



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

SHARE: Endline Impact Summary

Program Description

The Sexual Health and Reproductive Education (SHARE) project was a five-year initiative (2021–2026) funded by the Government of Canada through Global Affairs Canada (GAC).

Implemented by Right To Play in consortium with the Forum for African Women Educationalists (FAWE), FHI 360, and WaterAid, the project worked across Ghana, Mozambique, and Uganda to advance gender equality and improve sexual and reproductive health and rights (SRHR) outcomes for adolescents and young people, particularly girls and young women.

Working through schools, communities, and health facilities, SHARE strengthened access to SRHR information and services, improved the quality of adolescent-friendly care, and supported social action and advocacy for gender-responsive policies and services.

Across the three countries, the project equipped hundreds of thousands of young people with the knowledge, skills, confidence, and support needed to make informed decisions about their health and futures.

Context

Across Ghana, Mozambique, and Uganda, adolescents continue to face significant barriers to accessing accurate SRHR information and services.

Social stigma, restrictive gender norms, limited youth-friendly services, and misinformation often prevent young people, particularly girls and young women, from exercising their rights and making informed decisions about their health.

These barriers contribute to high rates of adolescent pregnancy, gender-based violence, school dropout, and poor health outcomes. SHARE was designed to address these challenges by engaging adolescents, families, schools, health systems, and communities together.

Throughout the project period, communities and health systems also faced resource constraints and broader shifts in global health funding. Against this backdrop, many of SHARE's results highlight the resilience of community-based, government-integrated approaches to supporting adolescent health and rights.

Helping Adolescents Build the Knowledge, Confidence, and Support to Shape Healthier Futures.

Key Results

To better understand SHARE's contribution, the evaluation also looked at similar communities outside the project (non-SHARE). Comparing results helped determine whether improvements were more likely linked to SHARE or to broader changes affecting all communities.

1 Adolescents know more about their sexual and reproductive health and rights
By the end of the project, adolescents in SHARE communities demonstrated stronger SRHR knowledge. In Ghana, the proportion of adolescents meeting the comprehensive SRHR knowledge benchmark increased from 29% to 42%, while knowledge levels in non-SHARE areas declined from 32% to 27%.

In Uganda, positive community attitudes towards adolescent SRHR increased from 39% to 69% in SHARE communities, compared with 36% to 53% in non-SHARE communities. This suggests that communities became more supportive of young people's access to SRHR information and services.

In Mozambique, the proportion of adolescents meeting the comprehensive SRHR knowledge benchmark increased from 35% to 41%, while declining from 35% to 29% in non-SHARE communities. These gains were accompanied by shifts in community attitudes. In Mozambique, the proportion of community members reporting positive attitudes towards adolescent SRHR doubled from 40% at baseline to 80% at endline, suggesting a more supportive environment for young people to access information, services, and support.

Results At A Glance



71%

of sexually active young women surveyed in Ghana who were in a relationship reported making their own SRHR decisions at endline, up from 28% at baseline.



32%

of adolescents in Uganda used SRHR services at endline, helping sustain service utilization while non-SHARE communities saw sharp declines.

2 More girls and young women report being able to make their own SRHR decisions
In Uganda, the proportion of young women reporting autonomous SRHR decision-making increased from 48% to 63% in SHARE communities. While this represents a positive trend, the evaluation notes that the findings should be interpreted cautiously due to sample size limitations.

In Mozambique, the proportion of young women aged 15-24 who reported making their own decisions regarding their SRHR increased from 58% to 77%. The strongest gains were recorded in decision-making about personal healthcare, where the proportion increased from 64% to 87%. These findings suggest growing self-efficacy and agency among young women to make decisions about their health and well-being.

3 Adolescents feel more able to access information and support
Young people's belief that they can access SRHR information and services strengthened considerably during the project. In Ghana, the proportion of adolescents who believed they could access SRHR information and services if needed them increased from approximately two-thirds to 83%, while remaining largely unchanged in non-SHARE communities.

In Uganda, use of SRHR services remained relatively stable in SHARE communities, increasing slightly from 30% to 32%, while service utilization in non-SHARE communities dropped sharply from 33% to 14%. Despite this progress, concerns related to privacy, cost, stigma, and embarrassment continue to affect adolescents' access to services.

4

Perceived family support is strengthening

Support from families is often critical to whether adolescents can access SRHR information and care. In Ghana, the proportion of adolescents who felt supported by their families increased from 58% to 77%. During the same period, levels of perceived support in non-SHARE communities fell from 71% to 65%. These findings suggest adolescents increasingly feel supported by their families in accessing SRHR information and services.

5

More health facilities are providing equitable adolescent-friendly services

In Ghana, SHARE helped strengthen the readiness of health facilities to deliver equitable, adolescent-friendly SRHR services. At midterm, none of the health facilities with an equitable SRHR Standard Operating Procedure (SOP) met all adherence criteria. By endline, 12 of the 25 facilities with an SOP (48%) met all adherence criteria, demonstrating important progress in institutionalizing equitable and adolescent-friendly service delivery.

6

More girls are participating in advocacy and social action

Across participating countries, girls and young women became more involved in advocacy and leadership around SRHR.

In Ghana, participation in SRHR advocacy increased from 7% to 22%, while participation in non-SHARE communities declined from 7% to 3%. Membership in youth SRHR groups increased from 4% to 17%, while declining from 7% to 1% elsewhere.

In Mozambique, girls' participation in SRHR advocacy increased from 11% to 20%, while participation in non-SHARE communities fell from 6% to 2%. Membership in SRHR committees and associations also grew from 5% to 14%, while nearly disappearing in non-SHARE communities.

7

Communities are sustaining engagement in adolescent SRHR

Community dialogue and collective action remained stronger in SHARE communities throughout the project.

In Ghana, participation in SRHR-focused social action forums remained relatively stable, moving from 36% to 31%, while declining substantially in non-SHARE communities to 14%. Similar patterns were observed in Uganda, where participation remained high in SHARE communities (59% to 56%) but fell sharply in non-SHARE communities (51% to 31%). These findings are consistent with SHARE helping sustain participation in social action forums during a period when participation declined substantially in non-SHARE communities.

Results At A Glance



88%

of community members in Mozambique agreed that women and girls should have the same rights as men and boys, up from 68% at baseline.



"The club changed how I see myself. I went from feeling isolated and excluded to feeling accepted, confident, and hopeful about my future."

— Nakato, 14, SHARE School Health Club participant

Key Learnings

SHARE's endline evaluation presents a mixed but encouraging picture. While not all indicators showed measurable change, the findings highlight meaningful progress in adolescent knowledge, agency, advocacy, family support, and access to adolescent-responsive information and services across participating communities.

Embedding activities within government systems increases the potential for sustainability

Rather than creating parallel structures, SHARE worked through existing government systems and coordination mechanisms. This approach increased local ownership and strengthened the potential for successful practices, such as school-based mentorship and adolescent-friendly service protocols, to continue beyond the project's lifespan.

Investing in people is critical for long-term impact

Staff turnover remains a significant challenge. Continued coaching, refresher training, supportive supervision, and practical job aids are essential to ensure that teachers and health workers maintain the skills required to deliver quality adolescent-responsive services.

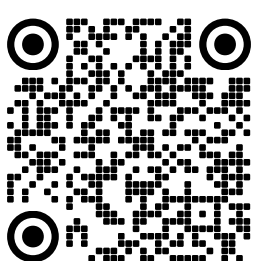
Removing barriers to services remains an unfinished priority

Although knowledge and adolescents' perceived ability to access SRHR information and services improved, many young people still face barriers when seeking care. Stakeholders identified confidential and adolescent-friendly approaches, including digital request systems and discreet pick-up options for contraceptives, as promising opportunities for future programming.

Teachers need ongoing support to deliver SRHR education confidently

Teachers reported feeling more equipped to deliver reproductive health education, but many still require reassurance, practical guidance, and supportive supervision. Continued investment in teacher capacity will help ensure consistent, accurate, and age-appropriate SRHR education for adolescents.

See more program results here



<https://righttoplay.com/en/news/the-share-project-transforming-health-education-through-play/>

Hearing pregnant teenage girls say that earlier access to information through SHARE could have changed their circumstances was a powerful reminder of why reproductive health education is so important. When girls have the right knowledge at the right time, they are better equipped to make informed choices and take charge of their futures.

— Joyce, Community-Based Mentor, Kayoro, Upper East Region, Ghana

What Happens When Girls Are Supported

At 15, Citiyo was still in primary school when she became pregnant.

She felt her world had shrunk to whispers, stares, and shame, so she stopped going to classes and withdrew from the people around her.

"I never felt like meeting or talking to anybody. I always felt like crying."

Then an invitation arrived that she almost ignored: a chance to join a SHARE mentorship group led by Mentor Opio. What she found wasn't judgment. It was information, encouragement, and practical support.

The sessions opened up conversations she had never had before. She learned about her health, her rights, puberty, relationships, and family planning. For the first time, Citiyo visited a health facility, enrolled in antenatal care, and received guidance from trained health workers.

Today, the 16-year-old describes herself as more confident and more hopeful about what lies ahead. For her father, the biggest change is seeing his daughter believe in herself again.



"I want my daughter to continue her education, gain knowledge, express herself confidently, and become self-reliant."

— Citiyo's Father, Adjumani, Uganda

Citiyo's story reflects what SHARE's results show across participating communities: when adolescents have **access to trusted mentors, accurate information, supportive families, and youth-friendly services**, they are better equipped to make informed decisions about their health and futures. They are also better able to navigate challenges and continue pursuing their goals.

Watch her video here:

