CATALYTIC OPPORTUNITY FUND
Clinton Health Access Initiative

END OF PROJECT REPORT

SCALING UP OF H-IUD IN BUSOGA AND TOORO

A partnership between Tekere Girl Child Empowerment and the Clinton Health Access Initiative to widen access to the hormonal intrauterine device for women across twenty two districts of Uganda.

Busoga Region | Tooro Region

324	154	22	485
HEALTH WORKERS TRAINED	FACILITIES REACHED	DISTRICTS COVERED	H-IUD INSERTIONS

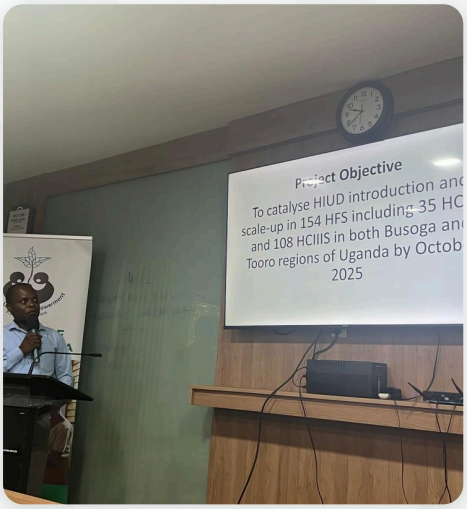
"With trained providers, an engaged community and a committed network of stakeholders, integrating H-IUD into Uganda's family planning method mix is achievable."

Tekere Girl Child Empowerment (TEGEM)

Implementation Period: November 2024 to October 2025 • Report Date: October 2025

REPORT INFORMATION

PUBLISHING AND IMPRINT DETAILS



> **To catalyse H-IUD introduction and scale up in 154 health facilities across Busoga and Tooro, so that more women can choose the method that fits their lives.**

324	22	485	39
PROVIDERS TRAINED	DISTRICTS	H-IUD INSERTIONS	COMMUNITY DIALOGUES

Report Title

Scaling Up of H-IUD in Busoga and Tooro Regions: End of Project Report

Implemented By

Tekere Girl Child Empowerment (TEGEM)

Funding Partner

Clinton Health Access Initiative (CHAI), through the Catalytic Opportunity Fund (COF)

Implementation Period

November 2024 to October 2025

Content and Photography

All narrative content, data and photographs in this report are drawn directly from TEGEM's own project documentation, the CHAI COF end of project progress template and the project's public infographic. Photographs were taken by the TEGEM project team during inception meetings, trainings and community dialogues in Busoga and Tooro.

This document is designated for public sharing and may be disseminated to support learning and replication of the H-IUD scale up approach.

NAVIGATE

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

REFERENCE

LIST OF ACRONYMS

TEGEM Tekere Girl Child Empowerment

CHAI Clinton Health Access Initiative

COF Catalytic Opportunity Fund

H-IUD Hormonal Intrauterine Device

LARC Long Acting Reversible Contraceptive

FP Family Planning

FP-CIP Family Planning Costed Implementation Plan

MoH Ministry of Health

DHT District Health Team

HC III / HC IV Health Centre III / Health Centre IV

VHT Village Health Team

REDI Rapport, Explore, Decide, Implement (counseling framework)

MEC Medical Eligibility Criteria

HMIS Health Management Information System

CSSP Client Self Service Portal

RDC Resident District Commissioner

M&E Monitoring and Evaluation

IEC Information, Education and Communication

A NOTE ON TERMS

Throughout this report, H-IUD refers to the hormonal intrauterine device, one of several long acting reversible contraceptive options that TEGEM and CHAI worked to introduce and scale up within the public health system of Busoga and Tooro.

Places You Will Read About

Fairway Hotel, Kampala venue of the National Inception Meeting

Jerusalem Hotel, Fort Portal venue of the Tooro Regional Inception Meeting

Hotel Continental, Iganga venue of the Busoga Regional Inception Meeting

New Fort View Hotel, Fort Portal venue of the Tooro health worker trainings

Busoga Regional Inception Meeting, Hotel Continental, Iganga.

A clinical skills demonstration during a Tooro region training session.

ABOUT

TEKERE GIRL CHILD EMPOWERMENT (TEGEM)

Tekere Girl Child Empowerment (TEGEM) is a not for profit organisation that grew out of a community based group founded in 2004, after its founders recognised the sexual and reproductive health needs of the people of Tororo. TEGEM brings together women and young men who care deeply about the health of girls, women and men, and it works to empower communities through information, guided by the philosophy *"We are what we are because the people are."*

The organisation is headquartered in Papoli Parish, Magola Sub County, Tororo District, and while it began its work there, TEGEM's vision reaches toward the whole country.

Through this project, TEGEM partnered with the Clinton Health Access Initiative under the Catalytic Opportunity Fund to catalyse the introduction and scale up of the hormonal intrauterine device in the Busoga and Tooro regions, working alongside the Ministry of Health and district health teams to strengthen provider capacity and community demand for family planning.

Our Goal

To promote good health through social mobilisation, provider capacity building and community engagement among girls, women and the wider population.

OUR VISION

A healthy community of empowered girls and young women, supported by a health system that reliably offers them full and informed choice.

OUR MISSION

To empower girls and women through holistic approaches that improve health and expand access to quality reproductive health services.

Target Goal: Every woman and girl empowered to make an informed choice about her own body.

TEGEM × CHAI

From a community based organisation in Tororo to a coordinated presence in 154 health facilities across Busoga and Tooro, TEGEM's partnership with CHAI has carried the same founding philosophy into a national scale up.

PROJECT IN NUMBERS

What a year of inception meetings, trainings, mentorship and community dialogues delivered across Busoga and Tooro.

⚖

HEALTH WORKERS TRAINED

324

222 from HC IIIs, 102 from HC IVs

🏥

FACILITIES REACHED

154

public sector health facilities

📍

DISTRICTS COVERED

22

12 in Busoga, 10 in Tooro

💉

H-IUD INSERTIONS

485

recorded November 2024 to September 2025

📈

GROWTH OVER BASELINE

+374

increase in consumption versus the pre COF period

🤝

MENTORSHIP VISITS

636

individuals reached with supportive supervision

👥

COMMUNITY DIALOGUES

39

reaching over 600 participants

🏆

DISTRICT MENTORS

26

appointed to oversee facility level rollout

💬

INCEPTION MEETINGS

3

1 national and 2 regional, over 150 stakeholders

> **Every number on this page traces back to a specific training register, meeting attendance list or DHIS 2 record, so district health teams can check and build on it directly.**

GRATITUDE

ACKNOWLEDGEMENT

Tekere Girl Child Empowerment extends its deepest appreciation to the Clinton Health Access Initiative, through the Catalytic Opportunity Fund for the 2024/25 financial year, for the generous financial and technical support that made the H-IUD activities across Busoga and Tooro possible.

Your unwavering commitment, trust and partnership have empowered TEGEM to make a tangible and lasting impact on adolescent girls, women and communities in Uganda. Through this support, TEGEM continues to strengthen access to quality sexual and reproductive health services, promote informed choice and contribute to improved health outcomes within the Ugandan health system.

TEGEM equally acknowledges the Ministry of Health, district health offices, family planning mentors and community health teams for their leadership, guidance and dedication. Their cooperation and active participation made possible the successful implementation of inception meetings, trainings, mentorship visits and community dialogues.

We value the shared vision we have built together, one that champions equity, dignity and transformative change.

Thank You

To every health worker, mentor, district leader and community member who gave their time to this journey, thank you for walking it with us and for advancing our collective mission to enable every girl and woman to thrive.

Partners in This Work

- Clinton Health Access Initiative
- Ministry of Health
- District Health Offices
- Family Planning Mentors
- Community Health Teams
- District Health Teams
- Village Health Teams
- Religious and Cultural Leaders

OVERVIEW

EXECUTIVE SUMMARY

Between November 2024 and October 2025, TEGEM, with support from CHAI, implemented a coordinated series of activities aimed at catalysing the introduction and scale up of H-IUD services in Busoga and Tooro regions.

The project opened with a National Inception Meeting in Kampala, followed by Regional Inception Meetings in Busoga and Tooro that brought district leadership and health teams into alignment. From there, three intensive health worker trainings equipped providers with the counseling, clinical and data management skills needed to offer H-IUD safely and confidently, while community dialogues held across both regions worked to shift understanding and dispel the myths that have long slowed uptake of long acting family planning methods.

Collectively, these engagements strengthened provider capacity, enhanced stakeholder coordination and improved community awareness and acceptance of H-IUD services, laying groundwork that district health teams and TEGEM's own mentors can now build upon.

Highlights

324	22	70+	600+
HEALTH WORKERS TRAINED	DISTRICTS REACHED	SUPERVISED INSERTIONS	COMMUNITY MEMBERS ENGAGED

Average provider knowledge grew from a pre training score of 59 percent to 83 percent after training, and coordination between the Ministry of Health, CHAI and district health teams was noticeably strengthened, evidence that this first phase has established strong groundwork for sustainable H-IUD service delivery and mentorship across the two regions.

The Four Key Interventions

1. **National Inception Meeting, Kampala**
2. **Regional Inception Meetings, Busoga and Tooro**
3. **Three Health Worker Trainings**
4. **Community Dialogues, Both Regions**

Stakeholders at the Tooro Regional Inception Meeting, one of the four key interventions that anchored this project.

CONTEXT

BACKGROUND AND OBJECTIVES

Uganda continues to prioritise family planning as a key strategy for improving maternal and child health outcomes. The Family Planning Costed Implementation Plan emphasises expanding access to a full range of contraceptive options, including long acting reversible contraceptives such as the H-IUD.

Under CHAI's Catalytic Opportunity Fund, TEGEM was supported to strengthen provider capacity, improve coordination and promote community awareness in Busoga and Tooro regions between October 2024 and October 2025. The project targeted 154 health facilities across the two regions, working through the existing structures of district health teams rather than around them.

Project Objectives

1. To **strengthen provider capacity** through training and mentorship on H-IUD services.
2. To **engage district leadership** and align stakeholders for a coordinated rollout.
3. To **increase community awareness and acceptance** through targeted community dialogues.
4. To **strengthen data collection, reporting and monitoring** of H-IUD services.

GUIDING PRINCIPLE

Every objective was pursued through, not around, existing government structures, so that district health teams would own the gains long after the project's active phase closed.

1	2	12	154
FUNDING PARTNER, CHAI	REGIONS, BUSOGA AND TOORO	MONTHS OF IMPLEMENTATION	FACILITIES TARGETED

FIGURE 1

PROJECT ACTIVITIES AT A GLANCE

From the first meeting in Kampala to the final round of mentorship visits, the project moved through seven connected phases over twelve months.

National Inception Meeting	Regional Inception Meetings	Health Worker Trainings, Busoga	Health Worker Trainings, Tooro	Community Dialogues	Mentorship and Supportive Supervision	Semi Annual Progress Reviews
1	2	3	4	5	6	7
Kampala, 14 Nov 24	Tooro 19 Nov, Busoga 21 Nov	Iganga, Dec 2024	Fort Portal, Mar to Jun 25	22 districts, 2 phases	636 people, ongoing	Every 6 months

Each district nominated a focal person and mentor to oversee facility level rollout, so that mentorship and progress review continued well beyond the training calendar shown above.

Busoga Regional Inception Meeting, the second phase of the project's rollout.

A community dialogue session, the fifth phase, carried into every district.

NATIONAL INCEPTION MEETING

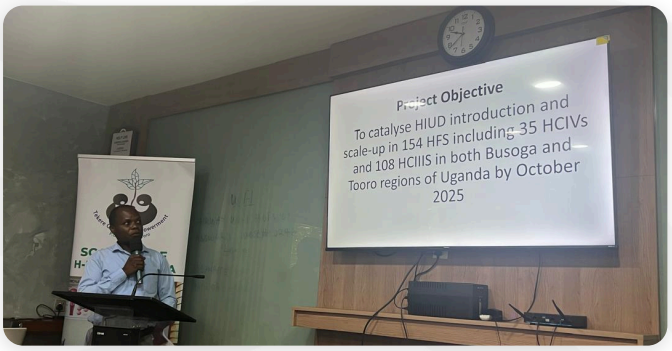
Fairway Hotel, Kampala • 14 November 2024

The project opened formally at the Fairway Hotel in Kampala, where more than 150 stakeholders including Ministry of Health officials, district health officers and implementing partners gathered to launch the H-IUD scale up. Project Manager Dr Peter Ssebadduka addressed participants, setting out the rollout plan and the shared ambition behind it.

The meeting clarified roles, implementation timelines, mentorship structures and commodity supply coordination between TEGEM, the Ministry of Health and CHAI. Participants reached national consensus on the rollout plan and mentorship tools, mapped the facilities that would receive training, and committed to integrating community engagement into district work plans from the outset.

A defining outcome of the day was the project's guiding objective, presented to the room in clear terms: to catalyse H-IUD introduction and scale up in 154 health facilities, including 35 Health Centre IVs and 108 Health Centre IIIs, across both Busoga and Tooro by October 2025.

Project Manager Dr Peter Ssebadduka addresses participants at the National Inception Meeting.



The project's scale up objective, presented to stakeholders at the National Inception Meeting.

Key Outputs

National consensus on the rollout plan and mentorship tools.

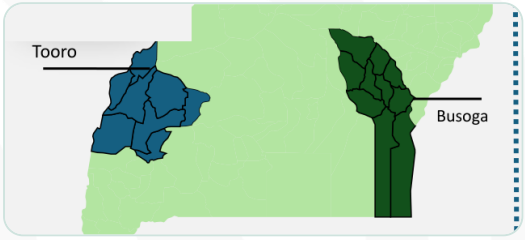
A completed map of facilities selected for training.

Commitment from every district to fold community engagement into its own work plan.

REGIONAL INCEPTION MEETINGS

Tooro, 19 November 2024 • Busoga, 21 November 2024

Within a week of the national launch, TEGEM carried the same conversation into both regions. In Tooro, stakeholders gathered at the Jerusalem Hotel in Fort Portal, and in Busoga at the Hotel Continental in Iganga district, where district leadership, health workers and implementing partners worked through the practical detail of rollout in their own areas.



Tooro Region
10 districts, meeting held at Jerusalem Hotel, Fort Portal

Busoga Region
12 districts, meeting held at Hotel Continental, Iganga

Participants at the Tooro Regional Inception Meeting, Jerusalem Hotel, Fort Portal.

Participants at the Busoga Regional Inception Meeting, Hotel Continental, Iganga.

In each region, districts nominated the focal persons and mentors who would go on to oversee facility level rollout, giving both Tooro and Busoga a locally owned structure to carry the project forward long after the meetings closed.

HEALTH WORKER TRAININGS, BUSOGA

Iganga District Offices • 9 to 20 December 2024

Two intensive training sessions were held at the Iganga District offices, a first group running from 9 to 13 December 2024 and a second from 17 to 20 December. Together they brought 110 health workers from eight districts through counseling grounded in the REDI framework, infection prevention and instrument processing, H-IUD insertion and removal, and data documentation using family planning registers.

Training combined classroom instruction with hands on practicum sessions at selected high volume facilities, where health workers performed real insertions and removals under supervision. The result was a marked jump in provider knowledge and, more importantly, a group of health workers who left the training ready to counsel clients on the full range of family planning options rather than a single method.

Challenges Noted

Some family planning rooms offered limited privacy and space, and a handful of facilities experienced occasional shortages of insertion kits and commodities during the training window.

Health workers in a hands on practicum session during the Busoga trainings, working with Avibela and Mirena H-IUD kits.

110
health workers trained, from eight districts

67% → 90%
average knowledge score, pre to post training

20+
SUPERVISED INSERTIONS

37
REACHED FULL COMPETENCY

HEALTH WORKER TRAININGS, TOORO

New Fort View Hotel, Fort Portal • March to June 2025

A facilitator demonstrates H-IUD insertion technique during a Tooro region training session, New Fort View Hotel.

Three sessions followed in Tooro, a first group from 31 March to 4 April 2025 and two further groups from 10 to 14 June, together training 116 health workers from Health Centre IIIs and IVs across the region. The curriculum went further than Busoga's, adding medical eligibility screening with the MEC wheel and a full review of the family planning method mix alongside REDI counseling, clinical insertion and removal skills, and infection prevention practice.

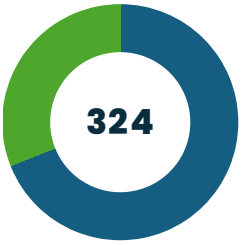
Average knowledge grew by 26 percentage points, from 50 percent before training to 76 percent after it, and every participant achieved satisfactory competency in procedural steps through hands on module practice. During supervised clinical practicums, trainees performed more than 50 insertions, a mix of Copper T and H-IUD, and post training evaluations found that all participants felt ready to offer H-IUD services at their own facilities.

- **a** Some facilities still lack complete insertion kits and offer limited privacy in family planning rooms.
- **b** Gaps remain in sterilisation practice and the storage of processed instruments at a number of facilities.
- **c** Occasional commodity shortages carry a risk of disrupting services even where demand exists.
- **d** Strong myths, religious influence and low male involvement remain significant barriers to demand.

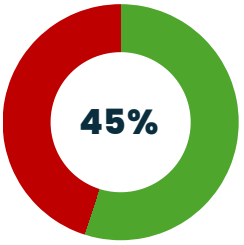
SNAPSHOT

TRAINING OUTCOMES

Taken together, the Busoga and Tooro trainings reached 324 health workers and lifted average provider knowledge well above the level either region started at.

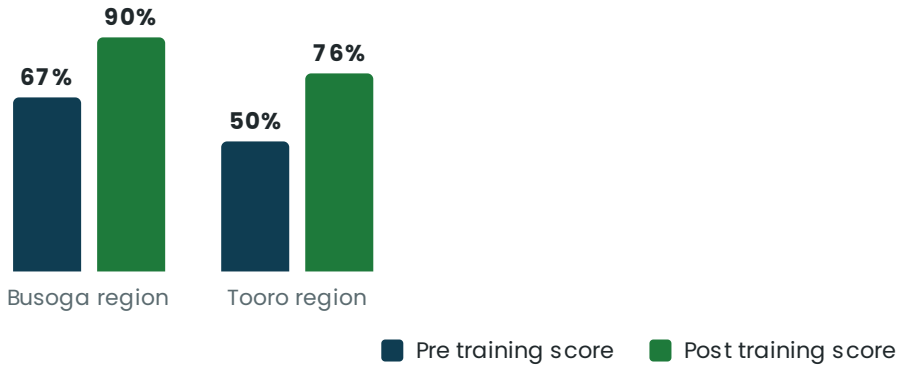


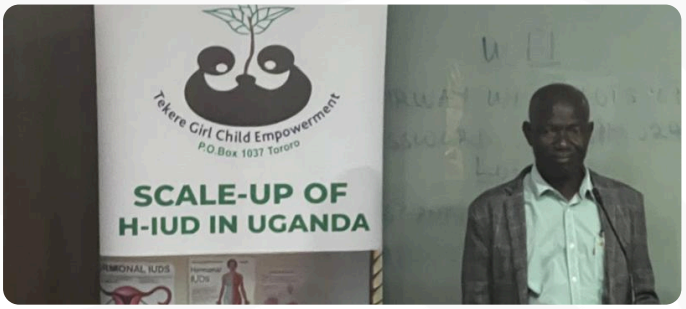
Health workers trained
222 from HC IIIs (69%), 102 from HC IVs (31%)



Facility training gap
111 HC IIIs and all 34 HC IVs trained; 117 facilities remain untrained in both regions

Average provider knowledge score, before and after training





The training pipeline traces back to the National Inception Meeting that set its objectives.

Hands on practicum sessions turned test scores into procedural confidence.

COMMUNITY DIALOGUES

Reaching the People of Busoga and Tooro

Training providers is only half of the equation, so TEGEM carried the conversation into the community itself. Two phases of dialogue were held across all 22 districts in Busoga and Tooro, a strategy designed to generate demand and address the social barriers that keep women from choosing long acting family planning methods, with particular attention to the newly introduced H-IUD.

The dialogues brought together a wide range of voices, community members, village health teams, religious leaders, local government officials and health care providers, reaching well over 600 participants across 39 sessions. Each session was less a lecture than a genuine exchange, one where community members could voice their fears directly and hear from people they already trusted.

A community dialogue session under way with stakeholders in Bugweri district, Busoga region.

39	600+	22
DIALOGUE SESSIONS	PARTICIPANTS REACHED	DISTRICTS COVERED

Two Phases, One Purpose

Dialogues ran in two phases across the project calendar, the first establishing baseline understanding of community perceptions and the second returning to test whether attitudes were shifting and to gather co created recommendations, covered in full on the following pages.

Health workers who took part in earlier trainings often joined dialogue sessions to answer clinical questions directly.

VOICES FROM THE COMMUNITY

The dialogues revealed a complex mix of genuine acceptance and deep rooted misconception surrounding family planning, particularly for long acting methods like the H-IUD.

What Communities Told Us Works

- Many participants recognised that family planning improves maternal and child health by allowing birth spacing, easing financial pressure on families and empowering women.
- In Tooro, the long acting, reversible nature of the H-IUD was appreciated as a convenient, set it and forget it method.
- Satisfied users and trusted leaders, among them an Imam in Bugweri and a male village health team member in Bundibugyo, shared positive experiences that helped demystify fears for others.

Myths That Still Hold People Back

- A widespread belief that IUDs cause infertility or cancer, or that the device can move to other parts of the body such as the heart, or become lost inside it.
- Anxiety about severe side effects, including prolonged bleeding, backache and pain during insertion or removal.
- Fear that family planning permanently reduces fertility or libido, or causes discomfort during sex.
- Some religious leaders and community norms that favour large families frame family planning as morally wrong.
- Family planning still seen mainly as a woman's responsibility, which fuels couple conflict and leaves men feeling excluded from the decision.

Participants in a dialogue discussion in Bunyangabo district, Tooro region.

FROM LISTENING TO ACTION

BARRIERS AND SHARED SOLUTIONS

Health System Barriers

- Inconsistent availability of family planning methods, including H-IUD, at health facilities.
- Health workers sometimes described as dismissive, particularly toward clients experiencing side effects.
- Limited space and a lack of privacy in family planning counseling rooms at some facilities.

What Communities Proposed

- Intensified sensitisation through local radio, dialogue and door to door outreach by village health teams to burst the myths directly.
- Consistent commodity supply, strengthened through the National Medical Stores ordering system.
- Targeted engagement of men through couple counseling and male focused dialogue sessions.
- Family planning education woven into antenatal care, postnatal care, immunisation and youth friendly corners.

High Level Commitments

District leaders, including Resident District Commissioners in Tooro, pledged to use their own platforms for mass sensitisation and to speak out against gender based violence linked to family planning decisions. District health teams committed to regular supervision, mentorship and supply chain management, while community leaders themselves pledged to mobilise their communities and dispel myths at the grass roots.

The community dialogues in Busoga and Tooro uncovered real barriers, but they also surfaced a genuine willingness to change. The path forward rests on two things moving together: sustained community engagement to build demand, and a health system strengthened enough to meet that demand with consistent, respectful, high quality care.

A dialogue session in Bugweri district, where an Imam's testimony helped shift perceptions.

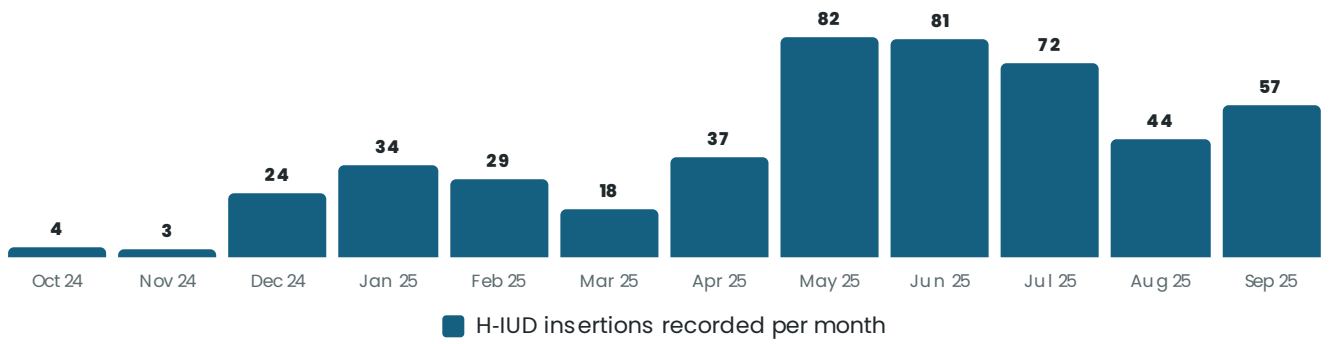
Stakeholders in Bunyangabo district co creating recommendations with the project team.

FIGURE 2

H-IUD UPTAKE TRENDS

DHIS 2 data tracked across the 22 project districts shows H-IUD consumption climbing steadily through the life of the project, from a modest pre COF baseline to sustained monthly volumes well above it.

Monthly H-IUD insertions, October 2024 to September 2025 (during COF implementation)



111
total insertions in the twelve months before COF support began

485
total insertions during the COF implementation period

+374
net increase in H-IUD consumption attributable to the project

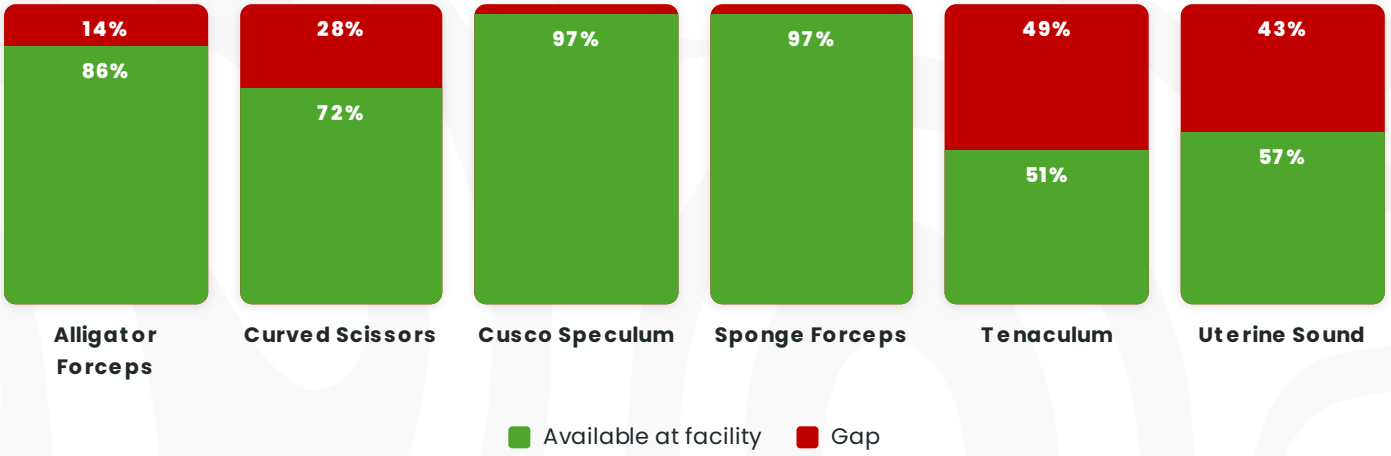
Reading the Trend

Insertions stayed modest through the early months while trainings and inception meetings were still under way, then climbed sharply from April 2025 onward as newly trained providers in both regions became active and community dialogues began generating informed demand, before settling into a steady, sustained monthly volume well above the pre COF baseline.

FIGURE 3

EQUIPMENT AVAILABILITY AT HEALTH FACILITIES

Even where health workers are trained and confident, service delivery depends on having the right instruments on hand. A facility level equipment check across the two regions found availability was strong for some items and considerably weaker for others.



Reading the Gap

The tenaculum and uterine sound stand out as the two instruments most often missing at facility level, a gap that matters because both are needed for safe H-IUD insertion regardless of how well a provider has been trained. Closing this gap is now a named priority for the recommendations that follow later in this report.

77%
AVERAGE AVAILABILITY ACROSS THE SIX ITEMS

2
INSTRUMENTS ABOVE 95% AVAILABLE

2
INSTRUMENTS BELOW 60% AVAILABLE

TABLE 1

KEY RESULTS AND ACHIEVEMENTS

Indicator	Results Achieved
National and Regional Inception Meetings	3 held (1 national, 2 regional) engaging over 150 stakeholders
Health Worker Trainings	2 conducted in Busoga, training 110 health workers; 3 conducted in Tooro, training 116 health workers
Average Knowledge Improvement	Pre training score of 59% rising to a post training score of 83%
H-IUD Insertions (Practicum)	Over 70 supervised insertions performed by trainees during hands on practicum sessions
Community Dialogues	39 held across both regions, reaching over 600 participants
Mentors Identified	26 district mentors appointed
Districts Engaged	22 districts in total, 12 in Busoga and 10 in Tooro
Facilities Reached	154 public sector health facilities, spanning 111 HC IIIs and all 34 HC IVs in the two regions
H-IUD Consumption Growth	485 insertions during COF implementation against 111 in the pre COF baseline, a net increase of 374

READING THE TABLE

Every figure above traces back to a specific meeting register, training report or DHIS 2 record, so the numbers in this report can be checked and rebuilt on by district health teams themselves.

Tooro Regional Inception, where the district level ownership behind these results began.

A hands on practicum session in Busoga, one of many that built the 324 trained providers behind this table.

WHAT WORKED

PROJECT SUCCESSES

Across both regions, four outcomes stand out as the clearest markers of progress from this first phase of the H-IUD rollout.

1. **Confidence among trained and mentored health workers at HC IIIs and HC IVs**
2. **Increased uptake in H-IUD, with 374 new users recorded above the pre project baseline**
3. **Enhanced community awareness and acceptance of long acting family planning methods**
4. **Improved government ownership through district health teams and Ministry of Health technical divisions**

> **Confidence among the trained and mentored health workers at HC IIIs and HC IVs was one of the clearest gains of this project, and it is the foundation everything else is built on.**

324	374	600+	26
CONFIDENT, TRAINED PROVIDERS	NEW H-IUD USERS	COMMUNITY MEMBERS REACHED	DISTRICT MENTORS IN PLACE

HONEST REFLECTION

CHALLENGES AND LESSONS LEARNED

Challenges

1. **Commodity and equipment shortages.** Some facilities lacked complete insertion kits, and occasional shortages of commodities risked disrupting consistent service delivery.

2. **Facility infrastructure.** Inadequate infrastructure at some sites, particularly limited privacy and space in family planning rooms, made both service provision and clinical practicums harder than they needed to be.

3. **Persistent community misconceptions.** Deep rooted myths about infertility, cancer and device migration significantly slowed community acceptance and uptake.

4. **Limited male involvement.** A prevalent view that family planning is solely a woman's issue led to low male engagement, couple disagreement and missed opportunities for shared decisions.

5. **Limited practical exposure.** The number of clients accepting H-IUD during practicum sessions, while positive, was not always enough for every trainee to complete a supervised insertion.

Lessons Learned

1. ### Stakeholder alignment is critical

   Early coordination with District Health Teams and local leaders from the inception phase fostered a strong sense of ownership and support for the activities that followed.

2. ### Training must be reinforced

   Pre and post test results show that knowledge transfers well during training, but follow up mentorship and supportive supervision are vital to turning that knowledge into sustained, high quality service.

3. ### Community engagement is a powerful tool

   The community dialogues proved highly effective at directly addressing myths, gathering honest feedback and building trust, all essential for generating real demand.

4. ### Data driven management is key

   Proper use of monitoring tools, family planning registers, HMIS 105 and stock cards, together with continuous data quality review, is fundamental to tracking progress and ensuring accountability.

LOOKING AHEAD

RECOMMENDATIONS AND THE WAY FORWARD

To consolidate the gains from this first rollout and carry H-IUD services toward sustainable integration, TEGEM recommends five connected actions.

1 Institutionalise Mentorship and Supportive Supervision

TEGEM, in close collaboration with District Health Teams, should begin facility based mentorship visits within three months to support trained providers, address clinical challenges and protect service quality.

2 Strengthen Supply Chain Systems

Facilities need support to place timely, accurate orders through the Client Self Service Portal, with district biostatisticians and medicine supervisors monitoring H-IUD consumption data to prevent shortages and protect commodity security.

3 Scale Up Targeted Community Engagement

Expand community dialogues and introduce outreach programs aimed specifically at men, to dispel myths, promote shared responsibility and build informed demand for H-IUD and other long acting methods.

4 Enhance Multiple Stakeholder Collaboration

Joint review missions involving the Ministry of Health, TEGEM and development partners should monitor progress, address systemic challenges and safeguard quality assurance.

5 Promote Knowledge Sharing

Document and share the best practices and successes from Tooro and Busoga so they can be replicated and scaled to other regions of Uganda.

THREE MONTH HORIZON

The first concrete step is already dated: facility based mentorship visits should begin within three months of this report, giving the 324 newly trained providers direct, early support.

CLOSING

CONCLUSION

The 2024 to 2025 H-IUD introduction activities, supported by CHAI's Catalytic Opportunity Fund and implemented by TEGEM, have laid a strong foundation for widening access to long acting reversible contraceptives in Uganda.

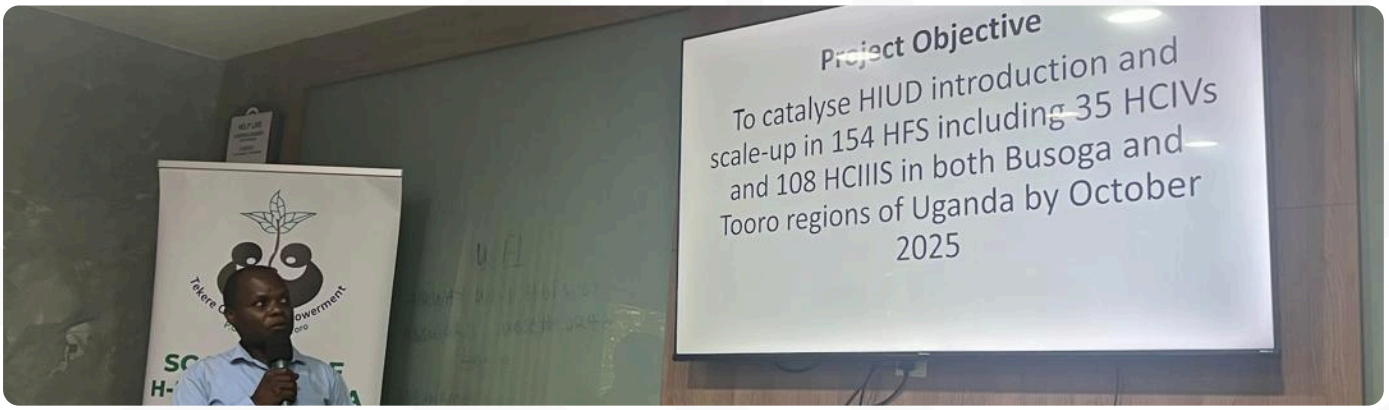
Through a multi pronged approach, training 324 health workers, engaging communities through dialogue and fostering district level ownership, the project has meaningfully strengthened provider capacity and community awareness across Busoga and Tooro.

The project has shown that with trained providers, an engaged community and a committed network of stakeholders, integrating H-IUD into Uganda's national family planning method mix is genuinely achievable. With continued investment in mentorship, dependable commodity security and collaborative leadership, more women and girls will be empowered to make informed choices about their own reproductive health, advancing both their own wellbeing and Uganda's broader development goals.

IN SHORT

324 health workers trained, 485 H-IUD insertions recorded, and 22 districts now carrying a rollout they helped design themselves.

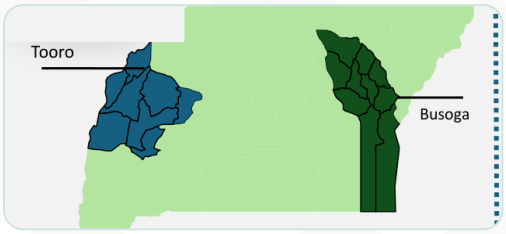
324	485	22	39
HEALTH WORKERS	H-IUD INSERTIONS	DISTRICTS	COMMUNITY DIALOGUES



The scale up objective set out on day one at the National Inception Meeting, now substantially delivered.

APPENDIX

COVERAGE AND METHODOLOGY



Tooro Region, 10 Districts

Regional Inception at Jerusalem Hotel, Fort Portal; trainings at New Fort View Hotel

Busoga Region, 12 Districts

Regional Inception at Hotel Continental, Iganga; trainings at Iganga District offices

A Note on Sources

The figures and narrative in this report are drawn directly from TEGEM's End of Project Report to CHAI, the CHAI COF end of project progress template, DHIS 2 consumption data and TEGEM's own public project infographic. Where two source documents reported slightly different figures for the same indicator, this report uses the figure carried in the most detailed, most recently verified source, generally the structured progress template and the public infographic, both finalised in October 2025.

Photography

All photographs were taken by the TEGEM project team during actual project activities in Kampala, Fort Portal and Iganga between November 2024 and June 2025, and are used here with their original context intact.

Further Resources

TEGEM has also produced a success story video and a public project infographic summarising this work, both available for public sharing to support broader learning and replication of the H-IUD scale up approach.

The Busoga project team and district stakeholders who carried this rollout forward.

The Tooro project team and district stakeholders at the close of the inception phase.

Tekere Girl Child Empowerment (TEGEM)

Papoli Parish, Magola Sub County, Tororo District, Uganda

In partnership with the Clinton Health Access Initiative

Scaling Up of H-IUD in Busoga and Tooro • October 2025