



# Breaking the Barriers: Promoting SRHR for Adolescents in Karamoja

## POLICY BRIEF

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# Executive Summary

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This policy brief summarizes the progress and challenges faced regarding adolescent sexual and reproductive health rights (SRHR) in the Karamoja region.

In Karamoja, adolescents face unique challenges related to SRH, which stem from limited access to accurate information, affordable products and youth-friendly services. Public health facilities generally do not meet their requirements, and adolescents end up obtaining inaccurate information from peers. Cultural stigmas related to sexual health and menstruation also act as a barrier to open discussions, and expensive sanitary products cause learners to stay away from school during their monthly cycle.

Whilst there is increasing awareness on SRHR among adolescents, with efforts from government and the civil society organisations (CSOs), access to SRHR knowledge and services remains limited in the Karamoja sub-region. A fragmented policy landscape, limited budget allocation and a lack of SRHR planning in district development plans continue to prevent young people from accessing necessary SRHR education and services.

Mercy Corps Uganda is working to increase awareness of and access to SRHR services by GIRL-H through funding for safe spaces, training parents in reusable pads making and building capacity of Village Health Teams (VHTs) for community outreach. Such efforts require sustainability through increased budget allocation at district level and long-term planning for SRH services. This policy brief has been produced to assess gaps in policy and practice, particularly at a local level in Karamoja and to provide recommendations based on evidence generated under the GIRL-H programme.

## Background

This brief offers succinct, recommendations based on evidence that will help inform decision-makers to advance appropriate resource allocation and policy reforms. In conformity with international human rights norms, the brief advocates for a rights-based approach and emphasizes the long-term social and economic advantages of funding adolescent SRHR. It will encourage cross-sectoral cooperation, increase stakeholder awareness, and direct the creation of efficient, situation-specific interventions. Furthermore, by stating the critical need for SRHR programs in plain terms, the brief supports funding requests and advance larger development objectives in Karamoja.



## About the GIRL-H SRHR Program

The Girls Improving Resilience Through Livelihoods + Health (GIRL-H) program is a comprehensive initiative aimed at enhancing the well-being of adolescent girls by increasing their access to essential life skills, health information, numeracy, literacy, and financial literacy. The program also fosters pathways to formal education, economic opportunities, and civic engagement.

A key component of the GIRL-H program is the Sexual Reproductive Health and Rights (SRHR) initiative, which seeks to improve girls' well-being by increasing access to SRHR information and promoting positive gender attitudes towards girls' uptake of SRH products. This is achieved through the implementation of a 'safe space' approach, which creates a supportive environment for adolescents and young people to openly discuss their SRH needs, concerns, and experiences without fear of judgment or discrimination. The program has been operational in Karamoja since 2022, supporting 5,000 adolescents and young people.

The key program activities include weekly SRHR sessions with in-school participants, community awareness creation on SRHR services and products, and support to parent groups in the production of soap and reusable pads.

To date, 73% of enrolled participants completing the SRHR curriculum, resulting in enhanced knowledge of SRHR best practices and increased access to SRHR services in Moroto, Karenga, Kaabong, Kotido, and Amudat districts. The programme has also delivered training of 500 parents (150 male, 350 female) in the production of bar soap and reusable sanitary pads, supporting local livelihoods and enabling young people to better manage menstruation.



# Analysis of Policy Landscape



Uganda has ratified the Convention on the Rights of the Child 1989, African Charter on the Rights and Welfare of the Child 1990, Convention on the Rights of Persons with Disabilities 2006, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2003, African Charter on Human and Peoples' Rights 1998, the Convention on the Elimination of All forms of Discrimination against Women 1979 and the International Covenant on Economic, Social and Cultural Rights 1966 among others.

Policy frameworks governing sexual and reproductive health in Uganda have many facets that respond to aspects of health, education, and gender equity. The National Reproductive Health Policy 2001 reiterates a commitment to comprehensive reproductive health services characterized by family planning, maternal health, and prevention of sexually transmitted infections.

This is in line with the policy of the National Adolescent Health Policy 2000, which addresses the specific needs of this age category and promotes access to information and services in a way that will empower young people to become active participants in decisions relating to their sexual and reproductive health.

The Uganda Health Policy, developed in 1993, set the basis for the delivery of health services in the country, promoting equity in accessing such services. This reinforces the need expressed in the National Population Policy of 2020 for managing population growth and raising the quality of life through better reproductive health services and education. A 2024 study on the Equity in Family Planning Policies and Programs by the International Journal for Equity in Health underlines disparities within reaching family planning services from the most marginalized groups.

The National Strategy for Girls' Education 2014 - 2019 and the National Sexuality Education Framework 2018, while supporting the inclusion of SRHR education into the school curriculum, are focused on reducing teenage pregnancy and empowering the girl child through education. At the same time, the Uganda Gender Policy of 2007 and the National Policy on Elimination of Gender-Based Violence have created an enabling environment for improving women's health and rights to help address socio-cultural barriers limiting access to SRH services.

In line with Sustainable Development Goal No. 3, which provides for ensuring healthy living and promotion of well-being for all at all ages, the Government of Uganda is committed to an improvement in health outcomes through comprehensive SRH services. Outstanding challenges have been epitomized by the COVID-19 pandemic, which disrupted access to SRH services and increased vulnerabilities among the youth and women (Mambo et al., 2021; Bukuluki et al., 2022). High incidences of sexual abuse among girls necessitate immediate protective measures through interventions because of their consequences on health and education (Choonara, 2024).

SRHR policy in Uganda is meant to be an integrated framework responding to the need for reproductive health, gender equity, and education that empowers young people. However, continuing challenges (discussed in the next section) indicate that there is still more to be done to deliver effective policies to that serve all Ugandans, particularly in Karamoja.

## Key Findings

### How have the SRHR policies in Uganda impacted the lives of adolescents in Karamoja?



The implementation of SRHR policies have seen increased uptake of SRHR services for some young people in Karamoja.

In some areas, schools have become 'safe spaces' where girls can get correct and sufficient information about SRHR. The realization of policies has made the schools conducive environments for girls to acquire information on their sexual and reproductive health within a non-judgmental environment, reducing misinformation. Furthermore, policies supporting SRHR in Karamoja have influenced livelihoods indirectly. Through supporting community groups to develop reusable pads and soaps, women and girls have gained a source of livelihood, financial independence, and are better able to manage their menstrual hygiene.

The implementation of the policies on SRHR has empowered girls and boys with practical skills like facilitating open discussions on SRHR, confidentiality, empathy and privacy as well as making SRHR products like reusable pads and soap. These contribute to health but also provide youth with competencies useful in improving their future through entrepreneurship and self-reliance.



However, while awareness has grown, there remain significant disparities in access to these services, especially for adolescents in remote areas who may not benefit equally from these programs. Young people remain vulnerable, often facing barriers to sexual and reproductive health information and care.

## What are the key SRHR policy implementation gaps in Karamoja?



### Limited health advice for adolescents in schools:

Most schools in Karamoja lack well-articulated health guidance and counselling; schools lack resources and trained personnel. As a result, youth have limited access to advice and guidance in the planning of their future concerning family planning and reproductive health. This is not aligned with the call by the National Adolescent Health Policy or the National Sexuality Education Framework and the National Strategy for Girls' Education, which call for mentorship and guidance on SRHR for all adolescents.

### Prevalence of unsafe abortion practices due to limited access to SRHR services:

Incidences of unsafe abortions are high in Karamoja, accounting for the lack of access to safe, legal abortion services. Research under Mercy Corps' GIRL-H SRHR programme has found that 23.6% of

adolescent girls aged 15-19 in the Karamoja sub-region have begun childbearing and about 25% of women in the subregion are exposed to complications at childbirth due to underutilisation of reproductive health services. During consultative meetings carried out under the programme, participants spoke about the high incidence of unsafe abortions in Karamoja, which is made worse due to great disparities exist with poor, rural, uneducated women having lower use and higher levels of unintended births, gender-based violence, illiteracy and cultural rigidities. These gaps are contrary to the National Reproductive Health Policy 2017, which supports safe reproductive health practices and access to family planning and maternal health services.

- There is no organized career guidance in schools within Karamoja; thus, its implication on adolescents' planning for the future is null.

- Limited skill-building makes the alignment of education to reproductive health needs in youth very hard to attain.

- School programs are not aligned to meet the empowering goals for youth as advanced by the National Adolescent Health Policy.

- **Career guidance on SRHR is needed for informed decision-making around reproductive health and family planning.**

**High rates of early and forced marriages:** Early and forced marriages remain widespread in the Karamoja sub-region, influenced by harmful cultural practices and lax enforcement of protective policies that have significantly restricted girls' educational and health prospects. During consultative meetings under the GIRL-H SRHR programme, a local government representative commented that dozens of girls are rescued from forced marriage in his district annually, with the major perpetrators being parents seeking financial resources. This points to gaps in weak enforcement of the National Adolescent Health Policy of Uganda, as well as the National Policy on Elimination of Gender-Based Violence, which aim at ensuring protection from harmful practices among youth.

**Limited fora and 'safe spaces' for discussion of SRHR:** Social stigma and discrimination continue to prevent free discussions related to sexual and reproductive health, impede access to basic services, and uphold destructive beliefs within cultures. The presence of social stigmatization during discussions on sexual health presents a barrier toward the realization of the Uganda Gender Policy, whose objective is to break cultural barriers that impede access to SRHR services. Pervasive discrimination prohibits open dialogue or the provision of needed services and, therefore, is a barrier to further progress toward gender equality and access to SRHR.

**Lack of affordable sexual and reproductive health services and products:** Menstrual hygiene materials and methods of contraception remain unaffordable to many adolescents and their families. While the National Population Policy promotes the goal of equitable access to reproductive health services, high costs are one of the major barriers standing in the way of access to essential products like sanitary pads and contraceptives by many adolescents. This therefore constitutes a failure to make the services of SRHR affordable to all, particularly the vulnerable groups.

**Inadequate integration of SRHR in the school curriculum:** The school curriculum has not integrated SRHR well enough to allow adolescents to know their rights and how to seek help when in need regarding their sexual and reproductive health. The lack of integration of SRHR education in schools violates the provisions of the National Sexuality Education Framework, which requires the inclusion of topics on sexual health in the curriculum. Poor integration leaves the students uninformed about their reproductive health.

**Lack of IEC SRHR materials in Ng' Karimojong language:** Most key SRHR materials and policies are not translated into the local language, Ng' Karimojong. This limits the comprehension of and access to critical health information to most of the population. Although the Ugandan Language Policy supports and advocates for the provision of all critical information in native languages, SRH information and materials are not yet available in Ng'Karimojong. Such a gap minimizes the efficiency of SRHR education and services in this region where many citizens cannot access information in the English language.

**Inadequate dissemination of policies and information on SRHR:** The policies and guidelines on SRHR do not reach the schools and the general community. This implies a very limited awareness of the services offered on SRHR. The lack of dissemination of policies and information on SRHR to the target communities goes against the intent of Uganda's National Reproductive Health Policy, which focuses on public education and awareness of the phenomenon. This gap shows a missing link in the current strategies for reaching policy awareness and implementation.

# Key learnings from Mercy Corps' GIRL-H SRH programme



In August 2024, Mercy Corps Uganda disseminated a learning brief on context-appropriate SRHR best practice for Karamoja. The full learning brief is available at: <https://www.mercycorps.org/research-resources/sexual-reproductive-health-rights-program>.

Below are key learning points from the brief:

**Same-sex grouping using a safe space approach creates a comfortable, inclusive space for sharing SRHR information.** Adolescents feel safer when the environment is non-judgmental, and supportive so that they are assured of confidentiality and understanding from peers.

**Engaging formal and traditional leadership structures in messaging around SRHR drives sustainability.** Endorsement of influential figures like clan elders and religious leaders increases the acceptance and utilization of SRHR service.

**Awareness and outreach campaigns should use a variety of approaches and reach the last mile.**

Dissemination of information through various traditional and modern communication methods cascades the information wider to the target communities.

**Delivery of SRHR information by peer educators helps to normalize positive attitudes towards SRHR and drives the uptake of services.** By addressing and transforming harmful gender norms, an inclusive and supportive environment was realized.

**SRHR objectives can be met in a way that provides livelihoods to local communities; adopting this approach drives agency and sustainability.** This included the involvement of local business, provision of startup materials and diversification of incomes for parents made it easier for the SRHR products and services to be utilized.



# Recommendations



**Integrate SRHR explicitly into school and district planning and budgeting processes, supported by district-level SRHR sector working groups.**

Delivering on SRHR policy requires resourcing and should be anticipated in school and district planning cycles and budgeting processes. Multi-stakeholder, district level working groups can help to drive ownership and leadership around SRHR. Working groups can meet to discuss trends and generate action plans to enforce policies towards preventing and responding to SRHR issues both in schools and wider communities.

**Roll-out and mainstream the GIRL-H SRHR ‘safe space’ approach in all schools in Karamoja.** The GIRL-H ‘safe space’ approach has been proven to drive increase in awareness and uptake of SRHR services amongst vulnerable adolescents, through delivery of an adapted curriculum by trained teachers, using a same-sex grouping approach to encourage open dialogue.

The ‘safe space’ approach is supported by a contextually appropriate curriculum and training materials and can be scaled. Ensuring each school has a copy of the curriculum, two trained teachers and that annual delivery of the curriculum through ‘safe space’ sessions is resourced will support scaling roll-out of the approach. In addition, inter-school debates, plays, and competitions around SRHR topics can engage students in creative ways, demystifying socio-cultural aspects that act as barriers to delivery of national SRHR policies.

**Translate policies into Ng’ Karimojong and use peer mentors to enhance comprehension among local populations.** Information Education and Communication (IEC) materials in local language will support understanding and uptake of key SRHR information, particularly among. In addition, use of peer mentors has been demonstrated as an effective approach in driving dissemination of key messages within peer groups in low literacy contexts such as Karamoja.

**Implement outreach programs that target schools and neighbouring communities:** Outreaches by schools working in conjunction with Village Health Teams can ensure equitable access to SRHR services. Organize awareness campaigns to educate the public about SRHR rights and services available in their districts. In addition, **build capacity among healthcare workers on both new and existing SRHR policies:** Train community health workers and local leaders in SRHR content, focusing on their roles in barazas, dialogues, and health campaigns.

**Deliver SRHR products whilst strengthening community livelihoods:** Livelihood approaches such as production of soap and reusable pads by community groups can deliver more affordable products whilst also strengthening community livelihoods, driving financial independence and a circular economy at local level.

**Circulate updated SRHR policies to workplaces and ensure community accessibility.** Ensure widespread awareness of relevant health and education policies for key stakeholders and communities.

## Conclusion

Whilst there have been significant efforts to advance adolescents' sexual and reproductive health rights in the Karamoja region, there are still considerable challenges in the area that call for immediate attention. A lack of resources and integrated planning, the high cost of SRH products, cultural stigmatisation, and inconsistent availability of context-appropriate services sustain current bottlenecks that limit adolescents from acquiring necessary information and attention. Continuing unsafe abortions, early marriages, and misinformation on issues of reproductive health all signal the urgency for comprehensive interventions addressing the social and structural barriers to SRHR.

This policy brief has laid out best practice approaches based on evidence generated through Mercy Corps' GIRL-H programming. The brief calls for best practice to be resourced and mainstreamed through have increased budget allocations, and integration of SRHR services in school curricula, as well as collaboration between a range of community and government stakeholders.

Overall, a sustainable, scaled roll-out of culturally sensitive approaches to support adolescents in Karamoja to access resources in support of their sexual and reproductive rights contribute to healthier, more empowered communities.

# About Mercy Corps



Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.

**We thank you for  
your continued  
support in our  
efforts to contribute  
to the SDGs in  
Uganda.**

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## Contact

Mercy Corps | Uganda  
Plot 1085 TankHill By-pass  
Kiwafu Road, Muyenda, Uganda

Immaculate Nalubyaayi  
Advocacy & Policy Manager | Uganda  
[inalubayi@mercycorps.org](mailto:inalubayi@mercycorps.org)