



THE NATIONAL STRATEGY TO END CHILD MARRIAGE AND TEENAGE PREGNANCY

2022/2023 – 2026/2027

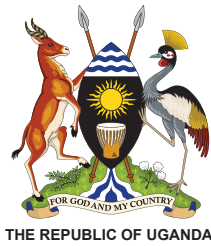
“A SOCIETY FREE OF CHILD MARRIAGE AND TEENAGE PREGNANCY”



@June 2022

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FOREWORD

Being married, pregnant and having a child are major life events. For adolescent girls (aged 10–19 years old), experiencing these events often means facing harsh social sanctions and difficult choices that have life-long consequences. It could mean dropping out of school; being shamed and stigmatized by family, community members and peers; increased vulnerability to violence and abuse, increased exposure and risk to STIs and HIV/AIDS, greater poverty and economic hardship and at worst death.

The trend for reported cases of Child Marriage and Teenage Pregnancies has been on the rise since 2011 and exponentially shot up during the outbreak of covid-19. The rise in teenage pregnancies, child marriages and ultimately the number of adolescent mothers has been widely reported by all stakeholders and witnessed in communities. The current teenage pregnancy rate in Uganda at 25% is the highest in East Africa.

Child Marriages and Teenage Pregnancies jeopardize our country's strategy to achieve results under the Human Capital Development Programme outlined in the National Development Plan III.

The development of the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/23-2026/27 outlines Government of Uganda's commitment to revert the current negative trend with a goal to End child marriage and teenage pregnancy for inclusive growth and socio-economic transformation through promoting an enabling environment to end child marriage and teenage pregnancies, influencing changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society, and developing and strengthening institutional, community and family systems for prevention of child marriages and teenage pregnancies.

We are confident that this strategy if supported and implemented will help to accelerate household, community and National level actions to prevent, respond and end the harmful practice of child marriage and teenage pregnancy in Uganda.



Hon. Betty Amongi Ongom (MP)
Minister for Gender, Labour and Social Development



We look forward to further strengthening collaboration and multi-stakeholder engagement to ensure that every girl, everywhere and at all times is supported to develop and achieve their full potential.

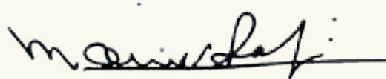
MESSAGE FROM THE COUNTRY REPRESENTATIVE - UNICEF UGANDA

Child marriage and teenage pregnancy remain major social and public health issues in Uganda, with far-reaching implications for the wellbeing of children and adolescents. According to the most recent Uganda Demographic and Health Survey (UDHS 2016), 34 per cent of young women between 20 and 24 years old were either married or in a union before the age of 18, while 7 per cent were married before the age of 15. The numbers are equally disturbing for teenage pregnancy, with approximately one-quarter of all Ugandan girls between the ages of 15 and 19 having already begun childbearing.

Unfortunately, the COVID-19 pandemic appears to have worsened the situation. A study commissioned by the Forum for African Women Educationalists Uganda (FAWE-U 2021) suggested that during Uganda's first COVID-19 lockdown (between March and June 2020), pregnancies among girls between 15 and 19 increased by 25.5 per cent above their pre-COVID average, while pregnancies among girls between the ages of 10 and 14 increased a staggering 366 per cent. Indeed, data taken during and after the COVID-19 lockdowns suggests that Uganda may be in the throes of a far larger crisis with longer term social, cultural, and economic ramifications for the nation.

Such data is sobering given what we know about the effects of teenage pregnancy and child marriage on the life opportunities of girls and young women. Indeed, early and more frequent childbearing increases the risk of maternal morbidity and mortality, while child marriage is associated with heightened risks of gender-based violence, low educational attainment, and high levels of unpaid labor. Moreover, unprotected sexual activity increases the risk of HIV exposure among girls and young women, who are already a vulnerable demographic when it comes to this disease.

This new National Strategy to End Child Marriage and Teenage Pregnancies 2022/23 – 2026/27 was developed to address these challenges while improving child and adolescent wellbeing. It aligns with the most recent 2020 UN General Assembly Resolution on Child, Early and Forced Marriage (A/RES/75/167) and the fifth Sustainable Development Goal of achieving gender equality and empowerment of all women and girls through Target 5.3, which focuses on eliminating harmful practices, such as child, early and forced marriage. The new National Strategy also complements Uganda's Third National Development Plan to improve socio-economic indicators, especially for young women.



M. Munir A. Safieldin, Ph.D.
Representative, UNICEF Uganda
June 2022



As we begin implementing this new strategy, UNICEF and the UN remain committed to supporting the Ministry of Gender, Labour and Social Development and other government and development partners as we work to improve the situation and life opportunities of children and young people across Uganda.

PREGNANCIES INCREASED BY:

25.5%
among girls
aged 15-19
years

366%
among girls
aged 10-14
years

between March - June 2020

ACKNOWLEDGMENTS

The Ministry of Gender, Labour and Social Development wishes to acknowledge the role of various colleagues and institutions for successfully conceptualizing and developing this strategy.

First we acknowledge the support and contribution of Ministries, Departments and Agencies especially Ministry of Education and Sports, Ministry of Health, Ministry of Justice and Constitutional Affairs, Ministry of Internal Affairs, Ministry of Local Government, Uganda Police Forces and National Children Authority who extended technical support during consultations and provided platforms for sharing knowledge and mobilizing actors.

We would like to recognize and appreciate the tremendous technical and logistical support from UNICEF, World Vision Uganda and Joy for Children for facilitating innovative National and Sub-National level consultations and dialogues which led to the eventual development of the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/2023-2026/27.

We highly appreciate the work done by the lead consultant Dr. Taib Azah and her team for the valuable time and support in developing this strategy.

Finally I would like to congratulate the Department of Youth and Children Affairs particularly the colleagues who coordinated the process of developing the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/2023-2026/27: Lydia Najjemba Wasula, Principal Probation and Welfare Officer, Tollea Franco, Assistant Commissioner Children Affairs, Mondo F. Kyateka, Assistant Commissioner Youth Affairs, Fred Ngabirano, Commissioner Youth and Children Affairs and others.



A.D Kibenge
Permanent Secretary



I am convinced that through the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/23-2026/27 priority interventions and actions implemented by various stakeholders shall be galvanised, enabling all of us to fulfill our commitments towards ensuring all our girls are protected and supported to be the best they can be.

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ABBREVIATIONS AND ACRONYMS

| | |
|--------------------|---|
| ACRWC | African Charter on the Rights and Welfare of the Child |
| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Cultural Based Organizations |
| CDOs | Community Development Officer |
| CEDAW | Convention on Elimination of all forms against Women |
| CM&TP | Child Marriage and Teenage Pregnancy |
| CSOs | Civil Society Organizations |
| DCDO | District Community Development Officer |
| ECCEd | Early Childhood Care, Education and Development |
| ECD | Early Childhood Development |
| FBO | Faith Based Organizations |
| GoU | Government of Uganda |
| ICRW | International Centre for Research on Women |
| IEC | Information, Education and Communication |
| JLOS | Justice Law and Order Sector |
| LGs | Local Governments |
| MAAIF | Ministry of Agriculture, Animal Industry and Fisheries |
| MDAs | Ministries, Departments and Agencies |
| MGLSD | Ministry of Gender, Labour, and Social Development |
| MoES | Ministry of Education and Sports |
| MoH | Ministry of Health |
| MoIA | Ministry of Internal Affairs |
| NDPIII | Third National Development Plan |
| NGO | Non-Governmental Organization |
| NGOs | Non-Governmental Organizations |
| NSCM&TP | National Strategy to End Child Marriage and Teenage Pregnancy |
| OWC | Operation Wealth Creation |
| PSWO | Probation and Social Welfare Officer |
| PWDs | Persons with Disability |
| SDGs | Sustainable Development Goals |
| SGBV | Sexual and Gender Based Violence |
| SRHR | Sexual and Reproductive Health and Rights |
| STIs | Sexually Transmitted Infections |
| UBOS | Uganda Bureau of Statistics |
| UDHS | Uganda Demographic and Health Survey |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| UPE | Universal Primary Education |
| USE | Universal Secondary Education |
| VAC | Violence Against Children |
| VACiS | Violence Against Children in Schools |
| VHT | Village Health Team |
| WHO | World Health Organization |
| FGM | Female Genital Mutilation |

OPERATIONAL 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. |
| Age of consent: | The stage in years at which a teen age citizen may make personal choices as stipulated in the law - 18 years of age. |
| Child marriage: | A formal or informal marriage or union in which either or both parties are below the age of 18 years. |
| Defilement: | Unlawful sexual intercourse with a minor. |
| Gender based violence: | Any act that results in physical, sexual, psychological harm or suffering to women, men and children. |
| Psychosocial support: | Refers to local or external support provided that aims to promote or protect the psychosocial well-being (psychological, physical, material, social, cultural, and spiritual) of a child/teenager |
| Re-entry: | Re-admit a former student/pupil back into school after dropping out due to teenage pregnancy. |
| Reintegration: | Re-admit a former student/pupil back into school after dropping out due to teenage pregnancy. |
| Sexual abuse: | Refers to all forms of sexual coercion or act of harming a child in a physical, sexual, emotional or economic way. |
| Sexual violence: | Being forced to have sexual intercourse or perform any other sexual acts against one's will. |
| Teenage pregnancy: | Conception that occurs to persons between the ages of 13 to 19 years that may be incidental. In this strategy, teenage pregnancy is extended to refer to pregnancy in girls aged between 10 and 19 years. |
| Unsafe abortion: | The termination of a pregnancy carried out by someone without the skills or training to perform the procedure safely, or in a place that does not meet minimal medical standards, or both' (WHO). |
| Incest: | Sexual relationships occurring between members of the same family. |

1. INTRODUCTION



In June 2015, the Government of Uganda (GoU) developed the first National Strategy to End Child Marriages and Teenage Pregnancy (NSCM&TP 2014/2015 – 2019/2020). The strategy envisioned creating a society free of Child Marriage and Teenage Pregnancy (CM&TP) through strengthening child protection mechanisms and enforcement of relevant legislation including social and cultural norm change. The NSCM&TP 2014/15 -2019/2020, which was aligned to the Second National Development Plan (NDPII), provided the overall strategic direction for the national response to end child marriage and teenage pregnancy in Uganda.

During the NSCM&TP period 2014/15-2019/2020, considerable progress was made by GoU towards addressing child marriage and teenage pregnancy. This is manifested in the strides government took to create greater opportunities for girls' education and skilling, strengthening reporting and response to cases of child marriage and teenage pregnancy, awareness on the dangers of CM&TP and creating a conducive legal, policy and regulatory framework in addressing child marriage and teenage pregnancy.

The comprehensive mid-term review, which also served as the end term evaluation of the NSCM&TP 2014/15 -2019/2020 revealed noticeable progress in the implementation of the strategy, but also brought to the fore financial, strategic and policy gaps coupled with implementation challenges that required fresh thinking and planning, in order to fully achieve the intended outcomes of the NSCM&TP. In addition, there was increasing evidence that various cultural, economic, and social conditions that have historically contributed to the phenomenon of child marriage and teenage pregnancy continue to stunt advancement for Uganda (UNICEF 2020; UBOS 2019). It is against this that the second strategy (NSCM&TP 2021/2022 – 2025/2026) anchored within the overall vision of the Third National Development Plan (NDPIII) was developed with the ultimate goal to **“End child**

marriage and teenage pregnancy in Uganda for inclusive growth and socio-economic transformation”.

This effort is part of Uganda's strategy to end child marriage and teenage pregnancy by 2030 under target 5.3 of the Sustainable Development Goals (SDGs). It also is in line with government's commitment to end all forms of discrimination and violence against women and girls; and ensuring protection of children's rights reflected in the ratification of international and regional instruments, the 1995 Constitution of the Republic of Uganda, the Children's Act (as amended) 2016; the National Child Policy (2020), Uganda Vision 2040, NDP III and other sector policies and strategic plans.

The second NSCM&TP 2022/2023 – 2026/2027 is a holistic, comprehensive framework that reflects the global and national commitment of the Government of Uganda to end the practice of child marriage and other forms of violence against girls including teenage pregnancy. It provides an effective, strategic and multi-sectoral programming on ending child marriage and teenage pregnancy in Uganda.



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1.1 Rationale for the strategy

Although the legal age of consent to marriage in Uganda is set at 18 years, getting married formally or informally before this age is a common practice in the country. Both girls and boys are married off as children, however girls are disproportionately affected by this harmful practice (UNFPA 2020). Progress has been made to end child marriage, but its prevalence remains high at 34 per cent (UDHS 2016). One out of five women in Uganda engage in sexual activity before age 15, 64 per cent have sex before age 18 while 34 per cent of women aged 25-49 are married before the age of 18 and 7.3 per cent before the age of 15 (UDHS 2016; UNICEF 2020). On a global scale, Uganda is ranked 16th among 25 countries with the highest rates of child marriage (UNFPA–UNICEF 2019).

Child marriage is not only a human rights violation, but also contributes significantly to teenage pregnancy and poor maternal health to the affected child mothers. The proportion of teenagers aged 15-19 years who have begun childbearing remains high, though it has progressively declined over time from 43 per cent in 1995, 31 per cent in 2001, 25 per cent in 2006 and 24 per cent in 2011 (UBOS, 2018). The teenage pregnancy rate has stagnated at 25% since 2016 (UDHS 2016; UNFPA 2021). Furthermore, 7 per cent of women aged 20-49 years had their first babies at the age of 15, while 33.3 per cent of them had their first babies at the age of 18 years (UDHS 2016). This rate of child bearing is considered one of the highest in the Sub-Saharan Africa (National Population Council, 2019).

The onset of COVID-19, in a bid to prevent the massive spread of the pandemic in Uganda, a total lockdown and closure of all education institutions took effect. As a result, social protection systems for adolescents, especially girls, was highly affected leading to an increase in cases of domestic violence, defilement, child marriages and teenage pregnancies across the country. A study by UNFPA (2021) found that, a total of 354,736 teenage pregnancies were registered in 2020 and a total of 290,219 registered between January and September 2021, implying an average of over 32,000 cases recorded per month. Buganda region registered the highest number of teenage pregnancies (31,690), followed by Busoga region (12,740), Rwenzori (11,660), Lango (11,146) and 8,678 from West Nile (OVP 2022). Teenage pregnancy is responsible for nearly one-fifth (18 per cent) of the annual births in Uganda. Nearly half (46 per cent) of the births by teenagers were unwanted pregnancies (UNFPA-UNICEF 2019). Further, teenage pregnancy contributes 20 per cent of the infant deaths and 28 per cent of the maternal deaths (UNICEF 2021).

This second NSCM&TP is, therefore, an essential and key initiative seeking to strengthen the interventions put in place by the previous strategy and also respond to the wide spread context of child marriage and teenage pregnancy in Uganda.



One out of five women in Uganda engage in sexual activity before age 15

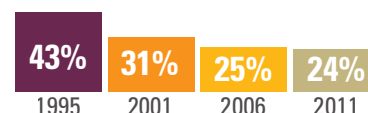
64% have sex before age 18

34% are married before the age of 18

On a global scale, **Uganda is ranked 16th** among 25 countries with the highest rates of child marriage

(UNFPA–UNICEF 2019).

The proportion of teenagers who have begun childbearing remains high



OVER 32,000 teenage pregnancies recorded per month.

TEENAGE PREGNANCY CONTRIBUTES

20% infant deaths | **28%** maternal deaths

Teenage pregnancy is responsible for nearly

ONE-FIFTH of the annual births in Uganda.

1.2 Process of developing the NSCM&TP 2021/2022 – 2026/2027

The process of developing this NSCM&TP was highly consultative and participatory. It entailed wider involvement of key stakeholders playing key roles in ending child marriage and teenage pregnancy including; Government Ministries, Agencies and Departments (MDAs), Local Governments (LGs), UN agencies, development partners, Non-Governmental Organizations (NGOs), Faith-based Organizations (FBO), Cultural-based Organizations (CBO), Para Social Workers (PSW), VHTs, Academia, the private sector and children (both girls and boys).

Data to inform the strategy was obtained through extensive desk reviews of relevant policy and legal documents, national reports and project documents; national and regional consultative meetings, key informant interviews, focus group discussions as well as national inter-ministerial technical meetings.

1.3 Conceptual framework

The national strategy is informed by a four-level ecological model of development (Dahlberg and Krug 2002) which recognizes the norms, beliefs, social and economic systems as well as the risk factors, that create and sustain the conditions under which CM&TP thrive. The framework also recognizes the respective roles different stakeholders play to create a protective environment for children.

The model stipulates that all stakeholders have different responsibilities at different levels of operation to shape and influence the course of a child's life. It allows for inclusion of

risk and protective factors from multiple domains as grounds for not only understanding the complex interplay of individual, socio-cultural, political, and environmental factors that drive CM&TP, but also identifying key entry points for preventive interventions (Powell et al. 1999). The ecological model explains four levels which influence a child's life namely; the individual, inter-personal, community, and societal.

The individual level influences; are micro level factors that include personal history issues that predispose a girl to early marriage. The interpersonal level influences; are factors that increase risk of a girl getting married early as a result of how she relates with family members, peers and teachers. The presumption level influences; includes a girl's closest social circle of family members; peers and school partners who shape her behaviors and experience. The community level influences; are factors that increase risk based on community and social environments, especially schools and neighborhoods. Societal level influences; are larger, macro-level factors that influence child marriage and include gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps between groups of people. The ecological model is illustrated in Figure 1.

FIGURE 1. 1: ADOPTED ECOLOGICAL MODEL



Adapted from Centers for Disease Control and Prevention (2004) sexual violence prevention: beginning the dialogue. Atlanta, Georgia, USA: Centers for Disease Control and Prevention.

2.

SITUATION ANALYSIS



Adolescents (10-19 years) in Uganda face various Sexual and Reproductive Health and Rights (SRHR) challenges, making it one of the most-at-risk populations

(UNFPA 2021).

The 2016 Uganda Demographic and Health Survey shows the myriad of challenges especially for young women:

high rates of child marriage

34%

teenage pregnancy

25%

early sexual debut (before the age of 15)

18%

high unmet need for family planning

30%

unsafe abortions and maternal mortality (occurring among young women aged 15-24 years)

28%

In addition, a **significant number of girls are being pressured or forced to having early sex.** As such, defilement is among the top 10 leading crimes reported to the Police in Uganda (UNICEF, 2017). Early (forced) and unsafe sexual activity is linked to both child marriage and teenage pregnancy.

2.1 Child marriage in Uganda

In Uganda, 8.9 million girls aged 10–19 are at risk of harmful practices, including child marriage despite the legal provisions under the 1995 Constitution of Uganda and the global community's pledge to end child marriage and other forms of violence against girls (UNFPA, UNICEF 2019). The practice of child marriage continues to affect nearly half of all girl-children in Uganda with districts in Busoga, Acholi, Bunyoro and Tooro regions having high levels of child marriages (UNFPA 2020; UBOS 2019). The practice of child marriage was exacerbated by the two years of school closure as UNESCO (2021) projections show that school closure increased the risk of child marriage by 25 per cent per annum. Child marriage is one of the significant drivers of adolescent pregnancy. Ninety per cent of adolescent pregnancies occur to girls who are married before the age of 18 and who have little or no say

in decisions about when or whether to become pregnant (UNFPA 2020). Arranged marriages for adolescent girls without their consent are also common in Uganda especially in the rural areas (UNFPA 2020).

Child marriage violates the basic rights of girls and boys and the realization of socio-economic transformation of communities. It marks the beginning of frequent and unprotected sexual intercourse, leading to a greater risk of sexually transmitted infections (STIs) including HIV. Married young women had 50 per cent higher rates of HIV prevalence compared to unmarried sexually active girls (UNAIDS 2021). Evidence suggests that it is also closely associated with intimate partner violence, maternal and child mortality, inter-generational poverty, and the disempowerment of married girls (UNFPA 2020).

Available literature suggests that girls who marry before age 18 have lower school completion rates, engage more in unpaid labour and have poorer health outcomes than their peers who remain in school and do not marry in childhood (UNFPA 2020). A World Bank study (2017) shows that an extra year of primary school education boosts girls' future wages by 10–20 per cent and an extra year of secondary school adds 15–25 percent. Nearly 1,000,000 child marriages could be prevented by 2030 if all girls in Uganda finished secondary school education (Save the Children 2018). Schools do not only provide education but also allow young women to develop social skills and networks; and provide them with support systems enabling them to be mobile and participate in community activities (Tabither G. et al 2016). While education alone cannot end child marriage and teenage pregnancy, it is a critical building block in ending the abusive practices.

2.2 Teenage pregnancy in Uganda

Teenage pregnancy has existed in Uganda for several decades. According to UBOS 2018, almost a quarter (one in four or 25 per cent) of Ugandan women age 15-19 have given birth or are pregnant with their first child by the age of 18. The 2020 national survey on violence revealed that over the last 45 years, more than half of the girls have experienced childhood sexual abuse, which may

also explain the unchanging level of teenage pregnancy (UNICEF 2021). In 2020, there was marked increase in teenage pregnancy in 67 out of the 136 districts in the country (UNFPA 2021). The period between March and September 2020, when schools in Uganda were partly closed due to Covid-19 lockdown, registered a 366 per cent increase in pregnancies among girls aged 10-14 years (UNICEF, 2021). The numbers of teenage pregnancy were highest in districts of Wakiso (10,439), Kampala (8,460), Kasese (7,319), Kamuli (6,535), Oyam (6,449) and 6,205 Mayuge (UNFPA 2021).

Teenage pregnancy is more common in rural than in urban areas at 27 per cent against 19 percent, respectively. Young girls in rural areas have twice as many births as their counterparts in urban areas. Teenagers in the lowest wealth quintile tend to begin childbearing earlier than those in the highest quintile (i.e. 33.5 per cent had begun child bearing compared to 15.1 per cent respectively). This coupled with high HIV/AIDS positivity rate at 3.1 per cent; exposure to violence; low access to sexual and reproductive health services; low access to adolescent health friendly services; high substance use and abuse hinder their ability to grow and develop to their full potential (NDPIII 2020; UNFPA 2017).

Teenage pregnancy is a top cause of death among young girls in Uganda (UNICEF 2019). The country’s Maternal Mortality Ratio (MMR) stood at 336 deaths per 100,000 live births and regarding maternal mortality rates, 17.2 per cent of the deaths were among those aged 15-19 (UNFPA 2021). Girls between the age of 15 and 19 years are twice (28 per cent) as likely to die during pregnancy or childbirth compared to women in their twenties; whereas those under the age of 15 years are five times more likely to die (MoH 2018).

The UDHS (2016) shows that teenage births are associated with higher levels of child morbidity and mortality, for example, the neonatal mortality rate of adolescent born babies is at 34/1000 live births compared to 25/1000 live births among women in their twenties (UDHS 2016). The estimated unintended pregnancy rate was 145 per 1,000 women aged 15 to 49 years with more than 300,000 pregnancies ending in unsafe abortions (Bearak et al 2022; UNFPA 2021; WHO 2017). While these statistics are gloom, only 1 in 5 (21 per cent) of girls aged 15-19 are currently using any modern contraceptive method (UNFPA, 2019).

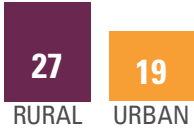
Teenage pregnancy accounts for 22.3 per cent of school dropouts among girls aged between 14 to 18 years. Only 8 per cent of the girls that drop out of school are given a second chance to re-enroll (MoES, 2020). Teenage pregnancy has far reaching implications not only for the girls themselves but also on their children, their families and society at large. It denies girls their childhood, disrupts their education, limits opportunities, increases their risks of violence and abuse and has profound effects on the health and lives of young women (UNFPA 2020). Teenage pregnancy increases fertility and population growth and reduces women’s earnings (World Bank 2017).

Child marriage violates the basic rights of girls and boys and the realization of socio-economic transformation of communities.



ONE IN FOUR of Ugandan women age 15-19 have given birth or are pregnant with their first child by the age of 18

Teenage pregnancy is more common in rural than in urban areas



ONLY 21% of girls aged 15-19 are currently using any modern contraceptive method (UNFPA, 2019).

Teenage pregnancy accounts for 22.3% of school dropouts among girls aged between 14 to 18 years.

15 - 20% of dropouts for girls in secondary school are triggered by child marriage and teenage pregnancy (MoES 2020).

2.3 Inter-relationships between child marriage and teenage pregnancy

Child marriage and teenage pregnancy are inter-related and closely linked. While child marriage is often a precursor of teenage childbearing, pre-marital pregnancy may also put girls at risk of being married off prematurely. Young girls are forced to marry the father of their baby (even rapist) to spare their families the stigma associated with an unmarried pregnancy (UNFPA 2021). In Uganda, child marriage is the likely cause of more than half of all instances of teenage pregnancy (World Bank, 2017).

The relationships between child marriage and teenage pregnancy can be complex. In some cases, having one or more children before the age of 18 years may be the consequence of child marriage. In other cases, the inverse may be true, as child marriage may result from teenage pregnancy or an expected birth. For yet other girls, teenage pregnancy may not be related to child marriage at all. Still, child marriage is more likely to lead to teenage pregnancy than the reverse (World Bank 2017).

Child marriage and teenage pregnancy have 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 Right (SRHR) information and services (UNICEF 2019). In addition, they have comparable impacts on the health, education, economic opportunities, decision-making and future of young women and girls. Besides sharing common causes and consequences, these two practices can be mutually reinforcing (World Vision 2018).

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 and women's 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, cultural and religious leaders, community members and other duty bearers that have an important role in society. The two vices are intertwined with respect to the causes, consequences and thus also the possible interventions and remedial strategies to address them.

2.4 Impact of child marriage among boys

While boys and girls who marry in childhood do not face the same risks and consequences due to biological and social differences, the practice is nonetheless a rights violation that cuts short



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the normal childhood of both sexes. Globally, 115 million boys and men were married before age 18 (UNICEF 2021). Child marriage has significant negative effects on boys' achievement in different capability domains. Similar to child brides, child grooms are forced to take on adult responsibilities for which they may not be adequately prepared. The union brings early fatherhood and result in additional economic pressure in the form of providing for the household; it also constrains the boy's access to education and opportunities for career advancement, enjoying optimal health, bonding with others of their own age (Misunas, C. et al 2019).

The overall lack of research on child marriage among boys has hindered the initiation and implementation of any large-scale programmatic and policy efforts to eradicate the practice. To protect the current and future generation of boys at risk of child marriage, further research is needed on the determinants/drivers of the practice, including whether the unions were arranged by third parties or initiated by the boys themselves and its effect on child-grooms.

2.5 Drivers of child marriage and teenage pregnancy

In Uganda, a complex and interrelated set of drivers exposes girls to child marriage and teenage pregnancy. These drivers are crosscutting and deeply rooted in traditions, culture, poverty, religious beliefs that condone the practice and gaps in the legal framework and civil registration system. Drivers of child marriage and teenage pregnancy are intricately linked and operated at individual, household, community and society levels.

The key drivers of child marriage and teenage pregnancy include:

2.5.1 Individual and interpersonal drivers

Individual-level drivers are associated with the challenges of growth and development during adolescence amidst situations of lack of information and guidance on sexual and reproductive health and life skills to address these challenges. Consequently, adolescent girls and boys are trapped by the desire to adventure and explore the world around them; which exposes them to illicit sexual acts resulting

into unwanted premarital teenage pregnancy and child marriage (UNICEF 2019).

Limited access to SRHR information and services by sexually active adolescent girls is a major factor contributing to unwanted teenage pregnancy. Adolescent girls and boys lack knowledge on the linkage between sexual activity and pregnancy; sexual consent; girls' menstrual cycle; and associated risks of pregnancy; contraceptive methods and healthy sexual behavior; and consequences of unprotected sex (UNFPA 2020). Girls, especially in the rural areas, lack life and social skills such as making positive decisions; self-esteem, patience, assertiveness and a bargaining power, which could help them, navigate life's challenges better and avoid early sex and/or early pregnancies (Nabugoomu et al 2020).

2.5.2 Family and household situation

Limited enrollment and retention of girls in school drives child marriage and teenage pregnancy across the country. Many poor families cannot afford to keep their girls in schools or do not perceive the value of education for girls. Consequently, less-educated girls are more at risk of early marriage and teenage pregnancy; for example 35 per cent of girls aged 15-19 years with no education have already had a baby, compared to 11% of girls who have more than secondary education (UDHS, 2016).

Poverty is known to be a major driver of child marriage, teenage pregnancy and exposure to risky sexual behavior. Children from poor households are more at risk of getting pregnant and married off compared to those in relatively better households (UDHS, 2016). Lack of basic needs has desperately led girls to exchange sex for gifts or money, exposing them to unprotected sex. Furthermore, bride wealth payments on one hand expose girls to child marriage, as poor parents see their daughters as a source of wealth through bride price and encourage or force them to get married early sometimes to old men who are capable to pay the bride wealth; on the other hand especially in poor households, girls may be seen as an intolerable economic burden due to inability of their parents to meet their basic and other needs (UNFPA 2019).

Many families in traditional ethnic communities

associate child marriage with parental need for protection of their daughters against early sexual encounters and pregnancy so as to keep the family dignity. With many girls living in insecure environments, parents often feel that marrying off their daughters will protect them from harm or the stigma associated with having a sexual relationship or becoming pregnant outside of marriage (Save the Children 2018). Child marriage is seen as offering lifelong security for the young girls.

Adolescents whose parents have low levels of education, living with single parents, in polygamous families and having alcoholic and/or abusive parents are more at risk of marrying early and getting pregnant. Being adolescent with disability, orphan or living in a child headed household also make girls more prone to child marriage and teenage pregnancy. If a girl experiences difficult living conditions and unsafe home environments, she is more likely to run away for marriage. Some girls see marriage as their last option for escaping abusive and violent situations at home (UNICEF 2015).

2.5.3 Community-level drivers

Modernization in the communities and peer influence has sustained the practice of child marriage and teenage pregnancy. The socio-economic transformation within communities characterized by common bad behaviors associated with growth of townships for example gambling, alcohol and/or drug abuse, unregulated entertainment spaces for young girls and boys increases girls' vulnerability to premarital teenage pregnancies and child marriage. This is linked to adolescents and community misconstrued idea of children's rights and adoption of some western cultures, which have negatively influenced adolescents' behaviors – resulting into moral decay and children's resistance to parental guidance (UNICEF 2015).

Further, climate disasters, health related pandemic like covid -19, cattle rustling in Karamoja and Acholi regions, conflict and humanitarian situations have been identified as the core drivers of child marriage and teenage pregnancies. With refugees, 86 per cent are women and children, most of whom come from cultures with negative gender norms which compounds the already existing drivers for teenage pregnancy and child marriage in the host communities in Uganda (UNCHR 2020).

2.5.4 Society-level drivers

Social-cultural norms, practices and perceptions are key drivers to child marriage and teenage pregnancy. This is largely due to the cultural perception that transition from childhood to adulthood is defined and constructed around marriage and reproduction. Marriage and motherhood are core expectations and perceived as key markers of womanhood; consequently, marriage and pregnancy are not only desired and expected, it is also culturally accepted and enforced (UNFPA 2020). In some cultures, getting married and bearing children are valued as the only means for young girls to secure identity and status in families and as adults in society (UNICEF, 2015).

Media, such as pornography and other sexual content in movies, videos, song lyrics or on social media sites, influences young people into trying out the sexual scenes or considering sex as an adventure. In addition, rape from young men, some under the influence of drugs, are contributing factor (Nabugoomu et al 2020).

2.5.5 Institutional drivers

Inadequate implementation of policies and laws protecting children from harmful practices, inadequate access to child and social protection services, limited birth registration (birth registration for under-five children in Uganda stands at 32 per cent and only 19 per cent of under-fives have a birth certificates) and challenges with girls accessing and completing a quality education remain significant issues in Uganda (UNICEF 2019). Even though access to education has expanded, there are still many obstacles due to long distances, non-existent or poor school facilities, lack of dedicated teachers and lack of sanitary facilities (UNFPA 2020). These issues put girls at particular risk of child marriage and teenage pregnancy.

2.6 The detrimental effects of child marriage and teenage pregnancy

Child marriage and teenage pregnancy affect all aspects of a child's life. While the practice of child marriage is more common among girls than boys, it is a violation of children's rights, as recognized globally and nationally regardless of the gender. Child marriage and teenage pregnancies are inter-

linked with significant negative consequences on girl's physical and psychological wellbeing; and the general development including their education opportunities and outcomes.

The physical and health consequences of child marriage and teenage pregnancy include exposure to health and reproductive health risks such as painful sexual intercourse and pregnancy related complications like bleeding, obstructed labour and stillbirths. Pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low and middle-income countries including Uganda accounting for 99 per cent of global maternal deaths of women aged 15–49 years. Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years. Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity and lasting health problems (WHO 2020; UNFPA 2020). Other physical and health effects include high exposure to sexually transmitted diseases including HIV and adverse effects on the health and development of babies born to adolescent mothers such as low birth weight, severe neonatal conditions, malnutrition, stunting and death.

The socio-economic effects include the heightened risk of Gender-based Violence (GBV) and domestic abuse including Intimate Partner Violence (IPV) due to limited autonomy and significant power differentials (WHO 2020). Married girls also tend to be more isolated, exacerbating their vulnerability and their capacity and/or willingness to report violence at the hands of their male partners and other family members (UNFPA 2020). Both child marriages and teenage pregnancies are associated with shame, stigma and mental health issues (UNICEF 2015).

Other socio-economic effects included: limited economic participation as Girls are controlled and denied an opportunity to work by their Husbands; limited decision making power over household matters like Income Expenditure and Reproduction; limited Educational Outcomes and attendant Access to both formal and informal Economic Opportunities; high incidence of Family breakdown and single Parenthood; increased risk of Abuse and neglect of Children born during the Union; and rejection from the Family and Community.

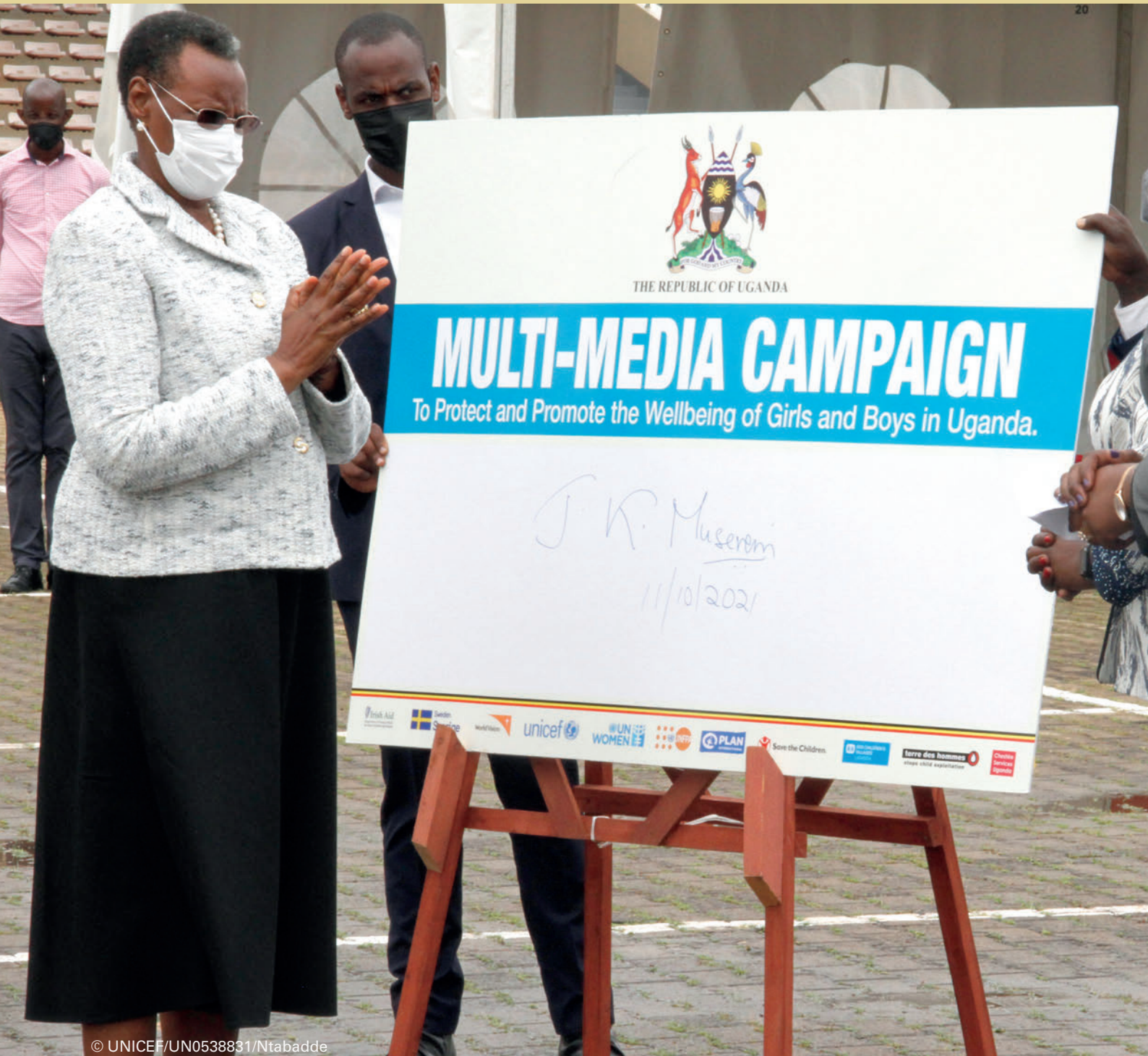
The Psychological Consequences include; feelings of regret, sadness and suicidal thoughts associated with lost dreams, childhood and opportunities as well as a heavy burden of childcare following the dissolution of the marriage. Teenage pregnancy also significantly contributes to physiological stress from the pregnancy itself and fear of reactions and abandonment from the partner, parents, peers, school, health workers and the community. Besides, many young girls are so desperate to end the pregnancy that they resort to dangerous and unsafe methods of abortion (UNICEF 2015).

Child marriage and teenage pregnancy often lead to school dropouts and poor or delayed educational achievements. Approximately 15-20 per cent of dropouts for girls in secondary school are triggered by child marriage and teenage pregnancy (MoES 2020). Many young girls are therefore trapped in a cycle of poverty because of limited opportunities for employment and income. Child marriage and teenage pregnancy also predicts more children over a woman's lifetime, affecting the entire population growth of the country (World Bank 2017).



3.

NATIONAL RESPONSE



Uganda's response in the global and regional context

A number of international legal instruments have been ratified by the Government of Uganda to protect the fundamental rights of children to not be married before the age of 18 and end teenage child-bearing including; the convention on the elimination of all forms of discrimination against women, for example, covers the right to protection from child marriage in Article 16. The right to 'free and full' consent to marriage is recognized in the Universal Declaration of Human Rights, which states that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Although marriage is not mentioned directly in the Convention on the Rights of the Child, child marriage is linked to other rights – such as the right to freedom of expression, the right to protection from all forms of abuse, and the right to protection from harmful traditional practices and is frequently addressed by the committee on the rights of the child.

Other international agreements related to child marriage that GoU ratified are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, the UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (1984); and the UN Convention on the Rights of Persons with Disabilities (2006). Regionally, Uganda is party to the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.

The GoU has so far domesticated the various regional and international treaties and conventions such as the UNCRC, the Optional Protocol to the Convention on the Rights of the Child against the involvement of Children in armed Conflict; Optional Protocol to the Convention on the Rights of the Child on the sale of Children, Child Prostitution and Child Pornography; 1999 ILO C182, Article 3 (a); the 2000 Palermo Protocol; and the 2004 Commission on Human Rights Decision 2004/110 among others. The domestication of these treaties is intended to provide an enabling environment for promoting child rights and protecting children from abuse. In addition, Uganda was one of the first countries to

localize the 2030 Agenda for Sustainable Development and in 2016 reaffirmed its commitment to the implementation of SDGs with Target 5.3 aimed at ending child marriage and teenage pregnancy by 2030. Accordingly, a range of institutions including government ministries, departments and local governments, local authorities and CSOs responsible for protecting children from all forms of abuse (including CM&TP) have aligned their programmes with such policies and frameworks and provided institutional mechanisms to support and coordinate the implementation of ending child marriages and teenage pregnancy (MGLSD – UNICEF 2021).

National level response

Government programming has largely focused on instituting a conducive national legal and policy framework to end child marriage and teenage pregnancy. In this context, Government has made significant progress in setting the national policy framework for addressing child marriage and teenage pregnancy. Evidence of the latter is the Uganda Constitution (1995). Chapter 4 of the Constitution provides for the protection and promotion of fundamental and other human rights and freedoms for all Ugandan citizens with specific provisions for the protection of women and girls in Articles 20, 21, 24, 33, 34 and 50 of Chapter 4. While Article 31 provides for the right to marriage and family formation, it criminalizes child marriage and spells out 18 years as the minimum age at which men and women should marry. The article further prohibits forced marriage and provides for free consent of the man and woman to enter into marriage (3). Article 33(6) of the constitution prohibits laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status.

The Penal Code Act (CAP 120) 2007, set the legal age of marriage or engagement in sexual acts at 18 years. In Uganda, offenses involving the sexual exploitation and abuse of children are dealt with under the Penal Code Act (CAP 120). Besides that, statutes such as the Prohibition of Female Genital Mutilation (FGM) Act 2010 and the Anti-Pornography Act 2014 also reinforce the essence of the rights and protection of children in Uganda. Furthermore, Parliament amended the Penal Code

Act, Magistrates Court Act, and the Trials on Indictment Act between 2006 and 2008 with a focus on the management and processing of child sexual abuse cases. The said amendments included the following: definition of defilement (which specified what an offense of aggravated defilement is); jurisdiction (empowered Chief Magistrates Courts to handle non-aggravated defilement cases); sentences/penalties (cited life imprisonment for non-aggravated defilement) and other solutions such as the compensation of victims; and procedural improvements (e.g. discretionary in-camera hearings and mandatory HIV testing).

National development frameworks, policies, action plans and strategies

Today, several development frameworks, policies, action plans and strategies have been developed to complement the national laws in the protection of the fundamental rights of children and these include: the Third National Development Plan (NDPIII) recognize the need to address child marriage, teenage pregnancy, child abuse, neglect and deprivation as challenges and obstacles to sustained poverty reduction and socio-economic transformation; the Social Development Sector Investment Plan SDSIP (III); the National Child Policy 2020; the National Policy on the Elimination of Gender-based Violence in Uganda (2016); and the National Action Plan on the Elimination of Gender-based Violence in Uganda (2016- 2021), National Adolescent Reproductive Health Policy (2004), Ministry of Gender, Labour and Social Development Strategic Plan, 2020/21 – 2024/25. Other supplementary policies and legal frameworks seeking to protect children from all forms of abuse including CM&TP are; the National Strategy for Girls' Education in Uganda; the National Strategic Plan on Violence against Children in Schools (VACiS, 2015-2020); and the National Action Plan on the Elimination of the Worst Forms of Child Labour; Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings (2020), Guidelines for School Re-entry and Retention of Girls who have Given Birth (2020) and Parenting Guidelines (2018) among others. These policies, plans and strategies all aim at promoting the rights and protection of children.

Gaps in the legal frameworks

While the above-mentioned laws provide for protection of girls from child marriage and teenage childbearing, they operate alongside other Ugandan laws, which are lax in regard to the age of marriage. For example, while the Marriage Act of 1904 CAP 251 sets 21 years as the age of consent, it allows written consent of fathers/mother/guardian/registrar for marriage of minors – those below the age of 21 years. The Marriage of Africans Act of 1904 also permits marriage for minors upon consent of their parents or guardian or registrar in case the parents are dead and no guardian is capable of consenting; but is silent about the age of consent. The Marriage and Divorce of Mohammedans Act of 1906 is silent on the age of consent. Both the Hindu Marriage and Divorce Act of 1961 (2 (3) and 2 (4) and the Customary Marriages (Registration) Act 1973 (Art.11a) and (11b) set the age of consent at 16 years for girls and 18 years for boys and allow marriage of minors upon consent of parents



or guardian. While these provisions have been outlawed by the Constitution, which stipulates that any other law or any custom inconsistent with any of the provisions in the Constitution, the Constitution shall prevail – Art. 2 (2), the laws are nevertheless still in operation. Such contradictions in the laws hinder their effective enforcement and in the long term serve to perpetuate child and forced marriage in Uganda.

Since 1987, efforts to amend the old marriage laws have been met with stiff resistance. The Domestic Relations Bill which has been split into three laws, one of which is the Marriage and Divorce Bill calls for establishment of a national statute that consolidates the old laws and sets 18 years as the official minimum age at marriage and prohibits marriage without the consent of both parties, among other marital and sexual rights. The Marriage and Divorce Bill (2009) that was tabled in Parliament in 2012 met stiff resistance from legislators and was withdrawn and indefinitely put on hold.

Current widespread resistance to reforms in marriage laws proposed by the Marriage and Divorce Bill underscores the deeply entrenched social norms and expectations of marriage, as well as male bias: the proposed reforms more explicitly recognize women’s rights within marriage - to property, freedom from domestic violence and the like – and, in one of the most contentious clauses, proposes making bride wealth non mandatory, rendering it more in the nature of a gift.

Challenges encountered during implementation of National Strategy for Ending Child Marriages and Teenage Pregnancy 2014/2015 – 2019/2020

As part of the national response to end child marriage and teenage pregnancy in Uganda, MGLSD coordinated the implementation of the NSCM&TP 2014/2015 – 2019/2020. However, a combination of challenges beset Uganda’s prevention and response efforts, namely;

- While the strategy was multi-dimensional in nature, implementation efforts were largely fragmented affecting the overall achievements of intended outcomes.

- Low visibility of the LG structures in the implementation process even though they are mandated to address all forms of violence against children, including CM&TP affected implementation.
- Inadequate funding at the district level resulted into very weak dissemination, weak actual integration of anti-CM&TP interventions into LG development plans, lack of ownership and ultimately limited levels of awareness among local actors, public officials and local communities.
- Over-politicization of programmes against CM&TP, remained a critical challenge in the implementation of the strategy.
- Failure of MDAs to include interventions aimed at addressing CM&TP in their respective plan and budget effected implementation efforts.
- Most interventions focused on single issues such as education, skills development, SRHR, reproductive health, economic empowerment among others thus limiting their effectiveness in holistically addressing child marriage and teenage pregnancy across the country.
- Lack of outcome indicators and appropriate risk analysis prior to implementation affecting sustainability of results and outcomes.
- Gaps in the legal framework and inadequate implementation and enforcement of policies and laws protecting children from harmful practices.
- Inadequate access to child and social protection services, quality education and limited birth registration and certification.
- Regional complexities including child trafficking, cross border child marriages, and FGM practices from neighbouring countries such as Kenya and South Sudan.
- The COVID-19 pandemic upended the lives of children and families across the country and adversely affected programmes to end child marriage and teenage pregnancy.

4.

THE COST OF INACTION



Child marriage and teenage pregnancies are not only depriving adolescent girls and boys of their childhood, education, and mental and physical wellbeing, but also carry huge implications on the social and economic development of the nation. The increasing cases of child marriage and teenage pregnancies across the country may hinder national efforts to achieve national development goals. Similarly, Uganda may not be able to achieve the SDGs if child marriage and teenage pregnancy is not conclusively addressed (UNFPA 2021).

The largest economic cost of child marriage is the welfare loss associated with rapid population growth. By reducing the annual rate of population growth, ending child marriage and associated childbirths could lead to welfare benefits for Uganda of about US\$2.4 billion (in purchasing power parity terms) by 2030. Also, as a result of lower population growth, ending child marriage and teenage childbearing today could result in education budget savings for the government of up to US\$257 million by 2030 if Uganda were to achieve Universal Secondary Education by then. In addition, today, if women who were married early had been able to avoid child marriage, the gains in earnings and productivity that would have resulted are estimated at US\$514 million. Substantial economic benefits would result from reductions in under-five mortality and stunting rates, estimated together to reach US\$275 million by 2030 (World Bank 2017).

Teenage pregnancy comes with associated individual level health care costs. Per capita expenditure for minor health care of a child per episode is estimated at UGX 29,645 (US\$8). Families of all teenage mothers in 2020 spent UGX 1.28 trillion (US\$290 million) on SRH services and the estimated health facility expenditure on teenage mothers was UGX 246.9 billion (US\$70 million). Collectively, this is equivalent to 43 per cent of the Ministry of Health 2019/20 budget. The largest amount of expenditure is spent on normal delivery

and care of newborns. Projections show that families of all teenage mothers in Uganda will spend UGX 689.9 billion (US\$194 million) on children born in 2020 to complete secondary education by 2038 (UNFPA, UNICEF 2022).

If the current child teenage pregnancy rate is reduced from 25 per cent to 10 per cent, as targeted in the current Health Sector Development Plan, about half of the health care expenditure for teenage mothers will be saved equivalent to UGX 592 billion (US\$169 million) and the per capita health care expenditure will reduce from US\$280 to US\$105. The resultant education cost for children born by teenage mothers of over UGX 53 billion (US\$14.9 Million) will be saved.

Teenage pregnancy is responsible for nearly one-fifth (18 per cent) of the annual births in Uganda. Nearly half (46 per cent) of the births by the teenagers were unwanted pregnancies. Teenage pregnancy contributes 20 per cent of the infant deaths in Uganda and 28 per cent of the maternal deaths. If no action is taken to reduce teenage pregnancy, teenage mothers may continue to suffer the most from the associated deaths.

Child Marriage and teenage pregnancy decrease household incomes and jeopardize the country's strategy to harness the demographic dividend to increase total labour productivity, which is built around adolescents and young people being healthy, educated and skilled to contribute to the economy (UNFPA, UNICEF 2022, NDPIII 2020). With a Human Development Index (HDI) of 0.516, the country is classified in the low human development category; ranking it at 162 out of 189 countries. Also, a Human Capital Index (HCI) of 38 per cent implies that, with the current state of education and health, a child born in Uganda is expected to achieve only 38 per cent of their productive potential at age 18 (World Bank, 2019).

Ending child marriage and teenage pregnancy could reduce the total fertility rate in the country by 8 percent and population growth in Uganda by a substantial margin. Additionally, ending child marriage and teenage pregnancy could reduce under-five mortalities by 6.6 percent. In addition, being born of a mother younger than 18 years increases the risk of under-five mortality by 4.7

percentage points and of under-five stunting at 22 percentage points. Besides these, unprotected sex among adolescents and youth will potentially reignite HIV transmission negating achievements from decades of investment (World Bank, 2017).

Teenage mothers are three times less likely to have professional jobs and twice more likely to be self-employed in agriculture. About half of the teenage mothers (47 per cent) are peasants in subsistence agriculture. Only 5 per cent of the teenage mothers are employed in professional occupations. Subsequently, teenage mothers will have a lower income level that eventually affects their standard of living and contribution to productivity (UNFPA, UNICEF 2022).

Child marriage also has a significant impact on the prevalence of intimate partner violence, with one in every five cases in Uganda associated with it. Ultimately, the prevalence of child marriage and teenage pregnancy, and consequent low educational attainment for girls can be linked to tremendous negative impacts across the country (Girls not Brides 2020).

Girls who stay in school and delay their marriage are better able to negotiate for their own futures, and are also more likely to have healthier life and better-education if and when they choose to become mothers. Effective implementation of the UPE for girls could raise earnings by 18 per cent nationally. The impact of secondary education would be even larger. Universal Secondary Education (USE) could also increase women's decision-making ability in the household by 19 per cent, as well as lead to increase in aspects like women's ability to seek care (World Bank 2017). In addition, if Ugandan women who married as children were able to marry later, their potential wages were estimated to have been US\$514 million in 2015 (Ibid).

If no action is taken to reduce childhood sexual abuse then child marriage and teenage pregnancy will continue with 50 per cent of teenage girls at risk each year.

ABOUT 64% of teenage mothers will not complete primary education level.

ABOUT 60% of teenage mothers will end up in peasant agriculture work.

Each year, more than **UGX 645 billion** (US\$182 million) will be spent by the government on health care for teenage mothers and the education of their children (UNFPA, UNICEF 2022).



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5.

NATIONAL STRATEGY TO END CHILD MARRIAGE AND TEENAGE PREGNANCY



5.1 Strategic direction

The NSCM&TP seeks to provide a guided vision and direction to the Government of Uganda, development partners, and all stakeholders concerned and committed to ending child marriages and teenage pregnancy in Uganda. It is premised on the understanding that a child interacts with different contexts and the nature and level of interaction influences his/her development as stipulated in the ecological model that provides conceptual grounding of the strategy.

The ecological model further highlights the different roles and responsibilities of the stakeholders at different levels of operation. The strategy also draws on the principle of co-responsibility of the UN Convention on the Rights of the Child. Guided by the latter, the NSCM&TP envisions a comprehensive multi-sectoral approach to end child marriage and teenage pregnancies in Uganda.

5.2 Vision

A society free of child marriage and teenage pregnancy.

5.3 Guiding principles

Best interests of the child: In all matters concerning children, the best interests of the child shall be the

paramount consideration. In programming to end child marriage all stakeholders should ensure that all programmes and interventions are designed and implemented in a manner that promotes the best interests of the child.

Survival and development: Every child shall be entitled to the highest standards of living and shall be able to thrive in an enabling environment. Stakeholders should design and implement programmes premised on the approach where child marriage is seen as a threat to the young 'bride and her child's health given her premature physical condition for pregnancy and childbirth. Programming should also recognize that access to education for married girls is limited and isolation and confinement are common; and constrain the married girls' capability development.

Protection: Children should be protected from all forms of abuse, violence and exploitation, including harmful practices. When designing programmes and interventions to address child marriage, all stakeholders should be aware that child marriage is often associated with violence, abuse and confinement; and integrate mitigating components.

Building on positive peer approach and participation: Children shall be given the opportunity to voice their opinions in all matters that concern them depending on their age and maturity. Empowering



adolescents, especially girls, with increased voice contributes to enhancing their positive image in society and to creating an enabling environment for consulting with other children or adolescents.

Building strong partnerships and linkages; ending child marriage is the responsibility of all stakeholders. The government has to build strong partnerships and linkages with development partners, civil society, and communities, religious and traditional leaders to address the drivers and consequences of child marriage and reduce their impact on girls, families, communities and the nation at large.

Community participation and leadership: The design and implementation of programmes to end child marriage should involve the communities and ensure that they (communities) play a key leading role.

Non-discrimination: Every child shall have the same rights independent of religion, gender, age, ethnicity and culture. In line with this principle, the NSCM&TP aims to create equal opportunities for girl children in Uganda; ensuring that children who have been married or been pregnant and are mothers shall not be discriminated in accessing resources and benefits provided by the programmes.

Building on the positive socio-cultural norms: All programmes aiming to prevent child marriage need to recognize the role of the negative and discriminatory socio-cultural beliefs, norms, and practices in causing and perpetuating child marriages; and integrate context specific positive socio-cultural norms in interventions to prevent end child marriage.

Confidentiality and privacy: In all programming to end child marriage issues of confidentiality and privacy should be highlighted and/or promoted to ensure free and effective participation of the children in programme activities.

5.4 Goal

Ending child marriage and teenage pregnancy for inclusive growth and socio-economic transformation.

5.5 Objectives

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

5.6 Strategic areas of focus

1. Improve legal and policy environment (with focus on child rights) to protect children from child marriage and teenage pregnancy.
2. Strengthen family and community capacity to support children and end child marriages and teenage pregnancy.
3. Change negative and harmful social, cultural and religious norms and practices, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy.
4. Increase access, uptake and/or utilization of quality social services (education, health, child protection, justice, social protection) at national, district and community levels.
5. Strengthen birth registration and certification.
6. Build avenues for economic empowerment, resilience building and improvements of livelihoods.
7. Strengthen nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP.
8. Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and Evaluation Mechanism for effective management of the NSCM&TP Strategy.
9. Finance (domestic & foreign), engagement, and partnership for effective implementation of the NSCM&TP Strategy.

5.6.1 Linkage of focus areas to strategic objectives

TABLE 5.1 PRIDES A LINKAGE OF THE FOCUS AREAS TO THE CORRESPONDING OBJECTIVES.

| No. | Objective | Focus area |
|-----|---|---|
| 1 | To promote an enabling environment to end child marriage and teenage pregnancies | Improve legal and policy environment (with focus on child rights) to protect children from child marriage and teenage pregnancy |
| | | Increase access, uptake and/or utilization of quality public services (education, health, child protection, justice, social protection) at national, district and community levels |
| | | Strengthening birth registration and certification |
| | | Building avenues for economic empowerment, resilience building and improvements of livelihoods |
| 2 | To influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancy in society | Changing negative and harmful social, cultural and religious norms and practices, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy |
| 3 | To develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancy | Strengthening family and community capacity to support children and end child marriages and teenage pregnancy |
| | | Strengthening nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP |
| | | Strengthening multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy |
| | | Financing (domestic & foreign), engagement, and partnership for effective implementation of the NSCM&TP Strategy. |

5.7 Key target groups

The NSCM&TP targets the following;

- i. Primary targets: These are stakeholders who are major decision makers in regard to the practice of child marriage. They include parents, clan elders and members, in and out of school young girls and boys, women and men.
- ii. Secondary targets: These include influential community members like community civic leaders, school teachers and officials, health workers, religious, traditional and cultural leaders, and peers.

5.8 Proposed strategic interventions

The proposed interventions are described under the respective key thematic areas of focus to end child marriage and teenage pregnancies. The interventions are designed and implemented to address individual, interpersonal, community and

societal factors that influence child marriage and teenage pregnancies as highlighted in the conceptual model above.

Focus areas and proposed strategic interventions

STRATEGIC FOCUS AREA 1: Improve the legal and policy environment (with focus on rights) to protect children from child marriage and teenage pregnancy.

- i. Revise laws to harmonize the understanding of who a child/teenager is, what child marriage and teenage pregnancy entails, child witness protection and the appropriate punishments for CM&TP related offences across different legal provisions.
- ii. Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriages and teenage pregnancy.

- iii. Translate, simplify, disseminate and sensitize the public and all duty-bearers about laws and policies around integrated sexual and reproductive health rights of children and adolescents and the importance of girls' education.
- iv. Strengthen and support law enforcement to address child marriages and teenage pregnancy.

STRATEGIC FOCUS AREA 2: Strengthening family and community capacity to support children and end child marriage and teenage pregnancy

- i. Promote and nurture positive parenting to create safe home environments and build a foundation of support and care for children.
- ii. Translate, simplify and disseminate parenting guidelines to parents and community members.
- iii. Strengthen community reporting and referral pathways on managing cases of child marriage and teenage pregnancy.
- iv. Increase male/boys' engagement in prevention and response to child marriage and teenage pregnancy.
- v. Ensure safety and protection of babies of teenage mothers and the teenage mothers themselves.
- vi. Strengthen mechanisms for prevention of teenage pregnancies escalating into early marriages.
- vii. Build skills of adolescent mothers for parenting and resilience (caring for caregivers).
- viii. Support safe re-integration/entry of teenage mothers into communities.

STRATEGIC FOCUS AREA 3: Changing negative and harmful social, cultural and religious norms and practices, external cultures, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy

- i. Mobilize and educate families, communities and political, religious, cultural and community leaders to coordinate campaigns and protect children from child marriages and teenage pregnancy.

- ii. Address child trafficking, cross border child marriages (including arranged marriages especially in refugee settlements) and Female Genital Mutilation (FGM) practices from neighboring countries such as Kenya and South Sudan.
- iii. Develop and disseminate inclusive IEC and edutainment materials on child marriage and teenage pregnancy.
- iv. Build the capacity of media to engage on issues related to child marriages and teenage pregnancy.
- v. Curb negative cultural behaviors and practices (including western cultural influences) that expose children to risks of child /teenage pregnancy and marriages.
- vi. Address the negative effects of digital transformation including online sexual abuse.
- vii. Build capacity of key stakeholders in understanding and responding to issues of child/teenage pregnancy and marriages.
- viii. Celebrate initiatives such as community level bye-laws, district ordinances, and cultural initiatives that are making a difference in ending child marriage and teenage pregnancy at the community levels.
- ix. Identify champions and role models as change agents to sensitize communities and young people on the value of girl's education and dangers of child marriages and teenage pregnancy.
- x. Strengthen children's capacity to advocate and protect themselves and others from child marriage and teenage pregnancy.

STRATEGIC FOCUS AREA 4: Strengthening birth registration and certification

- i. Enforce mandatory registration of births and adoption and scale up of birth registration of children including those born by traditional birth attendants, those living in humanitarian settings, hard to reach locations, out of school and PWDs.
- ii. Ensure that all school going children have a national identification number/card.

- iii. Sensitize communities on the importance of birth registration/certification for all children.
- iv. Strengthen the medical social workers cadre to provide counseling and psychosocial support to teenage mothers to facilitate birth notification and registration in cases of rape, incest, trauma etc.

STRATEGIC FOCUS AREA 5: Increase access, uptake and/or utilization of quality social services (education, health, child protection, justice, social protection) at national, district and community levels.

- i. Enforce compulsory retention of all children in formal school for at least 11 years (Primary 1 to Senior 4).
- ii. Facilitate the process of return and re-integration of teenage mothers back to school.
- iii. Scale-up peer education and outreach to out-of-school adolescent girls and boys.
- iv. Address issues of equity in access to quality education in order to reduce the stark disparity.
- v. Empower both in and out of school adolescent girls and boys with age sensitive sexuality education and life skills.
- vi. Increase access to Early Childhood Care and Education and Development (ECCED) in the education sector.
- vii. Increase access to sexual and reproductive health services for both in and out of school adolescent girls and boys and teenage mothers including those in humanitarian contexts, People with Disabilities (PWDs), key populations and in hard-to-reach areas.
- viii. Increase access to Early Childhood Development (ECD) to teenage mothers and their babies at health facilities.
- ix. Facilitate access to youth friendly health services for adolescents including married adolescents.
- x. Strengthen the justice systems for children to ensure completeness of the justice value chain to respond and prevent occurrences and re-occurrence of teenage pregnancy and marriage.

- xi. Implement strong punitive measures to fight corruption and bureaucracy in the process of case management and access to justice.
- xii. Increase funding in the delivery of justice for child/teenage pregnancy and marriage cases.
- xiii. Address alcohol and substance abuse across the entire society spectrum.
- xiv. Provide psychosocial support for families and victims of defilement, child marriage and teenage pregnancy.

STRATEGIC FOCUS AREA 6: Building avenues for economic empowerment, resilience building and improvements of livelihoods.

- i. Leverage on the Parish Development Model to improve household income in order to strengthen the abilities of families to support children and keep them safe.
- ii. Empower teenage mothers, adolescent girls and boys out of school with livelihood knowledge, skills and employment opportunities.
- iii. Facilitate cash transfers and mentorship to teenage mothers.
- iv. Promote use of commercial methods of agriculture production.
- v. Enhance family and community mobilization for economic empowerment.
- vi. Promote saving culture and use of indigenous knowledge to support creative industries.

STRATEGIC FOCUS AREA 7: Strengthening nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP

- i. Strengthen institutional and delivery capacity of MDAs and LGs through continuing professional development targeting frontline staff implementing the NSCM&TP related activities.
- ii. Improve health facility-to-facility linkages and intra-facility linkages at different levels e.g sub-county.
- iii. Generate and use robust data and evidence to inform programmes and policies relating to ending child marriage and teenage pregnancy.

- iv. Develop an effective harmonized and centralized system for tracking school completion rates.
- v. Create an electronic centralized child sex offenders' database linked with key mdas and lgs for effective tracing and tracking of offenders.
- vi. Scale-up usage of technological innovations to facilitate reporting, response and information sharing on issues of CM&TP.

STRATEGIC FOCUS AREA 8: Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy

- i. Strengthen integrated planning, joint supervisions and inter-sectoral linkages among the different key stakeholders in order to harmonize and scale up all interventions addressing CM&TP in line with the whole government approach.
- ii. Strengthen learning and coordination among organizations and partners working to end child marriage and teenage pregnancy.

- iii. Strengthen existing government protection system and structures at both national and lower local government levels and clarify their statutory and non-statutory roles in the fight against defilement, child marriage and teenage pregnancies.
- iv. Strengthen accountability mechanisms at all levels to ensure health and wellbeing of adolescent girls is high on the agenda.
- v. Strengthen community structures such as Child Protection Committee (CPCs), Peer Support Workers (PSWs) and VHTs, to prevent, detect and respond to cases of child marriage and teenage pregnancies.
- vi. Support a coordination unit within the MGLSD under the social protection directorate to coordinate and monitor the implementation of the NSCM&TP.
- vii. Support a high-level Technical Working Committee and build capacity of members to offer strategic guidance and support the implementation of the NSCM&TP.

STRATEGIC FOCUS AREA 9: Financing (domestic & foreign), engagement, and partnership for effective implementation of the NSCM&TP Strategy

- i. Build robust resources and financing systems to increase grant capture and sustainability for initiatives against CM&TP.
- ii. Improve mechanisms to nurture and strengthen the current good will by development partners supporting the implementation of the NSCM&TP Strategy.
- iii. Incorporate actions and track commitments for ending child marriage and teenage pregnancy in key MDAs and LGs plans and budgets.
- iv. Pursue strategic partnerships with the private sector, cultural and faith based organizations and other CSOs for implementation of the NSCM &TP.
- v. Strengthen, support and collaborate with children and youth led organizations at the grass-roots to build a movement of young people in the communities advocating for change and being the change in ending Child marriage and Teenage Pregnancy.



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6.

IMPLEMENTATION AND COORDINATION FRAMEWORK



Overall implementation of the strategy requires a multi-sectoral approach with comprehensive and effective linkages between the various stakeholders at national and local government levels. The implementation is premised on a holistic approach involving multiple stakeholders including central and local government, development partners, CSOs, FBOs, CBOs, the private sector, community members and both male and female children. The Ministry of Gender Labour and Social Development shall work with other key stakeholders to operationalize effective linkages at national, district, county, sub-county, community, and parish levels.

At a national level, the inter-ministerial committee on child wellbeing constituting technical staff from, MGLSD, MoES, MoH, MoLG, JLOS, UPS, MIA and other stakeholders shall provide overall oversight and technical support in the implementation of the strategy.

At the district level, the District Child Wellbeing Committee shall provide overall oversight and technical support in the implementation of the strategy.

At sub-county level, the sub-county child wellbeing committee shall provide overall oversight and technical support in the implementation of the strategy.

6.1 Key stakeholders and actors

Effective implementation of the NSCM&TP requires effective, efficient and well-coordinated institutional mechanisms that run from national to lower local government level with active engagement of all stakeholders including line MDAs with MGLSD taking the lead role. The strategy targets national and local government administration sector officials, technical teams and committees, development partners, civil society organizations and the local communities' men and women, girls and boys. The different roles and responsibilities of the stakeholders engaged in the implementation of the NSCM&TP are shown in table below.

TABLE 4.1: KEY STAKEHOLDERS AND THEIR ROLES AND RESPONSIBILITIES IN THE IMPLEMENTATION OF THE NSCM&TP

| Stakeholder | Role |
|---|---|
| Parliament | <ul style="list-style-type: none"> Enact and amend laws (with focus on children's rights) to protect children from child marriage and teenage pregnancy. Approve and appropriate financial resources for implementation of interventions ending CM&TP. Raise awareness on the phenomenon of CM&TP in Uganda. |
| MGLSD | <ul style="list-style-type: none"> This is the main coordinating agency for implementation of the NSCM&TP. It will provide overall leadership, coordination, tracking of mda & lg financial commitments for ending cm&tp, monitoring and evaluation. spearhead the resource mobilization and implementation of the strategy. |
| Office of the Prime Minister | <ul style="list-style-type: none"> Provide overall strategic coordination in the implementation of the strategy. Integrate CM&TP indicators in the national M&E framework. |
| MoES, MoLA, MoH, JLOS, UPS, NIRA, NPA, UBOS, MAAIF, OWC | <ul style="list-style-type: none"> Mainstream interventions aimed at ending child marriage and teenage pregnancy in respective plans and budgets. Implement sector specific interventions for ending child marriage and teenage pregnancy. Mobilize Resources for implementation of Interventions ending CM&TP. |
| Decentralized local government administration | <ul style="list-style-type: none"> Local government will offer the primary functional structures with linkage at the national structures for the coordination and implementation of the strategy. Mainstream interventions aimed at ending child marriage and teenage pregnancy in lg plans and budgets. Enact ordinances and bye-laws that completely outlaw child marriages and teenage pregnancies. Mobilize resources for the implementation of the strategy. |
| Development partners | <ul style="list-style-type: none"> Provide financial, material and technical support in the implementation of the strategy. in addition, to playing a key monitoring role. |
| Community structures (Para social workers, VHTs) | <ul style="list-style-type: none"> Support LGs in the implementation of ending child marriage and teenage pregnancy. |

| Stakeholder | Role |
|--|---|
| CSOs, FBOs | <ul style="list-style-type: none"> These shall be operational partners to implement strategy. |
| Traditional and cultural institutions, community members including men and women | <ul style="list-style-type: none"> The community consists of key gatekeepers of social norms and practices. they will be the major implementers, advocates and monitors of the progress in respect of changing of norms and practices to end child marriage. |
| Children: Girls and boys | <ul style="list-style-type: none"> These are key actors and beneficiaries of the strategy. They will be engaged at all levels in all activities to end child marriage. |

6.2 Information flow and feedback mechanisms

MGLSD will produce quarterly and annual reports to establish the extent to which the set targets of the NSCM&TP are being achieved. The reports highlighting progress on key performance indicators as pointers for measurement of progress in achieving strategic objectives shall be circulated to all stakeholders. Proper information flow and feedback is key to implementation of the strategy will help to resolve uncertainty; reassure stakeholders that their interests are met; and assure quality. Written reports will be the medium for information flow and feedback. MGLSD shall put in place arrangements for communication with other stakeholders so as to meet information needs in the inter-linkages that will be established. The ministry will define, document and control the quality of the reports produced. Review meetings will be conducted to assess progress, quality of programmes, roles of different actors and reporting relationships. This information flow and feedback is instrumental for detecting deficiencies and identifies action points to correct them.

6.3 Coordination and collaboration mechanism at national and sub-national levels

The NSCM&TP is a broad and comprehensive national framework designed to end child marriage and teenage pregnancy in Uganda. The strategy proposes maintain of a coordination mechanism for monitoring and evaluating progress.

The MGLSD is the overall coordinator for implementation of NSCM&TP activities. The current coordination unit headed by a senior officer under the Directorate of Gender will be supported to spear head the implementation and monitoring of the strategy. The financing of the unit will be through

the GoU and MGLSD Financial Framework.

Responsibilities of the coordination unit

The unit will;

- Popularize the NSCM&TP Strategy at all levels.
- Mobilize key stakeholders/actors to participate in the implementation of the NSCM&TP Strategy.
- Establish and coordinate an NSCM&TP network involving all key partners and actors namely government departments, civil society, international NGOs, religious institutions and development partners.
- Develop annual work plans and budgets for the implementation of the NSCM&TP Strategy.
- Coordinate programme activities for implementation of the NSCM&TP Strategy.
- Prepare NSCM&TP Strategy Performance Reports in line with the reporting requirements of MGLSD and the respective implementing partners.
- Carry out monitoring and evaluation on all aspects of the NSCM&TP and programmes.
- Maintain a collaborative network with regional and international organizations working towards ending child marriage and teenage pregnancy.
- Coordinate the development, production and dissemination of information and publications on child marriage and teenage pregnancy; and organize expert group meetings to share research findings and jointly identify subsequent research themes.

At sub-national level: The delivery of policies and action plans will take place in Local Governments with the Gender Focal Point Persons supported by the PSWO, DCDO, CDOs and other technical staff in the Local Government taking the lead role in coordination of the implementation of the strategy.

7.

MONITORING AND EVALUATION FRAMEWORK



7.1 Introduction

This Chapter presents the Monitoring and Evaluation (M&E) Framework for the strategy. The framework will enable the ministry to measure performance against set standards so as to ensure effective implementation of the set goals and objectives. It includes M&E approaches and a detailed M&E Matrix (Results Framework) to guide outcome and output level progress monitoring. It includes indicators and annual targets that will be vital in monitoring the performance of the strategy. Monitoring and evaluation is an important element of development policy formulation and implementation that the ministry is committed to.

7.2 Monitoring and evaluation arrangements

7.2.1 Progress reporting

Quarterly progress reporting will be undertaken under the coordination of the Coordination Unit within the Ministry of Gender, Labour and Social Development (MoGLSD) under the Social Protection Directorate. The quarterly progress reports will be consolidated and presented to the Inter-ministerial Committee on Child Wellbeing for further analysis. The reports will also inform the Annual Programme Performance Report with issues discussed by the Programme Working Group.

On a bi-annual basis, the Gender Focal Point Persons in LGs will solicit feedback from the beneficiaries and communities at large on the progress of implementation of this strategy. The feedback will

inform the district annual action plans on ending child marriage and teenage pregnancy.

7.2.2 Mid-term review

The MGLSD will undertake an independent Mid-Term Review (MTR) of the strategy two (2) and a half years into its implementation. The MTR will assess and document progress towards attainment of expected results; examine enabling factors, challenges and constraints affecting implementation; and generate actionable recommendations for accelerating implementation of the objectives over the remaining two and half years and as well as providing information or formulating the next strategy.

7.2.3 End term evaluation

At end of the strategy implementation, an independent evaluation will be undertaken to assess progress of implementation and level of attainment of the targets. The evaluation will as well consider the OECD DAC evaluation criteria of: Relevance, Coherence, Efficiency, Effectiveness, Impact and Sustainability.

7.3 Results and reporting framework

The results and reporting framework will be used to measure and assess progress of implementation of this strategy. It will also be used as a tool for continuous reporting. It therefore includes results for the: (i) Goal, (ii) Objectives and (iii) Intervention level Outcomes and Outputs as presented in Table 5.2 and Annex 1.1.



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TABLE 5.2: RESULTS FRAMEWORK – OUTCOME LEVEL RESULTS

| Category | Outcome | Indicators | Baseline | Targets | | | | | |
|--|--|--|-----------------|-----------|-----------|-----------|-----------|-----------|------|
| | | | FY2019/20 | FY2022/23 | FY2023/24 | FY2024/25 | FY2025/26 | FY2026/27 | |
| GOAL: Ending child marriage and teenage pregnancy for inclusive growth and socio-economic transformation | A society free of child marriage and teenage pregnancy | Prevalence of child marriage | 40 | 28 | 24 | 20 | 19 | 18 | |
| | | Prevalence of teenage pregnancy | 25 | 18 | 16 | 15 | 14 | 14 | |
| | | Gender Inequality Index (GII) | 0.535 | 0.520 | 0.515 | 0.503 | 0.501 | 0.50 | |
| OBJECTIVE 1: Promote an enabling environment to end child marriage and teenage pregnancy | Improved learning outcomes | Survival rates % | Primary | 34 | 40 | 41 | 45 | 50 | 55 |
| | | | Secondary | 77 | 79 | 82 | 86 | 90 | 95 |
| | | Transition from P.7 to S.1 | | 61 | 65 | 68 | 71 | 74 | 79 |
| | | Drop-out rate | Primary | 49 | 45.2 | 41.4 | 37.6 | 33.8 | 30 |
| | | | Lower secondary | 66.1 | 62.8 | 59.5 | 56.2 | 52.9 | 49.6 |
| | | % of women with at least some secondary education (% of females ages 25 and older). | | 27.5 | 28.2 | 28.9 | 29.6 | 30.3 | 31 |
| | | Average years of schooling | | 6.1 | 6.8 | 7.3 | 8.0 | 9.5 | 11 |
| | Increased access to health services | Unmet need for family planning | 28 | 26 | 22 | 18 | 14 | 10 | |
| | Reduced fertility and dependence ratio | Total fertility rate | 5.4 | 5.0 | 4.9 | 4.8 | 4.6 | 4.5 | |
| | | Adolescent fertility rate (Birth rate per 1,000 adolescent women aged 10 – 14 years, aged 15-19 years) | 132 | 130 | 130 | 130 | 130 | 125 | |
| | | Age related dependence ratio | 95.6 | 94 | 90 | 86 | 84 | 80 | |
| | Functional coordination district level Structures with linkage at the national level | % of targeted districts with Functional coordination structures with linkage at the national level | | 50 | 50 | 50 | 0 | 0 | |
| Access to social protection schemes | % of young women and girls, young men and boys reached by social protection schemes | | 45 | 55 | 65 | 75 | 85 | | |

| Category | Outcome | Indicators | Baseline | Targets | | | | |
|---|---|---|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | FY2019/20 | FY2022/23 | FY2023/24 | FY2024/25 | FY2025/26 | FY2026/27 |
| OBJECTIVE 2: Influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancy in society | Reduced morbidity and mortality of the population | Maternal mortality ratio (deaths per 100,000 live births) | 336 | 311 | 286 | 261 | 236 | 211 |
| | | Adolescent birth rate (births per 1,000 women ages 15–19) | 118.8 | 113.04 | 107.28 | 101.52 | 95.76 | 90 |
| | Improvement in the social determinants of health and safety | % of women age 20-24 who were married or in union before age 15 | 10 | 8 | 6 | 0 | 0 | 0 |
| | | Age at first marriage, female/ median age at marriage | | 25 | 25 | 25 | 25 | 25 |
| | | % of women aged 15-49 who have undergone female genital mutilation | 1.4 | 0 | 0 | 0 | 0 | 0 |
| | | Total fertility rate | 5.4 | 5.0 | 4.9 | 4.8 | 4.6 | 4.5 |
| % of programmes supporting young women and girls, young men and boys in and out of school programmes that promote gender- equitable norms, attitudes and behaviours and exercise of rights, including reproductive rights | | 50 | 50 | 60 | 70 | 80 | | |
| OBJECTIVE 3: Develop and strengthen Institutional, community and family systems for prevention of child marriages and teenage pregnancy. | Girls are increasingly aware of their rights | % of adolescent boys, girls, and women who know their rights and entitlements | | 90 | 95 | 100 | 100 | 100 |

8.

COSTING AND FINANCING FRAMEWORK



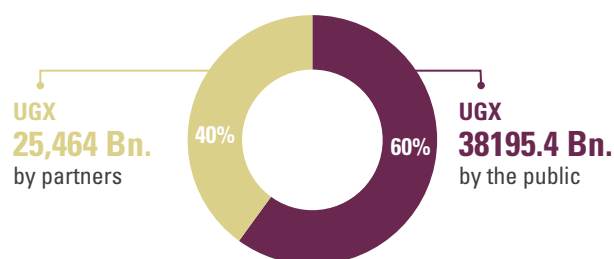
8.1 Overview

The NSCM&TP implementation plan is derived from the NDPIII programmes of Human Capital Development and Community Mobilization and Mindset Change and the Ministry of Gender, Labour and Social Development Strategic Plan 2020/21 – 2024/25, which articulates social development concerns. The budget covers nine strategic focus areas. However, the focus areas are linked to take care of the multi-dimensional nature of child marriage and teenage pregnancy.

It was anticipated that during the implementation of the first NSCM&TP, the implementing partners would mobilize sufficient resources to fund its implementation. The Mid-Term Evaluation (MTE) of the first strategy indicated evidence of existence of funding from key partners mainly UNICEF and UNFPA among others. The evaluation suggests that while promotion of Public-Private Partnerships (PPP) was a strategy to be considered in the overall implementation of the NSCM&TP; the involvement of the private for-profit sector was minimal (apart from engagements with non-state actors of a non-profit making nature). Currently, the radio programmes offered to government by the private sector is the most obvious evidence of Public-Private Partnerships (PPP) known to be assisting the implementation of the NSCM&TP. Effective PPP is one area that may have to be reconsidered in this strategy.

8.2 Sources of funding and cost of interventions

Financing of the implementation of the NSCM&TP is expected from the GoU National Budget allocations and development partners. The overall cost of financing this strategy's planned interventions DPIII over the 5-year period is estimated at around UGX 63,659 billion of which, UGX 38195.4 billion (60 per cent) is contribution by the public (incl. off budget) while UGX 25,464 billion (40 per cent) by other partners (See annex 1.2 for the detailed breakdown).



Detailed annual budget targets shall be developed by the MoGLSD to facilitate implementation of this strategy. Over the planned period, the MoGLSD will also develop and implement a financing strategy as an integral part of this NSCM&TP. It will set out how to finance this strategy, the options for suitable financing structures and its overall operations and clearly recommend key policy and regulatory changes and activities, which will guide those actions.

TABLE 6. 1: SUMMARY BUDGET

| Area | Estimated budget in UG SHS ('000,000) | | | | | |
|-------------------------|---------------------------------------|---------------|---------------|---------------|---------------|---------------|
| | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| Objective 1 | 4,411 | 5,886 | 6,022 | 5,460 | 5,724 | 27,503 |
| Strategic focus area 1 | 897 | 1140 | 875 | 600 | 425 | 3,937 |
| Strategic focus area 4: | 2274 | 3216 | 3529 | 3401 | 3478 | 15,898 |
| Strategic focus area 5: | 220 | 430 | 450 | 440 | 445 | 1,985 |
| Strategic focus area 6: | 1020 | 1100 | 1168 | 1019 | 1376 | 5,683 |
| Objective 2 | 1,980 | 2,605 | 2,960 | 2,875 | 2,980 | 13,400 |
| Strategic focus area 3 | 1980 | 2605 | 2960 | 2875 | 2980 | 13,400 |
| Objective 3: | 3,409 | 5,620 | 6,348 | 4,310 | 3,069 | 22,756 |
| Strategic focus area 2: | 654 | 1275 | 1568 | 886 | 647 | 5,030 |
| Strategic focus area 7 | 1070 | 2780 | 2145 | 1039 | 850 | 7,884 |
| Strategic focus area 8 | 440 | 1190 | 2165 | 1175 | 1350 | 6,320 |
| Strategic focus area 9 | 1245 | 375 | 470 | 1210 | 222 | 3,522 |
| Grand total | 9,800 | 14,111 | 15,330 | 12,645 | 11,773 | 63,659 |



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ANNEXES

Annex 1.1: Results framework – output level

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | | |
|--|--|---|--|-----------|---------------------------|-------|-------|-------|-------|--|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | |
| STRATEGIC FOCUS AREA 1: Improve the legal and policy environment (with focus on rights) to protect children from child marriage and teenage pregnancies | | | | | | | | | | |
| OBJECTIVE 1: Promote an enabling environment to end child marriage and teenage pregnancy | Revise laws to harmonize the understanding of who a child / teenager is, what child marriage and teenage pregnancy entails, child witness protection and the appropriate punishments for CM&TP related offences across different legal provisions | Laws reviewed and harmonized law for CM&TP developed | No. of laws reviewed for inconsistencies | | 5 | | | | | |
| | | | No. of laws for CM&TP related offences developed | | | 1 | | | | |
| | Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriage and teenage pregnancy | District ordinances and community bye-laws developed | No. of DLG trained and supported in the development of district ordinances and community by-laws | | 10 | 30 | 50 | 40 | 5 | |
| | | | No. of ordinances against CM&TP developed | | 10 | 10 | 10 | 10 | | |
| | | | No. of community by-laws developed | | 4 | 7 | 5 | 4 | 3 | |
| | Translate, simplify, disseminate and sensitize the public and all duty-bearers about laws and policies around integrated Sexual and Reproductive Health Rights of children and adolescents and the importance of girls' education | Materials translated in local languages | No. of laws and policies translated | | 2 | | 1 | | 1 | |
| | | | No. of laws and policies simplified | | | 1 | | 1 | | |
| | | | No. of stakeholders sensitized | | 300 | 400 | 500 | 500 | 500 | |
| | Strengthen and support law enforcement to address child marriage and teenage pregnancy | Law enforcers, public and all duty-bearers aware about laws and policies on rights of children and adolescents, risks of defilement, child marriages, teenage pregnancies, STDs, HIV/AIDS and importance girls' education | No. of sensitization/awareness meetings/campaigns conducted with public and all duty-bearer | | 5 | 5 | 5 | 3 | 2 | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | | |
|--|---|--------|--|-----------|---------------------------|-------|-------|-------|-------|-----|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | |
| STRATEGIC FOCUS AREA 4: Increase access, uptake and/or utilization of quality public services (education, health, child protection, justice, social protection) at national, district and community levels | | | | | | | | | | |
| Enforce compulsory retention of all children in formal school for at least 11 years | School retention strategy implemented | | No. of facilities refurbished (e.g. wash rooms for girls separate toilets for boys and girls) | | 11 | 14 | 10 | 21 | 13 | |
| | | | Percentage of schools in the targeted communities have facilities refurbished to provide separate wash rooms for girls and boys | | 20 | 20 | 20 | 20 | 20 | |
| | | | Number of girls completing primary education due to improved facilities | | 500 | 500 | 600 | 800 | 600 | |
| | | | Number of girls completing secondary education due to improved facilities | | 400 | 400 | 500 | 600 | 700 | |
| Facilitate the process of return and re-integration of child/ teenage mothers back to school/ vocational institutions | Teenage mothers back to school | | % of child/ teenage mothers re-integrated back to school | 8% | 10 | 11 | 10 | 12 | 11 | |
| | Bursary scheme for child mothers with FAWEU implemented | | No. of child mothers with FAWEU benefiting from the bursary scheme | | 100 | 100 | 100 | 100 | 100 | |
| Scale-up peer education and outreach to in and out-of-school adolescent girls and boys | Peer to Peer awareness campaign among children and adolescents | | No. of awareness/outreach programmes undertaken | | 3 | 4 | 3 | 2 | 3 | |
| Facilitate access to, retention and persistence of girls in primary and secondary education through awareness campaigns, refurbishment of facilities (e.g. wash rooms for girls separate toilets for boys and girls) | Increased access to primary and secondary education | | No. of awareness campaigns undertaken | | 5 | 5 | 5 | 5 | 5 | |
| | | | Gross enrolment ratio | Primary | 115 | 109 | 107 | 105 | 104 | 102 |
| | | | Secondary | 25 | 37 | 40 | 46 | 47 | 48 | |
| | | | No. of separate washrooms constructed | | 10 | 11 | 20 | 25 | 15 | |
| Build capacity of school administrators (PTA, SMCs, SMH), teachers and other staffs to create protective and safe environments for girls | Strengthen VACiS prevention and response mechanism in school including community engagements (SMC, BOG, PTAs) to address issues of child sexual abuse | | No. of Schools mechanisms (including SMC, BOG, PTAs) strengthened to prevent and response child sexual abuse in the school community | | 150 | 100 | 220 | 280 | 300 | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|------------|---|--|---|-----------|---------------------------|---------|---------|---------|---------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | | RTRR implemented to ensure that VAC survivors are referred to appropriate services | No. of VAC survivors are referred to appropriate services | | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| | Integrate gender and rights education (with a focus on child marriage) in the primary and secondary school curriculum | Gender and rights education integrated in school curriculum | Primary school curriculum with child marriage integrated | | | 1 | | | |
| | | | Lower secondary school curriculum with child marriage integrated | | | 1 | | | |
| | Address issues of equity in access to quality education in order to reduce the stark disparity | Increased access to quality education | Gender parity index | 1.05 | 1.03 | 1.03 | 1.01 | 1.01 | 1.00 |
| | Empower both in and out of school adolescent girls and boys with sexuality education and life skills including those in humanitarian contexts and PWDs | Adolescent girls and boys empowered with sexuality education and life skills | No. of girls and boys accessing sexual and reproductive health information | | 2000 | 4000 | 10000 | 50000 | 1000000 |
| | Increase access to sexual and reproductive health services for both in and out of school adolescent girls and boys and teenage mothers | Access to sexual and reproductive health services increased | No. of boys and girls with access to sexual and reproductive health services | | 500 | 500 | 600 | 800 | 1000 |
| | Equip health workers with adolescent counseling skills to promote adolescent health friendly services and rights in health facilities | Health workers equipped with skills for youth friendly services | No. of health workers equipped with skills for youth friendly services | | 100 | 150 | 150 | 100 | 100 |
| | Increase access to ECD to child/teenage mothers and their babies at health facilities | Increased access to ECD at health facilities | Proportion of child/teenage mothers and their babies accessing ECD at health facilities | | 80 | 90 | 95 | 100 | 100 |
| | Facilitate access to youth friendly health services for adolescents including married adolescents | Youth/adolescent health corners established and equipped in all health centres countrywide | No. of youth receiving friendly health services | 1000 | 500 | 1000 | 1000 | 1000 | 1000 |
| | Strengthen the justice systems for children to ensure completeness of the justice value chain to respond and prevent occurrences and re-occurrence of child/teenage pregnancy and marriages | Justice systems strengthened | Justice systems strengthened | | 20 | 25 | 20 | 25 | 10 |
| | | Police officers and judiciary trained on child friendly procedures to address defilement | No. of police and judiciary officers trained in child friendly procedures to address defilement | | 100 | 200 | 200 | 200 | 50 |
| | | Defilement cases handled and prosecuted | % of defilement cases handled and prosecuted by police, ODPP | | 80 | 100 | 100 | 100 | 100 |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|---|--|--|--|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Implement strong punitive measures to fight corruption and bureaucracy in the process of case management and access to justice | Accelerated process of case management and increased access to justice | % of cases of loss of/ tampering with investigative files reported | | 50 | 100 | 100 | 100 | 100 |
| | | | % of witnesses' fear of retribution reported | | 80 | 90 | 100 | 100 | 100 |
| | | | % of unavailability of PF3 forms at police stations reported | | 3 | 2 | 0 | 0 | 0 |
| | Increase funding in the delivery of justice for child/ teenage pregnancy and marriage cases | Increased resource allocation to CM&TP | Amount of budget allocations to delivery of justice for child/ teenage pregnancy and marriage cases (billions) | | 7 | 8 | 10 | 10 | 12 |
| | Address alcohol and substance abuse across the entire society spectrum | Reduced alcohol and substance abuse | Alcohol abuse rate | 5.8 | 5.6 | 5.4 | 5.2 | 5.0 | 4.8 |
| Provide psychosocial support for families and victims of defilement, child/ teenage pregnancy and marriages | Families and victims provided with psychosocial support | No. of families and victims provided with psychosocial support | | 120 | 170 | 150 | 200 | 350 | |
| | Support group for teenage mothers and pregnant teenagers in and out of school established | No. of support group for teenage mothers and pregnant teenagers in and out of school established | | 20 | 50 | 50 | 50 | | |
| STRATEGIC FOCUS AREA 5: Strengthening birth registration and certification | | | | | | | | | |
| | Enforce mandatory registration of births and adoption and scale up of birth registration of children including those born by traditional birth attendants, those living in humanitarian settings, hard to reach locations, out of school and PWDs. | Mandatory birth registration undertaken | % of target group registered at births | 70 | 90 | 100 | 100 | 100 | 100 |
| | Ensure that all school going children have a National Identification Number/ card in order to prevent and support the prosecution of cases of defilement | School going children have a National Identification Number/ card | % of all school going children with National Identification Number/ card | | 100 | 100 | 100 | 100 | 100 |
| | Sensitize communities on the importance of birth registration certification for all children | Communities sensitized on the importance of birth registration | No. of communities sensitized on the importance of birth registration | | 70 | 80 | 100 | 90 | 95 |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|---|---|--|---|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Strengthen the medical social workers cadre to provide counseling and psychosocial support to teenage mothers to facilitate birth notification and registration in cases of rape, incest, trauma etc. | Medical social workers recruited and supported to provide Psychosocial support to child/ teenage mothers | % of child/ teenage mothers reached with psychosocial support | | 50 | 80 | 80 | 100 | 100 |
| STRATEGIC FOCUS AREA 6: Building avenues for economic empowerment, resilience building and improvements of livelihoods | | | | | | | | | |
| | Leverage on the Parish Development Model to improve household income in order to strengthen the abilities of families to support children and keep them safe | Families benefitting from PDM | No. of families benefitting from PDM | | 500 | 700 | 900 | 1M | 1.5M |
| | Empower teenage mothers, adolescent girls and boys out of school with livelihood knowledge, skills and employment opportunities | Functional community training centres | Renovate and equip 15 existing community training centres to provide vocational training/ skilling for adolescents especially child mothers including providing child care services | | 2 | 5 | 5 | 3 | |
| | | Teenage mothers, adolescent girls and boys out of school empowered | No. of teenage mothers, adolescent girls and boys out of school empowered | | 125 | 245 | 332 | 440 | 335 |
| | Facilitate cash transfers and mentorship to teenage mothers | Cash transfers and mentorship to teenage mothers provided | Amount of cash transfers to teenage mothers (billion) | | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| | Promote use of commercial methods of agriculture production | Use of commercial methods of agriculture production promoted | Proportion of commercial methods of agriculture production promoted | | 65 | 70 | 73 | 79 | 90 |
| | Enhance family and community mobilization for economic empowerment | Family and community mobilization undertaken | No. of communities mobilized | | 25 | 20 | 15 | 10 | 22 |
| | Promote saving culture and use of indigenous knowledge to support creative industries | Saving culture promoted | No. of saving clubs formed | | 12 | 15 | 15 | 12 | 20 |
| | Facilitate and support the establishment of adolescents' groups which offer safe spaces for girls and boys to talk about sensitive issues | Adolescents' groups established | No. of adolescents' groups established | | 17 | 50 | 34 | 42 | 57 |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | | |
|--|---|---|--|-----------|---------------------------|---------|---------|---------|--------|--|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | |
| | Build capacities of senior women and male teachers in schools | Senior women and male teachers' capacity built | No. of senior women and male teachers' capacity built | | 120 | 170 | 150 | 200 | 350 | |
| OBJECTIVE 2: Influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society | STRATEGIC FOCUS AREA 3: Changing negative and harmful social, cultural and religious norms and practices, external cultures, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy | | | | | | | | | |
| | Mobilize the political, cultural and community leaders, CSOs, development partners, the private sector, academia, parents and caretakers to protect children from child/ teenage pregnancy and | Stakeholders mobilized to protect children from child/ teenage pregnancy and marriages | No. of stakeholders mobilized to protect children from child/ teenage pregnancy and marriages | | 200 | 350 | 400 | 250 | 300 | |
| | Address child trafficking, cross border child marriages (including arranged marriages especially in refugee settlements) and Female Genital Mutilation (FGM) practices from neighboring countries such as Kenya and South Sudan | Child trafficking across border child marriages addressed | No. of child/teenage marriages in refugee settlements halted | | 30 | 40 | 40 | 20 | 10 | |
| | Develop and disseminate inclusive IEC and edutainment materials on child marriage and teenage pregnancy | Inclusive IEC and edutainment materials developed and disseminated | No. of inclusive IEC and edutainment materials on child marriage and teenage pregnancy developed and disseminate | | 100,000 | 100,000 | 100,000 | 100,000 | 50,000 | |
| | Build the capacity of media to engage on issues related to child marriages and teenage pregnancy | Capacity of the media houses strengthened to promote child sensitive and friendly reporting | Proportion of the target media whose capacity is built to promote child sensitive and friendly reporting | | 10 | 20 | 30 | 20 | 10 | |
| | Curb negative cultural behaviors and practices (including western cultural influences) that expose children to risks of child /teenage pregnancy and marriages | National campaigns against harmful religious, traditional/ cultural practices and beliefs conducted | Number of national campaigns against harmful religious, traditional/ cultural practices and beliefs conducted | 2 | 5 | 10 | 15 | 20 | 30 | |
| | | | No. of negative cultural practices and beliefs eliminated (CM&TP, FGM) | | | | | | 2 | |
| | Address the negative effects of digital transformation including online sexual abuse | Negative effects of digital transformation addressed | No. of awareness campaigns conducted | | 5 | 5 | 5 | 3 | 2 | |
| | Capacity building of key stakeholders in understanding and responding to issues of child/ teenage pregnancy and marriages | Key stakeholders' capacity built | No. of stakeholder campaigns undertaken | | 10 | 3 | 2 | 2 | 1 | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|--|--|--|--|-----------|---------------------------|---------|---------|---------|---------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Celebrate initiatives such as community level byelaws, district ordinances, and cultural initiatives that are making a difference in ending child marriage and teenage pregnancy at the community levels | Initiatives that are making a difference in ending CM&TP e.g. dreams/male action group, stepping stones/journeys etc. celebrated | No. of successful initiatives identified and celebrated | | 5 | 5 | 5 | 3 | 1 |
| | Identify champions and role models as change agents to sensitize communities and young people on the value of female education | Champions and role models as change agents engaged | No. of champions and role models engaged as change agents | | 10 | 20 | 20 | 20 | 10 |
| | Strengthen children's capacity to advocate and protect themselves and others from child marriages and teenage pregnancy | Awareness and sensitization on children's rights campaigns targeting children conducted | No. of awareness and sensitization campaigns on rights of children conducted | | 5 | 5 | 5 | 5 | 1 |
| OBJECTIVE 3: Develop and strengthen institutional, community and family systems for prevention of child marriages and teenage pregnancies | STRATEGIC FOCUS AREA 2: Strengthening family and community capacity to support children and end child marriage and teenage pregnancy | | | | | | | | |
| | Promote and nurture positive parenting to create safe home environments and build a foundation of support and care for children | Parents and care givers trained with positive parenting skills | No. of parents, caregivers who participate in structured positive parenting programme | | 250,000 | 500,000 | 500,000 | 500,000 | 250,000 |
| | Structured positive parenting programme implemented by LGs and community-based structures | DLG and community-based structures implement structured positive parenting programme including religious and cultural leaders | No. of DLG and community-based structures implementing structured positive parenting programme | | 20 | 50 | 80 | 50 | |
| | | Training of social service workforce, community-based structures, on VAC/GBV prevention and response | No. of social service workforce and community-based structure trained on VAC/GBV prevention and response | | 50 | 100 | 100 | 50 | |
| | Translate, simplify and disseminate parenting guidelines to parents and community members | Parenting guidelines to parents and community members translated & disseminated | No. of parenting guidelines translated | | | 1 | | | |
| | | No. of parenting guidelines simplified | | | | | 1 | | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|--|--|--|--|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Strengthen community reporting and referral pathways on managing cases of child marriage and teenage pregnancy | Existing community reporting and referral pathways strengthened through capacity building of community structures including community policing | No. of capacity building activities conducted among community structures to strengthen existing community reporting and referral pathways strengthened | | 20 | 20 | 20 | 20 | 20 |
| | | Establishment of community surveillance system and capacity building of key community structures including community policing | Community surveillance system established | | | 1 | | | |
| | Increase male/ boys' engagement in prevention and response to child marriage and teenage pregnancy | Male/ boys' groups engaged in positive social norms, prevention and response to CM&TP increased | No. of male/ boys' groups engaged in prevention and response to CM&TP | | 50 | 50 | 80 | 100 | 30 |
| | Ensure safety and protection of babies of child/ teenage mothers and the teenage mothers themselves | Babies of child/ teenage mothers provided with safety and protection | % of babies of child/ teenage mothers and the teenage mothers themselves provided with safety and protection | | 54 | 60 | 70 | 80 | 80 |
| | Strengthen mechanisms for prevention of teenage pregnancies escalating into early marriages | Mechanisms for prevention of TPs escalating into early marriages strengthened | No. of mechanisms strengthened | | | | 1 | | |
| | Build skills of adolescent mothers for parenting and resilience (caring for caregivers) | Adolescent mothers' skills built | No. of child/teenage mothers trained in caring for caregivers | | 150 | 200 | 150 | 220 | 150 |
| | Support safe re-integration/ entry of child/ teenage mothers into communities | Mothers re-integrated into community safely | No. of mothers re-integrated into community safely | | 50 | 80 | 70 | 50 | 20 |
| STRATEGIC FOCUS AREA 7: Strengthening nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP | | | | | | | | | |
| | Strengthen institutional and delivery capacity of MDAs and LGs through continuing professional development targeting frontline staff implementing NSCM&TP related activities | Capacity of frontline staff implementing NSCM&TP developed | No. of frontline staff implementing NSCM&TP benefiting from continuous professional development | | 50 | 80 | 90 | 80 | 80 |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|------------|---|--|--|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Improve health facility-to-facility linkages and intra-facility linkages at different levels e.g. sub-county | Health facility-to-facility linkages and intra-facility linkages at different levels improved | No. of sub-counties with Health facility-to-facility linkages and intra-facility linkages | | 150 | 200 | 245 | 300 | 350 |
| | Generate and use robust data and evidence to inform programmes and policies relating to ending child marriage and teenage pregnancy | Evidence and knowledge on defilement, child marriage, teenage pregnancy, STDs, HIV/AIDS, and girls' education, child protection generated and disseminated | Studies to generate evidence | | 1 | | 1 | | |
| | | Geo-spacial dashboard on teenage pregnancy in Uganda to provide real time data on this area established | Geo-spacial dashboard on teenage pregnancy in Uganda established | | | | 1 | | |
| | | Mapping on the status of child mothers, pregnant girls and their babies conducted | Study mapping on the status of child mothers, pregnant girls and their babies | | | 1 | | | |
| | | Research on the scale of teenage pregnancy in Uganda and the effects of COVID-19 conducted | Research on the scale of teenage pregnancy in Uganda and the effects of COVID-19 conducted | | 1 | | | | |
| | | Further analysis of DHMIS and other routine data, including the National Violence Survey (2020/2021), conducted to understand the magnitude, trends and regional variation of teenage pregnancy and violence | Further analysis of DHMIS and other routine data, including the National Violence Survey (2020/2021) | | | 1 | | | |
| | | Cost of no action for CM&TP established | Study on the cost of inaction for CM&TP established | | 1 | | | | |
| | | Study on the impact of child marriage among boys | Study on the impact of child marriage among boys | | | 1 | | | |
| | | Capacity of the key district officers to collect, analyse and utilize data on teenage pregnancy and re-entry of teenage mothers built | 10 capacity building training of the key district officers to collect, analyse and utilize data on teenage pregnancy and re-entry of teenage mothers built | | 2 | 4 | 4 | | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|---------------------------------------|--|---|---|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | | Evidence of best practices and positive cultural norms documented | A study on best practices undertaken | | | | 1 | | |
| | | VAC cases in line with the RTRR guidelines documented | % of VAC cases documented in line with the RTRR guidelines | | 70 | 80 | 90 | 100 | 100 |
| | | Uganda experience on addressing CM&TP in regional and international forum showcased | No. of regional and international forums showcasing Uganda's experience in addressing CM&TP | | 1 | 1 | 1 | 2 | 2 |
| | Develop an effective harmonized and centralized system for tracking school completion rates | An effective and centralized system for tracking school completion rates developed | An effective and centralized system for tracking school completion rates developed | | | 1 | | | |
| | Create an electronic centralized child sex offenders' database linked with key MDAs and LGs for effective tracing and tracking of offenders | Child sex offenders' database in place | Child sex offenders' database created | | | 1 | | | |
| | Disseminate evidence through existing structures (such as community forums (barazas), community dialogues, seven parliamentary forums that advocate for children, and annual national music, dance and drama festivals | Dissemination campaigns undertaken | No. of community forums (Barazas) held | | 10 | 10 | 10 | 10 | 10 |
| No. of community dialogues undertaken | | | | 10 | 11 | 13 | 11 | 12 | |
| No. of parliamentary forums engaged | | | | | 7 | | 7 | | |
| MDD festivals held | | | | 1 | 1 | 1 | 1 | 1 | |
| | Develop and operationalize an Information Management System (IMS) that is capable of capturing child marriage and teenage pregnancies, birth registration and other child protections data of all children | Functional Information Management System (IMS) | Information Management System (IMS) developed and operationalized | | | | 1 | | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | | | | | | |
|---|--|---|------------|-----------|---------------------------|-------|-------|-------|-------|---|----|----|----|----|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | | | | | |
| STRATEGIC FOCUS AREA 8: Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy | | | | | | | | | | | | | | |
| Strengthen integrated planning, joint supervisions and inter-sectoral linkages among the different key stakeholders in order to harmonize all other interventions connected to the girl child, increase visibility and uptake of implementation interventions | Plans and budgets integrating CM&TP | No. of MDAs integrating CM&TP in the respective plans and budgets | | | | 127 | | | | | | | | |
| | | | | | | | | | | | | | | |
| Strengthen existing government protection system and structures at both national and lower local government levels and clarify their statutory and non-statutory roles in the fight against defilement, child marriage and teenage pregnancies | Systems and structures strengthened at MDA and LG levels | No. MDAs and LGs with of existing systems and structures strengthened | MDAs | | 24 | 25 | 24 | 24 | 24 | | | | | |
| | | | | | | | | | | LGs | 35 | 36 | 35 | 36 |
| Strengthen accountability mechanisms at all levels to ensure health and wellbeing of adolescent girls is high on the agenda | Accountability mechanisms | Multi-sectoral framework and accountability framework developed and supported | | | | | | 1 | | | | | | |
| | | | | | | | | | | Conduct quarterly meetings of the multi-sectoral coordination at the national, districts and sub county level | | | | |
| | | | | | | | | | | Conduct mid and end term review on the progress and achievements of the strategy | | | 1 | 1 |
| Strengthen community structures such as Child Protection Committee (CPCs), para-social workers and Village Health Teams (VHTs), to prevent, detect and respond to cases of child marriages and teenage pregnancies | Community structures such as CPCs, para-social workers and VHTs strengthened | No. of community structures strengthened | | | | 3 | 2 | 2 | 2 | | | | | |
| Implement strategies to scale up and support good practices such as supervisions across line ministries in line with the whole government approach | Good practices identified and implemented | Proportion of strategies implemented | | | 20 | 20 | 20 | 20 | 20 | | | | | |

| Objectives | Intervention | Output | Indicators | Baseline | Targets (Financial Years) | | | | |
|--|--|---|--|-----------|---------------------------|-------|-------|-------|-------|
| | | | | FY2019/20 | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 |
| | Support a coordination unit within the MGLSD under the social protection directorate to coordinate and monitor the implementation of the NSCM&TP | Coordination unit within the MGLSD supported | Amount (in millions) of resources allocated to the monitoring unit | | 40 | 50 | 45 | 50 | 50 |
| | Support a high level technical working committee and build capacity of members to offer strategic guidance and support the implementation of the NSCM&TP | High level technical working committee capacity built | No. of high level technical working committee trained | | 1 | 1 | | | |
| | | | No. of high level technical working committee provided with equipment | | | | | 1 | |
| STRATEGIC FOCUS AREA 9: Financing (domestic & foreign), engagement and partnership for effective implementation of the NSCM&TP Strategy | | | | | | | | | |
| | Build robust resources and financing systems to increase grant capture and sustainability for initiatives against CM&TP | Resources and financing systems identified | Amount of resources mobilized | | 3Bn | 5Bn | 5Bn | 5Bn | 2Bn |
| | Improve mechanisms to nurture and strengthen the current good will by development partners supporting the implementation of the NSCM&TP Strategy | Development partners supporting NSCM&TP Strategy nurtured | No. of mechanisms developed to nurture development partners | | 1 | | 1 | | |
| | Incorporate actions and track commitments for ending child marriages and teenage pregnancy in key MDAs and LGs plans and budgets | MDAs and LGs with plans and budgets incorporating child marriages and teenage pregnancy | No. of MDAs with child marriages and teenage pregnancy incorporated in their plans and budgets | | 121 | | | 121 | |
| | | | No. of LGs with child marriages and teenage pregnancy incorporated in their plans and budgets | | 176 | | | 176 | |
| | Pursue strategic partnerships with the private sector, cultural and faith-based organizations and other CSOs for implementation of the NSCM &TP | Strategic partnerships pursued | No. of strategic partnerships pursued | | 1 | 2 | 1 | 1 | |
| | Strengthen, support and collaborate with children and youth led organizations at the grassroots to build a movement of young people in the communities advocating for change and being the change in ending child marriage and teenage pregnancy | Movement of young people in the communities advocating for change strengthened | Proportion of youth led organizations at the grass root level advocating for change | | 15 | 25 | 40 | 70 | 85 |

Annex 1.2: Cost implementation matrix

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | | |
|--|---|---|---------------|---------------------------------------|-------------|------------|------------|------------|-------|-------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total | |
| OBJECTIVE 1: Promote an enabling environment to end child marriage and teenage pregnancies | STRATEGIC FOCUS AREA 1: Improve the legal and policy environment (with focus on rights) to protect children from child marriage and teenage pregnancies | | | | | | | | | |
| | Revise laws to harmonize the understanding of who a child /teenager is, what child marriage and teenage pregnancy entails, child witness protection and the appropriate punishments for CM&TP related offences across different legal provisions | Laws reviewed and harmonized law for CM&TP developed | MGLSD | 112 | 250 | 100 | | | | 462 |
| | Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriages and teenage pregnancies | District ordinances and community by-laws developed | DLG | 210 | 250 | 200 | 150 | 100 | | 910 |
| | Support the development and enforcement of district ordinances and community by-laws to effectively and completely outlaw child marriages and teenage pregnancies | District ordinances and community by-laws developed | DLG | 210 | 250 | 200 | 150 | 100 | | 910 |
| | | Train DLG on the development of district ordinances and community by-laws | MoJCA JLOS | 125 | 125 | 125 | | | | 375 |
| | Translate, simplify, disseminate and sensitize the public and all duty-bearers about laws and policies around integrated Sexual and Reproductive Health Rights of children and adolescents and the importance of girls' education | Materials translated in local languages | MGLSD | 225 | 290 | 225 | 225 | 225 | | 1190 |
| | Strengthen and support law enforcement to address child marriages and teenage pregnancy | Sensitization/awareness meetings/ campaigns public and all duty-bearers | MGLSD | 250 | 250 | 250 | 150 | 100 | | 1000 |
| | Sub total | | | 922 | 1165 | 900 | 525 | 425 | | 3937 |
| | STRATEGIC FOCUS AREA 4: Increase access, uptake and/or utilization of quality public services (education, health, child protection, justice, social protection) at the community and district level | | | | | | | | | |
| | Enforce compulsory retention of all children in formal school for at least 11 years | School retention strategy implemented | MoES | 320 | 400 | 500 | 445 | 500 | | 2,165 |
| Facilitate the process of return and re-integration of child/ teenage mothers back to school/ vocational institutions | Teenage mothers back to school | MoES | 50 | 45 | 40 | 52 | 55 | | 242 | |
| Scale-up peer education and outreach to out-of-school adolescent girls and boys | Bursary scheme for child mothers with FAWEU | MoES | 100 | 100 | 100 | 100 | 100 | | 500 | |
| Scale-up peer education and outreach to in and out-of-school adolescent girls and boys | Adolescent girls and boys' capacity built | MGLSD | 88 | 92 | 110 | 79 | 82 | | 451 | |
| Facilitate access to, retention and persistence of girls in primary and secondary education through awareness campaigns, refurbishment of facilities (e.g. wash rooms for girls separate toilets for boys and girls) | Increased access to primary and secondary education | MoES | 600 | 650 | 700 | 500 | 670 | | 3,120 | |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|------------------|--|---|--------------|---------------------------------------|-------------|-------------|-------------|-------------|---------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| | Build capacity of school administrators (PTA, SMCs, SMH) teachers and other staffs to create protective and safe environments for girls | VACiS prevention and response mechanism in school | MoES | 50 | 50 | 120 | 180 | 200 | 600 |
| | | RTRR implemented | MoES | 50 | 50 | 100 | 100 | 50 | 350 |
| | Integrate gender and rights education (with a focus on child marriage) in the primary and secondary school curriculum | Gender and rights education integrated in school curriculum | MoES | | 150 | | | | 150 |
| | Address issues of equity in access to quality education in order to reduce the stark disparity | Increased access to quality education | MoES | 140 | 130 | 245 | 215 | 220 | 950 |
| | Empower both in and out of school adolescent girls and boys with sexuality education and life skills including those in humanitarian contexts and PWDs | Adolescent girls and boys empowered with sexuality education and life skills | MGLSD | 100 | 250 | 250 | 250 | 150 | 1000 |
| | Increase access to sexual and reproductive health services for both in and out of school adolescent girls and boys and teenage mothers | Access to sexual and reproductive health services increased | MoH | 50 | 100 | 200 | 250 | 200 | 800 |
| | Equip health workers with adolescent counseling skills to promote adolescent health friendly services and rights in health facilities | Health workers equipped with skills for youth friendly services | MoH | 100 | 165 | 147 | 155 | 163 | 730 |
| | Increase access to ECD to child/ teenage mothers and their babies at health facilities | Increased access to ECD at health facilities | MoH | 80 | 90 | 95 | 100 | 100 | 465 |
| | Facilitate access to youth friendly health services for adolescents including married adolescents | Youth/adolescent health corners established | MoH | | 250 | 250 | 250 | 250 | 1000 |
| | | Justice systems strengthened to address defilement, CM&TP | JLOS / MoJCA | 40 | 50 | 50 | 50 | 50 | 240 |
| | Strengthen the justice systems for children to ensure completeness of the justice value chain to respond and prevent occurrences and re-occurrence of child/ teenage pregnancy and marriages | Police and judiciary officers trained on child friendly procedure | JLOS | 80 | 160 | 160 | 160 | 40 | 600 |
| | | Defilement cases handled and prosecuted | JLOS | | | | | | |
| | Implement strong punitive measures to fight corruption and bureaucracy in the process of case management and access to justice | Accelerated process of case management and increased access to justice | JLOS | 100 | 100 | 100 | 100 | 100 | 500 |
| | Increase funding in the delivery of justice for child/ teenage pregnancy and marriage cases | Increased resource allocation to CM&TP | JLOS | | 7 | 8 | 10 | 10 | 12 |
| | Address alcohol and substance abuse across the entire society spectrum | Reduced alcohol and substance abuse | MoGLSD | 156 | 154 | 152 | 155 | 148 | 765 |
| | Provide psychosocial support for families and victims of defilement, child/ teenage pregnancy and marriages | Families and victims provided with psychosocial support | MGLSD | 120 | 170 | 150 | 200 | 350 | 990 |
| | | Support group for teenage mothers and pregnant teenagers in and out of school established | MoGLSD | 50 | 60 | 60 | 60 | 50 | 280 |
| Sub Total | | | | 2274 | 3216 | 3529 | 3401 | 3478 | 15,898 |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|---|---|---|-------------|---------------------------------------|--------------|--------------|--------------|--------------|---------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| STRATEGIC FOCUS AREA 5: Strengthening birth registration and certification | | | | | | | | | |
| | Enforce mandatory registration of births and adoption and scale up of birth registration of children including those living in humanitarian settings, hard to reach locations, out of school and PWDs | Mandatory birth registration undertaken | NIRA | 50 | 50 | 50 | 50 | 50 | 250 |
| | Ensure that all school going children have a National Identification Number/ card in order to prevent and support the prosecution of cases of defilement | School going children have a National Identification Number/ card | NIRA | | | | | | |
| | Sensitize communities on the importance of birth registration certification for all children | Communities sensitized on the importance of birth registration | MGLSD | 170 | 180 | 200 | 190 | 195 | 935 |
| | Provide psychosocial support to child/ teenage mothers to facilitate birth notification and registration in cases of rape, incest, trauma etc. | Recruit and support health social workers | MoH | | 200 | 200 | 200 | 200 | 800 |
| Sub total | | | | 220 | 430 | 450 | 440 | 445 | 1,985 |
| STRATEGIC FOCUS AREA 6: Building avenues for economic empowerment, resilience building and improvements of livelihoods | | | | | | | | | |
| | Leverage on the Parish Development Model to improve household income in order to strengthen the abilities of families to support children and keep them safe | Families benefitting from PDM | OWC/LGs | | | | | | |
| | Empower teenage mothers, adolescent girls and boys out of school with livelihood knowledge, skills and employment opportunities | Renovate and equip 15 existing community training centres | MGLSD | 200 | 220 | 320 | 150 | 300 | 1190 |
| | Facilitate cash transfers and mentorship to teenage mothers | Cash transfers and mentorship to teenage mothers provided | MGLSD | 40 | 50 | 45 | 50 | 50 | 2500 |
| | Promote use of commercial methods of agriculture production | Use of commercial methods of agriculture production promoted | MAAIF | 65 | 70 | 73 | 79 | 90 | 377 |
| | Enhance family and community mobilization for economic empowerment | Family and community mobilization undertaken | MGLSD | 75 | 60 | 45 | 30 | 66 | 276 |
| | Promote saving culture and use of indigenous knowledge to support creative industries | Saving culture promoted | MFI | 40 | 50 | 55 | 40 | 45 | 230 |
| | Facilitate and support the establishment of adolescents' groups which offer safe spaces for girls and boys to talk about sensitive issues | Adolescents' groups established | MGLSG | 20 | 30 | 25 | 20 | 25 | 120 |
| | Build capacities of senior women and male teachers in schools | Senior women and male teachers' capacity built | MoES | 120 | 170 | 150 | 200 | 350 | 990 |
| Sub total | | | | 1020 | 1100 | 1168 | 1019 | 1376 | 5,683 |
| Total Objective 1: | | | | 4,411 | 5,886 | 6,022 | 5,460 | 5,724 | 27,503 |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|---|---|---|--------------|---------------------------------------|--------------|--------------|--------------|---------------|---------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| OBJECTIVE 2: | STRATEGIC FOCUS AREA 3: Changing negative and harmful social, cultural and religious norms and practices, external cultures, patriarchal mindsets and societal beliefs that drive child marriage and teenage pregnancy | | | | | | | | |
| Influence changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in society | Mobilize the political, cultural and community leaders, CSOs, development partners, the private sector, academia, parents and caretakers to protect children from child/ teenage pregnancy and marriages | Stakeholders mobilized to protect children from child/ teenage pregnancy and marriages | MGLSD | 200 | 350 | 400 | 250 | 300 | 1500 |
| | Address child trafficking, cross border child marriages (including arranged marriages especially in refugee settlements) and female genital mutilation (FGM) practices from neighboring countries such as Kenya and South Sudan | Child trafficking and across border child marriages addressed | MGLSD/ OPM | 300 | 320 | 400 | 370 | 400 | 1790 |
| | Develop and disseminate inclusive IEC and edutainment materials on child marriage and teenage pregnancy | Inclusive IEC and edutainment materials developed | MGLSD | 150 | 350 | 350 | 250 | 250 | 1350 |
| | Build the capacity of media to engage on issues related to child marriages and teenage pregnancy | Capacity of the media built to promote child sensitive and friendly reporting | MGLSD | 120 | 60 | 80 | 95 | 120 | 475 |
| | Address the negative effects of digital transformation including online sexual abuse | Awareness campaigns conducted | UCC | 100 | 150 | 150 | 150 | 150 | 700 |
| | Curb negative cultural behaviors and practices (including western cultural influences) that expose children to risks of child /teenage pregnancy and marriages | National campaigns against harmful religious, traditional/ cultural practices and beliefs conducted | MGLSD | 350 | 450 | 600 | 700 | 800 | 2900 |
| | Capacity building of key stakeholders in understanding and responding to issues of child/ teenage pregnancy and marriages | Key stakeholders' capacity built | MGLSD | 650 | 745 | 800 | 880 | 780 | 3855 |
| | Celebrate initiatives such as community level byelaws, district ordinances, and cultural initiatives that are making a difference in ending child marriage and teenage pregnancy at the community levels | Initiatives that are making a difference in ending CM&TP celebrated | MGLSD | 100 | 150 | 150 | 150 | 150 | 700 |
| | Identify champions and role models as change agents to sensitize communities and young people on the value of female education | 80 champions and role models as change agents engaged | MGLSD | 10 | 30 | 30 | 30 | 30 | 130 |
| | Sub total | | | 1980 | 2605 | 2960 | 2875 | 2980 | 13,400 |
| Total Objective 2: | | | 1,980 | 2,605 | 2,960 | 2,875 | 2,980 | 13,400 | |
| OBJECTIVE 3: | FOCUS AREA 2: strengthening family and community capacity to support children and end child marriage and teenage pregnancy | | | | | | | | |
| Develop and strengthen institutional, | Promote and nurture positive parenting to create safe home environments and build a foundation of support and care for children | Parents and care givers trained with positive parenting skills | MGLSD | 120 | 250 | 250 | 250 | 120 | 990 |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | | |
|---|--|--|-----------------------------|---------------------------------------|-------------|-------------|------------|------------|--------------|-----|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total | |
| community and family systems for prevention of child marriages and teenage pregnancies | Structured positive parenting programme implemented by DLG and community based structures | Capacity building training for LG and community based structures structured to run positive parenting programme | MGLSD/LGs | 80 | 120 | 160 | 160 | 40 | 560 | |
| | | 500 social service workforce, community based structures, trained on VAC/GBV prevention and response | MGLSD | 40 | 80 | 80 | 80 | 80 | 360 | |
| | Translate, simplify and disseminate parenting guidelines to parents and community members | Parenting guidelines to parents and community members translated & disseminated | MGLSD | | 250 | 220 | | | 470 | |
| | Strengthen community reporting and referral pathways on managing cases of child marriage and teenage pregnancy | Existing community reporting and referral pathways strengthened through capacity building of community structures including community policing | MGLSD/LGs | 130 | 130 | | | 260 | | |
| | Ensure safety and protection of babies of child/ teenage mothers and the teenage mothers themselves | Establishment of community surveillance system and capacity building of key community structures including community policing | MGLSD/LGs | | 250 | | | 250 | | |
| | Increase male/ boys' engagement in prevention and response to child marriage and teenage pregnancy | Male/ boys engagement in prevention and response to CM&TP increased | MGLSD | 100 | 125 | 120 | 100 | 100 | 545 | |
| | Ensure safety and protection of babies of child/ teenage mothers and the teenage mothers themselves | Babies of child/ teenage mothers provided with safety and protection | MGLSD/LG/PSWs | 54 | 35 | 28 | 35 | 30 | 182 | |
| | Strengthen mechanisms for prevention of teenage pregnancies escalating into early marriages | Mechanisms for prevention of TPs escalating into early marriages strengthened | MGLSD/LGs | | | 90 | | | 90 | |
| | Build skills of adolescent mothers for parenting and resilience (caring for caregivers) | Adolescent mothers' skills built | MGLSD | 190 | 220 | 180 | 179 | 200 | 969 | |
| | Support safe re-integration/ entry of child/ teenage mothers into communities | Mothers re-integrated into community safely | MGLSD/LG | 70 | 65 | 60 | 82 | 77 | 354 | |
| | Sub total | | | 654 | 1275 | 1568 | 886 | 647 | 5,030 | |
| | STRATEGIC FOCUS AREA 7: Strengthening nationwide capacity for research, data management systems, knowledge sharing to improve programming and advocacy for ending CM&TP | | | | | | | | | |
| | | Strengthen institutional and delivery capacity of MDAs and LGs through continuing professional development targeting frontline staff implementing NSCM&TP related activities | Capacity of frontline staff | MoGLSD | 150 | 150 | 220 | 220 | 150 | 890 |
| | Improve health facility-to-facility linkages and intra-facility linkages at different levels e.g. sub-county | Health facility-to-facility linkages and intra-facility linkages at different levels improved | MoH | 150 | 200 | 245 | 300 | 350 | 1,245 | |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|---|---|--|--|---------------------------------------|-------|-------|-------|-------|-------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| | Generate and use robust data and evidence to inform programmes and policies relating to ending child marriage and teenage pregnancy | Studies conducted to generate evidence and knowledge on defilement, child marriage, teenage pregnancy, STDs, HIV/AIDS, and girls' education, child protection generated and disseminated | MGLSD UBOS | 150 | 150 | 150 | | 450 | |
| | | Geo-spatial dashboard on teenage pregnancy in Uganda to provide real time data on this area established | MGLSD UBOS | 300 | | | | 300 | |
| | | Study mapping the status of child mothers, pregnant girls and their babies | MGLSD UBOS | | 300 | | | 300 | |
| | | Research on the scale of teenage pregnancy in Uganda and the effects of COVID-19 Conducted | MGLSD UBOS | 200 | | | | | 200 |
| | | Further analysis of DHMIS and other routine data, including the National Violence Survey (2020/2021) | MGLSD | 200 | | | | | 200 |
| | | Study on the Cost of Inaction for CM&TP established | MGLSD | 200 | | | | | |
| | | Study on the impact of child marriage among boys | MGLSD UBOS | 200 | | | | | |
| | | 10 capacity building training of the key district officers to collect, analyze and utilize data on teenage pregnancy and re-entry of teenage mothers built | MoES | 40 | 120 | 120 | 120 | | 400 |
| | | VAC cases in line with the RTRR guidelines | MoES | | 50 | 100 | 100 | 100 | 350 |
| | | Generate and document evidence of best practices and positive cultural norms in ending child marriage and teenage pregnancy | 7 regional and international forum showcased | MGLSD | 10 | 10 | 10 | 30 | 30 |
| Develop an effective harmonized and centralized system for tracking school completion rates | An effective and centralized system for tracking school completion rates developed | MoES | | 1000 | | | | 1000 | |
| Create an electronic centralized child sex offenders' database linked with key MDAs and LGs for effective tracing and tracking of offenders | Child sex offenders' database in place | MoIA | | 700 | | | | 700 | |
| Generate and document evidence of best practices and positive cultural norms in ending child marriage and teenage pregnancy | Evidence of best practices and positive cultural norms documented | MoGLSD | | | 500 | | | 500 | |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|---|---|---|------------------------|---------------------------------------|-------------|-------------|-------------|------------|--------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| | Disseminate evidence through existing structures (such as community forums (barazas), community dialogues, seven parliamentary forums that advocate for children, and annual national music, dance and drama festivals) | Dissemination campaigns undertaken | MGLSD | 120 | 100 | 150 | 119 | 220 | 709 |
| | Develop and operationalize An Information Management System (IMS) that is capable of capturing child marriage and teenage pregnancies, birth registration and other child protections data of all children | Functional Information Management System (IMS) | MGLSD/ NIRA | | | 350 | | | 350 |
| | Sub total | | | 1070 | 2780 | 2145 | 1039 | 850 | 7,884 |
| STRATEGIC FOCUS AREA 8: Strengthen multi-sectoral coordination and collaboration (planning, budgeting, implementation), monitoring and evaluation mechanism for effective management of the NSCM&TP Strategy | | | | | | | | | |
| | Strengthen integrated planning, joint supervisions and inter-sectoral linkages among the different key stakeholders in order to harmonize all other interventions connected to the girl child, increase visibility and uptake of implementation interventions | Joint supervision and field visit | MGLSD/ MoES/ MoH | 50 | 50 | 50 | 50 | 50 | 250 |
| | Strengthen existing government protection system and structures at both national and lower local government levels and clarify their statutory and non-statutory roles in the fight against defilement, child marriage and teenage pregnancies | Awareness and capacity building of MDAs and LG levels | MGLSD | 200 | 400 | 440 | 400 | 320 | 1760 |
| | Strengthen accountability mechanisms at all levels to ensure health and wellbeing of adolescent girls is high on the agenda | Multi-sectoral framework and accountability framework developed and supported | MGLSD | | | 600 | | | 600 |
| | Strengthen community structures such as Child Protection Committee (CPCs), para-social workers and Village Health Teams (VHTs), to prevent, detect and respond to cases of child marriages and teenage pregnancies | Quarterly meetings of the multi-sectoral coordination at the national, districts and sub county level | MGLSD | 10 | 10 | 10 | 10 | 10 | 50 |
| | Implement strategies to scale up and support good practices such as supervisions across line ministries in line with the whole government approach | Conduct mid and end term review on the progress and achievements of the strategy | MGLSD | | | 250 | | 300 | 550 |
| | Strengthen community structures such as Child Protection Committee (CPCs), para-social workers and Village Health Teams (VHTs), to prevent, detect and respond to cases of child marriages and teenage pregnancies | Community structures such as CPCs, para-social workers and VHTs strengthened | MGLSD | | 550 | 650 | 600 | 560 | 2,360 |
| | Implement strategies to scale up and support good practices such as supervisions across line ministries in line with the whole government approach | Good practices identified and implemented | MGLSD | 90 | 80 | 70 | 65 | 60 | 365 |
| | Support a coordination unit within the MGLSD under the social protection directorate to coordinate and monitor the implementation of the NSCM&TP | Coordination unit within the MGLSD supported | MGLSD | 40 | 50 | 45 | 50 | 50 | 235 |

| Objectives | Intervention | Output | Lead Agency | Estimated Budget in UG SHS ('000,000) | | | | | |
|---|--|---|-------------|---------------------------------------|---------------|---------------|---------------|---------------|---------------|
| | | | | 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | Total |
| | Support a high level technical working committee and build capacity of members to offer strategic guidance and support the implementation of the NSCM&TP | High level technical working committee capacity built | MGLSD | 50 | 50 | 50 | | | 150 |
| | Sub total | | | 440 | 1190 | 2165 | 1175 | 1350 | 6,320 |
| STRATEGIC FOCUS AREA 9: Financing (domestic & foreign), engagement, and partnership for effective implementation of the NSCM&TP strategy | | | | | | | | | |
| | Build robust resources and financing systems to increase grant capture and sustainability for initiatives against CM&TP | Resources and financing systems identified | MGLSD | | 300 | | | | 300 |
| | Improve mechanisms to nurture and strengthen the current good will by development partners supporting the implementation of the NSCM&TP strategy | Development partners supporting NSCM&TP Strategy nurtured | MGLSD | 200 | | 250 | | | 450 |
| | Incorporate actions and track commitments for ending child marriages and teenage pregnancy in key MDAs and LGs plans and budgets | MDAs and LGs with plans and budgets incorporating child marriages and teenage pregnancy | MGLSD | 1000 | | | 1000 | | 2000 |
| | Pursue strategic partnerships with the private sector, cultural and faith based organizations and other CSOs for implementation of the NSCM &TP | Strategic partnerships pursued | MGLSD | | | 100 | | | 100 |
| | Strengthen, support and collaborate with children and youth led organizations at the grassroots to build a movement of young people in the communities advocating for change and being the change in ending child marriage and teenage pregnancy | Movement of young people in the communities advocating for change strengthened | MGLSD | 45 | 75 | 120 | 210 | 222 | 672 |
| | Sub total | | | 1245 | 375 | 470 | 1210 | 222 | 3,522 |
| | Total Objective 3: | | | 3,409 | 5,620 | 6,348 | 4,310 | 3,069 | 22,756 |
| | GRAND TOTAL | | | 9,800 | 14,111 | 15,330 | 12,645 | 11,773 | 63,659 |

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