The challenge of reducing teenage pregnancies to meet the development goals of Uganda and SDGs as a whole has long been recognized as a significant challenge by the Government of Uganda and Development Partners. Much effort has been made by the Government of Uganda and development partners over the past 15 years to address the problem, but with limited success. A number of interventions have been implemented that address causes. These include; integration of comprehensive sexuality education in training curricula for young people, vocational training and developing a minimum package for out-of-school youth; adolescent sexual reproductive health initiatives and providing youth-friendly services, evidence-based social and behavioral change communication to address social norm barriers to adolescent sexual and reproductive health, among others.

Despite efforts, the teenage pregnancy problem persists at 25% and much higher than the national target of 15% in the NDP III (2021-2025). The COVID-19 pandemic has further aggravated the situation by providing fertile ground for the major drivers of teenage pregnancy to prevail especially; with school closures, disruption in the economic life of households, and resultant poverty, disruption in adolescent sexual reproductive services among others. The increasing trend of teenage pregnancies will negatively impact the social-economic development of the communities and has health consequences for the individuals involved as well. This situation and complexity created by the COVID-19 pandemic require government and development partners to triple their efforts and now, to solve this problem.
Policy Recommendations to Reduce Teenage Pregnancies

- The Ugandan government/development partners need to fast track implementation of the commitments to ending teenage pregnancy and child marriage made at the Nairobi ICPD 25. Specifically, fast track full rollout of the Sexuality Education programs that promote delaying sexual initiation or increasing contraceptive use. This training will help girls think through practical decisions associated with sexual activity such as partner selection, frequency of sexual activity, and use of protection that can be effective at reducing teenage pregnancies.

- Support communities implement evidence-based teen pregnancy prevention approaches that are consistent with their communities’ needs and values, since communities differ in their pregnancy prevention needs and their receptivity to different approaches.

- The government should provide adequate funding and support to the implementation of schemes that target investments in youth education, skilling, and job creation opportunities. This will help parents to financially support their children and to keep girls in school, as well as help them acquire vocational skills from which they could earn money.

- The government needs to ensure sexual and reproductive health services are accessible and affordable for all at this critical time. In addition, expanding access to services and information especially through alternative channels such as mobile and digital health platforms.

KEY FACTS

22 or 40% of UNFPA’s 55 supported districts registered an increase in teenage pregnancies during the COVID-19 pandemic period, using monitoring data from HMIS and using ANC 1 attendance as a proxy. Yet this could be much underestimated as it is known health seeking behavior among adolescents could be low and even general population. Most of these are districts in the Northern and Eastern regions of Uganda, including Karamoja, which also, have high poverty levels in the country.
**COMMUNICATING AND PARTNERING FOR SOCIAL CHANGE: DIVERSITY, PARTICIPATION AND INCLUSION**

**Stepping Up the Momentum to Deliver on Our Promise**

As countries around the world work to contain the spread and impact of COVID-19, at UNFPA Uganda we remain resolute in our duty to deliver on our promise of tackling the immediate challenges that threaten to curtail the future of millions of young people in Uganda. Working with our partners (government and development partners) we have continued to champion the cause of holding each other accountable for our responsibility that has become even greater during the COVID-19 pandemic; the need to increase our momentum in implementation and achievement of the commitments amidst the pandemic.

**Partnering With Districts to Address Teenage Pregnancy and Child Marriage**

1. District local governments from three regions (Acholi, Lango, and West Nile regions) have included projects/activities into their District Development Plans (DDPs) to address teenage pregnancy. These include; Agago, Amuru, Gulu, Lamwo, Nwoya, Pader, Amolatar, Dokolo, Lira, Ouke, Apac, among others.

2. District local governments have passed appropriate by-laws and ordinances against child marriages and teenage pregnancies and to work with cultural, traditional, and religious leaders to advocate against child marriages and teenage pregnancy. These districts include; Yumbe, Pakwach, Nebbi, Moyo, Maracha, among others.

3. District local governments have put in place an inter-district coordinated campaign against early marriages and teenage pregnancy in the West Nile sub-region. These include; Yumbe, Obongi and Moyo.

4. District local governments have enforced the implementation of laws and policies that govern gender-based violence and promote the rights of women, girls, boys, and men. These include; Amuru, Lamwo, Yumbe, Pakwach and Nebbi.

5. District local governments have included integrated packages of rights (maternal mortality, unmet need for FP, freedom from GBV, and harmful practices) in the DDP, sector AWPs, and budgets. These include; Yumbe, Pakwach, Maracha and Moyo.

6. Districts have invested in skills development for in and out of school youth and create job opportunities to absorb the young people, increase access to credit and market for products produced; promote small scale and medium and value addition enterprise. These include; Agago and Yumbe.

7. Districts have implemented interventions to increase young people’s access to Sexual and Reproductive Health information and services through active sexuality education at home, in communities, and in schools. These include; Pakwach and Obongi.
Increase in teenage pregnancy due to COVID-19 lockdown.
Increase in early marriages due to teenage pregnancy.
Low enrollment of children to school due to poverty.
Limited opportunities for skilling youths (in and out of school) in districts, due to limited funding to Local Governments and inadequate technical schools in the districts.
Limited access to Reproductive Health services for young people in some districts.
No school feeding programme to help keep children in school.
Lack of programmes that address the needs of out of school youths in some districts.

Outstanding Challenges

- Increase access of FP services by the young people through networks e.g VHTs, and creation of a good environment that enables young people to access FP methods in districts.
- Expand coverage of programmes that target the out of school youths to districts without.
- Provide capacity building to the community leaders to come up with by-laws consistent with national laws to ensure easy approval at the district level.

Way Forward
INNOVATING AND ADAPTING TO CONTINUE THE DELIVERY OF RIGHTS

UNFPA’s COVID-19 Response in Humanitarian Settings

As the COVID-19 pandemic continues to accelerate in Uganda, those at the greatest risk are the 1.4 million refugees and asylum seekers hosted in Uganda (3.5% of Uganda’s population). The risk is greater for those in humanitarian settings because of the already scarce services and limited capabilities and opportunities to cope and adapt to such shocks.

A rapid assessment by UNFPA Uganda on barriers preventing pregnant and lactating women from seeking maternal health, family planning, and gender-based violence services at health facilities in the context of the COVID-19 pandemic, proved that service utilization in the refugee hosting districts has been affected by the pandemic. UNFPA is supporting 12 Refugee hosting districts; Adjumani, Arua, Koboko, Obongi, Yumbe, Kiryadongo, Kampala, Lamwo, Isingiro, Kamwenge, Kyegegwa, and Kikuube. UNFPA has nevertheless ensured continued delivery of SRHR services in humanitarian settings by;

1. Supporting mothers to deliver safely during COVID-19
UNFPA has provided fuel cards to ensure transportation of health workers to health facilities during the pandemic. The total amount of money spent on fuel to humanitarian settings is 150,083,360 UGX. Approximately, 579 health workers have been provided with transport to health facilities in refugee-hosting districts. PPEs have also been provided to health workers to ensure continuity of service delivery during the pandemic.

Transportation services have also been critical in providing referral services to mothers, which were not easily accessible due to the COVID-19 pandemic and related restrictions. Further still, UNFPA has provided refugee-hosting districts like Yumbe with ambulances to ensure that mothers can access services hence improving maternal health. Overall, 4,255 refugees have been supported to deliver safely, 8,907 with postnatal services and 1,088 with emergency obstetric care services.

2. Addressing GBV in humanitarian settings
Research shows that humanitarian settings have higher cases of GBV, and according to UNHCR, 81% of Uganda’s 1.4 million refugees are women and children, who are at high risk of gender-based violence (World Bank, 2020). Furthermore, there is hardship in access to services by many of the victims and survivors of GBV in humanitarian settings.

These services include health and SRHR services, justice, shelters for safety mainly because of gaps in referral systems. This situation was projected to further worsen with the COVID-19 pandemic and its surrounding effects like the lockdown.

UNFPA to address GBV has;
- Facilitated mobile court sessions to handle GBV cases.
- Carried out and integrated outreaches in districts. This included SRH messages, HIV testing, Cervical cancer screening and GBV awareness.
- Carrying out radio talk shows on GBV and child protection.
- Trained Refugee Welfare Committees (RWCs) in GBV prevention and response.

A total of 1,892 women including young people, all refugees in districts of Adjumani, Yumbe, Kiryadongo, Lamwo, Isingiro, and Kyegegwa have been provided with GBV services.
The Stage: A Youth Platform for Social Change and Mentorship

The Stage is a platform for young people to express themselves by telling their stories, sharing experiences, sharing ideas, and deriving inspiration from peers to address social issues in their communities. The COVID-19 pandemic has greatly affected young people. Many are at home due to the closing of schools and some are not sure of their education future post-COVID-19. Others lost their jobs and many still, have been victims of violence. The Stage is an opportunity for young people to think differently, come up with ideas and convene to address issues in their communities that have been further escalated by the COVID-19 crisis. They get to showcase their unique ideas, derive motivation from others and even receive mentorship. All in all, with this interactive platform, more youths will be empowered to be the catalysts of transformation in their communities.

Collaboration with the Private Sector to increase access to SRHR and GBV through e-Commerce Platforms

With access to SRHR services and information one of the most disrupted services during the COVID-19 pandemic, UNFPA has found alternative ways of ensuring access to the services. Through its partnership with Jumia Uganda, the country’s largest e-commerce platform, clients now have access to a wide range of reproductive health commodities including male and female condoms, contraceptive pills, HIV self-test kits, pregnancy test kits, and maternity kits (Mama kits) conveniently and privately. UNFPA has also leveraged Jumia’s large reach (estimated annual traffic of 15 million visits with an average of 800,000 visits per month) to disseminate SRHR information.

3. Provision of family planning services

The COVID-19 pandemic disrupted access to family planning services due to related restrictions like the curfew and lockdown but also people’s fear of visiting health facilities in case of exposure to COVID-19.

However, UNFPA ensured that people can still access FP services through its partnerships with SafeBoda and Jumia that saw contraceptives delivered to people’s doorsteps in the central region where a number of refugees reside.

In rural areas, FP champions were trained to be key influencers and advocates for family planning and sexual reproductive health and rights.

Moreover, UNFPA monitored national stock-outs and through JMS and NMS ensured the continued supply of contraceptives.

A total of 158,065 condoms were delivered to refugee hosting districts of Adjumani, Kiryatongo, Lamwo, Kamwenge, Kikuube, and Kyegega.
WEATHERING THE STORM

Staff Stories on delivering services amidst the COVID-19 pandemic

Maiken Mansfeld Jacobsen, International staff from Denmark.

When the COVID-19 lockdown in Uganda set in during March 2020, I was concerned about the safety and health particularly of our 3 young children in case of any emergency situation. The Country Representative in Uganda with guidance from HQ allowed me and my dependants to return on an emergency repatriation aircraft to Denmark in the beginning of April from where I have telecommuted the vast part of 2020. When we first arrived in Denmark, we stayed in a small summer cottage in the countryside and borrowed the neighbouring cottage to act as my office space where we established a sufficient internet connection and a heater. Thankfully my husband was able to take care of our children during my working day at the “office” next doors and during my lunch breaks, I would take my youngest child for a walk in the stroller in the beautiful spring forest. Staying united as a family and being in our home country close to our older family members, made me run even faster at work. I’m deeply appreciative of the flexibility and the support I received to telecommute from Denmark, which allowed me to effectively focus on work and diminished my concerns about the safety and health of my family during the COVID-19 pandemic.

STRENGTHENED SENSE OF PURPOSE - Anne Madeleine

Working from home may be a big difference compared to the ordinary order of an office, meeting colleagues and a clear distinction of work time and spare time defined by location. Now with the great challenges of the COVID-19 pandemic, everything that we thought of as normal has been turned upside down. For me, I feel fortunate to have alternatives to mitigate the situation such as working from home while keeping my livelihood and still being able to continue the delivery of my work. My thoughts go to those that already were in a vulnerable situation before the COVID-19 pandemic and now have a worse position due to escalating competing priorities. This makes the value of our work at UNFPA even more important as we respond the increasing needs for comprehensive SRHR services in Uganda. Pandemic or not, these needs do not stop, so we cannot stop.