



**Bi-Annual Report 1st January 2018 – 30th June
2018**

**The Better Life for Girls: Preventing adolescent
pregnancy and reaping the girl effect dividend in
Karamoja and Eastern regions of Uganda.**

Supported by KOICA

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1. PROJECT SUMMARY

Title	Better Life for Girls: Preventing adolescent pregnancy and reaping the girl effect dividend in Karamoja and Eastern regions of Uganda.
Sector	Adolescent Health
Objective	To strengthen national capacity to deliver improved sexual and reproductive health outcomes and social economic empowerment for adolescent girls
Beneficiaries	<p>Primary Beneficiaries:</p> <ul style="list-style-type: none"> • 412,012 In-school and out of school adolescent girls (age 10-19) <p>Secondary Beneficiaries:</p> <ul style="list-style-type: none"> • 228,270In-school and out of school adolescent boys (age 10-19) • 840 Health Workers (nurses, midwives and clinical officers) • 750 Teachers (Primary and Secondary School) • 4,420 Parents, religious and cultural leaders, and members of male action groups • 2,000,000 people reached through multimedia campaign, including community dialogues
Project Duration	May 2016 to December 2018 (two and a half years project period)
Geographical Focus	Seven districts of Eastern Uganda (Amuria, Bududa, Butaleja, Iganga, Kapchorwa, Katakwi, Mayuge) and seven of Karamoja Region (Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit, Napak); making a total of 14 districts.
Implementing Partners	Uganda Ministry of Health, Ministry of Education and Sports, Ministry of Gender, and CSOs (BRAC's ELA Programme, Straight Talk Foundation, Reproductive Health Uganda (RHU), Inter-Religious Council of Uganda (IRCU), Reach a Hand Uganda (RAHU) and Population Media Center (PMC).
Proposed Budget	<p>Donor Amount: USD 5,000,000</p> <p>UNFPA Co-financing: USD 1,876,790; Overall Total: USD 6,876,790</p>
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2. EXECUTIVE SUMMARY

Young people are the fastest growing segment of Uganda's population. They represent 70 per cent of the population. Uganda's Vision 2040 – the country's development blueprint recognizes that young people are a powerful force, individually and collectively, and that investing in them will contribute to important socio-economic transformations for Uganda. Fully engaged, educated, healthy and productive young people can help break multi-generational poverty, be resilient in the face of personal and societal threats and, as skilled and informed citizens, they can contribute effectively to the strengthening of their communities and nations.

However, within this Uganda's promising generation are 4.3 million¹ young girls, age 10-24 with specific needs, challenges and aspirations for the future. Young girls across the country are subjected to violence and harmful practices; they face discrimination or are deprived of resources and services. The consequences for young girls are always evident in the status of their sexual and reproductive health (SRH). Many of them end-up becoming teenage mothers.

The focus of this project is on young girls age 10-19. When a girl becomes pregnant, her present and future change radically, and rarely for the better. In most times, her job prospects evaporate, and her vulnerabilities to poverty, exclusion and dependency multiply. A sexually active young girl who doesn't use contraceptives has a 90% chance of becoming pregnant within a year. One in four Ugandan girls will have a child by the time they are 18 years. Those very girls will be pregnant again within 24 months after their last pregnancy due to their vulnerability.

Pregnancy-related complications are the leading cause of death for girls in this age group. Girls between 10 and 14 years of age are five times more likely to die in pregnancy and childbirth than their counterparts aged 20 to 24. Under-age motherhood not only increases the risk of dying in childbirth, it also jeopardizes the wellbeing of surviving mothers and their children. Stillbirths and child deaths are 50% more likely to happen for babies born to mothers younger than 20 for those aged 20-29. Younger girls are more likely to suffer complications like obstetric fistula because their bodies are not physiologically mature and ready to handle childbirth. Adolescents tend to delay seeking safe abortion (also because it is illegal in Uganda), resort to the use of less skilled providers, use more dangerous methods, and delay seeking care for complications. They are therefore more likely to suffer serious complications and even death.

To date, UNFPA in Uganda supports efforts to addresses teenage pregnancy through a number of approaches, in technical and financial partnership with WHO, Embassy of Sweden and Denmark and the Packard Foundation, among others. UNFPA Uganda in partnership with the Ministry of Health have launched a multi-media campaign to prevent teenage pregnancy. UNFPA promotes interventions to increase access to sexual and reproductive health information and services for young girls and boys, both in-and out-of-school. We supported the integration of sexuality education in upper primary school. In similar way, we are working on development of training modules on sexuality education to be integrated into Youth Venture Capital Fund financial literacy training programme as well as in Vocational Training Colleges. Out of school youth are also reached through a network of peer education clubs (about 5 of 20 members) attached to each health facility that do community mobilization and health facility dialogue sessions. Through our partnerships with faith based institutions, UNFPA has supported the development of handbooks for use by clergy and laity structures of all major denominations in Uganda. These handbooks integrate the scientific basis of messages on

¹ Uganda Bureau of Statistics, National Population and Housing Census 2014.

sexual and reproductive health with religious doctrines of each of the faithful house. UNFPA has also supported the creation of youth friendly corners in general hospitals, health centre IVs and in some cases health centre IIIs in selected districts of Uganda. Similar initiative has been done to create youth friendly corners in health facilities of the Faith Based Institutions. We are also engaged in advocacy for prevention of early marriage and for the passing and enforcement of bye-laws or ordinances.

In-line with the UNFPA Global Innovations Strategy, Uganda organized UNFPA's first ever international ASRH Hackathon (July 2015) bringing together participants to develop technology solutions to address young people's access to SRH information and services. Through the hackathon and other initiatives, UNFPA Uganda is testing four innovative projects targeting young people, including the SafPal App, specifically developed for girls and young women age 14-20 to prevent and report sexual harassment; the Global Mobile App is a technology used to reach young people with SRH information and link them with services; GetIn App is a tech solution to enable health workers in rural areas better reach socially isolated teenage mothers and provide them with antenatal care and postpartum family planning in order to minimize complications at child birth, and; the Census 2014 App is a solution to improve access and dissemination of Census results for proper planning.

UNFPA further plans to strengthen the communication and visibility component of the programme, through partnership with Population Media Center (PMC) to run serial dramas to influence young people's reproductive health attitudes, interpersonal communications and societal behavior choices, so as to enhance young people's ability to make informed choices regarding their sexuality.

With the support of the Korea International Cooperation Agency (KOICA), UNFPA will expand and intensify interventions in the 14 most burdened districts of Eastern Uganda and Karamoja region to increase access to sexual and reproductive health information and services for young girls and boys, both in-and out-of-school so as to prevent and mitigate the effects of teenage pregnancy. The programme is expected to reach a total of 412,012 primary beneficiaries and 2,261,530 secondary beneficiaries.

2.1 Background (context of the Project)

2.1.1 Country context

The population of Uganda has grown from 9.5 million in 1969 to 34.6 million in 2014²; it is expected to reach 83 million by 2040. The annual growth rate of 3 per cent per year is the result of a persistently high fertility rate (currently 5.8 children per woman) and a declining mortality rate. The under-five mortality rate decreased from 156 per 1,000 live births in 2002 to 80 per 1,000 live births in 2014. This has resulted in a large youthful population, with 70 per cent aged 24 years and below and 55 per cent below 18 years. In the last 15 years, Uganda has met several key targets included in the Millennium Development Goals such as reducing extreme poverty - the proportion of people living below the national poverty line has declined from 39 per cent in 2002 to 19.7 per cent in 2011; access to HIV treatment has increased; as well as access to Universal Primary Education; and reduction in incidence of Malaria and other major diseases. All of these are key tenants required for human development.

2.1.2 Adolescent Sexual and Reproductive Health and Rights in Uganda:

²Uganda Bureau of Statistics, National Population and Housing Census 2014.

An overview of the current situation

There has been slow progress in reducing maternal and newborn morbidities and mortalities in Uganda. Maternal Mortality Ratio remains high in spite of a recorded reduction from 506 deaths per 100,000 live births in 2001 to 438 deaths per 100,000 live births in 2011. Adolescent pregnancy greatly affects maternal health indicators. With 24 percent of girls between age 15-19 beginning childbearing, Uganda has one of the highest rates of teenage pregnancy in sub-Saharan Africa. The situation is dire in the Eastern and Karamoja regions of Uganda, where at 30 percent, indicators show that incidents of teenage pregnancy are much higher than the national average. Complications from pregnancy and childbirth are the leading cause of disability and death among female adolescents. Up to 28 per cent of maternal deaths are attributed to young girls aged 15-24 years.

Several underlying factors contribute to the persistence of teenage pregnancy in Eastern and Karamoja regions, including inadequate funding of adolescent sexual and reproductive health programmes, limited access to sexual and reproductive health information and services, limited enrolment and retention of girls in school, early marriage, sexual violence, and other contributing factors such as poverty.

Access to sexual and reproductive health information and services - one of the main factors driving teenage pregnancy is the limited access to sexual and reproductive health information and services that could help young girls avoid or delay pregnancy. Universal access to evidence based sexual and reproductive health interventions are crucial to prevent sexually transmitted infections including HIV, unintended pregnancies, maternal mortality and morbidity and other threats to girls and young women's health. Young people, particularly girls, face increased risk of sexual and reproductive health related illness and mortality.

Access to Education -limited enrolment and retention of girls in school is another key factor leading to teenage pregnancy. But also teenage pregnancy is a cause of school dropout in 30% of the cases, according to a 2011 UNICEF supported study. The longer a girl stays in school, the less likely she is to get pregnant at an early age. The UDHS 2011 shows that less-educated girls are more likely to become pregnant than their more educated peers.

Child marriage - this is another reason that so many teenage girls get pregnant in Uganda. The civil status of young people is relevant to their sexual and reproductive health and rights. The high rates of early marriages among girls in Uganda has a strong correlation with early pregnancy and maternal morbidity and mortality. Among women aged 20 to 49, 15% were married by age 15, and 49 % were married before their 18th birthday³. Girls are often married to much older men; they lack awareness of their rights and cannot negotiate for protected sex and use of family planning. Married girls are often pressured to have a child soon after getting married, despite the fact that they are still children themselves. The Cairo Plan of Action recognizes that when girls have access to comprehensive education and sexual and reproductive health services, marriage tend to occur later, fertility rates fall and women's productivity increases. Preventing child marriage and increasing access to services would reduce teenage pregnancies and the associated maternal death or disability.

Poverty– this perpetuates teenage marriage and pregnancies. Poor girls are far more likely to have less education, less access to reproductive health information and services, and to marry young. As a result, they are much more likely to become pregnant at a young age. All these early marriages and teenage

³ Uganda Demographic and Health Survey (UDHS), 2011

pregnancies for girls aged less than 18 years, are in and by-themselves, defilements! Unfortunately, some of these are sanctioned by our own cultures!

Sexual violence— according to the Uganda Police Force Crime Report 2014, defilement is one the leading crimes in Uganda. Sex-related crimes, in particular defilement, are on the increase with 9,589 cases registered by police in 2013 compared to 8,076 cases in 2012.⁴

Why the need to address teenage pregnancy

When early sexual activity leads to early motherhood, this often limits women's opportunities to pursue better education, employment and income and, ultimately, to have control over their lives. A sexually active young girl who doesn't use contraceptives has a 90% chance of becoming pregnant within a year. Pregnancy-related complications are the leading cause of death for girls in this age group. Girls between 10 and 14 years of age are five times more likely to die in pregnancy and childbirth than their counterparts aged 20 to 24.

Very early motherhood not only increases the risk of dying in childbirth, it also jeopardizes the wellbeing of surviving mothers and their children. Stillbirths and child deaths are 50% more likely for babies born to mothers younger than 20 than for those aged 20-29.

Teenage mothers also face higher risks of getting obstetric fistula, a hole in the birth canal caused by prolonged, obstructed labour due to small size of the birth canal, further complicated by limited access to timely and adequate medical care.

Unsafe abortion is another consequence of teenage pregnancy; in Uganda 297,000 abortions are done every year, and of these 140,000 abortions happen among girls between the ages of 15 and 24. According to Guttmacher Institute study on the cost of teenage pregnancy, the estimated cost of treating post-abortion complications in Uganda in 2010 stood at \$13.9 million. Given that the survey is based on key informants, the total cost most likely lies in the range \$9-\$22.2 million.

In socio-economic terms, teenage pregnancy can lead to school drop-out and loss of education and lack of acquisition of productive or employable skills. This in turn leads to low productivity which in the long-term contributes to poverty.

The centerpiece of this program is therefore, the prevention of teenage pregnancy through the right to education, sexual and reproductive health and promotion and empowerment of girls and young women.

Harnessing the Demographic Dividend: A large average family size makes it difficult for families and the government to make the requisite investments in education and health that are needed to develop high-quality human capital and achieve higher incomes and socioeconomic development. If Uganda can adopt appropriate policies and investments in young people to ensure that the "surplus" labour force is innovative, skilled, healthy, and productive, such a structural shift can help accelerate economic growth and socioeconomic transformation – hence harnessing the demographic dividend. The demographic dividend refers to the economic benefit a society enjoys when fertility and mortality decline rapidly and the ratio of working-age adults significantly increases relative to young dependents.

⁴Annual Crime and Traffic/ Road Safety Report 2013

2.2 Key Achievement(s) during the target period (January 2018 to June 30, 2018)

Outcome 1: Increased accessibility and utilization of age-appropriate SRHR information and services by adolescent girls

Output 1.1: A school environment for adolescent girls that is responsive to their gender and age specific SRHR needs

Key achievements include:

1. 458 of school boards with AYSRHR as an agenda item
2. 20% of committee recommendations on adolescent AYSRHR implemented by the district local government
3. 100% of supported schools have a functional ‘space’ for SRH information sharing and counselling
4. 100% of targeted schools with at least one trained focal person in Adolescent Sexual and Reproductive Health and Rights
5. 23,221 girls (10 - 19) in targeted schools using hygienic methods and materials for menstrual management
6. 34% of the girls reported menstrual related absenteeism in the previous term

Output 1.2: Health workers are skilled in the provision of adolescent and youth friendly, age-appropriate, SRHR information and services for adolescent girls

Key Achievements include:

1. 100% of health facilities in target districts with at least 3 health personnel (nurses, midwives and clinicians) trained in the provision of adolescent and youth friendly services.
2. 85% of health facilities providing Adolescent and Youth Friendly Services (based on government guidelines).
3. 219,976 adolescent girls in target districts receiving SRH services

Outcome 2: An enabling environment which promotes socio-economic empowerment and control over their earnings for adolescent girls for the prevention and mitigation of effects of teenage pregnancy

Output 2.1: Increased access to life skills for adolescent girls in the target districts

The output level indicators performance remain the same as at end of 2017 as the graduation will be conducted in the last quarter of 2018. However notable achievements in the first six month include:

1. 17,050 girls were attending ELA clubs as at 30th June 2018, out of which 3,189 belonged to savings and credit society (SACCO), indicating an increase from the 2,128 reported at the end of 2017

Output 2.2: Increased community abandonment of cultural practices that contribute to teenage pregnancy.

Key achievements include the following:

1. 596 community dialogues conducted by religious leaders and male action groups
2. 44,884 (20,830 males and 24,054 female) parents and other community members were reached with AYSRHR messages through community dialogues.
3. A total of 3,368 radio spots and 154 TV spots; and radio serial drama of 16 episodes/78 (x 10 stations = 260 total) discussed teenage pregnancy and early/ child and forced marriage reaching out to 4,864,273 people in the target districts and countrywide have been reached with messages (Preliminary data from IPSOS Media Monitoring, first quarter 2018)
4. 140 functional male action groups
5. 35% of male action groups have profitable projects

Output 3: Knowledge Management, Monitoring and Evaluation

Key achievements include the following:

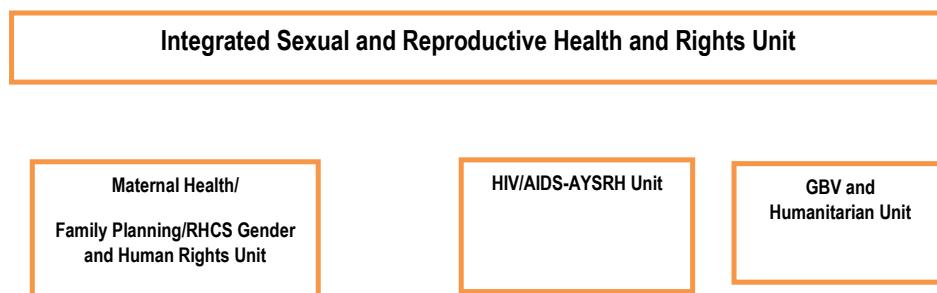
1. Two joint programme monitoring visits were conduct the reporting period. A high level joint monitoring visit was undertaken with KOICA, involving the UNFPA Representative and the KOICA Deputy Country Director in Iganga. UNFPA also conducted a joint monitoring visit with government counterparts: Ministry of Gender Labour and Social Development (MGLSD), Ministry of Health (MOH), Ministry of Education and National Population Council (NPC) in all the 14 BL4G districts. Detailed monitoring reports with recommendations for improvement were shared with IPs
2. BL4G partners have benefited from the integrated SRHR coordination held at district level in Karamoja and district specific meetings in Eastern regional districts. This has strengthened collaboration between MGLSD, MOH, Straight Talk, BRAC, the major implementing partners of the BL4G programme.

3. PROJECT OVERVIEW

3.1 Operational Overview (implementation structure)

Implementation of the adolescent pregnancy program will involve multiple stakeholders, including the Ministry of Health, Ministry of Education, Ministry of Gender, Local Governments in selected districts and civil society organizations. UNFPA Uganda will centrally coordinate and will be accountable for the implementation of the programme.

UNFPA Organizational Diagram – ISRHR Unit



The programme is managed from within the Uganda Country Office Integrated Sexual and Reproductive Health and Rights (ISRHR) Unit. Programme management includes the following UNFPA staff:

- 100% time of National Programme Officer with expertise in Adolescents Sexual Reproductive Health and Rights
- 25% time Communications Officer
- 100% Finance and Administrative Officer
- 25% Monitoring and Evaluation Officer

Relevant implementing partners have been brought on board to work on programme areas where they have a comparative advantage. These include Ministry of Education and Sports, Ministry of Gender, Labour and Social Development, Ministry of Health, Communications for Development Foundation Uganda, The Inter-Religious Council of Uganda, BRAC Uganda and Straight Talk Foundation. The partners work in close collaboration with the district local governments of the target programme location.

3.2 Logical Framework of the Project

- Refer to the Logical framework table.

4. PERFORMANCE REVIEW

1.1 Monitoring and Evaluation Activities

The programme benefitted from Joint programme monitoring that was undertaken with KOICA and Ministry of Gender Labour and Social Development (MGLSD). The activity involved the UNFPA Representative and the KOICA Deputy Country Director in Iganga from 13th – 14th March 2018. UNFPA also conducted a joint monitoring visit with government counterparts in all the 14 BLFG districts. Detailed monitoring reports with recommendations for improvement were shared with IPs

BL4G partners have benefited from the integrated SRHR coordination held at district level in Karamoja and district specific meetings in Eastern regional districts. This has strengthened collaboration between MGLSD, MOH, Straight Talk, BRAC, the major implementing partners of the BL4G programme

Both Straight Talk Foundation (STF) and BRAC conducted programme monitoring and support supervision as well as staff meeting for all working on the BLFG project. The teams reviewed and reflected on the progress in the implementation of Better Life for Girls. Specifically for STF, the team reflected on strengthening intervention focused of provision of AYSRH information to adolescent girls in school thereby facilitating accessibility of AYFSRH services at the health facilities. One of the key outcomes was the meeting with DHO to agree on how young people in school can be served better. The DHO in the 14 districts agreed to allocate Saturday for service delivery to young people. This has resulted in increased demand for services by this age group. On the other hand, BRAC team reflected on the most feasible option to increase coverage for livelihood inputs/ assets. It was agreed that the intervention for livelihood input/ asset transfer should target girls at group level rather than individual level to increase not only coverage but also build group cohesion and linkage to pother livelihood opportunities.

Routine data quality audit was conducted in the 45 partner government owned health facilities of the 3 eastern and 3 Karamoja districts of the project implementation i.e. Budduda, Butaleja, Mayuge, Kaabong, Abim and Moroto. The activity was under taken as a means of establishing systems in place that will help the BL4Gs project ensure quality data and also ensure that there is adequate capacity for the health personnel to collect, analyze, report and utilize the information. The outcome after identification of gaps was to come up with actions plans using a participatory approach that involved BL4Gs field officers, health personnel in each district and the R&E technical team conducting the activity. Findings show that, all the facilities visited have data collection forms and tools provided by the Ministry of Health (MoH) as captured in the HMIS manual. It was observed that, 100% in the Eastern and 65% in Karamoja of the facilities regularly used the tools to capture information on clients for specific services. In terms of SOP/instructions on completing the tools, 100% in the East and only 26% in Karamoja presented the MoH.

A consultant was hired to document good practices on the BL4G programme. The overall purpose is to synthesize and document good practices, innovations and lessons learnt in the implementation of the BL4G project as part of the programmatic learning and improvement of related interventions. The

identified good practices will be shared/disseminated to different stakeholders as a way of advancing the body of knowledge to be used for scaling up similar programs in future.

4.2 Project Result

Table 1: Project Result

Outcome/output	Results
Outcome 1: Increased accessibility and utilization of age-appropriate SRHR information and services by adolescent girls	<i>Proportion of adolescents (10 - 19 years) who are accessing sexual and reproductive health information.</i>
	<i>Proportion of adolescents (10 - 19 years) utilizing SRH services in the target districts</i>
	<i>Proportion of girls (10 - 19 years) who got pregnant in target districts in the last 12 months</i>
Output 1.1: A school environment for adolescent girls that is responsive to their gender and age specific SRHR needs	<ul style="list-style-type: none"> • Indicator 1.1.1a: Number of school boards with AYSRHR as an agenda item • Indicator 1.1.1b: Proportion of committee recommendations on adolescent AYSRHR implemented by the district local government • Indicator 1.1.1c: SRH indicators integrated into the EMIS data collection tools • Indicator 1.1.2.a: Proportion of schools that have a functional 'space' for SRH information sharing and counselling • Indicator 1.1.2.b: Proportion of targeted schools with at least one trained focal person in Adolescent Sexual and Reproductive Health and Rights • Indicator 1.1.2.b: Proportion of girls (10 - 19) in targeted schools using hygienic methods and materials for menstrual management • Indicator 1.1.2.c: Proportion of girls reporting menstrual related absenteeism in the previous term
Output 1.2: Health workers are skilled in the provision of adolescent and youth friendly, age-appropriate, SRHR information and services for adolescent girls	<ul style="list-style-type: none"> • Indicator 1.2.1.a: Proportion of health facilities in target districts with at least 3 health personnel (nurses, midwives and clinicians) trained in the provision of adolescent and youth friendly services • Indicator 1.2.1.b: Proportion of health facilities providing Adolescent and Youth Friendly Services (based on government guidelines) • Indicator 1.2.2.a: Number of adolescent girls in target districts receiving SRH services • Indicator 1.2.2.b: Number of adolescent girls in target districts

	<p>referred to SRH services through web-based applications (SafePal App and Global Mobile App).</p> <ul style="list-style-type: none"> • Indicator 1.2.2.c: Volume of traffic on the mobile application platform
Outcome 2: An enabling environment which promotes socio-economic empowerment and control over their earnings for adolescent girls for the prevention and mitigation of effects of teenage pregnancy	<i>Proportion of girls (15 - 19 years) in target district who own a business or are gainfully employed</i>
	<i>Percentage of all girls (15 - 19 years) who agree that a husband is justified in hitting or beating his wife for specific reasons</i>
	<i>Proportion of girls (15 - 19 years) who have control over their earnings</i>
	<i>Proportion of married girls (15-19 years) who participate in household decisions</i>
Output 2.1: Increased access to life skills for adolescent girls in the target districts	<ul style="list-style-type: none"> • Indicator 2.1.1.a: Proportion of ELA graduate girls (15 - 19) who own a profitable business or are gainfully employed • Indicator 2.1.1.b: Proportion of married ELA graduate girls (15 - 19) who participate in household decisions. • Indicator 2.1.2.a: Proportion of ELA graduate girls (15-19) who have control over their earnings • Indicator 2.1.2.b: Proportion of enrolled girls (15-19) who complete the ELA club programme
Output 2.2: Increased community abandonment of cultural practices that contribute to teenage pregnancy.	<ul style="list-style-type: none"> • Indicator 2.2.1.a: Number of people in the target districts exposed to specific SRHR messages through mass media • Indicator 2.2.1.b: Number of media info spots, drama series and talk-shows discussing teenage pregnancy and early marriage • Indicator 2.2.1.c: Number of AYSRHR community dialogues conducted by religious leaders • Indicator 2.2.1.d: Number of parents reached with AYSRHR messages through community dialogues conducted by religious leaders • Indicator 2.2.2.a: Number of functional male action groups • Indicator 2.2.2.b: Proportion of male action groups with profitable projects • Indicator 2.2.3: Number of key decision makers participating in the inauguration of the photo and letter exhibition
Output 3: Knowledge Management, Monitoring and	<ul style="list-style-type: none"> • Indicator 3.1.a: Data quality report from quarterly monitoring visit submitted to KOICA

Evaluation	<ul style="list-style-type: none"> • <i>Indicator 3.1.b: Project baseline report submitted to KOICA</i> • <i>Indicator 3.1.c: Project end line report submitted to KOICA</i> • <i>Indicator 3.2.a: Number of articles published on the project</i> • <i>Indicator 3.2.b: Number of knowledge dissemination events organized or attended to present lessons learned and good practices from the project</i>
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4.3 Activities undertaken and Results achieved

1.1.1: Support the district authorities to monitor and supervise SRH programs in the target districts.
This includes (1) including SRH as a standing agenda item in school boards and (2) inclusion of SRH indicators on Education Management Information System (EMIS).

The supervision team was able to conduct 762 follow up meetings out of 756 planned with school boards and head teachers. The meetings were attended by 1,701(1178 males and 523 female) participants from 762 schools. The participants in attendance included; head teachers, deputies head teachers, senior women and men teachers as well as members of school management committees from the 762 schools. The SRH indicators have been included in the school inspection tool for DLG. This has ensured that SRH out comes are monitored by the head teachers, the school management committee members and the district education inspectors during their routine school monitoring in their work plans. STF supported 85(21Female and 64Male) members of cross departmental inspectorate and provided support supervision to 657 (586 primary 71 secondary) schools.

1.1.2: Orient AYSRHR focal points in primary and secondary schools on SRHR information and services and use of ICT (SafePal, Global Mobile).

A total of eight members of education committee (five district Councilors and three Education team) officials in Katakwi District attended the meeting and progress on previous commitments made was reviewed. The Social service committee that has since been working with the project had been dissolved. The new committee has not accomplished much on SRH issues. It has however managed to do school monitoring and not specifically on SRH at their individual sub counties.

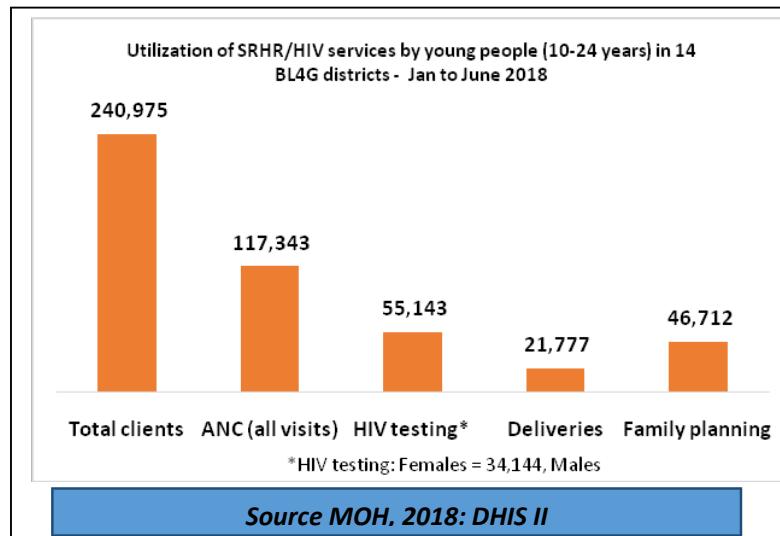
1.1.3: Support existing and new girl clubs in schools to improve hygiene during the menstrual periods. This includes training on making re-usable pads using local materials and/or provision of menstrual supplies that comply with menstrual hygiene management standards.

All the targeted 657 schools were reached to follow up on menstrual health initiatives in the schools. During the implementation of this activity, it was noted that the girls who were available and still using

the supplied pads were 23,221 out of the 36,037 that received the reusable pads. Some of the girls completed primary seven (432), some completed senior 4 (118). The reduction in the number of girls using menstrual hygiene materials cannot be accounted as there is no systematic tracking system for those that could have changed schools. Findings reveal that, 1,341 teachers out of 762 expected, are involved in the process of data collection on programme results in their schools. It was planned that focal teachers would reach 38,100 adolescents in counselling. The findings indicate that, 32, 646 (85.7%) one-on-one counselling sessions this quarter (April- June) have been conducted by the ASRH persons with adolescent girls and boys. A total of 161 cases of teenage pregnancies (teenage mothers) were reported across the target schools as having been re-integrated into the school system. In relation to information access, 77,085 (33,390 male and 43,695) of adolescents accessed AYSRH information across the target schools in 14 districts of eastern and Karamoja.

1.2.1: Support target districts in the training of health workers (nurses, midwives and clinical officers) from hospitals, HCIV and HCIII in the provision of SRHR adolescent and youth friendly services, including effective referral, relevant care standards, and use of ICT (Global Mobile and SafePal apps) as a platform for providing AYSRHR information and counseling. This will rely on the guidance on Youth Friendly Services by the Ministry of Health.

In an effort to strengthen the referral component and promote access and utilization of AYSRH services by young people at target health facilities across the 14 districts, 6,374 adolescents and young people were referred by focal point teachers across 762 beneficiary schools to target health facility during this reporting period.



125 quality improvement teams were met in the BL4G target health facilities in the 14 districts. A total of 889 (399 Males, 490 Females) health workers attended these meetings. STF and the district local government biostatisticians developed a checklist that was used during the QI assessment. Overall, the health workers training and quality improvement plan contributed to 240,975 adolescents and young people utilizing SRHR services. The table below shows the break-down by district.

Table 2: SRH/HIV data for 14 BL4G districts (Jan - June 2018)

#.	Districts	Total ANC	Deliveries	Family Planning	HIV testing		Total
					Females	Males	
1	Kotido	6,175	1,057	712	1,612	1,167	10,723
2	Moroto	6,754	1,178	601	3,499	2,781	14,813
3	Abim	4,255	945	902	2,079	1,301	9,482
4	Amudat	2,851	538	316	329	155	4,189
5	Kaabong	4,633	391	266	1,531	711	7,532
6	Nakapiripit	5,412	881	2,936	1,032	812	11,073
7	Napak	5,610	1,050	515	659	316	8,150
8	Amuria	13,588	2,233	4,127	3,658	1,722	25,328
9	Bududa	5,060	1,106	3,446	2,406	1,110	13,128
10	Butaleja	14,015	2,553	3,822	2,429	1,620	24,439
11	Iganga	20,917	4,633	15,513	6,631	3,628	51,322
12	Kapchorwa	4,067	1,016	3,219	1,133	575	10,010
13	Katakwi	3,067	1,004	3,011	20	245	7,347
14	Mayuge	20,939	3,192	7,326	7,126	4,856	43,439
	Totals	117,343	21,777	46,712	34,144	20,999	240,975

Source: MOH (2018). DHIS II

1.2.2: Support the provision of youth friendly sexual reproductive health information and services in the non-traditional sites (for example sport events, churches and mosques).

In the reporting period, both IRCU and RAHU community dialogues with religious leaders at national and district level, parents, adolescent and young people. The project facilitated inter-generational community dialogue with young people on SRHR where young people presented their perspectives which informed the policy advocacy for addressing SRHR needs of sexually active adolescent and

young people. The advocacy for addressing the SRHR needs including access to contraception for sexually active adolescents is still ongoing. This contributed to the number of adolescent and young people reached with information and services consolidated in table 2 above.

2.1.1: Support the integration of SRHR into the proven, at-scale Empowerment and Livelihood for Adolescents (ELA) through financial literacy, mentorship, adolescent health promoters, and girls' clubs.

The performance on programme output indicators remain as reported at end of 2017 where a mass graduation took place in December. The ELA club girls have been empowered with some reported cases of girls resisting early, child and forced marriages in their communities from the project target locations. There is a notable increase in the number of girls accessing and using family planning as evident from the referrals and testimonies. A total of 1,405 girls accessed family planning, making a cumulative total of 4,270 for ELA clubs in Karamoja and Eastern Uganda. In the first half of 2018, a total of 4,822 girls were reintegrated back to school as a result of their participation in the ELA club activities. Such girls continue to attend ELA clubs as it's their source of inspiration, support and life skills required to enable them manage the challenges they face at school and at community level.

A total of 17,050 young marginalized girls obtained prevention information and service referrals on ASRH/FP/HIV and livelihood skilling (basic numeracy and literacy). The number of girls enrolled in the clubs as at 30th June 2018 was at 17,050. There is reduced enrollment of girls in ELA club in 2018 as the project because of the project life span. Only 2,645 girls were enrolled between January and June 2018.

Table 3: Total ELA club enrollment by region:

Region	# of Clubs Cumulative	10 – 14 years	15-19 years	20+ years	Total	Married	Unmarried	With Children
Eastern	285	2438	7198	53	9689	2602	7087	3017
Karamoja	250	3137	4016	208	7361	2599	4762	1800
Totals:	535	5575	11214	261	17050	5201	11849	4817
%		33%	66%	2%	100%	31%	69%	28%

The community outreaches, drama and health forums are beginning to yield results. Communities are expressing support for adolescent girls who have been chosen for different apprenticeship and livelihood trainings, some parents were part of the career guidance talking to the girls to make a right choice of skills to be trained in.

The health forums, awareness rising on teenage pregnancy and voluntary counselling and testing for HIV were conducted where SRH information and services referrals were made reaching out to 7,058 adolescent girls. The break-down for referrals to the different services included: 1,736 referred for sexually transmitted infections, 833 were for domestic violence, 1,405 for family planning, 1,022 pregnant adolescents were referred for ante-natal care and facility delivery, 86 cases were for medical treatment for different diseases, 65 cases for rape and defilement cases while 1,911 were for other cases including child torture, child neglect. It is worth noting that some of the girls were referred for more than one service type.

2.2.1: Support a multi-media campaign that engages communities (including religious and Cultural Leaders) in the target districts to invest in girls' education and to address gender and rights issues to empower girls to be more assertive.

The umbrella campaign “Live Your Dream” continued to air over the period January -June 2018. The campaign was officially launched by UNFPA in partnership with the Ministry of Health, Korea International Cooperation Agency and the Swedish International Development Cooperation Agency. The adolescent sexual and reproductive health segment is funded through KOICA. The Charge d'affaires at the South Korean Embassy, Ms. Hyejin Kim participated, and in her remarks noted that it is vital to empower boys and girls in Uganda to be better equipped for the future and protect them from getting trapped in various hurdles including lack of sexual and reproductive health education, early pregnancies and HIV infections.

Following the launch, airing of messages that kicked off in December 2017 resumed; radio spots and serial drama were aired on 11 radio stations while TV serial dramas and TV spots were aired on two national TV stations.

A total of 16 episodes of the radio serial drama were aired on each radio station. That is 26 episodes cumulatively from the time the campaign went on air in December 2017. A total of 3,368 radio spots were aired between January and June; cumulatively, since Q4 2017, 4,600 have been aired. Both the radio spots and serial dramas were aired in English, Luganda, Ateso and Nga Karimojong.

A total of 10 episodes out of 30 TV serial dramas and a total of 154 spots were aired on two leading stations i.e. NTV and NBS TV in English. In addition, 18,000 posters in English, and 57,600 in Luganda, Ateso and Nga Karimojong were produced. The IEC materials have been distributed to all Better Life for Girls Implementation sites and disseminated to members of the target audience.

The radio hotline reports from CDFU continue to provide evidence shows that the campaign is gaining traction and audience members are engaging with it. Over the period January to June 863 calls were received.

Excerpts of feedback from callers

Moses aged 25 called the Hotline on 11th January 2018 from Nakapiripirit district appreciating the Live Your Dream drama that is being aired on Heritage FM. He said that the program which focuses mainly on early marriage and school dropout had not only educated them but has also given them a platform to discuss those sensitive issues with their teenagers and enabled them to advise them accordingly.

John aged 24 years from Kaabong district called the Hotline on 27th March 2018 appreciating the Live Your Dream radio drama being played on Nenah FM. He said that the drama is so educative both to the parents and the children on issues normally common in the community for example forced early marriage, teenage pregnancy and school dropout. He also emphasized that the program should reach out to the youth mostly since they are the most affected.

A male caller (0774807122) from Amuria aged 30 called the Hotline on 13th February 2018 to appreciate the Live Your Dream drama for its educative messages for both parents and young people on SRH issues.

Mudangi Justine called the Hotline on 9th February 2018 appreciating the drama and inquiring how Radio Simba could partner in the broadcast of Live Your Dream episodes. She said she got a chance to hear some of the episodes and they were educative and informative mostly to the girl child.

A male caller from Kotido district first called the Hotline upset at because his younger sister who had been defiled and Impregnated. The counsellor counselled and gave him information on reporting the case to police to arrest and hold the perpetrator accountable for what he had done, referring the sister for antenatal services since she had conceived and also supporting her to go through the pregnancy. The second time he called as a fellow up call worried about the sister after she aborted and was bleeding. The counsellor linked him to a health facility for post abortion care services and other sexual and reproductive health services.

In addition to the comments, callers asked for additional information, meaning they did not only stop at listening but wanted additional information and support to address situations in

their lives or those they had experienced within the communities that were mirrored by the messages they heard.

The additional information requested included:

More information on what the ‘Live Your Dream’ campaign is about

How to deal with family members engaged in forcing adolescent girls into marriage

What can be done to reduce on the cases of early marriage and teenage pregnancy in our respective areas?

How to protect girls from being forced into having sex at an early age

More detailed information on the benefits of staying in school especially for girls

Parents seeking advice on how they can guide and protect their daughters to successfully finish school and avoid teenage pregnancy.

According to preliminary data from IPSOS monitoring 4,864,273 people in the target districts and countrywide have been reached with messages.

2.2.2: Initiate Male Action Groups to meet on a routine basis to dialogue on ways to prevent teenage pregnancy. They should act as an alert system and report to the LC cases of child marriage, defilement, and GBV. They should also engage communities to discuss issues leading to teenage pregnancy

2,100 members from 140 groups were met by the respective Project Officers in each of the 14 districts with the purpose of acquiring updates on the functionality of their groups and the profitability of their businesses. The groups were able to facilitate 596 community dialogues with the aim of creating awareness among community members on issues related to teenage pregnancies, child marriages, GBV and other negative social behaviours affecting the girls in their different communities. During the dialogues, 44,884 people (20,830 males and 24,054 female) were met. Each MAG was supported by the Local Council leadership at village level and Community Development Officers at the Sub Counties to conduct mobilizations with an aim enhancing coordination and networking among the groups.

3.1.1 Baseline and end line research, report writing and routine planning, monitoring and data collection

UNFPA has initiated the process of engaging a consulting firm to undertake the end of project evaluation. Terms of reference are under development and the evaluation is planned to take off in October. The programme TOR will be shared with KOICA for their input before finalization.

3.1.2 Knowledge sharing workshops with stakeholders at district and national level, including development of evidence-based advocacy materials

Joint programme monitoring was undertaken with KOICA. The activity involved the UNFPA country representative and the KOICA country director. Programme monitoring visit was conducted in Iganga.

UNFPA also conducted a joint monitoring visit with government counterparts in all the 14 BLFG districts. Detailed monitoring reports with recommendations for improvement were shared with IPs

BL4G partners have benefited from the integrated SRHR coordination held at district level in Karamoja and district specific meetings in Eastern regional districts. This is strengthen collaboration between MGLSD, MOH, Straight Talk, BRAC, the major implementing partners of the BL4G programme

4.4 Achievement(s) in Cross-Cutting Issues

The Better Life for Girls (BL4G) contributes to the UNFPA/UNICEF global programme to end child marriage in Uganda (GPECMUGA) which has inbuilt into its programme design and implementation the principles of human rights based, gender transformative and culturally sensitive programming. It has integrated programme strategies including strengthening capacity of duty bearers to provide services that meet the quality of care standards, responsive to the needs of and are acceptable by adolescents and young people, available and accessible (AAAQ HRBA service standards). The programme also strengthens capacity of adolescent girls as rights holders to be able to claim for their rights and access basic services as basic human rights. For example, through the empowerment and livelihood for adolescents (ELA), girls aged 10 - 19 are provided with life skills to gain the essential skills of assertiveness, self-esteem, self-awareness, critical and creative thinking, which are necessary for managing sexuality related challenges. In the first half of 2018, a total of 4,822 girls reported back to school and continue to attend ELA clubs.

The BL4G is aligned to the Government of Uganda's National Strategy to End Child Marriage and Teenage Pregnancy, which is responsive to the cultural context and strengthen national capacity for ending harmful practices including child marriage and teenage pregnancy. The cultural sensitivity is not only reflected in the actual programming but also reporting. For example, in the results reporting for output 2.1, the detailed breakdown of the ELA club beneficiaries by the different segments brings out the effects of child marriage and teenage pregnancy for adolescents aged 10-14 and 15 – 19, as well as those above 20 years.

Table 4: List of Male Champions per District

S/N	District	#. of Boys	S/N	District	#. of Boys
1	Abim	50	8	Kapchorwa	50
2	Amudat	40	9	Katakwi	50
3	Amuria	30	10	Kotido	60
4	Bududa	60	11	Mayuge	60
5	Butaleja	60	12	Moroto	86
6	Iganga	62	13	Nakapiripirit	84
7	Kaabong	50	14	Napak	63
				Total	805

The programme has strengthen the male engagement component to include boy's clubs, where issues of positive masculinity and addressing the SRHR needs of boys are being addressed, in addition to the role of men in ending GBV and harmful practices including child, and forced marriages. In the first half of 2018, a total of 805 boys in the project target districts received life-skills education.

Evidence generated from the annual report for 2017 and continuous engagement since GPECM inception, already show evidence of gender transformation. The proportion of ELA graduates aged 15-

19 years who have control over their earnings for the target location is 80%, compared to the baseline target of 65% for the target location and national average of 74.6% (UDHS 2011).

4.5 Communication and Partnership with KOICA

The second annual report for 2017 was submitted to KOICA by January 31st 2018. This was followed with a bi-lateral meeting to review progress on programme implementation at output level on 26th February 2018. A Note-to-file was recorded for further details and evidence tracking.

The programme also benefitted from a high level joint programme monitoring visit to Iganga led by the Representative of UNFPA and the Deputy Country Director of KOICA from 13th – 14th March 2018. The monitoring visit confirmed that the program was on course to achieve its intended outputs. The program monitoring underscored the need for a follow-up edition of the first phase of the BL4G programme to consolidate gains from the first phase. The option of follow-up funding to be explored further at mid-year reporting.

The BL4G programme gained heightened visibility at the launch of the Live Your Dream Campaign where the Embassy of Korea made remarks. The visibility materials have been disseminated beyond the BL4G target districts including national TV coverage, radio spot messages, posters and T-shirts.

4.6 Challenges and Lessons Learned

The programme registered a number of challenges, some of which were mitigated in the course of programme implementation with lesson drawn to inform program modification within approved programme budgets as well as future programming. These are presented below:

The widespread alcoholism is one of the drivers of gender based violence. Some of the ELA club beneficiaries reported abuse by their husbands as some of the reasons for irregular attendance of club activities. Male engagement will be strengthened to involve these men into dialogue and sensitization on effects of GBV as well as the need for positive masculinity for advancement of women's empowerment and gender equality. The programme will also strengthen the boy's engagement through the boy's clubs and male champions programme

Girls who get enrolled back to school sometimes expect support from the project which was not catered for in the budget. However, some were supported with scholastic materials and others were included the livelihood training to enable them benefit from the initial input/ assets transfer to enable them generate income to meet their formal education needs/ school requirements.

The higher than planned expectation from ELA clubs in terms of economic empowerment and assets transfers/ initial capital for business start-up beyond the training for the girls is being addressed through preference for group enterprises as opposed to individual enterprises. This not only increases the programme coverage, but also helps build group cohesion as well comparative advantage for the girls to benefit from existing government programmes like Uganda Women Entrepreneurship Programme (UWEP) and Youth Livelihood Programme (YLP) programme, in addition to other government funding opportunities targeting group enterprises (PRDP, Operation Wealth Creation, NAADS).

While the project has tried to address the need to diversify the enterprise options for girls beyond the traditional gender stereo-types, some of the service providers in various districts where girls for apprenticeship are meant to be attached were either limited in terms of capacity for quality apprenticeship or too expensive for the quality of services being offered and or both. The project team had to negotiate where possible and worked within the available resource envelope/ project budget. For example, the project clustered girls into groups based on the enterprise choices and then assigned them to a service provider for monthly pay per group than per individual.

Through community awareness activities, girls expressed themselves through songs, dance and poems, thereby building their self-esteem, assertiveness, self-awareness and critical and creative thinking, which are essential skills for managing sexuality related challenges. Additionally, these activities also provide opportunities to community outreaches for SRHR services, thereby bringing services closer to the community especially the youth who are not in the clubs to access free medical services as they get information on SRHR and the inherent benefits of the available services.

In the course of implementation of the media campaign, two of the radio stations (Nenah FM and NBS Khodeyo) were discontinued because of management issues. A decision was taken to replace NBS with Baba FM. CDFU in consultation with UNFPA also brought on board UBC Totore to replace Nenah FM. Both Baba FM and UBC Totore will air the episodes starting third quarter because CDFU is developing the summaries so that listeners can catch up.

5. FINANCIAL EXPENDITURE

5.1 Provisional Financial Expenditure per Activity

See attached logical frame table highlighting expenditure for activities implemented.

6. WORK PLAN FOR THE SECOND HALF YEAR: JULY – DECEMBER 2018

6.1 Original Work Plan, Time Table and Budget Allocation January to December 2018

Outputs	Activities	2018				BUDGET \$
		Q1	Q2	Q3	Q4	
Output 1.1: A school environment for adolescent girls that is responsive to their gender and age specific SRHR needs	1.1.1: Support the district authorities to monitor and supervise SRH programs in the target districts. This includes (1) including SRH as a standing agenda item in school boards and (2) inclusion of SRH indicators on Education Management Information System (EMIS).	X	X	X	X	47,022
	1.1.2: Orient AYSRHR focal points in primary and secondary schools on SRHR information and services and use of ICT (SafePal, Global Mobile).	X	X	X	X	0
	1.1.3: Support existing and new girl clubs in schools to improve hygiene during the menstrual periods. This includes training on making re-usable pads using local materials and/or provision of menstrual supplies that comply with menstrual hygiene management standards.	X	X	X	X	112423
Output 1.2: Health workers	1.2.1: Support target districts in the training of health workers (nurses, midwives and					

are skilled in the provision of adolescent and youth friendly, age-appropriate, SRHR information and services for adolescent girls	clinical officers) from hospitals, HCV and HCIII in the provision of SRHR adolescent and youth friendly services, including effective referral, relevant care standards, and use of ICT (Global Mobile and SafePal apps) as a platform for providing AYSRHR information and counseling. This will rely on the guidance on Youth Friendly Services by the Ministry of Health.	X	X	X	X	20558
	1.2.2: Support the provision of youth friendly sexual reproductive health information and services in the non-traditional sites (for example sport events, churches and mosques).	X	X	X	X	54195
Output 2.1: Increased access to life skills for adolescent girls in the target districts	2.1.1: Support the integration of SRHR into the proven, at-scale Empowerment and Livelihood for Adolescents (ELA) through financial literacy, mentorship, adolescent health promoters, and girls' clubs.	X	X	X	X	492,275
Output 2.2: Increased community abandonment of cultural practices that contribute to teenage pregnancy.	2.2.1: Support a multi-media campaign that engages communities (including religious and Cultural Leaders) in the target districts to invest in girls' education and to address gender and rights issues to empower girls to be more assertive.	X	X	X	X	242,488
	2.2.2: Initiate Male Action Groups to meet on a routine basis to dialogue on ways to prevent teenage pregnancy. They should act as an alert system and report to the LC cases of child marriage, defilement, and GBV. They should also engage communities to discuss issues leading to teenage pregnancy	X	X	X	X	90,848
	2.2.3: A project launch event with a photo and letter exhibition at a main hotel in Kampala. Thereafter, the photo and letter display will be open to the public for 2 weeks.			X	X	11,012

Output 3: Knowledge Management, Monitoring and Evaluation	3.1.1 Baseline and end line research, report writing and routine planning, monitoring and data collection	X	X	X	X	128,625
	3.1.2 Knowledge sharing workshops with stakeholders at district and national level, including development of evidence-based advocacy materials	X	X	X	X	49,486
Project Support Cost (Human Resources)		X	X	X	X	37,397
Provision for indirect costs for UNFPA – 8%		X	X	X	X	84,982

6.2 Work, Time Table and Budget Allocation for the second half year July – December 2018

Outputs	Activities	20 18		Jul - Dec Budget	
		Q 3	Q 4		
Output 1.1: A school environment for adolescent girls that is responsive to their gender and age specific SRHR needs	1.1.1: Support the district authorities to monitor and supervise SRH programs in the target districts. This includes (1) including SRH as a standing agenda item in school boards and (2) inclusion of SRH indicators on Education Management Information System (EMIS).	X	X	38,298	
	1.1.2: Orient AYSRHR focal points in primary and secondary schools on SRHR information and services and use of ICT (SafePal, Global Mobile).	X	X	0	
	1.1.3: Support existing and new girl clubs in schools to improve hygiene during the menstrual periods. This includes training on making re-usable pads using local materials and/or provision of menstrual supplies that comply with menstrual hygiene management standards.	X	X	17,991	
Output 1.2: Health workers are skilled in the provision of adolescent and	1.2.1: Support target districts in the training of health workers (nurses, midwives and clinical officers) from hospitals, HCIV and HCIII in the provision of SRHR adolescent and youth friendly services, including effective referral, relevant care standards, and use of ICT (Global Mobile and SafePal apps) as a platform for providing AYSRHR information and	X	X	342	

youth friendly, age-appropriate, SRHR information and services for adolescent girls	counseling. This will rely on the guidance on Youth Friendly Services by the Ministry of Health.			
	1.2.2: Support the provision of youth friendly sexual reproductive health information and services in the non-traditional sites (for example sport events, churches and mosques).	X	X	54,195
Output 2.1: Increased access to life skills for adolescent girls in the target districts	2.1.1: Support the integration of SRHR into the proven, at-scale Empowerment and Livelihood for Adolescents (ELA) through financial literacy, mentorship, adolescent health promoters, and girls' clubs.	X	X	239,538
Output 2.2: Increased community abandonment of cultural practices that contribute to teenage pregnancy.	2.2.1: Support a multi-media campaign that engages communities (including religious and Cultural Leaders) in the target districts to invest in girls' education and to address gender and rights issues to empower girls to be more assertive.	X	X	36012
	2.2.2: Initiate Male Action Groups to meet on a routine basis to dialogue on ways to prevent teenage pregnancy. They should act as an alert system and report to the LC cases of child marriage, defilement, and GBV. They should also engage communities to discuss issues leading to teenage pregnancy	X	X	22000
	2.2.3: A project launch event with a photo and letter exhibition at a main hotel in Kampala. Thereafter, the photo and letter display will be open to the public for 2 weeks.			0
Output 3: Knowledge Management, Monitoring and Evaluation	3.1.1 Baseline and end line research, report writing and routine planning, monitoring and data collection	X	X	90,257
	3.1.2 Knowledge sharing workshops with stakeholders at district and national level, including development of evidence-based advocacy materials	X	X	37,880
Project Support Cost (Human Resources)		X	X	23,677

Annexes

Annex 1: ELA club enrollment by fund code as at June 30th 2018

Fund Code	KRA14=17,050 girls			UCJ 18 = total 17,193 girls			
Level of disaggregation	10-14 yrs	15-19 yrs	20 yrs and above	10-14 yrs.	15-19 yrs	20 yrs and above	Total Disabled KRA14/ UCJ18***
Total	5,575	11,214	261	6,679	10,375	139	160
Married	1,700	3,420	81	1884	2,926	39	74
Unmarried	3,875	7,794	180	4795	7,449	100	86
With children	1575	3,168	74	1437	2,233	30	87
In school	537	1080	25	1,315	2,042	27	3
Out of school	5038	10,134	236	5364	8,333	112	157
In Urban areas	0	0	0	1,312	2,039	27	25
In Rural areas	5,575	11,214	261	5,367	8,336	112	135
Total	5,575	11,214	261	6,679	10,375	139	160

*** The project was not able to disaggregate the number of girls with disability by fund code. This will be further tracked and verified during the joint data quality assurance exercise to be undertaken by both programme and M&E specialists of UNFPA and BRAC in the third quarter of 2018.

Annex 2: Testimonies from ELA club beneficiaries

2.1 Mbeize Christine a member of Busasi ELA club, Butaleja district shares her empowerment story

Ms Mbeize Christine joined ELA club in October, 2016.

"My mother divorced with my father due to domestic violence. I grew up with my father and siblings. When I was in primary five, my father died which forced me to drop out of school due to lack of support, since it was my father who was the main source of all my support while in school. From that moment on wards, I moved on to live with my younger paternal uncle. We sometimes could not afford basic needs!"

"At the age of 15, I decided to get married, she added. With the hope of getting peace and my basic needs met by my husband, but instead the situation was worse.

"Instead I got more responsibilities like digging from morning to evening to get food for my family, my husband could not provide basic needs. I had no say in family decision even when I wanted to join saving group in my village he stopped me. "Life became even tougher for me!" She sighed.

In 2016 BRAC came to our village and held a community meeting, my husband happened to attend the meeting. It was during that time that he registered my name without my knowledge. So, I joined the club in October 2016. In this club, I learnt many things including family planning services which am now using to space my children. This was not the case before; I can now make decision in my home. My husband sometimes visits our club to see what the mentor teaches that way he learnt to respect my decisions. "I also acquired knowledge on financial literacy, now I do save every month which has enabled me to buy basic needs for my children" with a smile she said. Through saving I was also able to buy one chicken though still have a challenge of vaccination and some chicken die.



Mbeize Christine takes her goats for grazing.

In December 2016, I was very lucky to be selected among livelihood beneficiaries where I got training on goat rearing. After the training, I received two she goats but as I speak now, I have three goats the fourth one was killed by unknown malicious people. I dream is for the goats to multiply so that I sell them and buy a cow that way I will be able to sell milk and be able to pay tuition for my children and start up a small business for selling clothes in the market.

"I really thank BRAC and UNFPA for the support they gave me and brought smile on my face" she happily said.

2.2 Apio Mercy of Katakwi shares her story on economic empowerment through ELA club

Dear Friends,

I am Apio mercy, 15 years old from Katakwi district, Usuk county, Ocorimongin village. I was in my primary level in Tororo, when I was in primary seven (7) during the examination time, I was not comfortable when doing my papers because I had lost my father that day of the examinations but when results came back I found that I had passed very well at this time I was now staying staying with my grandmother in the village. My mother couldn't have enough money to take me back to school for to join secondary level and I had to remain at home with grandmother but when I heard that a certain organisation Brac and its program ELA is registering girls who are staying at home, I got encouraged to join the team and I succeeded. This program gave me ten (10) chicken hen I had to feed them in a proper care and I sold, I got age I bought ^{a goat} which has now delivered kind a kid (Small goat). So I thank this program very much for supporting girls in this ways. May this program proper and continue in this very way. And now encourage other girls not to lose hope but to join this program and benefit the way I have benefited; So my fellow friends this program also gives girls training like hairdressing and its instruments, sowing machines and life skills and financial literacy.

Thanks

Yours faithfully
Apio Mercy



Apio Mercy of Katakwi displays her goat and chicken from which she earns a living (case study 2.2)

2.3. What does empowering adolescents means? Oroma Jacky narrates her story.

Born in Pukure village, Lamogi Sub-county, Gulu district, Oroma Jacky is the second born in the family of six of which the first born is also a girl. When she was in primary six in 2015, her parents told her that they no longer had money to send me to school. “*How do I start with life out of school?*” She asked herself.

“It was a hard moment for me. I resorted to selling my labour by digging in people’s farm in order to get money to buy personal basic needs. I was paid about \$50 cents (UGX 2,000/=) per day which could not meet my basic needs. My aunt had a friend who had a restaurant in the nearby trading centre, so I requested to work for her. At the restaurant, I was being paid about \$80 cents (UGX: 3000) per day. I still could not meet my daily basic needs.



Jacky at a place where she sews clothes;

In November 2016, I got to know about BRAC organization through Gwenotwom club in Lacor branch, in Gulu Town. I joined the club but attended club activities every day after doing my restaurant work. In the club, I got to learn about many things like life skills and financial literacy, I learnt to save the little money I was getting from my wages in the restaurant. With the help of the referrals card, I had the opportunity to attain medical care from the various health centers and I was also able to get free treatment. In the process I was selected for

tailoring training of which I completed and acquired skills in sewing clothes with support from our mentor, out of my savings, I hired a sewing machine which I used. In order to concentrate on sewing business, I quit working in the restaurant to manage my own.



Jacky and other club members sewing in groups

Currently at the age of 18 years, am able to hire more sewing machine at \$4 (UGX 15,000) per

month, I can now sew different styles and fashions of clothes, I have many customers and at the end of every month, am able to make a profit of \$40 (UGX 150,000). I can now provide my personal needs and I also support my parents in the village. “My dream is to save and buy my own sewing machine” she said with a smile on her face.

Annex 3: Media coverage

- More needs to be done to protect girls – Kadaga (NTV): The Speaker of Parliament Rebecca Kadaga, who was launching the campaign at in Kampala urged government agencies to bring educational facilities closer to girls: <http://ntv.co.ug/news/local/06/feb/2018/more-needs-be-done-protect-girls-kadaga-22823#sthash.MsnNwLmF.dpbs>
- https://www.newvision.co.ug/new_vision/news/1480827/efforts-curb-teenage-pregnancies
- <https://www.theguardian.com/global-development/2018/jun/26/uganda-girl-trekked-barefoot-escape-marriage-13>
- https://www.newvision.co.ug/new_vision/news/1460473/taking-war-teenage-pregnancy-marriage-busoga