A RAPID ASSESSMENT REPORT ON THE STATE OF TEENAGE PREGNANCY AND CHILD MARRIAGE IN KYAKA II SETTLEMENT-KYEGEGWA DISTRICT

PREPARED BY

UGANDA YOUTH AND ADOLESCENT HEALTH FORUM

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ABBREVIATIONS

DRC	Democratic Republic of Congo
FGD	Focus Group Discussion
H/C	Health Centre
HIV	Human Immuno-deficiency Virus
HPV	Human Papiloma Virus
MHM	Menstrual Health Management
NGO	Non Governmental Organization
OPM	Office of the Prime Minister
SRHR	Sexual Reproductive Health and Rights
TBA	Traditional Birth Attendant
UBOS	Uganda Bureau of Statistics
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Funds
UPE	Universal Primary Education
VHT	Village Health Team
WASH	Water and Sanitation
WHO	World Health Organization

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EXECUTIVE SUMMARY

Children's rights are stipulated in the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the child. The protection from harmful cultural practices like child marriage and the sexual reproductive health rights of young women and girls is further enshrined in the Protocol to The African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). Uganda is a signatory of all these international human rights instruments and has taken measures to ensure that the rights of women and girls are respected and protected.

One such measure was the launch of the National Strategy to end child Marriage and teenage pregnancy that was released by the Ministry of Gender Labour and social development in 2015. In the strategy Uganda envisions a society free from child marriages and teenage pregnancies with a goal of Ending child marriage and teenage pregnancy for prosperity and social economic transformation.

The strategy commits to strengthening technical and practical capacity of key actors in the protection and promotion of the rights of children and adolescents to effectively influence national budgeting and planning processes and to have standardized and coordinated advocacy and programmatic approaches for child protection at national and district levels.

In spite of the progressive measures the country is taking to address the issues of teenage pregnancy and Child marriage in Uganda, the rates of teenage pregnancy and child marriage are still alarming. In Uganda, 1 in 4 girls aged 10-19 is pregnant or has already engaged in childbirth. In Kyegegwa district, this is 1 in 2 girls. This difference is mainly influenced by the high number of teenage pregnancies in and around the refugee settlement Kyaka II, located in Kyegegwa district. The teenage pregnancy rate is alarmingly high among this population in Kyegegwa and it robs girls' opportunities to take control of their future and realise their full potential. Furthermore, Uganda has 'the 16th highest prevalence rate of child marriage in the world and the 10th highest absolute number of child brides globally,' according to UNICEF.

This assessment report therefore aims to offer a robust understanding of the situation of teenage pregnancy and child marriage in Kyaka II settlement in Kyegegwa district in order to identify areas of intervention and emerging opportunities for programming, policy, advocacy and research and community empowerment aimed at reducing the rates of teenage pregnancy and child marriage in Kyegegwa district and how this translates into improved access, availability and uptake of Sexual and Reproductive Health Services and promotion of gender equality.

The assessment is informed by extensive literature reviews, key informant interviews and focus group discussions with teenage mothers and community members of Kyaka II settlement and Kyegegwa district as a whole.

PURPOSE

The purpose of this report is to offer an evidence base for interventions targeting the reduction of teenage pregnancy and child marriage in Kyegegwa district and promotion of SRHR and Gender Equality.
Key to this assessment report is the assumption that teenage pregnancies and child marriages are at the core of girls and women's experiences as a result of discrimination based on gender, economic status, region and orphan status. Additionally, discriminatory social cultural practices pose as even greater challenges for girls who are already vulnerable due to their refugee status.
In summary, the objectives of this report are to:

- Investigate the state of girls between the ages of 10 to 19 years living in Kyaka II settlement.
- Understand the challenges faced by girls living in refugee settlements
- Understand the scope of teenage pregnancy and child marriage in Kyaka II settlement
- Provide recommendations for improving programs targeting reduction of teenage pregnancy and child marriage in Kyaka II settlement and promotion of sexual and reproductive health services and gender equality.

SUMMARY OF KEY FINDINGS

- Over 60% of the refugees in Kyaka II settlement are below the age of 18 years old. This translates into a large youth bulge in the settlement. Due to the sexual reproductive health risks that young people face in the settlement; for example unsafe environments that put them at risk of rape, poverty that leads to risky sexual behavior for money and so much more; their sexual reproductive health rights need to be prioritized.

- Although the implementing organizations in Kyaka II settlement incorporate messages on teenage pregnancy and child marriage into their work, there is no implementing organization in the Kyaka II settlement that focuses specifically on ending teenage pregnancy and child marriage. There is therefore an imminent need to fill this gap in order to reduce on the prevalent rates of teenage pregnancy and child marriage in the district.

- There is a gross lack of experience and knowledge on how to carry out youth friendly services by the health workers at the Kyaka II settlement and Kyegegwa district as a whole.

- A lack of information on sexual reproductive health rights (SRHR) and gender equality was also evident among key individuals like parents, teachers and the police. Various respondents expressed their need for training and knowledge acquisition in these areas since they are some of the primary sources of information on SRHR for young people in the settlement.

- One of the major causes of the perpetuation of child marriages and teenage pregnancies in Kyaka II settlement is the lack of information by the young people. Young people attributed their gaps in information to a lack of specific projects targeting sexual reproductive health rights and gender equality. Even more, the lack of a centralized youth centre where they can access this information catalyzes their SRHR problems. There is therefore need for comprehensive sexuality education to be offered to teenagers and young people within the settlement.

- Tying in closely to the risk factors of teenage pregnancy and child marriage is the high poverty rates of refugees. This drives the young girls into getting into relationships for money and the parents into forcing their children to get married for money.

- Schools in Kyaka II settlement experience high rates of school dropout. This is majorly due to high poverty rates, inability for the young people to catch up with the school curriculum, not enough secondary schools in the camp and a negative attitude by parents towards education. Dropping out of school often leaves girls vulnerable to cultural practices like forced marriage and risky sexual behaviors that may lead to teenage pregnancy.

- Sexual reproductive health rights and gender equality programs targeting young people are not prioritized in the settlement. More focus is put on food supply and water, sanitation and hygiene management programs and their reproductive health slips through the cracks.

- About 10% of the cases reported to the police on a monthly basis are on SGBV including child marriages. However, it is important to note that majority of the cases are not reported until the police makes effort to dig them up. Most families carry these marriages out in secret. However, for those that are detected early, they carry out prompt arrests. It is often the boy who is arrested because he is most times older than the girl.

1. INTRODUCTION AND BACKGROUND

Teenage pregnancy has been a global problem for years. According to WHO 2018, the adolescent birth rate in 2018 was 44 per 1000 adolescent girls aged 15–19 years. It is worth noting that ending teenage pregnancy and child marriage are strategies that will help countries to achieve the sustainable development goals. This is due to the fact that both teenage pregnancy and child marriage have gross effects on the demographic dividends and are factors which perpetuate poverty, gender based violence, hunger and dependency, low education levels and so many more negative factors.

Nationally, we are still battling these problems on a daily basis. In fact, in Uganda, latest studies reveal that there has been an increase in teenage pregnancy from 24% in 2011 to 25% in 2016. According to UNFPA one in four young girls are either pregnant or have given birth by the age of 19. More than 300,000 teenagers who get pregnant annually also account for the bulk of unwanted pregnancies, which end up in unintended births or unsafe abortions (estimated at 24%), increasing the risk of maternal mortality and morbidity among adolescent girls. Overall, 17.6% of maternal deaths are by adolescents. A lack of comprehensive age appropriate Sexual Reproductive Health and Rights (SRHR) information is also one of the leading causes of teenage pregnancies.

Additionally, one of the most common dual cause and effect of teenage pregnancy is forced child marriage. UNFPA reports that 1 in 10 adolescent births are while the girl is married or in a union. 2015 UNFPA Uganda data indicates that 1 in every 2 girls is married before age 18, 10% of women aged 20-24 report being married before ages 15 while 40% of women of age 20-24 report being married by ages 18. Most girls are forced to get married as a means to increase the parents' income through dowry while others are forced to get married as a consequence of their unintended pregnancy. Both poverty and lack of information on how to prevent pregnancy are predominant issues faced by girls in refugee settlements. This makes them vulnerable to both teenage pregnancy and child marriage.

More girls are likely to experience poverty if they marry early according to studies by Uganda Bureau of Statistics (UBOS). Due to the fact that poverty often affects more girls living in rural areas than it does for those living in urban settings, this then leaves the former group more vulnerable than their urban counterparts. For example, more rural adolescent girls are victims of teenage pregnancy, forced marriage, defilement and high school drop outs.

Education gaps play a catalytic role in the perpetuation of both teenage pregnancy and child marriage. Studies have found that a girl is able to be protected from both teenage pregnancy and child marriage if she is kept in school. Unfortunately, high school dropout is a profound problem in refugee settlements. This is due to various reasons like language barriers, poverty and unavailability of enough schools to amply cater for the large influx of refugees.

Uganda hosts the most refugees in Africa with latest studies placing the influx at almost 1.4 million. Kyaka II settlement hosts about 90,510 refugees. 60% of these are below the age of 18 years. Kyaka II settlement particularly suffers with the problem of not having enough secondary schools to cater for the large number of pupils leaving primary school. This then leads to children dropping out of school early due to having to walk long distances or an inability to afford the high fees required for secondary school education. This leaves them vulnerable to risks of both teenage pregnancy and child marriage.

THE RAPID ASSESSMENT

In order to fully understand the rates of teenage pregnancy and child marriage in Kyaka II settlement, a team of staff from Uganda Youth and Adolescent Health Forum held a rapid assessment with key informants in Kyaka II settlement and the Kyegegwa office of the district health officer. The rapid assessment included qualitative interviews with the Camp Commandant, 1 police officer from the police post in Kyaka II settlement, 2 police officers from the Family and child protection unit and the gender desk at the district offices, 3 staff from the District Health Office, 6 teenage mothers, 4 health workers working in the camp, 8 school administrators, 14 pupils and students and 3 out of school youth. It also included focus group discussions with 25 teenage mothers from Bujubuli Health centre III and Mukondo Health centre II, 27 pupils and students from Bujubuli Primary school, Bujubuli secondary school and Mukondo Primary school and 24 parents and young people from Kakoni zone in Kyaka II settlement.

2. METHODOLOGY

The assessment utilized a purposive sampling mechanism which employed in depth interviews, focus group discussions and observations. It also involved a review of the medical records at the health centres in the settlement. It was done with the young people (10-24 years), parents of teenage mothers/children married early, police, health workers, schools within Kyaka II settlement, partner organizations dealing in child protection and the camp management.

A total of 3 staff carried out the assessment with different staff dealing with different interviews at a time but all being involved in the focus group discussions. A simple assessment tool was designed after which there was a one day training of the staff on how to use the assessment tool to ensure uniformity in the collection of the data.

The data was collected from 131 respondents (92 Females and 39 males) in the Town council sub-county of Kyegegwa as well as 3 zones of Kyaka II settlement which were Mukondo, Bujubuli and Kakoni zones.

3. ASSESSMENT FINDINGS

3.1 Interviews

The team held various interviews with key informants and asked a maximum of 10 questions to each interviewee.

3.1.1 Camp Commandant

The purpose of this interview was to understand the scope of the problem in Kyaka II settlement and to find out if there are any strategies that the camp management has put in place to ensure that the problem is dealt with.

The interview revealed that there is a great need for an implementing partner who specializes in strategies to reduce teenage pregnancy and child marriage in Kyaka II settlement. The validation for this was that there are many risky conditions that young people living in the settlement face which exposes them to risks of teenage pregnancy and child marriage. Even more, majority of the young people are redundant and prefer to drop out of school. This leaves most girls exposed to being preyed on especially by men who offer them money and other material gains for their unmet needs.

Notably, over 60% of the refugees in the settlement are below the age of 18 years old. There are over 18,000 children between the ages of 5 to 17 years which is considered the school going age. In spite of these statistics, there is a huge gap in making education accessible to all the refugees. Although there is access to Universal Primary Education(UPE), most children are forced to drop out of school because of lack of money to fund their higher education. There is only one government secondary school and it does not offer free education

As the camp management, they endeavour to work together with implementing partners, who work in the education field, to pay for the orphans and vulnerable children. However, being a refugee settlement, there are still children who may not be orphans but are equally unable to pay for themselves. This has created a grave challenge in getting children to go from Primary to secondary school. Even more, the option of accessing vocational schools is still a challenge because implementing partners have tried to support some of them in vocational programs like the apprenticeship project but they are only able to support a few leaving the majority out.

In line with studies done on the value of education in reducing social cultural issues like teenage pregnancy and child marriage, a colossal gap in the education of young people in Kyaka II settlement plays a huge role in causing and perpetuating teenage pregnancy and child marriage in the settlement. School drop outs are mostly prominent among poor, marginalised and vulnerable adolescent girls and young women in Uganda with twice as many girls missing school after experiencing sexual violence compared to boys and 1 in 4 children missing school after experiencing physical violence. According to UNICEF 2013, 3 in 10 girls drop out of school in Uganda due to pregnancy related complications.

Additionally, this interview revealed the role that lack of correct information on sexual and reproductive health plays in elevating these issues. It was shared that most young people lack information about how to prevent pregnancy. This is usually shown among the new entrants.

Some of the harmful behaviours present in the settlement include betting, gambling, alcoholism, early sex debuts and early marriage. All of these are as a result of the permissive and uncontrolled social behaviour that young people enjoy. The fact that there are various bars in the upcoming urban centres in the settlement exposes young people to the risks of alcoholism and drug abuse especially boys as well as defilement for many girls.

In regard to the role of the law in protecting the rights of young girls, it was reported that the refugees are rigorously informed about the laws governing the country and the repercussions of not abiding by them. This is especially being cognizant of the fact that some of the refugees come from countries where some harmful practices are acceptable.

In spite of the aggressive work that the camp management does in ensuring the refugees are informed about the laws, they are still cases of early marriages happening secretly in the communities. Even worse, some refugees cross over to DRC, get married and then come back already married. To try and address this, they have come up with clear referral pathways that refugees can follow to report different forms of abuse for example forced marriage and defilement.

Overall, one of the biggest drivers of both teenage pregnancy and child marriage is poverty and lack of livelihoods for young people. This reflects into most young girls getting into sexual relationships for money which then exposes them to the risk of early and unwanted pregnancies and also other sexually transmitted infections. This is also shown in cases of parents who end up forcing their children to get married as a way to earn money through dowry. The solution is then to focus on finding a way to train and equip young people with entrepreneurial skills to be able to fix the economics of both the girls and their parents.

In discussing some of the risky environmental factors that young girls are exposed to, it was shared that girls often have to walk long distances to fetch firewood. This is often the reason why most girls are raped in the settlement. As the camp management, they are involved in promotion of education, development of community structures to protect girls and trying to ensure that the amenities are close to them.

Furthermore, the camp management also faces a problem of limited funding for different activities that would otherwise help prevent teenage pregnancy and child marriage. For example; the apprenticeship project and funding police and other law enforcement structures to reach all communities where girls are at risk.

Additionally, most of the refugees who come into the settlement from DRC already have deeply engrained negative attitudes and practices for example majority of the Congolese refugees conceal and support the different early marriages and or teenage pregnancies that are happening in their communities because they practice it themselves and believe in it.

To complicate the issue even more, some of them engage in cross border movement in order to marry the young girls across the border and then return knowing there is very little that the Ugandan government can do since the marriage took place in another country.

In spite of the growing numbers of teenage pregnancy and child marriage in the settlement, Kyaka II still has one of the most underfunded responses to social cultural issues like these. They are not prioritized and instead focus is put on issues to do with food and Water and Sanitation and Hygiene (WASH). Even more, youth activities are not considered a priority either which is why there is an underutilized youth centre which is only aesthetic since the young people can't rightly access it for sexual reproductive health services or information.

It is worth noting that majority of the implementing partners in the settlement simply integrate messages about teenage pregnancy and child marriage in their work but do not have targeted programs towards the reduction or eradication of these problems. The indicators available prove that girls are still very much at risk and this necessitates a program that focuses on reducing the prevalence rates of teenage pregnancy and child marriage.

3.1.2 Implementing Organizations

The assessment team visited five organizations in the settlement. These include Good Neighbours, ACORD/UNFPA, Danish Refugee Council, Save The Children and Windle Trust International-Uganda.

Good Neighbors is an international organization that deals mostly in sexual gender based violence, WASH, education support and youth livelihoods. ACORD is an organization focussed on improving livelihoods of refugees. One of their main roles in the camp is handling sexual gender based violence cases and addressing them. Danish Refugee Council is mainly involved in offering life skills to refugees especially extremely vulnerable out of school youth. Windle Trust International- Uganda is the leads agency for education in the settlement. Their main focus is on delivering training and education to safeguard the futures of refugee children. Save The Children is the leading organization that deals with child protection in the camp. All cases of child abuse, including rape and child marriage are most often referred to Save the Children to be addressed.

All the partners visited shared some of the different projects that they do that integrate aspects of teenage pregnancy and child marriage but they shared that they do not have programs that directly address the problems.

They also reported that they ensure that their issues address Sexual Gender Based Violence (SGBV) in general which goes beyond just social cultural issues like child marriage.

Organizations like ACORD deal with as many as 20 cases of teenage pregnancy and child marriage in a month. This is a significant number as it shows that the numbers of these cases are not reducing.

One of the challenges that they face in trying to address the issue of child marriage is community resistance.

Worthy of note is that the most at risk young girls are the new arrivals. This is because they are not well aware of the different risky situations that expose them to teenage pregnancy and child marriage. In a bid to solve this problem, different organizations periodically come together with the aim of educating the new entrants on these issues. However, due to the overwhelming number of refugees, some people may be left out in receiving adequate information.

Organizations like Windle Trust International-Uganda conducts home visits where they talk to families about teenage pregnancy and child marriage. Additionally, they have village education committees which are elected by the community members to identify children at risk and report those cases to the police.
For the organizations that work with schools, it was orated that there is need for the school health clubs to be strengthened or new ones to be formed because it is at the school health clubs that teenagers and young people are able to get correct information on how to prevent teenage pregnancy and child marriage.
Additionally, all the partners work with the police but reported that there is an eminent need for the police to be better equipped on how to handle child marriage and teenage pregnancy cases.

Most of the refugees prefer to carry out early marriages in secret and for the families that have a young girl who is pregnant, they prefer to hide the girl. It was also shared that one of the most vulnerable times for girls is the harvest season because that is when farmers make money and it is this money that is used to try and convince the girl to have sex for money and also for them to offer to poor parents as dowry for the young girls.

In spite of the fact that there are many implementing organizations in the settlement, it was a shared view that there would be no risk of duplication if an organization came on ground to implement programs targeting reducing child marriage and teenage pregnancy. This is because the number of refugees in the settlement keeps increasing which necessitates more man power and specific targeted programs to address issues of child protection. Furthermore, there is no organization on ground that is targeting those two issues specifically which is a much needed area of intervention in the refugee settlement. Additionally, the camp leadership has put in place a robust coordination mechanism that monitors all implementing partners and the work they are doing and this has in turn enhanced partnership and alignment hence increasing impact

Most girls get pregnant due to situational circumstances like rape and lack of money. However, it is a proven fact that girls are able to fully express themselves after being given correct information or empowering them on critical thinking. This is an area that the Danish Refugee Council has thrived in and believes that it is something that can help change attitudes and mindsets to ensure that girls feel empowered and avoid situations that may expose them to risks of teenage pregnancy and child marriage.

As different organizations, working together and individually, they carry out sensitization of the communities on how to prevent child marriage and teenage pregnancy. It is sometimes a burden especially when dealing with child protection but organizations like SAVE THE CHILDREN handle child protection with support from the Police.

SAVE THE CHILDREN being the lead organization dealing with child protection reported that they receive a case of defilement on almost a daily basis which proves that it is a big problem in the settlement. It is difficult to have data on the rate of child marriage because most families carry it out in hiding and carry out secret family arrangements. This also makes prosecution difficult.

About 10% of the cases reported on a monthly basis are on SGBV including child marriages. However, it is important to note that majority of the cases are not reported until the police makes effort to dig them up. Most families carry these marriages out in secret. However, for those that are detected early, they carry out prompt arrests. It is often the boy who is arrested because he is most times older than the girl.

3.1.3 Police

The team visited the police post at the settlement to understand the number of reports coming in because of defilement and child marriage. From observation, one can note that the Kyaka II police post is structurally small compared to the large number of refugees that they are responsible for. This size is also reflected in the number of staff responsible for the large number of refugees. When asked about the availability of a child protection desk to cater for the issues of defilement and early marriage, the officers informed the team that there was no gender desk at the post but there is one at the district. All child protection cases received are forwarded/referred to SAVE THE CHILDREN who is in charge of child protection in the settlement. The officers however shared that there are many reports of defilements monthly reported in the police records.
In regard to social cultural issues that perpetuate teenage pregnancy, gang rape (Kukiriza) is not an unheard of occurrence. In fact, there was a case of this nature reported to the police recently where a4 year old girl was raped on her way to a the salon. It is not common but it still happens.

The belief in witchcraft also perpetuates child marriage in such a way that some girls believe that they have been bewitched to get married to a certain man and so the family feels powerless to stop it. This is one of the harmful cultural beliefs that is spread among some of the inhabitants of the settlement.

In a bid to solve the above stated problems, the police is engaged in frequent sensitization of the communities about the different laws that govern Ugandans. This is done in partnership with various implementing partners. Radios are occasionally used to sensitize the public on child protection including issues around child marriage and defilement. Although they share some information on sexual reproductive health and rights, they are not fully equipped with correct information and only use the little knowledge they have from their own life experiences and what they have heard. This leads to the information shared on SRHR being biased by cultural, tradition and religious beliefs and values that they hold. Public sensitization on laws is usually limited to only the penal code laws like; rape as a capital offence that leads the perpetrator to be arrested for 5 years. However, most of the Ugandan laws clash with the laws of some of the countries of the refugees, for example the laws from DRC whose legal age of consent is 14 years as opposed to the laws in Uganda where an adult is 18 years.

The team also visited the family and child unit and the gender desk at the district offices. According to the gender desk at the police station in Kyegegwa district, there were 79 defilement cases reported last year. Defilement which often accounts for teenage pregnancy is a rampant problem in the district. However, most parents only report the cases when the other family has refused to negotiate a bride price for their daughter or if they have refused to pay the agreed price. This shows that there are more marriages of teenagers taking place than are actually reported.

Additionally, there is clearly a high teenage pregnancy rate in the district which is evidenced in large numbers of teenage mothers accessing the health centres. However, the police reports do not reflect these high numbers. The police are therefore finding ways to work with the health centres to try and curb this problem but are still lacking the man power. Admittedly, they also need more training on how to handle children and how to be engaged in child protection against issues of SGBV.

3.1.4 School administration

The team met with at least 3 school administrators from Bujubuli Secondary School, Bujubuli Primary school and Mukondo Primary school. The administrators met were the deputy head teachers, the senior women teachers and the senior men teachers.

All schools reported an almost normalized issue of school dropout factoring in a very high school dropout rate in the settlement due to various reasons Bujubuli High school reported dropout rates of 20% which was only among the day students since most of them interacted with the opposite sex outside of school. In Bujubuli primary school, they have dropout rates as high as 30% due to poverty as parents are unable to meet costs of school dues. In Mukondo Primary school, up to 200 children dropped out of school in the last year. The enrolment rate dropped from 500 to 300 by the end of the term.

Majority of the refugees drop out due to poverty. Although there is Universal Primary Education, their parents are unable to support them with additional required school related costs like; scholastic materials, uniform, development and functional fees, food, sanitary towels, transport among others hence forcing many young people to drop out of school in order for them to venture into businesses that benefit the family. Furthermore, most parents don't prioritize education which poses as a challenge even if different organizations step in to help the children who may have challenges with paying for themselves.

Another factor that causes high school dropouts is the fact that some children are much older than the majority of their classmates. The old pupils/students are forced to go back/ repeat a few classes in order to catch up with their English and the Ugandan curriculum as a whole. This often leaves them disgruntled and leads them to drop out eventually. In Bujubuli Primary school, it was shared that some pupils are as old as University students but are forced to go back to primary five.
Additionally, the lack of food also plays a high role in children's high failure rates which leads to discouragement and eventually to high school dropouts. Some children come to class when they are hungry. This leads to a poor level of concentration which affects performance and in a long run increasing dropout rates.

Although many girls drop out of school due to teenage pregnancies, there are not enough targeted strategies towards addressing this problem. For example, most health centres have programs targeting HPV vaccination, WASH and MHM programs and there is no existing program that particularly targets equipping the young people with SRHR information and prevention of SGBV. Sometimes young people face abuse at home and this leads them to escaping from home and opting to get married as a solution to the abuse. However, this is unfortunately not a solution to their problem because children most often face domestic and other forms of sexual and gender based abuse when they get married young. Although organizations like SAVE THE CHILDREN, ACORD and Danish Refugee Council vigorously handle issues of SGBV, their programs do not effectively address the many SRHR challenges faced by the young people like; lack of youth friendly SRHR services and information. Additionally, most organizations visit the school based on their funded projects and this often leads them to leave out information on early marriage and teenage pregnancy, since it is not directly funded.

Majority of the teachers use their own knowledge on sexual reproductive health to inform the children on how to prevent teenage pregnancies. However most of this information is incorrect as they admit that they are not trained on sexual reproductive health information and often times they encourage only abstinence.

It is also a problem when most NGOs choose to separate the boys from the girls when sharing information on sexual and reproductive health. This is detrimental because the boys also need to know how to prevent themselves from making a girl pregnant but the gap in that knowledge also accounts for them playing a part in causing teenage pregnancy. Additionally, there is need for NGOs to focus on sensitizing the communities on the value of education and not only health.
As much as the senior woman and senior man teachers all have periodic meetings with the young people to counsel them on sexual reproductive health and to share information, these meetings are not structured and sometimes only happen when there is a problem for example choosing to talk about how teenage pregnancy can be avoided only after there has been a girl in the school who got pregnant. The infrequency of these meetings may account for a gap in knowledge of the teenagers since more focus is put on curative rather than preventive measures.

3.1.5 Health Centres

The team visited the two health centres in the settlement which are Bujubuli Health centre III and Mukondo Health centre II. They met one health centre in charge, 2 midwives and one data clerk who is responsible for both the health centres in Bujubuli and Mukondo as well as outposts in Bukere, Byabokora, Bwiriza, intambabemiga, kaborotogota, Kakoni, Sweswe.

Data revealed that there are a little over 30% adolescents who access the health centre monthly. This interprets to about 60 girls between the age of 10 to 18 years attending their first antenatal visit in Bujubuli H/C III. According to the Bujubuli H/C III in charge, of the15 mothers who access the health centre on a daily basis, more than 5 of those are teenagers. Majority of these teenage girls informally get married after they get pregnant.

Due to the fact that their bodies are not developed enough to give birth, most teenage mothers undergo a caesarean section when giving birth. This poses different challenges to the girl as she needs extra care and support to fully recover.

Although the health centres serve a number of young people and adolescents daily, the facilities do not provide youth friendly services and also where adolescents can be sure of quality services that observe privacy, confidentiality, choice respect, participation range of services and correct information. The adolescents reportedly get used to being grouped with older patients even if it is acknowledged that their problems are unique. Furthermore, the health workers report not being trained in provision of youth friendly services. This poses as a challenge when dealing with the different young people because the lack of youth friendly services at the health centre makes girls scared to freely access the health centre because they get grouped in with much older mothers; who are often judgemental towards them.

There is also a misconception among some health workers who were interviewed that the reason why there are no youth friendly services at the health centre is because the adolescents do not go to the health centre. This is a problematic mindset in adolescent health programming since it is the role of the health workers to make the health centre more accessible and friendly for the young person to visit.

Additionally, teenagers often drop out and don't complete their antenatal visits when they start. Even worse, the numbers of those who give birth at health centres, reduce by almost half compared to their first antenatal visit. This shows that most teenage mothers opt to give birth at home. When asked about whether health workers are aware of any Traditional Birth Attendants(TBAs), they shared that they don't formally have any recognition of any but since most girls don't give birth at the health centre, there is an assumption that they are known by the community members.

Once the teenagers give birth, there is often a challenge getting them to come back to the hospital to access postnatal care or post-partum family planning services. Most of them have the misconception that they don't need to come back. Sometimes the health workers are not well prepared enough to provide quality youth friendly services and hence they miss on opportunities like Post-partum family planning for adolescent girls delivering at health facilities. May health workers front their cultural, religious and traditional beliefs in the work place and forget about professionalism.

Incidentally, there is a common practice of young girls getting pregnant as an opportunistic way to get more supplies for food or soap. This is because mothers are given more food depending on the size of their families under the Maternal Child Health Nutrition program and while using attestation cards. 'The more you produce, the more benefits you get' one of the mothers confessed.

The young girls often lack first knowledge on family planning and its use but the health workers endeavour to share with them ways that they can prevent getting pregnant again when they visit the health centre for antenatal.

There are a few cases of abortion reported to the health centre. There is a likelihood that young people attempt abortion in their communities but often by the time they come to the health centre they either have a sepsis or are bleeding which is suspected as an attempt of unsafe abortion but it is still not fully known. There is no follow up of post-abortion care patients due to limited of man power to do so.

As health workers, they are engaged in community sensitizations on different health issues and they do this together with the different implementing partner organizations in the settlement. As much as these outreaches are sometimes targeting sharing health information, there are no adolescent specific programs. The health workers simply reach out to all the communities with the same information with no regard for age disaggregation neither is the information specific to meeting the adolescent health needs like SRHR.

Most teenage mothers lie about their age for fear of their partners being arrested. It was observed and reported that majority of the mothers accessing the health centre look about 14 or 15 years of age but when they come to the health centre, they report that they are 18 or 19 years old. Additionally, some of them are still dealing with the trauma from the situation back in their home countries or the trauma of being raped and suffer from post traumatic stress which causes them to forget details like their date of birth and real age

Currently, as a strategy to address teenage pregnancy, the health workers in Mukondo Health centre II are meant to report any cases to the coordinator for it to be passed on to either SAVE THE CHILDREN or to the police.

3.1.6 District Health Team

According to the district Statistician, the recorded rate of teenage pregnancy is at 21.1% among whom 1.8% have tested positive for HIV. Kyaka II, due to its vulnerable status is a high risk area of teenage pregnancy and still needs a lot of intervention especially due to the constant influx of refugees into the settlement.

In relation to that, the data is clear that the areas that don't have a secondary school often have high teenage pregnancy due to the high school dropout rates which often leads to the girls being married off young. In the case of Kyaka II, there is only one secondary school that is meant to serve 9 zones in the settlement.

In schools, the health sector attempts to educate the young people about some risky behaviours and this is often done with the help of the senior women and senior men teachers. However, most of the programs that they do are often in regard to HPV vaccination or education on HIV. In regard to reaching out to those who are out of school, the only avenue they have is through the village health educators. This strategy isn't as effective because most of the girls may feel shy to talk to them since Village Health Teams(VHTs) are often their relatives.

As much as the district is interested in implementing YFS, there district faces several health system challenges like limited staffing,inadequate infrastructure and limited technical capacity to offer specialised adolescent and youth friendly services which affects adolescent health programming. For example, they don't have a day set up for serving only youth. They also don't have a well-equipped youth centre neither are the health services providers trained in provision of quality youth friendly services and the few who have knowledge, it's insufficient and require more capacity support.

The reported cases of early marriage in regard to the district data is at 16.9% females being married off by 18 years. The major causes for this are poverty, high school dropout rates, beliefs in harmful cultural and traditional practices, inconsistencies and gaps in implementation of child protection laws, lack of access to accurate sexuality education and limited access to family planning services and other and misinformation on SRHR issues.

In regard to most Organizations, who have projects targeting health, the major district partner focuses on HIV. There is a great need for an organization which particularly focuses on ending teenage pregnancy and child marriage in Kyegegwa district.

3.2 Focus Group Discussions

A total of 6 Focus Group Discussions (FGDs) were held with teenage mothers, school going teenagers, out of school teenagers and a few parents in the community.

3.2.1 Teenage mothers

'I have never used any family planning method. I was told they cause cancer and since then I use safe days. It's my body, I have to protect it.' Stated one of the teenage mothers in Bujubuli health centre III.
There were two different focus group discussions held for teenage mothers in Bujubuli Health Centre III and Mukondo Health centre II. A total of 25 mothers were interviewed; 10 from Bujubuli Health Centre III and 15 from Mukondo Health centre II. A total of 15 questions were asked to each group to gauge the level of their understanding of SRHR. 3 teen mothers were then randomly picked and interviewed after the discussion to get an even deeper overlook of the issues.

The discussion revealed the fact that some of the teen mothers engage in sex as a means of survival. Comments like 'no one would go for a young boy,they have no money' showed that they often look for a partner who is much older and able to meet their needs financially.

30% of the girls interviewed were victims of rape as result, succumbing to teenage pregnancy. As much as most of the rape cases are reported, it is often difficult to keep following up the case and the girls are left to raise the child on their own or forced to marry the man if they know him. It was also shared that most girls get raped but it has become normalized because the boys rarely get caught and persecuted.

Additionally, it was a general agreement among the girls that marriage is held in high regard and having children is a sign of fertility. 'We get married so we can prove that we can have children' one of the mothers commented. They also view marriage as a way to avoid 'wasting time' with other boys and choosing to settle down with just one partner. A woman who remains unmarried is looked down on in the community and considered 'luberere' which stands for useless in their communities. They therefore hold marriage in high regard and consider it as an achievement. When asked if girls are forced to get married, majority of them shared that they got into their marriages willingly and that most girls don't get married to a man who cannot pay their bride price.

When asked about whether they thought that getting pregnant would get in the way of their attaining an education, most of them shared that they would have loved to go back to school after giving birth but the rest shared that staying in school is for those who can manage and mothers should have the sole role of taking care of their homes and their children. They also shared that education is not considered of high priority because one may need a lot of financial support to be able to attain full education which is a challenge to most of them.

Due to a shared awareness on the law, the young mothers were fearful and told lies about their age. When they were asked for more specific details like month and year of their birth, some of them gave years which showed that they were still teenagers. This factor plays a role in shadowing the real data on teenage pregnancy and child marriage in the settlement.

The primary source of information on sexual reproductive health for almost 80% of the teen mothers engaged was their mothers. These were the same people who they turned to first in case they faced issues of SGBV in their marriages. Unfortunately, none of them were aware of how to avoid getting pregnant before they got to the health centres; showing the gap in information on preventive methods by the key informants.
Some of the challenges they shared about being pregnant is the fact that most of them lack adequate information on how to take care of themselves while they are pregnant.

Additionally, most of them shared that they get ill treatment from their parents when they get pregnant young. This often leads them to opt for getting married to the man as a solution to the parental mistreatment. Furthermore, the community in which they live ostracizes them for getting pregnant before they have gotten married which also puts pressure on them to get married as the 'right thing to do'.

When discussing some of the causes of teenage pregnancy in their communities, one of the major reasons shared was the fact that in their communities, most girls are neglected by their parents and told to fend for themselves by the age of 14 years old. This then leads them to seek relationships with older men who can take care of some of their needs like purchasing menstruation materials.

The teenage mothers also shared a challenge in accessing services at the health centre because they are not youth friendly. Majority of the girls shared not wanting to have to be in the same long lines with other mothers who are older than them because some of them treat them with a lot of judgement. Even more, they shared that most of the health workers choose to rebuke them for getting pregnant young before giving them services. This often makes them feel very uncomfortable.

One of the girls shared that sometimes the health workers ask them to bring their partners to the health centre in order to access services. However, due to the fact that they are underage, they end up arresting their partners for defilement. This factor makes most girls lie about their age or lie about not having a partner. This is a fact that sometimes affects treatment especially in cases where the girl is HIV positive and her partner is not getting treatment since he is being hidden.

Majority of the girls attested to the value of a girl going back to school even if she got pregnant. However, they shared the challenges of not having enough money to cater for the baby while they are in school and shared that the only realistic thing would be to join a vocational school where they can be able to earn some money while they are studying.

In DRC, a woman is praised when she is able to give birth. One of the mothers shared that while she got married at 14 years old, she was unable to give birth until she was 18 years old. Most of the girls shared that it is acceptable for them to marry as teenagers in DRC.

Majority of the teenage mothers shared an interest in Family planning services because they did not want to have too many children and be unable to take care of them. However, they also shared fears of some of their believed risks of using family planning like not being able to give birth again and missing their menstruation periods for months which gives them the idea that their blood is getting stuck inside of them. This revealed the gross gap in knowledge about sexual reproductive health and the need for them to be empowered in this area.

Additionally, most of them shared that they would not have wanted to use family planning before they got pregnant because they were afraid that it would block them from getting children. Furthermore, none of them would consider visiting a health centre for family planning information or services before they got pregnant. This was something that was fuelled by their cultures from their home countries for example, 'Congolese men do not want to hear about family planning'.

3.2.2 School going children

According to Windle Trust Uganda, there are 16,046 children in Primary Schools in Kyaka II settlement. Of these, 11,683 are refugees. In secondary schools, 570 children are enrolled and 298 were refugees.
All the focus group discussions in the schools visited shared that one of the major reasons why children get pregnant is because of parental neglect that leads to materialism for girls as they seek to cater for the needs that their parents have failed or refused to cater for.

Additionally, there were gaps in their SRHR knowledge. Majority of them only knew abstinence as the way to avoid getting pregnant but were unsure of any other measures. Those who shared having knowledge on how to use a condom shared that their knowledge was limited and they often used guess work on how to use it. Even more, they were completely unaware of how to negotiate in a relationship as it was assumed that if one did not want to have sex, then they should simply stay away from relationships.

Although majority of the implementing partners offer comprehensive knowledge on issues to do with SGBV and menstruation, during their visits to the schools, there is no organization that deals with SRHR. This leaves them with a huge gap in knowledge on how to correctly navigate and juggle the multiple SRHR challenges that they face on a daily basis. Most girls who admitted to having had sex, shared that it was after the influence of peer pressure. Unfortunately, they were unaware of how to prevent pregnancy the first time that they had sex.

In regard to being able to access services from the health centre, they shared that they are able to get fast attention from the health workers when they show up in school uniforms because of the assumption that they have to go back to class. This makes the health centres friendly to them. However, they don't always get the same fast treatment if they access the health centre during holidays or the weekends when they are not in their uniforms. Additionally, the health centre is far from school and some of the students find it strenuous to first get a permission slip from school before getting services.

It was also shared that most information on teenage pregnancy is given after one has gotten pregnant rather than before. Young people are not empowered on how to handle relationships, how to adequately communicate with their parents and best measures to deal with the problem of long distances which poses as a risk to their lives.

3.2.3 Community members

'Many of my colleagues are pregnant but the babies' fathers are not happy with it. It's an issue that needs urgent attention.' Out of school adolescent girl.

The team held one focus group discussion with members of Kakoni B zone in Kyaka II settlement. The group contained equal numbers of young people and older adults.

80% of the members acknowledged that there is a big problem of teenage pregnancy in the community. They further shared that this was mainly caused by poverty and materialism in girls which is a clear indication that many girls lack some of the basic needs in life which forces then to seek support from men that later take advantage of the situation to lower then into sexual violence. Some of the young girls shared that the biggest issue was parental negligence in their parents forcing them to find other means to cater for their basic needs like sanitary pads.

When asked about whether they had ever been spoken to about sex by their parents, 60% of the young people answered in the affirmative. However, they share that the information that is shared is often wrong and is meant to scare them from having sex instead of teaching them how to avoid the risky sexual behaviour and prevent the risks associated with it. In response, the parents shared that 'teaching children about sex' should not be encouraged since they are still young.

When asked who they believe should be their primary source of information, the young people shared that they would like it to be their parents. However, the parents shared that they are not well informed on SRHR although they would also prefer to be the ones to talk to their children about the different ways to avoid teenage pregnancy. Some of them believe that it is only luck that protects their children from getting unwanted pregnancies.

Additionally, there is no youth centre where the young people can go to get correct information so most of what they do is based on hearsay from their friends. There is also a misconception that some girls are bewitched to marry young and this is what causes them to get pregnant young.

4. RECOMMENDATIONS

The overarching recommendations are as follows;

- There is need to come up with structured community led interventions that focus specifically on reducing the rates of teenage pregnancy and child marriage in Kyaka II settlement. Most organizations come up with programs which are designed and implemented based on donor preferences. This often leads to the effectiveness of the intervention dwindling away when the project ends. It is therefore important to come up with programs that can be owned by the community and can outlive the project timeline.

- There is need to train health service provider in provision of quality youth friendly services in order to improve the preventive measures against teenage pregnancy and child marriage in the settlement. This is especially in regard to increasing young people's access to correct SRH information and quality services that are rights based, confidential and non-judgemental.

- The police and local leaders in Kyaka II settlement require urgent capacity support and training in child protection and human rights issues as well as how to handle reporting and management of cases of violation of the rights of children.

- Parents and teachers need to be targeted with training to understand SRHR issues and be able to pass this information to the young people correctly since they are the primary source of information for young people.

- There is need to have a well-equipped youth centre in Kyaka II settlement where young people can be able to access correct information and services that would help them prevent the problems of child marriage and teenage pregnancy.
- The district also needs to develop a multi-sector plan or framework with key actions and interventions to address the teenage pregnancy and child marriage problem.
- Health investments need to focus on the fundamental rights of women and girls to decide freely and for themselves about their sexual lives, including whether, when, with whom and how many children they have.
- There is need to ensure that adolescents have access to comprehensive sexuality education so that they are knowledgeable about their own health, develop life skills, and know when and where to obtain health services.
- There is need to develop/provide a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents, through facilities, referral, outreach and other innovative mechanisms.
- There is need to ensure that adolescents can access a full range of contraceptive methods by ensuring that providers have been trained, commodities are available, and demand generation activities address myths and misconceptions around certain methods.
- Adolescents and young people need to be engaged in the planning, monitoring and evaluation of programmes, and in certain aspects of health information and service provision.
- There is need to invest in strategies beyond health that protect and empower adolescents, such as keeping girls in school particularly into and through secondary, ensure adolescents have the necessary life skills and social support to make safe, voluntary transitions to adulthood and help bring an end to harmful practices such as child marriage and FGM.
- Stakeholders should build support for adolescent SRHR among parents, community members, community organizations, religious leaders, and teachers; and challenge social norms and beliefs that undermine both girls' and boys' SRHR.

5. CONCLUSION

The problems of teenage pregnancy and child marriage, and their related risks are salient in Kyaka II settlement. Although there are various measures being put in place to prevent some of the drivers of these issues, none of the organizations in the settlement are directly dealing with highly impactful SRHR strategies. The existing gaps in education, access to quality SRHR information and services, available youth friendly services and wrong attitudes are all problems that can be addressed by a well-structured program whose aim is to reduce the prevalence of teenage pregnancy and child marriage in Kyaka II settlement. The strategies engrained in this program, unlike the existent ones, should focus more on offering preventing measures like; giving young people correct and relevant sexuality education as well as enhancing their demand, access and uptake of family planning and other SRHR and maternal and child health services. Additionally prevention of sexual and gender based violence and harmful cultural practices needs to be at the centre of all development and social strategies of not only the settlement but also the district. Even more, most organizations in the settlement focus more on WASH programs than they do on SRHR which then poses as a challenge because as much as the refugees are well informed about sanitation, they lack information on sexual reproductive health.

APPENDIX

Photos

The team holds a focus group discussion with students from Bujubuli Secondary school

The UYAHF team holding an interview with the Camp Commandant **Mr Robert Baryamwesiga**

Nelson was having an interview with the senior man teacher at **Bujubuli Primary school**.

A focus group discussion with some of the teenage mothers from **Bujubuli Health centre III**.

Methodology

The assessment will utilize a purposive sampling mechanism which will employ in depth interviews, focus group discussions and observations. It will also involve a review of the medical records at the health centres in the settlement. It will be done with the young people (10-24 years), parents of teenage mothers/children married early, police, health workers, schools within Kyaka II settlement, partner organizations dealing in child protection, UNHCR, the Kyaka II youth centre and the camp management.

A total of 3 staff will be carrying out the assessment with different staff dealing with different interviews at a time but all being involved in the focus group discussions. There will be a one day training of the staff on how to use the assessment tool to ensure uniformity in the collection of the data.

Below are some of the guiding questions to the different target groups. All respondents will avail their bio data information including name, age, sex and nationality. The standard interview will be informal and conversational but will have at least 6 guiding questions whose answers will inform whether or not it is viable for UYAHF to intervene with a project targeting the reduction of child marriage and teenage pregnancy in Kyegegwa district; with a focus on Kyaka II settlement.

1. Camp management

Overall context

SN	Dimensions	Primary Question	Additional guides/indicators
1.1	Adolescent population demographic information.	What would you say is the overall percentage of adolescents accessing and living in the Kyaka II settlement?	•Numbers of adolescents in each age group by sex and location and other factors, e.g., in-school / out-of school, rural/urban. Marital or union status and age of marriage, other factors. •Who are considered the most marginalized adolescents? Where are they located? Number?
1.2	Social cultural context	What are some of the social cultural issues that adolescents are exposed to in the settlement that put them at risk?	Some examples are harmful practices (e.g. FGM, gender violence), rites of passage, child marriage, status of girls (indicators on inequality) etc
1.3	Government support for adolescent health	What are some of the strategies that the camp management has come up with to ensure that adolescents are protected from social cultural vices like teenage pregnancy and child marriage?	Provide details of the strategies, successes and losses.
1.4	Institutions working in the areas of adolescent health and promoting the prevention of teenage pregnancy and child marriage in Kyaka II settlement	How many organizations in the settlement work to reduce teenage pregnancy and child marriage?	Provide information on the overall scale of organizations focusing on these issues
1.5	Viability of the interventions	How successful have the existing interventions been in reducing the rate of teenage pregnancy and child marriage in Kyaka II settlement?	Offer percentage rates in either successes or failures. Why they failed or succeeded.

2. Young people

Experiences of adolescents

SN	Dimensions	Primary Question	Additional guides/indicators
2.1	Sexual encounter	Have you ever had sex? If yes, how old were you the first time	Age of first sexual encounter
2.2	Risk situation	Have you ever been in a situation where you felt like your sexual reproductive health was at risk?	Rate of dangerous situations that have been normalized in spite their being harmful to the adolescents
2.3	Experience with teenage pregnancy and child marriage	Have you ever been pregnant or had a baby? If yes, how old were you when you had that baby? If no, what prevented this from happening?	Disaggregated data on age of first pregnancy/ first time a boy made a girl pregnant
2.4	Referral systems	How accessible is the health centre for you? How often do you visit it?	
2.5	Youth friendliness of services received	What are your general feelings about the services you received?	
2.6	Validity of teenage pregnancy and child marriage intervention	Do you think that teenage pregnancy and child marriage are issues that need intervention? Why or why not?	Adopted positive mechanisms to the prevention of teenage pregnancy or child marriage.

3. Parents

Experiences of adolescents

SN	Dimensions	Primary Question	Additional guides/indicators
3.1	Belief systems	What are your perceptions on the extent of teenage pregnancy in the community?	What are the negative results of teenage pregnancy to you as a parent?
3.2	Understanding parental agency	What do you think is your role in the prevention of teenage pregnancy in your children?	Do you think there is a role that parents have to play?
3.3	Communication	Do you find it easy to talk to your children about sex?	Existing channels of communication between children and their parents
3.4	Social –cultural norms	What are your thoughts on girls getting married before the age of 18?	Rate of parental support for child marriage
3.5	Problem solving	Do you think anything needs to be done about this?	Recommendations made
3.6	Validity of teenage pregnancy and child marriage intervention	Do you think that teenage pregnancy and child marriage are issues that need intervention? Why or why not?	Adopted positive mechanisms to the prevention of teenage pregnancy or child marriage.
3.7	Additional information	What training or support do you feel that you need in addressing these issues?	Sensitization and awareness needs

4. Health centres

HEALTH CENTRES

SN	Dimensions	Primary Question	Additional guides/indicators
4.1	Number of births per health centre	How many women give birth at the health centre annually?	Percentage of women giving birth at the health centre annually.
4.2	Percentage of teenage mothers	How many of those births are from women below the age of 18 years?	Percentage of teenage mothers
4.3	Maternal health services	How many teenage mothers access antenatal services in the health centre?	Percentage of teenage mothers accessing pre, neo and post natal services
4.4	Teenage pregnancy related risks	Are there any deaths due to unsafe abortions? If yes, how many?	Percentage of adolescents seeking post abortion care
4.5	Availability of youth friendly services at the health centre	Are there youth friendly services at the health centre? Why or why not?	Services to look out for; existing youth corner, good attitude of the health worker, accessibility of the health centreetc
4.6	Interventions by the health centres	Have there been any strategies that the health centre puts in place as a means to prevent teenage pregnancy? Is the hospital involved in outreach services that target the reduction of teenage pregnancy?	Examples of strategies; community outreaches, sensitization etc
4.7	Youth friendly services	How are young people treated when they come to the health centre?	Accessibility of the health centre by the young person.
4.8	Causes of teenage pregnancy	What could be some of the causes of the prevalent teenage pregnancy in Kyegegwa district?	Existing drivers of the vice

5. School administration and senior women and men

School drop out

SN	Dimensions	Primary Question	Additional guides/indicators
5.1	Statistical overview	How many girls have dropped out of school in the last 3 years?	Rate of school drop outs(disaggregated by sex)
5.2	Causes	What are the major causes of school drop outs?	Examples, poverty, menstruation, pregnancy, forced marriage
5.3		What interventions are present in schools to ensure that girls do not get pregnant?	
5.4		What are some of the causes of prevalence of pregnancy in spite of these interventions?	
5.5		What are some recommendations that you can make towards reducing teenage pregnancies and child marriage in Kyegegwa?	

6. Police (child protection unit)

Legal overview

SN	Dimensions	Primary Question	Additional guides/indicators
6.1	Rate of child marriage and teenage pregnancy reports at the police	Are there many reports of forced marriage and or defilement at the police? If yes, how many?	Percentage of reports that are on forced marriage
6.2	Supporting legal environment	What are some of the strategies that the police has put in place to ensure that young girls are protected from child marriage and teenage pregnancy?	Existing laws and how they are enforced
6.3	Awareness of the law	What has been done to ensure that the refugees are aware of the Ugandan laws that protect girls from forced marriage? What are the repercussions if the laws are abused?	Awareness campaigns, information sharing etc

7. Partner organizations

Existing interventions

SN	Dimensions	Primary Question	Additional guides/indicators
7.1	Programs targeting child marriage and teenage pregnancy	Does your organization have programs directly addressing these issues?	Number of programs addressing teenage pregnancy, number of organizations doing this work in the camp
7.2	Experience doing work targeting the reduction of teenage pregnancy and child marriage	What has been your experience in doing this work?	Shared experiences and causes of them.
7.3	Lessons and failures	Have there been some successes or losses in doing this work? Why or why not. Please share some	Shared experiences and causes of them.

Existing interventions

SN	Dimensions	Primary Question	Additional guides/indicators
8.1	Experience being pregnant	Do you mind sharing your first sexual encounter?	How it happened? Was it planned?
8.2	Access to information	Did you have enough information about sex before you first had it?	
8.3	Availability to information	What are some of the gaps in information that you have today?	
8.4	Youth friendly services	Do you feel welcomed in the health centre when you visit it?	
8.5	Family planning awareness	What do you think about family planning methods? Have you ever heard of them, do you use them?	

8.6	Belief systems	Do you think that a girl should be allowed to go back to school even after getting pregnant? Is this something that you would like to do? What are some of the challenges that you have faced in line with education?	
8.7	Harmful practices	What are some of the cultures and practices in your community that make girls like you feel unsafe?	
8.8		Have you faced some challenges since your pregnancy? Community biases etc	

FOCUS GROUP DISCUSSIONS

There will be focus group discussions held with larger groups of individuals. This will include the community members living in the settlement, the youth accessing the centre in the settlement and the school children of the various schools visited. The focus group discussions will involve guided discussions on teenage pregnancy but will also employ observation of non verbal cues in regard to sensitive topics like sex, rape and teenage pregnancy.

GUIDING QUESTIONS FOR SCHOOL CHILDREN

(The purpose of this discussion is to understand some of the drivers of teenage pregnancy. It will also be used to understand the potential gaps in knowledge of how to prevent teenage pregnancy) The FGDs will involve at least 20 questions that are meant to offer guidance to the discussion and frame the discussion overall.

1. How do you as a young person like to spend your free time?
2. What are some of the places that you visit in your free time?
3. Who do you spend your free time with?
4. What have you learned about prevention of teenage pregnancy?
5. Where did you get your information from?
6. What are some of the causes?
7. Do you know how to prevent it?
8. What are some of the things that you have heard other adolescents say about teenage pregnancy?
9. Is there an area that you feel you need more knowledge on in SRHR?
10. Do you as a young person feel the pressure to have sex?
11. What are some of the reasons why some young people engage in unwanted/ unplanned sexual intercourse?
12. What have you heard about contraceptives?

On child marriage (Key not to forget okukiriza)

(Participatory) Draw a girl and a boy and list the different attributes and roles that they believe fall in each category.
Please share some of the experiences you have had with child marriage in your community?

Why does it happen?
Do you think that it is a bad thing or not? Why or why not?

As a girl, have you heard about okukiriza? Please share more information on it.
Have there been some successful interventions towards the eradication of child marriage

For community members (use similar questions as the ones for parents)

For the young mothers

What are some of the differences between boys and girls roles in your communities?

What do you believe are the roles of girls in your community?

What age do you believe is the right age of someone to get a baby?

Do you think that a girl should get married after she gets pregnant? Why or why not?

Do you believe that a girl should be allowed to go back to school after getting pregnant?

What are some of the challenges that you face as young mothers in this community?

How can different organizations come in to help?