embibo
gender initiative

Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE

AMBASSADE DE FRANCE
EN OUGANDA

Feminist Rural Academy Hand Book For
Embibo Gender Initiative 2023

CEHURD
social justice in health

WWM
WOMEN WITH A MISSION

NILE GIRLS FORUM
HOPE RENEWED

Table of Contents

1.0 LESSON 1: INTRODUCTION.

Objectives;

At the end of the session, the participants will be able to:

1. Get to know each other.
2. Set expectations and community goals.
3. Evaluate prior knowledge on key concepts.
4. Clearly understand gendered in equalities.

Time allotment:
45 mins

Materials–

- PowerPoint presentation of the topic
- LCD projector – Laptop
- Handouts of women galore.
- Printed copies of the gender in equality chart
- Photos of Ugandan women printed out.
- Flip charts
- Markers
- Sticky notes

Training methods:

Games, Plenary discussions and evaluation.

Preparation

- Read the session completely before teaching this lesson.
- Make copies of the women galore stories and translate if needed.
- Make copies of Ugandan successful women.

Session outline:

1. Game- Getting to know each other- 10 mins
2. Setting expectations and community rules- 5 mins
3. Pre-evaluation for the training- 10 mins
4. Discussion: Understanding gender inequality - 20 minutes:

Lesson 1: Introduction

1.1 Game-Getting to Know each other

Instructions

Start the session by Introducing the training explaining Embibo (Organizational) and project background as well as what **FERA (Feminist Rural Academy)**

Objectives are;

a. Tell participants to walk around the room. At some point stop them and tell them to find a partner to talk to.

b. Ask for the name of the person. Preferably someone they don't already know or someone that has caught their eye.

c. Instruct them to take it in turns to talk without interruption.

d. Listener only listens. Don't try too hard to get someone you want to be with. Think of it as throwing dice and you get who you get.

e. Mix with people from other place / you don't know as much as possible

f. Discuss the following questions:

- Something that has made you sad today
- Something that has made you happy
- Something you love about being a woman
- Something you like about your body
- Something challenging that you have ever done

g. You give them the topic to be discussed and time for about 60-90 seconds. Then stop the conversation and give the second person a chance to talk for 60-90 seconds.
h. Do this for about 5 rounds.
i. You can make up the possible questions you can use, according to the situation you are dealing with.

1.2 Setting expectation and community rules :

Instructions:

Explain to the participants that today we are going to be a community, we will eat together, cry together and learn together.

a). What are some of the things that you expect from us by the endo f the sessions?

b. Explain what you expect from them too and then set rules (These may include things like keeping time, clean environment, low voice etc.).

c. Ask members to vote for community leaders including a chair person and time keeper.

It's also important to underline that it is a space of trust, that the space must be respected, we must all look after each other and encourage the effective partic-ipation of everyone during the activities that have been organized.

1.3 Pre-evaluation for the training :

Instructions:

Either give out pre-evaluation forms to participants or give out sticky notes where they will answer each question and stick it on the flip chart with the questions. Ask the following questions:

- What is gender?
- What is feminism?
- Which laws are you aware of that support women empowerment and keep women safe?
- What are the issues under Sexual Reproductive Health and Rights?
- What advocacy skills are you aware of?

1.4 Discussion: Understanding gender inequality:

In order to get an understanding of structural in equalities in gender. In a Q and A, ask participant a question from the chart and ask them to answer who is more likely to and can only say male or female but not both. After each round of answers, ask a participant to explain why they chose that answer:

Household	Household	Resource	Opportunities
Takes care of children	Political leadership	Owns land	Goes to University
Washes clothes	Works in top management (boss)	Owns cattle and goats	Access a loan above 2 million
Cleans house	Sells crop produce	Owns radio and TV	Travels in a plane to Dubai
Cooks food	Works in a organization	Owns buildings	Is employed gain fully
Pays house bills	Works in a business	Owns a car	Go to hospital
Fetches water	Get a salary above 500,000 ugx	Owns motorcycle	Makes decisions on sex and family
Irons clothes	year with less leave	Owns a tractor	Inherits property
Digs / cultivates and harvests	Is self employed	Owns a phon	Respected when speaks

After the session, ask participants:

- To tally each column counting which has more males and females.
- Inform participants that although gender norms always seem harm- less and natural, they have real impact on women and men and are within a system called patriarchy. They are seldom based on natu ral but rather man-made systems that one side have un checked power over the other.

2.0 LESSON 2: FEMINISM 101

Objectives;
At the end of the session, the participants will be able to:

1. Clearly understand feminism and its type.
2. Understand feminism and gender practical application to Ugandan policies and legal framework to their communities.

Time allotment:
One hour and 45 mins

Materials –
- PowerPoint presentation of the topic
- LCD projector – Laptop
- Handouts of women galore.
- Photos of Ugandan women printed out.
- Rivers and bridges game and facilitation manual.

Training methods:
Lectures, group work, games, storytelling, gallery walks.

Preparation:
- Read the session completely before teaching this lesson.
- Read and master the Rivers and Bridges game facilitation.
- Make copies of the women galore stories and translate if needed.
- Make copies of Ugandan successful women.

Session outline:

1. Game- Rivers and Bridges- 15 mins
2. Lecture- Introduction to feminism- 10 mins
3. Gallery walk- Walking with Great Ugandan Women- 10 mins
4. Lecture / group work- Feminism Schools of thought – 30 mins.

5. Story telling- Feminist Activism and advocacy- 30 mins
6. Reflection-Ideology Clarity-10 mins.

2.1: Rivers and Bridges.

Make sure to read the rivers and bridges facilitation manual to carry out this session. Make sure to ask reflective questions through out and after the game.

2.2: Lecture – Introduction to feminism:

Lecture Notes:

Start the session by asking participants to answer the following questions:

- Anuradha Ghandy, Philosophical Trends in the Feminist Movement.

What they feel is the main issue that women and other minorities such as as navigate on a daily basis?

- If they have heard of feminism or a feminist and what they have hād?
- Make sure to use the facilitator notes to fully answer all queries.

(NB: If you realize that participants are un aware of the concepts, please just continue to the explanation below).

What is Feminism?

Chimamanda Adichie, defines Feminism as the struggle for "the social, economic, and political equality of the sexes. Equality does not 50/50 but having a world in which every person can achieve their full potential and have access to basic needs catered to their needs.

Feminists recognize that women and other minorities like those that are disabledpoor, black, of certain religions, have opposing political beliefs, speak a different language, different tribe, from a rural rather than urban area can often be denied access to the same treatment and opportunities and their goal is to make sure that there is a levelled field.

It rejects the idea that just because someone is a man or was born one that he holds power over women naturally or deserves more chances to having a productive lifeand instead asks that the world is changed to cater for everyone's needs for example providing ramps in hospitals for everyone to access a health facility.

Feminism interrogates gender roles versus sex examining what is natural and what is created by the society that puts men over women and reduces their chances of having a good productive life. It is statistical and sees women as individuals capable of choice.

In Africa, Africa feminists rose to prominence for fighting for the specific freedoms of African women who were facing challenges unique to them, such as: divorce and marriage rights, property ownership, political involvement and nation building and rights against domestic and sexual violence.

2.3 Gallery Walk - Walking with Uganda Great Women:

Instructions:

- Display the photos of the following women defining the school of thought for each:
- Miriam Matembe, Mama Mabira , Specioza Kaziibwe, Stella Nyanzi and any other photos of women leaders that are known.

Miriam Matembe

Mama Mabira

Stella Nyanzi

Dr. Specioza Wandera

- Put participants in pairs of two and moving around the room, ask them if they can recognize any of them or if there is any thing they can learn from the short notes written about each.

An illustration of participants walking in pairs

- Let each pair present what they have learnt.
- After two rounds, let participants sit down.

Explain to participants that women have been essential in fighting for all the rights we see now and continue to do so for example going to school, owning land land, working, marry the partner they like and even ensure they are safe. This constitute several feminist schools of thought.

Act. 2.4 Lecture - Feminism Schools of thought :

Lecture Notes

Before group activities, explain that Feminism has different schools of thought that fight for different causes. Go ahead to give a preview of each type of feminism as below

ECO FEMINISM:

Eco feminists believe that the domination of the environment and degradation are alike to that of women. In Africa, women have always had a special link to the environment as a source of income, livelihood and also a source of healing.

Gender and the environment Issues:

Women constitute largest proportion of healers and 76 percent of agricultural labor is women in Uganda.

An illustration of the female labor force in the agricultural field

Women do a higher percentage of domestic household un paid labor and need well maintained nearby wells for example for washing clothes, cleaning, cooking and other needs. Women also need more water and nutritious food during their menstrual periods and pregnancies.

They saw the private life and body of a woman as political meaning that it needed to be legislated on in public laws rather than a private matter. Radical feminists believe that men wage war on women through physical or sexual violence, i.e. domestic violence, rape, but also, more controversially, through prostitution and pornography. Violence (or the threat of violence) is a way for men to control, dominate and perpetuate women's subordination. By appropriating women's bodies through violence, women are reminded of their surbordinate status. Radical feminists fight aganist such sexual and gender-based violence, including domestic violence, which they have helped to render more visible. Radical feminists point out that violence is not a harmless, individual phenomenon of one man against one woman, but a collective problem, enabled and even encouraged by a patriarchal society. This is why we speak of rape a culture. This concept emphasizes the cultural aspect of sexual violence

In the radical feminist's views, they further objected to prostitution arguing that mostly men with power were forcing women with lower income, of a lower social class or basically disadvantaged to sell their bodies for sex and it was a last resort If a small group of women are sacrificed to be abused by men then it sends out the message that its okay to rape and assault women.

MARXIST/ SOCIALIST FEMINISM

Socialist feminists believe that in a capitalist community (where people are valued on how much women make), women and those that are poor are oppressed the most.They bring forward two arguments that are most common in today's sphere:

House hold work (Un paid care work) – Un paid care work includes work that is done at home such as cooking, cleaning and taking care of families. Unpaid care work is not paid and underappreciated and yet takes a lot of time, effort and skill.They recognize that un paid care work frees up men's time to pursue economically beneficially work. They argue that household work that is done by women and girls is either paid, appreciated or shared.

Recent arguments suggest that boys should be raised to for example cook as it's a basic skill not a gender specicfic skill. They argue that this work keeps women poorer reducing economic, eductional and health gains and refuse the assumption that it's natural.

They also argue that work spaces were built with a male worker in mind and women many times don't have access to child care services, paid maternity leave among others.In the 1840's women striked in a wage for housework and refused to do house work in order to call attention to its importance in carrying the development of their countries.

LIBERAL FEMINISM

Liberal feminists believe gender inequality is produced by reduced access for women and girls to civil rights and allocation of social resources such as education, politics, voting and employment. They believe in changing laws and increasing access to institutions for women.

They argue that society holds a false belief that women are by nature intellectually and physically less capable than men and thus discriminate against them in academics, political spaces and job market. One key civil right that they fought for is women being regarded as individuals that could vote not under their husbands. On top of this, they started up women/ girls' schools. Many freedoms that women enjoy today such as freedom of speech, freedom of movement, employment, school and leadership are mainly due to liberal feminist movement.

Activity Group Work:

Instructions:

1. Divide the participants into 4 groups and help them identify programs, laws or guidelines in Uganda and your community under each type of feminism as per table. (The table can be drawn on a flip chart or given as printed copies)

2. Give each group 8 minutes to discuss and answer their assigned sections.

3. In 3 minutes, each group will present their answers.

4. After each presentation, probe participants on which ways, they think these issues show up in their own communities, who has done something and what has been done.

Feminism school/ type	Issues	The Law Says	Services /programs/projects
Radical Feminism	Rape, Defilement, Sexual assault, Women's Health treatment, Domestic Violence Pornography, Sex work/Prostitution Family Planning /Contraceptives		
Liberal Feminism	Girl Child education Voting Political participation (discussion and leadership) Jobs/Employment		
Marxist Feminism	Maternity leave Recognize, pay or share household work Pay women same money for same job done like men		
Eco feminism	Forest, water, land protectionnot destroyed Agriculture food and nutrition		

2.5 Story telling- Feminist Policies and Activism –

Instructions:

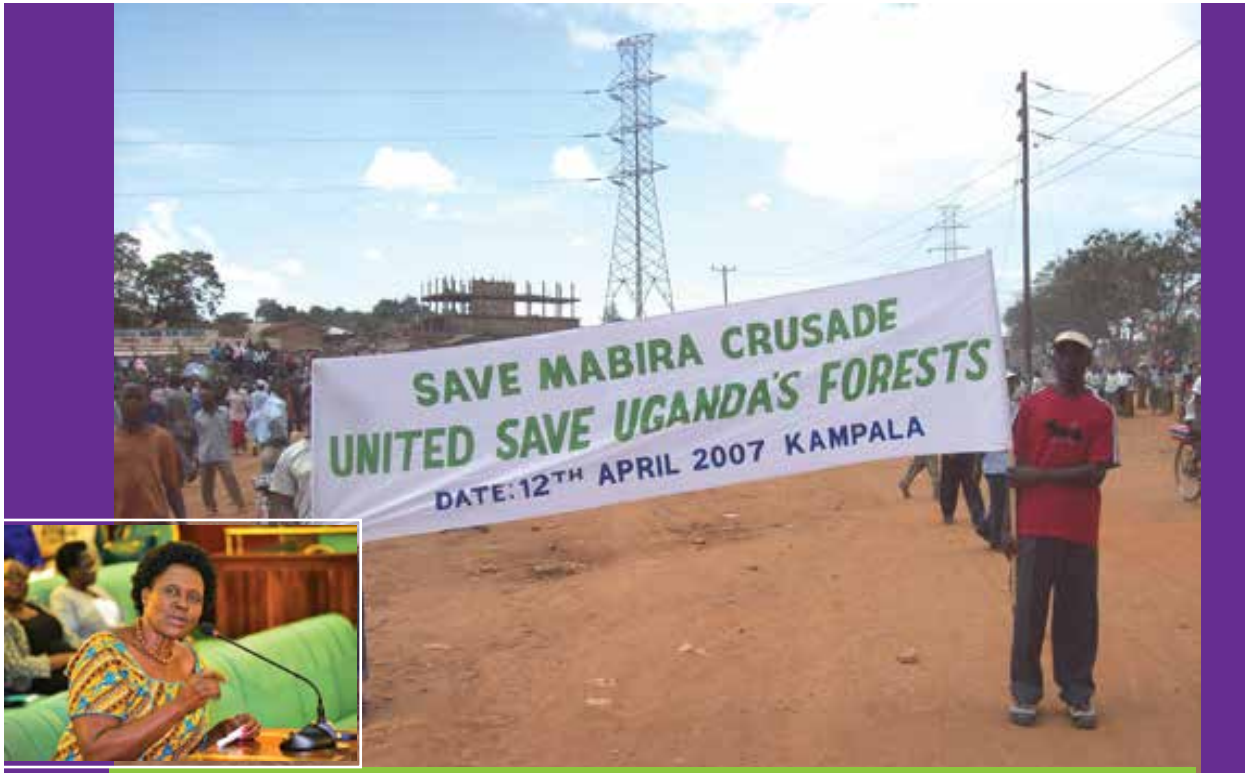
Read each of the following stories. After each story, give participants time to respond to the following:

1. Who that fought for the law/ issue?
2. What issue was the law/ activist fighting for?
3. What methods/ solutions did the law/ activist use?
4. What were some of the challenges?
5. What could have been done better?

In 2007, the future of the largest rainforest in Uganda known as MABIRAFOREST was in balance as it was on the verge of being given away to the Sugar Corporation of Uganda Limited (SCOUL) for sugarcane growing. This was the time when the Uganda economy was in crisis. Imagine sleeping when a Kg of sugar is at 5000/= and then waking up the following day when it is double the price! I believe any sane person would start wondering if they actually were on the right planet.

One of the greatest treasures in country but this can't be the case if you are a conservationist. Different conservationists tried advising the government on how the move would ruin the area containing hundreds of species. This however didn't work as the government continued executing its plans. As activists were still uncertain about what to do, here came a 43-year-old woman shouting on top of her voice and carrying placards written on **"SAVE MABIRA".** And guess who it was!" **BEATRICE ANYWAR".**

Illustration: Demonstrators carrying placards in solidarity with Mama Mabira



Hon. Beatrice Anywar during the save the Mabira campaign

At that age, one would expect such a lady probably to be at home baby-sitting her children and here she was on the streets screaming on top of her voice to "SAVE MABIRA". Her voice indeed didn't go unheard. Different media platforms got interested in her works and she started appearing on TV, radio and newspapers.

She later joined a group of youth in a demonstration to march to Mabira. Along the way, they were attacked by the police. However, it became a global concern and people every where started carrying signs saying for every I tree cut, 5 Indians will die. When this happened, the president of Uganda got angry and locked her up in prison. "I locked her up in Luzira prison because she had gone too far starting a riot in Kampala" said President Museveni.

She was shortly released from prison due to the opposition pressure who were demanding her release. The protest was a success and the Sugar Company was relocated to one of the Kampala suburbs to grow their sugar

This is how she got her nick name **"MAMA MABIRA"** which means
"MOTHER OF MABIRA"

Domestic Violence Act (2010): (Radical Feminism

The history of the Domestic Violence Act; (Para phrased from "Contesting ideas, aligning incentives The politics of Uganda's Domestic Violence Act (2010) by Josephine Ahikire and Amon Mwiine." (para phrased).

Although the Domestic Violence Act was passed in 2010 and remains key to ensuring that women and children are protected in homes and marriages, it was first brought to parliament as the Domestic Relations Bill by the first woman member of Parliament, Sara Ntiiro in 1959. Little action followed and it was silenced until President Museveni came to power.

The bill faced severe attack from religious leaders and conservative groups who refused issues raise such as marital rape, stopping polygamy and recognizing cohabitation. Women's rights MPs asked that male privilege is challenged within homes and the bill sustained attack from religious and cultural groups such as the Muslim women's group, Uganda Muslim Women for Dawaa and Development (UMWADD). However, the most prominent actor against the bill was the president, who took personal responsibility for withdrawing the bill and accused middle class women from turning marriage into a business.

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The bill was then split into the Domestic Violence Bill, Marriage and Divorce Bill and Muslim Personal Law Bill. Several organizations like Uganda Women's Network and women's groups in villages worked hard holding meetings,workshops, holding peaceful demonstrations, going to radio and giving stories of Domestic Violence.

Illustration: **Gender Based Violence**

Sexual Offences Bill (Radical Feminism):

The Sexual Offences Bill, 2019 was read for the first time on the 24th of November 2019 and referred to the Committee of Legal and Parliamentary affairs for scrutiny as required in Rule 128 of the Rules of Procedure of Parliament. It is a private member's Bill sponsored by Uganda Women Parliamentary Association (UWOPA) and introduced by its Chairperson, Hon. Monica Amoding.

The Sexual Offences Bill, 2019 is a resubmission of a Bill that was first introduced on the 14th of April 2016 and referred to the Committee of Legal and Parliamentary affairs for scrutiny. The Sexual Offences Bill, 2015 was withdrawn from the House on the 24th February, 2019 in order to incorporate the amendments that were proposed by the mover during the House's consideration after the President refusing to pass it as is.

On Monday, May 3, 2021, the parliament of Uganda passed the bill into law after a country wide parliamentary investigation into several sexual misconducts by lecturers and teachers towards children. A feature documentary broadcast by Raymond Mujuni about a lecturer that had failed a female student passing due to exchange of sex for marks sparked debate further exposing a Kibuli SSS head teacher and Muyingo, a deceased head teacher that had sexual relations with students.

The expose led to creation of sexual harassment policies at universities but also gave female MPs under the UWOPA a gap to re table the bill as a private member's bill by the then Soroti Woman MP, Adeke Anna.

Some of the provisions within the law that addressed consent to withdraw from a sexual act at any time attracted prolonged debate over applicability in marriage. However, members cited issues such as refusal by a partner to use protection, biological nature of male partners and need for women to heal after birth.

The bill further provided for issues such as sexual offences by children, administering of a substance with an intention to commit a sexual act, detention with sexual intent, householder permitting defilement, supply of sexual content and material to a child, child sex tourism among o

On sex work, the bill attempts to equate the punishment to a sex worker to that of one that purchases sex and those that profit from it as it recognizes that sometimes sex workers are outstanding members of society that are forced into the crime by circumstances such as poverty, withdrawing one's documents among others. It asks that prostitution is de criminalized and sexual exploitation is instead criminalized.

The law also sought to make rape a gender-neutral crime as it was previously only a male to rape a female and create a sex register where offenders are put and information made public.

LIBERAL AND MARXIST FEMINISM:

Katuramu vs Katuramu court ruling

In regard to more than two pieces of land being declared as family land in my view is not depriving the Applicant his right to own property if the family derived their sustenance from both of them. The Applicant in his affidavit stated that land at Rwenkuba was never developed and was purchased by him before marriage to the Respondent and nor did the Respondent contribute anything towards its purchase.

In the consent judgment he agreed to Katumba Zone part of which was developed with a matrimonial house, tea gardens, plantation, and farm to be to be family land. The Constitution of the Republic of Uganda, 1995 provides for equality in marriage encapsulated in Article 31 (1) which is to the effect that men and women are entitled to equal rights in marriage, during marriage and at its dissolution.

The property a couple chooses to call a home will be considered joint matrimonial property. This together with the property either of the spouses contributes to is what is matrimonial property. Where a spouse makes a substantial contribution to the property, it will be considered matrimonial property. The contribution may be direct and monetary or indirect and non-monetary

In that case, Omolo JA found that the wife indirectly contributed towards payments for household expenses, preparation of food, purchase of children's clothing, organizing children for school and generally enhanced the welfare of the family and that this amounted to a substantial indirect contribution to the property.

In regard to the Respondent having not contributed monetarily, this is not tenable because contribution does not only have to be monetary but can be in other forms. These include cooking, opening the gate, caring for children, attending to the sick, receiving visitors, fetching water, making tea and washing clothes, tiling land, grazing animals and above all making love, which is the climax of a man's happiness on earth.

The Application is accordingly dismissed with costs.

2.6 REFLECTION- Ideological Clarity

Instructions:

- Ask participants to take some time thinking and answering the following questions.
- Would you identify as feminist?
- Draw a feminist world as you imagine it.
- At the end of this session, ask two participants to share their drawings.

LESSON 3: INTERSECTIONALITY AND NEEDS ASSESSMENT

Objectives;

At the end of the session, the participants will be able to:

- Understand social privilege.
- Identify the use of intersectional analysis in access to resources and opportunities in their communities.
- In corporate intersectional approaches in advocacy and service provision efforts.

Time allotment:

45 mins

Materials –

- PowerPoint presentation of the topic
- LCD projector – Laptop

Training methods:

Lectures, storytelling, question and answer.

Preparation:

- Read the session completely before teaching this lesson.
- Make copies of the women galore stories and translate if needed.
- Make copies of Ugandan successful women.

Session outline:

1. Game – Privilege game- 10 mins.
2. Story telling- Empowering the vulnerable (Angel's story)- 10 mins.
3. Role Play- I refuse to- 15 mins.
4. Reflection- Am privileged- 5 mins.

Instructions:

The purpose of this game is to ensure that participants understand how privilege operates in their community based on economic and social experiences.

1). Tell participants to stand in a horizonal line in the middle or end of the room or compound.
2). All participants should then close their eyes
3). Read a statement from the pile of questions and if it is true for a participant, they will either take a step back or in front based on instructions you give.
4). After the exercise, allow for conversations to develop on who is in front and why and who is behind (How did you feel when you saw you moved in front many steps, what about behind, what made you move in front, do you ever look at your self as privileged?)
5). Explain that privilege does not happen just because one worked hard or is smarter but sometimes it can be due to what society puts above other qualities. Although sometimes the choices we make increase our vulnerability.

Overall, people who end up in a certain group like a certain tribe, religion or even skin tone are privileged over others. In order to bridge the gap and ensure that there are equal opportunities for every one to live their best life, its crucial to recognize what advantages you have and share them with others.

List of questions

Step Forward if;

- You are educated up to S.4.
- You have any family members close to you that are doctors, lawyers or work for an NGO.
- If you are married.
- You are Christian.
- Speak perfect English.
- Own a business.
- Own land.
- You have ever been a leader.
- You would / you give birth from a hospital.

Step back if:

- If you were the first person in your immediate family to reach university or secondary school.
- If you are not fluent in English.
- If you are a moslem or any other religion that is not protestant or catholic.
- Grew up in a single mother household.
- Dropped out of school due to pregnancy.
- Work for someone else.

- If you have close parent or spouse that is addicted to alcohol.
- If you have ever faced any type of sexual violence.
- If you do not usually use hospitals for birth.
- Was an orphan.

3.1 Story telling- Empowering the vulnerable (Angel's story):

Notes:

Empowerment as the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights. We only empower people that have been given un equal access to resources and opportunities in order to give them a better quality or chance at life.

For example, not all women or men have the same issues. Although one for example may be rich but she may have HIV. Empowerment for her means that you give treatment and information around HIV not money. Yet again, there are people who could have HIV, are disabled, and poor. These need more empowerment in terms of programs and in the law.

Angel's story:

I came to this University on merit. If I had not made it for government, am sure my father would not have brought me here because he would not have had the money to do so. Kyambogo is the right place for government students with disabilities because you are able to get a guide, hearing aide, translator or wheel chair if you don't have money. If you are private you have to pay for this. We even have a hall here that is suited for us, it has ramps and easily accessible toilets.

Have you ever faced sexual harassment?

Yes. I have multiple disabilities, I can walk well, my face is like for a two-faced person and I faint a lot when am very happy or very sad or in places with loud sounds. Many boys target us because they think we are weak. One day I had someone visit me and he refused to leave, he used force and almost raped me but I made an alarm and lucky for me someone heard me. I can only imagine what would have happened if am deaf or blind.

"I also faint a lot so in such instances when I faint in class, its only boys that can carry me and some use that excuse to touch me in weird places. I worry that if I faint in a bush somewhere with no one to see me if I won't be raped. Then what will I do?"

Instructions:

In a plenary session, Ask participants the following question

- What are some challenges that Angel has?
- What are Angel's needs?

3.2 Role play exercise- I refuse to

Instructions:

1. Identify some ways in which you are not privileged and you would like to change.
2. Use the template below to write a press statement to read to Members of Parliament and MPs:

Hon Members and Distinguished guests,

My name is…….....

I come from…….....

The issue that brings me today is…….....

I am a …….....

In Kamwenge…….....… go through…….....

We ask you to…….....

If you don't…….....

I refuse to keep silent.

3. As you read your statement, be bold. Please feel free to add some statements as you may need them.
4. Allow the Members of Parliament to ask some questions to the advocate to respond to. Ask the advocate, how they feel, what obstacles/ advantages they feel they may have to represent this issue in parliament?

3.3 Reflection: Am I privileged

Lecturer Notes:

Explain to the group that privilege is never a bad thing. However, there is a recognize the areas in which you are privileged in order to share the power you have and make other people's lives easier and work with them to help them speak and fight for their rights. Intersectionality is an important concept is because it helps to identify who to empower and what the needs of each individual is instead of assuming that all women, men or even people in rural communities are the same.

Reflect and write down answers to these questions.

- In which ways am I privileged?
- Who around me has several intersectional needs?
- What can I do to empower those around me?

LESSON 4: GENDER, SEXUAL REPRODUCTION AND RIGHTS

Objectives;

At the end of the session, the participants will be able to:

- Assess their values and attitudes towards SRHR.
- Understand SRHR definition and components.
- Understand current status of SRHR in their community.

Time allotment:

70 minutes

Materials –

- PowerPoint presentation of the topic
- LCD projector- Laptop
- Fact form of current statistics of SRHR status
- Chain game cards for teenage pregnancy, contraceptives, HIV and CSE.

Training methods:

Brain storming, mini lecture, chain games

Preparation:

- Read the session completely before teaching this lesson.
- Create training power point.
- Prepare the chain games.

Session outline:

1. Move OR Trip- 30 mins
2. Introduction and statistics for Sexual Reproductive Health and Rights – 40 mins.

4.1 Move OR Trip

Notes to facilitator:
Provide participants with more information on cards and burst myths and mis conceptions about different products, services and policies around Sexual Reproductive Health and Rights.

illustration by staff of Embibo Gender Initiative

Instructions:

This game is made for 2 to 8 players and it teaches different concepts of HIV, SGBV, CSE, Contraceptive use and menstrual Hygiene. It helps participants recognize dangerous practices, prevention method and good practices to help them improve their knowledge on SRHR. This game also requires luck and some un fore seen disasters that can set a player back or in front and give some players a boost.

During one of the game illustrations during a community engagement

- The player that ends the game first is the winner.
- Play three rounds of the game for this module but if there is more time, players can choose to play to the end.
- The game has a game board, tokens (More can be improvised with more players) , dice and event / opportunity and disaster cards.
- Lay the game board out and shuffle event cards and place them placing up wards.
- Let each player pick a preferred token or pick stones and sticks if the tokens are not enough and place them at the start.
- Each player should take turns rolling the dice and move the token accordingly.

- If token lands on a square that says pick event card, the player picks an event card and follows instructions.
- If it lands on an arrow, they should pick an opportunity card.
- If it lands on a rock, they should pick a disaster card and follow instructions.
- Discuss the event, disaster or opportunities from the community each time a player stops somewhere.
- This can go on until they reach the end or until three rounds or the time allocated elapses.
- After the game, ask if any of the players learnt any thing new or surprising from the conversations about each topic.

4.2 Lecture- Introduction to Sexual Reproductive Health Rights

Notes to facilitator:

Reproductive Health (RH) is a state if complete physical, mental and social wellbeing, not merely the absence of disease, in all matters relating to the reproductive system and its functions and processes.

Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexual, Reproductive Health and Rights (SRHR) is the exercise of having control over one's sexual and reproductive health, as outlined by human rights.

Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender.

Sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to privacy for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

SRHR has 8 key components:

- Contraceptive access and use such as family planning methods.
- HIV and STI prevention. This includes information and services to stop contraction but also use of treatment and drugs related to HIV/ AIDs, syphilis, candida, UTIs and other HIV opportunistic diseases like TB.
- Comprehensive Sexuality education. Information that is given to young people about their growing bodies, sexual attraction and having sex including about their rights.
- Sexual Gender Based Violence. Encompassing things like sexual harassment, rape, defilement and incest.
- Menstrual Hygiene and management. Experience and ability to have dignified periods with right products, information, services with no external/ internal stigma. (You can define stigma as fear and self-hate).
- Safe abortion and post abortion care. Termination of a foetus under medically approved conditions and after care in case of an un safe abortion.
- Maternal and neo natal health. The health of a pregnant mother as well as that of a child below 5 years.
- Child marriages and teenage pregnancies.

Promoting Peer to Peer led outreaches to increase information, referrals and services around family planning, HIV testing and treatment and sexual violence to Adolescent Girls and Young Women.

4.3 Statistics: The current situation of SRHR in Uganda/ Kamwenge.

Instructions:

- Tell the participants that you will now discuss the data on SRHR for adolescents and young people in Uganda.

- Ask the participants to think about the adolescents and young people that they know who have begun having sex, or those who have gotten SRHR related challenges, such as unintended pregnancy or STI infections.
- Ask them to share with the rest of the participants if they think that SRHR needs and challenges in adolescents and young people are a reality.
- Allow them to share their views and some real-life experiences.
- Share with the participants the data outlined in the facilitators notes below.

Notes:

- One in four teenage girls in Uganda age 15-19 have had a child or are pregnant.
- 42% of all the pregnancies among adolescents in Uganda are unintended. Health risk behaviors.
- 22% of adolescents have ever had sexual intercourse.
- 10% of the sexually active adolescents aged 15-19 years had their first sexual encounter before age 15.
- 10% of women age 20-24 married by age 15.

- 40% of women age 20-24 married by age.
- Only 43% adolescents have ever tested for HIV. •
- Every year 9,600 young people aged 15- 19 years are newly infected with HIV.
- 66% of all the new HIV infections are concentrated among adolescent girls.
- Family Planning 49% of the sexually active adolescents used a contraceptive method the last time they had sex.

- What (one) SRHR components are most/ least addressed in your community?
- Where are services and information usually accessed?
- What are the challenges to accessing or using the most/ least addressed SRHR component?
- Which laws are you aware of that address these components?

Emphasize that:

Individual barriers (where they feel shame, have incorrect information and poor perception of health services), socio cultural barriers (traditional and cultural beliefs) , costs , stigma within health system and legal and policy environment are the biggest obstacles to young people and women accessing SRHR as needed.

LESSON 5: SRHR Policy Review.

Objectives;

At the end of the session, the participants will be able to:

- Analyze CSE, HIV, teenage pregnancy and SGBV relevant policy.
- Understand policy making processes.

- Copies of the policy notes.
- Flip charts and markers.
- Different contraceptives for demonstrations.

Training methods:

Brain storming, mini lecture and Chain games.

Preparation:

- Read this session completely before teaching this lesson.
- Make copies of SRHR policy notes (NSEF, FP 2030, Penal Code SGBV provisions, HIV control Act and Guidelines on Teenage mother reentry).

Session outline:

- Comprehensive Sexuality Education policy- 60 mins
- Contraceptive access policy. 60 mins
- HIV / AIDs and STI policy- 60 mins
- Sexual Gender Based Violence policy- 60 mins
- Child marriages and teenage pregnancy policy- 60 mins.

5.1 Comprehensive Sexuality Education (CSE)

Discussion Instructions:

Start session by asking the Participants if they have ever had any education around sex, bodily changes or any aspects of sexual or reproductive health throughout their lives.

- How old were they and who gave them that information?
- What would they have wished
- Where did they get it from?
- From who?

Notes:

CSE is accurate age appropriate information that is given to young people about their Sexual Reproductive Health and rights. Sexuality education equips children and young people with the knowledge, skills, attitudes and values that help them to protect their health, develop respectful social and sexual relationships, make responsible choices and understand and protect the rights of others. Evidence shows that high-quality sexuality education delivers positive health outcomes, with lifelong impacts. Young people are more likely to delay the onset of sexual activity and when they do have sex, to practice safer sex – when they are better informed about their sexuality, sexual health and their rights. On the flip side, repression of CES lead to teenage pregnancies, STDs, un safe abortions and abuse.

Sexuality education also helps them prepare for and manage physical and emotional changes as they grow up, including during puberty and adolescence, while teaching them about respect, consent and where to go if they need help. This in turn reduces risks from violence, exploitation and abuse. CSE is a lifelong process that enables acquiring information, form attitudes, beliefs and values about identity, relationships and intimacy.
It helps prevent harmful myths that may lead to innocent contraction of HIV, un intended pregnancies or even death from un safe abortion for example consumption of muhooko, washing coca cola down to prevent HIV, lying down wards after sex for sperms to flow out and others.

Illustration:

Myth of lying down wards after sex for sperms to flow out.

CSE History in Uganda:

It has been argued that Comprehensive Sexuality Education (CSE) provides an opportunity for young people to receive the necessary information about their sexual health, to reduce misinformation, and improve their ability to make safe and informed choices. (UNFPA 2014; UNESCO 2018). CSE has been shown to contribute to the delayed initiation of sexual intercourse, a decrease in the number of sexual partners, an increased use of condoms and contraception (UNESCO 2018), and the promotion of gender equality and rights (Vanwesenbeeck et al. 2016).

The benefits then, of sexuality education are demonstrable. However, debate persists about the efficacy of distinct types of sexuality education offered in different contexts. An 'abstinence-only' approach focuses on delaying sexual intercourse until marriage, while CSE takes a more realistic and positive approach to sexuality, equipping young people with the knowledge, skills, and attitudes they need to enjoy their sexuality (UNESCO 2018), by including topics on sexual pleasure, condom use among others.

Increasing new infections for young women and adolescents, un intended pregnancies and SGBV during COVID-19, led to a Ugandan NGO CEHURD to sue the ministry of Education to issue the CSE framework and policy to help young people learn about even the most natural processes like menstruation.

Despite winning the case, the CSE curriculum for in and out of school adolescent girls and women remains hanging in the balance and has neither been implemented or rolled out in Kamwenge. This is risky as children access poor quality or even no information at all.

In Uganda, CSE has been largely rejected on the assumption that CSE promotes promiscuity and immorality among adolescents in a 'morally upright' society (De Haas 2017). Following a newspaper article of 7 May 2016 which stated that 100 schools in Uganda were being tricked into teaching homosexuality (Ahimbisibwe

2016), religious leaders mobilized communities, and ministries to ban every component of school-based sexuality education (except that taught within science as a subject).

This incident set in motion the formulation of the sexuality education framework, developed in consultation with religious leaders, and prescribing an abstinence-only approach to sexual health which included information about body changes, hygiene, drugs and substance use, gender-based violence, and self-esteem, but notably, discouraged the use of condoms, other contraceptives, and predictably said nothing about sexual pleasure, abortion or gender, and sexual diversity.

The National Sexuality Education Framework (2018) is the overarching national framework for sexuality education in Uganda. The Framework covers topics such as human reproduction, including anatomy, prevention of pregnancy, body image and sexuality, gender-based violence and sexual abuse.

Questions:

- Discuss what could be some challenges in convincing the stakeholders to have CSE in schools.
- What are some channels that CSE can be passed in to young people?

Notes:

There are several characteristics/ features that identify a good CSE curriculum/ program or intervention:

1. **Comprehensive –** Key topics to address sexuality, bodily positivity, gendered and other differences, HIV prevention and other elements of SRHR.

2. **Rights Based-** Founded on core values of human rights and principles such as human dignity, equal treatment, opportunities for participation, freedom to informed choice, identity, basic needs among others. This doesn't only entail informing young people but empowering them to act and claim rights they are entitled to.
3. **Gender sensitive-** Emphasize gender equality and address gender specific issues such as menstruation, cervical cancer, prostate cancer and other social factors that may affect access, utilization and availability of SRHR services.
4. **Citizen oriented –** Emphasizes critical thinking skills that allow for citizens to engage in discussions of SRHR and enable social conditions for SRHR and well-being.

5. Sex positive – Demonstrate and aloe for a healthy attitude towards sex as a source of pleasure, personal well-being and clarify fighting discrimination in regards to HIV status, disability, intersex, type of work or others.
6. Age appropriate – Recognize different communication modes for different age groups requiring increasing 6. It should be age appropriate communicating issues key to different ages.

Inform participants that in groups of 2, we are going to review Comprehensive Sexuality Education curriculum (2018) from pages 5 to 9 for 15 minutes identifying areas in which the features of a good CSE have and have not been recognised.

CSE has several push backs for example the idea that it erodes traditional and religious values, encourages promiscuity and whether young people should not only be told about abstinence.

5.2 Contraceptive Access:

Chain game (Contraceptive Access).

- Start the session with the chain game on Contraceptive access.
- Arrange chain cards in order separating the one with a negative out come and positive outcomes.
- Ask a participant to pick a card and explain the different illustrations until the story is complete.
- After all cards are done and story is complete, use the facilitator notes below to start a conversation.

Circle Facilitation: (10 mins)

The facilitator will:

1. Ask participants to form a circle.
2. Ask them to form a buzz group of 2 or 3 with their neighbors.
3. Ask them to identify three myths, prejudices or misconceptions associated with family planning method use and access and 3 advantages of using contraceptives.

4. Ask one of the groups to brainstorm the myths identified.
5. Record the major points of the responses.
7. Summarize the main myths identified and discuss/clarify for participants.
8. Use additional points from the facilitator's notes.
9. Ask for feedback from participants. Are participants clear that the myths are false? Are they clear about the advantages?

Notes:

There are 6.5 million Ugandan women of reproductive age (15 to 49 years). Among them 39 percent use contraception and 31 percent use modern contraceptives yet 43 percent of Ugandan women want to stop child bearing all together. In addition to that Uganda has one of the highest fertility rates with each woman having averagely 7 children.

There has been a strong connection between women's emancipation and their ability to control reproduction. Controlling the number of children, one has opens up one's economic and health opportunities. The key is to have the number of children one can take care of not only economically but in time and based on the health of a woman and their spouse. Having children that you are not ready for lead to younger/ adolescent women getting birth related complications, poverty, poor up bringing of children as you are un able to cater to their emotional needs among others.

Adolescents face greater adverse complications during pregnancy because they are not fully physiologically and biologically prepared for pregnancy. Adolescents may be disadvantaged in maintaining a healthy pregnancy due to poor health education, inadequate access to antenatal care and skilled birth attendance among other healthcare services, or the inability to afford costs of pregnancy and childbirth.

Adolescent pregnancy, whether intended or unintended, increases the risk of maternal mortality and morbidities including complications of unsafe abortion, prolonged labor, delivery and post-natal period. Country-specific adolescent mortality data are not available. Pregnancy and delivery complications, including unsafe abortion, are the second leading causes of death for girls below 20 years worldwide.

EGI Creating safe schools through Age appropriate Sexuality education for teenage pregnancy, sexual violence and HIV/AIDs prevention

It is essential to inform young people both married and un married about family planning and contraceptives. It is also important to regularly refresh the information provided and monitor whether such information is actually put into practice to avoid negligence, and/or unrealistic expectations. There are various methods to prevent unwanted pregnancies and these should be given to all sexually.

Women have throughout history used contraception to earn them the chance to leave their own homes and participate in social, education and commercial life outside. Laws passed prohibiting the use of birth control to prevent pregnancy therefore prevent women's choice.

Types of contraceptives:

Contraceptives include both short term (Condoms, pills (emergency pill included), depo- Provera, natural family planning methods such as moon beads and withdraw) and long term (vasectomy, hormonal and non- hormonal intrauterine device (IUD), implant, tubuligation).

Addressing contraceptive myths:

1. Family planning methods harmful to health.

Fact: All family planning methods are safe, and effective if properly used. Couples can choose the method that is best suited for them depending on their needs and health condition.

Using Copper-T Can cause common side effects (longer, heavier bleeding and more cramping).

These side effects may be unpleasant, but they are not harmful (FHI 360) iii. For the contraceptive pills use, bleeding changes are normal and not harmful. If a woman finds them bothersome, counseling and support can help or they can be removed for another method (WHO, 2018).

2. Condoms reduce sexual pleasure.

Some couples incorrectly believe that condom use decreases a man's libido and can cause impotence or that condoms reduce or interfere with sexual pleasure Some couples become frustrated and lose some of their sexual excitement when they stop to put on a condom. Some men and women complain that the condom dulls sensation. However, many couples learn to enjoy using condoms as part of their sexual foreplay. In fact, many women and men often say they have better sex when they use condoms, because they can focus on their sexual pleasure without the worry about unintended pregnancy and sexually transmitted infections (STIs). Pleasure may also be increased by lubricating the inside and outside of the condom with water-based lubricants. A drop or two of lubricant on the inside of the condom before it is unrolled can help increase the sensation of sex for some men (IPPF, 2019).

3. You won't get pregnant if your partner pulls out before ejaculating.

Unfortunately, this is not a guaranteed birth control option. This approach, called the withdrawal method, requires that the man takes his penis out of the vagina before ejaculating. However, a man produces a small amount of sperm even before ejaculating and this can cause pregnancy.

4. Contraceptives should only be available to married persons.

Health is a right that should be granted in discriminatory with those that need it.

Demonstration: (15 minutes):

Using trained medical personnel, demonstrate use of products and discussion of side effects, advantages and places of access. Allow participants to ask pertinent questions at the end of the discussion.

Group work (30 mins):

Instructions:

- Ask participants to in 6 groups analyse the Uganda Family Planning Commitment 2030 and establish the following;
- Key commitments, strategies and whether they are available in your own communities.

Uganda's 2030 Vision Statement:

"By the end of 2030, Uganda's family planning vision is A population empowered to enjoy their SRH rights for improved quality of life and enhanced productivity.

Narrative: This vision is adapted from the NDP III, HSDP II and the National FP CIP II. Increase Equitable Access and Voluntary Use of Modern Contraceptive Methods For All Women And Couples

Objective 1: Increase equitable access and voluntary use of modern contraceptive methods for all women and couples.

The Government of Uganda commits to increase Modern contraceptives for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025.

All women and couples regardless of marital status should be able to access and choose from a full range of quality FP methods and services.

Having an all women goal reflects a rights-based approach to FP, bringing attention to the FP needs of all women with need, not just married women.

Strategies include: reducing stock outs, improve FP access through private not for profit channels like outreach, increase access to post-pregnancy FP (post-abortion and post-partum), Strengthen the supply chain for public and private facilities, Increase access to adolescent responsive services , Target FP outreach in underserved sub-regions Expand access to FP through community-based service delivery channels (pharmacies, drug shops, community health

workers/Village Health Teams and self-care), Expand access to long-acting reversible contraceptives in the public and private sector, Engaging men and boys in provision of FP information and services and evidence based information collection

Some of the Various Family planning methods

https://fp2030.org/sites/default/files/Uganda-FP2030-commitment.pdf

Objective 2: Increase funding for adolescent sexual and reproductive health programmes.

Noting that Uganda is one of the youngest countries in the world, the Government of Uganda re-commits to annually allocate at least 10% of Maternal and Child Health (MCH) resources to adolescent responsive health services by July 2025. Implement advocacy and accountability approaches to ensure resource allocation, release and expenditure Interventions: 1) Cost the ADH needs within the MoH 2) Build capacity for youth-led SMART advocacy and resource mobilization 3) Conduct annual tracking of domestic and external resources for adolescent health programming 4) Advocacy for resource allocation and expenditure.

Objective 3: Ensure contraceptive commodity security objective statement:

Government of Uganda commits to annually ring fence 50% of the domestic resources allocated for procurement, warehousing and distribution of FP commodities from the reproductive health (RH) commodities budget (NMS Vote 116 under Output 15- Supply of Reproductive Health Items) by 2025. All the funds allocated for procurement, warehousing and distribution of RH commodities including FP was spent on Maama kits and Misoprostol in FY 2020/21. This commitment addresses the need for Government of Uganda to equally prioritize procurement, warehousing and distribution of FP commodities. Currently the FP contraceptive need averages approximately $30million per year.

However, beyond 2025, the Government will strive to increase its contribution to procurement, warehousing and distribution of FP commodities to at least 10% of the FP annual needs. 3.3STRATEGIES: Strategy 1: Implement advocacy and accountability approaches Interventions: 1) Conduct annual forecasting and quantification for FP commodities 2) Conduct annual FP commodities budget tracking.

2) Disseminate the National Sexuality Education Framework 3) Explore the placing of the FP task-sharing policy through options analysis and implement.

Objective 5: Strengthen FP data use at all levels.
The MoH commits to improve FP data quality through ensuring use of DHIS2/Health Management Information System (HMIS) data for decision making at Service Delivery Points (SDPs) in the public and private sectors.

Objective 4: Strengthen the policy and enabling environment for family planning
The Government of Uganda completes and approves the draft SRHR related policies, strategies and guidelines and have them disseminated and implemented.
A conducive SRHR policy environment is indicative of government support and leadership, galvanizes stakeholders, spurs domestic resource investments and catalyzes scale-up of FP interventions.

4.4STRATEGIES:
Strategy 1: Implement advocacy approaches for policy change Interventions:
1) Finalize, approve and disseminate the pending policies, strategies, guidelines and service standards (SRHR, ADH, National School Health Policy, Self-care guidelines)

2) Disseminate the National Sexuality Education Framework
3) Explore the placing of the FP task-sharing policy through options analysis and implement.

Objective 5: Strengthen FP data use at all levels.
The MoH commits to improve FP data quality through ensuring use of DHIS2/Health Management Information System (HMIS) data for decision making at Service Delivery Points (SDPs) in the public and private sectors.

trategies: Strategy 1: Build capacity at all levels for stewardship for provision of FP information and services through data use for decision making Interventions: 1) Establish and build capacity for use of a standardized FP dashboard at all SDPs in the public and

Private sectors in order to improve quality of FP services. 2) Establish and build capacity for use of community-based FP dashboard among active community health workers/Village Health Teams in order to improve quality of FP services at community level. 3) Health sub-districts allocate resources through their annual work plans for capacity building for implementation of the FP dashboards by SDPs, community health workers and Village Health Teams. 4) Include and track self-care indicators in DHIS2/H-MIS for monitoring introduction and scale-up of SRH self-care interventions

OBJECTIVE 6: ADDRESS FAMILY PLANNING MYTHS AND MISCONCEPTIONS THROUGH EVIDENCE-BASED SBCC AND ADVOCACY.

The Government of Uganda commits to improve quality of FP counselling (available FP options, possible side effects, their management and switching) among SDPs, community health workers and peer to-peer from the current Method Information Index Plus (MII+) iii of 42% (2020) to 60% by 2025

The most prevalent bottleneck to increasing access to FP are myths and misconceptions arising from inadequate counselling on the FPside-effects, their management and available options for contraception, gender-based violence, lack of bodily autonomy and other layered vulnerabilities

STRATEGIES: Strategy 1: Scale up provision of comprehensive FP information Interventions: a) Health providers fully trained and competent on provision of information, counselling and services of contraceptives and management of side effects b) Engage leaders at all levels including political, religious, cultural and opinion leaders to influence and shape the attitudes of members of the communities they lead c) Increase FP Mass Media (TV, radio, newspaper, digital and social media platforms, etc.) in all regions d) Strengthen research, development, innovations and knowledge management to enhance quality of FP counselling.

Question: End the session by enquiring from participants which strategies and commitments have been met and how and which one have not been met.

Embibo Gender Initiative on Improved access to accurate family planning services and information for happier families

5.3 HIV / AIDs and STIs

Instructions

Chain game (HIV / AIDs/STIs):

- Start the session with the chain game on HIV/AIDs/STIs.
- Arrange chain cards in order separating the one with a negative out come and positive outcomes.

- Ask a participant to pick a card and explain the different illustrations until the story is complete.
- After all cards are done and story is complete, use the facilitator notes below to start a conversation.

Facilitator Notes:

Sexually transmitted infections are infections that are spread through sexual contact, including vaginal, anal, and oral intercourse. Some STIs can be spread through touching and kissing. Sexually transmitted infections (STIs), especially those that are ulcerative, are associated with an increased risk of HIV infection and have significant implications for reproductive health outcomes.

An adolescent or a young person is at risk of getting an STIs under the following circumstances.

- If they have unprotected sex with casual partners or people unknown to them.
- If they have unprotected sex with a partner who has had unprotected sex with other partners.
- If they have unprotected sex when your partner uses injectable drugs or any other mixing of bodily fluids with an infected person.

The Uganda Based HIV Impact Assessment report (2022) shows that not only has HIV prevalence and new infections increased, but that they are also high among adolescent girls and young women aged 15 to 25 years. This has been greatly exuberated by public health pandemics such as Ebola and COVID-19 in the past years and is worse in rural areas.

This means that laws that address access to treatment, confidentiality, counselling, referral/ linkages and prevention of HIV/AIDs affect vulnerable women, girls, pregnant women and other minorities such as female sex workers, disabled persons the most.

However, there are also high-risk male key populations persons such as boda- boda drivers, truck drivers, clients of sex workers and HIV positive women, persons injecting drugs, fishing communities, men that sleep with men and others that may arise in different times and communities.

Truck driver negotiating with sex workers

Why women are more susceptible?

Women are more susceptible to HIV due to their high numbers in sex work and sex exploitation, transactional sex incidence, age disparate sex, gender and cultural social norms (that disregard female pleasure, decision making , male sexual pervasiveness promotion and over sexualization of women), Limited information and knowledge, biological factors (During vaginal intercourse, women have a higher surface area compared to men and higher content of mucous, more likely to get micro abrasions, tears in the vagina and cervix. Women who are pregnant also have lower immunity). Other social issues such as poverty, low school attendance, GBV also increase risk not only for women but other minoritized groups in community such as disabled, etc.

Bio medical prevention interventions:

- **Male and female condoms.** Protective rubber shield barriers most commonly made of latex that are used during vaginal prevention to prevent HIV and other STI transmission. They have 85 and above percentage to prevent HIV.

- **Testing and counselling.** This helps people to know their status and therefore start on ART therefore suppressing viral load or adopt preventative methods like condoms, being faith- full or abstinence, receive counselling and support to notify their partners. This also includes: detection and treatment of cervical cancer and TB (tuberculosis) that can lead to death.

- **Safe Male circumcision:** This reduces the HIV infection in men by 60 percent and is considered a good approach as men and boys rarely seek health care services.

• Use of PREP or PEP: PREP and PEP are oral treatments. PREP is given for daily use by HIV negative persons and its clients include discordant couples, sex workers, men that have sex with men, those that inject drugs and other key HIV populations like truck drivers that may have multiple partners. It should be used together with other preventative measures.

New Discoveries:

Dapivirine Vaginal Ring is a flexible silicone vaginal ring that slowly releases the antiretroviral drug dapivirine which is a Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) into the vaginal mucosa over the course of one month. It is long acting and takes 4 to 24 hours after insertion for the ring to become effective.

PEP on the other hand is use of ARV drugs given to persons that have been exposed to HIV for 28 days to prevent HIV infections. For example, persons that have been raped or defiled, medical personnel exposed to HIV positive bodily fluid from patient and other persons exposed to them.

- Elimination of Mother to Child HIV transmission: Mother to Child transmission can be prevented up to 25 percent when detected in the first ante-natal visits by providing an ARV regime during pregnancy and breast feeding and treatment can as well be given to the child after birth.
- Cabotegravir extended-release suspension is a long-acting integrase inhibitor (containing Cabotegravir) and is effective in preventing HIV among people at high risk of acquiring HIV. It is administrated through an intramuscular injection (in the buttocks) once every 4 weeks for 2 months then followed by once every 8 weeks. It can be offered to adults and adolescents weighing ≥ 35 kgs. It is contraindicated in people

Group work (30 mins):

Instructions:

- Ask participants to in 6 groups analyse the HIV Control Act information below 2030 and establish the following;
- Key provisions for the HIV Act, Strengths and Weaknesses

HIV Control Act 2015:

Good policies are able to provide services, information and funding to increase access and utilization of not only treatment but also interventions that can help prevent transmission. Sometimes policies are supposed to be multi sectoral and may not directly look at HIV but also improve income, health center 3s, professional workers, fight gender norms, reduced GBV and increase research and data.

There are three main legal and policy issues that are covered. These include;

- Access to treatment and essential medicines. Making sure that HIV positive persons and those that are not are able to access essential medicines at a low cost or no cost at all.

- Confidentiality and privacy of clients. Keeping information private between health care providers and other need to know persons like parents, guardians etc.

- Stigma and discrimination. Differential treatment due to HIV status in work places, health centers, families and in access to programs and services.

This HIV Control Act of 2015 was passed to provide prevention, control of HIV and AIDs including protection, counselling, testing, care of persons living and affected by HIV /AIDs rights and set government obligations for persons with HIV such as HIV and AIDs trust fund. The bill was assented to by President Museveni in 2014 and passed into law in 2015.

Confidentiality (Part VIII) - The act reemphasizes medical confidentiality asking that the test results and status are not shared to any one unless they are guardian to a minor, legally in competent persons, medical staff involved directly in treatment or as ordered by court, any person that is exposed to body fluid or persons living closely with HIV positive person. If a medical person discloses the HIV status,

they must inform person tested of nature, purpose and person to whom that information is given.

If found guilty, a health personnel can spend 5 years in prison.

Con: Bill also in the same breath breeches the confidentiality and privacy by for example not only making testing mandatory for Sex offenders, pregnant women and their partners, child born to HIV positive mother and any one under a court order. It makes it criminal for a person with HIV for spreading HIV and this means that if a pregnant woman knows her status and sleeps with husband she can face imprisonment even if she may not have been the one that transmitted the virus. If found guilty, it prescribes 10 years or more in prison.

Stigma and discrimination (Part VII) - The act together with the constitution refuse discrimination based on perceived and actual HIV status to prevent access and utilization of health facilities, education, credit services like banks and loan schemes, insurance, travel work and political opportunities as well as government initiatives. It makes illegal employment policies that may for example require mandatory testing.

Access to Treatment and essential medicines - The act prescribes quality and up to date access to services and essential medicines in health facilities by the government at all times and also promotes counselling. It also criminalizes individuals that give statements or information about HIV that is not scientifically backed. It also provides a fund that improves HIV treatment under the government.

Policy advocacy issues that one may follow up include:
Access to PREP, PEP and ARTs , increase in funding, Breach of confidentiality, Litigation issues around discrimination unless there is proof that it is positive for example being un able to work due to sickness, forced testing, lack of comprehensive information among others.

5.4 Sexual Gender Based Violence (SGBV):

Instructions

Chain game (SGBV):

- Start the session with the chain game on Sexual Gender Violence.
- Arrange chain cards in order separating the one with a negative out come and positive outcomes.
- Ask a participant to pick a card and explain the different illustrations until the story is complete.
- After all cards are done and story is complete, use the facilitator notes below to start a conversation.

Notes:

- SGBV includes harm caused to another person of sexual nature or intention. An act is considered SGBV if it is un solicited or performed without consent. Consent is agreement to take part in sexual activities and can be freely given, reversible, informed (know and be able to deal with possible outcomes), enthusiastic and specific.
- SGBV Laws in Uganda look at three major forms and are apparent in the Ugandan Penal Code (Chapter xiv) termed as offences against morality :

Facilitator Lecture:

In order to carry out this session, approach a family and child protection police officer in the sub county or district to speak about laws, cases and referral systems.

https://ulii.org/akn/ug/act/ord/1950/12/eng%402014-05-09#chp_XIV

- **Rape** – It recognises rape as having sex with a woman or girl without her consent or with consent obtained by threats, intimidation, fear of bodily harm, false representations for example by impersonating her husband commits felony and is liable to a death sentence.
- **Attempt to** commit rape- Imprisonment for life.
- **Abduction** (abduction with intent to marry or detain for sexual intercourse)- liable to 7 years.
- **Indecent assaults** (make sound, gestures, exhibits any object or intrudes upon privacy) towards a woman or girl – I year of imprisonment.
- **Defilement** – not less than 8 years in prison.
- **Aggravated defilement** (The circumstances referred to in subsection (3) are as follows—(a)where the person against whom the offence is committed is below the age of fourteen years;(b)where the offender is infected with the **Human Immunodeficiency Virus** (HIV);(c)where the offender is a parent or guardian of or a person in authority over, the person against whom the offence is committed;(d)where the victim of the offence is a person with a disability; or(e)where the offender is a serial offender) – Death penalty.
- **Defilement of idiots** or imbeciles- 14 years.
- Procures/ pays for sexual services – 7 years only if there is more than one witness unless that witness is corroborated in some material particular evidence implicating the accused.

5.5 Child marriages and teenage pregnancies.

Instructions

Chain game (Teenage Pregnancy):

- Start the session with the chain game on teenage pregnancy and school reentry.
- Arrange chain cards in order separating the one with a negative out come and positive outcomes.
- Ask a participant to pick a card and explain the different illustrations until the story is complete.
- After all cards are done and story is complete, use the facilitator notes below to start a conversation.

Lecture notes:

The right to education is a fundamental human right in Ugandan laws for everyone enshrined in the Ugandan Constitution of 1995 and the education act and in this overseeing establishment of UPE and USE (Universal Primary and Secondary Education). Girl child enrollment continues to increase but is challenged by teenage pregnancies especially after COVID 19 increasing drop out at earlier education stages despite equal enrollment at the start.

Although there are no policies and laws that prohibit pregnant mothers or even young/ adolescent mothers many times they face suspensions, denial of entry and even ridiculed by teachers and fellow students.

When we get a pregnant girl, she is normally expelled from school and embarrassingly expelled, the child is packed on the school car, in the vicinity of all students; we call for assembly, to inform the whole student community on how one of them is pregnant and is to be expelled. They even put a notice on the notice board publicizing the victim's fate (girl) (name of school withheld).

Although such practices may be seen as disciplinary but without handling underlying social cause lead to girls running from schools and self-stigma.

Schools also lack facilities and exemptions that allow for teenage mothers to breast feed and take care of their children during school hours. Even though it is widely known that victims are most often cases of defilement, coercive acts and sexual exploitation, they are often blamed by community leaders and people around them.

Teenage pregnancies are more rampant in rural areas and high risk for poorer communities. They can as well be caused by: reduced parental involvement, lack of information, child marriages among others. Girls are usually: Chased from their homes by guardians/ parents, married off, assisted by parents to abort and seeing them as useless hence forth.

Some negative views against policies for teenage mother re entry include teaching other girls to get pregnant, they cannot concentrate and they are in a delicate situation (Pregnancy weakens the female brain).
However, if 34 percent of girl child school drop outs are women then it creates a burden to the country and means poorer and non-healthy families over time.

Teenage mothers will have more children, be poorer and more likely to have HIV/ AIDs and other diseases forcing the government to spend more money overall.

https://education.go.ug/wp-content/uploads/2019/07/gender_Report-on-Girls-Re-ntry-in-school.pdf
https://www.ntv.co.ug/ug/news/national/block-pregnant-girls-from-attending-school-bishop-tells-teachers-3678580

All headteachers, I want to tell you that we shall not allow pregnant or breastfeeding girls in class. When all girls turn up, carry out the usual medical examination so that those found pregnant can go back and give birth they will come back after giving birth.

"Imagine someone saying even breastfeeding ones should be allowed to attend class. No, this we shall not accept because our schools were started purposely not only to impart knowledge but also discipline in children. How can a teacher be teaching when a girl is giving breasts to her child?"

After, women and human rights organizations organized advocacy efforts to allow teenage mothers to return to school after COVID-19, the ministry of education revised the prevention and management of teenage pregnancy guidelines to incorporate the re entry part.

Among other procedures / actions, the guidelines encourage routine pregnancy tests, counselling to parents and girl, signed agreement to re-enter school, assistance to gain a medical report in case of, allowing girl to sit for final exams if she wishes to and making it mandatory for candidate classes as well as in-discriminatory treatment from teachers and student. For adolescent fathers, counselling shall be provided and tracking of sexual violence and legal action taken for both them and teachers if found guilty. The senior woman/man shall be available to receive reports of discrimination, ridicule or jokes about learners who are pregnant or adolescent mothers by fellow learners. Such violations might have happened in the community or at school, and may be reported by the learners from other schools or community members.

In regards to responsibilities by stakeholders:

1. Ministry of Gender- The national level School Health Coordination with staff from MOES, MOH, and Ministry of gender.
2. District Level- District School Health Committee constitutes by the DE0, DHO, DCDO, local council secretary for health, CSOs and other relevant stakeholders.

3. School- School Health Committee formed by members of the SMC, PTA and school staff (head teacher, senior woman or man) .
4. Health worker nearby, religious leaders, police, family and cultural leaders.

District School Health Committees-

a) Promote and increase awareness about the importance of the guidelines
b) Coordinate district-wide activities for promoting the use of the guidelines.
c) Provide technical support to schools in use of the guidelines.
d) Ensure that schools implement the guidelines
e) Conduct regular monitoring, evaluation and data collection on use of the guidelines District Health Officer/Municipal medical officer
f) Provide technical support to community-based workers in use of the guidelines.
g) Ensure that community-based workers implement the guidelines.

School Committees:

a) Screen and support pregnant girls within school with no discrimination and work on such cases.

b) Create linkages between health workers, teachers, children and family protection units.

c) Adopt and implement guidelines.

d) Collaborate with other actors like CSOs, NGOs, the police, local leaders and responsible families

e) Support the family of the pregnant girl to trace the boy/man responsible for pregnancy e) g) Compile data on adolescent pregnancies and adolescent mothers and report to the DSHC) Collaborate with key agencies with mandate to ensure law and order such as police and courts of law to ensure that justice or prosecution is executed, if required.

f) Provide adolescents with age appropriate information on prevention of pregnancy, and counsel against dangers of bad sexual practices.

g) Create school clubs for health.

Questions:

- Are the re entry policies being implemented and how in our community?
- What are some challenges preventing this? What are some structures encouraging this?
- Who should be held accountable and in what?
- If these guidelines are not implemented, please discuss potential risks for individual, community and nationally?

LESSON 6: UNDERSTANDING POLICY ADVOCACY:

Objectives;

At the end of the session, the participants will be able to:

- Understand what SRHR Advocacy is
- Understand smart advocacy approaches.

Time allotment:

3 hours mins.

Materials –

- PowerPoint presentation of the topic
- LCD projector- Laptop.
- Copies of the smart advocacy.

Training methods:

Group work,

Preparation:

- Read this session completely before teaching this lesson.
- Print out copies of the smart advocacy tool.

Session outline:

- Lecture on Advocacy- 30 mins
- Smart advocacy tool development- 180 mins (3 hours).

• LCD projector- Laptop.

6.1 Introduction to Advocacy

Facilitator training notes:

Advocacy is the deliberate process of influencing those who make decisions about developing, changing and implementing policies and in Embibo case around gender and sexual reproductive health in equalities. This is mainly in the arena of public service provision, budgetary changes and policies.

One may argue for silent issues in the community to become issues of public concern such as rape, post abortion care and menstruation.

Policy changes are issues that we feel are of concern within our communities that have not been properly addressed or are missing in planning efforts by the government. Advocacy is mainly targeted to those that have the ability to legislate, negotiate and set budgets relating to a public good/ cause.

There are many ways in which one can influence policy makers and power holders and these include meetings, public protests, partnering with other actors that can mount pressure. An advocate may fight for SRHR policies, domestication and implementation of policies/ laws.

What advocacy is not?

- Community mobilization efforts and sensitization.
- Insulting and abusing people.
- General communications like case studies, photographs etc

Advocacy is about accountability. Those who have power, including governments should deliver on commitments made to their citizens, and business should deliver on their commitments to customers and the communities in which they operate. When this doesn't happen citizens can use advocacy to ensure power holders are accountable.

6.2 Smart Advocacy Tool

Group Work Instructions:

In groups of two, guide participants the participants to fill in the smart advocacy tool below using either the: National Sexuality Education Framework, HIV Control Bill and Act, Family Planning Commitments 2030, SGBV penal code laws, Guidelines on teenage mother re-entry.

6.1 Introduction to Advocacy

Strategy Lead Consultant: **GENERAL GOAL, SMART OBJECTIVE**

Use evidence and knowledge to understand how to focus your advocacy. Use the tablebelow to detail and consider everything you know or can learn about your issue from official statistics to pert opinions to knowledge from fellow advocates	
Environment	Evidence
Actors	Policy
1.2 Find Advocacy Opportunities	
Identify strategic openings. What advocacy opportunities and obstacles do you see in your landscape? Which of these opportunities new leadership, policy developments,community needs would allow you to achieve an advocacy win within the next sixto 12 months? Weigh opportunities against the obstacles.	

2.1 Inventory All Stakeholders

Who do you need in an advocacy working group to reach your opportunity? Brain storm individuals and organizations that can be potential allies. Add their contact information to the chart below and put a check in the "Priority for Inclusion" column if the contact is critical to your advocacy.

Individual's name	Organization and position	Phone	E-mail	Priority for inclusion	Notes

Step 3: Set a SMART Objective

3.1 Agree on a Long-Term Goal	
In the space below, state a concise long-term advocacy goal to help guide and focus your first **SMART objective.**	
GENERAL GOAL;	

3.2 Create a SMART Objective

Let's review your landscape. What is the first step to reaching your goal? What is achievable in a six- to 12-month time frame?

3.3 Assess Your Objective's "SMART-ness"

Is the objective SMART? To find out, answer these questions:	Check if Yes
Specific Does the objective clearly lay out the desired outcome, including the decision-maker's name and position and the action or decision you seek?	
Measurable Are there specific quantitative or qualitative indicators that can measure or verify whether your advocacy objective is met, and to what extent?	
Attainable Is the objective feasible within the determined time frame, given the current landscape and available resources?	
Relevant Based on available evidence, will the objective contribute to the overall goal of the advocacy effort?	
Time-bound Does the objective explicitly state an anticipated date by which the advocacy objective will be achieved?	

Phase 2: Focus Efforts
Step 4: Know the Decision-maker

4.1 Confirm Your Decision-maker
Review how decisions are made on your issue. Who proposes actions and who has the final authority to act on and achieve your SMART objective? Do you have the connections and access to focus immediately on the highest level of decision-maker, or is there a more accessible or more appropriate entry point? Do you need more than one decision-maker to achieve your objective?
Write in your decision-maker and their name, position, and location. If you have more than one decision maker, decide which of them you will approach first and why.
4.2 Get to Know Your Decision-maker
Write down what you know about the key decision-maker. Tap into your network to gather any information you are missing. Your group may not know all the answers to the questions below. Note the items that may require more research or outreach.

What do you know about the decision-maker?	
What is their background/profession?	
What is their level of authority in their organization?	
Have they taken any actions that suggest they could act on your request?	
Have they made any statements for or against the objective or issue you are addressing? List any relevant statements.	
Are they willing and able to act on issues that they care about?	
Who is in their social/political circle? Whose opinion do they value most?	

What does the decision-maker value?

	Check if yes	Evidence of their stance
Socio-economic development Is your decision maker driven by advancing the country's economy or social development?		
Cost-effectiveness Is your decision-maker known to be budget-conscious?		
Youth Are young people central to your decision-maker's agenda?		
Health Is your decision-maker concerned about public health?		
Human rights or religious beliefs Has your decision-maker used human rights or faith-based ar guments to justify their actions or position?		

What does the decision-maker value?

	Check if yes	Evidence of their stance
Career advancement Could policy action on your issue help advance the decision-maker's career or reputation?		
Others Are there public statements, policy actions, or off-the-record intelligence that explain the deci sion-maker's values?		
What is your decision-maker's core value?		
Of all the values you assessed for your decision-maker, which value appears to be their driving force? Select their "core" value and enter it below.		

How will saying yes to your ask benefit the decision-maker?
Your argument should focus on the positive and convey that a decision-maker's leadership can make a difference.
Making this decision will set them apart as an extraordinary service delivery leader and exemplary. Wins of reduced teenage pregnancy will be attached to their leadership and time as DHO.

Step 5: Determine the Ask

5.1 Ways to Argue Your Case—the Three E's		
People decide to take action for a variety of reasons, and thus respond to different types of arguments—evidence-based, emotional, and ethical. Write down evidence-based, emotional, and ethical arguments that will support your case.		
Evidence What facts support your objective?	Emotion How can you humanize the need for the action that you seek?	Ethics Which religious, cultural, or ethical arguments support your objective?

5.2 The Five-Point Message Box

The Five-Point Message Box pulls together all the groundwork you completed in Steps 3 through 5 and synthesizes the information to get to your ask. Complete the following questions to develop your tailored advocacy message.		
1. Identify the decision-maker	Referring to the decision-maker by name, and not title alone, helps to tailor the message more accurately. See your answer from 4.1. Write it in the box to the right.	(Name and position)
2. Identify decision-maker's core value	What do they care about? Copy your decision-maker's core value from 4.2.	Core value:
3. Anticipate objections and prepare response	Review the evidence-based, emotional, and ethical arguments that you identified in 5.1 and anticipate your decision-maker's potential objections. With the objections in hand, write out potential responses. Provide only the information most relevant to the values of the decision-maker and the challenges they face.	Objection:
		Response:
4. Articulate your SMART ask	The SMART ask is a reiteration of your SMART objective but framed as a request for your decision-maker. In the box at right, write your SMART ask and then check it against the SMART criteria below.	
		Place a check by each criterion that the ask meets.
		Specific
		Measurable
		Attainable
		Relevant
		Time-bound

5.Answer the question: ‘’To what end?”	What are the benefits that match the decision-maker’s core value? Tell a decision-maker why acting on your request benefits the decision-maker and reinforces their values, as identified in 4.2.	

5.3. Select a Messenger

List the individuals who are most likely to influence your decision-maker to act and prioritize the one or two to whom you have access or who are most influential with the decision-maker. In the notes column add relevant information (e.g., their relationship to the decision-maker or who will reach out to them if they are not a member of your Advocacy Working Group.)

Name	Title	Phone/Email	Notes

5.4 Practice Your Advocacy Ask

Role-play a meeting with your decision-maker. Divide into pairs and select one person to serve as the decision-maker and one as the messenger. Use arguments from the Five-Point Message Box to persuade the decision-maker to act. The decision-maker should use the values from Step 4 to respond to arguments, ask questions, and raise objections. Take notes on what worked and what did not work in the role-play.

Role-play notes

Step 6: Create a Workplan

6.1 Map Your Resources

What assets will you need to support your advocacy effort? What funding, staff, skills, etc. can your organization or working group members and their organizations contribute? Do you have the time, clout, and access needed? This internal review also covers the challenges that you may face in not having sufficient influence, funding, or time to carry out your advocacy strategy. In the form below, indicate "yes" or "no" to answer each question and describe the resource in the next column to the right. If you answer "no," brainstorm how your advocacy working group will obtain the resource.

What resources do you have in your advocacy working group? (individuals, organizations, or collectively)	Yes/ No	Describe here	If no, how will you get it?
• Do you have the financial resources? • Do you have the time? • Do you have the data to support your ask? • Do you have the human resources to implement your advocacy strategy? • Do you have access to your decision-maker and those who influence them?			

6.2 Create a SMART Work Plan

Create a detailed timeline with assignments for specific activities. Assign one individual or organization to coordinate the strategy and see that all activities of the work plan are implemented. Estimate costs for each activity. Then, list who is responsible for implementing the activity. Set deadlines to track your progress.

Objective:

Activity	Output	Estimated Cost	Person responsible	Timeline

Phase 3: Achieve Change

Step 7: Present the Case

Step 8: Monitor the Plan

8.1. Outputs. Refer back to the activities listed in your SMART work plan.

Select three key activities most important for you to monitor. What product(s) will you generate as a result of activities implemented? What sources, tools, or means will you use to measure or verify your output(s)?

Objective:		
Activity	Output	Data source or means of verification

8.2. Outcomes.

Select at least two outcomes that you expect to observe if/when the objective is achieved. Start with the outcome directly associated with your SMART objective; then, consider subsequent outcomes that may follow as a result of the win. What sources, tools, or means would you use to measure or verify your outcome(s)?

Objective: **Intended outcome**	**Outcome indicator(s)**	**Verification**

8.3 IMPACT.

To translate your goal to statements of anticipated impact, de-scribe the most relevant realities that are measurable and observable if the goal is achieved. As multiple advocacy wins are achieved, which indicators demon-strate impact? What new or existing sources, tools, or other means will you use to measure, verify, or illustrate your impact?

Intended impact (goal statement)	Impact indicator(s)	Data source or means of Verification

Step 9: Capture Results

9.1 Draft Your Story
Use the worksheet below to outline the advocacy story.
Key audience
Who do you want to reach with your story (e.g., donors, advocacy working group members, policymakers, other organizations) and why?
Format
What is the best way to tell your story (e.g., case study, blog, video, news article)?

Dissemination plan
How do you plan to share your story with the key audiences (e.g., presentation, website, email, podcast, social media)?
Headline
In 10 words or fewer summarize the advocacy outcome and why it is important. Make it as specific and measurable as possible.

Summary and key message
What is the significant change you are reporting? The summary should be one to two paragraphs and expand on the information in the headline. It should be simple, direct, and answer basic questions: Who? What? When? Where? Why? Who made what decision on what date in which jurisdiction? Include details about the population potentially or actually affected by the change (If available)
Quotes, photos, graphics [optional]
Quotes can be a dynamic addition to news summery. They can provide insight onimpact (answering the question, "Why should we care?") or lend color to the content. Examples of those who might be quoted include a local champion or government representative. Be sure to get the quote approved by the person to whom it is attributed. Photos can draw the reader in and amplify recognition of the decision-maker or issue being addressed. Do not use photos of private citizens without their permission. Graphics can make your results and potential impact easier to understand and should present only one key point.

Progress Monitoring Template		
SMART Advocacy Objective:	Objective status Mark with an "X" the objective status below ___Ongoing Date advocacy effort started: _____ ___Achieved Date advocacy win achieved: _____ ___Changed	
Key Activities Insert key activities from your work plan.	**Outputs** What product(s) will you generate as a result of activities implemented?	**Data source or means of verification** What sources, tools, or other means will you use to measure or verify your output(s)?

Outcomes Start with the outcome directly associated with your SMART objective; then, consider subsequent outcomes that may follow as a result of the win.	Data source or means of verification What sources, tools, or other means would you use to measure or verify your outcome(s)?

Periodically reflect on what you have experienced and learned during the advocacy process. Describe any expected or unexpected opportunities and challenges. Use your refletions to comfirm that you are on the right tract or need to re-assess or refine your advocacy strategy
Opportunities
Challenges

Feminist Rural Academy: Empowering Rural Young Women with skills and knowledge to collectively advocate for their rights and lead change

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