

# Lessons from Practice: Building Capacity for Gender Equality and Social Inclusion in Ugandan Gender-Based Violence and Reproductive Health Rights Work

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## ABSTRACT

**Background:** This is a paper focuses on practical ways in which institutions can embed gender equality and social inclusion in their work on gender-based violence and sexual reproductive health rights. It provides experiential ways and a capacity building framework for embedding gender equality and social in gender-based violence and sexual reproductive health rights work. The paper is generated from an ongoing capacity building program that has run for a period of one year with actors working on gender-based violence and reproductive health work in eastern and central uganda.

**Description:** Gender equality and social inclusion (GESI) form an important dimension in understanding adolescent, persons with disability and women's reproductive health. specifically, understanding gender identity, typing and stereotypes and how this affects adolescent, women and person's with disability sexual reproductive health rights is critical in explaining their access to and utilization of SRHR/SGBV information; their vulnerability to SRHR abuses and violations; and in interrogating social norms, values and practices on SRHR and designing participatory meaningful GBVRH programs thus the need for GESI capacity in gender based violence and sexual reproductive health rights (GBV/ SRHR) work. the capacity building program focused on linking theoretically and practically the gender transformative approach to the socio-ecological model in GBV/SRHR work.

**Achievement:** the heroes program has allocated 5% of its training budget for individuals with disabilities, ensuring disability inclusion of the program. staff have recognized the influence of power dynamics in the realization of individual sexual and reproductive health rights. overall training satisfaction improved from 80.6% in phase 1 to 85% in phase 2.

**Lesson Learnt:** Building capacity for gender equality and social inclusion in gender-based violence and sexual reproductive health rights work requires multifaceted systematic efforts that focus on knowledge, skills and practices of the individual actors while on another, putting in place institutional processes to foster application.

**Conclusion:** Building capacity for gender equality and social inclusion in gender-based violence and sexual reproductive health rights work is crucial to transforming the status quo especially in relation to teenage pregnancies and unwanted pregnancies and the management and elimination of all forms of gender related violence in public and private spaces.

**Keywords:** Gender Equality; Social Inclusion; Capacity Building; SRHR. SGBV

## Introduction

The paper focuses on ways in which institutions can embed gender equality and social inclusion in their work on gender-based violence and sexual reproductive health rights. It provides experiential ways and a capacity building framework for embedding gender equality and social in gender-based violence and reproductive health work. The paper is generated from an ongoing capacity building program by the Heroes for Gender Transformative Action (H4GTA) program that started in 2020 is “an integrated programme seeking to make substantive progress against harmful traditional norms that have legitimized gender inequity and discrimination in Uganda and have resulted in world leading rates of widespread sexual and gender-based violence [1].” The GESI training has run for a period of one year with actors working on gender-based violence and sexual reproductive health rights work in Eastern and Central Uganda. Within the program, specific focus was granted to disability inclusion, as persons with a disability is a group that is often left out in social inclusion initiatives.

Gender equality and social inclusion are crucial for addressing gender-based violence (GBV) and ensuring sexual and reproductive health rights (SRHR), as they tackle the root causes of inequality and empower individuals to make informed decisions about their bodies and lives. Gender inequality is a driver of GBV, including sexual assault, unwanted pregnancy, and reproductive cultural coercion and societal norms that equate masculinity with power control contribute to the prevalence of GBV. Gender equality is intrinsically linked to SRHR. Discriminatory systems and norms deny women and girls access to SRHR information and services, impacting their ability to make informed choices about their bodies and reproductive health rights. Social inclusion ensures that everyone, regardless of gender, ethnicity, disability, or other characteristics has equal opportunities, and decision-making power. Empowering individual, particularly women and girls, with knowledge, skills, and resources is essential for preventing GBV and promoting SRHR [2].

The Heroes 4 Gender Transformative Action Programme (Heroes 4 GTA) is a six-year integrated sexual reproductive Health and Rights Programme (ISRHR) funded by the kingdom of Netherlands and implemented in partnership with Amref Health Africa, Cordaid and MIFUMI with Amref Health Africa in the lead. The Programme aims at improving the wellbeing of young people (10-24 years) and women (15-49 years) by empowering them with SRHR/SGBV information and enhancing decision making skills, strengthening health systems, engendering communities, reducing social tolerance to SRHR and SGBV violations and strengthening SGBV response. The program seeks to address the disproportionate burden of SRHR violations and SGBV among young people and women in Uganda, which curtails their overall social progress and contribution to economic development.

The HEROES' programme is currently directing efforts towards

strengthening GESI. Incorporating a Gender Equality and Social Inclusion (GESI) approach, a transformative approach, and a approach to disability and development is crucial for achieving sustainable SRHR/SGBV interventions in the HEROES programme. This is because a GESI approach ensures that the unique needs, challenges, and perspectives of individuals of all genders are considered and addressed. This helps to promote gender equality, empower marginalized groups, and create more inclusive and just societies.

## Description

Gender equality and social inclusion (GESI) form an important dimension in understanding adolescent, persons with disability and women's reproductive health rights. Specifically, understanding gender identity, typing and stereotypes and how this affects adolescent, women and person's with disability reproductive health is critical in explaining their access to and utilization of SRHR/SGBV information; their vulnerability to SRHR abuses and violations; and in interrogating social norms, values and practices on SRHR and designing participatory meaningful GBV/SRHR programs thus the need for GESI capacity in GBV/SRHR work. The capacity building program focused on linking theoretically and practically the gender transformative approach to the socio-ecological model in GBV/SRHR work. The HEROES' programme is currently directing efforts towards strengthening GESI. Incorporating a Gender Equality and Social Inclusion (GESI) approach, a transformative approach, and a approach to disability and development is crucial for achieving sustainable SRHR/SGBV interventions in the HEROES' programme. This is because a GESI approach ensures that the unique needs, challenges, and perspectives of individuals of all genders are considered and addressed. This helps to promote gender equality, empower marginalized groups, and create more inclusive and just societies.

A transformative approach goes beyond just addressing immediate needs and instead aims to tackle the root causes of inequality and discrimination. This can involve changing social norms, challenging power structures, and promoting systemic change. While a disability and development approach recognize that individuals with disabilities are often among the most marginalized and disadvantaged groups. Incorporating this approach ensures that the specific needs and rights of persons with disabilities are addressed and that they are empowered to participate fully in development processes. Collectively, these approaches help to create more inclusive, equitable, and sustainable development outcomes that benefit all members of society.

## Purpose of the Gender and Social Inclusion Capacity Building

To enable all the actors in the HEROES service provision chain to be able to support and facilitate the systematic inclusion of vulnerable communities in the SRHR and SGBV intervention in the program districts.

## Objectives of the Gender and Social Inclusion Capacity Building

The training objectives included the following:

1. Enable the course participants to build their own understanding/meaning of the concepts at a personal and institutional level.
2. Facilitate the course participants to strengthen their own intellectual capabilities and awareness of gender and social inclusion.
3. Support and mentor the course participants to strengthen their GTA technical skills including monitoring evaluation and learning (MEL) in the gender transformative action (GTA) and social inclusion approach to SRHR and SGBV through practical undertakings with the scope of tHeroes project.
4. Facilitate the development of a network of trainers including state institutions that heroes can draw upon in GTA/Social Inclusion and SRHR/SGV.

**Significance of the Training:** The presumption was that the trained persons in their different categories will continue the process of knowledge transfer. It means that sustainability of the GTA with the program will be possible. Change is a process and hence one-off training may not lead to the desired state of affairs. It was also expected that the training would enable the course participants to feel and act as the experts - with gender awareness, ability to do basic analysis and GTA approach application in HEROES 2.0. ref GESI capacity development indicators; alignment of the project direction on gender to the government frameworks/policies and processes of building gender equality; evidence of the current status quo and changes on social norms, values with special focus on SRHR and SGBV; Improved ability to promote, protect and fulfil girl's SRHR; visibility of social inclusion of persons with disabilities on board - girls, boys, women and men; success stories - actual sharing of what is happening; Identification of community involvement mechanisms for gender transformation; Policy briefs - highlighting the norms; Strengthening of partnerships - Building synergy at institutional and community level and building community perspectives and Voices into the norms/values using documentation of stories

**Knowledge, Attitude and Practice Areas of Focus for the GESI Capacity Building:** The following are the areas that were addressed

1. Gender Equality concepts
2. Why gender and SRHR/SGBV?
3. Theories and intersectionality/Social Inclusion - Intersectionality - diversity
4. Approaches to gender and health Gender Transformative Approach/Disability and Inclusion
  - A. Gender and the Health systems
  - B. Rights based approaches
  - C. Male engagement
  - D. Woman's life cycle approaches
5. Linking the GTA/Disability approach to HEROES program
6. Gender and SRHR and GBV
  - A. SRHR and SGBV National and International instruments
  - B. Social norms and values
  - C. Champions of change and SRHR
  - D. SRHR advocacy options
  - E. SGBV advocacy options
7. Monitoring and evaluation - outcome harvesting
8. Writing/Documentation Skills
9. Training of trainers (ToT) skills

## Approach to the Training

The training was based on a tailor-made physical experiential learning process whose intention was to stimulate individual, group and institutional commitment towards gender equality, equity and social inclusion. The training applied experiential learning in the understanding that it would lead to identification of areas of strength to build on and weakness that need further support to improve the current status of GESI in the Heroes program. Experiential learning focuses on reflection on doing and acting on the gained lessons. The real-world problems and the learner are the center of focus of experiential learning (Bartle, 2015). In the context of the trainees, the GESI training processes enabled them to engage on one hand with the theoretical knowledge and on another with the real-world context of the Heroes program. The trainings processes were based on guided presentations, exercises and focused reflections on their own experiences of their work in the Heroes programme so as to strengthen skills and clarify values on GESI.

Included in the process is operational research to assess the relevance of the curricular content to the communities and the other possible constraints - what works or does not work especially in the context of SRHR/SGBV. The training presumed that the expert that is the Heroes program staff, was the person who has direct experience of the problem and hence held the key to overcoming this problem. The training was organized in the form of a phased learning process where participants would learn to implement or work with GESI specifically GTA/Disability inclusion. In this approach, the trainers played the role of a change process facilitator. Initially 4 phases were planned as follows

**Phase one:** Phase one was divided into two parts.

1. Key concepts and gender and inclusion analysis/gender transformative approach/disability and development approach
2. The practice session - Gender and inclusion analysis to establish the current status quo including gaps, strengths, barrier analysis.

**Phase Two:** Phase two focused on reviewing of phase one and application of GESI. Specifically, it focused on the following:

1. Experiences of implementation of phase one - Documentation of these experiences
2. Understanding the gender transformative approach
3. To learn to apply the gender transformative approach in the HEROES program – develop strategies to address the gaps
4. To create spaces for open discussion on GTA and the HEROES program
5. To develop action plans for follow up - Implementation plan

**Phase 3:** Gender Transformative Approach and Monitoring Evaluation and Learning

1. Experiences of phase two
2. GTA and research
3. Documentation skills - visual etc.

**Phase 4(quarter 4):** Sharing experiences and closing the capacity building program

1. Group visiting (peer review, dialogues) to learn from one another - what was useful/useless in the training. What worked or did not work? Etc.
2. Documentation of experiences - communication packages
3. Certification of course participants.

Practically, the training was run in three phases where phase three collapsed into phase one and three. Phases one and two are completed. Phase three was to run between April and May 2025. Phase one focused on GESI key concepts, gender, inclusion analysis/gender transformative approach/disability, and development approach. It also focused on the practicing of gender and inclusion and analysis. Phased two focused on reflecting on Phase one training at Individual and program level, supporting the team to understand the bottle necks of the tools; providing guidance on application of GESI in programming implementation including the marginalized people especially people with disability within Programme implementation and providing skills in practical monitoring GESI in our SRHR/SGBV programming. The It also focused on the appreciate of the disability

concepts, disability rights including SRHR rights especially in relations to menstruation, vulnerability to SGBV and lastly the Community based rehabilitation approach to disability [1-5].

Phase three will focus on documentation of gender and social inclusion work. In terms of training materials, the Rutgers' tool kit, A dopting a gender transformative approach in sexual and reproductive health and rights and gender-based violence programmes with five modules was very useful.

- **Module 1:** The modules include Module 1: Six interrelated components and the socio-ecological model.
- **Module 2:** Gender transformative approach and comprehensive sexuality education.
- **Module 3:** Gender transformative approach and youth friendly services.
- **Module 4:** Gender transformative approach and advocacy in the area of SRHR
- **Module 5:** Gender transformative approach at the level of organisations and institutions.

### Anticipated and Encountered Challenges for the Training

In preparation for the training the anticipated challenges included motivating and building interest for the different participants; agreeing on the levels of targeting and content for the different target groups including who is likely to contribute most to the cascading process - is it the partner staff or the community-based structures; building political will and interest in Gender and social inclusion for very busy results focused staff; managing the expectations of the different levels of engagement; virtual classes challenge of ensuring focus amidst multi-tasking; Building political will and resource allocation for the capacity building program. In practical terms the challenges included time to cover all the course content. It take time to making activities GESI focused.

### Target Population

The training targeted Heroes program team partners at management level and from the three field offices of Iganga, Kalangala and Mbale. Partner teams included Amref, Cordaid, Mifumi, Health Entrepreneurs as per the list attached in the annex.

### Outcomes of phase one and two of the training

#### Phase One Outcomes:

1. Course participants gained gender awareness and ability to do basic analysis and GTA approach application in HEROES 2.0. Ref GESI capacity development indicators.
2. There was an alignment of the project direction on gender to the government frameworks/policies and processes of building gender equality.



3. The participants agreed upon initial processes of ensuring more visibility of social inclusion of persons with disabilities on board – girls, boys, women and men
4. Strengthening of the process of documenting and - actual sharing of what is happening was practically done. After the first week of the training, the Monitoring, Evaluation and Learning team from the consortium partners further reviewed the outcome validation tools and undertook outcome validation in the Bukiende sub-county, Mbale district.

#### Phase Two Outcomes:

1. In one of the consortiums organizations, it was mentioned in their budgeting for their trainings, a 5% budget has been included for those with disabilities, as well as considerations for mothers with babies and house helps that come in for training to be provided support.
2. Staff implemented the application of tools on use of family planning in Adolescents and findings due to the lack of power, the power play factor for teenagers who were willing to take up the family planning because they did not have the financial means
3. The need to have a support structure to be able to report, or requiring assistance in GESI day-to-day running within the different clusters and detail the kind of support that is required. There was a proposal to nominate within the clusters GESI representatives
4. Having staff to attend each of gender meetings to keep staff more participatory in GESI implementation.
5. CBO tool based on findings proposed interventions on how to circumvent the barriers identified in the tool administered and from the ongoing training a position has to be taken on GESI implementation in CBO and adoption of tool in monitoring and evaluation of GESI in CBOs.
6. Overall satisfaction of the training attendees was 80.6% with more support needed in the application of GESI tools and implementation of action plans (See evaluation results attached).

#### Action Planning

In both phases of the training, action plans were made by the trainees. It is important to note that second phase action planning process was more structured using the CGIF framework. According to this framework, the GESI Action Plan should include categories and respond to the following questions:

**Issue:** What is the problem or challenge that could have a negative impact on women, men or vulnerable populations to access or benefit from the programme/intervention/service?

**Activity:** What are possible activities or actions that can be taken to address the issue identified?

**Indicator:** What are targets that can demonstrate that a change or improvement has been made and which are understood by the community – including specific targets for men, women and sub-groups within the communities

**Responsibility:** Who within the programme or organisation (or externally) will be responsible for ensuring that the activity is implemented?

**Project Cycle Stage:** At what stage in the project cycle should this action be implemented (planning or implementation). Since this should be updated at every phase of the project, it is important to note where in the project cycle this action should be undertaken. The stages include project planning, design, implementation, MEL, close-out (but organizations may use different stages).

**Deadline:** When should your activity be complete.

**Resource Requirements:** Ideally, the anticipated resource needs of the activity must be indicated in the action plan, to ensure follow-on project stages adequately budget for the resources required to address the identified issue. This step is referred to as Gender Responsive Budgeting. When it is not possible to provide actual budget, resource requirements should still be stipulated in terms of expertise (i.e. gender expert/engineer/capacity building expert etc.), person days (desk-based time versus time in field), etc. This means that as the project progresses to the next phase, whoever is responsible for developing the scope of work and budget has the necessary information.

#### Evaluation of the Training

A training workshop evaluation for Gender Equity and Social Inclusion (GESI) showed that it was highly successful, both immediately after the event and in the 6-months that followed as per the key findings below;

High Levels of Satisfaction and Immediate Impact; An immediate post-training survey showed that 100% of respondents felt the training objectives were met, and the overall satisfaction rating was an impressive 4.22 out of 5. Participants reported that the workshop met most of their expectations, highlighting its immediate value. Lasting Behavioral and Practical Changes; A follow-up online survey conducted 6 months after the training revealed that the training led to tangible and lasting changes in participants' work.

- **Enhanced Inclusion:** A significant number of respondents reported ensuring the inclusion of youth, women, and persons with disabilities in project activities (36%), and making sure that the voices of persons with disability were heard in meetings (29%).
- **Improved Data Collection:** 25% of participants began

collecting data disaggregated by sex, gender, and disability, which is crucial for targeted and effective programming.

- **Increased Visibility for Persons with Disability:** 31% of participants actively worked to improve the visibility and inclusion of persons with disability. Additionally, 34% took steps to ensure meetings were held in accessible venues.

**Identified Gaps and Challenges:** Despite the positive outcomes, some challenges remained. A notable gap was the low adoption of formal GESI assessment tools, with 7 out of 19 respondents reporting they had not used any of the tools provided. Most critically, while efforts were made to improve accessibility, none of the respondents had provided a sign language interpreter in meetings, indicating a significant barrier to the full inclusion of people with hearing impairments.

**Lesson Learnt:** The immediate learnings during the training included the need to focus on disaggregation of data; gender analysis; male engagement through dialogues, accountability, and meaningful involvement and decision making to fight harmful gender norms. In relation to disability, it was established that it is important to adopt a twin track approach of empowerment, mainstreaming involvement of persons with disability; engagement with disability organizations. In relation to monitoring evaluation and learning tool application and adaptation of the tools in the data base to ensure gender equality and social inclusion. Outcome harvesting which is a process of

confirmation by an authorized body that an individual has acquired knowledge, know how, information, values, skills and competencies [3]. Building capacity for gender equality and social inclusion in gender-based violence and reproductive health work requires multifaceted systematic efforts that focus on knowledge, skills and practices of the individual actors while on another, putting in place institutional processes to foster application.

## Conclusion

Building capacity for Gender Equality and social inclusion in gender-based violence and reproductive health work is crucial to transforming the status quo especially in relation to teenage pregnancies and unwanted pregnancies and the management and elimination of all forms of gender related violence in public and private spaces.

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