

# NATIONAL MULTI-SECTORAL COORDINATION FRAMEWORK FOR ADOLESCENT GIRLS 2017/2018 - 2021/2022

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LIST OF	ACRONYMS
AGI	Adolescent Girls Multilevel Vulnerability Index
ART	Anti Retroviral Treatment
ASRH	Adolescent Sexual Reproductive Health
ANC	Antenatal Care
BCC	Behaviour Change Communication
BRMS	Basic Required Minimum Standard
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	
CDC	Convention on the Rights of the Child  Centre for Disease Control and Prevention
CDOs	
CSO	Community Development Officers  Civil Society Organisation
DCDO	District Community Development Officer
DHIS2	The District Health Information System
DLG	District Local Government
EMIS	Education Management Information System
FBOs	Faith Based Organisations
HMIS	Health Management Information System
IEC	Information, Education, and Communication
ILO	International Labour Organization
IMS	Information Managment System
JLOS	Justice Law and Order Sector
MOGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
MOFPED	Ministry of Finance, Planning and Economic Development
МОН	Ministry of Health
MOIA	Ministry of Internal Affairs
MOJCA	Ministry of Justice and Constitutional Affairs
MOLG	Ministry of Local Government
NCA	National Children Authority
NDP II	National Development Plan II
NEET	Not in Education Employment or Training
NIRA	National Identification and Registration Authority
OVC- MIS	Orphans and Vulnerable Children Management Information System

PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan For AIDS Relief
PFMA	Public Finance Management Act
PIASCY	The Presidential Initiative on AIDS Strategy to Youth
PMTCT	Prevention of mother-to-child transmission
PTAS	Parent Teacher Associations
PTIP	Prevention of Trafficking in Persons
RTRR	Reporting, Tracking, Response and Referrals
SGBV	Sexual Gender Based Violence
SMCS	School Management Committees
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
TPC	Technical Planning Committee
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic Health Survey
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
UPF	Uganda Police Force
USE	Universal Secondary Education
URA	Uganda Revenue Authority
VAC	Violence against children
VHTs	Village Health Teams
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

## **FOREWORD**



Adolescence is a critical stage in life for every girl and boy. An emphasis on adolescents and young people during this life stage provides a critical 'window of opportunity'; what happens in adolescence plays an instrumental role in their future—and that of their family, community, and country. The adolescents of today are the adults — and the parents — of tomorrow. Therefore, it is critical to invest in the health, education, protection, participation and inclusion of our adolescents.

Moreover, it is critical to do so with a genderspecific focus. Data clearly show that during adolescence, gender disparities in social, education and health outcomes among boys and girls intensify, resulting in adolescent girls and young women being one of the most vulnerable and disadvantaged demographic groups. This is especially the case for girls from poorer households and rural areas.

Over the course of National Development Plan II, the Government of Uganda has taken important steps in supporting Adolescent development and wellbeing in the Country with particular attention to the specific vulnerabilities affecting adolescent girls. Considerable investments have been made in improving the sectoral policy frameworks laying the foundations for an increased focus on adolescent girls' development and wellbeing.

Recognising the need for accelerating and deepening coordination between sectors and sectoral policies for adolescents, the Government of Uganda initiated a National Task Force for the Adolescent Girl, under the coordination of the Ministry of Gender, Labour and Social Development with First Lady, Minister of Education and Sports Hon. Janet Kataha Museveni as the National Champion.

With this Multi-Sectoral Framework for Adolescent Girls the National Taskforce has achieved an important milestone. Linked to national planning instruments such as the National Development Plan II and key sectoral policies, the Framework outlines critical actions and results over nine key areas of intervention and indicates how different sectors and government agencies will work together to achieve a better situation for adolescent girls in the Country.

As many of the bottlenecks that prevent achieving better results for adolescent girls are caused by social norms and practices prevalent in our communities, the implementation of the Multi-sectoral framework will be supported by the 'C4D Strategy for Adolescent Girls' a dedicated strategy aimed at adolescent girls, parents, and communities which aims at creating an environment in which adolescent girls are empowered and supported.

I look forward to continued coordination with relevant Ministries and to the fruitful work of the National Taskforce in the implementation of the Multi-Sectoral Framework for Adolescent Girls.

HON. JANAT B. MUKWAYA (HAJAT), MINISTER OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

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## **ACKNOWLEDGEMENT**



The Ministry of Gender, Labour and Social Development greatly appreciates the support from our partners that made the development of this 'National Multi-Sectoral Coordination Framework for Adolescent Girls' possible.

The development of the Coordination Framework has been a long and participatory process, involving extensive review of government policy and involving government Ministries, Departments, Agencies, Civil Society Organisations (CSOs), development partners, and adolescent girls themselves.

The process was spearheaded by the National Task Force for Adolescent Girls' Technical Committee. The Technical Committee includes Members representing the Ministry of Gender, Labour and Social Development (MoGLSD) (coordinating), Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of Internal Affairs (MoIA), Ministry of Justice and Constitutional Affairs (MoJCA), Ministry of Local Government (MoLG) and Ministry of Finance, Planning and Economic Development (MoFPED).

The Ministry of Gender, Labour and Social Development wishes to thank the UN in Uganda, including ILO, UNAIDS, UNFPA, UNICEF, UNWOMEN, and WHO for their technical inputs in the drafting of the document. Special thanks go to UNICEF for financial and coordination support throughout the process up to completion.

I am convinced that this Multi-sectoral coordination framework will contribute to increased collaboration between different sectors and as a result will result in accelerated progress in addressing the issues that affect adolescent girls..

PIUS BIGIRIMANA
PERMANENT SECRETARY
MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT

## **CHAPTER 1**

# INTRODUCTION AND BACKGROUND



## 1.1 Introduction

This is a Multi-Sectoral Framework for Adolescent Girls in Uganda. It outlines the Government of Uganda's commitments and efforts on investing in adolescence as the second decade of life. It outlines how Government Ministries will coordinate to deliver a package of services in line with their mandates in order to achieve sustainable results for adolescent girls. The framework covers 2017/2018-2021/2022.

#### Situation analysis

Over the course of National Development Plan II (NDP II), the Government of Uganda has taken important steps in supporting adolescent development and wellbeing in the country. As reflected in the previous section, considerable investments have been made in improving the policy frameworks laying the foundations for an increased focus on adolescent girls' development and wellbeing. Further, the 2014 population census shows that the majority of adolescents are in school. This makes for a favorable environment for the Multi-Sectoral Framework to build on. This chapter outlines the multitude of inroads and opportunities through which these policies can proceed to take full effect on the lives of Ugandan adolescent girls (and boys).

## **Key issues affecting Adolescent Girls**

- 1. **HIV/AIDS**: According to the 2014 HIV and AIDS Uganda Country Progress Report an estimated 87,236 adolescents (aged 10-19 years) are living with HIV. The burden is higher among girls who represent 49,503 (3.3 per cent) cases compared to their male counterparts who represent 37,734 (2.5 per cent) cases. About 95,000 new HIV infections were projected, with 11,026 (11.6 per cent) new cases among adolescents among which 7,677 (69.6) girls and 3,350 boys.
- 2. **Teenage pregnancy**: Teenage pregnancy prevalence in Uganda stands at 25 per cent. It is more common in rural (27 per cent) than in urban areas (19 per cent) Among all adolescent girls between 10-19 years, nearly 1 in 10 (8.5 per cent) has been pregnant.
- 3. Violence against children: Evidence from the National VAC survey (2015) shows that violence against children and sexual and gender based violence are widespread in Uganda. Three quarters of Ugandan children experienced any form violence in childhood, e.g. physical, sexual or emotional. More than one in three females (35 per cent) and one in six males (16.5per cent) experienced sexual violence.
- 4. **Alcohol and substance abuse**: Alcohol and substance abuse is on increase in Uganda, especially among the adolescents. The per centage of adolescents who have drunk alcohol stands at 14 per cent. (Adolescent Health Risk Behaviours survey 2016 in Uganda, p. 34).
- 5. **Enrollment, retention and transition in education:** According to the 2014 National Census 10 per cent of children between 6-12 years and 4.1 per cent between 13-18 years have never been to school, especially girls and children in rural areas; 2.5 per cent of children between 6-12 years and 22 per cent of children between 13-18 years

have already dropped out of school while 20.5 per cent of girls (and 16.1 per cent of boys) have never been to school. The retention rate at the final year of primary school (survival rate to P7) stands at 30 per cent for both boys and girls. 21.4 per cent of girls (and 22.1 per cent of boys) make it to secondary school; the transition rate to Senior 5 is 21.4 for girls and 28.1 for boys. (EMIS 2015)

- 6. Achievement in education: Literacy at primary level stands at 52 per cent for girls and 51.6 per cent for boys, while numeracy stands at 48.2 per cent for girls and 56.9 per cent for boys. At secondary school level, proficiency in English stands at 48.6 per cent for girls and 49.9 per cent for boys. The gap in proficiency in mathematics widens remarkably at secondary school with 33.3 per cent proficiency for girls and 48.7 per cent proficiency for boys.
- 7. Child marriage: The Uganda Demographic Health Survey (UDHS) 2011 indicates that over 15 per cent of ever-married women aged 20-49 were married by the age of 15, and 49 per cent were married by age 18. For the last 30 years, there has been very little or no change in median age at first marriage which has been stable at an average of 17.9 years.
- 8. Scope for meaningful and positive engagement in society: There have been a few formal initiatives where adolescents were able to have their voices heard, but these have been limited in scope and their impact is not yet well documented.
- 9. Economic inclusion: The proportion of young people (15-29 yrs.) not in education, employment (including self-employment) or training (NEET) in Uganda as per 2015 data stands at 19 per cent for adolescent girls and young women, three times the per centages for adolescent boys and young men (which stands at 6.9 per cent).

While the issues outlined above affect adolescent girls across the country, not all adolescent girls are equally affected. The Adolescent Girls Multilevel Vulnerability Index (AGI)1, commissioned by the Government of Uganda and UNICEF, captures adolescent vulnerability at the individual, household and community level. It represents the situation of adolescent girls, providing understanding with regard to vulnerabilities at different levels and to reflect disparities within the country. Overall, girls face the most extreme vulnerabilities in Karamoja, West Nile and Central Regions – however, significant challenges remain across the country.

Amin S. et al (2013) Adolescent Girls Vulnerability Index: guiding strategic investment in Uganda, New York, Population Council.,

### **Bottleneck analysis**

The bottleneck analysis indicates which issues need to be addressed across sectors in order to improve indicators for adolescent girls with regard to the key issues identified.

## Structural issues (legal, budgetary, policy and financing):

- Overall there is still limited knowledge / understanding of adolescence as a stage in the life cycle which can inform policy and guidelines in various sectors.
- Legal and policy instruments are not adapted to adolescence as a distinct stage in the life cycle.
- There are insufficient disaggregated data available for the adolescent age bracket to enable planning, implementation and evaluation of interventions targeting adolescent development and wellbeing.
- There is insufficient investment in adolescent health, education, protection and participation services, causing them to be inaccessible to many adolescents.

## Service delivery:

- Services are not fully adapted to the specific needs of adolescents, making them less likely to be sought and less effective in addressing the needs of the adolescents and achieving the desired results. In addition, services are not always safe (for example, violence and sexual violence in schools is prevalent).
- Service providers (teachers, health service providers, justice sector etc.) have negative attitudes towards adolescents and inadequate understanding on how to best support them and work with them.
- There are various laws and policies in Uganda that support adolescent development, health and wellbeing, but they are not implemented on the ground for lack of capacity, knowledge and ownership at district level authority and facility level.

#### Community participation/engagement:

- Parents and local communities/authorities have limited knowledge or understanding on how to best support children though the adolescent phase of life. They may even have negative attitudes towards adolescents.
- Families are unable to afford access to services for adolescents.

These bottlenecks have to be addressed across different sectors in order to improve indicators for the key issues affecting adolescent girls in Uganda.

## **Legal and Policy Frameworks on Adolescent Girl**

The Government of Uganda has put in place both legal, policy and programmatic frameworks to uplift the status of adolescent girls in the Country.

## 1.2.1 International and domestic legal instruments

Uganda has signed and ratified international instruments that compel the country to domesticate provisions for protection of the adolescent girl. These include:

		DATE
INSTRUMENT	STATUS	RATIFIED
Convention on the Rights of the Child (CRC, 1989)-outlines responsibilities of duty bearers towards children; children have a right to care and support (regardless of children's nationality, gender, social situation, economic situation, health status). The CRC General Comment No. 20 (December 2016) specifies the implementation of the rights of the child during adolescence	Ratified	16.09.1990
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979)	Ratified	22.07.1985
Optional CRC Protocol on Sale of Children, Child Prostitution and Child Pornography	Ratified	30.11.01
Optional CRC Protocol on Involvement of Children in Armed Conflict	Ratified	06.05.02
Optional Protocol to CEDAW (1999)	Signed	06.10.99
Hague Convention on Jurisdiction, Applicable Law in Respect of Parental Responsibility and Measures for the Protection of Children (1996).	Ratified	
Convention on the Rights of Persons with Disabilities (2007)	Ratified	25.09.08
Beijing Platform for Action (1995)	Signed	1995
Transforming our world: the 2030 Agenda for Sustainable Development (2014)		2014
Convention Against Discrimination in Education (1960)	Signed	Accepted 19.09.68
Minimum Age Convention (ILO Convention #138, 1973)	Ratified	25.03.03
Worst Forms of Child Labor Convention (ILO #182, 1999)	Ratified	21.06.01
Convention Against Transnational Organized Crime (2000)	Ratified	09.03.05
Convention Relating to the Status of Stateless Persons (1954)	Acceded	15.04.65
International Covenant on Economic, Social and Cultural Rights (1966)	Acceded	21.01.87
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)	Ratified	03.11.86
African Charter on Human and People's Rights (1981)	Ratified	10.05.86
African Charter on the Rights and Welfare of the Child (1990)	Ratified	17.08.94
African Youth Charter (2006)	Ratified	06.08.08

The following National Laws have a direct bearing on adolescent development and protection:

- The 1995 Constitution of the Republic of Uganda.
- The Penal Code Act (2007)
- Prevention of Trafficking in Persons (PTIP) Act (2010)
- Domestic Violence Act (2010)
- Anti- Female Genital Mutilation Act (2010)
- Equal Opportunity Act (2010)
- Public Finance Management Act (PFMA) of 2015.
- Children's Act (Amended) (2016)
- Employment Act (2006) / Employment framework (2011):
- Liquor Act (1960)
- Persons with Disabilities Act (2006)

## 1.2.2 National Policies and Planning Frameworks

The following policies and planning frameworks guide the implementation of the Multi-sectoral Framework for Adolescent Girls:

- Vision 2040.
- The Second National Development Plan (NDPII) 2015/16-2019/20.
- The National Health Sector Strategic 2011-2015 (HSSP III)
- National Strategy for Girls Education (NSGE)(2015).
- Gender in Education Policy (GEP) (2017)
- The National Strategy to end Child Marriage and Teenage Pregnancy (2015)
- Universal Primary Education (UPE) (1997) and Universal Secondary Education (USE) (2007)
- The National Adolescent Health Policy (2005)
- National Youth Policy (2016)
- The National Policy on Young People and HIV/AIDS School Health Policy (under review)
- Child Participation Policy (2017)
- Presidential Fast Track Initiative on HIV / AIDS (2017)
- National OVC Strategy (2004) / Child Policy (under review)
- National Strategy on Eliminating Violence against Children in School (2015-20)
- National Guidelines on Prevention and Management of HIV/AIDS and unintended pregnancy in school settings (2015)
- Gender Based Violence Policy (2016)
- National Sexuality Education Framework (2018)

## 1.3

## **Justification for an Adolescent Girl Coordination Framework**

Adolescence is a critical phase in life for achieving human potential. Like Early Childhood, it is a determining phase in human development; it represents a very dynamic period of brain development and physical development. It is also accompanied by social development and gradual transition to adulthood, adult roles and responsibilities.

Approaches to support the development and wellbeing of adolescents are therefore significantly different from those adopted for younger children and need to take into account the adolescents' evolving capacities.

This is reflected in the General Comment 20 (2016) on the Implementation of the Rights of the Child during Adolescence. The General Comment highlights the need for a human-rights based approach that includes recognition and respect of the dignity and agency of adolescents, their empowerment, citizenship and active participation in their own lives, the promotion of optimum health, well-being and development and a commitment to the promotion, protection and fulfilment of their human rights, without discrimination. (CRC/C/GC/20)

The UN Child Rights Committee in its General Comment describes adolescence as a life stage characterized by growing opportunities, capacities, aspirations, energy and creativity but also significant vulnerability. The General Comment calls for State Parties to the Child Rights Convention to invest in adolescence as a key stage in life.

The UN defines adolescence as the age group of 10 - 19. According to the 2014 National Population and Housing census there are 8.48 adolescents in Uganda (51 per cent of them girls), representing 24.3 per cent or roughly a quarter of the Ugandan population. With 63.3 per cent of the population under the age of 19 absolute numbers of adolescents are set to increase in the immediate future. The size and proportion of the adolescent cohort represents a powerful case for investment in adolescents in Uganda.

Investing in the development and wellbeing of adolescents is critical to consolidate gains made during the early phase of life (childhood). A compromised adolescent development phase holds a severe risk to undo gains made in early years. The positive and supportive opportunities during adolescence can be used to offset some of the consequences caused by harm suffered during early childhood (CRC/C/GC/20).

The assets adolescents are equipped with in this critical phase of life lay down the foundations that determine their trajectories throughout the life course. Adolescent health and wellbeing, education, acquisition of emotional and cognitive abilities for independence determine capability for fulfilling adult roles, transition to employment, civic engagement and formation of lifelong relationships.

Finally, today's adolescents are tomorrow's parents. The assets adolescents are provided with – health, education, protection, social development and participation – determine their capability to give the best start in life to the next generation.



#### Why a focus on adolescent girls?

In 2013 the Government published the Adolescent Girl Vulnerability Index (Government of Uganda 2013). The research shows that girls in Uganda still face disproportionate risks and distinctive consequences from the vulnerabilities experienced. At the same time, it shows that girls in Uganda can play a crucial role in breaking the intergenerational cycle of poverty and driving a country's development forward. Girls who stay in school, marry later and delay childbearing often have healthier children, are able to earn better incomes that benefit themselves, their family, community and the nation.

Hence, in order to achieve development outcomes as defined in Uganda's Vision 2040 and the 2030 Sustainable development Goals, while actively involving and targeting male as well as female adolescents, the Government of Uganda wishes to address the critical need to improve indicators regarding the situation of adolescent girls in the country. Improving the situation of adolescent girls is set to involve and benefit girls, boys, families, communities and the country.

### Why a Multi-Sectoral Coordination Framework for Adolescent Girls?

Given the above issues raised, the purpose of this Multi-Sectoral Framework for Adolescent Girls are as outlined below;

The issues affecting adolescent girls are closely connected hence need for a multi sectoral approach which can only happen with better coordination. Therefore it's important to note that positive outcomes in any one given area contribute to improved prospects in the others. Negative outcomes in one issue-area compromise the prospect for positive change in other areas.

Global research<sup>2</sup> on adolescent development has shown that adolescents with longer participation in education, fewer health risks, and slower transitions in to marriage and parenthood accrue greater capabilities and resources for health and wellbeing. Conversely, early marriage and parenthood, little education and early exposure to economic and social adversity are likely to diminish these resources and capabilities.

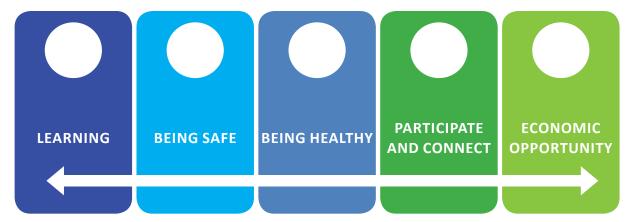
For example, the global research shows:

- A girl is more vulnerable to contracting HIV if she has dropped out of school, has been subjected to early marriage or has been forced into sexual relations and teenage pregnancy.
- Young teenage mothers are at increased risk of ill health, adverse pregnancy outcomes and are constrained in continuing their education. Re-entry of young mothers into education, however, helps to mitigate long term adverse outcomes.
- Adolescents subjected to violence and abuse (including family violence) are more likely to drop out of school, to develop substance abuse problems and to engage in abusive relationships themselves.
- Alcohol and substance abuse, in turn, can lead to neurological impairment and long term health problems.
- School drop-out is associated with several risks. Adolescent girls who stay in school are better educated, of course, but also show reduced teenage births and lower age at marriage. They live longer lives with less ill health and have healthier children.
- Further, while premature autonomy and early disengagement from parents and school predict poorer health and wellbeing, adolescents gradually develop the capacity and the need to engage in their wider social and community context and to have degree of participation in issues that affect their lives. Adult support for positive and meaningful engagement is a condition for healthy development into mature adulthood. Conversely, social contexts in which negative forms of engagement prevail (such as physical or psychological violence, substance abuse...) can result in a negative impact for the adolescent and the community as a whole.

<sup>2</sup> Patton G. et al (2016) Our Future: A Lancet Commission on Adolescent Health and Wellbeing, in: The Lancet, vol. 387, pp. 2423-2478.

## 1.4 Theory of Change

A multi-sectoral approach to adolescent development is key, as results in one area support (or conversely, compromise) results in the other areas.



If:

- Legal and policy instruments across sectors touching adolescents' lives are adapted to the needs and rights of children in the adolescent stage of life.
- Gender-disaggregated data specific to adolescents are available and used.
- Increased understanding of adolescence as a stage in the life cycle has been realized among policy makers, national and sub-national authorities.
- Investment in adolescent friendly services is increased.

If:

- Adolescent friendly and adolescent appropriate services are available and accessible across sectors
- Service providers (teachers, health service providers, justice sector etc.) have knowledge, capacity and attitudes allowing them to effectively work with adolescents.
- Referral mechanisms within and between sectors are effectively functioning.
- Existing laws and sectoral policies supporting adolescent development are rolled out/ enforced.

#### And if:

- Positive attitudes and knowledge of parents and local communities/authorities relating to adolescent development (early marriage, GBV, health seeking behavior,) are developed.
- Family level economic barriers related to access to services are addressed.

#### Then:

Adolescent girls will have improved access to quality education, health, be protected against all forms of violence and will participate meaningfully in the social and economic development of the country.

## Guiding principles for the Multi-sectoral framework

- 'Do No Harm';
- Human rights-based approach;
- Equity-based approach (vulnerability, disability, refugees);
- Life-cycle approach (interventions sensitive to life-cycle transitions);
- Evidence-based programming;
- Capacity building;
- Conflict and Culturally-sensitive programming (approaching culture as a pool of ingenuity and innovation);
- Multi-partner response: different actors, including the Government, non-governmental organizations, the private sector, communities, parents, care givers, and adolescents themselves need to work in partnership with each other in order to achieve the desired outcomes;

### **Development of the Multi-Sectoral Framework for Adolescent Girls**

The development of the Multi-sectoral framework was led by the Ministry of Gender, Labour and Social Development (MoGLSD) with technical support from line ministries of Health, Education, Justice and the Development Partners (UNICEF, UNFPA, UN Women, WHO, PEPFAR) and the Civil Society Organizations (CSOs). The process involved relevant Line Ministries, UN agencies and Civil Society Organisations and communities across the country in an inclusive and consultative process.

The first phase of the development of the framework commenced with a desk review (March 2016) of existing research on adolescent girl development, followed by multiple sectoral and regional consultations (July 2016) across different parts of the country.

Subsequently, technical experts from relevant line ministries, UN agencies, PEPFAR and Civil Society Organizations convened for a Work Meeting in (Entebbe, 2-5 May 2017) to review data and analysis produced during the first phase. The meeting proceeded with defining key issues affecting adolescent girls, bottlenecks preventing progress in these areas, a clear theory of change, results, and key interventions.

The Entebbe Work Meeting produced a Results Framework centered on 9 key outcomes for adolescent girls. The Results framework formed the basis for further inputs from technical experts at the respective ministries with regard to key indicators and interventions.

The technical draft was reviewed and completed at the second Work Meeting

## **CHAPTER 2**

# THE MULTI-SECTORAL FRAMEWORK





## 2.1 Vision

All adolescent girls in Uganda are empowered, healthy, educated, protected and supported to meaningfully participate in decisions that affect them.

## 2.2 Mission

To bring together the collective and combined strengths of the key line ministries to streamline and coordinate Government, civil society and community efforts in Uganda to provide quality services and programs with focus on key issues affecting adolescent girls.

## 2.3 Objectives of the Multi-Sectoral Framework

- To provide a strong advocacy tool based on the current state of scientific evidence on the importance of investing in adolescents as well as the situation of adolescent girls themselves in Uganda;
- To provide a common platform and concerted effort across different sectors to shift key indicators for adolescent girls' development and wellbeing, with measurable results;
- To provide a coordination framework; coordination between policies/interventions in different sectors and ministries;
- To provide a basis for planning, budgeting and resource mobilization to support investments in adolescent girls;
- To provide a platform for involvement of adolescent girls in issues regarding their development and wellbeing.

## 2.4 Key results areas and interventions

#### 2.4.1. HIV and AIDS:

According to the 2014 HIV and AIDS Uganda Country Progress Report, 87,236 adolescents (aged 10-19 years) are living with HIV. The burden is higher among girls who represent 49,503 (3.3 per cent) cases compared to their male counterparts who represent 37,734 (2.5 per cent) cases. About 95,000 new HIV infections were projected, with 11,026 (11.6 per cent) new cases among adolescents among which 7,677 (69.6) girls and 3,350 boys.

## What needs to be addressed to change this situation?

- Fragmented and non-complementary strategies, guidelines, and programmes resulting into limited integration of SRH/ HIV interventions.
- Lack of routine adolescent age and gender disaggregated data for planning and decision making in adolescent development programming, including HIV programming.
- Inadequate financial resources to support adolescent HIV programmes.
- Inadequate capacity (staff, equipment, supplies, infrastructure) among service providers to deliver integrated SRH/ HIV responsive services to adolescents.
- The knowledge of adolescents, parents, care takers and communities on HIV/AIDS, prevention, HIV testing services, psychosocial support, available. Low male involvement in HIV prevention programming.
- Level of support to / attention for adolescent girls' health and wellbeing as a result of cultural norms.
- Level of participation of adolescents in adolescent health programming.
- Level of life skills and capacity of the adolescents to make effective decisions in the prevention of HIV.

# OUTCOME 1.: RATE OF NEW HIV INFECTIONS AMONG ADOLESCENT GIRLS IS REDUCED

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR / MINISTRY	KEY ACTORS
Output 1.1: Strengthened policy framework and information management system for	Where necessary, align existing policies relating to HIV in adolescence within and across sectors (including health, education, child protection).	МоН	MoGLSD MoES
better implementation of adolescent HIV programming	Improve availability and use of relevant data by introducing standard age and gender disaggregation in sectoral information systems (HMIS, EMIS, OVC-MIS etc.) and by creating an easily accessible repository or platform for adolescent-related data across sectors.	MoGLSD MoES MoH MoIA	UBOS
	Increase budgetary allocations for adolescent health interventions in annual health sector plans.	МоН	MoES MoGLSD
Output 1.2. Improved capacity of various sectors (Health, Education, Social Protection and Justice) to scale up quality services for prevention and	Orient service providers (health workers, social workers, teachers and JLOS) on referral pathways and support services for adolescents.	MoGLSD	MoES MoLG MoFPED MoIA MoLG/DLG
management of HIV.	Build the capacity of health service providers to provide adolescent responsive services at all levels in an inclusive, equitable and gendersensitive way, including through training and supportive supervision on the Comprehensive Package on Adolescent HIV Care, counselling, testing and psycho-social support.	МоН	MoES MoGLSD MoLG MoFPED
	Provide orientation and guidance for districts in developing plans to implement the Minimum Package for Adolescent Health, the Presidential Initiative on AIDS Strategy to Youth (PIASCY) and the National Framework for Sexuality Education. Increase budgetary allocations for adolescent health interventions in annual district plans.	МОН	MoES MoGLSD MoIA MoLG/DLG
	Strengthen the supply chain for HIV/AIDS commodities to reduce stock outs and expiries	МоН	MoFPED MoLG/DLG

OUTPUT	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 1.3: Improved knowledge and awareness among adolescents, parents, care givers community leaders and teachers on HIV prevention	Roll out the Advocacy, Social Mobilization and Behaviour change communication interventions (reflected in the National Intersectoral Communication for Development Strategy for adolescent girls developed as part of the Multi-sectoral Framework)	MoGLSD	MoH MoES MoLG/DLG
and access to HIV and health services.	Empower adolescent girls; Increase knowledge, promote essential attitude change (e.g., increase perception of risk or change attitudes toward condom use) among adolescents	MoGLSD	MoH MoES MoLG/DLG
	Support adolescents to improve life skills through school based and community based interventions.	MoGLSD MoES	MoH MoLG/DLG
	Build the capacity and motivation of adolescent peer leaders for involvement in HIV prevention, care and support	MoGLSD MoH	MoES MoLG/DLG
	Support to parenting programmes to promote acceptance and value of sexual reproductive health services for adolescents.	MoGLSD MoES	MoLG/DLG MoH
	Support CSOs directly working with young people living with HIV for adolescent led advocacy	MoGLSD MoH	MoLG/DLG
	Engage religious and cultural leaders to reduce stigma and discrimination.	MoGLSD	MoH MoES MoLG/DLG
	Mobilize community based structures across all sectors (e.g. VHTs, CDOs, PHA networks) to create demand for information and services on HIV/AIDS.	MoGLSD MoH	MoLG/DLG
	Promote and sustain adolescent friendly services for HIV prevention, care, treatment and support through institutionalization of adolescent friendly HIV services and the use of peer models.	МоН	MoES MoGLSD

#### **2.4.2.** Teenage Pregnancy

Teenage pregnancy prevalence in Uganda stands at 25 per cent. It is more common in rural (27 per cent) than in urban areas (19 per cent) Among all adolescent girls between 10-19 years, nearly 1 in 10 (8.5 per cent) has been pregnant. Teenage pregnancy increases the risk of unsafe abortion. Unsafe abortions among adolescents account for an estimated 28 per cent of maternal deaths annually. (UDHS 2016)

#### What needs to be addressed to change this situation?

- Limited data and use of data/information for decision making in adolescent health programming (including reproductive health).
- Poor quality of services resulting from lack/ inappropriate provision of pre-conception care, pregnancy, child birth and post delivery services due to a number of factors including limited provider capacity to care for adolescent girls.
- Inadequate implementation of adolescent related strategies, policies and laws (including integrated SRHR guidelines, School Health Policy, PIASCY, VAC Strategy, HIV Policy, National Sexuality Education Framework, child marriage, laws protecting children against defilement, etc).
- Children and adolescents are often in physically dangerous situations having to move long distances without protection or performing domestic and other informal work.
- Adolescent girls in and out of school in vulnerable communities are not equipped with necessary life skills to protect themselves and make right decisions.
- Inadequate support and protection for adolescent girls in communities: inadequate knowledge among adolescents, parents, and communities on sexuality, growth and development; nutrition, pregnancy prevention, danger signs in pregnancy, harmful practices and where to access appropriate care.
- Negative social norms sustain the practice of early marriage.
- Delay and failure to access services before and during pregnancy, child birth and postdelivery among adolescents due to a number of issues including social, economic, cultural, lack of emotional support from families, parents, caregivers etc. and physical access to services especially in vulnerable communities and those affected by a high level of HIV/AIDS.

# OUTCOME 2: REDUCED PREVALENCE OF EARLY PREGNANCY, MATERNAL MORBIDITY AND MATERNAL MORTALITY AMONG ADOLESCENT GIRLS.

ОИТРИТ	KEY INTERVENTION	LEAD ACTORS	KEY ACTOR
Output2.1. Strengthened information systems at national and sub-national level for accountability and effective decision making regarding adolescent development and wellbeing	Improve availability and use of relevant data by introducing standard age and gender disaggregation in sectoral information systems (HMIS, EMIS, OVC-MIS etc.) and by creating an easily accessible repository or platform for adolescent-related data across sectors.	MoGLSD MoES MoH MoIA	UBOS MoFPED/ NPA
Output 2.2: Improved capacity of relevant sectors (health, education, child protection, local government and others) in terms of human resources, facilities and availability of commodities to prevent and	Enforce relevant laws protecting children against defilement, notably by care givers such as parents and guardians or by persons in authority (Penal Code (amendment) Act (CAP 120) 2007, section 129)	MoIA	MoGLSD MoES MoH MoIA MoLG/DLG
manage teenage pregnancy.	Provide orientation and guidance for districts to enable gender-sensitive sectoral planning and development in sectors such as education, infrastructure, economic development, trade, water and sanitation to reduce exposure of adolescent girls to physical risks on the way to school, to a water point, etc.	MoFPED	MoGLSD MoES MoH MoIA MoLG/DLG
	Strengthen implementation of the relevant sectoral policies, guidelines and service standards. (including School Health Policy, PIASCY, VAC strategy, HIV Policy, National Framework for Sexuality Education)	MoGLSD MoES MoH	MoIA MoLG/DLG
	Build capacity of service providers (health workers, teachers, community development officers, welfare officers) and institutions to offer adolescent responsive services including providing age appropriate information to adolescents, parents, caregivers and communities on nutrition, immunization, personal hygiene, general health seeking behavior and relevant pathways for referral.	МоН	MoGLSD MoES MoIA MoLG/DLG
	Provide training and supportive supervision for health service providers in Integrated Management of Pregnancy Complications, Post Abortion Care, PMTCT, Adolescent Nutrition, integrated SRHR guidelines.	МоН	MoGLSD MoES MoH MoIA
	Ensure regular availability of basic commodities and supplies as outlined in the minimum package by service delivery level.	MoH MoFPED	MoGLSD MoES MoIA

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 2.3: Improved knowledge and attitudes of adolescent girls and boys, parents, care givers and community leaders to prevent teenage pregnancy and with regard to seeking appropriate treatment and care in case of pregnancy.	Roll out the Advocacy, Social Mobilization and Behaviour change communication interventions reflected in the National Inter-Sectoral Communication for Development Strategy for adolescent girls developed as part of the Multi-sectoral Framework.  Empower adolescent girls; Increase knowledge, promote essential attitude change (e.g. Adolescent Sexual Reproductive Health - ASRH, life options; education, training, employment opportunities) among adolescents.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Support the life skills programme in and out of school to strengthen adolescent knowledge and skills on ASRH and others (decision making, negotiation, communication and interpersonal skills, and stress management).	MoGLSD	MoES MoH MoIA MoLG/DLG
	Increase capacity of adolescents to advocate for themselves and organize self-directed initiatives.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Parental education on ASRH.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Advocate with school principals, administrators, and school board of governors to collaborate on the design and review of school-based initiatives to prevent adolescent pregnancy.	MoES	MoGLSD MoH MoIA MoLG/DLG
	Build capacity of FBOs, Cultural Institutions and community leaders to work on teenage pregnancy prevention and underlying social norms (child marriage, VAC, SGBV).	MoGLSD	MoES MoH MoIA MoLG/DLG
	Form family counselling groups through faith based organizations. Religious organizations provide religiously-appropriate options (support groups, trainings, etc).	MoGLSD MoH	MoES MoIA MoLG/DLG

## 2.4.3. Violence against Children/ Sexual and Gender Based Violence

Evidence from the National VAC survey (2015) shows that violence against children and sexual and gender based violence are widespread in Uganda. Three quarters of Ugandan children experienced any form violence in childhood, e.g. physical, sexual or emotional.

More than one in three females (35 per cent) and one in six males (16.5 per cent) experienced sexual violence. For 25 per cent of the girls and 25.3 per cent of the boys who experienced sexual violence, the first incident occurred at or before the age of 13. Most girls and boys who experienced childhood sexual abuse experienced multiple incidents in their life (girls, 83.2 per cent; boys, 81.3 per cent).

## What needs to be addressed to change this situation?

- Inadequate allocation of resources to the child protection sector and to prevention and response to VAC and SGBV, including case management, at national and subnational levels.
- Inadequate coordination of stakeholders and existing structures at national and grassroots levels on VAC and SGBV related issues.
- Inadequate availability and use of existing data on VAC and SGBV to inform programming and budgeting for ending violence against children interventions. Data on how many alleged perpetrators of violence against children are being prosecuted and convicted is not accessible.
- Inadequate dissemination, interpretation, implementation and enforcement of laws on VAC and SGBV.
- Inadequate social welfare workforce to prevent and respond to VAC and SGBV.
- Unclear and weak referral linkages leading to fragmented response to VAC and SGBV by sectors such as justice, health, social development etc.
- JLOS institutions have inadequate capacity to handle cases of VAC and SGBV that involve adolescents. This leads to higher rates of adolescents in conflict with the law coming into contact with the justice system, which can have detrimental effects on their development. Adolescent victims/survivors are at risk of being re-traumatized during investigation and court procedures.
- High cost of VAC and SGBV case management and high cost for users of accessing services in terms of distance, time and financial resources.
- There is a strong degree of acceptance of violence by the victims and fear to be stigmatized, causing victims not to seek help. Violence is largely accepted and condoned in the context of discipline by parents and communities (i.e. both in home and school settings).

# OUTCOME 3: REDUCTION IN PREVALENCE OF VIOLENCE AGAINST CHILDREN INCLUDING SEXUAL AND GENDER-BASED VIOLENCE.

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 3.1: Strengthened capacity of national and sub national level coordination and management structures to plan,	Allocate adequate resources to VAC and SGBV interventions at different levels, including coordination.	MoGLSD	MoH MoES MoFPED
coordinate and budget for VAC and SGBV interventions.	Strengthen the social welfare workforce (e.g. assessment, accreditation and classification); Strengthen probation function to ensure the rights of children in conflict with the law are met in line with the Children's Act And other relevant laws.	MoGLSD	MoH MoES MoFPED MoLG/DLG
	Harmonize existing child protection databases, including JLOS databases, to collect and report on age and gender disaggregated VAC and SGBV indicators, including rates of prosecution and conviction on perpetrators of VAC/SGBV.	MoGLSD	MoH MoES MoFPED
	Build partnerships with private sector to prevent and respond to VAC and SGBV related issues.	MoGLSD	MoH MoES MoFPED MoLG/DLG
Output 3.2: Service providers (in JLOS, health, education and child protection sector) have adequate technical and functional capacity to manage cases of VAC and SGBV.	Disseminate existing laws, policies, strategies and guidelines on VAC and SGBV to sub-national governance level.	MoGLSD	MoES MoH MoLG/DLG JLOS
	Enforce relevant laws protecting children against defilement, notably by care givers such as parents and guardians or by persons in authority (Penal Code (amendment) Act (CAP 120) 2007, section 129).	JLOS/UPF	DLG
	Strengthen the case management system for VAC and SGBV at national and subnational levels for better coordination and reduction of case management costs, including through strengthening and scaling up the Uganda Child Helpline service.	MoGLSD	UPF MoH
	Build and strengthen the technical capacity (knowledge and skill) of social welfare, health, JLOS and other service providers to identify cases of violence, manage emergency care and provide psycho-social support to SGBV and VAC survivors.	MoGLSD JLOS	MoH MoES MoLG/DLG

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
	Ensure that service delivery points are well equipped with necessary commodities to respond to VAC and SGBV cases (e.g. medical, legal kit, PF3, PEP Kits).	МоН	UPF
	Bring services closer to beneficiaries (e.g. increase frequency and coverage of community outreaches; strengthen community based structures).	MoGLSD MoLG/DLG	MoFPED
	Establish safe spaces for disclosure of VAC and service provision for adolescents (for example at school).	MoLG/DLG UPF	MoGLSD MoES MoH
Output 3.3: Improved knowledge of adolescents and care providers (parents, community leaders, teachers, education officials, health staff etc.) on the prevention of violence and	Empower adolescents with information, knowledge and skills to be able to protect themselves and their peers from violence including online violence (sexual and gender based violence, defilement, rape, child labour, children in conflict with law).	MoGLSD	MoES MoLG/DLG
provision of care for the survivors of VAC and SGBV.	Mobilize and build capacity of adolescent girls and their peer leaders to report cases on Violence against Children using the RTRR Guidelines (Reporting, Tracking, Referral and Response) and Child Help Line.	MoES MoGLSD	JLOS MoLG/DLG
	Capacity building of service providers on communicating with adolescents on different forms of VAC, SGBV, children in conflict with the Law.	MoES MoGLSD MoH	JLOS MoLG/DLG
	Support to parenting programmes for promotion of dialogue inter- generationally between parents and their children.	MoGLSD	MoES MoLG/DLG
	Strengthen male engagement component to focus on fathers and male caregivers to end gender-based violence.	MoGLSD	MoLG/DLG
	Campaigns, championing and role models to raise awareness about VAC, SGBV and alternatives to punishment approaches for adolescents in conflict with law.	MoGLSD	MoES MoLG/DLG JLOS
	Work with community influential gatekeepers and community members to address underlying social norms impacting gender based violence.	MoLG/DLG	MoGLSD
	Establish adolescent speaker corners in 'Safe Spaces' to give opportunity for dialogue between adolescents and community and other stakeholders (e.g. service providers, political leaders, district officials etc).	MoLG/DLG	MoGLSD



#### 2.4.4. Alcohol and substance abuse

Alcohol and substance abuse is on increase in Uganda, especially among the adolescents. The per centage of adolescents who had ever drunk alcohol stands at 14 per cent. Per centage of adolescents who drink alcohol is higher in urban relative to rural setting, irrespective of sex and age. (Adolescent Health Risk Behaviors survey 2016 in Uganda).

## What needs to be addressed to change this situation?

- The legal framework / laws are not sufficient to support better public health outcomes in the realm of alcohol and substance abuse among vulnerable girls and boys. The Anti Narcotic law is not sufficient in enforcing and deterring supply of alcohol and substance abuse.
- Inadequate gender and age disaggregated data on cases of alcohol and substance abuse among adolescents for planning and decision making.
- Service providers (including community health workers) have inadequate capacity for prevention and management/rehabilitation of alcohol and substance abuse among adolescents.
- Regulatory measures, to restrict production, packaging, distribution, sale and consumption of alcohol and other substances are weakly enforced.
- Adolescents and their care givers and wider communities have limited awareness of dangers of alcohol and substance abuse and on where to seek help.

# OUTCOME 4: ALCOHOL AND SUBSTANCE ABUSE: REDUCTION IN PREVALENCE OF ALCOHOL AND SUBSTANCE ABUSE AFFECTING ADOLESCENT GIRLS AND BOYS.

		LEAD	
OUTPUT	KEY INTERVENTION	ACTOR	KEY ACTORS
Output 4.1: Adequate legal	Review relevant laws and policies (Enguli	JLOS/Uganda	МоН
framework available to support	Act – Cap 86; Liquor Act – Cap 93; Potable	Law Reform Commission	
improved public health outcomes with regard to	Spirits Act – Cap 97) and strengthen oper-	Commission	
adolescent mental health and	ationalization of existing laws related to		
substance abuse.	alcohol and substance abuse to strengthen		
	public health outcomes.		
	Increase taxes on alcohol and tobacco prod-	URA/MofPED	MoLG/DLG
	ucts; put in place a complete ban on the		
	sale of "sackets" and unit packaging under		
	250mls.		
	Expand legal and policy provisions for	MoH / /	MoGLSD
	protecting and rehabilitating adolescents/	Uganda	
	children under 18 to include rehabilitative	Law Reform	
	measures such as alcohol abuse treatment.	Commission	
	Put legal and policy provisions in place to	MoLG/DLG	МоН
	severely restrict marketing of alcohol and	JLOS Uganda	
	tobacco products at forums easily acces-	Law Reform	
	sible to adolescents (radio/tv/print media/	Commission	
	outdoor advertising/social media).		
Output 4.2: Improved capacity	Strengthen enforcement of relevant	MoLG/DLG	MoES
of health, social protection	Alcohol, Tobacco laws with regard to the	UPF	MoGLSD
and judicial sectors to prevent,	sale of these products to adolescents.		WIOGESD
manage and respond to alcohol	Provide orientation and guidance for district	MoLG/MoH	DLG
and substance abuse affecting	_	MOLG/MOH	DLG
adolescent girls and boys.	level authorities in the development of		
	by- Laws related to alcohol and substance		
	abuse aimed at the protection of adoles-		
	cents.		
	Build capacity of service providers (in	МоН	MoLG/DLG
	health, education, child protection, JLOS) to	MoES	
	manage alcohol and substance abuse cases	MoGLSD	
	and their rehabilitation.	JLOS	
	Strengthen referral systems for support	MoGLSD	MoLG/DLG
	services at all levels.		
	Integrate alcohol and substance abuse	MoH/	MoLG/DLG
	into other adolescent health services to	MoGLSD	
	improve medical care and social rehabilita-		
	tion of adolescents affected by alcohol and		
	substance abuse.		
	Substance abuse.		

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 4.3: Increased	Empower adolescent girls and boys with	MoGLSD	MoLG/DLG
knowledge among, and	information, knowledge and skills through	WIOGESD	WIOLG/ DLG
support from parents, teachers,	participation in and out of school clubs		
caregivers and communities			
to support prevention and	(peer groups and networks) to address		
management of alcohol and	issues of alcohol and substance abuse and		
substance abuse affecting	mental health.		
adolescent girls and boys	Roll out parenting skills manual / provide	MoGLSD	MoLG/DLG
	parenting skills training with specific focus	МоН	
	on adolescent health and behavior.		
	Mobilize community action against alcohol	MoGLSD	MoLG/DLG
	and substance abuse among adolescents.	МоН	
	Support the development and dissemina-	MoGLSD	MoLG/DLG
	tion of evidence based BCC/IEC package on	МоН	
	adolescent mental health and substance		
	abuse addressing key target audiences		
	(boys and girls, parents, caregivers and		
	community leaders).		
	Support the roll out of a parenting	MoGLSD	MoLG/DLG
	programme to address risk and vulnera-	МоН	
	bility factors associated with alcohol and		
	substance abuse through positive parenting		
	( national parenting package e.g. Key Family		
	Care Practices)		
	Engage and build awareness and capacity of	MoGLSD	MoLG/DLG
	cultural, religious, community and political	МоН	
	leaders to address risks and vulnerabilities		
	associated with 'Adolescence' substance		
	abuse,		
	Mobilize community leaders to make	MoGLSD	MoLG/DLG
	communities SAFE and supportive to	МоН	
	address adolescent mental health and		
	substance abuse, with full participation of		
	adolescents e.g. establishing no smoking		
	zones in communities to limits exposure		

## 2.4.5. Education: retention and primary to secondary transition

According to the 2014 National Census, 10 per cent of children between 6-12 years and 4.1 per cent between 13-18 years have never been to school, especially girls and children in rural areas 2.5 per cent of children between 6-12 years and 22 per cent of children between 13-18 years have already dropped out of school. 20.5 per cent of girls (and 16.1 per cent of boys) have never been to school. The retention rate at the final year of primary school (survival rate to P7) stands at 30 per cent for both boys and girls. 21.4 per cent of girls (and 22.1 per cent of boys) make it to secondary school; the transition rate to Senior 5 is 21.4 for girls and 28.1 for boys. (EMIS 2015).

## What needs to be addressed to change this situation?

- UPE and USE capitation grants do not cover sanitary towels, school feeding, scholastic materials, uniform, and transport which are critical to keep girls in school in cases where families are too poor to support these requirements.
- There is no policy to facilitate re-entry of adolescent girls who have dropped out, especially in cases of teenage pregnancy and young mothers. There are inadequate provisions to help girls who have dropped out of school to catch up.
- The school environment is often unfriendly and unsafe for adolescents especially girls. There are high levels of violence against children in schools, including physical punishment and sexual and gender based violence perpetrated by persons in authority.
- The school infrastructure and facilities are inadequate for the emerging needs of adolescent girls. Poor hygiene and sanitation facilities, in combination with limited capacity of education service providers undermine adolescent girls' capacity to manage menstruation and overall physical development effectively.
- Children start primary education too late resulting in a considerable portion of adolescents between 12-19 still in primary and at higher risk of drop-out
- Parents and communities attach low value to girls' education; instead parents marry off the adolescent girls and thus denying them the right to education.
- Limited family income makes parents and guardians unable to provide for sanitary towels, school feeding, scholastic materials, uniforms, and transport.
- The heavy work load bestowed upon the girls by culture, under the guise of gender leaves little or no time for some of the girls to attend or complete school. Girls struggle with a heavy domestic work load which compromises the time girls can spend on learning.
- Adolescent girls lack the life skills to protect themselves from sexual relationships with boys and men; thus resulting into unintended early pregnancy and child marriage.

# OUTCOME 5: INCREASED ENROLLMENT, RETENTION AND PRIMARY TO SECONDARY TRANSITION RATES AMONG ADOLESCENT GIRLS.

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 5.1: Improved legal, budgetary and economic policy framework on enrollment and retention of adolescent girls as well as re-entry of out of school adolescent girls	Increase capitation grants in Universal Primary Education and Universal Secondary Education to cater for adolescent girls' essential requirements including hygiene and sanitation, menstrual hygiene management, guidance and counselling, life skills training, entrepreneurship and personal development. Allocate resources to support extra-curricular activities in schools.	MoES	MoFPED
	Establish scholarship fund through public-private partnership to help the economically most vulnerable adolescent girls to go to school and stay in school.	MoES	MoFPED
	Facilitate re-entry of girls who drop out as a result of teenage pregnancy and early marriage by furthering Government commitment reflected in the Gender in Education Policy (2017): develop operational policy guidelines on re-entry of adolescent girls who have dropped out of school including adolescent pregnant girls and child mothers.	MoES	MoGLSD
	Review Go to School, Go back to School and Stay in School programmes to take into account interventions to support family livelihood and income generating activities as well as interventions targeting Violence against Children in Schools.	MoES	MoGLSD MoLG/DLG
	Review the Education (pre-primary, primary and post —primary) Act (2008) to empower parents-teacher associations (PTA), Old Students Associations and Community Action to play an active role in promoting teaching and learning activities of schools.	MoES	MoGLSD
Output 5.2: Improved capacity of schools to implement-re-entry guidelines for girls who have dropped out and fully implement Basic Required Minimum Standards (BRMS) supporting adolescent girls' (re-)enrollment and retention in schools.	<ul> <li>Strengthen the capacity of key duty bearers on child protection on reporting, tracking and response and referral of cases of Violence against Children including taking appropriate actions within the existing laws and policies against the perpetrators of violence.</li> <li>Train teachers in positive discipline, gender-responsive pedagogy and age-appropriate teaching.</li> <li>Build the teacher/mentor capacity to ensure that school clubs promote adolescent girls' life skills development including participation and leadership, health and self-protection, identification and nurturing talents, better education outcomes and social responsibility. Strengthen the delivery of career guidance and counselling in schools.</li> </ul>	MoES	MoLG/DLG

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
	■ Scale up catch-up programmes (Accelerated Learning Programme) for out of school adolescent girls to enable them achieve required literacy and numeracy skills required to re-enter formal school or to enter into formal or informal vocational training. Train and provide technical support to schools/education institutions, teachers/instructors to deliver the catch-up programme.		
	<ul> <li>Improve friendliness and attractiveness of school environment through the organization at school level of inclusive, gender-sensitive and lifeskills promoting extra-curricular activities e.g. sports, music, dance and drama, essay writing competitions, debating societies etc.</li> <li>Provide orientation and guidance for districts to enable gender-sensitive education infrastructure development by regulating, planning and budgeting for adequate gender-segregated WASH facilities in schools.</li> </ul>		
	Train PTAs, SMCs, Old Students Associations and Community Action on their roles and responsibilities in promoting teaching and learning activities in schools.		
Output 5.3: Community members (including religious/ cultural leaders) and parents have a positive attitude towards girls' education and have adequate knowledge on how to support adolescent girls to stay in school.	Provide parenting skills training to change parents' attitude knowledge and practices and to encourage them have their girls start primary school on time and continue to invest in the education of their adolescent daughters.	MoES	MoGLSD MoLG/DLG
	Build the school's capacity for community engagement: e.g. through School Management Committees, Parent Teacher Associations, parental/community visits to school, involvement in teaching with learning activities and involve pupils in community outreach work.	MoES	MoLG/DLG
	Sensitize men and boys on equitable gender division of labour and equitable social norms and work with communities to reduce household chores among girls and women.	MoGLSD	MoLG/DLG MoES
	Strengthen peer-to-peer education where young girls who ever got pregnant while at school act as champions (and community coaches) of school re-entry; and sensitization of other girls.	MoES	MoLG/DLG
	Mobilize local religious, community and political leaders to enforce laws banning child marriage, child labour and other forms of violence against children.	MoLG/DLG	MoGLSD JLOS/UPF



#### 2.4.6. Education Achievement

While EMIS 2015 shows an overall upward trend for learning achievement at primary level since 2005, it reflects a need for continued effort towards further improvement. Literacy stands at 52 per cent for girls and 51.6 per cent for boys, while numeracy stands at 48.2 per cent for girls and 56.9 per cent for boys. At secondary school level, proficiency in English stands at 48.6 per cent for girls and 49.9 per cent for boys. The gap in proficiency in mathematics widens remarkably at secondary school with 33.3 per cent proficiency for girls and 48.7 per cent proficiency for boys.

- Low investment by government in facilitating the delivery of quality and equitable education as reflected in inadequate funding for Capitation Grant, compounded by low investment by private sector especially in non-urban areas.
- Inadequate implementation of school governance policies leading to limited teacher supervision resulting in teacher misconduct (absenteeism, limited time on task and gender based violence perpetrated by teachers).
- Teaching quality is affected by low motivation of teachers, inadequate technical capacity and inadequate on-the-job supportive supervision
- Limited and ineffective continuous assessment of students due to limited capacity of teachers to use student assessment/testing for the purpose of adapting level of teaching to students' level of progress and learning benchmarks to be achieved.
- Insufficient number of female role models and mentors especially in science, technology, engineering and mathematics (STEM) due to limited number of female teachers in rural areas and hard to reach districts.
- Parental and community involvement in the school and in children's education is low.
- Social and cultural norms imply that school is less important for girls; that STEM subjects are "masculine" topics and that girls' ability in STEM is naturally inferior to that of boys. This undermines girls' confidence, interest and willingness to focus on STEM subjects.

## OUTCOME 6: IMPROVED LEARNING ACHIEVEMENTS FOR ADOLESCENT GIRLS IN PRIMARY AND SECONDARY SCHOOL

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 6.1: Improved, equity based budget allocation to Ministry of Education, Districts and schools to deliver quality education.	Increase capitation grants in Universal Primary Education and Universal Secondary Education to enable improved school management and teacher supervision as well as improved early learning.	MoES	MoFPED
Output 6.2: Improved capacity of education service providers (teachers, head teachers, inspectors,	Improve school governance policies to address challenges with teachers' misconduct such as absenteeism, limited time on task and gender based violence in schools	MoES	MoLG/DLG
and school management committees) to deliver quality education and improved learning outcomes for adolescent girls (and boys).	Train and provide supportive supervision to school managers and governors on their roles and responsibilities with regard to the school development plans.	MoES	MoLG/DLG
	Approve and implement the Teacher Motivation Framework to deliver non salary incentives for teachers; train, mentor and provide supportive supervision for teachers on gender/adolescent responsive pedagogy.	MoES	MoLG/DLG
	Train and support early grade teachers in effective methods of teaching literacy and numeracy	MoES	MoLG/DLG
	Build capacity of district inspectors of schools on quality, timely inspection and supportive supervision for teachers to improve adolescent girls learning achievements.	MoES	MoLG/DLG
	Implement assessment reforms, training and supportive supervision to ensure that teachers are able to identify and support adolescent girls and boys in school but at risk of not learning.	MoES	MoLG/DLG
	Develop and implement innovative, interesting and girl friendly approaches to the learning of STEM subjects	MoES	
Output 6.3. Parents and teachers have a positive attitude towards supporting girls' interest in science, technology, engineering and	Empower adolescent girls with opportunities to explore science, technology, engineering and mathematics (STEM) subjects through participation in school clubs and additional distance learning platforms.	MoES	
mathematics (STEM)	Provide parenting skills training to change parents' attitude, knowledge and practices and to encourage them to invest in the education of their adolescent daughters.	MoES MoGLSD	MoLG/DLG

#### 2.4.7. Child Marriage

The Uganda Demographic Health Survey (UDHS) 2011 indicates that over 15 per cent of evermarried women aged 20-49 were married by the age of 15, and 49 per cent were married by age 18. For the last 30 years, there has been very little or no change in median age at first marriage which has been stable at an average of 17.9 years.

- Customary/religious practices and some of the national laws on marriage conflict with the International and national laws on the age of consent to marriage.
- Children's age is not clear in the absence of systematic birth registration
- Enforcement of laws on marrying under age adolescents is weak. The National Strategy to end Child Marriage and Teenage Pregnancy 2014/15-2019/20 lacks clear mechanisms on monitoring, reporting and accounting for protection services extended to adolescent girls at risk or who have been subjected to early marriage.
- There are no specific indicators on adolescent girls in the local government monitoring framework. The absence of indicators presents a challenge on how to bring other key structures notably the District Technical Planning Committee (TPC) to prioritize actions addressing child marriage. DLGs do not have the capacity to effectively monitor negative and harmful cultural practices.
- Cultural practices condone child marriage: social norms stigmatize adolescent girls that
  do not conform to cultural beliefs that promote early marriage; there is a perception of
  child marriage as a source of family wealth through bride price.
- High levels of poverty at the household level lead to early marriage and early sexual debut as an economic coping strategy.
- Duty bearers including parents, family and community structures do not know about their obligations under the various laws pertaining to ending child marriage.
- Inadequate parenting skills and lack of understanding of the impact of early marriage and teenage pregnancy on the adolescent girls' development and wellbeing.

## OUTCOME 7: REDUCED PREVALENCE OF CHILD MARRIAGE AND EARLY SEXUAL DEBUT AMONG ADOLESCENT GIRLS.

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 7.1. Adequate legal and accountability framework to end child marriage	Review and harmonize government policies and laws: stipulate the roles and responsibilities of the different stakeholders at national, sub national and community levels in policy and law enforcement.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Develop and operationalize an information management system (IMS) that is capable of capturing child marriage and teenage pregnancies, birth registration and other child protection data of all children.	MoGLSD	MoES MoH MoIA
	Strengthen civil registration systems.	MoGLSD	MoES MoH MoIA MoLG/DLG
Output 7.2. Strengthened capacity of NIRA, JLOS, MoH, MoGLSD, MoE and DLGs to enforce laws aiming to end child marriage and/	Strengthen existing child protection institutions and mechanisms for promotion of awareness on child marriage and teenage pregnancies and for referral of victims of child marriage.	MoGLSD	MoES MoH MoIA
or implement the key deliverables of the Child Marriage and Teenage	Strengthen NIRA capacity to provide free birth registration for all children.	MoGLSD	MoES MoH MoIA
Pregnancy Strategy.	Disseminate laws against child marriage; build the capacity of JLOS to enforce Ugandan laws against child marriage.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Provide orientation and guidance for District Technical Planning Committee and District Sector specialists (DCDO, DEO, DPP etc.) to enable planning, implementation and monitoring of interventions aimed at addressing Child Marriage.	MoGLSD MoES MoH	MoIA MoLG/DLG
	Provide girls who are already married with opportunities for alternative forms of education, employment and livelihood skills, sexual and reproductive health information and services (including HIV prevention), and recourse for domestic violence.	MoGLSD	MoIA MoLG/DLG

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 7.3. Increased knowledge and support among adolescent girls, parents, care givers and community leaders to	Empower girls through information, knowledge and life skills to prevent child marriage, (dropping out of school, teenage pregnancy and other forms of violence against children).	MoES	MoGLSD MoH MoIA MoLG/DLG
prevent child marriage in their community	Initiate school clubs and support networks for child mothers, child widows, and at-risk adolescent girls; initiate and support peer groups which offer safe spaces for adolescent girls and boys to provide peer support under the guidance of a mentor.	MoES	MoGLSD MoH MoIA MoLG/DLG
	Build parents' capacity on positive parenting (e.g. scale up key family care practices).	MoES MoGLSD	MoH MoIA MoLG/DLG
	Engage men and boys in preventing perpetuation of child marriage.	MoES MoGLSD	MoH MoIA MoLG/DLG
	Engage religious leaders, cultural leaders and communities in long term dialogue and decisions that help to entrench the new values of late marriage, abandoning FGM and promoting child protection.	MoGLSD	MoH MoES MoIA MoLG/DLG
	Work with the media to strengthen and broaden the campaign to end child marriage and VAC through multiple (local and national) media channels.	MoGLSD	MoES MoH MoIA MoLG/DLG
	Establish and promote partnerships with elected representatives at national and sub national levels to advocate against child marriage	MoGLSD	MoES MoH MoIA MoLG/DLG



#### 2.4.8. Adolescent Participation

The Government of Uganda has adopted the National Child Participation Policy (2016-2020) which aims to give children and adolescents a voice in issues that affect their lives. A National Youth Council has been established. However, to date, adolescent participation in Uganda has been characterized by fragmented and short-lived initiatives. There have been a few formal initiatives where adolescents were able to have their voice heard, but these have been limited in scope and their impact is not yet well documented.

- Adolescent voices are not heard or reflected in an inclusive way. National platforms for adolescent participation such as the National Youth Council, National Students Council are focused on older adolescents and youth (15 yrs +) and have not engaged with issues regarding adolescent development.
- Policies/guidelines exist at national/sector level providing for adolescent participation, but local government does not have the capacity to provide effective safe spaces for participation or dialogue.
- The issue of power-relations between adults and adolescents in all settings remains a key barrier to the meaningful participation of adolescents. Cultural norms do not encourage intergenerational dialogue.
- As far as adolescent girls are concerned, cultural norms emphasize the importance of performing household chores over any other activity i.e. adolescent girls do not usually have the opportunity to connect with peers outside the school environment.
- Civic competency and literacy among adolescent girls is very low. Adolescents have inadequate knowledge on who/what institution to call on in order to address the issues that affect them.
- Accelerate the functionalization of the National Youth Coordination Mechanism to include older adolescent girls and boys (15+).

## OUTCOME 8: ADOLESCENT GIRLS AND BOYS MEANINGFULLY PARTICIPATE AT NATIONAL AND SUB-NATIONAL LEVEL IN MAKING DECISIONS ON ISSUES RELATED TO THEIR DEVELOPMENT AND WELLBEING

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 8.1. Relevant laws and policies adequately reflect the participation of adolescents in decision making on	Review relevant laws and policies to ensure adolescent participation is adequately reflected and budgeted for. Orient parliamentarians and sectoral specialists in methodologies for meaningful adolescent participation.	MoGLSD MoIA	MoH MoES
their development and wellbeing	Harmonize child participation tools and codes of conduct on engaging with children.	MoIA MoGLSD	MoH MoES
	Accelerate the operationalization of the National Children's Authority (NCA)	MoGLSD MoIA	MoH MoES
	Develop a child friendly version of the Children Act (Cap 59) as amended with clear auditing guidelines for children.	MoGLSD MoIA	MoH MoES
	Ensure adolescent participation in reviewing progress related to addressing issues affecting adolescents, e.g. violence against children, early marriages, education, WASH, gender.	MoGLSD MoIA	MoH MoES MoLG/DLG
	Research and document good practices in meaningful adolescent participation to inform policy and planning for informed decision making.	MoGLSD MoH MoES MoIA	MoLG/DLG
Output 8.2: Capacity of DLGs and local stakeholders (such as local CSOs, community governance structures etc) strengthened to effectively	Develop and implement capacity-building and awareness-raising programmes on adolescent participation at the sub-national level (interpersonal communication, intergenerational dialogue, civic participation and dialogue) as part of the implementation of the Child Participation Strategy.	MoGLSD	MoH MoES MoIA MoLG/DLG
plan, implement and make decisions together with adolescent girls and boys on issues related to their development and well being	Integrate indicators related to adolescent girl issues into Ministry of Local Government score cards.	MoGLSD	MoH MoES MoIA MoLG/DLG
	Include a standing agenda item on adolescent girl issues at the District Technical Planning Committee meetings (CAO, Ministry of Local Government) to allow engagement of adolescent girls or their representatives.	MoGLSD	MoH MoES MoIA MoLG/DLG

ОИТРИТ	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
	Identify key advocates for adolescent girls at local council meetings	MoGLSD	MoH MoES MoIA MoLG/DLG
Output 8.3. Parents, care givers, community leaders accept, value and enable adolescent participation and adolescent girls and	Parenting and caregiver education to familiarize them with the necessity of positive social connections to peers (school-based clubs, youth groups and programmes, FBOs, CSOs, safe online platforms etc).	MoGLSD	MoH MoES MoIA MoLG/DLG
boys have the capacity to meaningfully participate in making decisions on issues that affect them	Adapt parenting manual to emphasize the importance of positive relations between parents and adolescents and the need for adolescents to be heard and have their views considered in order to develop into mature adults.	MoGLSD	MoH MoES MoIA MoLG/DLG
	Link up adolescents to safe online discussion groups and sources of information to provide critical information and positive support and counselling (e.g. develop content for digital literacy and life skills accessible through service points such as secondary school computer labs, child help line, U-report etc).	MoGLSD	MoH MoES MoIA
	Strengthen community-based service departments to implement, monitor policies and programmes aimed at increasing child participation.	MoGLSD	MoH MoES MoIA MoLG/DLG
	Adapt the life skills curriculum to include knowledge of children's rights and critical services available to adolescent girls.	MoES MoGLSD	MoH MoIA
	Ensure that the life skills curriculum is delivered through key platforms (school clubs, youth groups and programmes, FBOs, CSOs, safe online platforms etc).	MoES MoGLSD	MoH MoES MoIA MoLG/DLG
	Train adolescent girls, care givers and duty bearers (parents, local councilors, CSOs etc.) to effectively advocate for solutions to issues affecting them.	MoES MoGLSD	MoH MoES MoIA MoLG/DLG
	Support the revitalization of adolescent engagement platforms; in and out of school clubs, peer support groups.	MoES MoGLSD	MoH MoES MoIA MoLG/DLG
	Support adolescent friendly communication delivery platforms by leveraging modern ICT technology and existing digital platforms.	MoES MoGLSD	MoLG/DLG

#### 2.4.9. Economic Empowerment

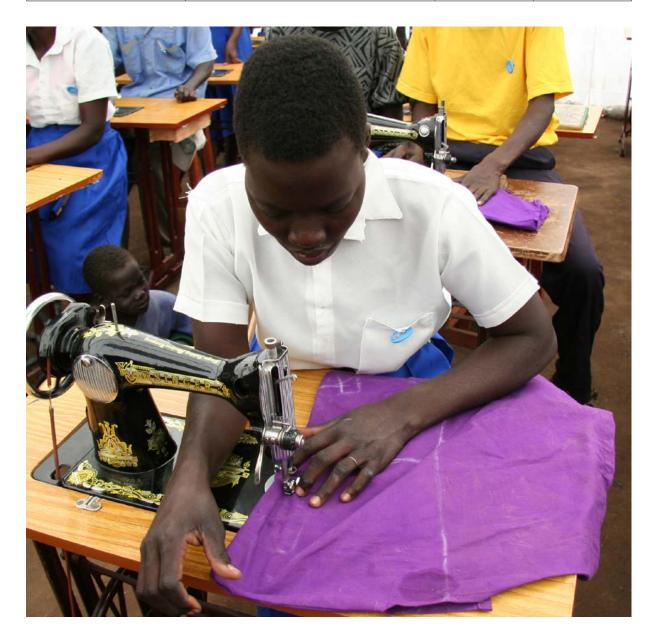
The proportion of young people (15-29 yrs.) not in education, employment (including self-employment) or training (NEET) in Uganda as per 2015 data stands at 19.0 for adolescent girls and young women, three times the per centages for adolescent boys and young men (which stands at 6.9 per cent). The NEET ratio increased by 2 per cent since 2013, and the burden of this increase befall almost exclusively adolescent girls and young women.

- Adolescents are not adequately prepared to join the labour market. Formal education curriculum and acquired competencies appear not fully relevant to the demands of the Ugandan job market. Education is generally very theoretical with little attention for skills and practical courses.
- Adolescent girls tend to be directed towards less "employable" qualifications. Information on predicted future job growth opportunities and salaries (informing career guidance / livelihood planning) is not available.
- The level of investment in skilling adolescent girls (and boys) is not adequate.
- Skills development under the BTVET Act (2008) has a focus on very "traditional" trades such as tailoring and bakery for girls, but no attention to more contemporary trades such as those related to creative industries, new media, ICT. Learning models are traditional classroom teaching rather than mentoring and continuous learning.
- The level of financial literacy among adolescent girls is inadequate to successfully pursue self-employment and successfully access credit to grow a business.
- The Employment Act (2006) and the Employment Regulation (2011) provide for measures with regard to labour rights and safety of work places. However, Labour Inspection guidelines do not consider protection issues specific to sanitation, maternity protection, harassment, gender based violence. The laws are inadequately enforced, including in the context of domestic work.
- Cultural norms cause adolescent girls and young women to have low social status exposing them to exploitative labour and extremely low wages.
- Laws with regard to inheritance, particularly land inheritance, discriminate against girls.
- Cultural norms defining adolescent girls and young women's worth in terms of bride price and motherhood, barring them from accessing education, developing marketable skills and accessing decent work opportunities.

## OUTCOME 9: INCREASED NUMBERS OF ADOLESCENT GIRLS ACCESS PROTECTION AND SKILLS TRAINING LEADING TO DECENT WORK AND A FAIR INCOME

OUTPUT	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 9.1. Adequate budget, data, legal and policy provisions to provide improved skills	Conduct curriculum review to emphasize skills and practical courses at early stages of formal education.	MoES MoFPED/NPA	MoGLSD MoH
training, and access to future employment for adolescent girls	Review BTVET Act and Strategic Plan (2008) to become relevant for the current and future job market in Uganda.	MoES	МоН
	Establishment of innovative systems for on-the-job training and apprenticeships for adolescent girls and boys.	MoGLSD MoES	МоН
	Improve the integrated labour market information system: make it easily accessible to adolescents and young people and enhance it with real time data on the challenges young women and men face in their transition into the labour force.	MoGLSD	MoES MoH
	Increase the budget for skilling adolescents, including adolescents with disabilities.	MoFPED MoGLSD	MoES MoH
	Review and revise financial inclusion policies and frameworks in government and private sector to promote participation of young women.	MoFPED MoGLSD	MoES MoH
	Expand labour inspection guidelines to include issues relevant for young women in any form of employment.	MoFPED MoGLSD	MoES MoH
Output 9.2. Service providers (in education, gender sectors, JLOS) have increased capacity to implement policies to support skills building of adolescent girls and/or to enforce laws protecting out of school adolescent girls against exploitative labour.	Training out of school adolescent girls in basic literacy/numeracy and livelihood (financial literacy, savings, marketing; business development support); provide mentorship from female role models.  Strengthen capacity of district labour officers to sensitize employers and to monitor and enforce the Employment Act (2006) and the Employment Regulation (2011).	MoES MoGLSD	JLOS MoLG/DLG
	Strengthen capacity of law enforcement officers and JLOS services to identify and prosecute worst forms of child labour.		

OUTPUT	KEY INTERVENTION	LEAD ACTOR	KEY ACTORS
Output 9.3. Adolescent girls, parents, care givers and community leaders understand the need to protect and support adolescent girls against labour exploitation, to provide them with employable skills and to encourage and support them in accessing a safe sustainable livelihood at an appropriate age.	Empower girls through information, knowledge and life skills providing them with the required capacity to secure a safe and sustainable livelihood.  Roll out the parenting skills manual and training to change parents' attitude, knowledge and practices and to encourage them to invest in the education of their daughters.  Sensitize men and boys on equitable gender division of labour and equitable social norms and work with communities to reduce household chores among girls and women.	MoGLSD	MoES MoLG/DLG



## **CHAPTER 3**

# COORDINATION AND MANAGEMENT STRUCTURE



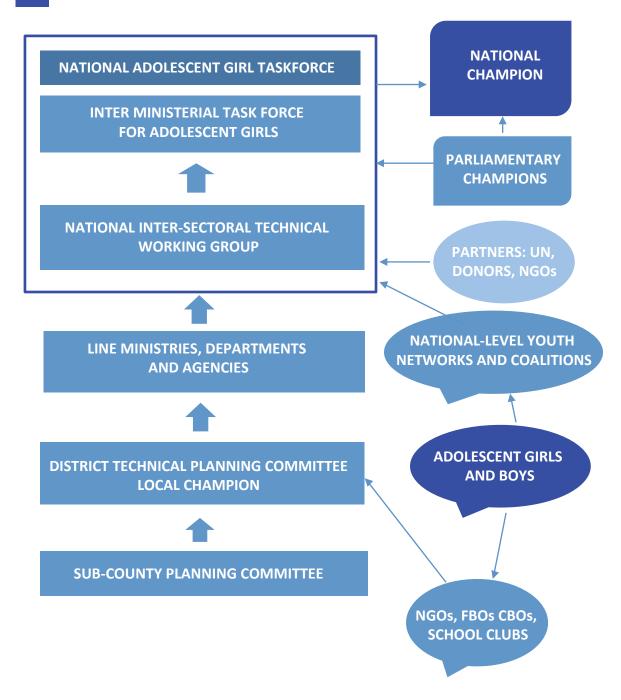
## 3.1 Introduction

The coordination of the Multi-sectoral Framework for Adolescent Girls will take place through existing Government coordination structures at national and sub-national level. MoGLSD will coordinate the implementation, monitoring and evaluation of the framework to ensure sustainability of the programming for adolescent girls in a multi-sectoral approach across different levels. The table below clarifies the roles and responsibilities each of the key stakeholders is going to play in implementing the Framework.

#### Roles and responsibilities of the key partners

KEY STAKEHOLDER AND ACTORS	ROLES AND RESPONSIBILITIES
National Children Authority or any other Agency by Law established	<ul> <li>Monitor the implementation of the National Multi-sectoral Coordination Framework for the adolescent girl.</li> </ul>
Ministry of Gender, Labour and Social Development	<ul> <li>Coordinate the implementation of the National Multi-sectoral         Coordination Framework for the adolescent girl.</li> <li>Collection of data and progress reports from stakeholders in line with the mainstreaming indicators.</li> <li>Convene meetings to review progress reports.</li> <li>Submit progress reports to facilitate decision making in</li> </ul>
	Government in line with the institutional framework of the strategy.
Ministry Departments and Agencies	<ul> <li>Mainstream the interventions in the framework into sector plans and budgets.</li> <li>Monitor the implementation of the sector interventions in the Framework.</li> <li>Submit reports to the coordination secretariat.</li> </ul>
Development Partners	<ul><li>Technical assistance.</li><li>Financial support.</li></ul>
District Local Governments	<ul><li>Mainstream interventions into district plans and budgets.</li><li>Submit progress reports to the coordination secretariat.</li></ul>
Civil Society Organizations	Advocacy and oversight on the implementation of the framework.
The Community	Demand for accountability.
The Adolescent Girl	Engage with duty bearers on issues that affect adolescents and participate in monitoring the implementation of the Multi-sectoral framework at school level, community level, district level and nationally.

#### 3.2 Institutional Framework



### 3.3 Financing for the Framework

Financing of the implementation of the National Multi-sectoral Coordination Framework for the adolescent girl is expected from the government of Uganda national budget allocations and development partners.

Implementation of the Strategy is estimated to cost UGX 75,586,980,000 billion over a period of 5 years. 50 per cent of the budget shall be from the government of Uganda to ensure sustainability of funding for the interventions. Detailed annual budget targets shall be developed by the Ministry of Gender, Labour and Social Development to facilitate implementation of this strategy

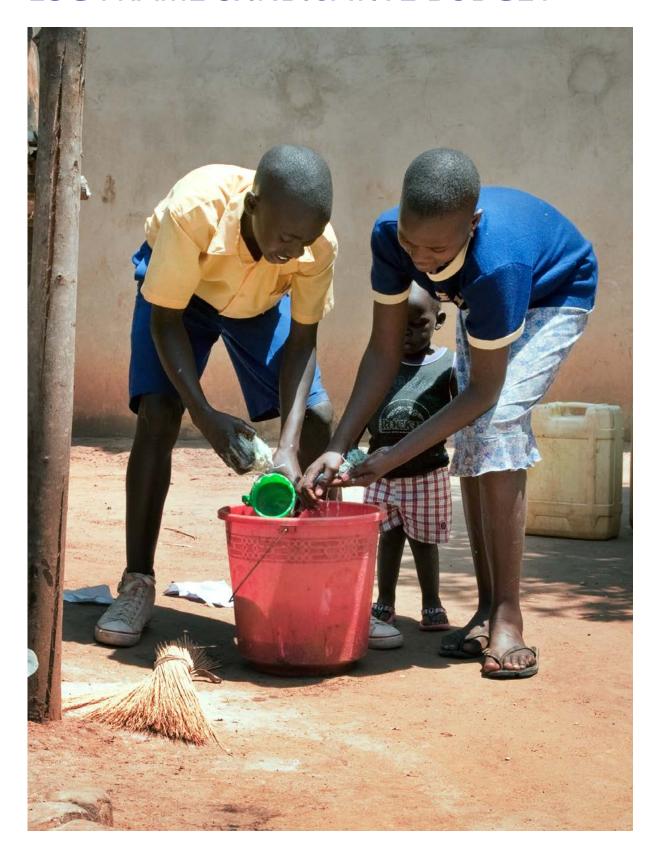
## 3.4 Reporting, Monitoring and Evaluation

Continuous monitoring of the implementation of the Framework will be done, and supplemented with mid-term and final evaluation so as to cover a wider audience. The lesson learnt will be replicated elsewhere for wider coverage. The mid-term review will take place mid-way through the implementation of the strategy to check whether the overall implementation is on track and whether the activities are likely to meet the purpose for which they were planned. The final evaluation will be conducted at the end of the 5 year implementation period to assess what happened and why and seek answers for specific questions related to the relevance, effectiveness, efficiency, impact and sustainability of the Strategy.

The monitoring and evaluation framework to monitor and track both intervention level process indicators and results level indicators will be developed as an addendum to this National Multisectoral Coordination Framework for the adolescent girl.



## LOG FRAME & INDICATIVE BUDGET



Related National Development a NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan OUTCOMES  BASE	Related National Development and Sector Development Plan Goals  NDP II  Health Sector Plan  Social Development Sector Plan  OUTCOMES  REY PROGRESS INDICATORS, MESELINES (B) AND TARGETS (T)  VEI  VEI  VEI  VEI  VEI  VEI  VEI  VE	als MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, TOTAL INDICATIVE PARTNERSHIP	TOTAL INDICATIVE RESOURCES /
1. Reduced and sustained reduction of new HIV infections among adolescent girls	Adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS (disaggregated by sex) B: F: 40.7%; M: 40.2% (2016) T: F: 70%; M: 70% (2020) Percentage of adolescent girls and boys aged 10-19 years living with HIV that are receiving ART B: 29% 2020	UDHS	OUTPUT 1.1: Strengthened policy framework and information management system for better implementation of adolescent HIV programming. OUTPUT 1.2: Improved capacity of various sectors (health, education, child protection) to scale up quality services for prevention and management of HIV. OUTPUT 1.3: Improved knowledge and awareness among adolescents, parents, care givers community leaders and teachers on HIV	MOH, MoES, MoGLSD, UAC, CSO, MJCA, UN Agencies, PEPFAR, Religious and Cultural Institutions, DLG	Refer to the National HIV and AIDS Strategic Plan USD 2,845,000,000
	T: 50% Percentage of adolescents (10-19 years) tested for HIV and received results in the last 12 months B: F: 39.4% M:28.4% (2016) T: F: 50% M:50% (2020)	DHIS2	es.	MOH, MoES, MoGLSD, UAC, CSO, MoJCA, UN Agencies, PEPFAR, Religious and Cultural Institutions, DLG	=/000'000'=

For all indicators, where possible, data will be disaggregated by region and district, thus allowing the tracking of disparities.

Related National Development a NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	als			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	оитритѕ	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
2. Reduced pregnancy and improved maternal outcomes among adolescent girls	% of girls 15-19 who have started child-bearing; B: 25% (2016) T: 20% (2020) Proportion of pregnant adolescents who attend 4 ANC visit. B: 59.9% (2016) T: 65% (2020) Proportion of adolescents who deliver in a health facility under a skilled health worker. B: 78.6% (2016) T: 85% (2020)	UDHS	output 2.1: Strengthened information systems at national and sub-national level for accountability and effective decision making regarding adolescent development and wellbeing OUTPUT 2.2: Improved capacity of involved sectors (health, education, child protection, local government and others) in terms of human resources, facilities and availability of commodities to prevent and manage teenage pregnancy  OUTPUT 2.3: Improved knowledge and attitudes of adolescent girls and boys, parents, care givers and community leaders to prevent teenage pregnancy; increased knowledge and acceptability with regard to seeking appropriate treatment and care in case of pregnancy	MoH, MoGLSD, MoES, CSO, UN Agencies, private sector, religious and cultural institutions MoH, MoES, MoGLSD, UAC, CSO, MolCA, UN Agencies, PEPFAR, Religious and Cultural Institutions, DLG	10,054,968,000

Related National Develor	Belated National Development and Sector Development Plan Goals	sle			
NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	or Plan	2			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
3. Reduction in prevalence of violence against children including sexual and gender-based violence.	Percentage of all women and men aged 15-49 who agree that a husband is justified in hitting or beating his wife for specified reasons 8:Female 58%; Male 44% (UDHS, 2011)  T.Female 52%; male 40% by 2020  Number of children ( boys and girls) who have experienced and reported any form of violence (physical, sexual and/or emotional )in the past 12 months  B.Sexual Violence: 35% girls; 17% of boys  T.Sexual Violence: 34% girls; 16% boys	UDHS Child Help Line, National GBV database.	output 3.1: Strengthened capacity of national and sub-national level coordination and management structures to plan, coordinate and budget for VAC and SGBV interventions  OUTPUT 3.2: Service providers (in JLOS, health, education and child protection sector) have adequate technical and functional capacity to manage cases of VAC and SGBV  OUTPUT 3.3: Improved knowledge of adolescents and care providers (parents, community leaders, teachers, education officials, health staff etc) on the prevention of violence and provision of care for the survivors of VAC and SGBV	JLOS, child focus CSOs, MoGLSD; MoH; MoES, Police, Ministry of Local Government, District Local Governments MoGLSD, UAC, CSO, MoJCA, UN Agencies, PEPFAR, Religious and Cultural Institutions, DLG	6,239,727,000

Related National Development a NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	sals			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
4. Reduction in prevalence of alcohol and substance abuse among adolescent girls and boys.	Prevalence of 15-19 year-olds who have had at least one alcoholic drink in the last 30 days  B: 2.2% (ADH Risk Behaviour Study)	To be included in DHIS2	output 4.1: Adequate legal framework available to support improved public health outcomes with regard to adolescent mental health and substance abuse  OUTPUT 4.2: Improved capacity of health, social protection and judicial sectors to prevent, manage and respond to alcohol and substance abuse affecting adolescent girls and boys  OUTPUT 4.3: Increased knowledge among and support from parents, teachers, care givers and communities to prevent and manage alcohol and substance abuse affecting adolescent girls and boys	ModLSD, UAC, CSO, MoJCA, UN Agencies, PEPFAR, Religious and Cultural Institutions, DLG	3,819,293,000

	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)	UGX 2,953,000,000 + UGX 2,953,000,000
	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	MoES.
	оитритѕ	output 5.1: Improved legal, budgetary and economic policy framework on enrolment and retention of adolescent girls as well as re-entry of out of school adolescent girls.  OUTPUT 5.2: Improved capacity of schools to implement re-entry guidelines for girls who have dropped out and to fully implement the Basic Required Minimum Standards (BRMS) supporting adolescent girls (re-) enrollment and retention in schools.  OUTPUT 5.3: Community members (including religious/cultural leaders) and parents have a positive attitude towards girls' education and are knowledgeable on how to support adolescent girls to stay in school.
oals	MEANS OF VERIFICATION	Annual Education Abstracts MoES, Education and Sports Sector Fact Sheet 2002 - 2016
Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T)¹	Survival to P7 (Retention rate at final year of primary school) (M/F) B: 32% (M= 31.7%, F=32.3%) (2016) T:50.6% (2020) Transition rates to Senior 1, by sex (national level) (M/F) B: 69.3% (M=70.5%, F=67.8%) (2016) T: 75% (2020)
Related National Development a NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	OUTCOMES	5. Increased retention and primary to secondary transition among adolescent girls.

Related National Development a NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	sals			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
6. Improved learning achievements for adolescent girls in primary and secondary school.	Learning achievement (literacy, numeracy and sciences) at Primary and Secondary, by sex. (M/F)  PRIMARY  Numeracy P6  B: 52.6% (M=56.9%, F=38.2%) (2016)  T: 63.2% (2020)  Literacy P6  B: 51.9% (M=51.6%, F=52.6%) (2016)  T: 61.3% (2020)  Froficiency in Biology  B: 20.5% (M= 26.9%, F=13.4%)  C2016)  T: 40% (2020)  Proficiency in Mathematics  B: 41.5% (M=48.7%, F=33.2%) (2015)  T:50% (2020)  Proficiency in English Language  B: 49.3% (M=49.9%, F=48.6%) (2015)  T: 55% (2020)	Annual Education Abstracts	output 6.1: Improved, equity based budget allocation to Ministry of Education, districts and Schools to deliver quality education.  OUTPUT 6.2: Improved capacity of (teachers, head-teachers, inspectors and school management committees) to deliver quality education and improved learning outcomes for adolescent girls (and boys).  OUTPUT 6.3: Parents and teachers have a positive attitude towards supporting girls' interest in science, technology, engineering and mathematics (STEM).	MoES	lbid as above 1,103,815,000

	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)	US\$ 6,918,387.41 (National Strategy to end Child Marriage and Teenage Pregnancy, costed plan).
	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	Ministries, child focus CSOs, UN Agencies, DLGs.
	оитритѕ	OUTPUT 7.1: Adequate legal and accountability framework to end child marriage and implement the key deliverables of the Child Marriage and Teenage Pregnancy Strategy  OUTPUT 7.2: Strengthened capacity of NIRA, JLOS, MoH, MoGLSD, MoE and DLGs to enforce laws aiming to end Child Marriage and implement the key deliverables of the Child marriage and Teenage Pregnancy Strategy  OUTPUT 7.3: Increased knowledge and support among adolescent girls, parents, care givers and community leaders to prevent child marriage in their community.
oals	MEANS OF VERIFICATION	NDHS
Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	Percentage of women aged 20-49 who married before age 15 and 18 respectively.  B: 15% by age 15; 49% by age 18. (UDHS 2011)  T:10% by age 15 and 44% by age 18 (2020)
	OUTCOMES	7. Reduced prevalence of early marriage.

Related National Development a NDP II Health Sector Plan Education Sector Plan	Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan	sals			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
8. Increase in participation of adolescent girls in addressing issues that affect them.	Number of districts with monitoring of social sector service provision (education, health, protection) with adolescent participation as per Child Participation Strategy 2017/18-2021/22  Number of districts which involve adolescents and young people in their planning processes (as per National Youth Policy 2016)	Survey MoGLSD	adequately reflect the participation of adolescents in decision making on their development and wellbeing.  OUTPUT 8.2: Capacity of DLGs and local stakeholders (such as local CSOs, community governance structures etc) strengthened to effectively plan, implement and make decisions together with adolescent girls and boys on issues related to their development and wellbeing.  OUTPUT 8.3: Parents, care givers, community leaders accept, value and enable adolescent participation and adolescent girls and boys have the capacity to meaningfully participate in making decisions on issues that affect them.	MoGLSD, DLGs, CSOs	10,208,602,000

Related National Development of NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	Related National Development and Sector Development Plan Goals NDP II Health Sector Plan Education Sector Plan Social Development Sector Plan	als			
OUTCOMES	KEY PROGRESS INDICATORS, BASELINES (B) AND TARGETS (T) <sup>1</sup>	MEANS OF VERIFICATION	OUTPUTS	MAJOR PARTNERS, PARTNERSHIP FRAMEWORKS	TOTAL INDICATIVE RESOURCES / BUDGET (5 YEARS)
9. Increase in number of adolescent girls and young women accessing decent work and earning a fair income.	Existence of approved market- oriented skills curriculum (2014 baseline: no, 2020 target: yes)  Number of graduates with market- oriented skills from target training institutions (2014 baseline: 0; 2020 target 5000)  Number of sector policies mainstreaming employment creation (2014 target 1; 2020 target: 4)  Number of graduates who have received internship placement under the employment innovation scheme (2014 baseline: 0; 2020 target 3000 female/2000 male)	Social development review reports Education sector revoew reports	output 9.1: Adequate budget, data, legal and policy provisions to provide improved skilling, and access to future employment for adolescent girls  output 9.2: Service providers (in education, gender sectors, JLOS) have increased capacity to implement policies to support skills building of adolescent girls and/or to enforce laws protecting out of school adolescent girls against exploitative labour.  output 9.3: Adolescent girls, parents, care givers and community leaders understand the need to protect and support adolescent girls against labour exploitation, to provide them with employable skills and to encourage and support them in accessing a safe sustainable livelihood at an appropriate age.	Moes, MoglsD, JLOS, MoJCA,	4,901,585,000
Coordination, Planning, and Monitoring			Public and Private partnership established		1,778,000,000
Total resources					75,586,980,000

