GUFASHA
GIRLS FOUNDATION
Empowering girls

Strengthening Access To Sexual And Reproductive Health (SRH) Services And Information For At Least 500 Adolescent Girls And Young Women In Bbaale Sub-County

Report

Needs Assessment Date: 11th and 12th June 2025

Needs Assessment Location: Namirembe and Bbaale, Bbaale Sub-County

Needs Assessment Conducted By: Lucy (Mirembe) Cunningham w/ Galiwango Deogratius and Lilian Kabarungi

Report Submitted By: Lucy (Mirembe) Cunningham w/ Lilian Kabarungi

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Introduction

Gufasha Girls Foundation (GGF) is a community-based organisation (CBO) working to end child marriage and promote girls' education in Uganda, specifically within the Bbaale sub-county of the Kayunga district.

The foundation was founded by Joan Kembabazi in 2016, who lost her childhood best friend, Gufasha Maureen, to childbirth at the age of 13. In the events preceding this tragedy, Gufasha was forced to drop out of school and into child marriage with a man many years her senior. In the process, she was denied almost all of her rights, including her right to education, health, childhood, and protection from exploitation, violence and abuse. The fact that girls who stay in school are significantly less likely to be forced into child marriage underpins the work of the foundation, who's activities and programmes are designed to increase the number of girls going to school, and decrease the number of girls dropping out of school, reducing their risk of child marriage.

GGF recognises that there is a connection between one's sexual and reproductive health (SRH) and one's ability to access primary, secondary and tertiary education. For example, an adolescent girl or young woman who is unable to access menstrual hygiene management products, is much more likely to stay at home whilst on her period and, as a result, be forced to drop out of education and into child marriage. Similarly, a young woman who is unable to access family planning (contraception), is much more likely to experience an early, unplanned pregnancy and, as a result, be forced to drop out of education and into marriage. With this in mind and, on behalf of GGF, we have conducted a needs assessment in Bbaale sub-county, to evaluate the state of SRH services and information, and the extent to which these services and information support and improve the SRH of adolescent girls and young women, in the area. We have outlined our findings in the following report, and included a list of activity recommendations at the end, which would see GGF and Bbaale Health Centre IV work together to strengthen access to SRH services and information for at least 500 adolescent girls and young women in Bbaale sub-county.

Overview Of Activity Conducted

- **Activity Name**
    - **Needs assessment,** to evaluate the state of SRH services and information accessible to adolescent girls and young women in Bbaale sub-county
- **Activity Target Audience**
    - **Adolescent girls** (females between the ages of 10 and 19) and **young women** (females between the ages of 20 and 35) in Bbaale sub-county
- **Activity Objectives**
    - **Primary objective,** to strengthen access to SRH services and information for at least 500 adolescent girls and young women in Bbaale sub-county
    - **Secondary objective,** to challenge harmful cultural myths and misconceptions, and to reduce misinformation, social stigma and taboos regarding SRH within the wider Bbaale sub-county community
- **Activity Methodology**
    - **Primary methodology,** one-on-one and group key informant interviews following a question and answer format
    - **Secondary methodology used,** group discussions
- **Activity Facilitator(s)**
    - **Primary facilitator(s),** Lucy (Mirembe) Cunningham leading
    - **Secondary facilitator(s),** Galiwango Deogratius and Lilian Kabarungi supporting and translating
- **Number Of Participants:** 30

Analysis Of Demographics Of Participants

- **Age**
    - Of the 30 participants assessed, 12 (40%) were adolescent girls, and 18 (60%) were young women - the youngest participant was 13, and the oldest participant was 34.
        - In Namirembe, the actual and relative number of adolescent girls assessed was higher than in Bbaale, with 7 participants (54%) falling within the 10-19 target age group, compared to 5 (29%) in Bbaale. Regarding the actual and relative number of young women assessed, this was higher in Bbaale than in Namirembe, with 12 participants (71%) falling within the 20-35 target age group, compared to 6 (46%) in Namirembe.
        - *Note, the needs assessment was conducted on school days - the travel distance, and therefore travel time to school, is significantly longer for those coming from Namirembe and thus, might deter some girls from going to school, which in turn might explain the higher actual and relative number of adolescent girls in Namirembe.*
- **Sex**
    - All 30 participants assessed were female - the target beneficiary of this programme and thus, the target group for this needs assessment.
- **Education Level**
    - Of the 30 participants assessed, 90% dropped out of school, 7% are currently enrolled at school, and 3% never attended school. Of the participants that dropped out of school, 37% dropped out after completing primary school but before starting secondary school, 33% dropped out during primary school, 19% dropped out during secondary school, and 11% did not provide an answer - money issues and pregnancy were the most commonly cited reasons for dropping out of school. Of the participants that are currently enrolled at school, 100% are at risk of dropping out due to money issues - the same reason one participant never attended school.
        - In Namirembe and Bbaale, the percentage of participants who cited money issues as the reason they failed to start or complete school was almost the same, at 46% and 47% respectively. However, the percentage of participants who cited pregnancy as the reason they failed to start or complete school was 15% higher in Namirembe (39%) than in Bbaale (24%).

        - *Note, the needs assessment was conducted on school days - the majority of adolescent girls and young women currently enrolled at school would likely have been at school and thus, not available for our needs assessment, which in turn might explain the high percentage of participants who dropped out of school.*

- **Marital Status**

    - Of the 30 participants assessed, 47% were single, 23% were divorced, 20% were married, and 10% did not provide an answer. Of the participants that were single, 77% were 19 or younger - the oldest participant who was single was 24. Of the participants that were married or divorced, and at the time of marriage, 54% were 19 or younger, 38% were 18 or younger, 15% were 17 or younger (child brides), and 15% did not know the answer - the youngest participant at the time of marriage was 15.

        - In Namirembe, the percentage of participants who were single was 26% higher than in Bbaale, at 61% and 35% respectively - the percentage of participants who were married was lower in Namirembe (8%) than in Bbaale (29%). Regarding the percentage of participants who were divorced, this was 13% higher in Namirembe than in Bbaale, at 31% and 18% respectively.

        - *Note, the needs assessment was conducted on school days - the majority of adolescent girls and young women currently enrolled at school would likely have been at school and thus, less likely to be married or divorced, which in turn might explain the high percentage of participants who were married or divorced.*

- **Primary Caregiver**

    - Of the 30 participants assessed, 23% were financially supported by their mother, 23% by both parents, 20% by their husband, 13% by themselves, 10% by a relative that was not one of their parents, and 10% did not provide an answer.

        - In Namirembe, the majority of participants were not their own primary caregiver, but supported by someone else - 38% by both parents, 31% by their mother, 15% by a relative that was not one of their parents, and 8% by their husband. In Bbaale, the percentage of participants who were their own primary caregiver was 10% higher than in Namirembe, at 18% and 8% respectively. Still, the majority of participants were not supported by themselves, but by their husband (29%) or their mother (18%).

- *Note, with reference to the previous point regarding the marital status of the participants, it is unsurprising that the percentage of participants who were supported by their husband is higher in Bbaale than in Namirembe, as the percentage of participants who were married was also higher in Bbaale than in Namirembe. Similarly, and with reference to the first point regarding the age of the participants, it is unsurprising that the percentage of participants who were supported by both parents or by their mother is higher in Namirembe than in Bbaale, as the actual and relative number of adolescent girls was also higher in Namirembe than in Bbaale.*

- **Household Income Source**
  - Of the 30 participants assessed, 50% come from households farming local foods, 30% from households selling products in small stores, and 20% from households earning income from other means.

Overview Of Needs Assessment Observations

- **Are there any health facilities nearby that offer SRH services?**
  - Yes - the majority of participants recognised that Bbaale Health Centre IV offers SRH services. However, Bbaale Health Centre IV is not ‘nearby’ for everyone, especially those living in Namirembe.

- **Do these health facilities offer adolescent-/youth-friendly SRH services?**
  - Sometimes - the majority of Namirembe-based participants felt that Bbaale Health Centre IV offers adolescent-/youth-friendly SRH services. However, none of the Bbaale-based participants felt that Bbaale Health Centre IV offers adolescent-/youth-friendly SRH services, primarily due to judgement from the health care workers.

- **Which of the following SRH services are accessible to adolescent girls and young women in the community?**
    - **Family planning (contraception)**
        - Yes - the majority of participants recognised that they could access family planning (contraception) in the community. However, this is only possible through Bbaale Health Centre IV.
    - **Antenatal / prenatal care**
        - Yes - the majority of participants recognised that they could access antenatal / prenatal care in the community. However, this is only possible through Bbaale Health Centre IV.
    - **Postnatal care**
        - Yes - the majority of participants recognised that they could access postnatal care in the community. However, this is only possible through Bbaale Health Centre IV.
    - **Safe delivery**
        - Sometimes - the majority of Namirembe-based participants felt that they could access safe delivery through Bbaale Health Centre IV. However, there were concerns amongst the Bbaale-based participants regarding the use of cesarean section (C-section) as the default method of delivery - they felt that this was a way to save time and therefore money, but was not necessarily / always the safest method of delivery.
    - **HIV / AIDs testing, treatment and counselling**
        - Yes - the majority of participants recognised that they could access HIV / AIDs testing, treatment and counselling in the community. Whilst this is usually through Bbaale Health Centre IV, some Namirembe-based participants recognised that health care workers sometimes come to Namirembe to provide this SRH service.
    - **STI testing, treatment and counselling**
        - Yes - the majority of participants recognised that they could access STI testing, treatment and counselling in the community. Whilst this is usually through Bbaale Health Centre IV, some Namirembe-based participants recognised that health care workers sometimes come to Namirembe to provide this SRH service.

- **Menstrual health management products**
    - Yes - the majority of participants recognised that they could access menstrual health management products in the community. However, this is only possible by buying sanitary pads at shops, which the majority of participants felt were too expensive (even unaffordable), and so they are forced to use alternative products to "manage" their periods e.g. cloths.
- **Comprehensive sexuality education**
    - No - there is nowhere to access comprehensive sexuality education in the community. In fact, there was only one participant who was aware of the term 'sexuality', and only because she had actively asked a health care worker at Bbaale Health Centre IV about it, not because she had received comprehensive sexuality education in the community.
- **Safe abortion and post-abortion care**
    - Rarely - the majority of participants felt that they could not access safe abortion and post-abortion care in the community, primarily due to cultural / religious beliefs regarding the "ethics" of abortion. According to the participants who felt they could access safe abortion and post-abortion care in the community, this is only possible through Bbaale Health Centre IV.
- **Gender-based violence (GBV) survivor services**
    - Sometimes - the majority of Namirembe-based participants felt that they could access GBV survivor services through Bbaale Health Centre IV, and at a clinic in Namirembe. However, none of the Bbaale-based participants felt that they could access GBV survivor services in the community. Here, we think it is important to recognise that the majority of adolescent girls and young women (and wider community) are not necessarily aware of the different types of GBV, especially the more 'covert' ways in which this can manifest.

- **What are the main barriers faced by adolescent girls and young women when trying to access SRH services in the community?**
    - **Distance to health facilities**

        - All the Namirembe-based participants, but none of the Bbaale-based participants, felt that the distance to health facilities is a barrier when trying to access SRH services in the community.

    - **Cost of services**

        - All the participants felt that the cost of SRH services, especially family planning (contraception) and menstrual health management products, is a barrier when trying to access SRH services in the community.

    - **Lack of information / misinformation**

        - Some of the participants, primarily those based in Namirembe, felt that lack of information / misinformation is a barrier when trying to access SRH services in the community.

    - **Child marriage**

        - Almost all the participants felt that child marriage is a barrier when trying to access SRH services in the community. For example, child brides can be restricted from accessing SRH services by their husbands, or when they are not restricted by their husbands, they can face judgement / discrimination from health care workers.

    - **Cultural, religious or social beliefs (inc. myths, misconceptions, stigmas and taboos)**

        - Some of the participants felt that cultural, religious or social beliefs, particularly myths and misconceptions (e.g. contraception causes infertility, a man can cure his HIV/AIDs by having sex with a menstruating girl / woman etc.) are a barrier when trying to access SRH services in the community. Here, we think it is important to recognise that the majority of adolescent girls and young women (and wider community) are not necessarily aware of the existence of cultural, religious or social beliefs, especially the extent of these.

    - **Judgement / discrimination (inc. fear of judgement / discrimination)**

        - Some of the participants, primarily the younger ones, felt that judgement / discrimination is a barrier when trying to access SRH services in the community.

    - **Lack of female health care workers**

        - Some of the participants, primarily those based in Namirembe, felt that the lack of female health care workers is a barrier when trying to access SRH services in the community.

    - **Familial restrictions**

        - Some of the participants felt that familial restrictions, for example, being restricted by a parent or a partner, is a barrier when trying to access SRH services in the community.

    - **Lack of accessibility**

        - Almost all the participants felt that lack of accessibility (e.g. long waiting times with no consultation guarantee and shortage of medication with no treatment guarantee) is a barrier when trying to access SRH services in the community.

- **Where does the community, in particular adolescent girls and young women, get their SRH information from?**

    - **Health care workers**

        - Almost all the participants stated that they get the majority of their SRH information from health care workers at Bbaale Health Centre IV.

    - **Village health teams (VHTs)**

        - Almost all the participants stated that they also get their SRH information from VHTs, through takeovers on the local radio stations and also, through home visits from VHTs, who go ‘door to door’ once a month, primarily to spread information regarding family planning (contraception), encouraging them to go to Bbaale Health Centre IV.

Recommendations

- **General**
    - Ensure adolescent girls and young women living in Namirembe are able to access the same SRH services and information as those living in Bbaale, despite them living further away from Bbaale Health Centre IV. Distance to health facilities should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county.
    - Ensure adolescent girls and young women in Bbaale sub-county are able to access free SRH services and information at all times, in particular, family planning (contraception) and menstrual health management products. Cost of services should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county.
    - Ensure adolescent girls and young women in Bbaale sub-county are able to access SRH services and information that are free from judgement / discrimination, especially by health care workers. Judgement / discrimination, including fear or judgment / discrimination, by, for example, health care workers, should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county.
- **GGF**
    1. GGF to hold quarterly workshops (location alternating between Namirembe and Bbaale), to teach adolescent girls and young women in Bbaale sub-county how to make reusable sanitary pads - this should strengthen access to:
        a. information regarding the importance of good menstrual health and hygiene
        b. clean and cost-friendly menstrual health management products, which are financially and environmentally sustainable
    2. GGF to oversee monthly group counselling sessions with adolescent girls and young women in Bbaale sub-county, to encourage them to talk openly and unashamedly about their SRH, and to raise any questions / concerns that they might have in a safe, supportive and non-judgemental space - this should strengthen access to:

a. clear, accurate answers to the questions / concerns raised by the participants, and therefore information which is free from cultural myths, misconceptions etc., as a result of appropriate and timely interventions from GGF

b. indirectly the SRH services accessible within Bbaale sub-county, as GGF should update Bbaale Health Centre IV following each session, to ensure the focus of their activities and programmes is on the most pressing needs of the participants

3. GGF to hold monthly open meetings with local leaders (location alternating between Namirembe and Bbaale), and anyone else in the community interested in attending, to increase awareness surrounding the different types of GBV, and to discuss the best ways to decrease rates of GBV, and support victims, in the community - this should strengthen access to:

    a. information regarding the different types of GBV, especially the more 'covert' ways in which this can manifest, and the barriers adolescent girls and young women face when trying to access support and justice as a victim of GBV e.g. perpetrators of GBV bribing the police to avoid punishment

    b. robust physical, psychological and legal services to support victims of GBV, who can have confidence that perpetrators will be held accountable, and appropriately punished, for their crimes

- **Bbaale Health Centre IV**

    1. Bbaale Health Centre IV to hold weekly drop-in clinics (once a month as a mobile clinic in Namirembe), to ensure adolescent girls and young women in Bbaale sub-county are able to discuss and access a wide range of family planning (contraception) methods - this should strengthen access to:

        a. information regarding the different types of family planning (contraception), and recommendations regarding individual suitability

        b. free of charge family planning (contraception), rather than prescriptions which participants have to take to the pharmacy and pay for in order to access

    2. Bbaale Health Centre IV to hold monthly open meetings (location alternating between Namirembe and Bbaale) with adolescent girls and young women, to give them the opportunity to feedback where the centre

is successfully, and unsuccessfully, supporting them with their SRH - this should strengthen access to:

a. information for Bbaale Health Centre IV on the strengths and weaknesses of their provision of SRH services and information, and information for adolescent girls and young women who want to also use this as an opportunity to talk to health care workers about SRH in a more relaxed and casual environment than Bbaale Health Centre IV

b. indirectly the SRH services accessible within Bbaale sub-county, as Bbaale Health Centre IV should use the sessions to critically assess and improve their provision of SRH services and information, to ensure the focus of their activities and programmes is on the most pressing needs of the participants

3. Bbaale Health Centre IV to increase the frequency of their local radio takeovers with the VHTs to bi-weekly, focusing on a different topic each broadcast, to educate the wider community on SRH, particularly that of adolescent girls and young women - this should strengthen access to:

a. information regarding the different areas of SRH, the importance of good SRH and the SRH services available in the community to support this and, the impact of bad SRH on one's ability to access education, primarily that of adolescent girls and young women

b. all SRH services offered at Bbaale Health Centre IV, by normalising conversations regarding SRH (to reduce social stigmas and taboos) and by encouraging adolescent girls and young women to go to Bbaale Health Centre IV (to increase uptake of SRH services)

Conclusion

From the needs assessment it is evident that, whilst some adolescent girls and young women in Bbaale sub-county are able to access some SRH services and information, there is room to significantly improve the provision of these services and information, and to break down the barriers that the majority of adolescent girls and young women face when trying to access these services and information.

Importantly, GGF and Bbaale Health Centre IV should ensure that all SRH-related activities and programmes:

- Do NOT exclude anyone on the basis of their geographical location. Distance to health facilities should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county. Bring the SRH services and information closer to Namirembe.

- Do NOT exclude anyone on the basis of their financial position. Cost of services should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county. Provide free family planning (contraception) and menstrual health management products to all adolescent girls and young women.

- Do NOT treat anyone with judgement / discrimination. Judgement / discrimination, including fear of judgement / discrimination, by, for example, health care workers, should NOT be a barrier to accessing SRH services and information for adolescent girls and young women in Bbaale sub-county. Create safe, supportive and non-judgemental spaces for adolescent girls and young women to talk openly and unashamedly about SRH topics.

Finally, thank you for taking the time to read this report, and thank you for considering the recommendations.

Together, GGF and Bbaale Health Centre IV have the potential to:

- significantly reduce the number of girls missing / dropping out of school due to their period and / or due to early, unplanned pregnancies in Bbaale sub-county

- control the spread of HIV / AIDs and other STIs within the community and thus, improve the overall health of the Bbaale sub-county community

We are really looking forward to working with you, to strengthen access to SRH services and information for adolescent girls and young women in Bbaale sub-county. We have included Lucy's contact details below, should you wish to discuss this - the needs assessment and / or the report - any further.

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