END OF PROJECT EVALUATION ACTIVITY REPORT

GBV and SRHR Knowledge, Attitudes, and Practices Training Programme

Uganda | 2026

Implementing Organisation	Digital Woman Uganda (DWU)
Activity	Baseline Survey, Capacity Training & Endline Evaluation on GBV and SRHR
Target Beneficiaries	Women and youth aged 18–35, including vulnerable groups, across six districts
Coverage Districts	Busia, Namyingo, Pallisa, Kibuku, Kumi, and Ngora

Total Trained	500 women and youth
Reporting Period	2025

1. Executive Summary

Digital Woman Uganda (DWU) successfully implemented a comprehensive capacity-building programme on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR), targeting women and youth aged 18–35 across six Ugandan districts. The programme comprised three sequential phases: a baseline Knowledge, Attitudes, and Practices (KAP) survey; a structured training intervention; and an end-line evaluation to measure impact. A total of 279 validated baseline responses were collected and 500 beneficiaries trained across Busia, Namyingo, Pallisa, Kibuku, Kumi, and Ngora.

The endline evaluation recorded a remarkable and consistent improvement across all measured indicators. Key changes included:

- Recognition that GBV is rooted in gender norms rose from 26% at baseline to 78% at endline, a gain of 52 percentage points.
- Awareness of at least one Ugandan law protecting women from GBV increased from 28% to 76% (+48 pts), addressing one of the most critical gaps identified pre-training.
- Willingness to actively seek help if GBV occurred improved from approximately 24% to 81% (+57 pts), reflecting increased confidence and trust in support systems.
- Knowledge of STI signs rose from 74% to 95% (+21 pts), demonstrating strong uptake of SRHR content.
- Awareness of local GBV/SRHR support organizations nearly doubled, from 36% to 82% (+46 pts).
- Support for involving men and boys in GBV prevention increased from 37% to 89% (+52 pts).
- Intention to access or use SRHR services grew from 52% to 88% (+36 pts).

These results confirm that targeted, survivor-centered, culturally sensitive training can produce significant and measurable changes in community knowledge and attitudes. The programme also benefited from strong pre-existing community demand, 85% of baseline respondents had already expressed interest in attending such training.

2. Background and Rationale

Gender-Based Violence remains a critical challenge in Uganda, with an estimated 60% of women aged 15–49 having experienced at least one form of GBV, including 23.3% experiencing sexual violence and 23.7% physical violence annually. GBV is rooted in inequitable gender norms, poverty, and the weak enforcement of protective legislation.

Similarly, limited awareness of Sexual and Reproductive Health and Rights restricts women's ability to make informed decisions about their bodies, access healthcare, and protect themselves from exploitation. Barriers including stigma, distance to health facilities, high costs, and partner disapproval continue to prevent many women from accessing essential services.

The baseline survey established a clear picture of these gaps across six districts. Only 26% of respondents linked GBV to societal gender norms; just 28% could name any protective law; only 38%

consistently had access to menstrual hygiene products; and 56% reported no visible local support organizations. Against this backdrop, 85% of respondents expressed readiness to participate in training, confirming both the need and the community appetite for this intervention.

This programme was designed to directly address those gaps through a community-based, survivorcentered approach using relatable, narrative-driven content grounded in the lived realities of Ugandan women.

3. Programme Objectives

- Assess pre-training knowledge, attitudes, and practices on GBV and SRHR through a structured baseline survey.
- Deliver a comprehensive training intervention to 500 women and youth across six districts, covering GBV types, causes, effects, SRHR rights, legal frameworks, and reporting systems.
- Conduct an endline evaluation to measure knowledge and attitudinal gains resulting from training.
- Establish data benchmarks for future programme evaluation and scale-up.

4. Methodology

4.1 Baseline Survey

A cross-sectional KAP baseline survey was conducted prior to training. A structured digital questionnaire was administered to 300 respondents; 279 were validated and included in analysis. Sampling was stratified across six districts, targeting approximately 50 respondents per district. The survey covered socio-demographic characteristics, GBV recognition, SRHR awareness and access, attitudes toward gender norms, and GBV reporting behaviour.

Data collection adhered to survivor-centered principles, ensuring confidentiality, emotional safety, and participant dignity throughout. Three trained enumerators (one per district cluster) were deployed, each supported by a local community guide. Respondents received a participation allowance of UGX 5,000.

4.2 Training Intervention

Following the baseline, structured training was delivered to 500 women and youth across the six districts. Content was organized into two modules:

- Module 1 — GBV: GBV definition and prevalence; sex versus gender; survivor identification; types of GBV; root causes and contributing factors; effects on survivors; the survivorcentered approach; confidentiality; reporting pathways; and GBV prevention including male engagement.
- Module 2 — SRHR: Sexual and reproductive rights; STI prevention and management; family planning; maternal and pre-natal health; SRHR for marginalized groups; menstrual hygiene; healthy relationships; community advocacy; and accessing SRHR services.

Training was delivered through narrative-style scripts featuring relatable characters, Achen, Nabulungi, Fatuma, and Jane, set in familiar Ugandan community contexts. Sessions were designed

to be fully accessible regardless of literacy level, prioritizing oral storytelling and peer learning over text-based materials.

4.3 Endline Evaluation

An endline evaluation was conducted after training using the same domains and indicators as the baseline survey to enable direct comparison. Results were assessed against baseline findings to quantify programme impact.

5. Key Findings

5.1 Baseline Findings

The baseline revealed a pattern of partial awareness with significant structural gaps:

- High recognition of common GBV forms: sexual assault (85%), physical assault (84%), and forced marriage (82%), but only 26% linked GBV to gender norms and societal roles.
- Legal awareness was critically low: only 28% could name any protective law, and 49% were entirely unaware of any relevant legislation.
- SRHR knowledge was moderate, 74% knew STI signs and 87% had heard of family planning, but access barriers were severe: distance to facilities (78%), high costs (76%), and stigma (75%).
- Menstrual health was significantly under-served: only 38% always had access to clean hygiene products and private facilities; 36% had experienced or witnessed menstrual stigma.
- Main barriers to reporting GBV: fear of retaliation (82%), stigma (79%), and distrust in authorities (78%); 56% reported no visible local support organizations.
- Despite these gaps, 85% expressed readiness to attend training, confirming strong community demand.

5.2 Endline Findings — Post-Training Impact

The endline evaluation recorded a remarkable and consistent improvement across all measured indicators. The table below presents a direct comparison:

Indicator	Baseline	Endline	Change ↑
GBV linked to gender norms	26%	78%	+52 pts
Aware of at least one protective law	28%	76%	+48 pts
Know signs of STIs	74%	95%	+21 pts
Would actively seek help if GBV occurred	~24%	81%	+57 pts
Aware of local GBV/SRHR support orgs	36%	82%	+46 pts

Support men/boys in GBV prevention	37%	89%	+52 pts
Rights knowledge empowers women	82%	97%	+15 pts
Access or intend to access SRHR services	52%	88%	+36 pts

Note: Changes reflect percentage point differences between baseline and endline evaluations.

Particularly significant gains were recorded in:

- Causal understanding of GBV (26% → 78%): This shift from symptom-awareness to normawareness is the most fundamental change required for long-term prevention.
- Legal literacy (28% → 76%): Participants identified this gap themselves at baseline; the training directly addressed it and the results confirmed high uptake.
- Help-seeking behaviour (~24% → 81%): A 57-point gain in willingness to report and seek help represents a critical shift in survivor empowerment.
- Organizational visibility (36% → 82%): Service mapping content effectively closed a critical information gap that was preventing survivors from accessing available support.

6. Training Delivery Highlights

Training was designed to be inclusive and accessible across all education levels. Given the baseline finding that 68% of participants used basic feature phones and 23% had no formal education, sessions relied on oral, narrative, and peer-to-peer formats rather than text-heavy materials.

- Survivor-centered framing: All content was grounded in respect, dignity, and non-judgment, creating a safe space for honest engagement on sensitive topics.
- Relatable storytelling: Scripts used named characters (Achen, Nabulungi, Fatuma, Jane) in recognizable Ugandan settings, connecting abstract rights concepts to everyday experiences.
- Male engagement: Dedicated sessions on involving men and boys generated high discussion, with post-training support rising from 37% to 89%.
- Practical referral information: Participants received the UNHCR helpline (0800 32 32 32), contacts for FIDA Uganda and Reproductive Health Uganda, and guidance on the GBV Pocket Guide.
- Menstrual health: A dedicated session addressed hygiene access and stigma, responding directly to a gap flagged in the baseline data.

7. Challenges and Mitigation

Challenge	Mitigation
Low smartphone penetration (32%) limiting digital resource access	Training optimised for oral delivery; print-ready reference cards provided to all participants
Stigma and sensitivity around GBV and SRHR topics	Survivor-centered approach maintained throughout; safe-space norms established at every session opening
Weak service visibility — 56% of respondents unaware of local support organisations	Service mapping integrated into training; helplines and local contacts shared with all 500 participants
Varied education levels, with 23% having no formal education	Scripts used simple language, storytelling, and everyday examples in place of technical terminology
Distance to health facilities (78% cited as a barrier)	Remote referral pathways, including the UNHCR helpline and GBV Pocket Guide app, were introduced as accessible alternatives

8. Conclusions

This programme demonstrates that targeted, community-based training on GBV and SRHR can produce significant and measurable improvements in knowledge and attitudes in a short period.

Participants who showed high awareness of GBV acts but poor understanding of underlying causes, legal protections, and available services at baseline recorded substantial gains across every measured indicator at endline.

The results are especially encouraging in areas most resistant to change. Recognition of gender norms as a driver of GBV, a foundational insight for prevention, rose from just 26% to 78%. Legal literacy jumped from 28% to 76%. And willingness to seek help if GBV occurred grew from approximately 24% to 81%. These are not marginal improvements; they represent a structural shift in community understanding that is necessary for sustainable change.

The programme also confirmed the value of a survivor-centered, oral, and narrative training methodology tailored to participants with varied education levels and limited smartphone access, an important design lesson for future scale-up.

9. Recommendations

- Scale up training to additional communities, with priority given to areas where legal awareness and service visibility remain lowest.
- Develop dedicated legal sensitization workshops focused specifically on the Domestic Violence Act and the Prohibition of Female Genital Mutilation Act, given the dramatic pretraining knowledge gap (28%) and the strong endline response (76%).
- Distribute community resource directories in print and via basic SMS so that referral information is retained beyond the training period.
- Invest in male engagement as a dedicated programme strand, building on the striking posttraining increase in support for men and boys' involvement (37% → 89%).
- Address menstrual hygiene through complementary community programmes supplying affordable products and actively challenging period stigma.
- Conduct follow-up assessments at 3 and 6 months post-training to measure the sustainability of knowledge gains and behaviour change over time.
- Strengthen referral linkages with police, health centres, GBV desks, and legal aid providers to ensure participants can translate improved awareness into action.

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