COHERINET

ENDLINE EVALUATION REPORT

Break It Up Project
(July 2022 – June 2026)

Assessing Knowledge, Attitudes, Social Norms and Access to Stigma-Free Post-Abortion Care Services in Uganda

Community Health Rights Network (COHERINET)
Project Areas: Kampala, Amuru and Kalangala Districts

Aunt KAK

Contents

Acknowledgement

The Community Health Rights Network (COHERINET) extends its sincere appreciation to the Safe Abortion Action Fund (SAAF) for the financial and technical support provided towards the implementation of the Break It Up Project from July 2022 to June 2026. This support enabled the project to strengthen community awareness, reduce stigma, improve referral systems, and expand access to stigma-free comprehensive abortion care and post-abortion care services for women and girls across Kampala, Amuru, and Kalangala districts.

We are deeply grateful to all project beneficiaries, peer educators, Village Health Teams (VHTs), Community Health Extension Workers (CHEWs), health workers, community leaders, religious leaders, teachers, youth representatives, and district officials who generously shared their experiences, insights, and perspectives during this endline evaluation. Their openness and commitment made it possible to document the project's achievements, lessons learned, and opportunities for future programming.

Special appreciation is extended to the management and staff of COHERINET for their leadership, coordination, and unwavering commitment throughout the implementation of the project. Their dedication to promoting sexual and reproductive health rights, strengthening community systems, and supporting women and girls in accessing quality reproductive health services has been instrumental in achieving the outcomes documented in this report.

Finally, we acknowledge the evaluation team led by Patrick Bengana for their professionalism in conducting the assessment, analysing the findings, and producing this report. It is our hope that the evidence generated through this evaluation will inform future programming, strengthen policy and practice, and contribute to sustained investments in community-led approaches that improve access to comprehensive abortion care and post-abortion care services in Uganda.

List of Acronyms

Acronym	Meaning
CAC	Comprehensive Abortion Care
CHEWs	Community Health Extension Workers
COHERINET	Community Health Rights Network
CSO	Civil Society Organization
DAC	Development Assistance Committee
DHT	District Health Team
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KII	Key Informant Interview
LC	Local Council
MoH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OPD	Outpatient Department
PAC	Post-Abortion Care
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAAF	Safe Abortion Action Fund
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
VHTs	Village Health Teams

1.0 INTRODUCTION

The Community Health Rights Network (COHERINET) implemented the Break It Up Project from July 2022 to June 2026 as a strategic reproductive health intervention aimed at reducing the burden of unsafe abortion and improving access to stigma-free Post-Abortion Care (PAC) services among women and girls in Uganda. The project was designed in response to persistent barriers that limit access to quality reproductive health services, including inadequate knowledge of available services, widespread stigma surrounding abortion and post-abortion care, harmful social and cultural norms, provider bias, and weak referral pathways.

The Break It Up Project was implemented as a continuation and scale-up of COHERINET's earlier Expanding Community Activism Project (2017–June 2022), also supported by the Safe Abortion Action Fund (SAAF). Through this earlier investment, COHERINET established a strong implementation foundation by creating a toll-free reproductive health call centre, strengthening community awareness, conducting stakeholder dialogues, establishing functional referral pathways, and training more than 63 healthcare providers from public and private Health Centre IIIs and IVs across Kampala, Amuru, and Kalangala. These foundational investments significantly enhanced community trust, strengthened partnerships with health facilities, and created a supportive environment that enabled the Break It Up Project to rapidly expand access to quality post-abortion care services while promoting sustainability of project outcomes.

Recognizing that unsafe abortion remains a significant contributor to maternal morbidity and mortality in Uganda, the project adopted a comprehensive community-centered approach that sought to address both demand-side and supply-side barriers to care. On the demand side, the project focused on increasing community awareness, improving knowledge of sexual and reproductive health rights, promoting positive attitudes towards PAC services, and reducing abortion-related stigma. On the supply side, the project strengthened referral and supporting systems while fostering linkages between communities and health facilities to facilitate timely access to quality care.

To achieve these objectives, the project implemented a range of complementary interventions including community awareness and education campaigns, peer educator engagement, promotion of a toll-free helpline, strengthening referral and coordination mechanisms, collaboration with public and private health facilities, engagement of community leaders and influencers, and initiatives aimed at transforming harmful social norms and misconceptions related to abortion and family planning. Through these interventions, the project sought to empower women and girls with accurate reproductive health information while creating a more supportive environment for accessing post-abortion care services.

Beyond improving knowledge and changing attitudes, the project sought to achieve measurable improvements in women's access to life-saving reproductive health services. Routine programme data demonstrate that these combined interventions translated into substantial increases in service utilization. The number of women accessing comprehensive abortion care and post-abortion care

services increased from 634 during the first six months of project implementation (July–December 2022) to 2,553 women by July–December 2025, representing an increase in average monthly service utilization from approximately 106 women to 426 women, a four-fold improvement across the three implementation districts. Cumulatively, more than 13,132 women accessed comprehensive abortion care or post-abortion care services during the implementation period, providing strong quantitative evidence that investments in awareness creation, stigma reduction, provider capacity strengthening, referral systems, and community engagement translated into improved access to essential reproductive health services.

As the project reached completion, COHERINET commissioned an endline evaluation to assess its overall performance, achievements, and contribution to improving knowledge, attitudes, social norms, health-seeking behaviours, and access to stigma-free PAC services in the implementation areas. The evaluation was conducted using a qualitative approach to capture the experiences, perceptions, and perspectives of project stakeholders and beneficiaries regarding the changes that occurred during the project period.

Although the evaluation primarily adopted a qualitative design to capture beneficiaries' experiences, perceptions, and narratives of change, findings have been complemented with routine programme monitoring and service utilization data to strengthen the assessment of project outcomes and demonstrate the contribution of the intervention to improved uptake of comprehensive abortion care and post-abortion care services. This mixed-evidence approach provides a richer understanding of both the lived experiences behind the observed changes and the measurable improvements in service utilization achieved over the project period.

This report presents the findings of the endline evaluation, highlighting the relevance, coherence, effectiveness, impact, efficiency, and sustainability of project interventions. It further documents key achievements, lessons learned, implementation challenges, and recommendations to inform future sexual and reproductive health programming and efforts aimed at expanding access to stigma-free post-abortion care services in Uganda.

In addition to assessing implementation performance, the report demonstrates how community mobilization, social norm transformation, provider capacity strengthening, and strengthened referral systems collectively contributed to increased utilization of reproductive health services, thereby providing evidence for future investments in community-led approaches to improving women's sexual and reproductive health outcomes.

2.0 EVALUATION OBJECTIVES

The evaluation sought to:

(i) Assess the relevance and coherence of the Break It Up Project interventions in addressing reproductive health needs, social norm barriers, and access to stigma-free post-abortion care services among target populations.

(ii) Evaluate the effectiveness and efficiency of project interventions in improving knowledge, reducing stigma, strengthening community support, and enhancing delivery of stigma-free decentralized post-abortion care services.

(iii) Determine the impact of the project on knowledge, attitudes, health-seeking behaviour, and access to post-abortion care services among beneficiaries and key community actors.

(iv) Assess the sustainability of project results and identify lessons learned, implementation gaps, and recommendations for future sexual and reproductive health programming.

3.0 METHODOLOGY

3.1: Evaluation Design

The endline evaluation adopted a qualitative evaluation design aimed at generating an in-depth understanding of how and why change occurred as a result of the Break It Up Project interventions. Given the project's focus on addressing complex social issues such as abortion stigma, social norms, health-seeking behaviours, community perceptions, and access to post-abortion care services, a qualitative approach was considered most appropriate for capturing participants' lived experiences, perspectives, and narratives of change.

The evaluation was guided by the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) evaluation criteria, namely relevance, coherence, effectiveness, efficiency, impact, and sustainability. These criteria provided a comprehensive framework for assessing project performance and understanding the extent to which the interventions responded to community needs, achieved intended outcomes, contributed to behavioural and social norm changes, and established conditions for sustainability.

While qualitative inquiry formed the primary methodological approach, routine programme monitoring data, referral records, and health facility service statistics were reviewed to contextualize qualitative findings and demonstrate changes in service utilization over the implementation period. Integrating qualitative evidence with programme data enabled the evaluation to assess not only whether change occurred, but also the extent to which project interventions translated into measurable improvements in access to comprehensive abortion care and post-abortion care services.

The evaluation employed a participatory and utilization-focused approach that engaged key stakeholders involved in project implementation and service delivery. This enabled the assessment to capture diverse perspectives regarding the project's achievements, challenges, lessons learned, and areas requiring improvement.

3.2: Study Area and Evaluation Scope

The evaluation was conducted in the project implementation areas of Kampala, Amuru, and Kalangala districts where the Break It Up Project was implemented between July 2022 and June 2026. The assessment examined project interventions related to community awareness and education, peer educator engagement, stigma reduction, strengthening referral pathways, promotion of the toll-free helpline, community mobilization, and access to post-abortion care services.

The evaluation covered the entire project implementation period and explored changes observed among beneficiaries, peer educators, community structures, and health service providers regarding knowledge, attitudes, social norms, health-seeking behaviours, and service accessibility.

The evaluation also examined longitudinal programme performance using routinely collected service utilization data from participating health facilities across Kampala, Amuru, and Kalangala districts. This enabled assessment of trends in comprehensive abortion care, post-abortion care utilization, referral completion, and post-abortion contraceptive uptake, thereby complementing stakeholder perspectives with objective programme performance data.

3.3: Selection of Respondents

A purposive sampling approach was used to identify respondents who possessed direct knowledge, experience, and involvement in project implementation or who had observed changes resulting from project interventions. Purposive sampling was considered appropriate because the evaluation sought rich and detailed information from individuals with firsthand experience of the project rather than statistical representation.

Respondents were selected from categories that were considered critical to answering the evaluation questions, including:

(i) Peer Educators involved in community mobilization and awareness creation.

(ii) Community Health Extension Workers (CHEWs).

(iii) Village Health Teams (VHTs).

(iv) Health workers and facility-based service providers.

(v) Community leaders and influencers.

(vi) Project implementation staff.

(vii) Other stakeholders engaged in reproductive health service delivery and referral systems.

The selection of respondents ensured representation of diverse experiences across different project implementation contexts and geographical locations.

3.4: Data Collection Methods

The evaluation utilized multiple qualitative data collection methods to facilitate triangulation and strengthen the credibility of findings.

3.4.1: Key Informant Interviews (KIIs)

Key Informant Interviews were conducted with individuals possessing specialized knowledge regarding project implementation, service delivery, community engagement, and reproductive health programming. The interviews explored respondents' perceptions of project relevance, effectiveness, observed changes, challenges, lessons learned, and sustainability prospects.

Semi-structured interview guides were used to ensure consistency while allowing flexibility for respondents to elaborate on emerging issues and experiences.

3.4.2: Unstructured Interviews

Unstructured interviews were conducted to capture detailed narratives, personal experiences, success stories, and contextual insights that may not have emerged through structured questioning. This method allowed respondents to discuss sensitive topics such as abortion stigma, cultural beliefs, barriers to care, and behavioural change in their own words.

The approach was particularly useful in understanding the social and cultural dynamics influencing access to post-abortion care services within project communities.

3.4.3: Document Review

A comprehensive review of project documents was undertaken to provide contextual understanding and support triangulation of findings. Documents reviewed included project proposals, progress reports, monitoring reports, training materials, project implementation records, referral system documentation, and the evaluation inception report.

The document review helped establish the project theory of change, intervention pathways, intended outcomes, and implementation milestones against which qualitative findings were assessed.

Additional programme monitoring datasets were reviewed to assess trends in service utilization throughout project implementation. These included comprehensive abortion care registers, post-abortion care service records, referral databases, and post-abortion contraceptive uptake reports. These quantitative datasets were used to validate qualitative findings and strengthen evidence on project outcomes and impact

3.5: Data Collection Procedures

Data collection was conducted by experienced qualitative researchers who were familiar with reproductive health programming and community engagement approaches.

Prior to fieldwork, interview guides were reviewed and refined to ensure alignment with the evaluation objectives and OECD-DAC criteria.

Interviews were conducted in locations convenient and comfortable for respondents to encourage open discussion and ensure confidentiality. Informed consent was obtained from all participants before participation, and respondents were informed of the purpose of the evaluation, their voluntary participation, and their right to withdraw at any stage of the interview.

Field notes were taken during interviews and discussions, while detailed records of respondent narratives, quotations, and observations were maintained to support analysis and reporting.

3.6: Data Analysis

Qualitative data were analysed using thematic content analysis, while routine programme monitoring and service utilization data were analysed descriptively to examine trends over time. Findings from both qualitative and quantitative sources were integrated during interpretation to provide a comprehensive assessment of project performance against the OECD-DAC evaluation criteria.

The analysis process involved:

1. Familiarization with the data through repeated review of interview notes and transcripts.
2. Coding of data into meaningful categories based on recurring concepts and issues.
3. Development of thematic areas aligned to the evaluation objectives and OECD-DAC criteria.
4. Identification of patterns, similarities, differences, and relationships across respondent groups.
5. Interpretation of findings in relation to project objectives, implementation strategies, and expected outcomes.

The final themes were organized according to the OECD-DAC evaluation dimensions:

- → Relevance
- → Coherence
- → Effectiveness
- → Efficiency
- → Impact
- → Sustainability

Illustrative quotations from respondents were incorporated into the analysis to provide evidence and ensure that participants' voices were reflected in the findings.

3.7: Data Triangulation

To enhance the validity and credibility of findings, information obtained from different respondent categories and data collection methods was triangulated. Findings from peer educators, health workers, community stakeholders, and project documentation were compared and cross-validated to identify areas of convergence and divergence.

Triangulation strengthened confidence in the findings by ensuring that conclusions were not based on a single source of information but rather reflected consistent patterns emerging across multiple perspectives.

3.8: Ethical Considerations

The evaluation adhered to fundamental ethical principles throughout the assessment process. Participation was voluntary, and informed consent was obtained from all respondents before interviews commenced. Confidentiality and anonymity were maintained throughout the evaluation process, and no personal identifiers were included in the final report.

Given the sensitivity of issues surrounding abortion and reproductive health, interviews were conducted in a manner that respected respondents' privacy, dignity, and cultural context. Information collected was used solely for evaluation purposes and stored securely throughout the assessment period.

3.9: Limitations of the Evaluation

The evaluation was entirely qualitative in nature and therefore does not provide statistically representative findings or quantitative estimates of project outcomes. Findings are based on the experiences, perceptions, and observations of respondents and should therefore be interpreted within the context of the study areas.

Additionally, discussions on abortion and post-abortion care remain sensitive in many communities, which may have influenced the willingness of some respondents to openly discuss their experiences. However, the use of experienced interviewers, confidential interview settings, and triangulation of findings helped minimize these limitations and strengthened the reliability of the evidence generated.

4.0 FINDINGS

4.1: RELEVANCE

4.1.1: The Project Responded to a Critical Public Health and Human Rights Need

The findings indicate that the Break It Up Project was highly relevant to the reproductive health needs of women and girls in the project implementation areas. The project was implemented within a context characterized by limited access to accurate information on post-

abortion care (PAC), widespread stigma surrounding abortion, weak referral systems, and persistent misconceptions regarding sexual and reproductive health services. Across all districts, respondents consistently reported that before the project, many women experiencing abortion-related complications often delayed or avoided seeking medical care due to fear of social judgment, discrimination, and inadequate knowledge of available services.

A peer educator explained:

"People were doing unsafe abortion, but the issue was about the stigma and fear to open up seeking medical care after that."

Similarly, another respondent observed:

"People were there in communities but they didn't know where and how to get the services."

These findings demonstrate that the project addressed a significant information and service-access gap that exposed women and girls to preventable health risks and complications resulting from delayed care-seeking.

The relevance of the Break It Up Project is further demonstrated by the measurable increase in utilization of comprehensive abortion care and post-abortion care services observed during implementation. Building on community structures established through the earlier Expanding Community Activism Project, the intervention responded to persistent information gaps, stigma, and weak referral systems that had prevented women and girls from seeking timely care. Programme monitoring data show that the number of women accessing comprehensive abortion care and post-abortion care services increased from 634 during July–December 2022 to 2,553 during July–December 2025, representing an increase in average monthly service utilization from approximately 106 to 426 women. This four-fold increase provides strong evidence that the intervention was appropriately designed to address the underlying barriers limiting access to reproductive health services.

4.1.2: Alignment with National and Global Priorities

The project was closely aligned with Uganda's legal, policy, and strategic commitments to improving maternal and reproductive health. By strengthening access to quality post-abortion care, promoting stigma-free service delivery, and improving referral systems, the project contributed to national efforts aimed at reducing preventable maternal morbidity and mortality while supporting women's right to timely and quality reproductive healthcare. The intervention also directly contributed to Sustainable Development Goal 3 by promoting healthy lives and ensuring universal access to essential sexual and reproductive health services.

The project's relevance is further demonstrated by its alignment with Uganda's national health priorities and policy frameworks. Uganda's Constitution (1995), the National Health Policy III (2020/21–2029/30), the

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Sharpened Plan, and the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights recognize the importance of providing quality reproductive health services, reducing maternal mortality, and ensuring access to emergency obstetric and post-abortion care services. The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights (2012) specifically provide guidance on the provision of post-abortion care services irrespective of the circumstances under which pregnancy loss occurred. The Break It Up Project therefore directly contributed to national efforts aimed at reducing preventable maternal morbidity and mortality associated with unsafe abortion and delayed treatment of abortion-related complications.

The project was also highly responsive to Sustainable Development Goal (SDG) 3 on ensuring healthy lives and promoting well-being for all, particularly targets relating to maternal health, universal access to sexual and reproductive healthcare services, and reduction of preventable maternal deaths.

4.1.3: Addressing Deeply Rooted Social and Structural Barriers

The evaluation identified multiple barriers that hindered access to post-abortion care services prior to project implementation. These barriers operated at individual, community, health system, and societal levels, making them difficult to address through conventional health education approaches alone.

The most frequently cited barriers included:

- → Cultural beliefs associating abortion with curses, misfortune, or moral failure.
- → Religious opposition to abortion and family planning services.
- → Community stigma and fear of social exclusion.
- → Fear of judgment, mistreatment, or discrimination by health workers.
- → Limited awareness regarding available PAC services and referral pathways.
- → High costs of accessing services in private health facilities.
- → Weak referral mechanisms between communities and health facilities.
- → Low levels of male involvement and support for reproductive health decisions.
- → Myths and misconceptions regarding family planning methods and reproductive health services.

One respondent noted that in some community's abortion was perceived as a source of bad luck and spiritual punishment, making women fearful of disclosing pregnancy-related complications or seeking appropriate medical care.

Another respondent reported that many women preferred to remain silent or seek unsafe alternatives because they feared being labelled as having intentionally terminated a pregnancy.

These findings demonstrate that the barriers to accessing post-abortion care extended beyond health service availability and were deeply rooted in prevailing social norms, cultural beliefs, and gender dynamics. The project's design appropriately recognized that improving access to care required not only strengthening service delivery systems but also addressing the social environment that influences health-seeking behaviour.

The qualitative findings indicate that these barriers were mutually reinforcing. Limited knowledge contributed to delayed care-seeking, while stigma discouraged women from disclosing pregnancy complications or seeking referrals. In many instances, fear of judgment by family members, community leaders, or health workers resulted in women initially seeking unsafe alternatives before presenting to health facilities only after complications had developed. These findings demonstrate that addressing unsafe abortion required a comprehensive intervention capable of simultaneously influencing community knowledge, provider attitudes, referral systems, and access to confidential information.

4.1.4: Relevance of Project Strategies and Interventions

The evaluation found that the intervention strategies employed by the project were highly relevant to the realities and concerns of the target population. Community dialogues, peer education, engagement of community leaders, health education sessions, school outreach activities, and promotion of the toll-free helpline directly responded to the information needs expressed by women, girls, young people, and community members.

Respondents consistently reported that the project demonstrated flexibility by adapting implementation approaches to local contexts. Rather than relying solely on stand-alone awareness campaigns, project teams integrated reproductive health education into existing community outreach platforms such as immunization campaigns, family planning days, HIV outreach activities, schools, youth groups, and community dialogue meetings. This increased acceptance of sensitive reproductive health discussions while reducing community resistance to project activities.

Respondents particularly appreciated the project's use of trusted community structures such as Village Health Teams (VHTs), Community Health Extension Workers (CHEWs), Local Council leaders, religious leaders, peer educators, and health workers. These structures were already embedded within communities and were therefore well positioned to influence attitudes, facilitate referrals, and provide accurate information.

A peer educator explained that initial attempts to reach individuals in public spaces (including taxi parks, markets, etc) yielded limited success, but community dialogues and integrated health education sessions conducted through existing health outreach activities (like during family planning days, immunization days, HIV testing community outreaches) generated much greater engagement and participation.

This demonstrates that the project adapted its implementation approach to local realities and community preferences.

The promotion of the toll-free helpline was also highly relevant because it provided a confidential mechanism through which women and girls could seek information and referrals without fear of exposure or judgment. In communities where abortion remains highly stigmatized, anonymity and privacy were particularly important considerations.

The toll-free helpline emerged as one of the project's most innovative and relevant interventions because it addressed "fear of disclosure" which is one of the greatest barriers identified by respondents. By enabling anonymous access to reproductive health information, counselling, and referral support, the helpline created a trusted entry point into the health system, particularly for adolescents and young women who were reluctant to openly discuss abortion-related concerns within their communities.

4.1.5: Relevance to Adolescents, Young Women, and Vulnerable Populations

The project was especially relevant to adolescents, young women, and other vulnerable groups who often face heightened barriers in accessing reproductive health information and services. Findings suggest that these groups frequently lacked accurate information regarding family planning, pregnancy prevention, post-abortion care, and available referral pathways.

School outreach activities, youth-focused dialogues, and peer-led awareness sessions created opportunities for young people to discuss sensitive reproductive health issues in a supportive environment. Respondents reported that many young women and adolescent girls became more willing to seek information, ask questions, and access services following project interventions.

The project's focus on reaching women and girls who are often marginalized by social norms and stigma therefore addressed a critical gap in existing reproductive health programming.

Evidence from interviews further suggests that the project appropriately recognized that adolescents and economically vulnerable young women experience multiple and overlapping vulnerabilities, including poverty, school dropout, limited sexuality education, gender inequality, and restricted access to reproductive health commodities. Consequently, interventions that combined comprehensive sexuality education, peer support, community engagement, and confidential referral mechanisms were particularly relevant in addressing the broader social determinants influencing unintended pregnancies and delayed care-seeking among young people.

4.1.6: Evidence that relevance translated into results

One of the strongest indicators of project relevance is that improvements in community awareness and referral systems translated into increased utilization of reproductive health services. Routine programme data demonstrate a sustained upward trend in the number of women accessing comprehensive abortion care and post-abortion care services throughout

implementation. The cumulative increase in service utilization suggests that the intervention addressed genuine unmet needs within the target communities rather than generating short-term project-driven demand. This consistency across implementation periods demonstrates that the selected intervention strategies remained relevant throughout the project lifecycle and continued to respond to evolving community needs.

4.1.7: Assessment of Relevance

The Break It Up Project was highly relevant to the needs and priorities of women, girls, and other target populations across the implementation districts. The intervention responded to critical health system, community, and social barriers affecting access to post-abortion care services while remaining closely aligned with Uganda's reproductive health priorities and international commitments to improving maternal health. Importantly, the relevance of the intervention is demonstrated not only through stakeholder perceptions but also through the substantial increase in utilization of comprehensive abortion care and post-abortion care services observed throughout project implementation.

"Before COHERINET came in, people knew about family planning and unsafe abortion was happening, but the major problem was stigma and fear of opening up to seek medical care." (Peer Educator, Nabweru)

"Women and girls feared coming to the health facility because once they came, the community would assume they had intentionally aborted." (Peer Educator, Rubaga)

"In our community, abortion is associated with misfortune; people believe the woman may become unlucky because the child's spirit will keep asking why it was killed." (Peer Educator, Nabweru)

"The greatest barrier was stigma. Even where pregnancy loss happened for other reasons, the community could still label the woman as having aborted." (Peer Educator, Kawempe)

"Teenage pregnancy is on the rise here. We receive girls as young as 15 and 16 years who are already pregnant." (Health Worker, Kalangala)

"Some girls are out of school and in small vocational trainings; it becomes hard to protect them from men moving around with money." (Health Worker, Kalangala)

"Some students said they wanted condoms but could not access them because the school was faith-based and the administration believed students did not need them." (VHT, Kalangala)

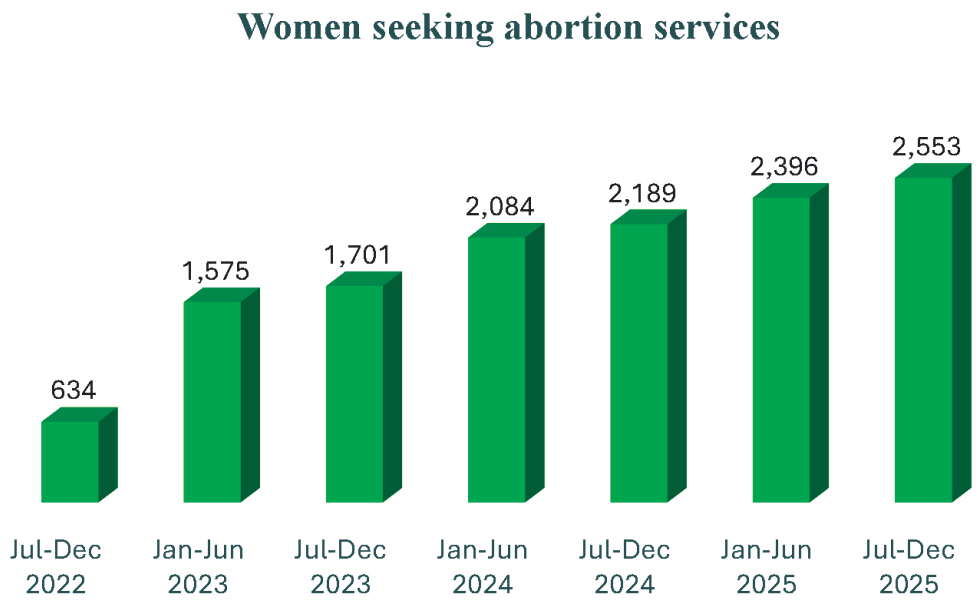
"Some of our colleagues lack scholastic materials and end up engaging in sexual relationships because men give them money for pads, books and pens." (FGD, Students in Amuru)

"We rarely receive sexuality education; most of what we know is from friends and peers at school." (FGD, Students in Amuru)

"Women lack access to proper care and many first go to private clinics because they fear government facilities, only coming later when complications have already developed." (Health Worker, Kalangala)

The project's emphasis on stigma reduction, community awareness, referral strengthening, and engagement of trusted community structures enabled it to respond effectively to the complex and interconnected factors that influence access to post-abortion care services in Uganda.

Figure 4.1. Trend in Comprehensive Abortion Care and Post-Abortion Care Service Utilization (July 2022–December 2025)



This figure should show the increase from **634** to **2,553** women over the project period, followed by a short interpretation highlighting that the steady upward trend reinforces the qualitative findings on improved awareness, stigma reduction, strengthened referral pathways, and increased community confidence in accessing services. This creates a much stronger evidence-based narrative for SAAF by linking the project's relevance directly to measurable improvements in service utilization.

4.2: COHERENCE

4.2.1: Strong Alignment with Existing Community and Health Systems

The evaluation found that the Break It Up Project demonstrated a high degree of coherence with existing health, community, and governance systems at both national and local levels. Rather than establishing parallel structures, the project strategically leveraged existing community and health service platforms, thereby enhancing ownership, acceptance, efficiency, and sustainability of interventions.

The evaluation found that the project's coherence extended beyond alignment with existing structures to strengthening the functional linkages between communities, health facilities, and referral systems.

Rather than introducing new delivery mechanisms, the project deliberately reinforced existing community health platforms, enabling interventions to become embedded within routine service delivery. This approach enhanced community ownership, improved institutional collaboration, reduced duplication of efforts, and increased the likelihood that project gains would be sustained beyond the funding period.

4.2.2: Alignment with the National Health Priorities

The evaluation established that the Break It Up Project was well aligned with Uganda's reproductive health policy environment and community health strategy. By strengthening referral systems, improving access to stigma-free post-abortion care, and enhancing provider capacity, the project complemented ongoing government efforts to reduce preventable maternal morbidity and mortality while strengthening primary healthcare and community health systems. This alignment enhanced collaboration with district health teams, health facilities, and community structures, thereby facilitating local ownership and integration of project interventions into existing health programmes.

The project was implemented in a manner that complemented Uganda's health system strengthening agenda and aligned with the Ministry of Health's community health strategy, which emphasizes the role of Village Health Teams (VHTs), Community Health Extension Workers (CHEWs), health facilities, and local governance structures in promoting community health and facilitating access to essential services.

Respondents consistently reported that project activities were implemented through structures that communities already trusted and interacted with regularly. These included:

- → Village Health Teams (VHTs)
- → Community Health Extension Workers (CHEWs)
- → Local Council Leaders
- → Religious Leaders
- → Community Influencers
- → Public and Private Health Facilities
- → Schools and Educational Institutions
- → Existing Ministry of Health outreach platforms

The use of these structures enhanced community acceptance and legitimacy of project activities because the information was delivered through trusted individuals and institutions that already had established relationships with community members.

One respondent observed:

"All these structures were utilized because without engaging them, the project would have achieved nothing."

Similarly, another respondent noted:

"The project used existing structures such as VHTs, CHEWs and health facilities located within the implementation areas. The use of community leaders further strengthened the working modality of the project given its sensitivity to some community members."

The project's implementation approach therefore complemented rather than duplicated existing community health systems.

4.2.3: Integration with Existing Health Programmes

The evaluation further established that project interventions were effectively integrated into ongoing health promotion and service delivery platforms. Community awareness activities were not conducted as stand-alone events but were incorporated into existing health outreach programmes and service delivery opportunities where target populations could easily be reached.

Respondents reported that awareness sessions were conducted during:

- → Immunization and vaccination outreaches.
- → Family planning service days.
- → HIV/AIDS awareness and service delivery activities.
- → Outpatient Department (OPD) health education sessions.
- → Community health outreaches.
- → Youth and community dialogue forums.

This integration enabled the project to reach larger audiences while minimizing implementation costs and reducing community resistance. The mechanism also created opportunities for community members to receive information on post-abortion care alongside other reproductive and public health services, thereby normalizing discussions around sexual and reproductive health.

Integrating project activities within existing outreach platforms also increased efficiency by reducing operational costs associated with organizing stand-alone events while simultaneously expanding the reach of project messages. Respondents observed that community members were more receptive to discussions on sensitive reproductive health issues when these were incorporated into broader health promotion activities rather than presented as isolated abortion-focused campaigns. This strategy reduced stigma, normalized conversations around post-abortion care, and created opportunities for immediate referral to available services.

A peer educator explained:

"We integrated the messages through other health programmes like child vaccination days, family planning days and youth engagement sessions. This enabled us to reach many people at once."

The integration of project activities into routine health programmes strengthened coherence with broader health promotion efforts and enhanced the visibility of post-abortion care within existing reproductive health services.

4.2.4: Collaboration with Public and Private Health Facilities

The project also demonstrated coherence through its collaboration with both public and private health facilities. Respondents reported that COHERINET partnered with selected health facilities to strengthen access to post-abortion care services and establish referral pathways for clients requiring support.

This approach complemented existing service delivery systems by creating linkages between community awareness efforts and actual service provision points. As a result, community members not only received information regarding post-abortion care but were also connected to facilities where services could be accessed.

Several respondents highlighted that prior to the project, awareness activities by other organizations often lacked clear referral pathways. In contrast, the Break It Up Project deliberately linked information dissemination with service access, thereby creating a more comprehensive and responsive support system.

The collaboration between community structures and both public and private health facilities strengthened continuity across the entire care pathway from community awareness and early identification of clients to referral, service provision, and follow-up. This coordinated approach ensured that increased community demand generated through awareness activities was matched by improved service readiness within participating health facilities, thereby reinforcing the effectiveness of both community- and facility-level interventions.

4.2.5: Engagement of Religious and Community Leaders

Given the sensitivity surrounding abortion and reproductive health issues, the project deliberately engaged religious leaders, cultural influencers, local leaders, and community gatekeepers in awareness activities and community dialogues.

This approach was particularly important because many of the barriers to accessing post-abortion care were rooted in social norms, religious beliefs, and cultural perceptions. By involving respected community leaders, the project increased the credibility of its messages and created opportunities for dialogue around previously taboo subjects.

Respondents noted that religious leaders participated in community meetings and helped address questions from a faith perspective, while local leaders provided legitimacy and mobilized community members to participate in awareness sessions.

The engagement of these actors strengthened coherence between project objectives and existing community governance structures, while also fostering broader community ownership of project interventions.

4.2.6: Strengthening Referral and Coordination Systems

A major area of coherence identified during the evaluation was the project's contribution to strengthening referral and coordination systems between communities and health facilities. Prior to the intervention, many women and girls lacked information regarding where to seek post-abortion care services, while others feared disclosing their needs due to stigma and concerns about confidentiality.

To address this challenge, the project established and promoted a toll-free helpline that served as an important entry point for information, counselling, and referrals. Respondents consistently described the helpline as a critical mechanism for linking community members with appropriate health facilities and services.

Respondents consistently described the referral system as one of the project's most coherent innovations because it linked awareness creation directly to service utilization. Unlike previous interventions that focused primarily on information dissemination, the Break It Up Project established clear referral pathways through the toll-free helpline, trained community health structures, and strengthened relationships with service providers. This enabled women and girls to move more confidently from receiving information to accessing timely and appropriate reproductive health services.

One respondent explained:

"Clients could call the toll-free number and get referred to a preferred or nearby health facility where they could receive services."

Another respondent noted:

"People got to know where to access the services and this greatly strengthened referral and coordination systems."

Routine programme data reinforce these qualitative findings. Service utilization increased from 634 women in July–December 2022 to 2,553 in July–December 2025, representing a four-fold increase in average monthly utilization from 106 to 426 women. Overall, more than 13,132 women accessed comprehensive abortion care or post-abortion care services during the project period. These results demonstrate that strengthened referral systems, community mobilization, and health facility linkages effectively translated increased awareness into improved access to life-saving reproductive health services.

The helpline was particularly valuable because it offered a confidential platform through which women and girls could seek information without fear of exposure, judgment, or stigma. This was especially important in communities where abortion remains highly sensitive and often associated with negative social consequences.

4.2.7: Improved Continuity of Care and Follow-Up

The evaluation also found evidence that the project strengthened continuity of care by enhancing follow-up mechanisms between community structures and health facilities. VHTs, CHEWs, and peer educators played an important role in supporting referrals, tracking whether clients reached health facilities, and providing follow-up support after service utilization.

Respondents reported that community health structures increasingly viewed their role not only as providers of information but also as facilitators of access to care and recovery support. This strengthened coordination between the community and health system and improved the overall responsiveness of referral services.

Beyond facilitating referrals, community structures increasingly served as trusted intermediaries who provided counselling, addressed misconceptions, encouraged adherence to follow-up appointments, and promoted uptake of post-abortion family planning services. This strengthened continuity of care while reinforcing collaboration between communities and health facilities, contributing to a more client-centred and responsive reproductive healthcare system.

4.2.8: Evidence of Institutional Coherence

The evaluation found strong evidence that institutional coherence contributed directly to improved implementation performance. Existing community governance structures, health workers, peer educators, Village Health Teams, Community Health Extension Workers, schools, and local leaders worked collaboratively to deliver consistent reproductive health messages and facilitate referrals across all implementation districts. The project's ability to harmonize community mobilisation, provider capacity strengthening, confidential referral mechanisms, and health facility service delivery created a coordinated implementation model that was widely recognized by respondents as one of the project's greatest strengths. This coordinated approach reduced fragmentation, improved accountability among implementing actors, and increased confidence among community members seeking reproductive health services.

4.2.9: Assessment of Coherence

The Break It Up Project demonstrated a very high degree of coherence with Uganda's health system, community governance structures, and reproductive health priorities. The project complemented existing programmes rather than duplicating them, strengthened collaboration across community and health system actors, and successfully integrated awareness creation, referral pathways, provider capacity strengthening, and service delivery into existing structures. Importantly, the coherence of these interventions is reflected not only in stakeholder perceptions but also in the sustained increase in utilization of comprehensive abortion care and post-abortion care services observed during project implementation, demonstrating that well-coordinated systems can translate community awareness into improved access to life-saving services.

"COHERINET did not work alone; they mobilized through community-based workers such as VHTs and Nabakyala, and that is how many people came for services." (Health Worker, Kalangala)

"They trained health workers and provided on-site mentorship, especially on family planning and how to support clients who come with complications." (Health Worker, Kalangala)

"All these structures were used; without VHTs, CHEWs, local leaders and health facilities, the project would not have achieved much." (Peer Educator, Nabweru)

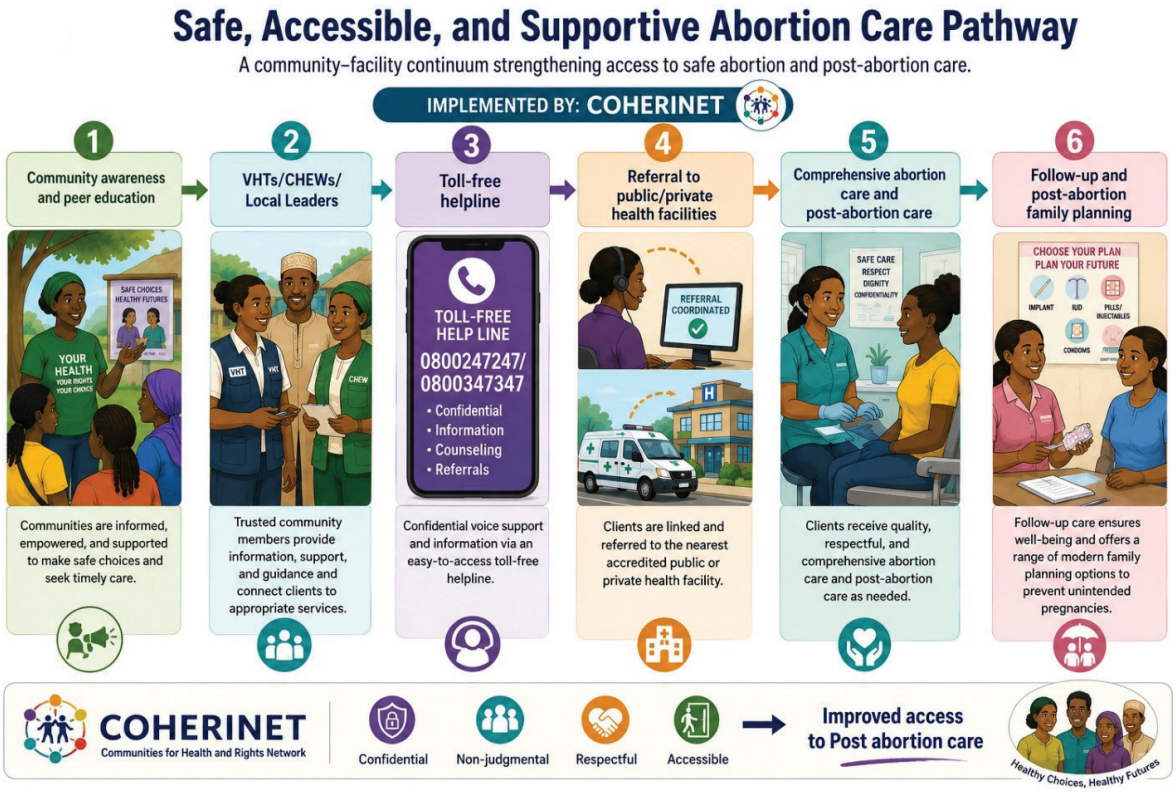
"My role as a VHT is to sensitize women and girls, demystify rumours and act as a bridge between the community and the health facility." (Peer Educator, Rubaga)

"Before engaging the community, I first confirm which services are available at the facility, such as family planning, antenatal care and PAC, and that is what we tell people." (Peer Educator, Rubaga)

"COHERINET partnered with private clinics in addition to government facilities, so when a client needed help, they could be referred to a nearby facility." (Peer Educator, Kawempe)

"We used schools because students come from different communities; after receiving the message, they carry it back to many places." (Peer Educator, Amuru)

Figure 4.2. Integrated Community-to-Facility Referral Pathway Strengthened by the Break It Up Project



4.3: EFFECTIVENESS

4.3.1: Project Interventions Successfully Achieved Their Intended Outcomes

The evaluation found strong evidence that the Break It Up Project effectively achieved its intended objectives of improving knowledge on sexual and reproductive health and post-abortion care, reducing stigma, strengthening referral systems, enhancing community engagement, and increasing awareness of available reproductive health services. Across all respondent categories, participants reported significant improvements in community awareness, willingness to discuss previously sensitive topics, and knowledge regarding where and how to access post-abortion care services.

The effectiveness of the project can largely be attributed to its integrated approach, which combined community dialogues, peer education, referral systems, media engagement, digital information platforms, health facility partnerships, and community mobilization. These interventions complemented one another and collectively addressed both the information barriers and social norms that previously hindered access to services.

The effectiveness of the project is further demonstrated by routine programme monitoring data, which show a sustained increase in utilization of comprehensive abortion care and post-abortion care services throughout implementation. The number of women accessing services increased from 634 during July–December 2022 to 2,553 during July–

December 2025, representing a four-fold increase in average monthly service utilization from approximately 106 to 426 women. Overall, more than 13,132 women accessed comprehensive abortion care or post-abortion care services during the project period. These findings indicate that improvements in knowledge, stigma reduction, community engagement, and referral systems translated into measurable improvements in access to reproductive health services rather than remaining at the level of awareness alone.

4.3.2: Community Dialogues Emerged as the Most Effective Intervention

Across all interviews, community dialogues were consistently identified as the most effective intervention implemented under the project. Respondents reported that the dialogues created safe spaces where community members could openly discuss reproductive health issues, ask questions, challenge misconceptions, and receive accurate information from trusted sources.

The dialogues were particularly effective because they brought together diverse stakeholders, including women, men, adolescents, local leaders, religious leaders, health workers, and peer educators. This facilitated collective reflection on harmful beliefs and social norms surrounding abortion and post-abortion care while creating opportunities for direct interaction between communities and service providers.

Respondents highlighted several benefits of community dialogues:

- → Increased opportunities for open discussion and clarification of misconceptions.
- → Improved understanding of post-abortion care services.
- → Enhanced trust between communities and health providers.
- → Increased acceptance of reproductive health information.
- → Greater awareness of referral pathways and available services.
- → Improved engagement of community influencers and opinion leaders.

One peer educator stated:

"Community dialogues worked excellently whereby many people were reached at the same point, asked questions, got responses and the toll-free number was shared."

Another respondent observed:

"Targeting people in groups and community gatherings worked best because people were focused, engaged and willing to ask questions regarding family planning and post-abortion care."

The evaluation found that the project's use of integrated community dialogues during vaccination outreaches, family planning days, HIV activities, and community meetings significantly expanded the reach and effectiveness of awareness efforts.

Respondents consistently attributed the success of community dialogues to their participatory nature, which enabled two-way communication rather than one-way health education. Community members were able to openly discuss myths, ask sensitive questions, receive immediate clarification from trained facilitators, and interact directly with health workers and peer educators. This approach not only improved knowledge but also strengthened trust in available services and increased willingness to seek referrals.

4.3.3: Peer Educators Functioned as Trusted Community Change Agents

The peer educator model emerged as one of the strongest drivers of project effectiveness. Peer educators served as trusted intermediaries between communities and health facilities, helping bridge information gaps, facilitate referrals, and support individuals seeking reproductive health information and services.

Their familiarity with local contexts, languages, cultural dynamics, and community structures enabled them to engage effectively with diverse population groups and address concerns in a manner that community members could relate to and trust.

Peer educators contributed to:

- → Community awareness creation.
- → Referral and follow-up support.
- → Identification of vulnerable women and girls.
- → Dispelling myths and misconceptions.
- → Promotion of the toll-free helpline.
- → Strengthening linkages between communities and health facilities.
- → Facilitating dialogue with community and religious leaders.

Respondents reported that community members increasingly sought out peer educators for information, advice, and referrals regarding family planning, post-abortion care, and reproductive health services.

One peer educator explained:

"People always look for me to provide knowledge and referral for services."

Beyond creating awareness, peer educators became trusted navigators within the referral system. Their close relationship with community members enabled them to identify vulnerable women and girls, provide confidential counselling, facilitate referrals, and follow up clients after accessing services. Their role significantly reduced delays in care-seeking while strengthening linkages between households and health facilities.

The findings suggest that peer educators became recognized sources of trusted information within their communities, significantly enhancing the reach and effectiveness of project interventions.

4.3.4: The Toll-Free Helpline Improved Access to Information and Referrals

The evaluation found that the Aunt KAKI toll-free helpline played a critical role in achieving project outcomes by providing confidential, accessible, and timely reproductive health information to women and girls. Respondents repeatedly cited the helpline as an important mechanism through which community members could obtain information, seek guidance, and receive referrals without fear of stigma or exposure.

The confidential nature of the helpline was particularly important given the sensitivity surrounding abortion and reproductive health issues within many communities. Women and girls who were uncomfortable discussing these issues publicly could access information privately and be linked to appropriate services.

Respondents reported that increased awareness of the helpline contributed to improved referral uptake and greater confidence among community members seeking information and services.

The effectiveness of the Aunt KAKI toll-free helpline lay in its ability to overcome one of the greatest barriers identified during the evaluation fear of disclosure. By providing anonymous access to reproductive health information and referral support, the helpline increased confidence among women and girls to seek professional care without fear of stigma or discrimination. Respondents repeatedly described the helpline as an accessible, confidential, and trusted gateway into the formal health system, particularly for adolescents and young women.

4.3.5: Media and Digital Platforms Expanded Project Reach

The evaluation further established that media engagement and digital communication platforms contributed significantly to the effectiveness of project interventions by extending the reach of reproductive health information beyond face-to-face community engagements.

Evidence from COHERINET's media platforms, including COHERINET TV, YouTube programmes, documentaries, community awareness videos, and digital storytelling initiatives, demonstrates sustained efforts to disseminate evidence-based information on abortion, post-abortion care, stigma reduction, family planning, and reproductive health rights. Through documentaries, educational discussions, testimonies, and community engagement content, these platforms amplified project messages and provided an additional channel through which communities could access information.

The media platforms also helped normalize discussions around reproductive health by creating opportunities for broader public engagement on issues that are often considered taboo. Documentary and awareness materials produced by COHERINET highlighted real-life experiences, community perspectives, and challenges faced by women seeking reproductive health services, thereby contributing to stigma reduction and increased public awareness.

The use of media and digital platforms complemented community-based interventions by reinforcing key messages, extending outreach beyond project locations, and ensuring continued access to information even after community sessions had concluded.

The combination of digital media and community engagement created a reinforcing communication ecosystem in which project messages were repeatedly delivered through multiple trusted channels. This increased message retention, broadened audience reach beyond direct beneficiaries, and ensured continued access to reproductive health information even in communities where face-to-face engagement was limited.

4.3.6: Increased Knowledge and Awareness of Post-Abortion Care Services

One of the most consistently reported outcomes was increased knowledge and awareness regarding family planning, post-abortion care services, reproductive health rights, and available referral pathways.

Respondents reported that prior to project implementation, discussions regarding abortion and post-abortion care were highly stigmatized, resulting in widespread misinformation and limited awareness of available services. By the end of the project, community members demonstrated improved understanding of:

- → The importance of seeking care following abortion-related complications.
- → Available post-abortion care services.
- → Family planning methods and their benefits.
- → Risks associated with unsafe abortion practices.
- → Available referral pathways.
- → Locations where services could be accessed.
- → The role of health facilities in providing reproductive health services.

Several respondents observed that women and girls became increasingly willing to seek information and ask questions that would previously have been considered taboo.

One respondent stated:

"Before the project, it was hard to see a lady seeking those services or even talking about it, but now people ask questions and seek referrals."

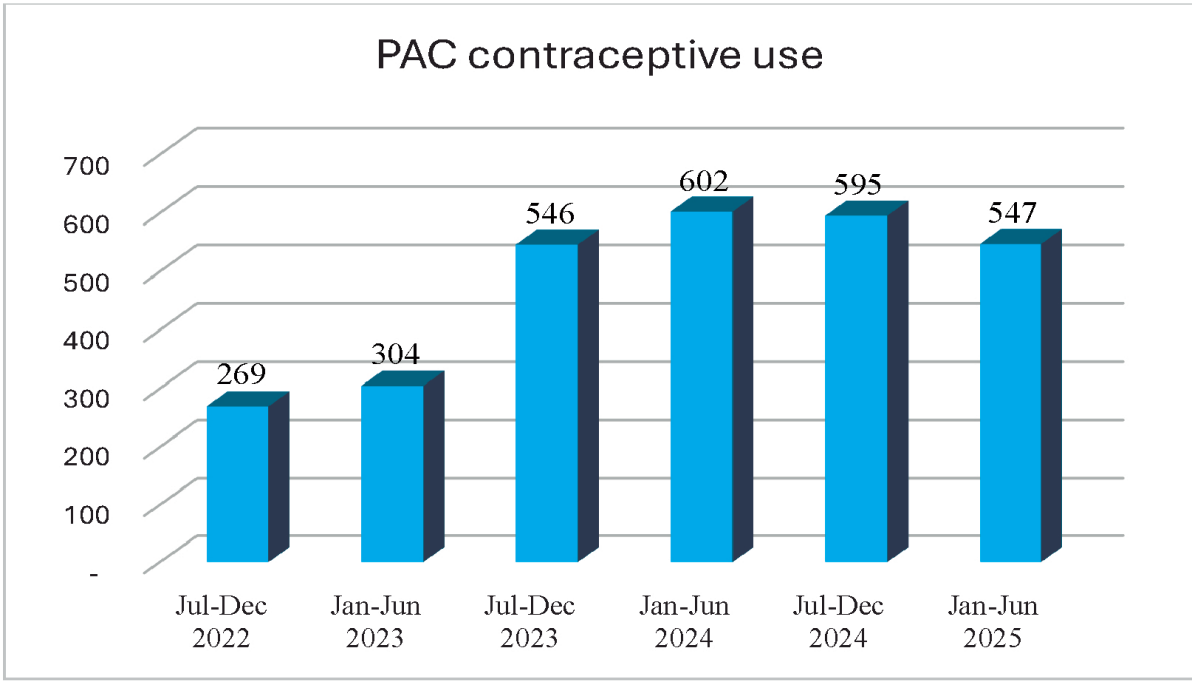
Another respondent reported:

"Post-abortion care services are no longer a secret as people now have information regarding access to services."

Improved knowledge was reflected not only in respondents' narratives but also in increased utilization of reproductive health services. As awareness of available services, referral pathways, and the toll-free helpline increased, more women sought

timely care from trained providers. The steady rise in comprehensive abortion care and post-abortion care utilization throughout the project period suggests that increased knowledge translated into positive health-seeking behaviour and improved access to quality services.

Figure 4.3. Showing Post-Abortion Care Contraceptive Utilization (2022–2025)



Reduction of Misconceptions and Harmful Social Norms

The evaluation found that project interventions were effective in challenging myths, misconceptions, and harmful beliefs surrounding family planning, abortion, and post-abortion care. Community dialogues, peer education, and media engagement created opportunities for community members to question previously held beliefs and receive accurate information from trusted sources.

Respondents reported that community members increasingly understood the dangers associated with unsafe abortion practices and became more aware of the importance of seeking professional medical care when complications occurred.

The project's engagement with religious leaders, local leaders, and community influencers further strengthened efforts to address social norms that had previously discouraged women and girls from accessing services.

Respondents emphasized that the project shifted community conversations from condemnation and silence to understanding and support. Although deeply rooted beliefs could not be completely eliminated within the project period, the evaluation found substantial progress in reducing misinformation, encouraging respectful dialogue, and promoting acceptance of women seeking post-abortion care. These social norm changes created a more enabling environment for accessing reproductive health services without fear of stigma.

4.3.7: Evidence that Awareness Translated into Service Utilization

One of the strongest indicators of project effectiveness is that behavioural and social changes translated into measurable improvements in service utilization. Routine programme data demonstrate a consistent upward trend in the number of women accessing comprehensive abortion care and post-abortion care services across the three implementation districts. Service utilization increased from 634 women during July–December 2022 to 1,575 in January–June 2023, 1,701 in July–December 2023, 2,084 in January–June 2024, 2,189 in July–December 2024, 2,396 in January–June 2025, and 2,553 during July–December 2025. This sustained growth indicates that community awareness, strengthened referrals, provider capacity strengthening, and confidential information channels collectively contributed to increased demand for and utilization of reproductive health services.

4.3.8: Assessment of Effectiveness

The evaluation concludes that the Break It Up Project was highly effective in achieving its intended outcomes. The project successfully improved knowledge of reproductive health services, strengthened referral pathways, increased community engagement, reduced stigma surrounding post-abortion care, and enhanced access to information and quality services among target populations. Importantly, these qualitative improvements were accompanied by measurable increases in service utilization, with the number of women accessing comprehensive abortion care and post-abortion care increasing from **634 to 2,553** over the implementation period and more than **13,132 women** accessing services overall. This demonstrates that the project's integrated intervention package successfully translated increased awareness and community acceptance into improved health-seeking behaviour and access to life-saving reproductive health services.

"Community dialogues worked excellently because many people were reached at the same point, asked questions, received responses and were given the toll-free number." (Peer Educator, Nabweru)

"At first we moved to taxi parks, timber hubs and boda-boda stages, but people were not listening. We changed to community dialogues and OPD health talks, and that worked much better." (Peer Educator, Nabweru)

"The facility in-charge even wanted to give me a separate room because many people were coming to ask questions and seek guidance on the toll-free number." (Peer Educator, Nabweru)

"One-on-one engagement worked best in ghetto areas because women fear being seen in a group discussing such issues." (Peer Educator, Rubaga)

"People now ask questions we never used to receive, and many women come indirectly to ask where they can access support." (Peer Educator, Rubaga)

"The work opened people's eyes; they started coming to the facility and understanding the benefit of family planning and medical care." (Peer Educator, Amuru)

"After teaching a group, someone may fail to speak in public but later calls privately to explain the problem and seek referral." (Peer Educator, Amuru)

"The toll-free number was useful, although some people struggled with the codes and prompts needed to reach the right service." (Peer Educator, Kawempe)

"COHERINET taught us twice, but it has now taken long; we need regular sessions so that students do not rely only on friends." (FGD, Students in Amuru)

Figure 4.4. Trend in Comprehensive Abortion Care and Post-Abortion Care Utilization (2022–2025)

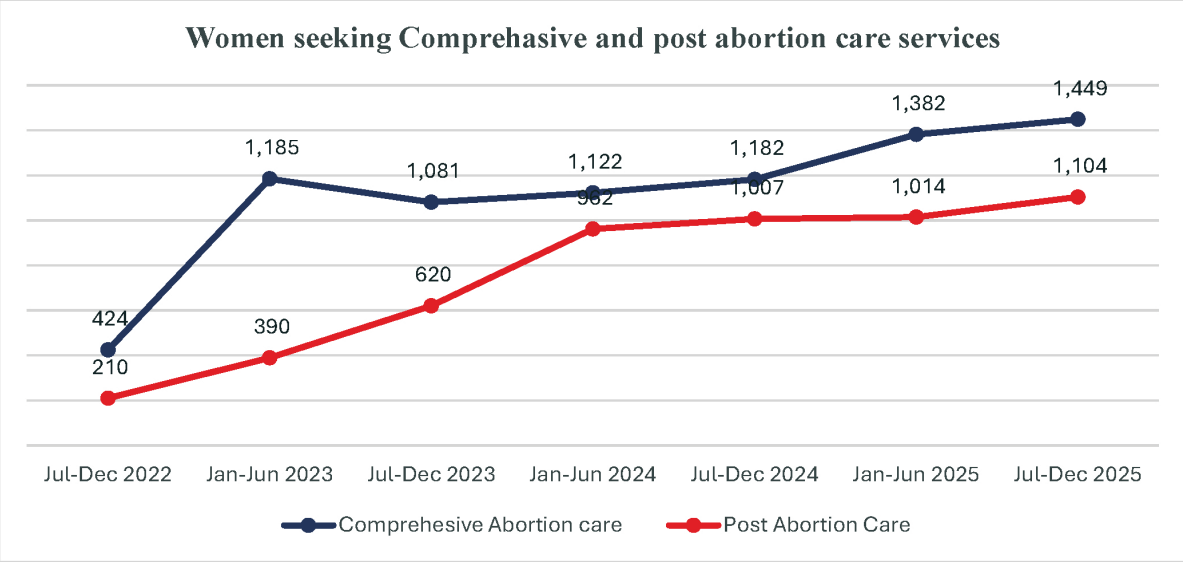
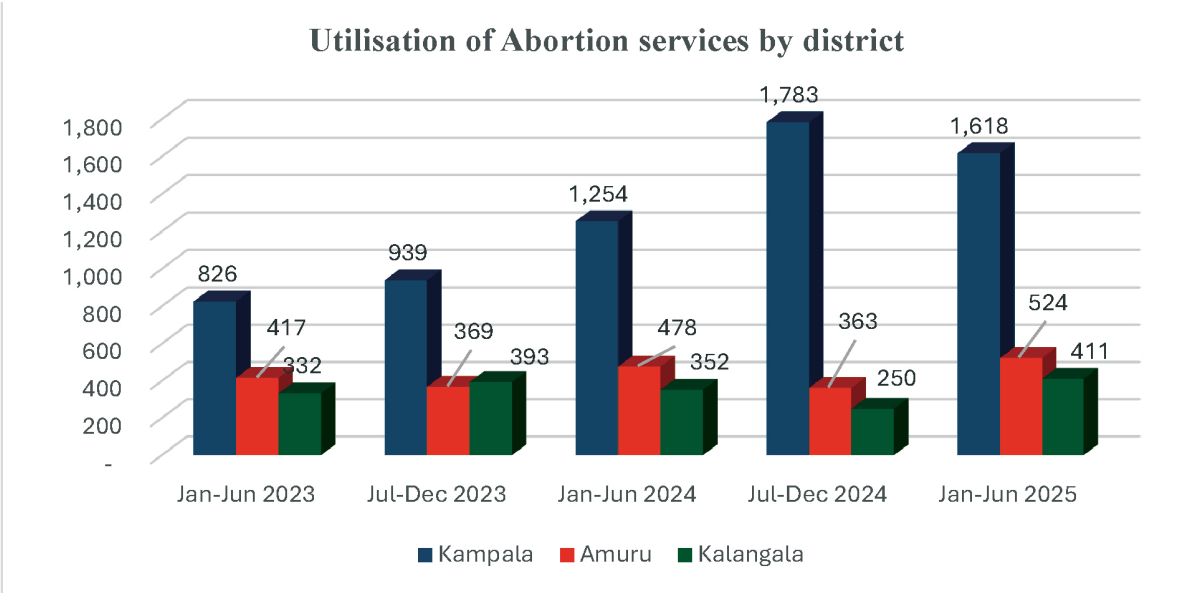


Figure 4.5. Trend in Comprehensive Abortion Care and Post-Abortion Care Utilization (2022–2025)



4.4: IMPACT

The evaluation found substantial evidence that the Break It Up Project contributed to significant positive changes in community knowledge, attitudes, health-seeking behaviour, and social norms related to post-abortion care (PAC) and sexual and reproductive health. While attribution of change to a single intervention is difficult within complex community settings, respondents consistently linked observed changes to the project's integrated package of interventions, including community dialogues, peer education, referral systems, the Aunt KAKI toll-free helpline, media campaigns, and partnerships with community and health system actors.

The most notable impacts reported by respondents included reduced stigma surrounding post-abortion care, increased willingness to seek reproductive health information and services, improved utilization of referral pathways, greater openness in discussing reproductive health issues, and increased engagement of young people in sexual and reproductive health discussions.

4.4.1: Reduced Stigma Around Post-Abortion Care

One of the most significant impacts reported across all implementation areas was a noticeable reduction in stigma associated with abortion-related complications and post-abortion care services. Prior to the project, abortion and post-abortion care were highly sensitive topics that were rarely discussed openly within communities. Women and girls experiencing abortion-related complications often concealed their condition, delayed seeking care, or resorted to unsafe practices due to fear of judgment, discrimination, and social exclusion.

Respondents reported that project interventions helped normalize discussions around reproductive health and post-abortion care by providing accurate information and creating safe spaces for dialogue. Community members became more aware that women experiencing abortion-related complications require medical care and support rather than condemnation.

A peer educator explained:

"Before the project it was hard to see a lady seeking those services or even talking about it. Now we receive questions and referrals."

Another respondent observed that community members who previously associated all pregnancy loss with induced abortion became more understanding of the different circumstances that can lead to miscarriage and pregnancy complications.

The evaluation found that the project's engagement with religious leaders, local leaders, health workers, VHTs, CHEWs, and peer educators played a critical role in changing community attitudes and reducing stigma. These trusted influencers helped challenge harmful stereotypes and encouraged more supportive responses toward women seeking care.

4.4.2: Improved Health-Seeking Behaviour and Service Utilization

The evaluation found strong evidence of positive changes in health-seeking behaviour among women and girls within project communities. Respondents consistently reported that community members became more willing to seek information, access health facilities, and utilize referral services following project interventions.

Observed changes included:

- → Increased use of referral pathways.
- → Earlier care-seeking following abortion-related complications.
- → Increased utilization of health facilities.
- → Increased demand for reproductive health information.
- → Greater willingness to consult health workers and peer educators.
- → Reduced reliance on unsafe and traditional abortion practices.
- → Improved confidence in seeking post-abortion care services.

Several respondents noted that before the project, many women and girls either remained at home or sought unsafe alternatives when faced with abortion-related complications. Following project implementation, community members increasingly understood where services could be obtained and how to access them through established referral mechanisms.

The Aunt KAKI toll-free helpline emerged as a particularly important contributor to this change by providing confidential information, counselling, and referrals. Evidence from COHERINET's broader programming indicates that the helpline was specifically established to provide stigma-free sexual and reproductive health information and link women and girls to appropriate services. Respondents reported that the availability of confidential support increased community confidence in seeking information and care.

The increase in service utilization provides strong evidence of positive changes in health-seeking behaviour. Rather than delaying care or relying on unsafe alternatives, respondents reported that women increasingly sought timely information and professional medical support through community referral systems and the Aunt KAKI helpline.

4.4.3: Strengthened Community-to-Facility Linkages

The project significantly strengthened connections between communities and health facilities. Through the combined efforts of peer educators, VHTs, CHEWs, local leaders, and health workers, community members became more aware of available services and referral options.

Respondents reported that women and girls increasingly sought referrals through trusted community structures rather than waiting until complications became severe. The evaluation found that referral systems became more responsive and community members were better informed regarding where and how to access services.

This impact was strengthened through partnerships with:

- → Village Health Teams (VHTs).
- → Community Health Extension Workers (CHEWs).
- → Public health facilities.
- → Selected private health facilities.
- → Local Council leadership.
- → Religious leaders.
- → Schools and educational institutions.
- → Community-based organizations.

These partnerships created a more coordinated support system that connected awareness creation, referrals, counselling, and service provision. These strengthened linkages enabled community awareness efforts to translate into actual service uptake, demonstrating that information provided through peer educators, VHTs, CHEWs, and the toll-free helpline was effectively connected to functional referral pathways and health facilities.

4.4.4: Increased Community Dialogue and Social Norm Change

The evaluation found evidence of gradual but important shifts in social norms regarding reproductive health discussions. Topics that were previously considered taboo including family planning, post-abortion care, unintended pregnancy, and reproductive health rights became increasingly discussed within communities.

Respondents reported that women, men, young people, community leaders, and religious leaders became more willing to engage in conversations regarding reproductive health issues. Community dialogues provided opportunities to challenge myths and misconceptions while fostering greater understanding of reproductive health needs and rights.

A peer educator reported that women now openly ask questions about issues that would previously have been considered too sensitive to discuss publicly. This increased openness reflects an important shift in social norms and community attitudes toward reproductive health.

The project's impact on social norms was further reinforced through sustained media engagement and community communication efforts. Through COHERINET TV, social media platforms, community documentaries, educational videos, digital storytelling, and awareness campaigns, the project extended conversations on reproductive health beyond physical community meetings and into wider public spaces. COHERINET's communication platforms consistently promoted evidence-based information on family planning, post-abortion care, stigma reduction, and reproductive health rights, helping to normalize public discourse on these issues.

4.4.5: Increased Youth Engagement and Access to Information

The evaluation found that adolescents and young people were among the groups that benefited significantly from project interventions. Through school outreaches, youth-focused dialogues, peer education activities, media engagement, and community awareness sessions, young people gained access to information that was previously difficult to obtain.

Respondents reported increased awareness among adolescents and young adults regarding:

- → Family planning options.
- → Prevention of unintended pregnancies.
- → Sexual and reproductive health rights.
- → Safe health-seeking behaviours.
- → Available reproductive health services.
- → Referral pathways and support systems.

School and youth engagement activities created opportunities for young people to ask questions, seek clarification, and receive accurate information from trusted sources. Respondents indicated that many young people became more informed and confident in discussing reproductive health issues as a result of these interventions.

Evidence from COHERINET's social media platforms further indicates continued engagement with young people through digital awareness campaigns, educational content, and promotion of the Aunt KAKI helpline as a confidential source of information and support.

4.4.6: Increased Reach Through Strategic Partnerships and Media Engagement

An important impact pathway identified during the evaluation was the project's ability to amplify its reach through strategic partnerships and media engagement. Beyond direct community interactions, the project benefited from collaboration with community structures, health providers, civil society organizations, educational institutions, and media platforms.

The evaluation found that COHERINET's broader network of community-based organizations, health workers, educational institutions, and reproductive health actors strengthened the project's ability to disseminate information and facilitate referrals. The organization's longstanding investment in community mobilization, referral systems, and public awareness campaigns provided a foundation upon which the Break It Up Project was implemented.

Through COHERINET TV, social media platforms, community documentaries, YouTube programmes, radio engagements, and digital awareness campaigns, project messages reached audiences beyond direct beneficiaries and contributed to broader public awareness regarding post-abortion care and reproductive health services. These communication channels complemented community-level interventions and enhanced the overall impact of the project.

4.4.7: Assessment of Impact

The interviews point to clear impact pathways: reduced silence, increased referral seeking, strengthened community-facility linkages and more open discussion of sexual and reproductive health.

"Post-abortion care is no longer a secret; people now have general information on where to access services and they look for me for knowledge and referrals." (Peer Educator, Nabweru)

"Before the project, it was hard to see a woman or girl seeking these services or even talking about them; now we receive questions and referrals." (Peer Educator, Rubaga)

"Community members now know why someone may need family planning, where services can be accessed and the dangers of using unsafe methods." (Peer Educator, Kawempe)

"Women used to hide with pain after trying unsafe methods, but through dialogue and referrals, they are now more likely to seek care." (Peer Educator, Kawempe)

"Some clients come after spending money in private clinics; when they reach the health facility, they open up and ask for help because they have already started bleeding or developed complications." (Health Worker, Kalangala)

"If we do not help a client with complications, she can easily die; that is why completing care for those who come with complications is important." (Health Worker, Kalangala)

"People in the community still call us on phone and look for us at the facility because of the information they received." (Peer Educator, Amuru)

"The message has widened people's capacity; they now know what to do, what not to do, and how to access medical services for reproductive health issues." (Peer Educator, Amuru)

4.5: EFFICIENCY

4.5.1: Efficient Use of Existing Community and Health System Structures

The evaluation found that the Break It Up Project was implemented in a highly efficient manner by leveraging existing community, health, and governance structures rather than creating parallel implementation systems. This approach enabled the project to maximize its reach, minimize operational costs, strengthen local ownership, and enhance the sustainability of interventions.

The project strategically utilized well-established structures that were already functional within the target communities, including:

- → Village Health Teams (VHTs).
- → Community Health Extension Workers (CHEWs).
- → Public and private health facilities.
- → Local Council leadership structures.
- → Religious and community leaders.
- → Existing Ministry of Health outreach platforms.
- → Schools and educational institutions.
- → Community-based organizations and youth groups.

By working through these structures, the project avoided duplication of effort and benefited from existing community trust, networks, and service delivery mechanisms. Respondents reported that VHTs, CHEWs, and peer educators were already known and respected within their communities, making it easier to mobilize participants, disseminate information, facilitate referrals, and provide follow-up support.

One respondent noted:

"COHERINET activities purely worked with existing systems. The project worked with local private clinics, government health facilities, VHTs, community leaders and other health programmes that already existed in our communities."

This implementation model allowed the project to achieve substantial community coverage without incurring the significant costs associated with establishing new service delivery structures.

4.5.2: Integration with Existing Health Programmes Enhanced Cost-Effectiveness

The evaluation found that the project further enhanced efficiency by integrating awareness activities into existing health outreach programmes and community engagements. Rather than organizing standalone events, project messages were incorporated into routine health promotion activities such as:

- → Child immunization and vaccination outreaches.
- → Family planning service days.
- → HIV/AIDS awareness activities.
- → Outpatient Department (OPD) health talks.
- → Community health outreaches.
- → Youth engagement forums.
- → School health programmes.

This approach enabled the project to reach large numbers of community members using platforms where target audiences were already present. Integration reduced mobilization costs, improved participation rates, and increased exposure to project messages while minimizing disruption to existing community schedules.

By utilizing existing outreach platforms and trusted community structures, the project maximized coverage while minimizing additional operational costs. Respondents consistently observed that integrating reproductive health messages into routine health activities attracted higher participation than stand-alone awareness campaigns, demonstrating an efficient use of available resources.

Respondents consistently reported that integrated community dialogues and health education sessions attracted greater participation and generated more meaningful engagement compared to standalone awareness campaigns.

4.5.3: Partnerships Increased Resource Efficiency

The project's partnerships with health facilities, community structures, local leaders, and reproductive health actors further contributed to implementation efficiency. Through these collaborations, COHERINET was able to build upon existing service delivery systems and referral networks while avoiding unnecessary duplication of resources.

Partnerships with public and private health facilities ensured that community awareness activities were linked directly to available services. Similarly, the involvement of VHTs, CHEWs, peer educators, and local leaders reduced the need for extensive external staffing while enhancing community ownership and continuity.

The evaluation also found that the Aunt KAKI toll-free helpline improved efficiency by providing a centralized platform for information sharing, counselling, and referrals. Instead of requiring physical interaction for every inquiry, clients could obtain information remotely and be directed to appropriate service points, reducing both time and travel costs for beneficiaries.

4.5.4: Efficient Communication Through Media and Digital Platforms

The project's use of media and digital communication platforms further enhanced implementation efficiency. Through COHERINET TV, social media channels, community documentaries, digital awareness campaigns, and the promotion of the Aunt KAKI helpline, the project was able to disseminate reproductive health information to a wider audience beyond those directly reached through face-to-face interactions.

These platforms provided a cost-effective mechanism for reinforcing project messages, addressing misconceptions, promoting service availability, and reaching populations that may not have participated in community dialogues or outreach activities. The combination of community-based engagement and digital communication increased overall programme reach while optimizing available resources.

The use of digital platforms also enabled repeated dissemination of key messages without the recurring costs associated with physical community meetings, thereby extending project reach while improving overall implementation efficiency.

4.5.5: Challenges Affecting Efficiency

Despite the project's overall efficient implementation model, the evaluation identified several operational challenges that affected efficiency and limited the full realization of project outcomes.

4.5.6: Limited Materials and Resources for Peer Educators

Peer educators reported that although they received adequate training, they often lacked sufficient operational materials to effectively perform their roles. Commonly cited gaps included:

- → Limited Information, Education and Communication (IEC) materials.
- → Inadequate posters and awareness materials.
- → Lack of identification items such as branded jackets and badges.
- → Insufficient protective gear for field activities.

One peer educator explained:

"The training we got was adequate but the materials were not at all. We had very limited posters regarding PAC services and lacked identification materials for peer educators."

The absence of these resources reduced the visibility of peer educators and constrained their ability to conduct awareness activities effectively.

4.5.7: Inadequate Logistical Support for Partner Health Facilities

While partnerships with health facilities strengthened access to services, some respondents reported that partner facilities occasionally experienced shortages of supplies and logistics necessary to fully meet client demand. This was particularly evident among some private facilities that had been linked to project referral systems.

Respondents indicated that increased awareness generated additional demand for services, sometimes exceeding the available capacity of facilities to respond promptly and comprehensively.

4.5.8: Challenges with the Toll-Free Helpline

Although the Aunt KAKI toll-free helpline was widely recognized as a valuable innovation, some respondents reported difficulties navigating the automated response system. In particular, community members with low literacy levels or limited experience using automated systems occasionally struggled to follow the prompts required to access specific information or services.

One respondent observed:

"The toll-free number had a code that someone had to press to get relevant services and majority could not get it right."

These challenges may have limited utilization among some intended beneficiaries.

4.5.9: Limited Follow-Up and Supervision Resources

Several respondents highlighted the need for more regular follow-up and supportive supervision of peer educators and community structures. While implementation relied heavily on community volunteers and frontline actors, resource constraints sometimes limited the frequency of field monitoring, mentorship, and technical support.

Respondents noted that additional follow-up visits could have strengthened accountability, improved performance, and enhanced the quality of community engagement activities.

4.5.10: Persistent Social and Cultural Barriers

Although substantial progress was made in reducing stigma and improving awareness, deeply rooted cultural beliefs, religious opposition, myths, and misconceptions continued to influence community perceptions and sometimes slowed behaviour change processes. Additional resources and time were often required to address these barriers through repeated engagement and dialogue.

4.5.11: Assessment of Efficiency

Evidence from respondents shows that efficiency was achieved by combining community platforms, health facility days and existing volunteer networks, although operational bottlenecks remained.

"We worked hand-in-hand during outreaches. COHERINET mobilized the community, facilitated VHTs and Nabakyala, and health workers provided the services." (Health Worker, Kalangala)

"We shared information during vaccination days because women were already coming to the facility, so it became easier to reach them." (Peer Educator, Amuru)

"Community savings groups helped us reach men, women, youth and older people at once because many categories of people were already meeting there." (Peer Educator, Amuru)

"The training was adequate, but materials were not enough; we had limited posters, no identification like jackets or tags, and limited protection for field work." (Peer Educator, Kawempe)

"Peer educators were using the same small allowance for transport, lunch and field movement, so some dropped out and only a few remained active." (Peer Educator, Amuru)

The Project demonstrated a high level of efficiency in the utilization of available resources. The strategic use of existing community structures, integration with routine health programmes, partnerships with public and private health facilities, and deployment of cost-effective communication platforms enabled the project to achieve broad community reach while minimizing operational costs.

4.6: SUSTAINABILITY

4.6.1: Strong Foundations for Sustainability Established

The evaluation found that the Break It Up Project established several foundations that increase the likelihood that project benefits will continue beyond the funding period. Sustainability was deliberately strengthened through the project's strategy of working within existing community, health system, and governance structures rather than creating parallel mechanisms. By embedding project activities within established systems and building the capacity of local actors, the project enhanced local ownership and institutionalization of key interventions.

The sustainability of project outcomes is further strengthened by the fact that interventions were embedded within existing government and community systems rather than operating as stand-alone project activities. This approach increased local ownership and improved the likelihood that referral pathways, community awareness, and provider practices will continue beyond the project period.

Evidence from respondents suggests that many of the structures, relationships, knowledge systems, and referral mechanisms established through the project remain functional and continue to support access to reproductive health information and services within project communities.

4.6.2: Community Structures Remain Functional and Active

One of the strongest sustainability outcomes of the project is the continued functionality of community-based structures that were utilized during implementation. Throughout the project period, COHERINET invested in strengthening the capacity of Village Health Teams (VHTs), Community Health Extension Workers (CHEWs), peer educators, Local Council leaders, religious leaders, health workers, and other community influencers who already had an established presence within the target communities.

Respondents consistently reported that these structures continue to exist and remain accessible to community members even after the completion of project activities. Because these actors are embedded within communities and perform broader public health and community mobilization functions, they are likely to continue providing information, referrals, and support related to reproductive health issues.

The evaluation found that community members increasingly view these actors as trusted sources of information and support regarding family planning, post-abortion care, and reproductive health services. This trust represents an important asset that can sustain awareness and referral efforts beyond the lifespan of the project.

One respondent observed:

"We are still in the community and people continue to come to us for information and referrals even when project activities are not taking place."

The continued presence of these structures significantly enhances prospects for sustaining project outcomes.

4.6.3: Strengthened Health System Linkages and Referral Networks

The project also contributed to sustainability through the establishment and strengthening of referral pathways linking communities to health facilities. Partnerships developed between peer educators, VHTs, CHEWs, public health facilities, private clinics, and community leaders created a referral ecosystem that remains operational beyond project implementation.

Respondents reported that community members now know where services can be accessed and whom to contact for support and referrals. These referral relationships have become integrated into routine community health processes and are likely to continue functioning as part of existing health service delivery systems.

The promotion of the Aunt KAKI toll-free helpline further strengthened sustainability by creating an institutional mechanism for providing information, counselling, and referrals. As long as the platform remains operational, it will continue serving as an important resource for women, girls, and community members seeking reproductive health information and support.

Respondents emphasized that community members now know where to seek services and whom to contact for assistance, indicating that referral relationships established during implementation have become part of routine community health practice.

4.6.4: Lasting Capacity Development Among Peer Educators and Community Actors

The evaluation found strong evidence that the project made significant investments in human capacity development, which is one of the most sustainable outcomes of the intervention. Peer educators, VHTs, CHEWs, and community leaders acquired knowledge, skills, and experience that remain with them beyond the project period.

Respondents reported increased confidence and competence in:

- → Community mobilization and engagement.
- → Sexual and reproductive health education.
- → Post-abortion care awareness and counselling.
- → Referral and follow-up mechanisms.
- → Facilitation of community dialogues.
- → Addressing myths, misconceptions, and stigma.
- → Communication and behaviour change approaches.
- → Youth engagement and community outreach.

The skills acquired through training and practical implementation experience have strengthened local capacity to continue awareness creation and community engagement activities. Several respondents noted that the knowledge gained through the project has become part of their routine work within communities and health systems.

One peer educator stated:

"The training we received has helped us become resource persons in our communities. People now seek information from us regarding reproductive health issues."

This institutional and individual capacity represents a long-term investment that will continue generating benefits after project closure.

4.6.5: Increased Community Awareness and Ownership

The evaluation found that the project contributed to increased community awareness regarding post-abortion care, family planning, referral pathways, and reproductive health rights. Importantly, these changes in knowledge and attitudes are likely to persist because they have become embedded within community conversations and social networks.

Respondents reported that reproductive health issues, including topics that were previously considered taboo, are now discussed more openly within communities. The normalization of these discussions creates opportunities for continued information sharing and peer-to-peer learning beyond formal project activities.

Furthermore, the project's engagement of local leaders, religious leaders, schools, health facilities, and community structures fostered a sense of ownership over project objectives and outcomes. This local ownership increases the likelihood that stakeholders will continue promoting reproductive health information and supporting access to services.

4.6.6: Contribution of Media and Digital Platforms to Sustainability

The evaluation further found that COHERINET's investment in media and digital communication platforms enhances the sustainability of project outcomes. Through COHERINET TV, social media channels, digital awareness campaigns, community documentaries, educational videos, and the Aunt KAKI platform, information on reproductive health continues to be accessible beyond the duration of direct project activities.

Unlike time-bound community engagements, digital content remains available for repeated access and can continue reaching new audiences over time. These platforms therefore provide a sustainable mechanism for reinforcing project messages, addressing misconceptions, and maintaining public awareness regarding post-abortion care and reproductive health services.

The existence of these communication channels increases the likelihood that project messages and educational content will continue influencing attitudes and behaviours beyond the project lifecycle.

Continued availability of digital content and the Aunt KAKI platform provides an opportunity for ongoing public education, reinforcing behaviour change and ensuring that reproductive health information remains accessible even after direct project implementation has ended.

4.6.7: Continued Stigma and Harmful Social Norms

Although significant progress was made in reducing stigma, abortion and post-abortion care remain highly sensitive issues within many communities. Deeply rooted cultural beliefs, religious opposition, and social norms continue to influence attitudes and behaviours.

Without continued community engagement and awareness efforts, there is a risk that some of the gains achieved in stigma reduction could gradually diminish over time.

4.6.8: Weak Male Involvement

The evaluation identified male engagement as an area where significant gaps remain. Respondents consistently reported that misconceptions regarding family planning and reproductive health continue to be widespread among men.

Limited male participation in reproductive health discussions may undermine sustained behaviour change and continue to influence women's reproductive health decisions negatively.

4.6.9: Health Facility Capacity Constraints

Sustainability may also be affected by limitations within health facilities, including shortages of commodities, equipment, trained personnel, and operational resources. Increased awareness and demand for services can place additional pressure on already constrained health systems.

Several respondents emphasized the need for continued strengthening of health facility capacity to ensure that increased demand generated through awareness activities can be adequately met.

4.6.10: Geographical and Access Challenges

In hard-to-reach areas such as Kalangala, transport costs and geographical barriers remain significant challenges that may continue affecting access to services and outreach activities. Without additional investment in decentralized service delivery and outreach support, some populations may remain underserved.

4.6.11: 4.6.11. Assessment of Sustainability

Sustainability prospects are strongest where knowledge, referral relationships and community trust remained with local actors after project-supported activities slowed down.

"Even when the project is not operating now, people still call us because of the lessons we gave them about reproductive rights and services." *(Peer Educator, Amuru)*

"We are still in the community and people continue to look for us for information and referrals." *(Peer Educator, Amuru)*

"The knowledge is now with peer educators, VHTs and health workers, so people know whom to approach when they need guidance." (Peer Educator, Nabweru)

"Teachers should be trained, and more than one teacher should have the knowledge because a trained teacher may die or be transferred." (FGD, Students in Amuru)

"Refresher trainings are needed so that peer educators remain updated and continue supporting communities well." (Peer Educator, Rubaga)

5.0 CROSS-CUTTING THEMES

5.1: Gender and Women's Agency

Gender emerged as one of the most significant cross-cutting issues influencing access to post-abortion care (PAC) and other reproductive health services. The evaluation found that women and girls continue to bear a disproportionate burden of stigma, discrimination, and social judgment associated with unintended pregnancies, abortion, and reproductive health decision-making.

Across all study sites, respondents reported that women often face multiple barriers when seeking reproductive health services, including fear of being judged by family members, community members, religious leaders, and in some instances health workers. These barriers frequently delay care-seeking and contribute to the use of unsafe methods to terminate pregnancies or manage complications.

One peer educator observed:

"The community had a lot of stigma regarding abortion and use of family planning. It is a very bad image to the community for a woman or girl to remove a pregnancy and because of this, majority would fear to seek help even when it is necessary."

Another respondent explained that women who experience miscarriage are often wrongly accused of inducing abortion:

"There is a client I referred after a miscarriage due to a fight with her boyfriend, but people immediately called it abortion."

The evaluation also found that many women continue to have limited autonomy over reproductive health decisions. Several respondents reported that women frequently seek family planning and post-abortion care services without the knowledge of their spouses due to fear of opposition, conflict, or social consequences.

Evidence from COHERINET's community engagement and media programming indicates that the project deliberately sought to empower women and girls by providing accurate information, creating safe spaces for dialogue, and strengthening access to confidential counselling and referral services through the Aunt KAKI helpline and community-based peer educators. Through these interventions, women increasingly became aware of their reproductive health rights and available support mechanisms.

Respondents reported that by the end of the project, women and girls were more willing to seek information, ask questions, and access services than they had been at the beginning of implementation. This suggests positive progress toward enhancing women's agency and confidence in making informed reproductive health decisions.

5.2: Male Involvement and Gender Norms

The evaluation found that male engagement remains one of the weakest areas within reproductive health programming and continues to significantly influence women's access to family planning and post-abortion care services.

Across all respondent categories, participants emphasized that many men remain inadequately informed about family planning, reproductive health, and post-abortion care. As a result, misconceptions, myths, and negative attitudes persist, often limiting women's ability to access services and make informed reproductive health choices.

Respondents reported that many men:

- → Oppose family planning due to fears of side effects.
- → Hold misconceptions regarding fertility and reproductive health.
- → Rarely accompany partners to health facilities.
- → View reproductive health as a women's issue.
- → Have limited knowledge of post-abortion care services.
- → Exert significant influence over women's reproductive decisions.

A respondent from Kalangala noted:

"Generally, men don't support use of family planning due to documented side effects like loss of sexual appetite and performance. What usually happens is that women seek these services without the knowledge of a man."

Another respondent observed:

"Men don't escort their spouses to health centres. Here in Kalangala, maybe one out of twenty men would accompany a woman to the health facility."

The evaluation found that although the project engaged men through community dialogues, integrated community service delivery sessions, and awareness campaigns, male participation remained lower than that of women. However, respondents reported that where men were actively engaged, they became more supportive of reproductive health services and more willing to discuss issues that had previously been considered taboo.

The findings suggest that future programming should invest more deliberately in male engagement strategies aimed at addressing misconceptions, promoting shared decision-making, and strengthening male support for women's reproductive health choices.

5.3: Religion, Culture and Social Norms

Religion and culture emerged as some of the most influential factors shaping attitudes, beliefs, and behaviours regarding abortion, post-abortion care, and family planning. The evaluation found that deeply rooted cultural and religious beliefs continue to influence how communities perceive reproductive health services and women seeking such services.

Across all project locations, respondents reported that abortion remains heavily stigmatized due to cultural and religious teachings. Many community members associate abortion with immorality, sin, curses, or misfortune, resulting in fear, secrecy, and delayed care-seeking among women and girls experiencing abortion-related complications.

One peer educator explained:

"Majority of people believe that abortion leads to misfortune in the family and that the spirit of the unborn child will continue troubling the woman who terminated the pregnancy."

Similarly, another respondent stated:

"Religions have been one of the greatest barriers for women and girls to access post-abortion care services."

The evaluation also found that faith-based institutions sometimes expressed reservations regarding discussions about family planning and reproductive health. For example, respondents involved in school outreach activities reported challenges in delivering comprehensive reproductive health education within some faith-based schools due to doctrinal positions on family planning and sexuality.

Despite these challenges, the project demonstrated considerable success in engaging religious and cultural leaders as partners rather than adversaries. Community dialogues and awareness sessions deliberately involved religious leaders, local leaders, and community influencers to facilitate discussion and address misconceptions from culturally appropriate perspectives.

One respondent noted:

"We used religious figures during awareness sessions because religious beliefs were one of the major barriers. Community members were then able to ask questions and get responses."

The evaluation found that involving religious leaders significantly enhanced community acceptance of project messages and helped create opportunities for constructive dialogue on reproductive health issues. In several communities, religious leaders participated in awareness meetings, supported mobilization efforts, and helped bridge the gap between public health messaging and community values.

Evidence from COHERINET's media programming, community dialogues, documentaries, and public awareness campaigns further demonstrates efforts to address harmful social norms through inclusive dialogue and community engagement. Through these platforms, the project promoted evidence-based information while encouraging respectful conversations around reproductive health, stigma reduction, and access to care.

5.4: Stigma and Social Inclusion

Stigma remained a recurring theme across all aspects of the evaluation. Respondents consistently identified stigma as one of the primary barriers preventing women and girls from seeking timely reproductive health services.

Women experiencing abortion-related complications often feared:

- → Being labelled as immoral.
- → Being judged by family members.
- → Community discrimination.
- → Social exclusion.
- → Religious condemnation.
- → Mistreatment by health workers.

The evaluation found that stigma affected not only service utilization but also information-seeking behaviour. Many women preferred to suffer in silence or seek unsafe alternatives rather than risk exposure within their communities.

However, respondents overwhelmingly agreed that the project contributed to reducing stigma through sustained awareness creation, community dialogues, peer education, media engagement, and promotion of confidential referral mechanisms such as the Aunt KAKI helpline.

One peer educator summarized this change by stating:

"Before the project it was difficult for people even to talk about these issues. Now women ask questions and seek referrals openly."

This shift represents an important step toward greater social inclusion and improved access to reproductive health information and services for vulnerable women and girls.

Assessment of Cross-Cutting Themes

The transcripts provide rich evidence of gendered power relations, cultural sanctions, faith-based resistance, economic vulnerability and community practices that shape reproductive health choices.

"Many women receive family planning without their partners knowing because they fear opposition at home." (Health Worker, Kalangala)

"A woman may report a side effect, but after counselling she reveals that her husband does not want the visible method and prefers an injectable that cannot be seen." (Health Worker, Kalangala)

"Men rarely accompany women for family planning; in a month you may see one couple or none." (Health Worker, Kalangala)

"Men often blame family planning for domestic problems instead of looking at issues such as food, school fees and household conflict." (Health Worker, Kalangala)

"In Kalangala, men with money may give a girl 50,000 shillings, and because that is a lot of money, she may give in." (VHT, Kalangala)

"Men do not want to use condoms because they say they have paid a lot of money." (VHT, Kalangala)

"Religious leaders often say that the child was given by God and that abortion is killing, so women fear being judged as sinners." (Peer Educator, Amuru)

"In some churches, if a woman is known to have aborted, she may lose her church role and be placed under discipline." (Peer Educator, Amuru)

"Culturally, a woman associated with abortion can be rejected by the family, isolated by the community or forced to isolate herself because of how people look at her." (Peer Educator, Amuru)

"In faith-based schools, the administration may resist condom access, yet students themselves ask for condoms and practical information." (VHT, Kalangala)

"We do not use condoms because we hear they can get stuck; instead, some girls count their periods or ask men to count beads." (FGD, Students in Amuru)

"Religions have been one of the greatest barriers preventing women and girls from accessing post-abortion care services." (Peer Educator, Rubaga)

The project's deliberate engagement of women, men, community leaders, religious leaders, health workers, and youth contributed to gradual shifts in attitudes and social norms while increasing acceptance of reproductive health information and services. Nevertheless, sustained investment in gender-transformative programming, male engagement, stigma reduction, and community dialogue will be required to consolidate and expand these gains.

6.0 LESSONS LEARNED

The evaluation generated several important lessons regarding what works in addressing stigma, transforming harmful social norms, improving access to post-abortion care services, and strengthening community-based reproductive health programming.

6.1: Social norm change requires continuous community engagement rather than one-off awareness campaigns

Changing deeply rooted social norms requires sustained engagement over time. The barriers affecting access to post-abortion care were not primarily due to lack of service availability, but rather the social, cultural, and religious norms that shaped people's attitudes and behaviours.

The project demonstrated that repeated community dialogues, peer-to-peer interactions, and engagement with trusted community influencers can gradually challenge misconceptions, reduce stigma, and create a more supportive environment for women and girls seeking care. Social norms related to abortion, family planning, and reproductive health are often reinforced through families, religious institutions, peer groups, and community networks; therefore, effective interventions must address these broader social influences rather than focusing solely on individual knowledge.

The project's success in increasing openness around discussions of post-abortion care illustrates that meaningful behaviour change occurs when communities are given safe spaces to reflect, discuss, and question existing beliefs.

6.2: Community dialogues are more effective than general mass awareness approaches for addressing sensitive issues

The evaluation found that while mass awareness approaches can increase visibility, community dialogues were considerably more effective in addressing sensitive and stigmatized issues such as abortion and post-abortion care.

Dialogue-based approaches enabled participants to:

- → Ask questions openly.
- → Clarify misconceptions.
- → Discuss personal concerns.
- → Hear alternative perspectives.
- → Engage directly with health workers and community leaders.
- → Build trust in available services.

Unlike one-way information dissemination, community dialogues created opportunities for reflection and collective problem-solving, making them particularly effective for addressing social norms and behaviour change.

Respondents consistently identified community dialogues as the intervention that generated the greatest engagement and impact.

6.3: Trusted community structures are critical for building credibility and acceptance

The evaluation demonstrated that communities are more likely to trust and act upon information delivered through individuals and structures that they already know and respect.

The use of:

- → Village Health Teams (VHTs),
- → Community Health Extension Workers (CHEWs),
- → Peer Educators,
- → Local Council Leaders,
- → Religious Leaders,
- → Community Influencers, and
- → Health Workers

Significantly enhanced acceptance of project messages and facilitated access to services. Because these actors were already embedded within community structures, they were able to address sensitive issues in culturally appropriate ways while serving as bridges between communities and health facilities. We learn that community ownership and trust are essential ingredients for successful reproductive health programming.

6.4: Addressing stigma requires simultaneous action at individual, family, community and institutional Levels

The evaluation revealed that stigma surrounding abortion and post-abortion care is reinforced through multiple layers of society, including families, peers, religious institutions, community structures, and health systems.

Women and girls often feared not only community judgment but also criticism from family members, partners, and in some cases health workers. This suggests that stigma reduction interventions are most effective when they address multiple levels simultaneously.

The project's combination of community engagement, peer education, media campaigns, referral systems, and health facility partnerships proved effective because it targeted both social attitudes and structural barriers.

Future interventions should continue adopting multi-level approaches that address both community perceptions and service delivery environments.

6.5: Confidential information and referral mechanisms encourage health-seeking behaviour

The evaluation found that confidentiality plays a critical role in enabling women and girls to seek reproductive health information and services.

The Aunt KAKI toll-free helpline emerged as an important innovation because it allowed individuals to seek information, counselling, and referrals privately without fear of exposure, judgment, or stigma.

Many respondents indicated that women who would otherwise have remained silent were able to access information and support through confidential referral pathways.

This demonstrates the importance of incorporating discreet, accessible, and confidential communication channels into reproductive health programming, particularly in contexts where stigma remains high.

6.6: Religious and cultural leaders can either reinforce or transform social norms

The evaluation highlighted the powerful influence that religious and cultural leaders have on community attitudes and behaviours. In many communities, religious beliefs were identified as both a barrier to service uptake and a potential avenue for positive change.

The project demonstrated that engaging religious and cultural leaders early in implementation can significantly improve community acceptance of reproductive health messages. When these leaders understand project objectives and participate in community dialogues, they can help challenge harmful misconceptions and legitimize discussions around reproductive health.

This lesson underscores the importance of viewing religious and cultural leaders as strategic partners in social and behaviour change interventions rather than simply as stakeholders to be informed.

6.7: Male engagement is essential for sustainable behaviour and social norm change

The evaluation found that male attitudes and behaviours continue to significantly influence women's reproductive health decisions and access to services.

Many respondents reported that men often:

- → Oppose family planning.
- → Hold misconceptions about reproductive health.
- → Rarely accompany partners to health facilities.
- → Influence decisions regarding pregnancy and healthcare seeking.

The project demonstrated that awareness efforts targeting women alone are insufficient to achieve lasting social norm change. Sustainable improvements in reproductive health outcomes require active engagement of men and boys as partners, advocates, and decision-makers.

Future interventions should incorporate dedicated strategies for male engagement, including targeted dialogue sessions, male champions, peer educators, and community influencers.

6.8: Peer educators are effective community change agents when adequately supported

Peer educators emerged as one of the project's most valuable assets. Their familiarity with community dynamics, local language, and social networks enabled them to engage effectively with community members and provide trusted information.

The evaluation found that peer educators played a critical role in:

- → Challenging harmful social norms.
- → Promoting reproductive health information.
- → Facilitating referrals.
- → Supporting follow-up.
- → Identifying vulnerable women and girls.
- → Linking communities to health facilities.

However, respondents also noted that peer educators require continuous mentorship, refresher training, identification materials, and logistical support to remain effective.

The lesson is that community-based change agents can generate significant impact when adequately trained, supported, and integrated into broader health systems.

6.9: Media and digital platforms can accelerate social norm change and expand reach

The evaluation found that community-based interventions were strengthened by COHERINET's use of media, social media platforms, COHERINET TV, YouTube content, documentaries, and the Aunt KAKI communication platform.

These platforms helped extend project messages beyond direct beneficiaries, normalize conversations around reproductive health, and reinforce community awareness efforts. They also provided opportunities for continuous learning and engagement beyond face-to-face interactions.

The experience demonstrates that combining interpersonal communication with digital and mass media approaches can significantly enhance the reach and effectiveness of social and behaviour change interventions.

6.10: Sustainable change occurs when communities become part of the solution

The excerpts below reinforce the main lessons on social norms, trust, confidentiality and sustained engagement.

"When you talk about abortion, it attracts religious leaders, cultural leaders, local leaders and even friends around you; many do not want to hear that word." (Peer Educator, Amuru)

"A woman is more likely to open up when we go with the Nabakyala because women trust her more than when we go alone." (Peer Educator, Rubaga)

"Some people cannot mention their problem in public; once you give them a phone number, they call later and explain privately." (Peer Educator, Amuru)

"Students requested routine termly sexual health talks so they can consult teachers instead of relying only on friends." (FGD, Students in Amuru)

Perhaps the most important lesson from the Break It Up Project is that sustainable social norm change cannot be imposed externally. Meaningful and lasting change occurs when communities themselves become active participants in identifying problems, challenging harmful beliefs, and promoting positive behaviours.

The project's success was largely driven by its ability to engage community members, local leaders, peer educators, health workers, and religious leaders as partners in the change process. This participatory approach fostered ownership, strengthened accountability, and increased the likelihood that positive changes will continue beyond the project period.

The experience of the Break It Up Project demonstrates that transforming reproductive health outcomes requires not only improving access to services but also creating supportive social environments where women and girls can seek care without fear, stigma, or discrimination.

7.0 Recommendations

The evaluation findings demonstrate that the Break It Up Project has successfully established community trust, strengthened referral pathways, increased awareness of post-abortion care services, reduced stigma, and enhanced access to reproductive health information among women, girls, and communities. However, the evaluation also indicates that many of the social norms, gender barriers, and health system challenges that initially justified the intervention continue to exist, albeit at reduced levels. To consolidate the gains achieved and accelerate progress towards stigma-free access to post-abortion care services, the following recommendations are proposed.

7.1: Institutionalize and scale community dialogue models

Community dialogues emerged as the most effective intervention for addressing stigma, transforming harmful social norms, and promoting health-seeking behaviour. COHERINET should institutionalize the dialogue model and expand its application to underserved communities and population groups, particularly adolescents, young women, men, and hard-to-reach populations.

7.2: Strengthen social norms transformation programming

While significant progress was made in reducing stigma, the evaluation found that harmful social and gender norms remain deeply rooted within many communities. Future programming should move beyond awareness creation and invest in more deliberate social norms transformation approaches that engage families, community influencers, religious leaders, cultural leaders, and male champions as agents of change.

7.3: Expand youth-focused and school-based programming

The evaluation identified adolescents and young people as a population with significant unmet reproductive health information needs. Future interventions should deepen engagement within schools, vocational institutions, youth groups, and digital platforms to ensure that young people have access to age-appropriate, evidence-based sexual and reproductive health information.

7.4: Enhance digital and media-based engagement

The success of COHERINET TV, social media platforms, community documentaries, and the Aunt KAKI helpline demonstrates the potential of digital platforms in expanding access to information and sustaining behaviour change. Future programming should strengthen integration between community-based interventions and digital engagement strategies to maximize reach and impact.

7.5: Strengthen community-to-facility follow-up systems

Although referral pathways have improved substantially, additional attention should be given to referral completion, follow-up support, and client navigation within health facilities to ensure that vulnerable women and girls receive timely and appropriate care.

7.6: Advocate for a stigma-free and client-centred care

This can be done through providing professional development to Health workers on values clarification, respectful maternity care, confidentiality, and stigma-free service provision to ensure that women and girls feel safe and supported when seeking care.

7.7: Encourage male participation in reproductive health

Work with local leaders and community influencers to actively encourage men to participate in reproductive health discussions and support women in accessing family planning and

Strategic Way Forward

Respondent voices reinforcing the strategic way forward

The recommendations are strengthened by the following respondent voices, which point to areas that require consolidation in a next phase.

"There is still limited knowledge on family planning among men because most programmes mainly target women and girls." (Peer Educator, Kalangala)

"Government and partners should activate Nabakyala because they are trusted sources of information on women's problems in their communities." (Unstructured Interview, Kalangala)

"Services should be brought closer to lower-level facilities because transport is difficult for people far from Kalangala Town Council." (Unstructured Interview, Kalangala)

"Let peer educators receive refresher training and practical field materials so they can continue supporting communities." (Unstructured Interview, Kalangala)

The evaluation concludes that the Break It Up Project has established a credible and effective community-centred model for improving access to stigma-free post-abortion care services. Future efforts should focus on consolidating the gains achieved, deepening social norm transformation, strengthening health system linkages, and expanding successful interventions to populations and geographical areas that remain underserved. Such an approach would not only sustain current achievements but also accelerate progress towards equitable access to reproductive health information and services for women and girls across Uganda.

Annex 1: Selected Qualitative Excerpts Integrated from Verbatim Transcripts

The excerpts below were cleaned only for readability while preserving the meaning of the respondents. They are included to strengthen the qualitative evidence base of the evaluation report. All newly inserted excerpts are bolded and highlighted.

Theme	Highlighted quotation/excerpt	Source
Stigma and fear of judgment	"People were doing unsafe abortion, but the issue was stigma and fear to open up and seek medical care afterwards."	Peer Educator, Nabweru
Stigma and fear of judgment	"Women fear coming to the health facility because once they come, people assume they intentionally aborted."	Peer Educator, Rubaga
Stigma and fear of judgment	"Even when pregnancy loss happened because of other reasons, the community could still call it abortion."	Peer Educator, Kawempe
Culture and beliefs	"Among the Baganda, some believe abortion brings misfortune to the family and bad luck to the woman."	Peer Educator, Nabweru
Culture and beliefs	"Culturally, a woman linked to abortion can be rejected by the family and isolated by the community."	Peer Educator, Amuru
Religion and moral sanctions	"Religious leaders often interpret abortion as killing and sin, which makes women fear seeking help."	Peer Educator, Amuru
Religion and moral sanctions	"In some churches, a woman known to have aborted can lose her leadership role and be put under church discipline."	Peer Educator, Amuru
Faith-based service barriers	"Students wanted condoms, but the faith-based school administration believed students did not need them."	VHT, Kalangala
Gender and power	"Many women seek family planning without the knowledge of men because they fear opposition at home."	Health Worker, Kalangala
Gender and power	"Men rarely come with their partners for family planning; sometimes in a whole month we may see one couple or none."	Health Worker, Kalangala
Gender and power	"Men often blame family planning when there are household problems, instead of looking at other causes like food, school fees or conflict."	Health Worker, Kalangala

Theme	Highlighted quotation/excerpt	Source
Male engagement gap	"Most programmes target women and girls, yet men still have limited knowledge about family planning and reproductive health."	Peer Educator, Kalangala
Economic vulnerability	"Some girls lack scholastic materials and engage in relationships because men provide money for pads, books and pens."	FGD, Students in Amuru
Economic vulnerability	"In Kalangala, a man can give a girl 50,000 shillings, which is a lot of money, and she may accept sex because of that."	VHT, Kalangala
Economic vulnerability	"Men working in fishing and palm oil often have cash, and this creates situations where girls and women are exposed to transactional sex."	VHT, Kalangala
Unsafe abortion pathways	"Some clients first seek help in private clinics and only come to the health facility after spending money and developing complications."	Health Worker, Kalangala
Unsafe abortion pathways	"People can get information from friends, elders, pharmacies and informal providers; when formal services feel closed, they look for other ways."	Health Worker, Kalangala
Unsafe abortion pathways	"Many procedures happen outside formal systems and are never documented, yet complications later appear at health facilities."	Health Worker, Kalangala
Health facility care	"When a client comes with complications, we provide care because if we do not support her, she can easily die."	Health Worker, Kalangala
Teenage pregnancy	"Teenage pregnancy is on the rise; we receive girls of 15, 16 and 19 years who are already pregnant."	Health Worker, Kalangala
Teenage pregnancy	"Some girls are not in school and are placed in informal skills training, where it becomes difficult to protect them from men with money."	Health Worker, Kalangala
School sexuality education	"We rarely receive sexuality education; most of what we know comes from friends and peers."	FGD, Students in Amuru
School sexuality education	"We received training from COHERINET twice, but it has taken long; we need regular termly talks."	FGD, Students in Amuru
School sexuality education	"More than one teacher should be trained because a trained teacher can die or be transferred."	FGD, Students in Amuru
Myths and misconceptions	"Some girls do not use condoms because they hear they can get stuck; instead, they count periods or ask men to count beads."	FGD, Students in Amuru
Community dialogue	"Community dialogues worked excellently because people asked questions, received responses and got the toll-free number."	Peer Educator, Nabweru

Theme	Highlighted quotation/excerpt	Source
Community dialogue	"At first people were not listening in public spaces, but dialogues and OPD health talks worked much better."	Peer Educator, Nabweru
Community dialogue	"In savings groups, we reached men, women, youth and older people at once because all categories were already gathered."	Peer Educator, Amuru
Peer educators	"People now look for us by phone or at the facility because of the information they received from peer educators."	Peer Educator, Amuru
Peer educators	"After teaching a group, someone may call privately because they could not mention their problem in public."	Peer Educator, Amuru
Peer educators	"Women are more likely to open up when we move with Nabakyala because they trust her."	Peer Educator, Rubaga
Referral systems	"The referral system improved because VHTs make referrals and follow up to confirm whether the client reached the facility and received care."	Peer Educator, Rubaga
Referral systems	"Clients could call the toll-free number and be referred to a nearby or preferred facility."	Peer Educator, Kawempe
Toll-free line	"The toll-free line helped, but some people struggled with the code and prompts needed to reach the right service."	Peer Educator, Kawempe
Health worker capacity	"COHERINET trained health workers, provided on-site mentorship and supported us with commodities for service delivery."	Health Worker, Kalangala
Health worker capacity	"They were among the first to bring the hormonal IUD here, and that helped us learn about additional family planning options."	Health Worker, Kalangala
Logistics and materials	"The training was adequate, but materials were limited, including posters, identification tags and protective gear for peer educators."	Peer Educator, Kawempe
Logistics and motivation	"The small allowance had to cover transport, lunch and field movement; some peer educators dropped out because the work became difficult to sustain."	Peer Educator, Amuru
Service access	"People far from Kalangala Town Council struggle with transport, and outreach services take long to return for refills."	Unstructured Interview, Kalangala
Sustainability	"Even when the project slowed down, people still call us because they remember the lessons and trust the referral support."	Peer Educator, Amuru

Annex 2: Service utilisation trend

Period	Women served
Jul-Dec 2022	634
Jan-Jun 2023	1575
Jul-Dec 2023	1701
Jan-Jun 2024	2084
Jul-Dec 2024	2189
Jan-Jun 2025	2396
Jul-Dec 2025	2553