

## Scaling What Is Already Working

### A Community-Led Model for Stigma-Sensitive SRHR and Post-Abortion Care in Tororo District, Uganda

#### A note to partners

Some projects end with lessons learned.  
Others end with proof.

Between April and November 2025, TDYAN YOVANU implemented a district-based initiative to reduce stigma around sexual and reproductive health and post-abortion care (PAC) across 14 sub-counties in Tororo District. What emerged was not just improved awareness, but something rarer and more consequential: measurable behavior change, visible across communities, health facilities, and local leadership.

This document outlines why that matters, what exactly worked, and how we are preparing to scale it with care, discipline, and integrity.

#### Why this work matters now

Stigma around SRHR and PAC is often described as “deeply entrenched.” In practice, this label sometimes becomes an excuse for slow progress.

Our experience in Tororo suggests something different.

When people feel safe, respected, and genuinely listened to, norms can shift faster than expected and the change can last.

During the implementation period:

- Adolescents and young women began seeking care earlier
- Some accessed PAC services independently, without coercion or delay
- Faith and cultural leaders moved from hesitation to active support
- Community-based referrals to health facilities exceeded **1,000 documented cases**

These outcomes did not come from mass messaging or one-off campaigns. They came from **small, repeated, relational engagements**, anchored in trust and reinforced through creativity and leadership endorsement.

#### The strategic insight behind the results

This initiative was not only about stigma reduction. It tested a broader idea:

**That social norm change around sensitive SRHR issues is possible, durable, and scalable when communities are treated as co-owners rather than audiences.**

Three elements proved especially powerful.

### **1. Behavior change, not just awareness**

The most compelling evidence was not how many people were reached, but how they acted afterward.

Girls walked into facilities on their own.

Care was sought earlier.

Leaders initiated follow-up conversations without being prompted.

For the next phase, TDYAN intends to track indicators that reflect this reality more precisely, including **time-to-care** and **self-initiated referrals**, as core measures of success.

### **2. Youth-led drama as a serious entry point**

Youth-led videographic drama consistently lowered defensiveness, legitimized taboo conversations, and gave communities a shared language for difficult topics.

Drama functioned as a **social permission structure**, not entertainment.

In the scale-up phase, this will be formalized as a core program pillar, with:

- Curated scripts
- Facilitation guides
- Safeguarding protocols
- Trained moderators

Designed once. Used many times.

### **3. Faith and cultural leaders as multipliers**

A critical threshold has been crossed. Leaders are no longer risks to be managed. Many are now allies and advocates.

The next phase will shift from dialogue to **delegation**, piloting leader-led conversations where TDYAN plays a backstopping role rather than the front-facing one.

## **What we are strengthening, not reinventing**

Scaling does not mean adding noise. It means carrying forward what already works.

In the next phase, TDYAN will focus on:

- Deepening structured digital youth mentorship and referral coordination
- Expanding youth-led drama and peer education to unreached sub-counties
- Upgrading youth-friendly spaces and provider mentorship at facilities
- Sustaining layered community dialogues rather than one-off engagements
- Strengthening social accountability through HUMCs, DiCAHs, and scorecards
- Continuing radio, tertiary-institution engagement, and coalition work

The emphasis is on **depth, repetition, and consistency**, not expansion for its own sake.

## Emerging innovations we are ready to pilot

Several promising ideas surfaced organically and are ready for careful testing at scale:

- **Progressive TBAs as referral and surveillance allies**, with clear boundaries and accountability
- **Community-led teenage pregnancy monitoring**, involving parents, para-social workers, and trusted local actors
- **Community cinema and mobile screenings**, turning film into dialogue, not spectacle
- **Podcast-style barazas**, blending lived experience and expert reflection
- **Forum theatre linked to radio**, grounding media conversations in real community narratives

These innovations are intentionally lightweight, adaptable, and grounded in existing community systems.

## The scale-up goal

TDYAN proposes to expand a **tested, stigma-sensitive SRHR and PAC norm-change model** from 14 sub-counties to all 42 sub-counties in Tororo District, with potential for national adaptation.

This will be done through a phased, adaptive approach:

- **Phase 1:** Consolidation and readiness (0 -3 months)
- **Phase 2:** Clustered expansion (3-18 months)
- **Phase 3:** Institutionalization within district systems (3-36 months)

At the center is a **minimum viable package** that preserves impact:

- Small-group community dialogues
- Youth-led creative engagement
- Gatekeeper co-leadership
- Clear community-to-facility referral pathways

- Structured digital mentorship and coordination

Additional components are layered in as resources allow.

## **Why this is a cost-effective investment**

This model achieves depth without heavy infrastructure.

- Small, frequent dialogues outperform mass campaigns
- Community and youth diffusion extends reach without proportional staffing costs
- Creative assets are reusable across contexts
- WhatsApp-based coordination enables real-time problem-solving at minimal cost
- Existing district systems are leveraged rather than duplicated

As scale increases, **cost per beneficiary decreases**, while referral quality and early care-seeking improve.

## **Why TDYAN YOVANU**

TDYAN YOVANU is a youth-led organization with:

- Legal registration and a district-wide MoU covering all 42 sub-counties
- Strong relationships with government, health facilities, and community leaders
- Clean systems, tested delivery capacity, and a reputation for listening before acting

Its comparative advantage is simple but rare:  
**communities trust TDYAN because they feel heard.**

As scale expands, part of the investment will strengthen administrative and M&E capacity to protect quality, accountability, and learning.

## **An invitation**

This proposed scale-up is not about doing more.

It is about carrying forward what already works, with discipline, humility, and measurable impact.

For partners seeking to invest in stigma-sensitive SRHR and PAC programming that is community-owned, evidence-driven, and ready to grow, TDYAN YOVANU offers a credible and grounded platform.

**We invite you to be part of the next phase.**