attributes increased youth engagement in SRHR to the innovative use of digital storytelling and social media advocacy.

d. **Capacity Building:** Sustainable SRHR advocacy by the champions depends heavily on ongoing capacity building. Over half (52%) of study participants reported attending or witnessing training and mentorship sessions led by SRHR champions. These programs focus on enhancing knowledge about human rights, gender equality, and inclusive health service delivery. Empowered champions who are trained to mentor others create a multiplier effect, reinforcing community ownership and ensuring continuity beyond project timelines. One peer educator from Wakiso noted, *"I've been trained by champions and now I also train others. We're creating a movement."* This emphasizes the critical role of mentorship in fostering leadership and resilience within SRHR advocacy networks.

e. **Legal Empowerment:** Legal empowerment emerged as a vital component of champion activities. Nearly half (47%) of respondents reported involvement in initiatives aimed at legal reform and rights awareness. Champions provide communities with knowledge about their sexual and reproductive rights, offer legal support, and engage in strategic litigation to challenge discriminatory laws. Such efforts contribute to shifts in policy and provide redress for victims of rights violations, particularly among marginalized groups like key populations and women facing gender-based violence. A legal aid provider highlighted, *"Legal awareness among communities has improved. People now understand their rights and seek justice."* Integrating legal literacy into SRHR programming is therefore essential for systemic change and protection of vulnerable individuals.

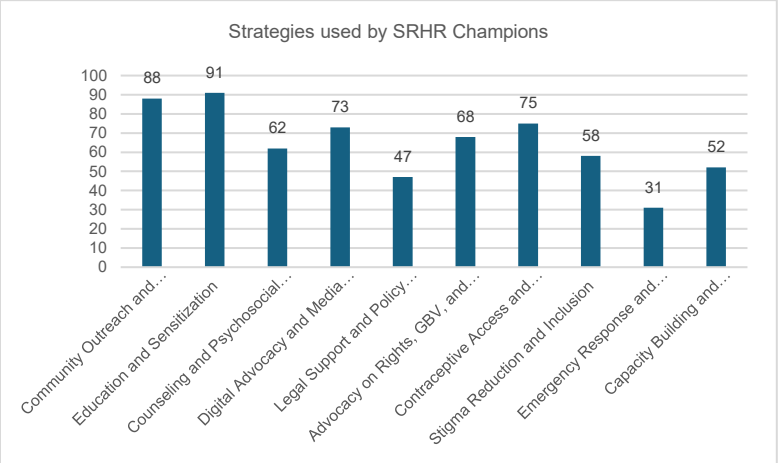
f. **Intersectionality and Inclusiveness:** The champions' ability to engage across diverse identities and sectors significantly enhances the inclusiveness and effectiveness of SRHR initiatives. Champions tailor messaging to resonate with adolescents, key populations, faith-based groups, and other stakeholders. The study found that 17.5% of respondents identified with the Adolescent and Comprehensive Sexuality Education (CSE) sub-movement, reflecting successful youth inclusion efforts. Such intersectional engagement builds solidarity and strengthens advocacy coalitions, addressing the nuanced needs of different groups. This

approach is supported by IPPF (2020), which highlights cross-movement collaboration as pivotal to advancing SRHR in complex environments.

g. **Safety and Emergency Response:** Given the prevalence of stigma and backlash, safety and emergency response mechanisms for champions are critical. Thirty-one percent of respondents recalled incidents where champions intervened to provide legal aid or emergency support during threats or rights violations. A representative from a key population network explained, *"Champions help when someone is arrested or threatened; they act fast, and that's life-saving."* The study underscores the need for structured protection frameworks, including rapid response protocols, legal protection, and psychosocial support, to ensure champions can continue their work without fear.

h. **Health System Linkages:** Champions have played a transformative role in strengthening connections between communities and health service providers. Seventy-five percent of survey respondents reported improvements in access to contraceptives attributable to champions' advocacy and referral systems. Additionally, champions contributed to training health workers on providing inclusive, non-discriminatory services, particularly youth-friendly SRHR care. This enhanced collaboration has helped reduce stigma within health facilities and improved service uptake, thereby contributing to better reproductive health outcomes across target populations.

3.4 Strategies and Approaches Used by SRHR Champions.



SRHR champions across Uganda employ a diverse and context-responsive range of communication and advocacy strategies to promote Sexual and Reproductive Health and Rights (SRHR). These strategies reflect an adaptive understanding of community needs, cultural sensitivities, technological reach, and the systemic barriers that limit access to SRHR information and services. From traditional community outreach to legal advocacy and digital storytelling, the champions' approaches demonstrate the dynamic and multi-level nature of SRHR promotion in Uganda.

3.4.1 Local/Community-Based Engagement

Community-based outreach remains one of the most trusted, accessible, and impactful approaches for advancing Sexual and Reproductive Health and Rights (SRHR), particularly in rural and hard-to-reach settings. The study found that 88% of respondents reported that SRHR champions consistently engage in grassroots-level activities, which serve as crucial entry points for awareness, education, and service delivery. Key community-based engagement strategies highlighted include door-to-door sensitization, health education during village meetings, mobile health clinics, and youth-led forums. These approaches are highly context-sensitive and allow for real-time interaction between champions and community members.

Unlike institutional settings, which can be intimidating or inaccessible, these informal yet structured forums foster trust, encourage dialogue, and allow individuals, especially women, adolescents, and key populations to express their SRHR concerns and seek information without fear of judgment. One SRHR champion from Ntungamo shared, *"When we hold village meetings, people feel safe to ask questions they wouldn't ask at a health center. That's how we build trust."* This underscores how proximity, familiarity, and culturally competent communication help bridge knowledge gaps and facilitate safer spaces for SRHR discussions. Moreover, community outreach serves as a critical mechanism for early identification of SRHR issues, such as unsafe abortions, child marriages, or gender-based violence, which may otherwise go unreported. By providing direct links to services, whether through referrals or on-the-spot interventions, SRHR champions act as first responders within the social fabric of the community.

In some regions, champions mentioned integrating SRHR messages into existing cultural or religious community events, such as burial ceremonies, clan meetings, or church gatherings. These indirect avenues enable champions to introduce sensitive topics in a manner that resonates with the audience and minimizes resistance.

However, champions reported facing resistance from some community gatekeepers, especially when addressing sensitive topics such as contraception, LGBTQ+ rights, or abortion. Logistical limitations such as lack of transportation and communication tools were also cited as barriers to consistent outreach. The recommendation was to strengthen alliances with cultural and religious leaders to foster local ownership of SRHR messages and expand logistical support (e.g., transport allowances, translated IEC materials) to enhance the reach and sustainability of community engagement efforts.

3.4.2 Education and Sensitization.

In the study, 91% of respondents identified education as a core role undertaken by champions in their communities. These champions actively lead public education efforts on a broad range of Sexual and Reproductive Health and Rights (SRHR) topics, including contraceptive access and

use, HIV/AIDS prevention, safe abortion, menstrual hygiene management, gender-based violence (GBV), and adolescent sexuality. Champions conduct sensitization sessions in schools, community centers, health facilities, places of worship, and during social or cultural events. These platforms are often chosen for their accessibility and influence within communities, allowing champions to tailor their messages to different demographic groups such as adolescents, parents, religious leaders, and out-of-school youth.

The use of culturally appropriate language, storytelling, peer education, and participatory learning methods was highlighted by several respondents as enhancing the effectiveness of these sessions. These approaches make complex or sensitive topics more relatable and less intimidating, especially for young people and traditionally conservative audiences. One youth respondent from Kampala shared: *"I mostly learn about SRHR from social media and community meetings because that's where real discussions happen, and I can ask questions freely"*. This reflects a growing trend where young people rely on community spaces and digital platforms rather than formal education systems as primary sources of SRHR information. In areas with limited formal education or health infrastructure, SRHR champions often fill critical gaps by offering life-saving knowledge in settings where misinformation, silence, and cultural taboos prevail. For example, in rural districts, champions use radio talk shows and local drama performances to educate wider audiences, often in local languages, ensuring messages are both heard and understood.

Despite these successes, challenges persist. Champions reported encountering institutional reluctance particularly from schools and parents toward the integration of Comprehensive Sexuality Education (CSE). In addition, some champions lacked training to effectively tailor their messages for diverse groups, including persons with disabilities. To address these gaps, the respondents recommend standardized capacity-building programs for champions focused on inclusive, age-appropriate CSE delivery. Furthermore, engagement with education authorities and PTAs was mentioned as critical to institutionalize SRHR education in formal learning environments.

3.4.3 Media and Digital Advocacy.

Media and digital platforms have become transformative tools in advancing Sexual and Reproductive Health and Rights (SRHR) advocacy, particularly among youth and urban populations. The increasing accessibility of mobile phones and internet services across Uganda has significantly expanded the reach of SRHR communication, enabling champions to engage audiences in more dynamic, timely, and culturally relevant ways. According to the study, 73% of urban respondents reported receiving SRHR-related messaging via digital platforms such as WhatsApp, Facebook, TikTok, and X (formerly Twitter). These platforms have proven effective for disseminating educational content, demystifying sensitive topics, and promoting rights-based narratives, especially on issues that remain taboo in traditional public discourse.

SRHR champions including journalists, media influencers, healthcare professionals, and legal advocates use these channels to produce and distribute content on topics such as contraceptive access, menstrual health, HIV prevention, safe abortion, LGBTQ+ rights, and gender-based violence. Content formats include short videos, infographics, personal stories, animations, and live Q&A sessions, tailored to the platform and audience demographics. A media influencer based in Kampala remarked: *"I cover stories in relation to SRHR and share them for others to learn. I have witnessed behavior change because of these stories."* This aligns with broader findings: a 2022 UNESCO study on digital engagement in sub-Saharan Africa reported that 67% of young people use social media as their primary source of sexual health information. Similarly, a Guttmacher Institute report (2020) found that digital SRHR campaigns in East Africa increased contraceptive awareness and uptake among adolescents by up to 24% in intervention areas.

In Uganda specifically, internet penetration stood at 29% as of 2023 (Uganda Communications Commission), and over 12 million Ugandans were active social media users, with youth under 35 accounting for more than 75% of this demographic. This offers a unique opportunity for targeted digital interventions. Traditional media continues to complement digital advocacy. Champions utilize radio (the most widely consumed medium in Uganda) and local television to reach non-digital audiences, especially in rural settings. Radio talk shows, community radio programs, and serialized dramas in local languages have been particularly effective in promoting inclusive SRHR narratives and countering stigma. Notably, 89% of rural households in Uganda own a radio set (UBOS, 2021), making it a powerful channel for grassroots messaging.

Media champions are also key in policy engagement. Investigative journalism and issue-based reporting have brought national attention to gaps in reproductive health services and discriminatory laws. In several cases, stories aired by national media have led to parliamentary debates or Ministry-level responses, illustrating media's agenda-setting power. However, champions reported exposure to online harassment, particularly when addressing controversial issues like safe abortion or LGBTQ+ inclusion, and some faced censorship of their content.

In light of these findings, the study recommends equipping champions with digital safety training and psychosocial support. Collaborations with credible media outlets and fact-checkers can help improve message accuracy and shield champions from disinformation. Additionally, leveraging hybrid models, such as combining online engagement with SMS alerts, printed materials, or community listening sessions can ensure broader access and reduce the impact of the digital divide.

3.4.4 Peer Counseling and Psychosocial Support.

Beyond public outreach and education, peer counseling and psychosocial support emerged as a critical yet often under-acknowledged role of SRHR champions. According to the study findings, 62% of respondents indicated that SRHR champions provide personalized, one-on-one support

to individuals navigating sensitive reproductive health challenges. These champions, often peers or community-based actors create safe, confidential environments where individuals can openly discuss concerns that are rarely addressed in public forums or health facilities.

The study findings show the key areas of support including guidance on contraceptive choices, managing unintended pregnancies, coping with stigma, and navigating complex decisions related to sexual identity, gender-based violence, or reproductive autonomy. In particular, adolescents, LGBTQ+ individuals, and members of key populations often rely on this informal support network due to limited access to formal mental health services or fear of discrimination in clinical settings. One female youth respondent from Wakiso shared; *"I was scared to go to a health center because of how I might be judged. But my peer counselor explained my options and helped me make the right choice without fear."* This mirrors findings from a 2019 WHO report, which highlighted that in low-resource settings like Uganda, community-based peer support is one of the most effective ways of reaching young people and marginalized groups with mental and reproductive health support.

The role of peer counseling is especially significant in rural and peri-urban areas where only 1 in 10 Ugandans have access to professional mental health care (*Mental Health Uganda, 2021*). Champions fill this gap by offering empathetic listening, non-judgmental advice, and, when necessary, linking individuals to appropriate legal or health services. In high-stigma environments, this kind of interpersonal support helps counter isolation and fear. Champions trained in basic psychosocial support skills are also more likely to identify early signs of trauma, depression, or abuse and can facilitate timely interventions, including referrals for legal redress or emergency shelter.

Despite the impact of this support, champions face a range of challenges. Many lack formal training in trauma-informed care or mental health, which limits their ability to respond effectively to complex emotional needs. In addition, the lack of clear referral pathways hampers timely connection to professional services, and breaches of confidentiality remain a concern in tightly knit communities where privacy is difficult to maintain.

To strengthen peer counseling efforts, there is a need to incorporate psychosocial support and trauma-informed training into SRHR champion programs. Structured referral mechanisms should be developed to connect individuals to mental health professionals, legal aid, and protection services. Community-level guidelines on confidentiality and trust-building should be introduced to reduce stigma and increase the safety and effectiveness of peer-led support.

3.4.5 Legal and Policy Advocacy.

Legal and policy advocacy represents a cornerstone of the work undertaken by SRHR champions, particularly those operating within civil society organizations, legal aid clinics, and public interest

litigation spaces. These champions strategically engage with the legal system to challenge discriminatory laws, advance human rights protections, and shape national policy frameworks that uphold sexual and reproductive health and rights (SRHR).

According to the study, 47% of respondents reported direct involvement in legal education initiatives and rights-based advocacy, highlighting a robust commitment to fostering legal literacy among communities and influencing institutional change. These efforts include community legal sensitization forums, capacity-building workshops for law enforcement and judicial officers, and public campaigns to demystify legal processes related to SRHR. One of the most significant areas of impact cited in the study is the role of champions in strategic litigation. A notable example is the partial nullification of the 2014 Anti-Homosexuality Act (AHA), a landmark constitutional case in which legal champions, many of whom were consulted for this study, argued that the law violated fundamental human rights. Their legal challenge contributed to the Ugandan Constitutional Court's decision to annul key provisions of the AHA on procedural and rights-based grounds. This outcome set a precedent for using the legal system to resist discriminatory legislation.

SRHR legal advocates have played a crucial role in advancing inclusive health policies by ensuring the recognition of marginalized groups such as sex workers, men who have sex with men, and people who use drugs in Uganda's National HIV/AIDS Strategic Plan (2020–2025). They contribute to legislative processes by providing technical input and reviewing policy drafts, as seen in their involvement with the Safe Motherhood Bill and Sexual Offences Bill. Despite low public awareness of reproductive health rights, legal champions work to close this gap through community outreach, radio talk shows, and legal aid camps. In contexts where legal redress is limited or feared, they serve as intermediaries documenting violations, linking survivors to legal support, and sometimes representing them in court. Nonetheless, champions in this space face formidable obstacles. The broader legal and policy environment remains hostile, particularly toward LGBTQ+ rights and access to abortion services. Legal advocates often experience threats, stigma, and security risks when challenging discriminatory laws. Furthermore, the general population's legal literacy around reproductive rights is limited, and legal aid systems are underfunded, especially in rural areas.

Enhanced security protections, increased access to funding, and technical training in constitutional and international human rights law were recommended. There is also a pressing need for expanded legal literacy campaigns that utilize community radio, storytelling, and other accessible formats to reach underserved populations. Champions' contributions to law reform processes should be formalized by ensuring their participation in national legal and policy review forums.

3.4.6 Advocacy for Rights and Gender Equality.

Data from the Uganda Demographic and Health Survey (UDHS) 2016 indicated that over 56% of women aged 15–49 have experienced physical or sexual violence at least once in their lifetime. SRHR champions use such evidence to frame GBV not as a private matter, but as a public health crisis and rights violation, deserving legal redress and community-level prevention strategies. Moreover, champions contribute to national efforts such as the National Policy on Elimination of GBV (2019) and the National Gender Policy, through grassroots mobilization, survivor-centered services, and advocacy for stronger implementation mechanisms.

The study revealed that 68% of respondents identified SRHR champions as key facilitators of dialogue and action around gender justice, rights awareness, and the prevention of gender-based violence (GBV). These champions employ both direct and indirect methods to challenge systemic inequalities from community forums and radio discussions to school-based programs and peer education initiatives. These champions serve as catalysts for social transformation by promoting human rights-based approaches to sexual and reproductive health, especially in settings where gender norms perpetuate discrimination, violence, and limited access to services. In many rural and conservative communities, champions are among the few voices encouraging open conversations about consent, bodily autonomy, gender roles, and harmful traditional practices such as early marriage and female genital mutilation. These discussions are often embedded within broader reproductive health education, allowing for organic and contextualized learning. *"Before, we couldn't speak about gender roles or GBV in public. Now people ask questions. They want to understand. Change is happening."* – SRHR Champion, Eastern Uganda. Champions also work to equip women and girls with skills and knowledge to negotiate safer sex, access contraception, and report abuse particularly important in contexts where economic dependency and social expectations limit agency. Additionally, male champions have been instrumental in fostering allyship by engaging other men and boys in transformative gender dialogues, promoting positive masculinities, and dismantling harmful stereotypes.

In some districts, the champions have influenced the establishment of GBV referral pathways and community protection committees, enhancing access to justice and psychosocial support. Through storytelling, lived experience, and persistent engagement, SRHR champions are helping reframe gender equality from a controversial issue into a community aspiration tied to well-being, dignity, and development. Their advocacy, especially when grounded in local values and inclusive dialogue, continues to shift attitudes and unlock more equitable outcomes for women, girls, and marginalized populations across Uganda.

3.4.7 Facilitating Access to SRHR Services.

According to the study findings, 75% of respondents reported that champions directly facilitated access to services. This was done through referrals to health facilities, on-site distribution of contraceptives during outreach programs, and capacity-building for healthcare providers. These

efforts are particularly vital in Uganda, where barriers such as stigma, cost, distance, and provider bias continue to limit access to reproductive health services, especially among adolescents and marginalized populations. The Uganda Demographic and Health Survey (UDHS) 2022 reported an unmet need for family planning at 19% among married women aged 15–49. This figure reflects persistent gaps in service availability, cultural acceptance, and information dissemination, despite progress in policy frameworks and supply chain systems.

Champions, especially those embedded in the health sector, play a pivotal role in bridging these gaps. Health workers serving as SRHR champions ensure that services are not only available, but also delivered in a respectful, non-discriminatory, and rights-based manner. This includes addressing the unique needs of young people, people with disabilities, and key populations such as LGBTQ+ individuals and sex workers. *"As health workers, we're trained not just to treat patients, but to understand the barriers they face and make our facilities safer for everyone."* SRHR Champion and Nurse, Mityana District. These champions often go beyond clinical roles. They educate clients on available services, counsel on contraceptive options, and challenge discriminatory practices within their own institutions. In some cases, they have helped to establish youth corners, mobile service days, and safe spaces for survivors of sexual violence.

In hard-to-reach areas, champions collaborate with community health workers to conduct integrated outreach campaigns, combining immunization, maternal health check-ups, and contraceptive distribution. These community-level initiatives are instrumental in reducing missed opportunities for care, especially for women and girls who face mobility and financial constraints. Nonetheless, barriers remain. Champions highlighted drug stockouts, health worker/provider bias against adolescents and key populations continues to hinder access, and the lack of formal roles for champions within health structures reduces the sustainability of their contributions. Furthermore, limited documentation of referrals and service linkages undermines monitoring and weakens accountability for health outcomes.

To strengthen service access, champions should be formally integrated into the health system through defined roles, orientation, and supervision. Health workers must receive continuous training on respectful, inclusive service delivery to reduce stigma and bias. Improved supply chain management is needed to ensure the availability of contraceptives and other critical SRH resources.

3.4.8 Combating Stigma and Discrimination.

Despite ongoing advancements in SRHR advocacy and service provision, stigma and discrimination continue to pose substantial challenges to achieving inclusive, rights-based sexual and reproductive health outcomes in Uganda. According to the study, 58% of respondents reported experiencing or observing persistent negative attitudes, particularly toward LGBTQ+ individuals, adolescents seeking contraception, sex workers, and people living with HIV. These

attitudes frequently result in service denial, verbal abuse, social exclusion, and a reluctance to seek care, especially in public health settings.

Through public dialogue sessions, inclusive messaging campaigns, and community-based rights education, they are working to normalize SRHR topics that are often viewed as taboo. These efforts include organizing open forums in conservative communities, facilitating youth-led peer dialogues, and using religious and cultural framing to shift narratives around reproductive rights. *"When we speak openly about rights, sexuality, and health even in churches or mosques people begin to rethink old beliefs."* Religious Leader and SRHR Advocate, Bugiri District. Digital platforms are also enabling champions to challenge stigma in less confrontational yet effective ways. For instance, social media influencers are sharing lived experiences and dispelling myths related to HIV, abortion, and sexual diversity. These platforms have become especially effective among urban youth, who report higher exposure to progressive SRHR content on platforms like TikTok, X (formerly Twitter), and WhatsApp.

A key aspect of this work involves targeting stigma within health systems. Champions, especially health workers and trainers, are sensitizing peers and facility staff on the importance of non-discriminatory care. Some have initiated facility-based dialogues and training sessions that incorporate patient stories and human rights principles, resulting in more supportive environments for marginalized clients. This approach is supported by national evidence: the Uganda Stigma Index Report (2020) found that over 40% of people living with HIV experienced stigma from health professionals, highlighting the urgent need for targeted behavior change among service providers. Champions working in this space are helping bridge this gap by humanizing affected populations, promoting respectful care, and reinforcing confidentiality and dignity as essential components of SRHR service delivery.

3.4.9 Emergency and Protection Services.

In high-risk and hostile environments, where stigma, criminalization, and violence threaten the safety of vulnerable groups, SRHR champions are increasingly stepping in to offer emergency response and protection services. According to the study, 31% of respondents reported direct involvement in providing urgent interventions such as legal aid, temporary shelter referrals, emergency health services, and psychosocial support for individuals experiencing threats, harassment, or abuse due to their real or perceived sexual orientation, gender identity, reproductive choices, or advocacy work. These interventions are particularly vital for key populations including LGBTQ+ persons, sex workers, adolescents, and human rights defenders who often face state-sanctioned and community-based violence, arbitrary arrests, and discrimination.

SRHR champions, many of whom are trusted members of these communities, serve as first responders by activating informal protection networks, facilitating access to legal representation,

and mobilizing emergency medical or mental health care when needed. *"When a peer is arrested or assaulted, we respond quickly call a lawyer, find them safe housing, and follow up with police. It's about saving lives."*-Key Population Champion, Kampala. These actions go beyond individual support. They serve as critical forms of community resilience and accountability, often triggering broader institutional responses. For example, champions have successfully documented abuses and submitted formal complaints to human rights commissions, district health offices, and police oversight bodies, prompting investigations and, in some cases, policy review or public dialogue. The need for such emergency responses is underscored by national trends.

According to the Human Rights Awareness and Promotion Forum (HRAPF) 2022 Legal Aid Report, over 310 cases of violence or legal violations against LGBTQ+ persons were reported, with many victims citing fear of seeking help from formal institutions. This gap in institutional response elevates the role of community-led champions, who often operate in resource-constrained environments yet manage to deliver life-saving interventions.

Additionally, SRHR champions providing these services frequently face risks themselves, including harassment, surveillance, and threats. Despite these dangers, they continue to operate as defenders of human rights and dignity, often coordinating with regional legal aid organizations, women's shelters, and health facilities to provide comprehensive emergency support. These findings highlight the urgent need for systemic protection mechanisms, improved collaboration between civil society and law enforcement, and greater investment in community-based protection infrastructure. The work of SRHR champions in emergency response is not only reactive, but also a strategic intervention that safeguards lives, exposes structural injustice, and pushes the state and society toward accountability and reform.

3.5 Tangible Outcomes of SRHR Champions' Work on Key SRHR Indicators.

The study found that SRHR champions have made measurable contributions to Uganda's progress across several SRHR indicators. Their grassroots engagement, advocacy, and service linkage roles have translated into improved health outcomes, particularly for women, adolescents, and marginalized populations.

Various SRHR indicators were assessed, and these findings are supported by national data sources, including the Uganda Demographic and Health Survey (UDHS), Annual Health Sector Performance Reports, and the Uganda AIDS Commission Reports.

SRHR Indicator	National Progress	Champion Contribution
Maternal Mortality Ratio	Declined from 336 (2016) to 189 per 100,000 (2022)	Promoted ANC, skilled birth attendance, and emergency referrals

Modern Contraceptive Use	Increased to 39% (UDHS 2016)	Provided referrals, peer education, and demystified myths
Unmet Need for Family Planning	19% among married women (2022)	Distributed contraceptives, ran mobile outreach, targeted youth
Antenatal & Postnatal Care	95%+ ANC attendance, 62% PNC within 48 hours (2022)	Encouraged timely visits and follow-up with new mothers
Neonatal Mortality	Reduced from 27 to 22 per 1,000 live births	Promoted newborn care and safe delivery practices
STI Incidence	10% decline (2019–2022)	Promoted condom use, STI screening, and stigma-free counseling
New HIV Infections	Dropped from 57,000 (2016) to 38,000 (2022)	Led testing, PrEP education, and ART adherence for key populations
Legal Literacy on SRHR	Only 15% aware of rights (Legal Aid Baseline 2022)	Ran legal aid clinics, radio talk shows, and rights awareness drives
Teenage Pregnancy Rates	National average 25% (2016); local drops of 5–8% in high-activity districts	Provided sexuality education, school re-entry support
GBV Reporting & Response	Improved in districts with champions; more referrals and survivor access to justice	Helped create referral pathways and safe spaces

3.5.1 Maternal Health Improvements.

Uganda's maternal mortality ratio (MMR) dropped significantly from 336 per 100,000 live births in 2016 to 189 per 100,000 in 2022, reflecting improved maternal health outcomes nationally. SRHR champions played a vital role in this decline, particularly by promoting skilled birth attendance, antenatal care (ANC), and timely referrals. Their community-based efforts helped overcome barriers such as transport, stigma, and misinformation. As one SRHR champion in Arua shared, *"We follow up with pregnant mothers to ensure they attend all ANC visits and know when to go to the hospital. This has saved lives in our village."* Alongside this, the percentage of women attending at least one ANC visit exceeded 95%, and postnatal care within 48 hours rose to 62% in 2022.

Champions were instrumental in demystifying formal health care and ensuring follow-ups for new mothers, particularly in rural areas. In the words of a VHT member from Mbale: *"Many women used to deliver at home. Now they trust us to guide them to the health center before labor starts."*

3.5.2 Family Planning Uptake and Fertility Reduction.

Modern contraceptive prevalence among married women increased to 39%, with notable regional differences. Champions contributed by offering referrals, educating communities on

contraceptive options, and dispelling myths about fertility and side effects. A peer educator from Kamuli noted, *"Some women feared that contraceptives would make them infertile. We explain their options clearly and let them choose without pressure."* However, the unmet need for family planning remains at 19%, especially in underserved regions. Champions have narrowed this gap through youth-friendly outreach, mobile services, and door-to-door campaigns. A youth champion from Wakiso emphasized, *"At first, girls had nowhere to go. Now we bring the services closer, especially condoms, pills and counseling. It has made a big difference."*

3.5.3 Partial reduction in Teenage Pregnancy.

While the national teenage pregnancy rate being stagnated 25% since 2016, districts with strong SRHR champion presence reported declines of 5–8 percentage points. Champions facilitated access to sexuality education and supported girls' re-entry into school post-pregnancy. A young mother from Gulu shared her journey: *"I got pregnant in school. A youth champion helped me go back after delivery. Today, I tell other girls not to drop out."* These efforts have been especially effective in curbing repeat pregnancies and supporting adolescents in continuing their education.

3.5.4 Decline in Neonatal Mortality.

Neonatal mortality has reduced from 27 to 22 per 1,000 live births between 2016 and 2022. Champions were involved in educating families on newborn care practices, early warning signs, and advocating for clean deliveries at health facilities. These household-level interventions, particularly in areas with low-skilled health workforce density, have strengthened community-based care and referral systems.

3.5.5 Improved STI and HIV Outcomes.

The Ministry of Health recorded a 10% decline in new sexually transmitted infection (STI) cases between 2019 and 2022. SRHR champions were active in promoting condom use, encouraging early treatment, and fostering safe spaces for discussion. *"When youth come for help, we don't judge. We treat them with respect and link them to services fast,"* said a nurse and champion from Mityana.

Champions also supported HIV prevention efforts, including PrEP & PEP education, testing, and treatment adherence, particularly among key populations. The number of new HIV infections declined from 57,000 in 2016 to 38,000 in 2022. A legal aid advocate from Kampala explained, *"Many young men who have sex with men avoid clinics out of fear. We meet them where they are and connect them to friendly providers."*

3.5.6 Legal Empowerment and Rights Awareness.

The 2022 Uganda Legal Aid Baseline Report found that only 15% of Ugandans were aware of their reproductive health rights. SRHR champions addressed this through public radio programs, legal aid clinics, and community dialogues. These activities have encouraged individuals especially women, youth, and LGBTQ+ persons to ask questions and assert their rights. As a female legal

SRHR champion in Masaka said, *"Women now ask questions like: 'Do I have a right to say no?' That's progress."* This growing literacy has contributed to improved autonomy and service uptake.

3.5.7 Increased GBV Reporting and Support.

SRHR champions also played a critical role in combatting gender-based violence (GBV). By setting up referral systems and building trust, they helped survivors seek help and navigate legal and psychosocial services. Community protection structures have expanded in many regions due to these efforts. *"Before, women suffered in silence. Now, with our champions, survivors know where to go for help,"* shared a district probation officer in Lira. This increased reporting has helped facilitate justice and preventive measures in high-risk communities.

3.5.8 Positive Shifts in Community Perception.

Champions have positively influenced religious and cultural attitudes toward SRHR. In communities previously resistant to family planning or open gender discussions, there was a 20% increase in acceptance of contraceptive use and gender equality initiatives from 2018 to 2023 (Social Attitudes Survey, 2023). One community leader said, *"Some religious leaders now encourage their congregations to learn and protect their health."*

3.5.10 Reduction in Stigma and Discrimination

SRHR champions contributed to a 25% reduction in reported stigma toward LGBTQ+ individuals and sex workers in community surveys conducted in 2022 (Uganda Stigma Index, 2023). Peer counseling and visibility campaigns helped foster safer environments. A peer counselor explained, *"Seeing us living openly and supporting one another breaks fear and isolation."*

3.5.11 Safety, Security, and Emergency Response for Key Populations

Champions' emergency response initiatives reduced the average time to legal or psychosocial support for key populations in distress from 14 days to under 7 days in several districts (NGO Case Management Data, 2023). A legal advocate remarked, *"We accompany KPs to report abuses and help them navigate the justice system, ensuring safety and dignity."*

3.6 Effectiveness of the SRHR champions.

The study highlights that SRHR champions have not only influenced legal and policy reforms but have been exceptionally effective in using strategic communication campaigns to counteract negative narratives around sexual and reproductive health and rights (SRHR). Through their diverse roles ranging from legal advocacy and healthcare provision to media engagement, religious leadership, and youth activism champions have reshaped public discourse, reframing SRHR as an essential human rights and public health issue as described in the sub-sections below:

3.6.1 Effectiveness of Communication Campaigns in Countering Negative Narratives.

Communication campaigns led by SRHR champions have been pivotal in challenging misinformation, stigma, and cultural resistance surrounding SRHR. Approximately 62% of

respondents recognized champions' efforts through radio programs, community dialogues, social media, and drama performances as influential in changing minds and fostering open discussions. These campaigns addressed myths related to contraception, HIV, gender equality, and LGBTQ+ rights, successfully reframing these topics within human rights and health frameworks.

As one media champion from Mbale noted, *"Our storytelling through radio and theatre helps people see SRHR issues as part of their everyday lives, not something taboo or shameful."* This narrative shift has been crucial in gaining community acceptance and encouraging service uptake. Data from the Uganda Stigma Index (2023) corroborate this, showing a 25% reduction in stigma-related attitudes in areas with active champion-led communication efforts.

3.6.2 Tangible Legal and Policy Reforms.

Alongside communication strategies, SRHR champions have advanced inclusive legal frameworks and dismantled discriminatory policies. Nearly half (47%) of respondents were aware of legal education campaigns and strategic litigation led by champions, notably contributing to the partial nullification of the Anti-Homosexuality Act's repressive provisions. Champions also influenced revisions to the National HIV/AIDS Strategic Plan to explicitly include key populations such as sex workers and LGBTQ+ persons.

A Legal Aid Movement representative emphasized, *"Litigation and public education campaigns together have challenged abuse and misconceptions, ensuring marginalized groups are recognized in national policies."* These successes illustrate how communication and legal advocacy mutually reinforce each other to protect rights and reshape policy priorities.

3.6.3 Policy Engagement and Political Will.

Champions have fostered sustained dialogue with policymakers, resulting in increased political will to support SRHR. Over one-third (35%) of legal and human rights respondents reported collaboration with government officials, facilitating legislative dialogues, technical briefings, and public forums. These engagements contributed to commitments from the Ministry of Health and Uganda AIDS Commission to enhance adolescent and key population SRHR services. Champions' communication campaigns have also helped frame SRHR as a non-partisan public good, enabling reforms in parliamentary processes and embedding SRHR more firmly within Uganda's human rights and public health agenda.

3.6.4 Institutional Integration and Health System Reform.

The champions' communication efforts have complemented health system reforms by promoting youth-friendly, inclusive, and non-discriminatory service delivery. Seventy-five percent of respondents acknowledged improved access to contraceptives and SRHR services attributed to champions' outreach and messaging. Additionally, 52% reported capacity-building trainings that improved healthcare providers' attitudes toward adolescents and LGBTQ+ clients, resulting in more empathetic and rights-based care. As one healthcare worker shared, *"When champions*

educate communities, they also help us provide services that respect clients' dignity and choices." These community-informed approaches align with global evidence affirming the role of culturally competent communication in health outcomes.

3.6.5 Community-Level Social Norm Shifts.

Communication campaigns have driven significant social norm changes. Eighty percent of respondents noted increased community acceptance and understanding of SRHR topics, while 68% linked champions' advocacy to greater awareness of gender equality and GBV prevention. Through dialogue facilitation and public sensitization, even traditionally conservative groups, including religious leaders, have become more open to discussing SRHR. One champion from Mbale remarked, *"People now ask questions instead of staying silent, and religious leaders are part of the conversation. This is a huge cultural shift."* These outcomes demonstrate how effective messaging can foster inclusive dialogue and reduce entrenched stigma.

3.6.6 Emergency Response, Safety, and Legal Protection.

Champions' communication networks also serve as critical early warning systems for safety threats to key populations. Thirty-one percent of respondents reported that champions facilitated emergency legal aid, shelter, and referrals via rapid information-sharing channels. These campaigns raise awareness about rights violations and provide trusted pathways to protection.
A Legal Aid advocate highlighted, *"Our timely alerts through community networks have saved lives and helped vulnerable individuals escape harm."* This underscores the indispensable role of strategic communications in safety and rights protection.

3.6.7 Enhancing SRHR service access.

The champions among health workers have instrumental in creating friendly environment that enables vulnerable and marginalized groups such as adolescents, LGBTQs and sex workers to access services without fear of judgement and discrimination. This is because the champions have been trained and sensitized by the SRHR partners on creating friendly and supportive environment for the martialized groups.

Despite the above successes, the study found out that the influence of most SRHR champions are either short-live or very minimal due to the following reasons:

a. **Project-Based Operation:** Many SRHR champions operate predominantly within the confines of specific projects or campaigns. Their active engagement tends to be limited to the duration of these projects, often focusing solely on facilitating activities during implementation periods. Once the project concludes, their influence diminishes or ceases altogether. This project-dependent approach results in a temporary impact, making it challenging to sustain long-term change or establish continuous advocacy and community engagement on SRHR issues beyond the project's lifecycle.

b. **Negative Examples and Inconsistencies:** Some champions fail to serve as positive role models, which undermines their credibility and the messages they promote. For example, peer educators among youth who are involved in pregnancies or where boys impregnate girls often promote condom use and safe sex practices, despite their personal circumstances contradicting these messages. Such inconsistencies lead community members to question the effectiveness of condom use and other SRHR interventions, thereby weakening community trust and the overall impact of advocacy efforts.

c. Fear of Negative Perception: Many SRHR champions hesitate to speak openly about sensitive issues due to concerns about community backlash or negative perceptions. They often avoid addressing contentious topics such as contraception, abortion, or LGBTQ rights out of fear of stigmatization or social ostracism. This reluctance limits their ability to influence public opinion and hampers comprehensive SRHR advocacy, ultimately constraining progress in shifting community attitudes and understanding.

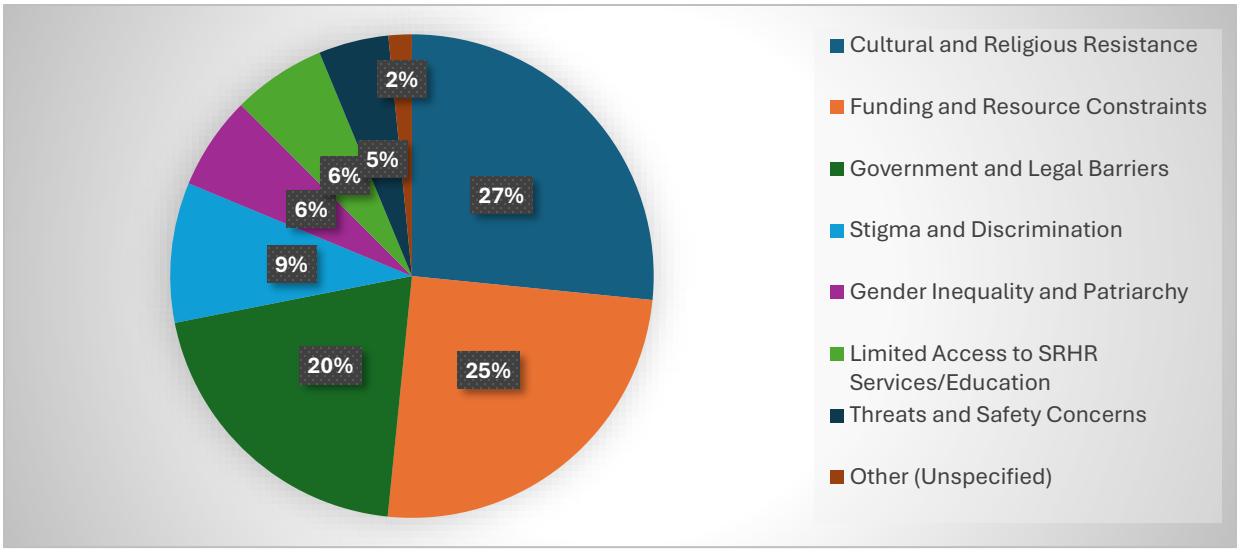
d. **Migration and Mobility:** Peer educators and other key population representatives frequently experience high levels of mobility, whether due to personal circumstances, employment opportunities, or social factors. This constant movement affects their ability to maintain consistent engagement with the community and sustain SRHR advocacy efforts. Their transient nature hampers the development of trust and continuity necessary for effective influence on community perceptions and behaviours related to SRHR.

e. **Limited Knowledge and Misinformation:** Some champions lack adequate training and access to comprehensive information on SRHR topics, leading to the dissemination of incorrect or incomplete messages. This knowledge gap is especially problematic concerning sensitive issues such as LGBTQ rights, safe abortion services, and contraceptive access. When champions provide inaccurate information, it can reinforce misconceptions, stigmatize certain groups, and undermine community trust in SRHR services and messaging.

f. **Religious and Cultural Sentiments:** Religious beliefs and cultural norms significantly influence the attitudes of many SRHR champions. Due to their deeply held convictions, they often experience reservations about engaging openly with contentious issues like abortion, contraception, and LGBTQ rights. These sentiments hinder their willingness or ability to advocate for comprehensive SRHR policies and services, thus limiting the scope of advocacy and impeding efforts to promote inclusive and rights-based SRHR narratives within their communities.

3.7 Barriers and Gaps affecting the SRHR champions' work.

The study revealed that as much as champions play a critical role in shifting public attitudes, educating communities, and advocating for inclusive health policies, they face several systemic, cultural, and personal challenges that limit the effectiveness and reach of their work.



3.7.1 Cultural and Religious Resistance.

Cultural traditions and religious beliefs remain among the most significant obstacles for SRHR champions' work in advancing SRHR positive narratives in the public domain. Many communities hold conservative views that frame discussions on contraception, abortion, and LGBTQ+ rights as immoral or contrary to societal values. Champions mentioned that they often find themselves labeled as outsiders or enemies of tradition, which can isolate them socially and impede their outreach efforts. *"The moment you mention 'abortion' or 'LGBTQ', you risk being seen as a sinner or an enemy to tradition and religion."* – SRHR Champion. This resistance not only limits public dialogue but also influences service uptake, as people fear community backlash for seeking SRHR information or care.

3.7.2 Funding and Resource Constraints.

Financial and logistical limitations severely restrict champions' capacity to conduct widespread and sustained campaigns. Many operate on small or irregular budgets that affect their ability to produce educational materials, organize outreach events, or use diverse communication platforms. *"There's passion but no fuel. We often want to do more, but we lack facilitation."* Youth Peer Educator. Without steady funding, activities become short-term and fragmented, weakening the consistency and impact of SRHR messaging.

3.7.3 Government and Legal Barriers.

While some legal protections exist, champions face challenges from restrictive laws and inconsistent policy enforcement. This is especially true in contexts where laws criminalize behaviors or identities related to sexual health, such as LGBTQ+ rights or abortion. *"Even when*

policies exist, their interpretation and implementation are often regressive." – Legal Advocate. Additionally, lack of clear guidelines and political will results in insufficient institutional support for SRHR programs, limiting champions' ability to scale their initiatives or influence policy reform.

3.7.4 Stigma and Discrimination.

Stigma remains a formidable barrier, especially for marginalized groups like LGBTQ+ individuals and young women seeking family planning. Fear of judgment and discrimination at health facilities discourages many from accessing services. *"Many fear accessing services because they are judged or mistreated at facilities."*–SRHR Champion. Champions must work not only to educate communities but also to sensitize healthcare providers to offer nonjudgmental, respectful care.

3.7.5 Gender Inequality and Patriarchy.

Patriarchal norms continue to restrict women's autonomy over their sexual and reproductive health decisions. Gender-based power imbalances can limit women's ability to access contraception or report gender-based violence, undermining champions' advocacy efforts.

3.7.6 Limited Access to SRHR Services/Education.

Geographical and infrastructural barriers restrict access to SRHR services, especially in rural and hard-to-reach areas. Champions often struggle to bridge these gaps due to limited resources and logistical support.

3.7.7 Threats and Safety Concerns.

Some champions face hostility, intimidation, or even threats due to their work challenging entrenched norms and powerful interests. *"At the beginning, I received threats from my own community – they thought I was promoting immorality."*–Field-based Advocate. Over time, professional training and building community trust have helped reduce these risks, but safety concerns remain a real challenge.

3.7.8 Other Challenges.

Champions also highlighted gaps in rapid response capacity, noting that urgent community needs sometimes go unmet due to funding delays or lack of emergency resources. *"We know what the community needs, but our hands are tied when there are no funds."*–SRHR Champion

3.8. Lessons Learned.

The study surfaced a variety of practical and strategic lessons that are essential for strengthening the work of SRHR champions and ensuring the long-term success of positive narrative change. These lessons speak to structural, operational, and human-centered aspects of champion engagement.

3.8.1 Structures and Systems Are Essential for Sustainability

A key takeaway from the study is that well-defined structures including coordination mechanisms, referral pathways, and reporting lines are critical to sustaining SRHR work. Champions who operated within organized frameworks (e.g., supported by CSOs or district health offices) showed greater impact and resilience than those working independently. Structured approaches also enabled clearer accountability, regular follow-up, and integration with broader development programs. *"Champions need to be part of a bigger system not just volunteers working in isolation."* **-CSO Representative**

3.8.2 Local/Community-based Champions Are Key Drivers of Change

Champions drawn from the communities they serve were far more effective in shifting attitudes and behaviors around SRHR. Their shared identity, language, and cultural understanding enabled them to engage communities more meaningfully and gain trust. Moreover, local champions can more easily identify emerging needs and tailor interventions to their context.

3.8.3 Resource Limitations Undermine Momentum

Lack of consistent funding remains a major obstacle. Many champions operate on a voluntary basis with minimal support, which limits their mobility, availability of materials, and ability to organize events. This has led to burnout, reduced motivation, and high turnover rates. Sustained resource allocation whether through stipends, transport facilitation, or learning material, necessary to maintain momentum and commitment. *"There's passion, but passion without facilitation burns out."* **Champion, Mbarara**

3.8.4 Training on Professional Conduct and Communication is Vital

Champions repeatedly emphasized the need for initial and ongoing training on how to handle sensitive topics, respond to resistance, and use appropriate language. Knowing how to communicate in a way that is both assertive and respectful helps reduce backlash and promotes productive dialogue, especially in conservative settings. *"Training helped me stop sounding confrontational now I speak their language and still get the message across."* **Champion, Busia**

3.8.5 Standby Legal Support Increases Confidence and Safety

Champions advocating for controversial or legally ambiguous issues (e.g., safe abortion, LGBTQ+ rights) often face threats, arrests, or public defamation. Having legal aid partners on standby and access to emergency support gives champions the confidence to operate safely. Legal actors also provide training on navigating complex laws and ensuring personal safety. *"Knowing someone will back me legally if something goes wrong has made me braver."* **Champion, Kampala**

3.8.6 Safety and Security Must Be Prioritized

Closely linked to legal support is the need for safety protocols, especially in hostile or conservative environments. Champions reported facing verbal threats, social ostracism, and even physical danger. Programs must invest in safety planning, including risk assessments, emergency contacts, digital security, and psychosocial support.

3.9. Comparative Analysis of SRHR Champion Initiatives

This section presents a comparative analysis of documented successful initiatives led by SRHR champions in Uganda and beyond. The analysis highlights unique approaches, lessons learned, critical success factors, and key recommendations relevant to the Transform SRHR project. Data was sourced from partner reports, publications, and case studies.

Table 6: Desk Review Key Findings

Initiative	Uniqueness	Key Lessons	Relevancy to T-SRHR Champions
Power to Youth (Uganda)	Integrated youth-led SRHR messaging into local radio talk shows.	Community radio is an effective medium for youth champions to influence SRHR perceptions.	Highlights peer-led, radio-based SRHR awareness campaigns. Such localized, media-driven approaches are scalable within T-SRHR to reach underserved populations.
Women's Probono Initiative (WPI)	Legal storytelling by women SRHR champions in advocacy spaces.	Personal experiences when shared legally and publicly can shift policy narratives.	Legal storytelling allowed champions to reframe SRHR issues through justice and equity lenses. T-SRHR can incorporate legal and human rights storytelling into communications strategy.
CEHURD's Legal Empowermen t Program	Community paralegals advancing SRHR in hard-to-reach areas.	Legal knowledge increases confidence and sustainability of grassroots SRHR activism.	Identifies the lack of legal knowledge and protection as a barrier. Training community paralegals increased confidence and sustainability. T-SRHR can embed legal literacy and support to reduce champion vulnerability.
Akina Mama wa Afrika – Feminist Leadership Model	Mentorship-driven model developing feminist SRHR champions.	Feminist leadership equips champions to frame rights-based and intersectional narratives.	Champions needed continuous mentorship to remain active and resilient. The absence of this support caused dropouts. TSRHR must plan for long-term mentorship and psychological support.
Get Up, Speak Out (GUSO) Uganda (Rutgers Int'l & SRHR Alliance)	- Youth-led advocacy via peer educators and champions- Intersectional focus on rural youth, LGBTQ+, and youth with disabilities	- Building trust with teachers & faith leaders is critical- Ongoing mentorship outperforms one-off training	Demonstrates the power of multi-tier mentorship, SMS-based feedback systems, and community trust-building with authority figures (e.g., teachers, religious leaders). We can adopt similar mentorship systems and digital tools to strengthen champion engagement and track community response.
My Body, My RightsEast Africa	SRHR framed explicitly as a human rights issue	- Rights-based framing enhances acceptability in restrictive contexts-	Increased policy-maker empathy scores by 40% and enabled 60% legal case resolution from hotline referrals. These

(Amnesty Int'l)	Champions' personal testimonies to break taboos on abortion & sexual violence	Lived-experience storytelling drives emotional engagement	outcomes suggest that champion-driven advocacy affects both policy and individual service access.
Tuseme! (Let's Speak Out!)Tanzania (FAWE)	School-based integration of champions into drama & debate clubs- Merges artistic expression (poetry, theatre) with SRHR education	- Creative platforms yield higher peer engagement- Safe school spaces encourage adolescent openness	Illustrates how creative arts (theatre, poetry, debate) embedded in school environments can unlock youth voice and engagement in SRHR. We can adapt this approach for youth-centered messaging.
Youth Equality Centre (YEC)	Use of digital advocacy by young SRHR champions.	Digital platforms are powerful tools for myth-busting and mobilization.	Showcases digital advocacy as a tool for myth-busting and mobilization among youth. TSRHR can expand social media toolkits and platforms for champions.

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

4.1 Study Recommendations

The following table outlines strategic recommendations derived from the SRHR Champions Study, organized according to the study's four specific objectives. The recommendations are drawn from key findings, lessons learned, and stakeholder consultations.

4.1.1 Selection of SRHR Champion Categories and Approaches.

To maximize impact, the selection of SRHR champions should be carefully tailored to the specific contexts of operation and the issues at hand. This can be achieved through:

1) **Contextual Assessment:** Conduct thorough assessments of local SRHR landscapes before engaging specific categories of champions. Understanding community dynamics, cultural sensitivities, and existing gaps will inform strategic choices of the categories of SRHR champion that would be more effective. Align champions with environments where they can exert the greatest influence, ensuring their skills and positions are optimally utilized.

2) **Learning from Existing Partners:** Leverage insights and experiences from current partners to identify which categories of champions have demonstrated effectiveness within similar settings and contextual SRHR issues. This will ensure that your selection of the categories of SRHR champion to work with are evidence informed.

3) **Harmonize Efforts:** Facilitate regular consultation among partners prior to selecting new champions to prevent duplication, overlaps, and conflicting messages. Establish routine review and coordination meetings to monitor activities, share lessons learned, and prevent champions from becoming overburdened. Develop and maintain a comprehensive database of SRHR champions for easy identification, engagement, and strategic deployment.

4.1.2 Enhancing the Effectiveness of SRHR Champions.

To amplify the impact of champions, strategies should focus on optimizing communication approaches and leveraging trusted voices:

1. **Facilitate tailored communication strategies for the SRHR champions:** Match champions to suitable platforms; media-savvy champions should engage in public forums, while others can influence discreetly behind the scenes, respecting safety concerns and contextual sensitivities.

2. **Prioritize Expert and Influential Leaders as SRHR champions:** Engage respected experts, including academics, clergy, and legal professionals, especially on sensitive issues. Their credibility can shift public discourse and foster trust.

3. **Create mechanisms for Learning and Networking among SRHR champions:** Create platforms for champions to exchange strategies, share successes, and

build solidarity. Such networks can inspire innovation, boost morale, and ensure consistency.

4. **Craft consistent messaging and narratives for SRHR champions:** Develop and disseminate evidence-based, harmonized messages across all champions to shape public narratives effectively. Equip champions with context-specific toolkits, talking points, and guidance to handle sensitive topics and prevent message discrepancies.
5. **Device Long-Term Messaging Strategies for shaping SRHR Narratives:** Reinforce messages through sustained, repetitive communication to influence social norms and counter opposition narratives. Consistency over time is key to shaping lasting change.

4.1.3 Addressing Barriers and Ensuring Sustainable Engagement of SRHR Champions.

To strengthen the overall impact of SRHR champions, it is essential to address existing barriers and promote sustainable practices:

1. **Long-Term Engagement of SRHR champions:** Integrate champions into broader community and national systems to ensure their influence endures beyond short-term projects. Sustained engagement is critical for shifting social norms and improving SRHR narratives that tends to take long to change.
2. **Operational Support and Facilitation to SRHR champions:** Move beyond training by providing ongoing operational support, covering transportation, airtime, safety measures, and community engagement costs tailored to field realities. Adequate facilitation enhances reach, follow-up, and sustained advocacy efforts.
3. **Engage Government-affiliated Champions:** Support and empower champions within government institutions, as their peer influence and authority often lead to more effective advocacy and policy change.
4. **Protection of SRHR champions from risk of attacks:** the TSRHR project partners should strengthen the rapid response mechanisms and legal support to protect SRHR champions involved in high-risk work. Ensuring their safety and offering legal and psychological support will mitigate fears of backlash and abandonment.
5. **Operational Flexibility:** In conservative or high-risk settings, allow discreet and subtle engagement methods. Employing sensitive, context-appropriate strategies can achieve influence without jeopardizing SRHR champions' safety.

4.2 Study Conclusion.

The study highlights the diverse categories of SRHR champions engaged across Uganda's various advocacy movements. These champions include legal experts, political leaders, religious leaders, cultural leaders, peer educators, health workers, police officers, and others. Notably, peer

educators, religious leaders and health workers are among the most consistently engaged across multiple movements, underscoring their vital role in grassroots-level advocacy.

Importantly, the findings emphasize that not all champions are universally effective for every SRHR issue. The effectiveness of the champions depend heavily on their category, context, and the specific SRHR challenge at hand. Therefore, it is crucial for partners to conduct thorough assessments to identify which categories of champions are best suited for particular issues within specific communities.

The study revealed that champions employ a wide array of innovative approaches to raise awareness and shape progressive SRHR narratives. These include community theatre, storytelling, radio talk shows, legal aid camps, mobile outreach clinics, peer-to-peer dialogues, and strategic utilization of digital platforms to amplify inclusive messages. Such approaches have been instrumental in breaking cultural taboos surrounding sensitive topics like menstruation, adolescent sexuality education, and LGBTQ+ inclusion.

The study further demonstrated that effectiveness of communication efforts led by champions were evident in their ability to challenge misinformation, reshape community discourse, and create safe spaces for dialogue. Successful strategies included coordinated radio shows, social media engagement by youth champions, religious sermons addressing reproductive health, and strategic media participation during national debates. However, several factors have constrained the full potential of these communication strategies. Challenges such as inconsistent messaging, champions not exemplifying the SRHR behaviours they promote, and fears or lack of appropriate information on sensitive issues have limited their impact.

Furthermore, the study underscores the critical role of respected community figures, such as religious leaders, healthcare providers, and legal experts in creating credibility and legitimacy to SRHR messages. Their involvement has proven essential in bridging divides and fostering acceptance of controversial topics. For instance, messages from religious leaders on HIV prevention and family planning tend to be more widely accepted within their communities than those from external or less trusted sources.

Finally, the study provides compelling evidence that success of SRHR advocacy in Uganda hinges on strategic, contextually grounded engagement of diverse groups SRHR champions and ensuring credible voices from respected community figures. Tailoring interventions to local realities and fostering community trust remain pivotal in advancing inclusive and sustainable SRHR outcomes.

CHAPTER 5: REFERENCES AND ANNEXES

5.1 References

5.1.1 Reports and Evaluations

1. *Rutgers International & SRHR Alliance Uganda. (2022). Get Up, Speak Out (GUSO) Project Mid-Term Review Report. https://www.rutgers.international*
2. *Amnesty International. (2021). My Body, My Rights: East Africa Campaign Summary and Evaluation. https://www.amnesty.org/en/documents/afr01/3083/2020/en/*
3. *FAWE Tanzania. (2022). Tuseme! Programme Impact Assessment Report. https://www.fawe.org*
4. *Uganda Bureau of Statistics (UBOS). (2022). Demographic and Health Survey Highlights. https://www.ubos.org*
5. *UNFPA Uganda. (2023). Strengthening SRHR Champions: A Strategic Framework. https://uganda.unfpa.org*
6. *Women's Protection Initiative (WPI). (2023). Case Documentation: Community Justice and SRHR Access. https://www.wpiuganda.org*
7. *Ubuntu Network. (2023). Grassroots SRHR Advocacy Practices and Community Impact. https://www.ubuntu.ac.ug*
8. *Ministry of Health Uganda. (2020). National Sexual and Reproductive Health Policy. https://www.health.go.ug*
9. *Legal Aid Movement. (2024). Safety and Legal Protocols for SRHR Advocates. https://legalaidmovementsuganda.org*
10. *Interviews and Surveys. (2025). Champion Feedback, Field Notes, and Thematic Data from Mbarara, Wakiso, Busia, Ntungamo, and Kampala Districts.*

5.1.2 International Sources and Online Publications

11. *World Health Organization. (2019). Maternal mortality. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality*
12. *United Nations Population Fund (UNFPA). (2022). State of World Population 2022. https://www.unfpa.org/swop-2022*
13. *World Health Organization. (2021). Adolescent health (https://www.who.int/health-topics/adolescent-health)*
14. *UNAIDS. (2023). Global HIV & AIDS statistics — Fact sheet (https://www.unaids.org/en/resources/fact-sheet)*
15. *World Health Organization. (2021). Violence against women: Prevalence estimates (https://www.who.int/publications/i/item/9789240029721)*
16. *Guttmacher Institute. (2023). Abortion policies and access (https://www.guttmacher.org/united-states/abortion-policies-and-acc)*
17. *Uganda Bureau of Statistics (UBOS) & ICF. (2021). Uganda Demographic and Health Survey (UDHS) 2021. https://www.ubos.org)*
18. *UNAIDS. (2023). Uganda HIV/AIDS Fact Sheet (https://www.unaids.org/en/regionscountries/countries/uganda)*
19. *UNICEF. (2023). Child Marriage in Uganda: Statistics and Analysis (https://www.unicef.org/uganda/reports)*

5.2 Annex: Summary of Recommendations

Key Issue	Recommended Action	Rationale (Lessons/Findings)	Responsible Actor(s)
Under Objective 1; Successful strategies used by SRHR champions			
Aligning Champions to Contexts of Operation	Match champions to environments where they can have the most influence, media-savvy champions to public platforms, others to discreet spaces.	Some champions cannot speak publicly due to risks. Their value lies in quieter, behind-the-scenes influence.	Program Managers, Implementing Partners, Champion Network Leads
Strategic Use of Expert and Influential Champions	Prioritize expert champions (academics, clergy, lawyers) for sensitive SRHR issues. Their credibility helps shift public opinion more effectively.	Expert and trusted champions influence public dialogue more effectively.	Communications Leads, CSOs, Religious Councils
Champion Coordination and Harmonization	Develop centralized coordination to avoid duplication and overburdening of champions.	Uncoordinated engagement by partners causes confusion and inefficiency.	Coalition Coordinators, MOH, UN Agencies
Peer Learning and Linkages	Create platforms for champions to exchange strategies and build solidarity.	Improves innovation, morale, and consistency in champion efforts.	NGOs, SRHR Alliances, Development Partners
Consistency in SRHR Narrative	Develop and disseminate unified, repeated, and evidence-based messaging across champions to shape public discourse consistently over time.	Inconsistent messaging weakens narrative impact and trust.	Communications Experts, Media Liaisons, Partner Agencies
Under objective 2; Tangible outcomes on SRHR indicators			
Sustainable Function of Champions	Engage champions long-term through integration into community/national systems.	Short-term engagements limit influence on social norms and indicators.	Donors, National Coordinators, Policy Makers
Champion Operational Support and Facilitation	Move beyond training to fund operational needs (transport, airtime, safety, community meetings). Facilitation should reflect champions' field needs.	Lack of operational support restricts reach and follow-up.	Project Finance Teams, Grants Managers, Partner NGOs
Under Objective 3; Effectiveness of communications' campaigns			
Strategic Messaging Support	Equip champions with context-appropriate toolkits, talking points, and guidance to handle sensitive topics and avoid message inconsistencies.	Prevents misinformation and enhances message delivery.	SRHR Communication Teams, National Health Educators

Engagement of Government-affiliated Champions	Support champions within government to influence from within.	Government insiders have stronger influence among peers and public.	Government Liaison Officers, MOH, Local Governments
Consistency in Messaging Over Time	Ensure long-term message repetition to shape public narrative.	Opposition groups succeed through consistent, repetitive narratives. Adopting the same mechanism is a plus.	SRHR Campaign Planners, Media Houses, Advocacy Coalitions
Under Objective 4; Understanding obstacles faced by champions			
Guarantee of Protection and Risk Support	Partners must ensure rapid response mechanisms, legal support, and protection for champions involved in high-risk SRHR work. This includes visible allyship during crises.	Champions fear abandonment and backlash when taking risks.	Protection Agencies, Legal Aid Organizations, Donors
Operational Flexibility for Sensitive Contexts	Allow discreet engagement methods for champions in conservative settings.	Subtle influence can be more effective in high-risk environments.	Project Leads, Champion Network Coordinators

5.3 Annex: Data Collection Tools

COMMUNITY SURVEY ON SRHR AWARENESS AND PERCEPTIONS.

Dear Champion,

Thank you for taking the time to participate in this survey,

This survey aims to gather perspectives on Sexual and Reproductive Health and Rights (SRHR) issues, the effectiveness of SRHR champions, and how these narratives influence awareness and behavior in Uganda. Your responses will help shape future SRHR initiatives and improve outreach strategies.

Confidentiality: All responses are confidential and will be used solely for research purposes.

Instructions:

- Please answer all questions as honestly as possible.
- Select the option that best applies or provide a brief written answer when requested.
- The survey should take approximately 10–15 minutes to complete.

☑ I consent to participate in this survey.

Section 1: Demographic Information

1. **Age:**
    - ☐ Under 18
    - ☐ 18–24
    - ☐ 25–34
    - ☐ 35–44
    - ☐ 45–54
    - ☐ 55 and above
2. **Gender:**
    - ☐ Male
    - ☐ Female
    - ☐ Prefer not to say
    - ☐ Other: _____
3. **Education Level:**
    - ☐ No formal education
    - ☐ Primary

- ☐ Secondary
- ☐ Tertiary (College/University)
- ☐ Postgraduate

4. **Location/Region:**
   - _____

Section 2: SRHR Awareness and Information Sources

5. **How would you rate your awareness of SRHR topics?**
   - ☐ Very high
   - ☐ High
   - ☐ Moderate
   - ☐ Low
   - ☐ Very low
6. **Have you heard of SRHR champions in your community?**
   - ☐ Yes
   - ☐ No
7. **What are your primary sources of SRHR information?** (Select all that apply)
   - ☐ Radio
   - ☐ Television
   - ☐ Social Media
   - ☐ Community meetings
   - ☐ Healthcare facilities
   - ☐ Friends/Family
   - ☐ Other: _____

Section 3: Perceptions of SRHR Narratives

8. **How positive or negative do you find the information about SRHR available in your community?**
   - ☐ Very positive
   - ☐ Somewhat positive
   - ☐ Neutral

- ☐ Somewhat negative
- ☐ Very negative

9. **In your opinion, how effective are the efforts of SRHR champions in promoting accurate and positive SRHR narratives?**
   - ☐ Very effective
   - ☐ Effective
   - ☐ Somewhat effective
   - ☐ Not effective
   - ☐ Unsure
10. **What are the key SRHR issues you believe affect young people in your community?**
    (Open-ended response)
    - _____

Section 4: Feedback and Recommendations

11. **What work have you observed or experienced being done by SRHR champions in your community?**
    (Open-ended response)
    - _____
12. **What are the key challenges you think SRHR champions face in advancing positive narratives?**
    (Open-ended response)
    - _____
13. **What recommendations would you offer to improve SRHR awareness and advocacy in your community?**
    (Open-ended response)
    - _____
14. **Please share one or two success stories or positive experiences related to SRHR initiatives in your community (if any):**
    (Open-ended response)
    - _____

Please click "Submit" when you have completed the survey.

FOCUS GROUP DISCUSSION (FGD) GUIDE

1. Introduction and Consent:

Good [morning/afternoon].

Thank you for taking the time to speak with us. My name is _____, and I am conducting this interview as part of **SRHR Alliance Uganda** *study on the effectiveness of SRHR champions in promoting positive narratives in Uganda."*

Purpose of the Interview:
"The purpose of this session is to understand your experiences, strategies, challenges, and recommendations regarding your SRHR work in the community. Your insights will help inform strategies to improve SRHR programs and policies."

Confidentiality Statement:
"Your responses will remain confidential and will not be attributed to you by name. The information gathered will only be used for research purposes."

Consent Request:
"May I proceed with this interview? Also, do you consent to this session being audio-recorded for accuracy?"
☐ Yes
☐ No

2. Opening Questions (Icebreaker) (10 minutes)

1. Please introduce yourself and briefly describe your role as an SRHR Champion.
2. What motivated you to become involved in SRHR advocacy?

3. Key Discussion Themes

A. SRHR Issues and Champion Work (20 minutes)

- **Key SRHR Issues:**
  - What are the most pressing SRHR challenges facing young people in Uganda today?
- **Your Work as an SRHR Champion:**
  - What initiatives or activities have you been involved in as an SRHR Champion?
- **Success Stories:**
  - Can you share one or two success stories that demonstrate the impact of your work?

B. Strategies and Approaches for Advancing Positive Narratives (20 minutes)

- **Approaches and Methods:**
  - What key strategies or approaches do you use to promote positive SRHR narratives (e.g., storytelling, social media campaigns, community dialogues, advocacy campaigns)?
- **Impact on Perceptions:**

- How do these strategies influence community perceptions and help reduce stigma around SRHR?

C. Learnings, Challenges, and Recommendations (20 minutes)

- **Key Learnings:**
  - What important lessons have you learned from your work as an SRHR Champion?
- **Challenges:**
  - What systemic, cultural, or operational challenges have you encountered that hinder your efforts?
- **Recommendations:**
  - What recommendations would you make to strengthen and scale SRHR initiatives for greater impact?
  - How can collaboration with government, NGOs, and other stakeholders be enhanced?

4. Closing and Wrap-Up (10-15 minutes)

- **Final Thoughts:**
  - Ask participants for any additional comments or recommendations.
- **Summary:**
  - Summarize the key points discussed during the session.
- **Next Steps:**
  - Explain how the findings will be used and inform any potential follow-up sessions.
- **Appreciation:**
  - Thank the participants for their time and valuable insights.

Closing the Discussion:

Thank you all for your valuable contributions.

IN-DEPTH INTERVIEW (IDI) GUIDE

Names: _____ **Role/Title:** _____
Institution: _____ **Date:**
_____/_____/_____

1. Introduction and Consent:

Good [morning/afternoon].

Thank you for taking the time to speak with us. My name is _____, and I am conducting this interview as part of SRHR Alliance Uganda *study on the effectiveness of SRHR champions in promoting positive narratives in Uganda."*

Purpose of the Interview:
"The purpose of this interview is to understand your experiences, strategies, challenges, and recommendations regarding SRHR advocacy. Your insights will help inform strategies to improve SRHR programs and policies."

Confidentiality Statement:
"Your responses will remain confidential and will not be attributed to you by name. The information gathered will only be used for research purposes."

Consent Request:
"May I proceed with this interview? Also, do you consent to this session being audio-recorded for accuracy?"
☐ Yes
☐ No

2. Background Information

- Can you please describe your current role and how you are involved with SRHR initiatives?
- How long have you been engaged in SRHR advocacy, and what motivated you to take on this role?
- What are the key SRHR issues you observe affecting young people in your community?

3. In-Depth Discussion Themes

A. Strategies and Approaches

- **Strategies:**
  - What specific strategies do you employ to advance positive SRHR narratives?
  - Which channels (e.g., social media, community dialogues, public campaigns) have proven most effective in your experience?

- **Approaches:**
    - How do you tailor your messaging to address cultural norms and reduce stigma around SRHR?
    - Can you describe any innovative approaches you have implemented in your advocacy work?

B. Experiences and Success Stories

- **Work & Impact:**
    - What work have you been doing as an SRHR champion? Please provide details on key initiatives.
    - Could you share one or two success stories that illustrate the positive impact of your work?
- **Learnings:**
    - What key lessons have you learned from your experience in advancing SRHR narratives?
    - How have these learnings shaped your approach to advocacy and program implementation?

C. Challenges and Barriers

- **Challenges:**
    - What are the main challenges or obstacles you face in your role as an SRHR champion?
    - How do systemic, cultural, or operational barriers affect your efforts in promoting positive SRHR narratives?
- **Overcoming Challenges:**
    - What strategies have you found effective in overcoming these challenges?
    - In your opinion, what support is most needed from stakeholders or policy makers to help address these barriers?

D. Recommendations for Strengthening Initiatives

- **Scaling Impact:**
    - What recommendations do you have to further strengthen and scale SRHR champion initiatives?
    - How can collaboration with government agencies, NGOs, and community groups be enhanced?
- **Future Directions:**

- What changes or innovations do you envision for the future of SRHR advocacy in Uganda?
- How can the role of SRHR champions evolve to meet emerging needs in the community?

4. Closing

- **Final Thoughts:**
  - Ask if there are any additional insights or recommendations they would like to share.
- **Summary:**
  - Recap the key points discussed and thank the participant for their valuable time and input.
- **Next Steps:**
  - Explain how the information will be used in the study and whether any follow-up interviews or clarifications will be needed.

5. Interviewer Notes

- Use probing questions to explore responses in depth.
- Ensure the conversation remains conversational and flexible to capture nuanced insights.
- Record or take detailed notes (with participant consent) to ensure accuracy.
- Be prepared to adjust the guide based on emerging themes during the interview.

Thank you for sharing your experiences and insights.

"We appreciate your time and contributions."

KEY INFORMANT INTERVIEW (KII) GUIDE

Names: _____ **Role/Title:** _____
Institution: _____ **Date:**
_____/_____/_____

1. Introduction and Consent:

Good [morning/afternoon].

Thank you for taking the time to speak with us. My name is _____, and I am conducting this interview as part of **SRHR Alliance Uganda** *study on the effectiveness of SRHR champions in promoting positive narratives in Uganda."*

Purpose of the Interview:
"The purpose of this interview is to understand your experiences, strategies, challenges, and recommendations regarding SRHR advocacy. Your insights will help inform strategies to improve SRHR programs and policies."

Confidentiality Statement:
"Your responses will remain confidential and will not be attributed to you by name. The information gathered will only be used for research purposes."

Consent Request:
"May I proceed with this interview? Also, do you consent to this session being audio-recorded for accuracy?"
☐ Yes
☐ No

2. Background Information

- Could you please describe your role and your involvement with SRHR initiatives in Uganda?
- How long have you been engaged in SRHR-related work, and what specific areas have you focused on?

3. Key Discussion Areas

A. Strategies for Advancing SRHR Narratives

- What key strategies do you believe SRHR champions use to promote positive narratives about sexual and reproductive health rights?
- How effective are these strategies in changing perceptions and reducing stigma within communities?

B. Impact and Successes

- Can you share any examples or success stories where SRHR champions made a notable impact on SRHR awareness or attitudes?

- In your view, what are the critical factors that contributed to these successes?

C. Challenges and Barriers

- What are the main systemic, cultural, or operational challenges that SRHR champions face in their advocacy efforts?

- How do these challenges affect the overall impact of their work?

D. Key Learnings and Recommendations

- Based on your experience, what key lessons have emerged from SRHR champions' initiatives?

- What recommendations would you offer to strengthen and scale up SRHR initiatives for broader impact?

- How can stakeholders, including government and NGOs, better support SRHR champions?

E. Future Directions

- What changes do you envision in the SRHR landscape in Uganda over the next few years?

- How can the role of SRHR champions evolve to meet emerging needs and opportunities?

4. Closing

- **Final Thoughts:** Ask if the interviewee has any additional insights or recommendations they would like to share.

- **Summary:** Summarize the main points discussed and thank the interviewee for their time and valuable contributions.

- **Next Steps:** Explain how the information will be used and outline any follow-up actions if applicable.

Thank you for sharing your experiences and insights.

"We appreciate your time and contributions."

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