



SHARE: MIDLINE IMPACT SUMMARY

Program Description

The Sexual Health and Reproductive Education (SHARE) project is a five-year initiative (2021–26) funded by the Government of Canada through Global Affairs Canada (GAC). It aims to advance gender equality by improving access to comprehensive sexual and reproductive health education and gender-responsive health care for young people – especially girls and young women – in Ghana, Mozambique, and Uganda. The project is led by Right To Play, in consortium with the Forum for African Women Educationalists (FAWE), FHI 360, and WaterAid.

Through SHARE, more than 425,000 youth aged 10 to 24, are being equipped with the knowledge, support, and skills they need to make informed decisions about their reproductive health. Right To Play’s work focuses on training teachers to integrate age-appropriate, life skills-based sexual and reproductive health education into their lessons; offering group sessions for parents and caregivers that break down barriers around these topics; training health workers on how to provide clear and youth-friendly information and care that is respectful and non-judgmental. The project also supports youth mentorship and advocacy clubs that create safe spaces where youth can express themselves and learn more about sexual and reproductive health rights (SRHR).

Context

Young people make up about a quarter of the population in Ghana, Mozambique, and Uganda. But many, especially girls, still face serious challenges as they grow up. In Uganda, one in four adolescent girls aged 15 to 19 has already begun childbearing; a rate that has barely changed in the past 15 years. In Ghana, 15% of girls aged 15 to 19 have already been pregnant. In Mozambique, nearly four in ten adolescent girls aged 15 to 19 have already begun childbearing.

Many young people still lack reliable information and youth-friendly healthcare. In many communities, there is a belief that exposing youth to sexual and reproductive health education encourages early sexual activity. Combined with social stigma and entrenched gender inequalities, these attitudes create environments where young people, particularly girls and young women, are unable to make informed decisions to protect their health, avoid early pregnancy, stay in school, and plan their futures.

KEY RESULTS

- 1 Youth in Ghana and Uganda are becoming more aware of their SRHR**
 In Ghana, the share of adolescents who could name modern contraception methods rose from 68% to 91%, and those who could explain emergency contraception use increased from 56% to 80%. In Mozambique, the percentage of youth who answered correctly about emergency contraception grew from 27% to 60%.
- 3 Positive Shift in Community Attitude**
 In Mozambique, positive attitudes toward SRHR grew from 42% to 82%. In Uganda, more parents now allow adolescents to join SRHR clubs and access services, though financial and cultural barriers remain. Community dialogues have helped normalize discussions on condom use and SRHR. In Ghana, attitudes toward discussing SRHR with adolescents are becoming more supportive, though stigma and taboos still persist.
- 4 Teachers More Equipped to Deliver SRHR Education**
 In Uganda, about 50% of teachers now know the national sexuality education standards thanks to training that boosted their confidence and knowledge. Most teachers can now explain key SRHR benefits and feel better equipped to support learners – progress directly attributed to SHARE’s interventions.
- 5 Improved Access to Youth-Friendly SRHR Services**
 In Ghana, the number of health facilities offering SRHR age-inclusive services increased from 13 to 19. In Uganda, youth seeking SRH support rose from 30% to 53% at midline. While satisfaction with SRHR services improved slightly, young people noted that accessibility, youth-friendliness, and respectful staff interactions shaped their experiences. Community events, school clubs, and girls’ groups helped more adolescents, especially girls, seek SRH services and information.

KEY LEARNINGS

- 1 Economic Empowerment Drives Better SRHR Outcomes**
 Integrating livelihood activities, like menstrual pad-making workshops, boosts economic stability, which supports health-seeking behaviours. Combining income opportunities with health education increases independence, reduces barriers to care, and reinforces the sustainability of interventions.
- 2 Gender Awareness Is High, but Transformation Needs Deeper Engagement**
 Most participants see how gender inequality affects adolescent wellbeing, but true change is limited. Future efforts should engage boys and men, address harmful masculinities, and connect gender reflection to leadership and advocacy skills for adolescents.



building adolescent-responsive health services

Pauline is a Ugandan Health Officer who works with the SHARE project to promote referral pathways – guidance that helps ensure young people know where to go and what to do if they need help related to their sexual and reproductive health. She believes that when young people have access to information, they can become champions of their own health and share their knowledge with their friends. “[We] empower health workers to pass adolescent-responsive information to the adolescents. This also build the capacity of young people to address their own issues,” she says.

Accessing health centres can be a challenge for young people. In many communities, there are social stigmas and barriers around who they will provide sexual and reproductive health services to. In a survey at the start of the project, many young people reported feeling judged, having negative comments made about their behaviours, and even being denied services by nurses and pharmacy attendants when they sought treatment. Girls feel particularly stigmatized when seeking out these services.

As part of her work with the project, Pauline helps train community health workers on how they can make healthcare services more responsive to the needs of adolescents and young people and understand the specific concerns and challenges they face. She works to combat negative biases, ensure health workers provide confidential and non-judgmental care, as well as promote young people’s right to access services without being turned away. She knows that when they’re equipped with knowledge, young people can also guide their peers.



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Our evaluation methodologies for this report are informed by a combination of mid-term evaluation data and internally generated qualitative findings.

