The Republic of Uganda

Jinja District

THE JINJA DISTRICT LOCAL GOVERNMENT ACTION PLAN TO **END CHILD MARRIAGE AND TEENAGE PREGNANCY**

2024/2025 – 2026/2027

COVER PHOTO:

The Republic of Uganda

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FOREWORD

Marrying or getting pregnant at an early stage among young people are deterrent experiences to their life time goals. Adolescents and young people take the toll of social stigma from family, community and peers, dropping out of school, and being exposed to demeaning cultural practices and STIs and HIV/AIDS, leading to loss of hope, use of drugs, engaging in harmful economic practices, derailed focus on life and suicidal tendencies.

Jinja District Local Government has witnessed an ever-growing trend of Child Marriages and Teenage Pregnancies arising from systems where humanity dwells, and rapidly exacerbated by the broken family system, lack of positive social support, lack of youth friendly health services, and when children are not kept in the education system. Young mothers in Jinja district catchment risk poor maternal and child health, isolation, unsafe abortion attempt, school dropout, and poverty. The upsurge of teenage pregnancies, forced child marriages and the eventual young mothers has been witnessed and reported by stakeholders. Child Marriages and Teenage Pregnancies threatens the district commitments to address gaps presented in the District Development Plan III (2020/2021-2024/25).

The Jinja District Local Government Action Plan to End Child Marriage and Teenage Pregnancy (2024/2025 – 2026/2027) is intended to establishing a strategic direction to rekindle and/or strengthen efforts end child marriages and teenage pregnancies in the catchment area aligned to the National Strategy to End Child Marriage and Teenage Pregnancy in Uganda (2022/2023 - 2026/2027).

The action plan provides opportunities for concerted actions of multi stakeholder contributions using multi-sectoral approaches to influence and drive transformation right from the smallest units of the communities, the lower local governments to achieving the district strategic direction to increase productivity and wellbeing of the young population in Jinja. Efforts among others include; strengthening local legislation, strengthening the justice system, increasing access to youth friendly health and development services, reintegrating child/teenage mothers into the education system, strengthening livelihood interventions, sustaining the SRHR advocacy system, dissemination of key messages through various platforms and gatherings, and enabling the multi sectoral coordination and collaboration.

We believe that if effectively utilised to guide implementation, with support it will be a great tool to fuel household, community and lower local governments' efforts in the fight against the root causes of child marriages and teenage pregnancies in Jinja district and Uganda at large.

Lillian Nakamate

Chief Administrative Officer, Jinja District Local Government

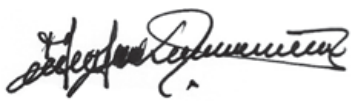
MESSAGE FROM PERMANENT SECRETARY – MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

Uganda is constantly making steps to deliver on the commitments in the National strategy to end child marriage and teenage pregnancy 2022/2023 - 2026/2027. The prevalence of 25% teenagers getting pregnant and bearing children (UNFPA, 2022, UBOS, 2018), continues to add to the economic burden of the country. According to the ministry of Health DHIS data (July 2023-June 2024), within 12 months 18% (338,274/1,839,714) of the mothers attending 1st ANC were aged 10-19 years, implying 926.7 girls becoming pregnant daily or 3 girls becoming pregnant every 5 minutes.

As the country endures the recovery process from the effects of COVID-19 that brought about the stagnation to 25% for over a decade with more adolescent girls aged 10 - 14 suffering the consequences, worsened by the rooting of poverty, low levels of education, social and cultural norms and practices. Whereas, Jinja district lies at 25% and repeated adolescent birth at 56% (BHF, 2021) in Busoga region with 34% teenage pregnancy rate (New Vision, July 2023), such proportions are substantially greater than the national target. Adolescents continue to suffer the persistent cultural practices including hired caregiving, gender-based segregations from socio-economic opportunities, age based manipulative tendencies. The cost of inaction is unbearably high translating into many other socio-economic and public health challenges costing the economy with increasing maternal and infant mortality.

It is a commendable step of Jinja district local government and the implementing partners to act towards noble commitments that affect the country at large. Concerted effort is specifically required from all stakeholders to tackle the social vice right from the grassroots with the engagement of the families, local influencers and leaders. The JDLG Action Plan to end child marriage and teenage pregnancy inspired by the National Strategy will be a great holistic approach to igniting community actions to ending early marriage and teenage pregnancies in Uganda by 2027. It is expected to increase the visibility of local government's structures in the implementation process against all forms of violence against children, addressing gaps in implementation and enforcement of policies and laws that protect children from harmful practices.

The interventions designed in this document, responds to the National Development Plan III actions for human capital development including strengthening the family to reduce child deprivation, abuse and child labour (NPA, 2020), and the strategies toward the Vision 2040.



A.D Kibenge
Permanent Secretary

MESSAGE FROM THE ASSISTANT COMMISSIONER – MINISTRY OF HEALTH

It is very sad that teenage pregnancy in Uganda is stagnating at a high rate of 24% for the last two decades. This means every year in Uganda more and more adolescents are having children and getting married at an alarmingly young age. This is often attributed to limited access to sexual reproductive health information and services, imbalance of power, and the pressure on girls to prove their fertility.

Adolescents should be aware of the consequences of raising babies and the negative effects that unplanned pregnancies can cause for both the mother and the child; tremendous effect their offspring will have on society in the future, and the high risk of the repeating cycle of adolescent pregnancy once this child becomes an adolescent. Adolescents must also be aware of the toll of pregnancy on other aspects of their lives, e.g., dropping out of school, not being economically empowered for the job market, nutritional challenges; and exposure to gender-based violence. In Uganda complications that arise when adolescents are pregnant contribute 28% of maternal and child mortality. Babies born to younger mothers are also at greater risk of death early in life.

Although there are many different ways to prevent teenagers from becoming pregnant, the only one that is absolutely effective is sexual abstinence because it's the only method that guarantees no risk of getting pregnant and protects against STIs/HIV/AIDs. Adolescents should also learn the health benefits of abstinence and the costs of not taking any action to remain abstinent. Many adolescents are not abstaining. It is important that adolescents that find it difficult to abstain receive appropriate information on how to have protected sex to prevent teenage pregnancy and STDs.

Everyone has a role to prevent early marriages and adolescent pregnancies by protecting the girl child. Parents and schools can teach adolescents about the negative effects of teenage pregnancy and influence adolescents' decisions by taking the time to be involved when issues of sex arise. Schools should provide sexuality education and encourage adolescents to make responsible choices.

The Ministry of Health appreciates the support Good Neighbors International is providing to prevent early marriage and teenage pregnancy in Jinja District Local Government and remains committed to partner with all stakeholders in the campaign to prevent adolescent pregnancies and early marriages. The Ministry has established District Committees on Adolescent Health (DICAHs) in selected districts with the hope of covering all districts, to ensure a conducive environment for early marriages and adolescent pregnancy prevention. The DICAHs offer a holistic approach to improve the lives of adolescents and empower them to participate in community enterprises and livelihood projects to live better lives and contribute to economic development and harnessing of the demographic dividend.

Racheal Beyagira
Assistant Commissioner, Adolescent and School Health

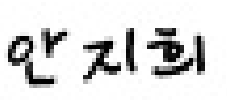
MESSAGE FROM THE COUNTRY DIRECTOR – KOREA INTERNATIONAL COOPERATION AGENCY (KOICA) UGANDA OFFICE

I extend my heartfelt congratulations to all of you on the launch of this meaningful action plan aimed at ending child marriage and teenage pregnancy in Jinja district as part of our CSO partnership project "Sexual and Reproductive Health and Rights Improvement Project for Girls in Jinja."

As we celebrate this significant milestone, it is crucial to acknowledge the sobering reality highlighted by the latest Uganda Demographic and Health Survey: the national teenage pregnancy rate remains stagnant, with the burden disproportionately borne by the Busoga sub-region. While progress has been made through collaborative efforts with the government of Uganda and various aid agencies, including our invaluable partnership with Good Neighbors Uganda, the unforeseen onslaught of the COVID-19 pandemic has exacerbated these challenges. The pandemic has not only intensified pre-existing issues but has also underscored the societal repercussions of underage pregnancies and childbirth, magnifying the urgency for action.

This action plan is more than just a document; it signifies our collective vision and commitment to achieving tangible outcomes. It aligns seamlessly with the National Strategy to End Child Marriage and Teenage Pregnancy in Uganda. Also, the collaboration with Good Neighbors, alongside the Jinja District Health Office and Jinja District Education Office, stands as a testament to the transformative power of collective action. Over the past five years, the combined efforts have led to remarkable progress in enhancing the school learning environment and empowering communities to address the complex challenges of sexual and reproductive health. By focusing on these policy interventions and establishing Girls' Friendly Spaces in schools and health facilities, we are building a strong foundation and framework for sustainable change, encouraging community action and participation.

It is with great pleasure that we pledge our support to Good Neighbors' endeavors. At KOICA, we wholeheartedly support these efforts to foster an environment where every girl can pursue her education, dreams, and aspirations. Beyond the formulation of action plans, we urge the community's genuine commitment to action, sparking tangible transformation and fostering a brighter future for the girls of Jinja and Uganda at large.



Jihee Ahn
Country Director, KOICA Uganda Office

MESSAGE FROM THE COUNTRY DIRECTOR – GOOD NEIGHBORS INTERNATIONAL UGANDA (GNIUG)

Child marriage and teenage pregnancy severely undermine the well-being and future prospects of young girls, posing significant health risks and perpetuating inter-generational challenges for children, families, and communities. Ending child marriage and teenage pregnancy is essential to enable millions of adolescent girls to have the opportunity for a better life and to realize their full potential, while also improving maternal and child health worldwide.

In Uganda, a complex interplay of deeply rooted traditions, cultural practices, and poverty exposes girls to the risks of child marriage and teenage pregnancy. These issues are closely linked; child marriage often leads to early childbearing, while pre-marital pregnancy may force girls into marriage to avoid the social stigma associated with being an unmarried pregnant girl. Tragically, this can sometimes result in young girls being compelled to marry their assailants.

Since 2019, Good Neighbors International Uganda in partnership with Jinja District Local Government has been implementing the Sexual Reproductive Health and Rights Improvement project for girls in Jinja District. This initiative focuses on adolescent girls aged between 10-19 years, with interventions implemented in most of the sub-counties in the district. The project has successfully contributed to improving sexual reproductive health and rights (SRHR) for girls in Jinja District by increasing the access to sexual reproductive health services through construction and operation of the eighteen girl friendly spaces at 16 public primary schools and 2 health centers. It also contributed to advocating SRHR through supporting Girls' club activities and providing trainings to various stakeholders including girls, boys, parents, teachers, health workers and the key government officials.

As a result of all the collective efforts, the Jinja District Local Government Action Plan to End Child Marriage and Early Pregnancy 2024/2025-2026/2027 has been developed in line with the National Strategy to End Child Marriage and Teenage Pregnancy (NSCM&TP) by 2027. As GNIUG, we believe that the action plan will significantly contribute to the continued reduction of these critical social and public health issues for adolescents in Uganda, particularly in Jinja District.

Sunyoung Shin
Country Director, Good Neighbors International Uganda

ACKNOWLEDGMENTS

We would like to acknowledge the role of various participants including individuals, implementing partners, and institutions for their relentless effort in guiding the process of drafting the Jinja district action plan to end child marriages and teenage pregnancies.

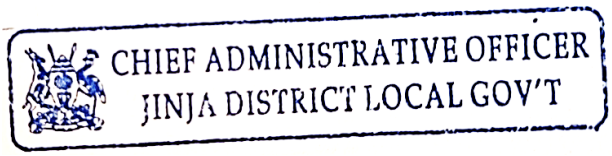
We continue to acknowledge the wonderful effort of the SRHR Policy and Action Plan Taskforce in Jinja that included; Jinja district local government technical staff and political wing, the Ministry of Health, Busoga Kingdom, Inter-Religious Council of Uganda, Regional Youth representatives, School management committees, Senior Women Teachers, Senior Male Teachers, NGO Forum of Jinja, Women Rights Initiatives, Women Initiative in Poverty Eradication - Uganda, Human Rights Commission, and Specialist Doctors International.

Our gratitude goes to the consultancy teams; Dr. Betty Kyaddondo of the National Population Council for facilitating the discussions during Jinja SRHR Policy and Action Plan Taskforce meetings, guiding and working with Good Neighbors International, and the Jinja SRHR Policy and Action Plan Taskforce on its initiatives; Rosemary Kanoel, UNFPA independent consultant in legislative drafting for supporting to build skills of the Sub County stakeholders in local legislation; Ms. Betty Enangu from the Uganda Human Rights Commission for the peer review and related guidance during local legislation at sub county level; a lead consultant Prof. Lubaale Yovani A Moses and his team for guiding the directions of the Taskforce engagement and conducting the policy research on SRHR; Dr. Ukyoung Kwon of the Africa Research & Education Development Institute (AREDI) for giving technical guidance to perfect the Action Plan document by aligning it with the national strategy effectively.

Special recognition of the representatives from the sub-counties and town councils involved; Kakira Town Council, Buyengo Town Council, Busede Sub County, Buwenge Sub County and Butagaya Sub County. The Jinja district departments of; Health services, Community Services, Education, and the Administration.

Much appreciations to the Jinja Field Office team of Good Neighbors International Uganda, Ms. Boyeon Han (Project Manager) and Mr. Kyegobola Robert (Project Coordinator), for coordinating the overall process of developing and overseeing the layout and production of the Jinja District Local government Action Plan to End Child Marriage and Teenage Pregnancy 2024/2025 – 2026/2027. Finally, we would like to recognize and appreciate the financial support from KOICA for a three-year project which provided platforms for consultations and dialogues among the SRHR Policy and Action Plan Taskforce team and various stakeholders and led to the eventual development of the Action Plan.

We trust that through the continued coordination and effective implementation of the action plan by the different stakeholders, will ensure steady strides towards our commitments to the national and district priorities related to adolescent girls and young women.



Lillian Nakamate

Chief Administrative Officer, Jinja District Local Government

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ABBREVIATIONS AND ACRONYMS

ADH	Adolescent Health
AGYW	Adolescent girls and Young Women
AHFS	Adolescent-Friendly Health Services
AIDS	Acquired Immune Deficiency Syndrome
CMG	Child marriage gap
CNDPF	Comprehensive National Development Planning Framework
COVID	Coronavirus disease
CBOs	Community-Based Organizations
CSOs	Civil Society Organizations
DD	Demographic Dividend
DICAHs	District Committee on Adolescent Health
EM	Early Marriage
FGM	Female Genital Mutilation
FY	Financial Year
GPE	Global Partnership for Education
H/Ws	Health Workers
HIV	Human Immunodeficiency Virus
HPAC	Health Policy Advisory Committee
JDLG	Jinja District Local Government
MHM	Menstrual Hygiene Management
MMR	Maternal Mortality Rate
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NDP	National Development Plan
NGOs	Non-Governmental Organizations
PEAP	Poverty Eradication Action Plan
PrEP	Pre-exposure prophylaxis
PMA	Performance Management for Action
RMNCAH	Reproductive maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SG	Squared gap
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health and Rights

STIs	Sexually Transmitted Infections
TP	Teenage Pregnancy
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, sanitation, and hygiene
YFHS	Youth-Friendly Health Services

EXECUTIVE SUMMARY

It is everyone's role to bring an end to child marriage and teenage pregnancy in Jinja district, and thereby contributing to the realization of commitments at national and international level. Uganda nurtures 35% of the population aged 10-24 (young people), around 25% of the female population in Uganda aged 15-24 are already mothers. Whereas, teenage pregnancy in Busoga lies at 34% being one of the highest in Uganda, and Jinja trails at 20.7%, mostly girls are more prone to suffer the aftermath of child marriage and/or teenage pregnancy.

The Jinja District Local Government Action Plan to End Child Marriage and Teenage Pregnancy 2024/2025 – 2026/2027 is geared toward ending child marriage and teenage pregnancy through holistic, comprehensive and inclusive approaches in Jinja district. The action plan was drawn in consultation with Jinja SRHR policy and Action plan Taskforce comprising of school, community based, subcounty, district, regional and national based stakeholders, and points to the objectives, strategic focus areas (1,2,3,4,6,8 & 9) and intervention areas of the National Strategy to End Child Marriage and Teenage Pregnancy 2022/2023 – 2026/2027.

The implementation takes on a multisectoral and district led approach involving various stakeholders at different levels including girls, boys, young women and men, cultural and religious leaders, community leaders and community members, and other duty bearers significant in the society. Inspiring interventions towards keeping girls in school, re-enrolling teenage mothers and school dropouts back into the education system, provision of youth friendly services at community level, enhancing the capacity of families to support their adolescent's health and wellbeing, strengthening local legislation and implementation at local level, utilizing the services of champions and role models as change agents, engaging traditional and social media to promote SRH, engaging young people for mindset change and peer led communication, et cetera.

This action plan also includes the cost implementation matrix where the district allocated funds within their means based on their financial budgets' projections every year. The monitoring and evaluation matrix will support data collection, the related synthesis, and tracking the direction of implementation and makes it easier to track the national indicators.

Ending child marriage and teenage pregnancy is expected to reduce maternal and neonatal mortality, positively impact on prevention of sexual and gender-based violence, avert school dropout among girls, and also provide opportunity for young people to effectively contribute to the welfare of their societies.

1. INTRODUCTION

In 2022, the Government of Uganda (GoU) developed the second National Strategy to End Child Marriage and Teenage Pregnancy (NSCM&TP) 2022/2023-2026/2027, which reflects the national commitment to achieve the Third National Development Plan (NDP III), Vision 2040 and the target 5.3 of the Sustainable Development Goals (SDGs). Good Neighbors International has supported Jinja District to implement a three-year project (2022-2024) funded by KOICA that is well aligned to the national strategy to prevent early marriages and adolescent pregnancies. Furthermore, the Jinja District Local Government Action Plan to End Child Marriage and Teenage Pregnancy 2024/2025-2026/2027 is in line with the global and national commitment of Ugandan government to end all forms of violence against girls and ensure protection of children's rights.

Interventions that improve the health, safety, education and the lives of girls and young women will significantly improve the lives for the people of Uganda, especially those of the future generation. It is important to support adolescents to become the best they can and want to be, so that the world can have a bright future. Investing in adolescents will enable them to make a smart and healthy transition into adulthood, which is also directly related to the key goals in the National Development Plan (NDP III), Vision 2040 and the Sustainable Development Goals (SDGs).

1.1 Rationale for the Action Plan

Considering that Uganda is an extremely young nation, the health of the young people is of national concern. Uganda has about 10 million adolescent boys and girls (24% of Uganda's population).[1] Adolescent sexual and reproductive health is particularly of utmost importance if Uganda is to address the current levels of early marriages and high child bearing. Addressing the sexual and reproductive health situation of this population group is important because it constitutes a large proportion of the country's workforce both now and for a long time to come. Young people contribute greatly to the high fertility in Uganda.

Twenty four percent (24%) of the female population in the 15 – 24-year age group are already mothers, 25% get pregnant before the age of 19.[2] The associated burden of sexual and reproductive morbidity and mortality is high. In addition, this group is highly predisposed to sexually transmitted infections (STI's) including HIV, drugs and alcohol abuse. Adolescent

[1] UBOS 2020

[2] https://doi.org/10.4314%2Fahs.v22i2.52

pregnancy leads to major health and socio-economic consequences that usually lead to debilitating conditions for the young girls, their families and the nation at large.

Adolescents face various social challenges including health and being underserved by both health, education and other social programs, yet investments in improving adolescent health deliver a triple dividend of benefits for adolescents today, for the future adult, and for the next generation. Having a youthful population also means having a large number of young dependents burdening the working age population. The age dependency ratio currently stands at 103, having slightly declined from 110 in 2002[3]. This economic burden that the productive population must bear signals lower investment and saving propensity.

Early marriages and teenage pregnancy in Jinja district

Resonating with the national figures, young people make up the biggest part of Jinja district population. Adolescents face many challenges as they transition the stages of growth including sexual abuses, forced early marriages, school dropout, teenage pregnancies, all the above stirred by gender-based violence, cultural norms and practices, and poverty. According to the UBOS (Poverty maps of Uganda), Jinja district has poverty rate of 23%, poverty is the leading cause of early marriages and teenage pregnancy in Jinja district, followed by ignorance and carelessness[4]. The deteriorating family support with minimal parental engagement and a long-standing hesitancy among parents to talk to their children about sex regarding it as a taboo. Such a social environment continues to fuel ignorance and poor decision-making related to sexual and reproductive health among young people.

Busoga sub-region has the country's highest number of teenage pregnancies at 34%[5] whereas Jinja district lies and stands at 20.7% rate sustained by multifactorial influences of poverty, negative media influence, characterized by nudity and obscenity, low acceptance and uptake of contraceptives, and lack of youth-friendly corners are among the factors that contribute to the problem. Jinja, in particular, has limited health education in schools and villages. According to the policy research on SRHR supported by Good Neighbors in 2022, presents that only 35.4% of young people have access to youth friendly services in Jinja. And a large number of adolescent girls and young women have misinformation concerning sexual and reproductive health where only 40% of parents ever communicated with their adolescents about matters of sexuality. 61.1%

[3] NPC 2020: the National Population Policy

[4] Nabwire, Joan Sidona 2021: The dynamics of teenage pregnancy in Uganda: a study of Walukuba West Division, Jinja District in Eastern Uganda

[5] New Vision, (Jan, 23, 2023) Why Busoga tops in teenage pregnancies.

confirmed that lack of knowledge was the second most leading cause of early marriage and teenage pregnancy after poverty. Only 44.4% of sexually active young people affirmed to using family planning, which poses serious health, social, and economic challenges that require a multi sectoral approach to avert or reduce their effect. Recent midterm evaluation of the "Sexual and Reproductive Health and Right Improvement project for girls in Jinja (Phase II) shows an increase in the prevalence of teenage pregnancy from 8.6% to 8.8% in the control community.[6]

Amidst the mixed perceptions including biases and negativity among stakeholders regarding the policies on access to contraception for all sexually active adolescent girls and young women, the overall awareness of governments policies and strategy to end child marriage was considerably low, only 32.9% of the parents are aware of laws and related by government to ending child marriage and teenage pregnancy, and 18.4% reported lower level efforts to declare child marriages as illegal. Therefore, the Jinja district local government Action plan to end child marriage and teenage pregnancy is expected to ignite concerted efforts of relevant stakeholders, fuel lower level interventions to disseminate and take action against child marriage and teenage pregnancy.

Jinja district through its departments and government programs; continues to pursue increased access to youth friendly health services at health facility and community level; continues the efforts to keep girls in school, supporting parents to increase household incomes and fight poverty, ensuring access to clean water and raising awareness on key sexual and reproductive health issues. These programs are supplemented by the efforts of implementing partners including CBOs, NGOs, cultural and religious institutions, and non-formal movements.

1.2 Process of developing the Action Plan

To mitigate the multiple health challenges and behavioral risks that adolescents and young people face, Good Neighbors International Uganda (GNIUG) has supported the development of a compendium of activities to reach adolescents with Adolescent–Friendly Information and Services (AFS), and the JDLG Action Plan for ending child marriage and teenage pregnancy. The Action Plan was developed in a highly consultative and participatory process with a number of key stakeholders including; Ministry of Health, Jinja District Local Government (CAO, District Planner, DHO, DEO, DCDO, Family Planning, Social Services), Sub-county representatives, LC representatives, Community Development Officers, Jinja Central Police, Interreligious Council of Uganda (IRCU), Cultural Leader (Busoga Kingdom), Youth Council (Busoga Region), Uganda

[6] GNIUG (2023) Mid-term Evaluation Report - SRHR Improvement project for girls in Jinja.

Human Rights Commission, Jinja NGO Forum, local NGO partners, SMC/PTA, head teacher and health facility representatives. The technical consultations were carried out by independent experts from National Population Council (NPC) and Africa Research & Education Development Institute (AREDI).

The SRHR Policy and Action Plan Taskforce of 20 members was formed in March 2023 for the purpose of spearheading, facilitating and coordinating activities to address the sexual reproductive health and rights issues at district level. During the SRHR Policy & Action Plan Taskforce Workshop in March 2023, the Taskforce members were oriented on the key implications of the SRHR policy research (December, 2022)[7], purpose of the Taskforce engagements and their roles in development of the Action Plan and formulation of by-laws and ordinance on SRHR at district and sub-county level through mainstreaming the voices of the community affected by SRHR and gender-based violence related issues. The Taskforce meetings were convened and chaired by the Executive Committee of 5 members (CAO, DHO, DEO, DCDO, GNIUG), which was elected by the Taskforce members.

In 2023, three SRHR Taskforce Executive meetings were conducted in May, August, and November; three general SRHR Taskforce meetings were conducted in May, September, and November (joint meeting); and two Sub-county stakeholders' meetings were conducted in August and September. Before and after the respective SRHR Taskforce meetings, the Executive members regularly gathered to set the meeting agenda, track and monitor the implementation of tasks and action points from the previous meeting and ensure these are consistent with the Taskforce agreed objectives and deliverables. During the general Taskforce meetings, 20 members actively took part in discussions to identify pressing SRHR issues that require reinforcement by additional legislation at local level, and set out the action points including strategy, targets, resources, responsible departments and timeframe for implementation. Lastly, 15 sub-county representatives and 5 SRHR Taskforce Executive committee members participated in the sub-county stakeholders' meetings to identify the SRHR issues in their respective sub-counties and Town Councils, draw customized SRHR action plans to each sub-county, and build capacity in the legislation process by developing by-laws on early marriage and teenage pregnancy.

Furthermore, in 2024, continuous efforts to perfect the implementation plans with the SRHR Taskforce Executive members enabled the development of cost implementation, monitoring and evaluation plans so that they can be effectively integrated into the Jinja district local government

[7] GNIUG (2022). Policy Research Report on Sexual and Reproductive Health and Rights (SRHR) for Girls in Uganda.

work and budget plans for 2024/2025-2026/2027. Three SRHR Taskforce Executive meetings were conducted in January, February, and May; and one general SRHR Taskforce meeting was conducted in May; and special council meetings from 3 sub-counties and 2 town councils were held to review and discuss the bill on ending child marriage and teenage pregnancy. A series of consultative engagements were held with the district departments of Administration, Education, Health, Community based services, and Planning Unit. This was geared towards tracing the integration of the Action Plan interventions into the district technical and financial plans for the FY 2024/2025 as earlier committed.

Throughout this consultative and participatory process, the SRHR Taskforce members, in collaboration with independent consultants, endeavored to align the Jinja district local government action plan to end child marriage and teenage pregnancy 2024/2025–2026/2027 with the second National Strategy to End Child Marriage and Teenage Pregnancy (NSCM&TP) 2022/2023-2026/2027 to ensure effective implementation of the strategies at community, district and national levels with coordinated efforts of all stakeholders. Additionally, the Action Plan was drafted based on what was collected from the policy research on SRHR commissioned by Good Neighbors International Uganda, Jinja.

2. SITUATION ANALYSIS

The world today has the largest-ever generation of young people, with more than half of its population aged 25 years and below. Eighty five percent (85%) of these young people live in low- or middle-income countries[8]. A big proportion of these young people have poor sexual reproductive health outcomes. As a result, there is a growing number of teenage pregnancies worldwide, with close to 16 million girls aged 15 to 19 giving birth every year.[9] The poor sexual reproductive health status of young people is a growing social- economic and public health concern that has attracted the attention of population development advocates and development partners all over the world. For example, Uganda is not likely to harness the demographic dividend window of opportunity if adolescents are denied their rights, including the right to education, sexual reproductive health, decent employment and civil participation[10]. If efforts to harness the demographic dividend are to succeed, this will necessitate addressing gender disparities between today's boys and girls especially, but more specifically, addressing the vulnerabilities of the adolescent girl and preventing adolescent pregnancy.

Early marriage and teenage pregnancy are considered human rights violations[11] and a development issue that cuts across cultures and religions. Elimination of child marriage and teenage pregnancy has been at the forefront of development efforts for decades. Target 5.3 of Sustainable Development Goal (SDG) 5 seeks to eliminate all harmful practices including child, early, and forced marriage by 2030. Also, target 3.1 of Sustainable Development Goal (SDG) 3 to "ensure healthy lives and promote well-being for all at all ages" aims at reducing the maternal mortality ratio to less than 70 for every 100,000 live births by 2030. Achieving Uganda's Vision 2040[12] will require that every girl enjoys full gender equality which can only be possible if all legal, social and economic barriers to their empowerment are removed. All adolescent girls are fundamental to that change because of the enormous potential. But it is also one that is often marginalized and held back by prejudice, discrimination and horrific human rights violations. In light of the 2030 Agenda, the third National Development Plan and Vision 2040, therefore, the

[8] UNFPA (United Nation Population Fund) State of world populations. Adolescents' fact sheet. 2015. Available from: http://www.unfpa.org/swp/2015/presskit/factsheets/facts_adolescents.htm

[9] World Health Organization, Reproductive Health & Rights

[10] Government of Uganda, 2021: The Cost of inaction -The Economic and Social Burden of Teenage Pregnancy. https://uganda.unfpa.org/sites/default/files/pub-pdf/cost_of_inaction_report_on_teenage_pregnancy._final_print_ready._8.4.2022.pdf

[11] Fan, S., Koski, A. The health consequences of child marriage: a systematic review of the evidence. BMC Public Health 22, 309 (2022). https://doi.org/10.1186/s12889-022-12707-x

[12] National Planning Authority 2010: Uganda's Vision 2040

government should reduce these risks, empower adolescent girls and protect them from the risks of early marriages and adolescent pregnancy.

2.1 Magnitude of early marriages and adolescent pregnancy in Uganda

Uganda is making significant progress in addressing poverty, insecurity and improving opportunities for marginalized groups, including youth through entrepreneurship and education. In spite of the reduction in the Total Fertility Rate from a high 7.9 (1970s) to 5.4 (2016), and the current 5.2 (2022)[13], early marriages and teenage pregnancies still persist. National data collected from surveys amongst women of reproductive age show that one out of three women (33%) are married before age of 18 although 18 is the legal age of consent for marriage[14]. Ninety percent of adolescent pregnancies occur to girls who are married before the age of 18 and who have little or no say in decisions about when or whether to become pregnant. As indicated in Table 2.1 below, prevalence of teenage pregnancy is 24% in 2022 which has minimally reduced from 25% in 2016, with disparities between urban 21% and rural 25%[15].

Table 2.1: Prevalence of teenage pregnancy & Reproductive behavior of Ugandan women (urban and rural)

Indicator	Urban	Rural	Total
Prevalence of teenage pregnancy (2022)	21%	25%	24%
Median age at first union	17	16	16
Median age at first intercourse	16	16	16
Median age at first birth	17	17	17

Source: 2024 National Population and Housing Census; Annual Health Sector Performance Report 2023/24

Uganda's Adolescent Sexual and Reproductive Health (SRH) burden is diversely distributed across the country, with rural-urban inequalities in teenage pregnancies. There are not major in age at first intercourse, at birth and at union, depending on place of residence, as indicated in Table 2.1 above. There are, however, reported disparities in access to Adolescent SRH services.

[13] UBOS 2022: Uganda Demographic and Health Survey, 2022

[14] USAID Health Policy Initiative 2019: Addressing Early Marriage in Uganda

[15] Ministry of Health (2024). Annual Health Sector Performance Report 2023/24

Busoga, North Central, Bukedea and West Nile regions experienced the worst outcomes as per the UDHS of 2021 because of pronounced poverty and conflict histories. The situation is compounded in West Nile, and Acholi sub-regions, since these two are refugee hosting regions.

Uganda still has one of the highest teenage pregnancy rates of 24%[16] in the region and ranks second in the Sub-Saharan region for adolescent birth rates, with an average of 76 live births per 1,000 women aged 15-19 years, second only to Niger. According to the 2022 Uganda Demographic and Health Survey[17], the teenage pregnancy rate reduced from 43% in 1995 to 24% in 2011 25% in 2016 and to 24% in 2022. Although teenage pregnancy reduced remarkably, from 43%, the rate is still unacceptably high. This means that out of the 1.5 million pregnancies recorded in Uganda annually, 24% of these are teenage pregnancies, the bulk of which are unwanted pregnancies.

2.2 Causative factors of child marriages and adolescent pregnancy in Uganda

One in every five girls is pregnant by the age of eighteen in Uganda

Annually 360,000 and over 1,000 girls daily

Several factors contribute to early marriages and teenage pregnancy. The key drivers in Uganda include; cultural acceptance of early sexual initiation, community norms and beliefs, household poverty and lack of individual opportunities for girls and women, religious factors, school drop-outs, increased number of vulnerable and orphaned children, youth unemployment, child abuse (defilement and rape cases), peer pressure, limited access to reproductive health information and services. Other drivers include fear of sexual violence, harassment and/or sexual debut before marriage in an illicit relationship, fear of a high dowry or bride price arising from increased age of girls.

Uganda through her Constitution established the minimum age for marriage as eighteen (18) years for both girls and boys[18], but girls can be legally married off with parental consent before they reach the minimum age. This is a common occurrence resulting from poverty, which forces many parents to marry their daughters off early in the hope of securing some financial security. Bride price is a motivation for parents, since a younger bride, seen as 'unspoilt, untouched' usually fetches a higher bride price for the family. This has contributed to the high rate of teenage

[16] Uganda Demographic and Health Survey, 2016

[17] Uganda Bureau of Statistics 2022: Uganda Demographic and Health Survey, 2022

[18] Government of Uganda, 1995: The Constitution of Uganda.

pregnancy since such girls usually get pregnant immediately they are married off. Once married, girls are under pressure to prove their fertility, and as a result pregnancy closely follows. Due to inherent risks of early pregnancy, young girls facing unwanted pregnancies are known to resort to unsafe abortion, which aggravates maternal mortality. As such, the maternal mortality ratio is higher in this group-about 4 times higher than the national average.

Adolescent pregnancies are also a consequence of lack of access to and use of reproductive health information and services among adolescents. About 14% of young women and 16% of young men (10 – 24) had their first sexual encounter before the age of 15[19]. In Uganda, the current use of contraception (RH services) among 15- 19-year-olds is 6.5% and 21.3% between the ages of 20 and 24. The unmet need for family planning is highest among adolescents at 35%[20]. In fact, adolescents aged 15-19 have the highest unmet need for birth spacing methods[21]. Adolescents lack access to information and education about family planning, empowerment coaching to ensure they feel empowered to access services. Those that can access services are often stigmatized and sometimes turned away by providers who feel they should not be sexually active. Furthermore, the high rate of early marriages and teenage pregnancy is closely associated with the low levels of education as a result of girls dropping out from school, or being expelled from school. The vulnerability of young girls out of school getting pregnant is compounded by gendered beliefs of families and communities that greatly impact the life of a young girl[22].

2.3 COVID-19 pandemic effects

In March 2020, the World Health Organization declared COVID-19 a global pandemic. On its part, the Government of Uganda issued guidelines on management of the pandemic including, among others, the immediate closure of all educational institutions. Statistics indicated a worsening trend in Uganda's teenage pregnancy during the two years when the country experienced national lock downs due to the COVID-19 Pandemic. Moreover, Busoga and North Central sub-regions contributed the highest percentage of women in reproductive age ranging between 24.1% and 29.8%, as well as the highest number of sexually active unmarried women aged 15 – 49 years ranging between 41.5% and 49.1%[23]. It is generally believed that the closure of schools coupled

[19] Uganda Demographic Health Survey, 2016

[20] Ministry of Health 2021: The FP2030 Commitments

[21] Uganda Bureau of Statistics, 2016: Uganda Demographic Health Survey

[22] Iliana Lang, 2015, Why girls in Uganda leave school

[23] Government of Uganda 2021: The Economic and Social Burden of Teenage Pregnancy in Uganda: The Cost of Inaction.

with a restriction of movement predisposed the school-going children to sexual exploitation and abuse leading to a surge in teenage pregnancy levels. By the end of 2021, the District Health Information System (DHIS) recorded a total of 378, 790 teenage births, this is seven percent (7%) higher than the annual average registered in the previous five years.

2.4 Current Legal and Policy Framework

2.4.1 National commitment to combat teenage pregnancy and child marriages

Uganda has over the years demonstrated a steadfast commitment to combating child marriages and teenage pregnancies through a comprehensive legal and policy framework. Enshrined in Article 31 of the Amended Uganda Constitution, the 2016 Children's Act, and the Civil Marriages Act of 1904, these legislations provide a robust foundation for the protection of children's rights and the prevention of early marriages.

Uganda committed to eradicate child marriages through ratifying the Convention on the Rights of the Child in 1990, and setting the minimum age of marriage at 18 years. Additionally, the 1985 ratification of the Convention on the Elimination of All Forms of Discrimination Against Women further underscores Uganda's commitment to gender equality and the elimination of harmful practices such as child marriages. Furthermore, Uganda has co-sponsored multiple United Nations General Assembly resolutions and the 2013 Human Rights Council resolution on child, early, and forced marriages. The country made a pivotal commitment at the July 2014 London Girl's Summit, signing a charter aimed at terminating child marriages by 2020. The launch of the African Union Campaign to End Child Marriage in Africa in 2015 solidified Uganda's regional commitment to combating this issue.

Furthermore, the country has fortified its stance with strategic initiatives such as the National Strategy on Ending Child Marriage and Teenage Pregnancy, "A Society Free of Child Marriage and Teenage Pregnancy" signaling a proactive approach towards eradicating these challenges. The legal landscape is further reinforced by the Probation of Female Genital Mutilation Act 2010, the Anti-Trafficking in Persons Act 2009, and the National Child Policy 2020, all contributing to a holistic protective environment for children. The Ministry of Education and Sports developed and approved the Sexuality Education Framework which has encountered major implementation challenges after being rejected by religious leaders.

Uganda's dedication extends to the international development agenda, evident in its signature to the Sustainable Development Goals (SDGs), particularly targeting SDG 5.3 on ending child marriages. The commitment to sexuality education and sexual and reproductive health services

for adolescents and young people is emphasized through the assent to the 2020 Eastern and Southern Africa Ministerial Commitments. The country's engagement in the Global Partnership to End Violence Against Children, the Global Partnership for Education (GPE), and the Her Choice Alliance highlights its active role in fostering child marriage-free communities.

Uganda has also instituted the National Strategy on Girls' Education (2014–2019) and the National Strategic Plan on the Elimination of Violence against Children in Schools (2015–2020), which take a holistic approach and jointly address child marriages and adolescent pregnancies.

The Presidential Initiative for AIDS Strategy for Communication to Youth also underscores the intersectionality of issues, recognizing the link between child marriage, reproductive health, and the prevalence of HIV/AIDS. The Gender in Education Policy (2009) amplifies this commitment by focusing on reintegration of girls who may have left education due to child marriage back to school.

These frameworks collectively signify Uganda's commitment to tackling child marriage through a coordinated approach, demonstrating a resolve to create an environment that empowers and protects its young population.

2.4.2 Gap between policies and implementation

In spite of the good policies and laws that have been developed to address adolescent reproductive health issues, end early marriages and teenage pregnancies, there is a lack of a multi-sectoral approach to implementing these policies. As indicated in the National Strategy to end Child Marriage and Teenage Pregnancy, gaps in financial resources as well as in fragmented partnerships and coordination exist at all levels and constrain the efforts to mitigate the challenges. This lack of coordinated efforts therefore, calls for an explicit roadmap that clearly spells out the multi sectoral approach that will invoke the concerted efforts of the key actors and players to end early marriages and teenage pregnancy in Uganda.

The review of the policies indicates major gaps in policy implementation and enforcement of the laws. For example, in 2017, Uganda embarked on a journey to review and update the May 2012 Adolescent Health Policy and Service Standards. This was necessitated by both global and national developments that included the new WHO guidance on adolescent health (Global Accelerated Action for the health of adolescents-AA-HA).[24] Adolescent health issues are also embedded in the national development framework. However there remain areas of contention

[24] https://www.who.int/publications/i/item/9789241512343

that require consensus from within the government in the area of SRH information and services that include the level of information about SRH to young adolescents (10-14 years), whether to receive services or not and contraceptive use among those below 17 years since they are considered children and not supposed to be sexually active.

2.4.3 Current legal and policy framework in Jinja District

Jinja district like any other local government operates in line with the local policies as prescribed at different local governments and entities under the constitution of the republic of Uganda. However, there is great lack of knowledge regarding SRHR related policies among the populace and other stakeholders, and the related apathy towards adherence to the policies. Notably, information on available policies are not accessible to all and not translated into the local languages, thus the total lack of interpretation and implementation at local levels.

Exploring the policy arena, there are several policies for young people including the policy on adolescent reproductive health in schools. The National Sexuality Education Framework for Uganda (2018), highlights that sexuality education is an integral part of the policies and practices of the school, however, the prevailing socio-cultural environmental perception of adolescent sexuality is an impediment to the rights of adolescents. The lack of harmonized guidelines and awareness where policies are not interpreted locally, inhibits the application and implementation of policies and directives at local level.

Whereas, sections 39 and part IV of the schedule of the Local Governments Act, Cap.243 empowers the lower local government councils to make other laws not inconsistent with the constitution and other laws made by parliament to fill the gaps in interpretation and application at local level. Jinja district is yet to develop any ordinances or by-laws specifically to prevent early marriages and teenage pregnancy within its catchment area.

In the face of a robust legal and policy framework, there is an increasing incidence of teenage pregnancy. If left unaddressed, teenage pregnancies will worsen the dependence syndrome, and exacerbate the already constrained household and public resources.

3. JINJA DISTRICT LOCAL GOVERNMENT ACTION PLAN TO END CHILD MARRIAGE AND TEENAGE PREGNANCY

3.1 Strategic direction

The Jinja District Local Government (JDLG) Action Plan to End Child Marriage and Teenage Pregnancy 2024/2025-2026/2027 seeks to contribute to the achievement of the national goals set out in the National Strategy to End Child Marriage and Teenage Pregnancy (NSCM&TP) by 2027. It provides comprehensive and goal-oriented directions to the JDLG, and all other stakeholders concerned to influence child marriages and teenage pregnancy in Jinja more effectively. Its overall structure including objectives, strategic areas of focus and interventions are directly linked with those of the NSCM&TP, while some of the interventions in the results framework are uniquely identified and implemented in Jinja District through consultations with diverse stakeholders. (See 3.8 Action Plan Results Framework – Output Level)

For each corresponding objective, thematic focus areas and interventions are described with detailed actions, outputs, indicators, lead department, source of funding, and targets for respective financial years. By implementing the agreed action points, the JDLG and other stakeholders are committed to achieving the targets at a higher level until the year of 2027.

3.2 Key Guiding Principles

Implementation of the Action Plan shall be guided by the following principles:

- Recognition that adolescent health is a basic human right and therefore, calls for respect for fundamental human rights and freedoms regarding social-cultural and religious beliefs and practices, as long as such rights and freedoms shall be exercised responsibly and in accordance with the law.
- Recognition that sexually active adolescents have the basic right to decide freely and responsibly the number and the spacing of their children, and to have access to information and services in order to make an informed choice; and the means to do so.
- Recognition of the rights and responsibilities of adolescents and young people, people with disabilities and the displaced adolescents and their special needs.

- Recognition that adolescents are not yet mature enough for legal marriage and must therefore, be protected against any harm that results out of illegal marriages and teenage pregnancies.
- Recognition that parents and guardians have the primary responsibility for children's welfare and their rights to the basic needs of life.
- Recognize that all adolescents have equitable access to developmental opportunities and should be supported to seek education, stay in school, and be empowered for economic transformation of the country.

3.3 Goal

Ending child marriage and teenage pregnancy through holistic, comprehensive and inclusive approaches in Jinja District.

3.4 Objectives[25]

Objectives are the same as the NSCM&TP, and the contents are as follows.

i. To promote an enabling environment to end child marriage and teenage pregnancies.
ii. To influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society.
iii. To develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancies.

3.5 Strategic areas of focus[26]

Strategic areas of focus in the JDLG Action Plan are the same as the NSCM&TP, except for the focus areas 5 and 7 which are applicable and achievable at national level only.

1. Improve legal and policy environment (with focus on child rights) to protect children from child marriage and teenage pregnancy.
2. Strengthen family and community capacity to support children and end child marriages

[25] **The** listed three objectives follow those of the NSCM&TP (see 5.6 of the NSCM&TP, p.21).

[26] The listed nine focus areas follow those of the NSCM&TP (see 5.6 of the NSCM&TP, p.21).

and teenage pregnancy.

3. Change negative and harmful social, cultural and religious norms and practices, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy.
4. Increase access, uptake and/or utilization of quality social services (education, health, child protection, justice, social protection) at national, district and community levels.
5. Strengthen birth registration and certification. ***(not applicable at District level)***
6. Build avenues for economic empowerment, resilience building and improvements of livelihoods.
7. Strengthen nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP. ***(not applicable at District level)***
8. Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and Evaluation Mechanism for effective management of the Jinja District Action Plan.
9. Finance (domestic & foreign), engagement, and partnership for effective implementation of the Jinja District Action Plan.

3.5.1 Linkage of focus areas to strategic objectives in the Jinja District Action Plan

Table 3.1: A linkage of the focus areas to the corresponding objectives in Jinja District[27]

No.	Objectives	Focus areas
1	To promote an enabling environment to end child marriage and teenage pregnancies	1. Improve legal and policy environment (with focus on child rights) to protect children from child marriage and teenage pregnancy.
		4. Increase access, uptake and/or utilization of quality social services (education, health, child protection, justice, social protection) at national, district and community levels.
		6. Build avenues for economic empowerment, resilience building and improvements of livelihoods.
2	To influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the	3. Changing negative and harmful social, cultural and religious norms and practices, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy.

[27] The listed objectives and focus areas follow those of the NSCM&TP (see Table 5.1 of the NSCM&TP, p.22).

	practice of child marriage and teenage pregnancy in society	
3	To develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancy	2. Strengthening family and community capacity to support children and end child marriages and teenage pregnancy.
		8. Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and Evaluation Mechanism for effective management of the Jinja District Action Plan.
		9. Finance (domestic & foreign), engagement, and partnership for effective implementation of the Jinja District Action Plan.

(Note: Reconstructed from the NSCM&TP, p.22)

3.6 Key target groups

i. Primary targets: Key decision makers responsible for implementation of the Action Plan including respective local government departments

ii. Secondary targets: Other stakeholders such as young girls and boys, parents, teachers, health workers, community members, religious and cultural leaders, and implementing partners including CSOs

3.7 Proposed strategic interventions

The proposed strategic interventions were drawn customized to the Jinja District context, but overall structure of the following 3.8 Action Plan Results Framework – Output level follows the conceptual model highlighted in the national strategy (NSCM&TP). Some of the interventions remain consistent with the national strategy (highlighted in **bold**), while other interventions and actions were identified and drawn from the resolutions made during the SRHR Taskforce engagements in Jinja. In particular, the 'Action' column was newly added in Table 3.3: Results Framework – Output level compared to the NSCM&TP so as to make respective interventions more concrete and viable, and achieve the planned outputs and targets effectively.

Out of all the focus areas and interventions designed in the national level, Jinja District has its own context to influence child marriage and teenage pregnancies so some of them were excluded from the JDLG Action Plan Results Framework. As shown in the Table 3.2 below, two of the focus areas – 5. Strengthen birth registration and certification, and 7. Strengthen nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP – are applicable at national level only, so these were not included in the JDLG Action Plan.

Table 3.2: A linkage of the JDLG Action Plan to NCSM&TP

Objectives	Focus areas	
	National Strategy (NSCM&TP)	Jinja District Local Government (JDLG) Action Plan*
i	1, 4, 5*, 6	1, 4, 6
ii	3	3
iii	2, 7*, 8, 9	2, 8, 9

* Focus area 5 and Focus area 7 are applicable at national level only.

3.8 Action Plan Results Framework – Output Level

Table 3.3: Results Framework – Output Level

Responsible Department

	CAO		DEO
	DCDO		DHO

Objectives	Intervention	Action	Output	Indicators	Lead Dept.	Sources of funding	Baseline	Targets (Financial Years)		
							23/24	24/25	25/26	26/27
OBJECTIVE 1 Promote an enabling environment to end child marriage and teenage pregnancy	**STRATEGIC FOCUS AREA 1** Improve the legal and policy environment (with focus on rights) to protect children from child marriages and teenage pregnancies									
	Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriage and teenage pregnancy	**Develop, pass and enforce district bye-laws/ ordinances on teenage pregnancy prevention with emphasis on poor parenting, older men taking advantage of young girls, GBV and child labor.**	**District ordinances and community bye-laws developed**	**No. of ASRH related ordinance passed and enforced**	**CAO CDO, Police and UHRC**	**LG, All SRH stakeholders (CSOs, NGOs etc.)**	**0**	**Beginning the development of the ordinance**	**1**	
				No. of ASRH related community bye-laws passed and enforced	**CAO CDO, Police and UHRC**	**LG, All SRH stakeholders (CSOs, NGOs etc.)**	**0**	**5**		
	Strengthen /empower Parish Development Committees to address early marriages and teenage pregnancy prevention	Conduct PDC-level meetings to discuss CM&TP	Parish Development Committees empowered to prevent early marriages and teenage pregnancy	No. of Parish Development Committees discussing CM and TP prevention	CAO Town Clerk/ SAS, CDOs, Parish chiefs/ Town agents	LG	0	20	34	34
		Conduct community dialogues held by the PDC on a regular basis		No. of community dialogues held by the PDC on quarterly basis	CDOs Stakeholders	LG	0	80	136	136

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	Strengthen the justice systems for children to ensure completeness of the justice value chain to respond and prevent occurrences and re-occurrence of child/teenage pregnancy and marriages	Train the police officers and judiciary	Police officers and judiciary trained on child friendly procedures to address defilement Include Local council courts.	No. of police officers trained (UHRC has resources to train police and prisons)	CAO, RDC, DISO	GOU, UHRC	15	30	40	50
	STRATEGIC FOCUS AREA 4 Increase access, uptake and/or utilization of quality public services (education, health, child protection, justice, social protection) at national, district and community levels									
	Facilitate the process of return and re-integration of child/teenage mothers back to school/vocational institutions	**Support teenage mothers to return to school after child birth**	**Teenage mothers return back to school**	**No. of teenage mothers returning to school**	**Probation and social welfare officer DCDO, DEO and CSOs**	**LG**	**6%**	**11%**	**11%**	**11%**
	Scale-up peer education and outreach to in and out-of-school adolescent girls and boys	**Promote SRHR sessions for adolescents & youth in and out of school.**	**Peer to peer awareness campaign among children adolescents in schools and communities**	**No. of peer session on SRHR in schools and communities**	**DCDO, DEO and CSOs**	**LG**	**4**	**56**	**56**	**56**
	Equip health workers with adolescent counseling skills to promote adolescent health friendly services and rights in health facilities	**Provide continued education of health workers in adolescents' health service delivery**	**Health workers equipped with skills for youth friendly services**	**No. of H/Ws trained to provide ASRH counselling and services.**	**DHO and H/Ws and CSOs**	**PHC. MOH/DHO, DHT**	**0**	**100**	**100**	**100**

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	Increase access to ECD to child/ teenage mothers and their babies at schools and/or health facilities	**Establish ECD centres at Primary, and post primary institutions or health facilities**	**Increased access to ECD centres at schools or health facilities**	**No. of licensed and functional ECD centres established**	**DEO**	**LG**	**33**	**37 (Accumulative)**	**42 (Accumulative)**	**48 (Accumulative)**
	Facilitate access to youth friendly health services for adolescents including married adolescents	**Establish integrated health centers for managing adolescent SRHR issues/concerns**	**Integrated ASRH centres in the communities**	**No. of health facilities integrating ASRH.**	**DHO, CSOs and HUMCs**	**LGs and partners (Mothers2 mothers, RAHU)**	**9 (H/C II, III, IV and hospital) Accumulated**	**11**	**15**	**20**
				No. of adolescents receiving youth friendly health services	**DHO and CSOs – peer educators**	**LGs and partners (Mothers2 mothers, RAHU)**	**1,000**	**1,000**	**1,000**	**1,000**
	Create enabling environment for pregnant teenage mothers to attend school education	Establish Day Care Centers for teenage mothers to allow them settle while back to school	Increased access to Day Care Centers at schools	No. of Day Care centres established	DEO	LG	0	1	1	1
	Strengthen counseling and psychosocial support program for teenage mothers	Provide social and psychological counseling and support to pregnant teenagers and teenage mothers	Schools and health facilities supported to provide psychosocial support to teenage mothers	No. of adolescents receiving ADH counseling and psychosocial support services	DHO, DEO (Senior men & women) and DCDO (parents, religious leaders)	LG and CSOs	0	7,000	8,000	10,000

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	Increase access to contraceptive services	Provide contraceptive services to sexually active adolescents	Adolescents taking up contraceptive services	No. of sexually active adolescents taking up contraceptive services	DHO	LG and partners	4,912 (20%)	5,157 (21%)	5,403 (22%)	5,648 (23%)
	STRATEGIC FOCUS AREA 6 Building avenues for economic empowerment, resilience building and improvements of livelihoods									
	Empower teenage mothers, adolescent girls and boys with livelihood knowledge, skills and employment opportunities	**Link adolescents and youth to vocational programs especially those that fail to achieve minimum marks for entry to the next level of education to prevent early marriages and teenage pregnancy**	**Teenage mothers, adolescent girls and boys empowered**	**No. of adolescents (teenage mothers, adolescent girls and boys) linked to skilling programs.**	**DCDO, DEO**	**IPs and LG**	**0**	**200**	**200**	**200**
	Facilitate and support the establishment of adolescents' groups which offer safe spaces for girls and boys to talk about sensitive issues	**Support Adolescents' groups**	**Adolescents' groups established**	**No. of adolescents' groups**	**DCDO**	**DLG and IPs**	**7**	**17**	**21**	**28**
	Build capacities of senior women and male teachers in schools	**Train Senior Women and Men teachers to disseminate the Sexuality Education Framework in age-appropriate manner**	**Senior women and male teachers' capacity built**	**No. of SW & SM teachers trained on ASRH and their capacity built**	**DEO**	**DEO**	**48**	**56**	**64**	**74**

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	Facilitate and support the establishment of adolescents' self help groups for promotion of improved incomes and wealthy creation.	Support Adolescents' self help groups	Adolescents' self help groups established	No. of adolescents' self help groups	DCDO	DLG and IPs	0	28	28	28
OBJECTIVE 2 Influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society	**STRATEGIC FOCUS AREA 3** Changing negative and harmful social, cultural and religious norms and practices, external cultures, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy									
	Mobilize the political, cultural and opinion leaders, development partners, the private sector, academia, parents and caretakers to protect children from teenage pregnancy and child marriage	**Hold a meeting for various stakeholders to come up with solutions to prevent teenage pregnancy and child marriages**	**Stakeholders mobilized to protect children from child/teenage pregnancy and marriages**	**No. of stakeholders mobilized to protect children from teenage pregnancy and child marriage**	**DCDO (religious & cultural leaders), DEO (SMCs, PTAs and SW and SM teachers)**	**LGs and partners**	**0**	**420**	**540**	**660**
	Develop and disseminate inclusive IEC and edutainment materials on child marriage and teenage pregnancy	**Develop, translate and disseminate user friendly IEC materials and pictorial messages in local language**	**Improved knowledge and attitudes towards adolescent health and wellbeing through IEC**	**No. of IEC materials and talking points printed and disseminated on child marriage and teenage pregnancy to support ASRH**	**District Information Officer, DEO, DHO, DCDO and CSOs & UHRC**	**DLG and Partners**	**0**	**1,000**	**1,000**	**500**

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	Build the capacity of media to engage communities on harmful practices that perpetuate child marriages and teenage pregnancy	**Engage different communication channels including the traditional and social media to promote adoption positive social cultural practices SRH**	**Traditional and social media houses engaged**	**No. of target media houses whose capacity is built to promote child sensitive and friendly reporting and SRH related information**	**DCDO, DHO**	**DLG and partners**	**0**	**5**	**5**	**5**
	Identify champions and role models as change agents to sensitize communities and young people on the value of female education	**Promote Champions, role models and peer influencers among adolescents in the communities**	**Champions and role models as change agents engaged**	**No of adolescent champions, peer influencers and role models identified and engaged**	**DEO, DHO and DCDO**	**DLG and partners**	**0**	**350**	**350**	**350**
	Strengthen children's capacity to advocate and protect themselves and others from child marriages and teenage pregnancy	**Conduct awareness-raising campaigns on children's rights**	**Awareness and sensitization on children's rights campaigns targeting children conducted**	**No. of awareness and sensitization campaigns on rights of children conducted**	**DCDO, DEO, SP**	**DLG**	**0**	**1**	**1**	**1**
	Disseminate ASRH messages throughout the region through radio talk shows	Conduct radio talk shows with speakers experienced on the issues using the free airtime for RDC on radios	Improved knowledge and attitudes of communities through radio talk shows	No of radio talk shows on ASRH conducted	RDC (has free airtime)	DLG and partners	0	4 (one per quarter)	4	4

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

OBJECTIVE 3 Develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancies	**STRATEGIC FOCUS 2** Strengthening family and community capacity to support children and end child marriage and teenage pregnancy								
	Promote and nurture positive parenting to create safe home environments and build a foundation of support and care for children	**Sensitize parents to openly discuss sexuality issues with their children and empower families as support systems/units**	**Parents empowered to discuss ASRH issues with their children and parenting**	**No. of parents and caregivers who participated in programme and sensitized on adolescent sexuality and parenting**	**DCDO, DEO**	**IPs, DCDO**	**0**	**1,700 (50 per parish)**	**1,700**	**1,700**
	Increase male/boys engagement in prevention and response to child marriage and teenage pregnancy	**Train male/boys on SRHR and their roles to prevent CM&TP**	**Male/boys groups engaged in positive social norms, prevention and response to CM&TP**	**No. of male/ boy's groups engaged in prevention and response to CM&TP**	**DCDO, DEO**	**LG**	**0**	**140 (20 per sub county)**	**140**	**140**
	Advocate among religious & cultural leaders and community gatekeepers at all levels to support ASRH	Hold trainings for religious & cultural leaders and community gatekeepers on ASRH	Religious, cultural and community leaders empowered to support ASRH	No. of religious, cultural leaders and community gatekeepers trained in ASRH and child friendly procedures to address defilement	DCDO	LGs and partners	0	40	40	40

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	STRATEGIC FOCUS AREA 8 Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy									
	Strengthen integrated planning, joint supervisions and inter-sectoral linkages among the different key stakeholders in order to harmonize all other interventions connected to the girl child, increase visibility and uptake of implementation interventions	**Relevant district departments integrate prevention of CM&TP into their plans and budgets**	**Plans and budgets integrating child marriage & teenage pregnancy**	**No. of departments integrating prevention of child marriage & teenage pregnancy in the respective plans and budgets**	**CAO**	**LG**	**5 (Administration, Health, Education, Community Services, Production)**	**5**	**5**	**5**
		Conduct joint supervision and field visits to monitor implementation of the plans	**Joint supervision and field visit to monitor implementation of interventions ending child marriage & teenage pregnancy**	**No. of joint supervision and field visit conducted**	**CAO**	**LG, Partners**	**0**	**4 (quarterly)**	**4**	**4**
	Strengthen accountability mechanisms at all levels to ensure health and wellbeing of adolescent girls is high on the agenda	**Conduct quarterly meetings of the multi-sectoral coordination at the district and sub county level**	**Accountability mechanisms**	**No. of quarterly meetings of the multi-sectoral coordination at the district and sub county level**	**CAO**	**LG**	**0**	**4 (quarterly)**	**4**	**4**
		Conduct mid and end term review on the progress and achievements of the strategy		**No. of mid and end term review conducted on the progress and achievements of the strategy**	**CAO**	**LG**	**0**	**1**		**1**

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

	STRATEGIC FOCUS AREA 9 Financing (domestic & foreign), engagement and partnership for effective implementation of the CM&TP Strategy									
	Improve mechanisms to nurture and strengthen the current good will by development partners supporting the implementation of the CM&TP Strategy	**Develop mechanism to increase partnership with development partners and supporting funds to implement**	**Development partners supporting CM&TP Strategy nurtured**	**No. of mechanisms developed to nurture development partners**	**CAO**	**LG**	**2**	**2**	**2**	
	Incorporate actions and track commitments for ending child marriages and teenage pregnancy in key district departments' plans and budgets	**Departments develop their plans and budgets incorporating CM&TP**	**District departments with plans and budgets incorporating child marriages and teenage pregnancy**	**No. departments with child marriages and teenage pregnancy incorporated in their plans and budgets**	**CAO**	**LG**	**5 (Administration, Health, Education, Community based Services, Production)**	**5**	**5**	**5**

*NOTE: **The interventions highlighted in bold** are linked to the National Strategy Results framework – output level.

4. KEY ACTORS & ROLES AND RESPONSIBILITIES

A holistic and multi-sectoral approach between the various stakeholders is essential in order to implement the Action Plan effectively. Each of the ministries, agencies, departments and stakeholders mentioned above has a major role to play if Uganda is to squarely address the plight of the next generation, the adolescents and young people to reduce early marriages and teenage pregnancies. Overall implementation of the Action Plan involves multiple stakeholders including local government, implementing partners such as CSOs, FBOs, CBOs and other development partners, community members, boys, and girls.

At district level, the key departments of local government including administration, health, education, and community development based departments along with the district planning unit shall provide overall oversight and strategic coordination in the implementation of the Action Plan. The departments shall also mainstream the agreed SRHR interventions in the local government's plans and budgets.

At sub county level, Local Councils (LCs) with community development officers understand and disseminate the Action Plan in their own sub counties. They shall provide technical support to community people for its implementation and enact and roll out by-laws aimed at ending child marriages and teenage pregnancies.

Table 4.1: Roles of stakeholders in addressing adolescent pregnancies

Stakeholder	Roles and responsibilities
Chief Administrative Office (CAO)	◆ Through the decentralization system, support implementation of interventions that promote the rights of the girl child in local governments and at community level. ◆ Offer technical guidance to district council to enact ordinances and/or by-laws to end child marriages and teenage pregnancies. ◆ Mainstream the agreed SRHR interventions within Jinja District by integrating them into the local government's plans and budgets. ◆ This is the main coordinating agency with the District Planning Unit for implementation of the JDLG Action Plan.
District Planning Unit	◆ Mobilize resources for implementation of interventions to reduce teenage pregnancy in Jinja. ◆ Carry out regular monitoring and evaluation (M&E) of the Action Plan implementation.
District Health Office (DHO) Health facilities	◆ Mainstream the agreed SRHR interventions in respective annual plans and budgets. ◆ Oversee implementation of interventions to reduce teenage pregnancy in Jinja.

	◆ Health facilities implement the interventions to end child, early and forced, marriage and teenage pregnancy in Jinja.
District Education Office (DEO) Schools	◆ Mainstream the agreed SRHR interventions in respective annual plans and budgets. ◆ Integrate adolescent reproductive health education, information and life skills into education curriculum. ◆ Find ways to keep pregnant and nursing teenagers in school ◆ Establish and operate teenage friendly spaces in schools
District Community Development Office (DCDO)	◆ Mainstream the agreed SRHR interventions in respective annual plans and budgets. ◆ Popularize the Action Plan in partnerships with CBOs, CSOs at all community levels in Jinja. ◆ Coordinate community programme activities for implementation of the Action Plan.
Social Services Committee (District level)	◆ To create safe platforms that promote gender equality & information sharing on ASRH issues.
Jinja Central Police	◆ Provide legal framework for implementation of national efforts to address teenage pregnancy in Jinja. ◆ Enforcement of human rights and upholding of the law on issues of teenage pregnancy, such as the age of marriage, as enshrined in the Constitution of Uganda.
Parliament National Youth Council	◆ To educate adolescents of their SRHR responsibilities and rights and to support enactment of legislation against teenage pregnancy in Uganda. Mobilization of stakeholders.
Cultural and religious leaders and Institutions leaders	◆ Complement efforts of other partners by integrating adolescent reproductive health communication and sensitization activities into their interventions and to contribute to destigmatizing adolescent sexuality.
Development Partners	◆ Complement national partner efforts in implementation of interventions to reduce child, early and forced marriages and adolescent pregnancy.
CSOs, FBOs, CBOs	◆ Key implementing partners to implement the action plan through a complementary partnership with the local government
Community (Parents, teachers, peers)	◆ Sensitization and mobilization to reduce early child bearing by advocating for improved access to SRH services and information, and retention of the girl child in school. Most appropriately positioned group to talk about the dangers of early sex and pregnancy because of the proximity to the adolescents.
Adolescent boys and girls	◆ Very crucial actors and beneficiaries of the Action Plan. They have to be empowered and engaged at all levels in all planned activities in the school and in the communities.

5. MONITORING AND EVALUATION FRAMEWORK

5.1 Introduction

Monitoring and evaluation are essential to ensure that the project is being implemented as planned against stated objectives and desired results. The monitoring and evaluation plan is based upon the outcomes and provisions identified during the consultative process, which developed the project and its action plan. Monitoring will involve collecting, tracking and analyzing data to determine what is happening, where, and to whom based upon the set of core indicators and targets to provide timely and accurate information in order to inform progress, performance reviews and decision-making processes.

Evaluation will build upon the monitoring to assess how well the desired results of the project have been achieved and to assess overall progress and performance, while identifying challenges to provide recommendations for improving future project performance.

5.2 Monitoring and evaluation arrangements

5.2.1 Progress reporting

The Action Plan will be subjected to quarterly progress reporting by conducting progress monitoring as part of the district's multi-sectoral monitoring on a quarterly basis. The quarterly progress reports will be consolidated and presented to CAO.

On a bi-annual basis, the DHO and Community Development Officers will solicit feedback from the beneficiaries and communities on the progress of implementation of this Action Plan. The feedback will be incorporated into the district's annual work plan in relation to ending child marriage and teenage pregnancy.

The results framework will be used as a tool for regular assessment and reporting. It includes 1) Goal, 2) Objectives, 3) Intervention, 4) Action level outputs as presented in Table 3.3.

5.2.2 Mid-term review

The District Planning Unit will undertake an independent mid-term review of the Action Plan one year and a half into its implementation. The results will be submitted to and supervised by the CAO throughout the overall mid-term review process. The review will aim at assessing progress of implementation of the Action Plan in accordance with the targets in the results framework – both outcome and output levels. By examining challenges, best practices, and enabling or negative factors affecting implementation, the mid-term review will identify lessons and come up with recommendations for achieving its planned objectives, outcomes

and outputs over the remaining one and half years. The mid-term results and data collected will be used for future strategies and action plans on ending child marriage and teenage pregnancy in Jinja District.

5.2.3 End-term evaluation

At the end of the Action Plan implementation, an end-term evaluation will be undertaken along with monitoring. The evaluation will be undertaken by an independent consultant to assess the extent to which the Action Plan will have achieved its expected results and objectives. This will be realized following the OECD DAC criteria for evaluation that assess the relevance, coherence, effectiveness, efficiency, impact and sustainability.

6. COSTING AND FINANCING FRAMEWORK

The budget of the JDLG Action Plan covers 7 out of 9 strategic focus areas from the NSCM&TP. Financing of the implementation of the JDLG Action Plan is expected from the Jinja District Local Government budget allocations and implementing partners. The overall cost of financing this Action Plan over the 3-year period is estimated at around UGX 1.33 billion (see Annex 1.2 for the detailed breakdown). The budget plan here does not include contribution by implementing partners yet, but funding from key partners shall be mobilized for its effective implementation.

The below summary budget was designed and submitted by the SRHR Executive Taskforce Team of the JDLG (CAO, DHO, DEO, DCDO), which we expect to have it incorporated into the JDLG's every financial year budget plan over the planned period. Every year before the financial year, the Jinja District Local Government will facilitate implementation of this Action Plan with the responsible departments and implementing partners and develop a financing strategy by integrating it with the local government's annual work and budget plans.

Table 6.1: Summary Budget

Area	Estimated budget in UGX			
	FY 24/25	FY 25/26	FY 26/27	Total
Objective 1				
Strategic focus area 1	25,730,000	26,662,900	27,462,900	**79,855,800**
Strategic focus area 4	194,390,000	225,480,000	250,920,000	**670,790,000**
Strategic focus area 6	89,030,000	89,030,000	89,030,000	**267,090,000**
Objective 2				
Strategic focus area 3	29,690,500	29,853,845	29,919,090	**89,463,435**
Objective 3				
Strategic focus area 2	31,040,000	31,090,000	31,090,000	**93,220,000**
Strategic focus area 8	39,170,000	35,617,200	32,607,200	**107,394,400**
Strategic focus area 9	8,790,000	8,938,500	5,098,500	**22,827,000**
Grand total	**417,840,500**	**446,672,445**	**466,127,690**	**1,330,640,635**

Project Sustainability

The project has been developed in consultation with both the district and sub county leadership and ensured that it adopts objectives that are locally driven. This is good for ownership and sustainability. Besides, adolescent health and development issues are integrated at national level through the Human Capital Development Programme and therefore, integrated in the district development plans and with community-based approaches, thus the positive outcomes on teenage pregnancy prevention are likely to continue.

In addition, the project envisages establishing Working Groups, building capacity of leaders, training of health workers and empowering adolescents, all of which will help to sustain the momentum even if the project ends. The by-laws and ordinances that the project develops will remain to guide early marriage and teenage pregnancy prevention from the legal and human rights perspective. Local revenue is a major determinant of sustainability and during project design, the district leaders were called upon to integrate some of the activities in the Local Government Development Plan.

Conclusion

Investing in ending early marriages and adolescent pregnancy has a high potential of helping Uganda harness the demographic dividend and realize the development goals of Vision 2040. Yet the teenage pregnancy rate at 24%, which is largely attributable to preventable socio-economic factors, remains among the highest in the world. Persisting regional disparities and differentials between urban and rural divisions must be addressed in addition to other causative factors that include early sexual initiation, child marriages, religious factors, school drop-outs, youth unemployment, child abuse (defilement and rape cases), peer pressure, limited access to reproductive health information and services, especially, family planning.

Adolescent pregnancy negatively impacts the adolescent girl, her family and the nation. To avert the effects that accrue from adolescent pregnancy, Uganda must adopt a multi sectoral approach that supports efficient and effective implementation and enforcement of the policies, programmes and laws that help the adolescent girl enjoy her youthfulness and realize her potential.

The JDLG Action Plan for ending early marriages and teenage pregnancy spells out interventions that will be implemented through a multi sectoral approach targeting the adolescents as the primary beneficiaries, parents, teachers, community gatekeepers and the leaders at all levels. Interventions include health promotion and information sharing, access to ASRH services, including counseling and support to livelihood activities and opportunities.

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Annexes

Annex 1.1: List of policies and laws that pertain to end CM & TP

No.	Policies	Objectives	Efforts to reduce EM and TP	Where are the gaps	Recommendations
1	National Health Policy 2010	Ensures constitutional rights of promoting universal health coverage and gives priority to further decentralization of the health care services	◆ Increased access to education and information free of myths and misconceptions ◆ Responsible & and appropriate RH and counselling services for young people.	Limited meaningful & and responsible communication between adults (parents, teachers, etc.) and young people on sensitive topics	Conduct training for parents and teachers to enhance their communication skills, with an emphasis on active listening and creating safe spaces for dialogue.
2	National Policy Guidelines and Service Standards for SRH and Rights, 2006	◆ To guide planning, implementation, monitoring and evaluation of quality, integrated, gender sensitive and rights- based RH services ◆ To standardize the delivery of RH services ◆ To ensure optimum and efficient use of resources for the sustainability of RH services ◆ To promote sexual and reproductive health rights	Established AHFS, trained H/Ws on the provision of AHF information, counselling and services	● Limited coverage of AHFS ● Negative attitude of H/Ws to provide ADH services	Increase coverage of AHFS. Mindset change among H/Ws to provide ADH services in a bias-free manner.

3	National Adolescent Health Policy 2004	The goal of this strategy is to improve the quality of life and well-being of young people in Uganda.	◆ Created an enabling policy and legal framework to facilitate ADH and development. ◆ Promoted positive attitudes and behavior change in communities and among parents and adolescents. ◆ Supported meaningful participation of adolescents in planning, implementation, monitoring, & evaluation of programmes that are critical to the promotion of their own health and development.	No clear guidance for an integrated, systems approach to meeting the health needs of young people.	Develop guidance for an integrated, systems approach to provide continuity of essential care services guidelines for the health of adolescents.
4	The National Adolescent Health Strategy (2011-2015)	A tool designed to improve health services targeting particular groups of adolescents and young persons in Uganda.	◆ Facilitated & increased adolescent's access, participation, and utilization of innovative, integrated, high-quality services and programmes. ◆ Promoted partnership with Youth-led and serving CSOs/CBOs. ◆ Youth representation at HPAC, RMNCAH Platform. ◆ Affirmative action to access YFHS. ◆ Promoted peer-to-peer networking in schools and communities	◆ Intended to provide a framework for integrated, multi-sectoral efforts, but there are still challenges because most sectors work in silos. ◆ Inadequate disability inclusiveness. ◆ Minimal engagement of parents and community gatekeepers. ◆ The established DICAHs are limited in coverage	◆ Foster multi-sectoral collaboration. ◆ Cater for all the marginalized groups especially the disabled. ◆ Scale up the DICAHs.

5	The National Strategy to end child Marriages and teenage pregnancy 2014/15 - 2019/2020 Policy review 2022/23 – 2026/27	Aims at improving access to quality SRH services, education, child protection services, and other opportunities for young people.	◆ Prioritizes legal and policy environment. ◆ Safeguards child rights against EM & TP. ◆ Underscores community empowerment amidst challenging harmful social norms, and practices. ◆ Adopts a holistic approach to the vital role of social services, birth registration, and economic empowerment. ◆ Acknowledges and involves a diverse range of stakeholders to ensure more effective implementation.	◆ Weak mobilization of communities. ◆ Cultural acceptance of EMs &TP ◆ Non-recognition of some key stakeholders.	◆ Leverage the PDM to mobilize communities. ◆ Media in the form of plays and talk shows to sensitize against EM&TP ◆ Close local media venues that promote pornography and other sexually oriented content to children and students. ◆ Enforce the law (defilement)
6	National Sexuality Education Framework, 2018	Aims at promoting and facilitating the development and delivery of sexuality education programmes in the educational system to promote the achievement of the SDGs and Uganda Vision 2040.	◆ Advocates for prevention of unwanted adolescent pregnancies and marriages and keeping girls in school. ◆ Gives authority to schools to implement SRHR programmes. ◆ Creates an over-arching national direction for providing SE in the formal education setting. ◆ Promotes SE as an important component of school health education programmes. ◆ Empowers young people with information and life skills that are age-appropriate, culturally and religious sensitive to enable them make safe and healthy life choices.	◆ Framework rejected by the religious leaders ◆ Controversies on contraception in schools and minimum age to access SRHR services. ◆ Prohibits distribution of contraceptives, including condoms, in school settings, yet many girls drop out of school when pregnant or to get married.	Reformulate the Policy to address the challenges to enhancing effective implementation and promotion

7	Guidelines for Teenage Mothers' re-entry to school after child birth	Facilitate and engage girls who dropped out of school to return to the education system. More pronounced during and after the COVID-19 pandemic because of the shame and stigma associated with adolescent pregnancy. Stresses provision of counselling and the social system to encourage girls to continue with their education.	◆ Implore schools to have health committees with the responsibility of handling teenage pregnancy while guiding and counselling the pregnant mothers. ◆ Engage parents, teachers, and the community in the provision of emotional and social support during maternity leave to avoid repeat pregnancies and getting married.	◆ Challenges of who takes care of the babies when teen mothers return to school. ◆ Most schools do not have clinics to take care of these situations.	Establish appropriate facilities and a more widespread implementation of supportive measures to ensure the successful reintegration of teenage mothers into the education system.
8	The National Strategy for Girls' Education (2015–19)	Aims at according girls the right to equal access, equal chances to take part or share in the education system, and equal education results or outcomes. Also attempts to engender the school curriculum and learning materials for schools.	◆ Addresses GBV and teenage pregnancy in schools. ◆ Covers all education subsectors, beyond primary and secondary, and is a broad national strategy guiding national programming for girls' education.		
9	National Child Policy 2020	Aims to enhance access to quality RMNCAH services.	◆ Recognizes the distinctive challenges faced by Uganda's adolescent population. ◆ Advocates for issues related to child violence with a preponderance for resource mobilization to engage youth directly.	Cultural norms, barriers to education, and economic factors impede success. Limited healthcare services Insufficient community engagement Lacks deliberate efforts to train peer educators.	◆ Partnerships between government, NGOs, and community leaders can help overcome hurdles. ◆ Develop culturally sensitive and accessible programs, integrating healthcare into educational settings and communities. ◆ Encourage community participation parents & local leaders). ◆ Prioritize training of peer educators, ensuring they are equipped to provide accurate information and support.

10	The Uganda Gender Policy 2007	It establishes a clear framework for the identification, implementation, and coordination of interventions designed to achieve gender equality and women's empowerment in Uganda, which is core to SRH	The Policy has been instrumental in sensitization on gender issues at all levels and promoting community dialogue to address gender issues at household level. Promotes a Gender and Development (GAD) approach that is based on the understanding of gender roles and social relations of women and men as well as Women in Development (WID) approach, which focuses on women specifically.	The Policy solely focuses on women empowerment addressing issues that cause their disempowerment some of which teenage pregnancy and child marriage could be part.	◆ To rectify the policy's exclusive focus on women's empowerment, it is imperative to adopt a gender-inclusive approach addressing root causes of disempowerment
11	The National Youth Policy 2001	The purpose is to guide and coordinate youth programming and ultimately, improve the lives of youth across the country.	◆ Acknowledges the growing youth population and the challenges young people face. ◆ Adopts a holistic approach to address youth issues (youth-friendly corners at health facilities and community centers, SGBV, economic empowerment & entrepreneurship, and civic participation)	◆ Minimal focus on EM & TP prevention ◆ Minimal community engagement and education, that would be essential in prevention efforts.	◆ Collaborate (community leaders, schools, & H/Ws) to disseminate information, on the importance of education and development. ◆ Integrate prevention efforts into existing community events, establishing support networks for at-risk individuals.
12	The National Population policy 2020	The thrust of the Policy is to ensure that Uganda undergoes an accelerated Demographic Transition; attains a population age structure that is favorable for development; lowers the dependency burden; and harnesses the Demographic Dividend for Social Transformation.	The Policy has from time-to-time fortified efforts of awareness and advocacy against these harmful practices.	Limited collaboration with other key stakeholders.	Foster and leverage multi-sectoral collaboration.

13	Uganda National HIV/AIDS Strategic Plan 2020/2021-2024/2025	It consolidated guidelines for Prevention and Treatment of HIV in Uganda (Scale-up of oral pre-exposure prophylaxis (PrEP) for HIV prevention.	The plan lays out strategies and actions to implement high-impact, evidence-informed interventions, and innovations through programme optimization.	Does not provide special considerations for prevention among that age group that is most at risk.	Since both HIV and pregnancy mainly result from unprotected sex and among older adolescents and young people, HIV prevalence is almost four times higher among females than males, make special considerations for prevention among that age group.
14	MoES & UNICEF Standards for WASH in Schools	To promote menstrual hygiene management with particular attention to female-friendly toilets.	◆ Advocates for Providing functional drinking water facilities in schools, having separate toilets for all girls and boys and children with disabilities. ◆ Calls on schools to have annual budgets to operate and maintain WASH facilities	Limited focus on Teenage Pregnancy and child marriage.	Integrate comprehensive SE into curricula and implement community-focused campaigns to challenge harmful norms and about keeping children in school.
15	National Water and Sanitation Strategy (2019)	To increase sustained access to quality and appropriate menstrual hygiene services through practices, facilities, and awareness.	Employs strategic and targeted actions to change the mindsets of key stakeholders in the WSS to take leadership for gender mainstreaming to improve access, control, and participation in water and sanitation service delivery which subsequently leads to poverty reduction in the country.	Inadequate, deficient or inappropriate water and sanitation services affect women and girls, especially in public schools.	◆ Enhance hygiene infrastructure to ensure safe and suitable conditions (knowledge & resources) for girls. ◆ Focus on menstrual health and hygiene. ◆ Collaborate with local communities to raise awareness about the vital role of proper water and sanitation services in supporting girls' education and overall well-being.

16	The Universal Primary and Secondary Education Policies (1997)	The main aim is to promote universal access to all levels of education	◆ Continuously advocates for providing free education to make sure all children must be in school. ◆ Recognized menstrual hygiene issues leading to school dropout and thus rolled out the MHM Policy.	Limited Investment in UPE & USE compromising the quality of universal education of young people, especially girl children.	Massively invest in UPE and USE to revamp the quality of universal education.
17	The National Youth Manifesto 2021-2026	The Manifesto commendably addresses Uganda's demographic realities and youth-related challenges.	◆ Recognizes the drivers of TP. ◆ In collaboration with MoES, supports MHM and provides free sanitary pads to girls in school. ◆ Enhances youth participation in governance.	Doesn't provide strategies to prevent TP	◆ Integrate EM&TP prevention within the broader governance framework. ◆ Integrate actions for youth empowerment to reduce EM & TP.
18	Presidential Fast Track Initiative to End HIV as a Public Threat by 2030	The Initiative aims to end the HIV/AIDS Pandemic as a public health threat in Uganda by 2030.	◆ Engages men in HIV prevention and closing tap on new infections, particularly among AGYW. ◆ Accelerates implementation of Test & Treat & attainment of 90-90-90 targets esp. among men and young people ◆ Eliminating MTCT ◆ Ensure financial sustainability & institutional effectiveness for a well-coordinated multi-sectoral response.	The Policy is general in nature and hence not attendant to pressing challenges of the adolescents that are a major cohort in the country.	◆ Solicit input from adolescents themselves, to ensure their perspectives and needs are considered. ◆ Regular reviews and updates mechanism to align with the evolving needs of this crucial demographic group.

19	National Youth Action Plan 2016	Aims to increase support for entrepreneurship rather than fighting these harmful practices.	Advocates for promoting the protection of youth from all forms of violence including sexual and gender-based violence.	Doesn't address the specific issues of child marriage and teenage pregnancy, as it broadly focuses on violence without providing concrete measures.	◆ Integrate all youth issues including EM & TP in youth entrepreneurship.
20	Gender in Education Sector Policy 2016	◆ The Policy aims to achieve gender parity in access to and participation in education across all subsectors by 2030. ◆ Achieve a 20% increase for women in employment at all levels of the education sector by 2030.	Fosters an inclusive and safe learning environment for the creation of a gender and disability-responsive space within schools, ensuring that the educational setting is sensitive to the diverse needs of students.	Lacks explicit, targeted measures for preventing teenage pregnancy and child marriage within the educational context.	Explicit incorporation of targeted interventions, such as comprehensive sexuality education and community engagement initiatives, aimed at preventing EM & TP.
LAWS					
21	The Sexual Offences Bill	To enhance punishment of sexual offenders, and to provide for the prevention of victims during sexual offences trials	Consolidated previous laws regarding sexual offences, introduced some provisions toward addressing sexual violence, and criminalized same-sex relationships.	Not explicit in addressing teenage pregnancy and child marriage.	Consciously take care of EM &TP and since they are most times a result of sexual offences.
22	Penal Code Act	To provide for criminalization of a range of sexual offenses that have not been provided for in the existing law.	The Penal Code Act, Cap. 120 provides for a number of sexual offences.	◆ Outdated and omit emerging social attitudes, values and practices. ◆ Limited in extra-territorial.	Provide for extra-territorial application of the law to combat sexual violence on Ugandan citizens by Ugandan citizens and residents while outside the country.
23	The Prohibition of Female Genital Mutilation (FGM) Act 2010	To criminalize all activities related to FGM.	The Act provides for the prohibition of female genital mutilation, the offences, prosecution, and punishment of offenders, and the protection of victims as well as girls and women under threat of FGM.	The deplorable punishments provided for by the Act focus on death, disability; and HIV that occurs as a result of FGM; leaving room for teenage pregnancy and child marriage.	Integrate penalties related to EM & TP prevention as consequences of FGM.

Annex 1.2: Cost Implementation Matrix

Objectives	Intervention	Action	Output	Lead Dept.	Estimated Budget in UGX		
					FY24/25	FY25/26	FY26/27
OBJECTIVE 1 Promote an enabling environment to end child marriage and teenage pregnancy	**STRATEGIC FOCUS AREA 1** Improve the legal and policy environment (with focus on rights) to protect children from child marriages and teenage pregnancies						
	Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriage and teenage pregnancy	Develop, pass and enforce district bye-laws/ordinances on teenage pregnancy prevention with emphasis on poor parenting, older men taking advantage of young girls, GBV and child labor.	District ordinances and community bye-laws developed	CAO	6,130,000	6,130,000	6,130,000
			No. of ASRH related community bye-laws passed and enforced				
	Strengthen /empower Parish Development Committees to address early marriages and teenage pregnancy prevention	Conduct PDC-level meetings to discuss CM&TP	Parish Development Committees empowered to prevent early marriages and teenage pregnancy	DCDO	4,430,000	4,562,900	4,562,900
		Conduct community dialogues held by the PDC on a regular basis		DCDO	12,740,000	12,740,000	12,740,000
	Strengthen the justice systems for children to ensure completeness of the justice value chain to respond and prevent occurrences and re-occurrence of child/teenage pregnancy and marriages	Train the police officers and judiciary	Police officers and judiciary trained on child friendly procedures to address defilement	CAO	2,430,000	3,230,000	4,030,000

	STRATEGIC FOCUS AREA 4 Increase access, uptake and/or utilization of quality public services (education, health, child protection, justice, social protection) at national, district and community levels						
	Facilitate the process of return and re-integration of child/teenage mothers back to school/vocational institutions	Support teenage mothers to return to school after child birth	Teenage mothers return back to school	DCDO	2,760,000	2,760,000	2,760,000
	Scale-up peer education and outreach to in and out-of-school adolescent girls and boys	Promote SRHR sessions for adolescents & youth in and out of school.	Peer to peer awareness campaign among children adolescents in schools and communities	DCDO	1,770,000	1,180,000	1,770,000
	Equip health workers with adolescent counseling skills to promote adolescent health friendly services and rights in health facilities	Provide continued education of health workers in adolescents' health service delivery	Health workers equipped with skills for youth friendly services	DHO	5,180,000	10,130,000	10,130,000
	Increase access to ECD to child/ teenage mothers and their babies at schools and/or health facilities	Establish ECD centres at Primary, and post primary institutions or health facilities	Increased access to ECD centres at schools or health facilities	DEO	50,000,000	60,000,000	70,000,000
	Facilitate access to youth friendly health services for adolescents including married adolescents	Establish integrated health centers for managing adolescent SRHR issues/concerns	Integrated ASRH centres in the communities	DHO	11,520,000	11,520,000	11,520,000
	Create enabling environment for pregnant teenage mothers to attend school education	Establish Day Care Centers for teenage mothers to allow them settle while back to school	Increased access to Day Care Centers at schools	DEO	80,000,000	80,000,000	80,000,000

	Strengthen counseling and psychosocial support program for teenage mothers	Provide social and psychological counseling and support to pregnant teenagers and teenage mothers	Schools and health facilities supported to provide psychosocial support to teenage mothers	DHO	23,560,000	35,340,000	35,340,000
	Increase access to contraceptive services	Provide contraceptive services to sexually active adolescents	Adolescents taking up contraceptive services	DHO	4,320,000	4,320,000	4,320,000
	STRATEGIC FOCUS AREA 6 Building avenues for economic empowerment, resilience building and improvements of livelihoods						
	Empower teenage mothers, adolescent girls and boys with livelihood knowledge, skills and employment opportunities	Link adolescents and youth to vocational programs especially those that fail to achieve minimum marks for entry to the next level of education to prevent early marriages and teenage pregnancy	Teenage mothers, adolescent girls and boys empowered	DCDO	80,000,000	80,000,000	80,000,000
	Facilitate and support the establishment of adolescents' groups which offer safe spaces for girls and boys to talk about sensitive issues	Support Adolescents' groups	Adolescents' groups established	DCDO	4,640,000	4,640,000	4,640,000
	Build capacities of senior women and male teachers in schools	Train Senior Women and Men teachers to disseminate the Sexuality Education Framework in age-appropriate manner	Senior women and male teachers' capacity built	DEO	15,280,000	20,230,000	35,080,000

	Facilitate and support the establishment of adolescents' self help groups for promotion of improved incomes and wealthy creation.	Support Adolescents' self help groups	Adolescents' self help groups established	DCDO	4,390,000	4,390,000	4,390,000
OBJECTIVE 2 Influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society	**STRATEGIC FOCUS AREA 3** Changing negative and harmful social, cultural and religious norms and practices, external cultures, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy						
	Mobilize the political, cultural and opinion leaders, development partners, the private sector, academia, parents and caretakers to protect children from teenage pregnancy and child marriage	Hold a meeting for various stakeholders to come up with solutions to prevent teenage pregnancy and child marriages	Stakeholders mobilized to protect children from child/teenage pregnancy and marriages	DCDO	11,000,000	11,000,000	11,000,000
	Develop and disseminate inclusive IEC and edutainment materials on child marriage and teenage pregnancy	Develop, translate and disseminate user friendly IEC materials and pictorial messages in local language	Improved knowledge and attitudes towards adolescent health and wellbeing through IEC	CAO	2,111,500	2,174,845	2,240,090
	Build the capacity of media to engage communities on harmful practices that perpetuate child marriages and teenage pregnancy	Engage different communication channels including the traditional and social media to promote adoption positive social cultural practices SRH	Traditional and social media houses engaged	DCDO	3,708,000	3,808,000	3,808,000

	Identify champions and role models as change agents to sensitize communities and young people on the value of female education	Promote Champions, role models and peer influencers among adolescents in the communities	Champions and role models as change agents engaged	DCDO	3,550,000	3,550,000	3,550,000
	Strengthen children's capacity to advocate and protect themselves and others from child marriages and teenage pregnancy	Conduct awareness-raising campaigns on children's rights	Awareness and sensitization on children's rights campaigns targeting children conducted	DCDO	7,721,000	7,721,000	7,721,000
	Disseminate ASRH messages throughout the region through radio talk shows	Conduct radio talk shows with speakers experienced on the issues using the free airtime for RDC on radios	Improved knowledge and attitudes of communities through radio talk shows	CAO	1,600,000	1,600,000	1,600,000
OBJECTIVE 3 Develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancies	**STRATEGIC FOCUS 2** Strengthening family and community capacity to support children and end child marriage and teenage pregnancy						
	Promote and nurture positive parenting to create safe home environments and build a foundation of support and care for children	Sensitize parents to openly discuss sexuality issues with their children and empower families as support systems /units	Parents empowered to discuss ASRH issues with their children and parenting	DCDO	9,300,000	9,300,000	9,300,000
	Increase male/boys engagement in prevention and response to child marriage and teenage pregnancy	Train male/boys on SRHR and their roles to prevent CM&TP	Male/boys groups engaged in positive social norms, prevention and response to CM&TP	DCDO	4,200,000	4,250,000	4,250,000

	Advocate among religious & cultural leaders and community gatekeepers at all levels to support ASRH	Hold trainings for religious & cultural leaders and community gatekeepers on ASRH	Religious, cultural and community leaders empowered to support ASRH	DCDO	17,540,000	17,540,000	17,540,000
	STRATEGIC FOCUS AREA 8 Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy						
	Strengthen integrated planning, joint supervisions and inter-sectoral linkages among the different key stakeholders in order to harmonize all other interventions connected to the girl child, increase visibility and uptake of implementation interventions	Relevant district departments integrate prevention of CM&TP into their plans and budgets	Plans and budgets integrating child marriage & teenage pregnancy	CAO	21,240,000	21,877,200	21,877,200
		Conduct joint supervision and field visits to monitor implementation of the plans	Joint supervision and field visit to monitor implementation of interventions ending child marriage & teenage pregnancy	CAO	6,460,000	6,500,000	6,500,000
	Strengthen accountability mechanisms at all levels to ensure health and wellbeing of adolescent girls is high on the agenda	Conduct quarterly meetings of the multi-sectoral coordination at the district and sub county level	Accountability mechanisms	CAO	7,240,000	7,240,000	7,240,000
		Conduct mid and end term review on the progress and achievements of the strategy		CAO	4,230,000	0	4,230,000

	STRATEGIC FOCUS AREA 9 Financing (domestic & foreign), engagement and partnership for effective implementation of the CM&TP Strategy						
	Improve mechanisms to nurture and strengthen the current good will by development partners supporting the implementation of the CM&TP Strategy	Develop mechanism to increase partnership with development partners and supporting funds to implement	Development partners supporting CM&TP Strategy nurtured	CAO	3,840,000	3,840,000	3,840,000
	Incorporate actions and track commitments for ending child marriages and teenage pregnancy in key district departments' plans and budgets	Departments develop their plans and budgets incorporating CM&TP	District departments with plans and budgets incorporating child marriages and teenage pregnancy	CAO	4,950,000	5,098,500	5,098,500

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