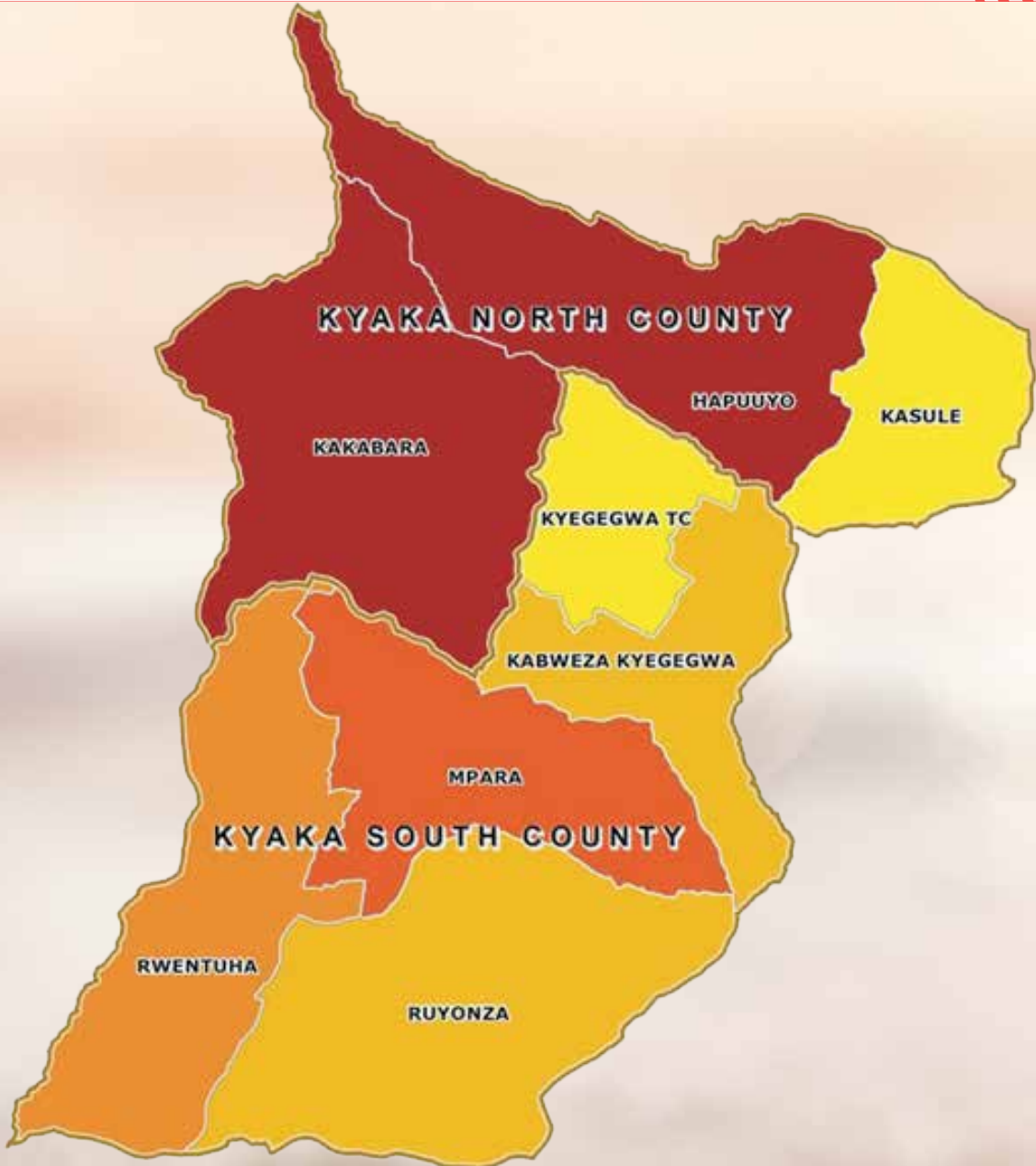




KYELEGWA DISTRICT

Local Government



KYELEGWA DISTRICT ACTION PLAN Prevention of Child Marriage and Teenage Pregnancy FY2021/22 - FY 2025/26



TABLE OF CONTENTS

Key definitions **3**

Abbreviations and acronyms 4

1.0 Introduction **5**

1.1 About Kyegegwa District 5

1.2 Kyegegwa's Young population and potential Demographic dividend 5

1.2 The problem 5

1.3 Methods 6

2.0 Situational Analysis **7**

2.1 Kyegegwa district demographics 7

2.2 State of child marriages and Teenage Pregnancy 7

2.3 State of Adolescent pregnancies 7

2.4 Family Planning Use 8

2.5 State of health care system 8

3.0 Action Plan **9**

4.0 Estimated cost of the action plan **11**

Table 1: Interventions and estimated costs 11

KEY DEFINITIONS

Adolescence: The period in human growth and development that occurs after childhood and before adulthood. Here defined by ages between 10 and 19 years.

Child Marriage: Defined as any legal or customary union involving a person below the age of 18 years. This definition draws from various conventions, treaties, and international agreements

Sexuality

Education: A lifelong process of acquiring information and forming attitudes, beliefs, and values about vital issues such as sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. It addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication skills, decision-making, and critical-thinking skills in accordance with the laws and policies of Uganda.

Teen: A young Person of teen-age between thirteen and nineteen years of age

Teenage

Pregnancy: Conception that occurs to persons between the ages of thirteen to nineteen years that may be incidental.

Youth: Persons between 15 and 24 years

Young person: Person between age 10 and 24 years

ABBREVIATIONS AND ACRONYMS

CAO	Chief Administrative Officer
DHO	District Health Officer
DEO	District Education Officer
DHE	District Health Educator
DCDO	District Community Development Officer
mCPR	modern Contraceptive Prevalence Rate
MMR	Maternal Mortality Rate
CSO	Civil Society Organisations
LC	Local Council

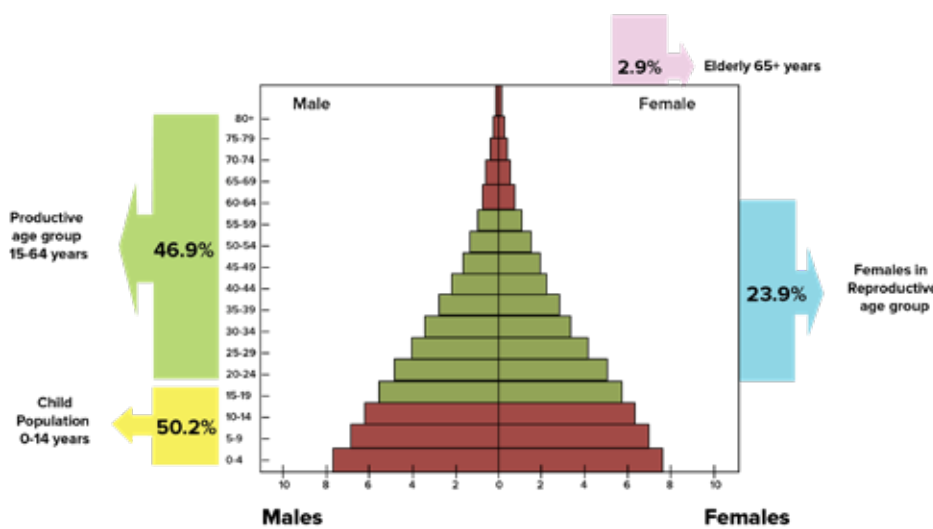
1.0 INTRODUCTION

1.1 About Kyegegwa District

Located in Toro region with a total population of 518,757² with the highest population growth of 7.82% in Toro sub region (Bunyangabo district, Bundibugyo district, Kabarole district, Kasese district, Kamwenge district, Kyenjonjo district, Kyegegwa district, Ntoroko district). In addition, the district hosts over 138,700 refugees from Democratic Republic of Congo, Rwanda and Burundi³ hosted in Kyaka II refugee settlement camp. Among the households, it is estimated that 67% are Uganda, 31% from DRC, 1% from Rwanda and 1 % from Burundi . The majority of the population is rural (93.3%) with 6.7% living in urban⁴.

1.2 Kyegegwa's Young population and potential Demographic dividend

Half (50%) of the Kyegegwa population are children below age of 14 years . Close to one quarter (23.9%) of the women population are of reproductive age group.



Rapid modelling of Kyegegwa population shows that if the current high fertility rate of 7% is controlled, children receive quality education, adolescent and young persons are skilled, the district could potentially reap the demographic dividend by 2040. The high fertility could be reduced through reduction in age at first sex, provide sexuality education in schools, provide comprehensive family planning information and services to adolescent boys and girls and address prevalent inequities within population groups.



Advocacy champion from Kyakka II sharing recommendations on how to handle the issue of teenage pregnancy and child marriage during the young people's consultative meeting

1.2 The problem

Child marriage and teenage pregnancy are a manifestation of deeply rooted gender inequalities, social norms, poverty, limited economic perspectives and inadequate access to (comprehensive sexuality) education and adolescent sexual and reproductive health services, and voiceless adolescents in Kyegegwa district. Child Marriage and teenage pregnancy are interrelated issues that involve high risk and human rights violations of teenage girls, and impede social -economic development in Kyegegwa district.

Child marriage is defined as any legal or customary union involving a person below age of 18 years. In practice, young women are most likely to experience child marriage. Although child marriage is considered human rights violation, more than 4.2% of adolescent girls are currently married in Kyegegwa district and 16.9% for Kyaka II refugee settlement .

Teenage Pregnancy defined as pregnancy between 13 and 19 years, is a reality for 19% of teenagers in Kyegegwa district. Complications from pregnancy and childbirth are among the leading causes of death among young women aged 15-19 years . The causes and consequences of teenage pregnancy have been the topic of many studies and debates. Generally, all studies acknowledge that teenage pregnancy is associated with poor social and economic circumstances. Poverty, low level of education, being from an ethnic minority, lack of access to SRH information and services: all increase the likelihood of young women to become pregnant. Studies have shown that young people from families with low socio-economic status have a higher chance of teenage pregnancy . In addition, social and cultural norms and values at the family and society level play a role. For example, parent/child connectedness, parental supervision or regulation of children activities and parents' values against teen intercourse influence young people's risk for teenage pregnancy.

Experience with violence also increases the risk of teenage pregnancy . When a teenage pregnancy occurs within marriage, it is mostly intended by the couple. However, at the same time, (unintended) teenage pregnancy is one of the most common reasons for child marriage showing interrelatedness of these two problems.

As with child marriage, teenage pregnancy can have immediate and lasting consequences for young women's health, education and income-earning potential, which are often passed on to her child(ren). As such, it alters the course of young women s entire life. The health-related consequences of teenage pregnancy include risks of maternal death. The risk of death associated with pregnancy is about a third higher among 15-19 years old's than among 20–24-year-olds. Besides, higher mortality, teenage pregnancy also contributed to illness and disability, fistula, complications from unsafe abortion, STIs and HIV . Other consequences of teenage pregnancy are the interruption or termination of education and accompanying lost opportunities with regard to Labour participation and status in the household as well as at community level.

Inter-relationship between child Marriage and teenage pregnancy: Child marriage and teenage pregnancy are interrelated. They have a common root causes and social drivers such as gender inequality, social and cultural norms, poverty, and inadequate access to education and sexual and reproductive health and rights (SRHR) information services. Child marriage and teenage pregnancy have comparable impacts on the health and education of young women and girls, and therefore on economic opportunities, decision-making and agency of young women and girls. Besides sharing common causes and consequences, these two issues can be mutually re-enforcing; child marriage increases the likelihood of teenage pregnancy and the other way around.

Following the above, it is clear that programmes and interventions that aim to reduce child marriage and teenage pregnancy often share the same focus.

They try to address social and cultural norms and values, enhance girl women empowerment, increase access to SRH and education services and try to influence laws and regulations related to SRHR. They also involve the same actors, such as girls, boys, young women and men, community members and other duty bearers that have an important role in society. Child marriage and teenage pregnancy are intertwined with respect to the causes, consequences and therefore also the possible intervention strategies to address them.

1.3 Methods

An all-inclusive consultative approach was applied supported by evidence-based data from a comprehensive literature review, key informant interviews with youth champions, district probation officers, District Health Officer, district attorney, health workers, religious and cultural leaders and held focus group discussions.

2.0 SITUATIONAL ANALYSIS

2.1 Kyegegwa district demographics

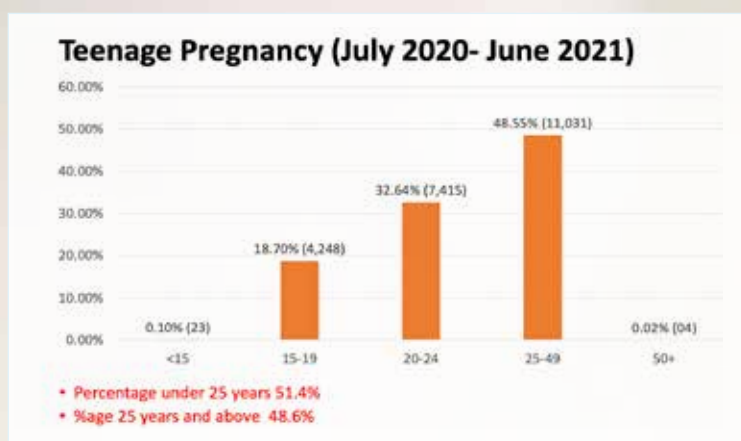
Population growth	
Year	Population
1991	63,547
2002	110,925
2014	281,637
2020	518,757

Kyegegwa has the second highest population growth rate of 7.8% compared to the national average of 3.3%. The population growth is fueled by high fertility rate of 7.3 children per woman. The household size averages 5 persons and a unique district where the population of men are more than women. Out of a total of 158,429 children below 18 years, 6% have a mother alive, 2% father alive and 1% orphaned

The total number of Women of Reproductive Age (WRA) group between 15-49 years in Kyegegwa stands at 199,600 representing 38% of total Kyegegwa population. Total number of adolescent girls (15-19yrs) in Kyegegwa stands at 48,304 representing 24% of all WRA in the district.

2.2 State of child marriages and Teenage Pregnancy

High percentage of children (12-17yrs) married	
Currently married (12-17yrs)	Ever married including current married (12-17yrs)
Male: 1.5%	Male: 1.8%
Female: 6.9%	Female: 8%
Average: 4.2%	Average: 4.8%

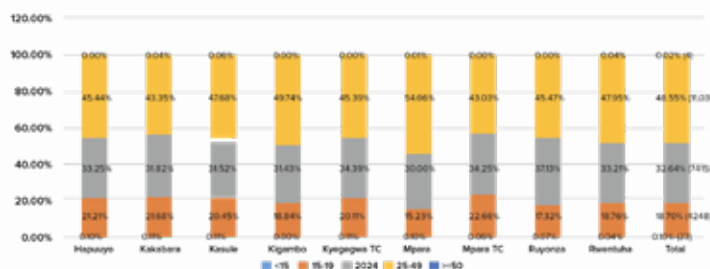


2.3 State of Adolescent pregnancies

Age group	Antenatal Care 1st visit	Deliveries
Below 15 years	20	51
15-19 years	2,138	1,340
Total	2,158	1,391

There is a high teenage pregnancy rate of 19 per 100 teenagers and high child marriages in the district

Teenage Pregnancy by Sub-county 2020/2021 FY



According to Mr. Kakabwa Augustine (Probation officer for Kyegegwa), "Child marriage and teenage pregnancies have turned into business ventures for the police department and the parents. There is less reporting of such cases in the communities because parents often connive and negotiate with the perpetrators. Parents look at the economic gains other than the life of the children abused. There is need to address the poverty gaps in the communities if we are going to curb these vices in the communities"

2.4 Family Planning Use

Overall, there is low modern contraceptive use among adolescents in the district at 24.7% compared to the district mCPR of 85.59 per 1,000

FP Use by Adolescent Girls		
Age group (yrs)	Oct-Dec 2020	Jan-March 2021
Below 15	28	536
15-19	648	2,183

None of the adolescent boys below 15 years was using family planning while only 37 in age group 15-19 were FP users in period Jan-March 2021

"The low family planning use in an environment of early marriage and early sex debut has resulted in high adolescent pregnancies"

2.5 State of health care system

Poor accessibility of health services (56% of the district population walk more than 5 Kilometres to a health facility). The majority of health facilities (15) are government owned out of a total of 22 health facilities (6 private for profit and 1 private Not for Profit).

3.0 ACTION PLAN

Vision: A Kyegegwa district community free from child marriages and teenage pregnancies

Goal: Reduce child marriages and teenage pregnancies in Kyegegwa district from 10% to 4.2% and 25% to 19% respectively, by 2025

<p>Problem statement</p>	<p>Kyegegwa district experiences a high rate of child marriage with 10% of adolescents currently married and this is compounded by a high teenage pregnancy rate of 25%. This is has resulted into high adolescent morbidity and mortality, high dependency, less productivity and poor quality of life.</p>
<p>5-year Kyegegwa district Objectives</p>	<ol style="list-style-type: none"> 1. Implement policies, laws and guidelines on prevention of child marriage 2. Empowerment of girls and boys in and out of school with comprehensive and age-appropriate information on life skills 3. Increased access to quality protection, education, reproductive health services and other opportunities 4. Changing communities' mindsets, knowledge, aspirations, behaviors and social norms that drive child marriage and teenage pregnancies 5. Generation of relevant data and evidence for programming and monitoring progress towards ending child marriage and teenage pregnancies
<p>Risk/contributing factors to child marriages and teenage pregnancies in Kyegegwa</p>	<ul style="list-style-type: none"> • Lack of access to teen responsive services such as family planning and healthcare, • No education opportunities and Poor school performance • Teen parenting • Sibling of pregnant or parenting teen • Failure to use birth control effectively and consistently • Cultural/ethnic/societal attitudes about pregnancy • Cultural/language barriers • Older male partner • Socioeconomic disadvantage • Mental health issues • Substance use and abuse • Violence • Stress/trauma • Lack of positive youth development • Lack of positive role models • Poor communication with parents • Lack of system integration • Lack of evidence-based or informed programs designed to prevent teen pregnancy • Lack of community understanding of positive youth development and needs of teens. • Poor or no community policing

<p>Strategies and interventions</p>	<ol style="list-style-type: none"> 1. Develop and operationalize existing ordinances, by-laws and implement national laws, policies, and guidelines to protect children 2. Deliberate use of data for programming and monitoring progress towards ending child marriage and teenage pregnancies 3. Employ social behavioral change communication approaches for mindset change 4. Strengthen partnerships and community structures for effective child protection and service provision 5. Strengthen socio-economic interventions for especially out of school going adolescents and youth 6. Ensure a multi-sectoral approach towards addressing teenage pregnancies and child marriages 7. Strengthen coordination, monitoring and evaluation mechanisms for effective implementation of the action plan
<p>Intervention populations</p>	<p>Primary targets: these are stakeholders who are major decision makers in regard to the practice of child marriage and teenage pregnancy. They include parents, clan elders and members, in and out of school young girls living in difficult situations such as Kyaka II settlement, and men and boys who perpetrate the practice of child marriage.</p> <p>Secondary targets: these include influential community members like community civic leaders, school teachers and officials, health workers, religious, traditional and cultural leaders, and peers.</p>



Some of the young people in Kyegegwa district posing for a photo after sharing the key drivers of teenage pregnancy and child marriage in the district

4.0 ESTIMATED COST OF THE ACTION PLAN

The costing of the action plan was done using an ingredients based costing model whose inputs were informed by Kyegegwa's third District Development Plan (DDP III), the district statistical abstract, as well as input from district stakeholders. The unit costs for the items required to implement the various activities were derived from standard local government rates, as well as current market prices.

The total estimated cost of the action plan over the five-year period (FY2021/22 to FY2025/26) is Two Billion, two hundred twenty-nine million and sixty six thousand Uganda shillings (UGX 2,229,066,000). FY2021/22 has the highest estimated costs at Six hundred eighty million, two hundred and five thousand Uganda shillings (UGX 680,205,000) and this is due to the fact that some activities such as trainings, mappings, development and dissemination of guidelines and other materials will only be executed in the initial year as the foundation. Over the five years of the plan, objective three; on Social Behavioural Change Communication has the highest cost estimates at Six hundred ten million, three hundred and seventy thousand Uganda shillings (UGX 610,370,000). The reason for these high costs is that the sub-activities under this objective which include among others, the printing and dissemination of IEC materials in the district, as well as mass media campaigns, tend to be more costly than others. Objective five; on strengthening socio-economic interventions for out-of-school young people has the lowest cost estimates over the five years at One hundred fifty eight million and seventy thousand Uganda shillings (UGX 158,070,000). The interventions under each of the seven objectives of the action plan, as well as their estimated costs are displayed in table 1.

Table 1: Interventions and estimated costs

Problem Statement	Expected Output	Lead	Other actors	Estimated cost in Uganda shillings					
				FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	Total
Objective 1: Develop and operationalize existing ordinances, by-laws and implement national laws, policies, and guidelines to protect children									
1.1 Support the development of an ordinance on child protection to fill gaps in child marriage	Ordinance Developed and approved by council	CAO	Deputy CAO, LC V Chair, Probation Officer, DHO, DEO, CSO representative, CFTU, Deputy speakers and resident state attorney, Gender Officer, Sub County chiefs	12,360,000	12,360,000	12,360,000	12,360,000	12,360,000	12,360,000
1.2 Develop guidelines on engagement of siblings to pregnant teenagers and teenage mothers	Approved guidelines	DCDO	DEO, CAO, DHO, CSOs,	2,000,000	0	0	0	0	2,000,000

1.3 Protection of children born by the teenagers to ensure that they are not abandoned (Psychosocial support to the mothers, mapping of children born by teenagers, identifying their needs, sensitize parents of teenage mothers)	Psychosocial activities conducted	DCDO	CAO, DEO, DHO, CSOs	30,933,000	17,964,000	17,964,000	17,964,000	17,964,000	102,789,000
1.4 Design, develop and implement a prevention program for siblings of expectant mothers and fathers, teenage parents	Approved prevention Program	DCDO	DHO, DEO, CSOs	30,488,000	11,988,000	11,988,000	11,988,000	11,988,000	78,440,000
1.5 Promote and implement government policies and laws; and stipulate the roles and responsibilities of the different stakeholders at district, Sub County and community levels in policy and law enforcement	Policies and laws implemented, Number of convictions, number of arrests	DCDO	Police, Judiciary, DHO, DEO, CSOs	19,904,000	9,952,000	9,952,000	9,952,000	9,952,000	59,712,000
1.6 Sensitize communities on relevant legislation and policies on girls' education, SRH rights, and gender equality	BCC messages developed, Community outreaches conducted, Approved Sensitization program and report of activities conducted	DCDO	Police, Judiciary, DHO, DEO, CSOs	11,988,000	11,988,000	11,988,000	11,988,000	11,988,000	59,940,000
Objective 2: Deliberate use of data for programming and monitoring progress towards ending child marriage and teenage pregnancies									
2.1 Generate evidence using both primary and secondary data (publications) to demonstrate the benefits of delaying marriage and of keeping girls in school during adolescence at district and subcounty levels (Facilitate the training, sensitization, data collection, analysis and use)	Policy briefs	DHO	DEO, DHE, Probation office, DCDO, Police, CSOs, Biostatistician	17,046,000	12,820,000	12,820,000	12,820,000	12,820,000	68,326,000
2.2 Disseminate evidence through existing structures (such as community forums (barazas), community dialogues, district local council and parish chiefs that advocate for children, and annual national music, dance and drama festivals)	Dissemination plan and report of dissemination sessions	DCDO	Biostatistician, DEO, DHE, Probation office, Religious and Cultural entities, CSOs	4,934,000	4,934,000	4,934,000	4,934,000	4,934,000	24,670,000

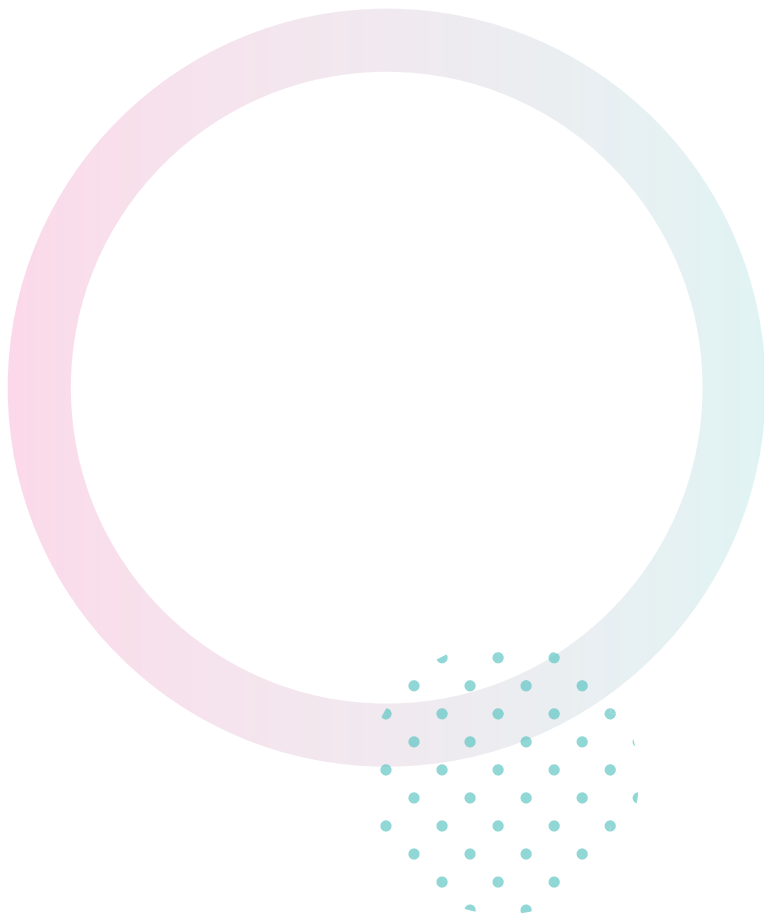
2.3 Support VHTs and other community structures to capture data that is not reported at health facilities	Data collection tools developed	DCDO	DHO, DEO, CSOs	30,488,000	11,988,000	11,988,000	11,988,000	11,988,000	78,440,000
Objective 3.0: Employ social behavioural change communication approaches for mindset change									
3.1 Develop and disseminate IEC and edutainment materials on child marriage and teenage pregnancy in local languages	Approved materials	DHE	DCDO, DEO, DHO, CSOs, Political, religious and cultural leaders	36,096,000	0	36,096,000	0	36,096,000	108,288,000
3.2 Launch district wide endchild marriage campaigns through media and dissemination of IEC materials	Number of campaigns held; Number of media engagements held	DCDO	DHO, DEO, DHE, police, CSOs	69,220,000	66,720,000	66,720,000	66,720,000	66,720,000	336,100,000
3.3 Hold inter-generational dialogues	Number of dialogues held, Number of participants; Commitments generated from dialogues	DCDO	DHO, DEO, CSOs, Probation, Judiciary	27,000,000	27,000,000	27,000,000	27,000,000	27,000,000	135,000,000
3.4 Build capacity of community, religious and cultural institutions to provide a platform for open discussion and public declarations in communities to end child marriage and teenage pregnancy.	Approved capacity building manual, number of open discussions held at community level	DCDO	DHO, DHE, CSOs, Probation, Judiciary	5,550,000	0	5,212,000	0	0	10,762,000
3.5 Build the capacity of families to address and change the expectations, attitudes, and practices in regard to child marriage.	Capacity building manual developed and number of sessions held	DCDO	DHO, CSOs, Religious, political and cultural leaders, Probation, Judiciary	4,044,000	4,044,000	4,044,000	4,044,000	4,044,000	20,220,000
Objective 4.0: Strengthen partnerships and community structures for effective child protection and service provision									
4.1 Facilitate access to adolescent responsive health services by girls and married adolescents	Number of adolescents reached	DHO	DCDO, DEO	84,674,000	38,734,000	83,828,000	38,734,000	38,734,000	284,704,000
4.2 Facilitate access to, retention and persistence of girls in primary and secondary education through awareness campaigns, refurbishment of facilities (e.g., washrooms for girls separate toilets for boys and girls)	Number of awareness campaigns held	DEO	DCDO, DHO, CSOs	42,500,000	2,000,000	2,000,000	2,000,000	2,000,000	50,500,000

4.3 Capacity building of school administrators (PTA, SMCs, SMH) teachers and other staffs to create protective and safe environments for girls	Approved capacity building manual and number of sessions help	DEO	DCDO, DHO, CSOs	8,168,000	0	8,168,000	0	0	16,336,000
4.4 Support the integration of gender and rights education (with a focus on child marriage) in the primary and secondary school curriculum	Approved integration manual	DEO	DHO, DCDO	10,698,000	0	0	0	0	10,698,000
4.5 Facilitate access to vocational training institutions by out of school adolescents and girls (especially the out of school young mothers)	Number of adolescents facilitated	DEO	DCDO, DHO, CSOs	10,210,000	10,210,000	10,210,000	10,210,000	10,210,000	51,050,000
4.6 Improve menstruation and hygiene management for girls in schools through dissemination of the Menstrual Management Reader in print, audio, and video	Number of disseminations held and number of girls reached	DEO	DHO, DCDO, CSOs	11,596,000	0	0	0	0	11,596,000
4.7 Develop linkages for out of school adolescent boys and girls to skilling and income generating opportunities at sporting events and other community engagements	Number of linkages created	DEO	DCDO, CSOs, DHO	9,188,000	9,188,000	9,188,000	9,188,000	9,188,000	45,940,000

Objective 5: Strengthen socio-economic interventions for especially out of school going adolescents and youth

5.1 Build girls' and boys' capacities in life skills and agency including self-esteem, self-defense, and confidence (in and out of school)	Percentage of girls and boys with life skills capacities and agency	DEO	DHO, DCDO, CSOs	31,488,000	10,656,000	20,832,000	0	0	62,976,000
5.2 Provide both in and out of school girls and boys with age-appropriate sexual and reproductive health information to enable them manage their growing bodies	Number of in and out of school reached with SRH information	DHO	DEO, DCDO, CSOs	31,488,000	10,656,000	20,832,000	0	0	62,976,000
5.3 Facilitate and support the establishment of adolescents' groups which offer safe spaces for girls and boys to talk about sensitive issues	Number of groups established	DCDO	DHO, DEO, CSOs	11,988,000	10,656,000	0	0	0	22,644,000

5.4 Build capacity of senior women and male teachers in schools on prevention of teenage pregnancy, referral systems and other linkages	Number able to demonstrate ca-pacities	DEO	DHO, CSOs, DCDO	4,737,000	4,737,000	0	0	0	9,474,000
Objective 6.0: Ensure a multi-sectoral approach towards addressing teenage pregnancies and child marriages									
6.1 Strengthen existing child protection institutions and mechanisms on child marriage and for referral of victims of child marriage	Number of institu-tions that receive training	DCDO	DHO, Police, CSOs, Political, religious and cultural leaders	9,248,000	0	8,912,000	0	0	18,160,000
6.2 Promote and support the establishment of community child protection structures to prevent child marriage through awareness raising and counseling	Number of com-munity child pro-tection structures	DCDO	DHO, DEO, Po-lice, CSOs, dis-trict attorney office, Political, religious and cultural leaders	55,890,000	45,492,000	45,492,000	45,492,000	45,492,000	237,858,000
6.3 Support referral and coordination systems for prevention and management of teenage pregnancies at all levels.	Documented re-ferral system and guidelines	DCDO	DHO, CAO	5,912,000	5,092,000	5,092,000	5,092,000	5,092,000	26,280,000
Objective 7.0: Strengthen Coordination, monitoring and evaluation mechanism in place for effective implementation of the action plan									
7.1 Support a high level technical working committee and build capacity of members to offer strategic guidance and support the implementation of the action plan	Coordination committee established with approved TORs	District Planner	CAO, DCDO, DHO, DEO, CSOs	1,003,000	0	0	0	0	1,003,000
7.2 Support the district planning unit to coordinate implementation of the action plan	Coordination struc-ture facilitated	District Planner	CAO, DCDO, DHO, DEO, CSOs	7,972,000	7,972,000	7,972,000	7,972,000	7,972,000	39,860,000
7.3 Monitor and evaluate implementation of the action plan (Quarterly monitoring, Baseline, midline and end line evaluation)	Monitoring and Evaluation frame-work developed and implemented	District Planner	CAO, DHO, DEO, DCDO, CSOs	31,675,000	7,490,000	31,675,000	7,490,000	31,675,000	110,005,000
7.4 Promote public private partnership at district level	A public partner-ship accord signed	District Planner	CAO, DHO, DCDO, CSOs	1,993,000	1,993,000	1,993,000	1,993,000	1,993,000	9,965,000



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