Children’s Rights and Violence prevention Fund (CRVPF)

ADOLESCENT GIRLS’ POWER PROGRAM
REGIONAL BASELINE EVALUATION REPORT

COVERING: UGANDA, KENYA, ETHIOPIA & TANZANIA

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<td>AGPP</td>
<td>Adolescent Girl Power Programme</td>
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<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health Rights</td>
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<tr>
<td>ATI</td>
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<td>Statistical Package for Social Scientists</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>VAC</td>
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EXECUTIVE SUMMARY

Background: Children’s Rights and Violence Prevention Fund (CRVPF) is a regional intermediary organization that provides grants and capacity building support to Community-Based Organisations (CBO’s) and local Non-Government Organizations (NGO’s) in Uganda, Tanzania, Kenya and Ethiopia. As a strategy for establishing benchmarks for measuring change to be created by CRVPF’s Adolescent Girls Power Programme (AGPP), CRVPF conducted a baseline evaluation in four (4) countries of Ethiopia, Uganda, Kenya and Tanzania working with supported clusters of partner organisations in the respective countries. This baseline evaluation was conducted to inform and provide benchmarks for this programme on the safe spaces, leadership, life skills, Sexual Reproductive Health and Rights (SRHR), and Gender based violence (GBV) situation in the targeted countries and clusters.

Methodology: The evaluation adopted a cross-sectional study design, which employed mixed method approaches comprising of qualitative and quantitative approaches of data collection as well as desk review. The study interacted with 3,429 adolescent girls aged 15-19 years and 2,019 parents and or guardians through the surveys. The qualitative approaches included the Focus Group Discussions (FGDs) that were utilized to validate the quantitative results as well as generate in-depth and detailed information from the selected key stakeholders and/or subject matter experts to explain the safe spaces, leadership, life skills SRH&R and GBV situation of the Adolescent girls as well as the prevailing supportive environment from the caretakers.

Key Findings

Safe spaces: There was limited knowledge levels among adolescents regarding the existence of safe spaces across both in-school and out of school with 29%. In every 10 adolescent girls who knew where girls meet to connect with each other, 7 of them (73%) belonged to a safe space with 22% meeting and discussing their issues from school and 18% discussed from partner centres as well as in homes. Up to 92% of adolescents who belonged to a safe space acknowledged that the places were safe and peer counselling was the main activity carried out while at the safe spaces with 37%.

Leadership: There were low proportions of adolescents who confided in their friends/peers for advice with only 2 in every 10 (22%) with majority of these among the in-school with 3 in every 10 (29%) compared to the out of school with only 2 in every 10 (24%). Low confidence levels were revealed with 35% of adolescents indicating they engaged their parents/caretakers and 33% adolescents contributing to ideas to discussions at home. Additionally, 44% of adolescents were encouraged by their family to express themselves openly with 49% among the in-school and 34% among the out of school youths. The low proportions spread across adolescents who freely spoke what was on their mind, those who encouraged their peers and 34% of adolescents who confidently spoke to their parents on behalf of their peers.

Sexual Reproductive Health & Rights (SRHR): Results revealed overwhelming majority of adolescents with 87% who indicated 20 years and above as the right age for a girl to get married. There were almost half of the adolescents knowledgeable about family planning services (52%) while 6 in every 10 (59%) of the adolescent girls noted family planning services were accessible within their communities. Parents were the leading providers of padding materials to in-school adolescents at 66%. Furthermore, low proportions of parents faced difficulties while discussing sex related and contraception topics with their
daughters at 42% and 41% respectively. Pregnancy related and menstrual hygiene were highly discussed by the parents with 64% and 67% respectively with more female parents participating in the discussions.

**Sexual & Gender Based Violence (SGBV):** Study findings presented minimal proportions of adolescents with 9% across the region who had ever had sexual intercourse against their will with out of school surfacing as the most affected at 18%. Uganda had the highest proportion of adolescents who had ever had sex against their will with 13%. Boyfriends were reported as the major perpetrators responsible for sexual advances to adolescent girls against their will with 35%. Furthermore, members of the opposite sex had touched low proportions (21%) of adolescent girls inappropriately. In terms of faith, most adolescents acknowledged that they would trust only their mothers with GBV related information with 34% followed by 21% that would trust the police.

**Life skills:** More than half (52%) adolescents felt satisfied with themselves whereby Kenya had the highest proportion of 73% and Uganda with the least at 35%. Low proportions of adolescents were observed at 43% who had a positive attitude towards themselves and 25% who were confidently discussing SRH issues with their parents. Regarding livelihood priorities, 58% of adolescents ably discussed their livelihood priorities with their parents with 46% in agreement that the girl herself made a decision to engage in an income generating activity. High proportions of 75% parents discussed with their daughters about their future career with females having 77% and males at 68%. Key to note is the fact that low proportions (34%) of adolescent girls had adequate skills to engage in an income generating activity of their choice while up to 37% needed skills to successfully manage their own income generating activities.

**Conclusions and Recommendations**

**Safe spaces:** The study revealed limited knowledge regarding the existence of safe spaces with very few adolescents discussing their issues from the safe spaces coupled with low levels of acknowledgement for safety of safe spaces. Furthermore, peer counselling stood out as the main activity carried out by adolescents at the safe spaces.

Accordingly therefore, the AGPP should scale up awareness campaigns on the existence and importance of safe spaces among adolescents, adopt use of different multi-media and digital platforms in alignment with the current Covid-19 effects on programming, focus on developing strategies that activate meetings in safe spaces, sensitize communities and parents regarding the importance of the safe spaces and sexuality education, evaluate the effectiveness of peer counsellors within each cluster and take advantage of this structure to equip and or integrate these with role models into the programme, scale up efforts towards creating safe school and community environments for adolescent girls.

**Leadership:** There is generally low disclosure of SRH&R and GBV issues by adolescents to their peers for advice coupled with low confidence in parents/caretakers. In addition, there were low levels of involvement of adolescents towards contributing ideas for discussions at home with few adolescents encouraged by their families to express themselves openly. Results further indicate low proportions of adolescents who were able to demonstrate exemplary behaviour (role models) to their peers coupled with several that expressed low confidence in engaging elders on behalf of their peers.
Consequently, there is need for the AGPP clusters to engage in targeted advocacy with line ministries to mainstream development and or role out of sexuality education curriculum and parenting guidelines as a way of promoting engagement between teachers, students and parents as well as defining the minimum essential SRH&R and GBV service package and the required support/resources to close the access gaps for both in school and out of school adolescent girls.

At community level, the AGPP should focus on building sustainable community voice and action related platforms that will work with families and duty bearers to enable adolescents actively take part in raising concerns and issues about Access to Information (ATI) in their communities. In addition, the programme should develop parent-child-centred communication strategies, explore attractive community level activities for both adolescents and parents to implement as these will promote; delivery of integrated SRH&R and GBV programme, develop and strengthen the role model strategy as a key approach for effective behavioural change across schools and communities as well as focus on putting in place girl targeted empowerment initiatives and strategies to enable responsive and inclusive decision-making for adolescent girls.

**Sexual Reproductive Health & Rights (SRHR):** There were high knowledge levels among adolescents regarding the right age of marriage for girls being above 18 years coupled with high awareness levels of the implications of teenage pregnancy and child marriage. Additionally, adolescent girls highly got involved in SRH&R decision making processes. Half of parents faced difficulties while discussing sex, contraception and related topics with their daughters while many parents discussed pregnancy and menstrual hygiene related topics, results also revealed limited access to SRH&R services.

Subsequently, AGPP should work with different community structures across the countries to ensure that sexuality education guidelines and frameworks at country level are formulated and initiated in the schools to adequately equip the adolescent girls with appropriate SRH&R knowledge and information. In addition, there is need to conduct gender focused assessment / analysis for country specific clusters to unpack in depth understanding of how to address the culture of silence in targeted communities and build structures to strengthen community distribution of family planning services through role models and Village Health Teams. Creation of specialised parenting sessions targeting male parents through using the most appropriate media and digital platforms for reaching adolescents, work with public-private partners to advocate for increased access to quality SRH&R/GBV services and setting up community structures in place to equip and inspire parents in promoting SRHR agenda.

**Sexual & Gender Based Violence (SGBV):** There were very low proportions of adolescents who had ever had sexual intercourse against their will and those touched inappropriately by members of the opposite sex. Boy friends were cited as the major perpetrators for sexual advances to adolescent girls against their will while mothers were the most trusted persons with GBV and related information by the adolescents.

Therefore, the AGPP should work hand in hand with the key stake holders including law enforcing bodies across the different clusters to impose strict laws and punishments on several GBV offenders accompanied with providing information on the available SRH&R and GBV community structures where the adolescents girls can report in case of any sexual harassment. Mothers should be equipped with skills
to be change agents for GBV and holding targeted hands-on training of teacher focal persons to equip adolescents with additional skills on building positive relationships thus becoming key supportive structures for preventing GBV/SGBV among adolescent girls.

**Life Skills:** Low confidence levels were identified among adolescents who discussed SRH issues with their parents and relative proportions of those who agreed that the girl herself made a decision to engage in an income generating activity. In addition, low proportions of adolescents needed skills to successfully manage their own income generating activities and high proportions of parents discussed with their daughters regarding their future career with the dominance of females.

From the above results, the AGPP should strengthen further engagements with parents/caretakers of adolescents for effective parenting and dialogue with their children in relation to making informed reproductive health choices and building their confidence. Community structures should be strengthened through setting up well equipped vocational and technical institutions and providing start-up kits and seed grants as a way of empowering them to make better decisions to engage in income generating activities of their choices. There is need to introduce community platforms with an aim of sensitising male parents of their importance and positive contribution to the lives of their daughters in shaping their future.
CHAPTER 1: BACKGROUND OF THE STUDY

1.0 About Children's Rights and Violence Prevention Fund (CRVPF)
Established in 2015 as a regional grant making child rights and social justice organization, Children’s Rights and Violence Prevention Funds’ (CRVPF) goal is to provide grants and capacity-building support to community organizations and local NGOs working at community levels in Uganda, Tanzania, Kenya and Ethiopia and Rwanda with a focus on prevention of violence against children (VAC) and empowering adolescent girls. CRVPF believes community organizations and local NGO’s are closer to the community and understand their needs better than other development actors.

1.1 About AGPP Baseline evaluation
In an effort to determine the benchmarks for measuring the change that will be contributed by CRVPF implementing partner clusters of Community Based Organizations under the adolescent girls’ power program (AGPP), CRVPF conducted a baseline survey in ten clusters based in the four countries of Ethiopia, Uganda, Kenya and Tanzania. The different clusters participated in the design of the evaluation and took lead in collecting data from, adolescent girls and parents.

1.2 Goals and Objectives of the Evaluation
The goal of the baseline was to establish the change brought about by its implementing partner organizations under the adolescent girls’ power program AGPP) among the countries of operation. This evaluation was to identify the most pressing SRHR and GBV for adolescents in the target countries of programme implementation. Specifically, the baseline was able to establish:

I. Adolescents knowledge on the existence, functionality and membership to the safe spaces
II. Adolescents knowledge levels on access and utilization on SRHR services in their respective communities
III. GBV experiences of adolescents in the countries of programme implementation

1.3 Scope of the Baseline Evaluation
The baseline was to establish the most pressing SRHR needs and GBV for young people and establish knowledge gaps in the four countries of programme implementation.
CHAPTER 2: STUDY METHODOLOGY

2.0 Baseline evaluation design
This was a cross-sectional baseline study, which employed a mixed method approach of data collection. The study population involved both adolescent girls (in-school and out of school) and the parents/guardians to these adolescents. A sample size of 3429 adolescent girls aged (15-19) years was interviewed together with 2019 parents/guardians during the study.

2.1 Baseline sampling procedures
The sampling methods used involved both probability and non-probability sampling techniques. Whereby, for probability sampling techniques, it employed systematic random sampling following the random routes selection where all adolescent girls and parents had equal chances to be selected.

2.2 Data sources, data collection and data analysis methods

Quantitative interviews
Quantitative interviews were conducted using a structured/survey tool with the project primary beneficiaries: adolescent girls aged 15-19 years and parents who had adolescent girls aged below 19 years living in their households. The tool captured the background characteristics of respondents and included key questions focusing on safe spaces, leadership, SRHR including: menstruation and teenage pregnancy, contraceptives and utilization of SRHR and GBV services.

Qualitative interviews
The AGPP team conducted FGDs in the different communities and clusters within the countries. The Focus Group Discussions were purposively conducted targeting both adolescent girls aged 15-19 years and parents / community members based on their level of knowledge on the subject matter and to bring more meaning to the quantitative data collected.

2.3 Data processing and analysis

Quantitative data analysis
The data collected from adolescent girls at household level and parents/community members was analysed through both SPSS and Excel computer programs after a thorough data cleaning process had been completed. SPSS was used to manage the quantitative data given its automated consistency checks that foster increased data quality prior to data analysis.

Outputs were generated through descriptive statistics particularly frequencies, cross tabulations, and presented in form of tables and graphs.

Qualitative data analysis
The data collected from the respondents was systematically analysed through use of themes and content. Additionally, it involved classification of themes and content with the utilization of the NVivo statistical package.
CHAPTER 3: STUDY FINDINGS

3.0 Background characteristics of adolescent girls and parents/caretakers

This subsection presents different parameters including; age, sex, marital status, education level, age at first marriage and first birth, residential status as well as the main source of income.

Summary of key findings

- Majority of adolescents were aged 15-19 years (67%) while 78% of the parents that took part in the study were females.
- Up to 66% of the parents interacted with during the study were above 34 years.
- All the in-school adolescents who made up 71% of the total adolescents were never married while 16% of the out of school adolescents were either married, divorced or separated and 84% had never been married.
- 35% of the in-school adolescents were in primary / grade 5-7/8, compared to (34%) and (33%) who had attained primary 5-7/8 and senior/form 1-4 (O-level) respectively.
- Child marriage still remains high in the region of focus with 14% among the out of school adolescents married.
- Among the 236 adolescents who had ever given birth, 93.2% had given birth between the age of 15-19 years and 6.8% had given birth between the age of 10-14 years.
- Majority of the adolescents first got married between 15-19 years with 87% and 13% for those who got married between 10-14 years.
- More than 3 in every 10 (33%) parents were earning their income from daily labour/work.
- Up to 4% of the interviewed parents happened to be young parents aged 18-24 years.

Figure 1: Distribution of Adolescents by age

The study engaged more adolescents in the ages of 15-17 years (67%) compared to about half of the former (33%) who were aged 18 to 19 years. This age group dominated across all the four countries given that these adolescents make up the biggest targeted population by the programme.
In regards to the sex of the parents interviewed during the study, majority of them (78%) were females in the entire region with an overall of 78% females across the four countries. Additionally, 66% of the parents interacted with during the study were above 34 years. These were followed by those aged between 30-34 (19%) and 25-29 age group (12%). Results also revealed existence of 4% of the parents who comprise the young parents aged 18-24 years.

Majority of the adolescent girls were in-school with 71%. Ethiopia had the highest proportion of in-school adolescents (89%) while Uganda had the most out of school adolescents with 45%. Across the in-school adolescent girls, 35% were in primary / grade 5-7/8, followed by 31% that were in senior/Form 1-4 (O 'level) and 24% in secondary 9-12(specifically for Ethiopia). Majority of the out of school adolescent girls
had attained primary 5-7/8 with 34% followed by (33%) who had attained senior/form 1-4 (O-level) and 7% of them had never gone to school / had not attained any level of education. This implies that transitioning from primary and secondary for most adolescent girls is a challenge in the region. Among To ably communicate with those who never achieved any level of education, there is need to use different communication platforms like radios and translation of the different SRH&R and SGBV messages to the local languages to cater for these groups of people.

Furthermore, there were low proportions of adolescent girls who had attained college and vocational training which is a possible indication of low knowledge and or belief in value addition of these institutions to adolescent girls especially those out of school. This also speaks to the high chance of limited skills among adolescents given that these other institutions are normally focused on providing information and academic knowledge at the expense of skills.

**Figure 4: Adolescents marital status, age at first marriage and age at first birth**

<table>
<thead>
<tr>
<th>Adolescents' marital status (n:3,429)</th>
<th>Adolescents age at first marriage (10-14: 13%, 15-19: 87%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separated/Divorced</td>
<td>2%</td>
</tr>
<tr>
<td>Married/cohabiting/living together</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Never married</strong></td>
<td>84%</td>
</tr>
<tr>
<td>In school</td>
<td>100%</td>
</tr>
</tbody>
</table>

Study results revealed that all the in-school adolescents were single/ had never been married across the four countries. The majority (84%) out of school adolescent girls had never been married, followed by 14% that were married and 2% that had been divorced/ separated from their partners. Additionally, there were minimal numbers (7%) of adolescent girls who had given birth with 6.8% at the age of 10-14 and 93.2% between the ages of 15-19 years. Results further presented high proportions of adolescents who first got married between 15-19 years with 87% and 13% between 10-14 years of age.

"It is bad for a girl to get married at the age of 17 and below but in a scenario when the girl dropped out of school, she then has no choice but to get married instead of getting pregnant from her parents' home." Parents' FGD in central Buganda, Uganda

"Here it’s very normal for girls to get married at the age of 12, 13, 14 and 15, their parents will not follow them up because it’s a normal thing here. Even if one reported at police, still nothing will be done because corruption is very high, they will tell the suspect and complainant to sit down and settle their issue at police." Reported out of school adolescents in an FGD conducted in Kichwamba, Lyantonde cluster.

"In our society there are many girls who have given birth and not married under the age of 17. Often we
3.1 Safe spaces
This subsection presents information on knowledge on safe spaces, places where the girls meet, safety while in the places and the activities adolescents conduct while at the spaces.

Summary of key findings:
- There were limited knowledge levels (29%) regarding the existence of safe spaces across both in-school and out of school adolescents respectively.
- In every 10 adolescent girls who knew about the existence of safe spaces, 7 of them (73%) belonged to a safe space with 22% meeting and discussing their issues from school and 18% discussed from partner centres as well as in homes.
- Kenya had the highest proportion of the girls that belonged to a safe space with 78% while Ethiopia had the least with 57%.
- An overwhelming majority of adolescents who belong to a safe space (92%) acknowledged the safety of these safe spaces across both in-school and out of school.
- Peer counselling was the main activity carried out by adolescents while at the safe spaces with 37%.
- There were low levels of acknowledgement of safety for meeting places/avenues of safe spaces with schools, partner centres and homes highly rated an indicative of the growing efforts towards creating safe school environments for children as well as a strict discipline in most homes inherent in the culture of silence that exposes the girl child to high chances of SGBV experiences.

Figure 5: Adolescents knowledge on safe spaces

<table>
<thead>
<tr>
<th>Knowledge on adolescents safe places</th>
<th>Out of school, 29%</th>
<th>In school, 29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda (307/1039)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania (307/863)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya (304/752)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia (82/775)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region (1000/3429)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There were generally limited knowledge levels (29%) among adolescent girls regarding the places where they meet during their free time. This limited knowledge cuts across both the in school and out of school adolescents in the region (29%). Furthermore, across all the countries, there was less than 50% knowledge levels of adolescent girls with knowledge regarding existence of safe spaces.
There were high proportions of adolescent girls who knew about safe spaces that identified themselves to belong to a safe space (73%) across both in-school and out of school adolescents. Kenya had the highest proportion of girls that belonged to a safe space with 78% while Ethiopia had the least with 57%. About two in every ten adolescent girls (22%) met and discussed their issues at school followed by 18% who gathered at partner centres and the same proportion at homes.

“Home is the safest place for us to meet as girls because we have the protection and guidance of our mother when doing labia elongation (cultural practice among Baganda).” Reported one of the girls during an FGD in Central region of Uganda

“We normally meet at home, school and at church. These places are safe, “at home, it is safer because there is guardianship of parents and relatives with many people who support us, so nothing bad can happen” FGD for adolescents in Mwanza

Results revealed high proportions of adolescent girls (92%) that recognized safe spaces as secure for them to meet. These high proportions cut across the in-school with 93% and out of school at 91%. Additionally, all countries had their performance above ninety with Ethiopia having the highest at 96%
and Kenya with the least at 90%. Results further indicate that much as Ethiopia had the least number of adolescents who were both knowledgeable about safe spaces and also belonged to a safe space, these few universally identified these safe spaces with safety. Furthermore, these high proportions of safety for schools, homes and partner centres could be indicative of the growing public efforts towards creating safe study environments for children in school as well as a strict discipline in most homes inherent in the culture of silence that pre-exposes the girl child to high chances of SGBV experiences. The minority acknowledged that the safe spaces were not safe as explained by the results from the focus group discussions below.

“The place here is not safe, many girls are married off by their parents when still young, others run from their parents for marriage well as others are just kidnapped on the way for marriage. The place can only be made safe when parents and other people in the community are sensitized about the need of keep girls safe and in school, the dangers of child marriages and the need for girls to have autonomous mobility.” Reported an out of school adolescent during an FGD conducted in Rwera, Lyantonde cluster

“Places where they meet are unsafe, because they interact a lot with others, the issues they talk don’t add value to their lives, they mislead each other, and they don’t give each other good advice. ‘Twende tufanye’ there is negative peer to peer influence” FGD with parents in the Kilifi cluster

“Our community is not safe, boys engage in stealing, drugs: they sometimes hit us with some blunt/sharp objects if we refuse to give in for sex” FGD with girls conducted in the Kilifi cluster.

“The places where we meet are sometimes not safe since every kind of person is free to enter and use that places regardless of their gender/sex, age and status. People come with different purpose/intentions so there is no privacy and freedom of girls to talk freely.” Reported girls in an FGD conducted in the Dar-es-salaam cluster

Figure 8: SRH&R decisions made by adolescent girls as an attribution to participation in the safe spaces

Overall, 50% of the adolescent girls attributed their SRH&R decisions to their participation in the safe spaces within the region. Many of whom were out of school with 55% and 48% for the in-school adolescent girls. Kenya had the highest proportions of her adolescents who made their SRH&R choices as a result of participation in the safe spaces with 64% while Uganda had the least proportions with 34%.
Across the region, majority of the adolescent girls carried out peer counselling with (37%) as an activity in the safe spaces. These were closely followed by those that conducted sports with 23%, sex education (18%) while the other 11% conducted music, dance and drama, religious activities, vocational skills, art and craft together with storytelling. With exception of Uganda where majority of the adolescent girls conducted sex education (34%) in the safe spaces, it is evident that most of the adolescents conducted peer counselling while at the spaces with 45% in Ethiopia, 45% in Kenya and 38% in Tanzania. This implies the AGPP should evaluate the effectiveness of peer counsellors within each cluster and take advantage of this structure to equip them further with the necessary knowledge, skills and tools that will enable the adolescent girl child make informed decisions and enjoy a fulfilled reproductive life.
3.2 LEADERSHIP
This section covers the different perceptions of the adolescents concerning their leadership at school and in the communities where they reside.

Summary of key findings:
- Up to 22% adolescent girls confided in their friends for advice with more in-school (29%) compared to out of school (24%).
- There were low confidence levels (35%) among adolescent girls on engaging parents/caretakers with 28% among the out of school, Ethiopia registering the highest proportion of 49% while Tanzania had the least at 20%.
- There were 33% adolescent girls who were able to contribute ideas to discussions at home. More in-school adolescents 35% contributed to discussions at home and 27% for out of school adolescent girls.
- There were low levels of adolescent girls with 44% who were encouraged by their family to express themselves openly with 49% in-school and 34% out of school youths. Ethiopia had the highest proportion of adolescent girls with 65% and 26% for Tanzania.
- Low proportions 38% adolescent girls were able to set an example to their peers, of which 42% were in-school and 31% out of school.
- There were low proportions 33% of adolescent girls that were able to speak what was on their mind with Ethiopia having the majority 51%.
- Up to 33% adolescent girls who were able to encourage their peers to join together to help their communities.
- Low rates of adolescent girls 34% were confident to speak to the elders on behalf of their peers with 37% in-school and 29% for out of school.
- The programme should explore attractive community level activities for both adolescents and parents that will lead to confidence building for girls in order to promote delivery of integrated SRH&R and GBV

Figure 10: Adolescents consulted by their friends for advice

There were generally low proportions of adolescents (22%) that were consulted by their friends for advice with 24% among the in-school compared to 18% out of school. These low proportions point out to the limited knowledge possessed by the adolescents within the communities and therefore they cannot consult each other for what they are not sure about. At country level, all the countries reflected low levels of consultations by adolescents from their peers (below 30%). Ethiopia had the highest proportion with...
29% of the adolescents consulted by their friends while Uganda had the least with 17%. From the results, more effective models can be explored including bringing on board peer counsellors who will be able to ably equip the adolescents with SRH&R and GBV knowledge as they grow. This will make them have vast knowledge and confidence to ask their peers for advice in case of any challenging situations.

**Figure 11: Adolescent engagements with parents**

There were generally low confidence levels among adolescents in communicating with their parents with only about 4 in every 10 (35%) across the region. These were very low majorly among the out of school adolescents that had 28% confidence levels. The low confidence levels among the adolescents who discuss with their parents explains why high proportions belong to the safe spaces an indication that they meet and easily share with their peers the SRH&R aspects that affect them. This calls for parents’ continuous guidance and closeness to their children so that they can be able to ably disclose SRH&R issues that affect them as they grow.

**Figure 12: Adolescents contributing ideas to discussions at home**

There were generally low proportions of adolescents (33%) who were able to contribute ideas to discussions at home even if their ideas were different from those tabled by the rest of the family members.
with more in school adolescents (35%) participating compared to out of school adolescents (27%). These proportions of adolescents contributing ideas to discussions at home can be associated with their participation in the safe spaces, since most of their confidence is built through interacting freely with their age mates as they meet. Ethiopia had relatively high proportions of adolescents (56%) that tabled ideas at home with their number almost doubling each of all the other countries. These results continue to showcase Ethiopia with more interactions between parents and their children amidst a restrictive cultural environment an indication of better parenting experiences than all the other countries.

Figure 13: Adolescent girls encouraged by their family to express themselves

Overall, there were low levels of adolescents whose family encouraged to express themselves with 44%. There were more in-school adolescents with 49% whose parents had encouraged to express themselves compared to the 34% out of school youths. Ethiopia stood out again with almost 7 in every 10 of the adolescents (65%) indicating that they had been encouraged by their family to express themselves. These levels of encouragement from the parents to their daughters are a driver to their confidence and thus a weapon for them to fight, defend and stand out for themselves in case of any SGBV and SRH&R issues that may come their way as they grow up.

Figure 14: Adolescent role model experiences

There were generally low proportions of adolescents (38%) that were able to live exemplary lives to their peers with majority among the in-school (42%). Kenya had the highest proportion of adolescents (54%) who indicated had set an example to their peers while Tanzania had the least with 28%. To build further
the role model experience, calls for multiple life skills development among adolescent girls who could then form up the role model structure for the programme.

**Figure 15: Adolescents with adequate self-esteem to speak their mind**

<table>
<thead>
<tr>
<th></th>
<th>Adolescents who speak what is on their mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>51%</td>
</tr>
<tr>
<td>Kenya</td>
<td>41%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>17%</td>
</tr>
<tr>
<td>Uganda</td>
<td>27%</td>
</tr>
<tr>
<td>Overall</td>
<td>33%</td>
</tr>
<tr>
<td>In school</td>
<td>36%</td>
</tr>
<tr>
<td>Out of school</td>
<td>25%</td>
</tr>
</tbody>
</table>

Overall, there were low proportions of adolescents that were able to speak what was on their mind (33%) even when people did not understand them with Ethiopia having the majority with about 5 in every 10 (51%) adolescents while Tanzania had the least proportion with only 2 in every 10 (17%) adolescents that speak what was on their mind. There were more in-school adolescents (36%) who found different ways of saying what was on their mind compared to only 25% out of school adolescents. These results are an awakening call for the programme implementors to come up with different models of sensitising communities about the importance of the safe spaces. This will encourage the parents to send their daughters to these places where they can meet and freely discuss their SRH&R issues as they grow, an aspect that will enable them build their confidence and freedom of expression in society.

**Figure 16: Adolescents combining efforts to support community**

<table>
<thead>
<tr>
<th></th>
<th>Adolescents encouraging peers to join hands together &amp; help their community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>50%</td>
</tr>
<tr>
<td>Kenya</td>
<td>41%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>25%</td>
</tr>
<tr>
<td>Uganda</td>
<td>19%</td>
</tr>
<tr>
<td>Overall</td>
<td>33%</td>
</tr>
<tr>
<td>In school</td>
<td>36%</td>
</tr>
<tr>
<td>Out of school</td>
<td>24%</td>
</tr>
</tbody>
</table>

Study findings revealed low proportions of adolescents (33%) who were able to encourage their peers to jointly work towards helping their communities with more in-school adolescents (36%) compared to out of school (24%). Ethiopia had the highest proportion of adolescents encouraging each other (50%) with Uganda having the least. The programme should explore attractive community level activities for both adolescents and parents to implement as these will promote delivery of integrated SRH&R and GBV services.
Overall, 4 in very 10 (44%) of the adolescents expressed have interest in being leaders in their school and community at large. There were relatively no big differences between the In-school and out of school adolescents with 47% compared to 44% respectively. Kenya had the highest proportion of adolescents (56%) that were interested in leadership compared to Tanzania with the least at 35%. There is need to positively step up the knowledge and perceptions of adolescents towards leadership and encourage them to take and play their part in contributing to effective leadership and governance of their respective countries.

There were generally low proportions of adolescents (34%) that were confident to speak to the elders on behalf of their peers. These low proportions cut across both in-school (37%) and out of school adolescent girls (29%) with Ethiopia having the highest proportion (45%) while Uganda had the least (25%). These results reveal the limited proportions of adolescents who meet and contribute ideas in the safe places thus explaining the limited self-esteem levels among the adolescents.
3.3 SEXUAL REPRODUCTIVE HEALTH & RIGHTS (SRHR)
This subsection covers SRH knowledge, perceptions and behaviours of the adolescents. The different aspects covered are spread across decision-making processes in regards to SRH&R of the girl child including age at first marriage, when to give birth to children, knowledge on SRH&R by the adolescents including family planning, pregnancy and menstruation.

Summary of key findings:
- 87% adolescents suggested that the right age for a girl to get married is twenty years and above an indication they are aware of the implications of teenage pregnancy and child marriage and 71% of the parents noted that the girl herself decides when to get married.
- Both adolescents and parents were knowledgeable that the girl herself made SRH&R decisions that affect her life, ranging from: the use of family planning methods, age at which she can get married and give birth to children and the partner to get married to.
- There were 58% adolescents who agreed that the girl herself decides the age when to get married at.
- There were 52% adolescents with knowledge on family planning services, with 58% out of school and 52% in-school. Ethiopia had the highest knowledge levels 65% and Uganda with the least 40%.
- Up to 59% adolescents identified family planning services as accessible with Uganda at 66% and the least 53% from Tanzania. Public were the major providers 42% of family planning services.
- Most in-school adolescents accessed the padding materials from their parents with 66% and majority 64% used disposable pads followed by the 16% that used cloth. In terms of disposing of the used padding materials, the highest proportion of the adolescents disposed them of by using a pit latrine (53%).
- 42% of parents faced difficulties while discussing sex related topics with their daughters with more males at 70%.
- High proportions of parents (64%) in the region discussed pregnancy related topics with their daughters and largely female parents.
- Low proportions of parents (41%) discussed contraception topics with their daughters with female parents having a relatively higher proportion (46%) compared to their male counterparts (23%). Ethiopia had the highest proportions (46%) while Uganda had the least (37%).
- Majority of the parents (67%) discussed menstrual hygiene with their daughters and especially the female parents (78%) and 27% males. Kenya had the majority 76% and
There were generally high proportions of adolescent girls (87%) who suggested that the right age for a girl to get married is twenty years and above with Kenya having the highest proportions of her adolescents at 96% and Tanzania having 78%. These high proportions spread across all the countries since they were all above 75%. The results of 21% and 18% adolescent girls in Tanzania and Uganda who believe 15-19 years is the right age for marriage is in line with the high child marriages for both countries with 31%1 and 43%2 respectively. Furthermore, most of the in-school adolescents (90%) stated that the right age for a girl to get married was above twenty years a proportion higher than the 79% from the out of school adolescents. This points out to the higher knowledge levels among those in-school.

Results from parents further indicate high proportions (71%) who noted that the girl herself has the responsibility to decide the right age at which she can get married. These high proportions are spread across the different countries with Ethiopia at 81% followed by Kenya with 79%. These results depict a growing shift in the socio-cultural aspects and growing positive influence of women emancipation on society in the present day whereby girls are now expected to take lead in making key SRH&R decisions pertaining their lives.

"We give them what they need and give them freedom to make decisions, but sometimes decisions are also limited based on if the decisions they make will negatively impact them." Parents FGD in Kilifi cluster

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1 www.girlsnotbrides.org
The results above show the different actors involved in decision making regarding adolescents’ SRH&R within the communities. Most of the adolescents interfaced with stated that the girl herself was responsible for making the different SRH&R decisions spread across spouse she can get married to with 69%, age when she should give birth with 65%, use of family planning at 62% and the age when she should get married at 58%. The high proportions of adolescent girls who agreed that the girl herself makes the decisions explains the impact of the massive sensitisations in regards to women empowerment and emancipation in the region.

Results obtained after the different interactions with the parents are not any different from those of the adolescent girls. This is due to the high proportions of parents who stated that the girl herself made the SRH&R decision regarding her life. This ranged from the age at which the girl was to give birth with 85%, followed by 82% who stated that the girl was responsible for choosing the partner she was to get married to and 71% for those who seconded the girl to choose her own partner, use family planning and deciding the age to get married respectively. The parents results mirror what is in those of adolescents an aspect that justifies the impact of women emancipation in the present times spread across the countries in the region.

**Figure 22: Parents opinion regarding the SRH&R decision makers in the community**
FGDs held with parents and adolescents in the region partly confirmed some of the results here;

“A child is a child, why should she make a decision at home, as a parent I decide on which school I should take my children and in fact I make sure that I can afford to pay school fees but some time children if given an opportunity to select schools they will make choices of very expensive schools.”

“Children are children, I have four daughters without a boy so I find it hard to give them a chance to make a decision because they are not of the consent age.” Mentioned a father during a parents FGD in central Buganda

“Girls do not make decisions at home, many of us are not listened to in the family, whenever you try to say something, they will just say that you are just a girl so you know nothing. The only decision that you can take part in is maybe making a choice of a soda that they are buying for you on Christmas, Eid or Easter the rest you keep quiet

“oli muwala tolina kwogera nga abalenzi webali” meaning you are a girl you cannot talk in the presence of boys.” Picked from an FGD conducted in Kichwamba, Lyantonde cluster

“I am free and allowed to participate in decision making because I live with my grandmother who is too aged.” Therefore, I can make my own decision without consulting anyone because no one is looking after me except my grandmother.” Reported a girl during an adolescents FGD conducted in the Dar-es-salaam cluster

“In order to ensure the safety of children/girls and good parenting, all decisions should be done by parents themselves especially when girls are under 18 years old.” Reported parents during an FGD conducted in Dar-es-salaam

Figure 23: Adolescents who make decisions on when to get married

Findings revealed (58%) adolescent girls who made decisions regarding when to get married in the region. Of these, the majority were out of school adolescents with higher confidence levels at 59% who knew that they had a choice to decide when to get married compared to their in-school counterparts who
had 58%. Kenya had the highest proportions with 68% while Uganda had the least proportions with 38% adolescent girls that were able to make decisions regarding when to get married.

**Figure 24: Knowledge on family planning services**

<table>
<thead>
<tr>
<th>Region</th>
<th>Knowledge on family planning services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region (1785/3429)</td>
<td>52%</td>
</tr>
<tr>
<td>Uganda (531/1039)</td>
<td>51%</td>
</tr>
<tr>
<td>Tanzania (454/863)</td>
<td>53%</td>
</tr>
<tr>
<td>Kenya (298/752)</td>
<td>40%</td>
</tr>
<tr>
<td>Ethiopia (502/775)</td>
<td>65%</td>
</tr>
</tbody>
</table>

More than half of the adolescents (52%), had knowledge on family planning services especially among out of school adolescents (58%) and adolescents who never married (92%). Furthermore, Ethiopia had the highest proportion of adolescents (65%) who were knowledgeable on family planning while Uganda had the least at 40%.

**Figure 25: Access to family planning services among the adolescents**

<table>
<thead>
<tr>
<th>Region</th>
<th>Adolescents accessing family planning services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region (1062/1785)</td>
<td>55%</td>
</tr>
<tr>
<td>Ethiopia (278/502)</td>
<td>64%</td>
</tr>
<tr>
<td>Kenya (191/298)</td>
<td>53%</td>
</tr>
<tr>
<td>Tanzania (240/454)</td>
<td>66%</td>
</tr>
<tr>
<td>Uganda (353/531)</td>
<td>70%</td>
</tr>
</tbody>
</table>

Overall, 59% of the adolescents identified family planning services as accessible in their communities with (70%) out of school and 54% among the in-school adolescents. Uganda had the highest proportion with 66% while Tanzania had the least with 53%. Most of the adolescents accessed the family planning services from public hospitals (42%) and 24% accessed the services form private facilities. The high access levels from the public facility could be due to the fact that the services are provided free of charge or at a very low cost.
Results above further revealed high proportions of out of school adolescents (50%) that accessed family planning services from public hospitals followed by 25% from the private clinics. On the side of the in-school adolescents, majority accessed the family planning services from public hospitals with 29% compared to 24% from the pharmacies. The most used approach currently due to the Covid19 restrictions which is the Community distribution of family planning through the VHTs indicates very low access by adolescents and thus, the programme could think around working with the role models and or safe space coordinating entities/individuals.

Figure 27: Adolescents who accessed family planning services from government hospitals

Results further revealed low proportions of adolescents who accessed the family planning services from government hospitals with 42%. The out of school adolescents were at 50% while the in-school had 29%. Kenya had the highest proportion of her adolescents 53% that accessed the family planning services, followed by Uganda with 45% while Ethiopia had the least with 22%. The very low proportions in Ethiopia could be associated with the fear of adolescents to approach the hospitals for the family planning services.
Figure 28: Knowledge of washing sexual organs as inappropriate prevention for pregnancy

There were low proportions of adolescent girls who were ignorant about the fact that washing sexual organs after sex cannot reduce the risks of pregnancy with 43%. From the adolescent's status, there were more out of school with 44% and 43% for the in-school who were ignorant about the fact that washing sexual organs did not reduce the risks of pregnancy. Additionally, Tanzania had the highest proportions of her adolescents with ignorance levels at 55% while Kenya had the least proportions at 24%.

Figure 29: Knowledge on any sexual act as a risk exposure to pregnancy

There were low ignorance levels among the adolescents with 37% without any idea that having sex only once can result into pregnancy. These low proportions spread across both in-school and out of school adolescents with 37% respectively. Furthermore, Tanzania had the highest proportion of her adolescents ignorant that having sex only once can lead to pregnancy with 37% whereas Kenya had the lowest proportions of her adolescents at 25%. There is need for the parents, community members and teachers at school to sensitise the adolescents on the dangers of engaging in sexual activities.
There were high proportions of the adolescents (40%) who had no idea that girls having sex for the first time are not at risk of getting pregnant. These high proportions spread across both in-school and out of school youths with incorrect knowledge. There is need for stepping up sex education across both in-school and out of school adolescents across the region to equip them with the correct SRH&R knowledge.

There were generally high proportions (78%) of adolescents unaware that a girl at puberty can get pregnant before she starts to see her menstruation. These high proportions spread across both in-school and out of school youths with 78% respectively. Ethiopia had the highest with 80% without knowledgeable while Kenya had the least with 74%. These high proportions spread across board and can be attributed to the limited discussions between parents and their children on sexuality matters as well as lack of structured guidance to schools in Uganda particularly in the area of sex education.
There were low proportions of adolescent girls who had no knowledge level (18%) that menstruation was normal among the adolescent girls across the countries. Tanzania appeared to have the highest proportion of her adolescents with incorrect knowledge on menstruation as Ethiopia had only 7%. There were more out-school adolescents with incorrect knowledge (21%) compared to the in-school adolescents who had 17%. These limited knowledge levels across the region point out to the laxity of parents to discuss key SRH&R aspects with their daughters.

There were high ignorance levels among adolescents (63%) who were unaware that when a girl engages in sex during her menstruation is at risk of getting pregnant. These high ignorance levels were also experienced across all the countries with Tanzania having the highest proportions at 73% and Kenya with the least at 53%. Furthermore, there were high proportions of out-of-school adolescent girls who were unaware that sex during menstruation can result into pregnancy with 68% and 61% for the in-school adolescent girls. The limited knowledge levels could be caused by shyness of parents and teachers to discuss sexuality issues concerning their adolescent girls.
There were generally low proportions of adolescents (39%) without knowledgeable that it was harmless for a girl to run or dance during her menstruation period with out of school having more proportions (48%) and 35% for in school adolescents. Across the countries, Tanzania had the highest proportion of 50% while Kenya had the least with 20%. These proportions call for continuous awareness creation and sensitisation campaigns on menstruation among the adolescents to improve their knowledge levels around menstruation as an SRH&R aspect.

Overall, there were low proportions (42%) of parents who faced difficulties while discussing sex related topics with their daughters. It is clear that more male parents (70%) found it difficult to discuss sex related topics with their daughters than their female counter parts. This could be due to limited time created by male parents and caretakers to discuss their children’s SRH&R including other life experiences as men usually spend a lot of time away from homes. Across all the countries, Tanzania had the highest proportion of parents with this challenge compared to Uganda with the lowest at 38%.

“We never talk with our daughters regarding SRH issues since it is the mother’s responsibility to do so.” Reported fathers in an FGD conducted in Dar-es-salaam
The findings above revealed very low proportions of adolescent (21%) that had shared SRH information with their parents. Ethiopia had the highest proportions (34%) of her adolescents that had reached out to their parents with SRH information while Uganda had the least with 14%. These low proportions could be as a result of parents spending limited time with their children thus leaving them without time to discuss their SRH&R issues that affect them as they grow and this is additionally coupled with low self-esteem among the adolescents to pro-actively engage their parents through integrating their SRH agenda into the few occasions when children meet say during meals and agriculture activities.

“**When I have no money for pads so I talk to my mum**” We talk with parents on how to protect oneself from boys, protecting ourselves from teenage pregnancy, STIs, HIV, abstinence, cleaning clothes, monthly periods.” stated the girls in an FGD conducted in the Kilifi cluster.

“It’s only our mothers and aunts who sit to talk with us but still in most cases they talk to you after seeing that you are doing something wrong, maybe they have seen you around with a boy or man that they don’t want you to associate with.” Reported girls in an FGD conducted in Lyantonde cluster.

“We rarely talk to our parents about our issues, but we often find the time to talk to our mothers unlike our fathers, since in this culture we feel embarrassed to talk about body change issues with fathers.” FGD with adolescents Mwanza cluster.

**Figure 36: Adolescents who shared SRH information with their parents**

<table>
<thead>
<tr>
<th>Region</th>
<th>Ethiopia</th>
<th>Kenya</th>
<th>Tanzania</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21%</td>
<td>17%</td>
<td>26%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Figure 37: Parents who discuss relationships with their daughters

![Parents who discuss relationships with their daughters](chart)

About half of the parents (63%) were able to discuss topics on relationships with their daughters including issues to do with the same sex, opposite sex and family and community with female parents taking lead with 71% compared to only 36% among male parents. Kenya had the highest proportion with 73% while Tanzania had the least with 54%.

Some parents talked to their daughters on how to prepare for marriage as evidenced in a focus group discussion conducted with adolescents in Central Buganda.

“My mother taught me how to do labia elongation, but when I asked her why I do such things she told me that it would help me when I get married.”

Figure 38: Parents who discuss pregnancy topics with their daughters

![Parents who discuss pregnancy topics with their daughters](chart)

Study findings revealed high proportions of parents who discuss pregnancy related topics with their daughters at 64%. From these, 7 in every 10 (70%) female parents were able to discuss pregnancy topics with their daughters and about 4 in every 10 male parents (39%) were able to discuss the pregnancy topics with their daughters. Across the countries, there were still high proportions of parents...
that were discussing pregnancy topics with their daughters with Kenya having the highest at 75% and Ethiopia with the least at 51%.

**Figure 39: Parent who discuss contraception topics with their daughters**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>46%</td>
<td>23%</td>
<td>41%</td>
</tr>
<tr>
<td>Kenya</td>
<td>39%</td>
<td>23%</td>
<td>39%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>43%</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Uganda</td>
<td>46%</td>
<td>23%</td>
<td>43%</td>
</tr>
<tr>
<td>Region</td>
<td>46%</td>
<td>23%</td>
<td>41%</td>
</tr>
</tbody>
</table>

There were generally low proportions of parents that discussed contraception topics with their daughters at 41%. From these, the females had a relatively higher proportion of 46% compared to their male counterparts that had 23%. Across the countries, Ethiopia had the highest proportions 46% of her parents discussing contraception topics, followed by Tanzania with 43% and Uganda had the least with 37%. The low results could signal the fear among parents to discuss crucial SRH information with their daughters.

**Figure 40: Parents who discuss love affairs with their daughters**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>62%</td>
<td>38%</td>
<td>53%</td>
</tr>
<tr>
<td>Kenya</td>
<td>54%</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>54%</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>Uganda</td>
<td>52%</td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td>Region</td>
<td>53%</td>
<td>47%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Results revealed 55% of parents that discussed love affairs with their daughters, out of which 60% were females and 38% males across the region. Kenya had the highest proportions with 62% while Uganda had a relatively lower proportion at 52%. The moderate results across board depict laxity on the side of parents that have left the teachers at school and aunties in the communities to do most of this sex talk as they sometimes fear to talk to their children regarding their sexuality.
There were high proportions of parents with 64% that freely discussed puberty and growth with their daughters. It is evident that more females (72%) and less males (37%) discussed puberty and growth with their daughters. The less proportions of male parents signal to the limited male involvement in the lives of their children as they grow. These proportions could have been higher if the parents were giving daughters enough time to talk about their SRH&R aspects as they grow.

*Teachers have enough time with our children and so they must talk to them about puberty issues and other relationship topics.* Said a mother during an FGD in central Uganda

Generally, there were high proportions of parents that discussed menstrual hygiene with their daughters at 67% in the region. Among these were 78% females and 27% males interfaced with during the study. At country level, Kenya had 76% of her parents discussing menstrual hygiene with their daughters closely followed by Ethiopia with 72% and Tanzania had the least with 51% of her parents discussing menstrual hygiene with their daughters.

“My mother once told me about safe menstruation, how to wear a pad and make sure I stay clean all the time,” Mom said, “you now have to be clean and make sure you change your sanitary pad.” Reported an adolescent in an FGD conducted in Mwanza cluster

“We have always been able to talk to our daughters about safe menstruation by telling them that they are now older girls.” Reported parents during an FGD conducted in Mwanza cluster
Across the region, majority of the out of school adolescents got for themselves the padding materials with 55% and 31% received them from the parents. In regards to the in-school adolescents, 66% received the padding materials from their parents and only 3% received the padding materials from school. The high proportions of in-school adolescents that accessed the padding materials from their parents points out the closeness and openness that these girls have with their parents. This means that they can easily confide in their parents in case of any SRH problem that may come their way so that it is easily resolved unlike the out of school adolescents.

In regards to the padding materials used during monthly periods; majority of the adolescents used disposable pads with 64% followed by 16% that used cloth while the least 2% used cotton and 2% that used other materials which included; towels, old clothes, extra knickers and toilet papers.

In terms of disposing of the used padding materials, majority of the adolescents disposed of them by using a pit latrine (53%), followed by the 17% who washed and kept their padding materials, those who burnt were at (13%) while the least (4%) threw them in the bush.

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**Figure 43: Areas where adolescents normally accessed the padding materials**

<table>
<thead>
<tr>
<th>Areas where adolescents normally access the padding materials from</th>
<th>Out of school</th>
<th>In school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Myself</td>
<td>55%</td>
<td>66%</td>
</tr>
<tr>
<td>Parents</td>
<td>31%</td>
<td>3%</td>
</tr>
<tr>
<td>School</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>NGO</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Others</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

"As a parent, I have no resources but I sometimes mobilize to buy some pads for my neighbours who cannot access these commodities as some of these solicit for these commodities from boda boda subjecting them to abuse." Parents FGD Kilifi

"We always talk to our girls on importance of having good behaviours, engaging in house chores like cooking, shopping, menstruation, periods kits, how to use pads in case it’s the first experience, how to exchange and dispose pads, body changes." Parents FGD in Kilifi
3.4 SEXUAL & GENDER BASED VIOLENCE

This sub section presents sexual and gender-based violence experienced by the adolescents in the region ranging from sexual intercourse against the will of adolescents, those who have ever been touched inappropriately, perpetrators of the SGBV and the people who are trusted with information by the adolescents in case of any SGBV.

Summary of key findings:

- There were very low proportions of adolescents (9%) across the region who had ever had sexual intercourse against their will with the majority 18% out of school and 5% in-school. Uganda had the highest proportion of adolescents that had ever had sex against their will with 13% while Ethiopia had the least with 1%
- Majority of the perpetrators responsible for sexual advances to adolescent girls were boyfriends with 35% closely followed by neighbours with 20%.
- There were generally low proportions with 21% adolescents that had been touched inappropriately by members of the opposite sex across the region of which higher majority were out of school with 35% and 15% for the in-school adolescent girls. Uganda had the highest proportion with 37% while Ethiopia had the lowest with 11%
- There were (34%) of adolescent girls that acknowledged that they would trust only their mothers with GBV related information followed by 21% that would trust the police while the least 2% agreed that they would trust their fathers with the information.

Figure 44: Adolescent girls who have ever had sexual intercourse against their will

<table>
<thead>
<tr>
<th>Region</th>
<th>Out of school</th>
<th>In school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Kenya</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Uganda</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Region</td>
<td>2%</td>
<td>8%</td>
</tr>
</tbody>
</table>

There were very low proportions of adolescents who had sexual intercourse against their will with 9% majority of which (18%) were out of school and 5% in-school in the region. Across the countries, Uganda had the highest proportions of adolescents that had ever had sex against their will with 13% which is slightly less than the national statistics where more than 1 in 3 females (35%) has experience sexual violence while Ethiopia had the least with 1% of her adolescents that had ever had sexual intercourse.

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3 National VAC survey, 2015
against their will. The low proportions of SGBV depict the strict laws enforced on perpetrators within the countries.

Parents were knowledgeable about the existence of rape in their communities as reported from an FGD conducted in Mwanza

“Rape exists in our communities, although victims and society generally fear reporting information about these acts of rape. There are certainly daughters who are raped but there are some rapes caused by themselves and parents sometimes encourage these acts to continue in our society.”

“Some girls are rapped and others are defiled but they do not report to anyone, they are threatened by the people who do such acts to them however some are still silenced by their families in fear of what the community will say.” Reported girls in an FGD in Lyantonde

Figure 45: Perpetrators for sexual advances to adolescent girls against their will

<table>
<thead>
<tr>
<th>Perpetrators for sexual advances to adolescent girls</th>
<th>15%</th>
<th>20%</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others (45)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher at school (4)</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbour (57)</td>
<td></td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Male_friend (45)</td>
<td></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Male_relative to mother (11)</td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Male_relative to father (15)</td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Fellow_student (15)</td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Boy_friend (101)</td>
<td></td>
<td></td>
<td>35%</td>
</tr>
</tbody>
</table>

Results from the graph above revealed boyfriends as the major perpetrators for sexual advances to adolescent girls against their will with 35% followed by neighbours at 20% while male friends and the others including strangers, work mates, house boy, brother-in-law and herdsman were at 15%. These results present girls with boyfriends at the highest risk of sexual advances against their will and in order to reduce on the sexual advances to adolescent girls against their will, there is need to empower them in their SRH&R aspects and thus stand out for what is right in terms of their sexuality.

“Perpetrators should be arraigned in court to prevent further abuses, parents and communities should avoid resolving cases of sexual abuse in ‘Kangaroo Courts’.” FGD conducted with parents in Kilifi
There were generally low proportions of adolescents that had been touched inappropriately by members of the opposite sex with 21%. From these, higher proportions were for out of school with 35% and 15% for the in-school adolescent girls. Uganda had the highest proportion of her adolescent girls touched inappropriately by members of the opposite sex with 37% while Ethiopia had the lowest with 11%. In relation to perpetrators that touched the girls inappropriately, the majority 24% were touched by random strangers, village members, work mates and motor cyclists, closely followed by neighbours with 21% and male friends at 20%. The high proportions in Uganda could be associated with laxity of policies on GBV within the families, communities and the culture of silence within some societies across the country. These have been made worse by the effects of the Covid-19 pandemic that left all the schools closed thus leaving the girls at the mercy of the SGBV perpetrators.

"Defilement and incest cases are rampant in this community (Mtomondoni village) but female parents don’t report these issues." Parents FGD in Kilifi
3.5 LIFE SKILLS

This sub section covers adolescent girls’ self-esteem in all aspects of their life, their livelihood priorities, people they trust with their livelihood priorities and their engagement in income generating activities.

**Summary of key findings:**

- Up to 52% adolescents felt satisfied with themselves, Kenya having the highest proportion of 73% and Uganda with the least at 35%.
- There were low proportions of the adolescents who felt good about themselves all the time with 26% and Kenya had the highest 41% and 16% from Tanzania.
- About 4 in every 10 (43%) adolescent girls took a positive attitude towards themselves with Kenya having the highest proportion at 62% while Tanzania had the least with 26%.
- Results revealed (25%) adolescents that were confidently discussing SRH issues with their parents. Kenya had the highest proportion with 37% while Uganda and Tanzania had the least proportions with 19% respectively.
- More than half 58% of adolescents were ably discussing their livelihood priorities with their parents and Ethiopia had the highest proportion 69% while Tanzania had the least with 48%.
- There were 46% adolescents who agreed that the girl herself made a decision of engage in an income generating activity.
- There were low proportions of 34% of adolescents’ girls who had adequate skills to engage in an income generating activity of their choice.
- There were 37% adolescents that needed skills to successfully manage their own income generating activities majority of which needed skills for tailoring, beauty and fashion with 19%.
- High proportions of 75% parents discussed with their daughters about their future career with females having 77% while males had 68%.

**Figure 48: Adolescent girls who feel satisfied with themselves**

<table>
<thead>
<tr>
<th>Region</th>
<th>In school</th>
<th>Out of school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Kenya</td>
<td>73%</td>
<td>43%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>Uganda</td>
<td>35%</td>
<td>52%</td>
</tr>
<tr>
<td>Region</td>
<td>57%</td>
<td>60%</td>
</tr>
</tbody>
</table>

There were moderate rates of adolescents who felt satisfied with themselves at 52%. The in-school adolescent girls had higher proportions (57%) and 40% for out of school. Kenya had the highest proportions of her adolescents who felt satisfied with themselves with 73% and Uganda had the least proportions with 35%. These low proportions among the out of school adolescents clearly reveal low
confidence levels among the adolescents thus the need for the AGPP to sensitise adolescents on the importance of having self-esteem including knowing their worth an aspect that will enable them live a better life.

**Figure 49: Adolescent girls who feel good about themselves**

![Bar chart showing self-esteem levels among adolescent girls in different regions](image)

There were generally low proportions of the adolescents who felt good about themselves all the time with 26%. From these, 28% were in-school and 22% were out of school. Kenya had the highest proportion of adolescents with 41% who felt good about themselves all the time and Tanzania had the least with 16%. The least proportions in Tanzania depict the low self-esteem levels among the adolescent girls and this could be associated with their religious, social and cultural aspects.

**Figure 50: Adolescent girls who feel they have a number of good qualities**

![Bar chart showing percentages of adolescents who believe they have good qualities](image)

Study findings revealed (41%) of the adolescents that believed to have a number of good qualities with 45% in-school and 32% out of school adolescents. Notably, Kenya had the highest proportion of her adolescents with 60% believing to have a number of good qualities while Tanzania had only 26%. These low proportions point out to the busy nature of parents / guardians in the communities thus resulting into limited time spent talking about life aspects with their daughters in the communities.
Generally, half of the adolescents (50%) refused to incline that they were failures with majority in-school at 53% and 43% for out of school. Kenya had the highest proportions with 64% followed by Uganda with 51% while Tanzania had the least with 35% of her adolescent girls refusing to incline that they were failures. This explains the positive attitude that the adolescent girls possess across the countries except for Tanzania.

There were very low proportions of adolescents who were confidently discussing SRH issues with their parents at 25% with in-school adolescents having higher confidence levels of 27% compared to the out of school with 21%. Kenya had the highest proportion of 37% adolescents that confidently discussed SRH issues with their parents while Tanzania had the least proportions of 19%. Among the adolescents that confidently shared the SRH information with their parents, the majority 82% were free to share the issues with their mothers mainly because they spend most of the time with them as fathers move out to fend for the families thus explaining the closeness and openness of the adolescent girls with their mothers in the region.
There were high proportions of parents who discussed with their daughters about their future career with 75%. More female parents were conducting discussions with their daughters at 77% than the males who had 68%. Uganda and Kenya had the highest proportions of parents discussing with their daughters about their future career with 80% while Tanzania had the least with 66%. The high proportions among the female parents clearly bring out the closeness of mothers to their daughters since they spend most of the time with girls.

Figure 54: Discussion on livelihood priorities

More than half (58%) of adolescents were ably discussing their livelihood priorities with their parents with in-school having 58% and 57% for the out of school. Ethiopia had the highest proportion with 69% adolescents discussing their livelihood priorities while Tanzania had the least with 48%. Regarding people who made decisions regarding a girl’s engagement in income generating activities, the majority mentioned that the girl herself made a decision to engage in an income generating activity with 46% followed by those who mentioned the father as a decision maker regarding a girl’s engagement in an income generating activity with 28%.

“Our parents teach us how to manage the house, how to calculate profit and loss in business and managing customers, cooking skills, plaiting and selling madera.” Stated girls in an FGD in Kilifi

“Sometimes the girls propose for businesses they can engage in: we also engage them in table banking and making savings for their future.”

“I teach my girls how to plait and when I get customers who need these services, I also engage my girls whom I then incentivize them with pads and some clothes.” FGD for parents in Kilifi
Up to 46% of adolescents confirmed that the girl herself was responsible for making decisions regarding when to engage in income generating activities followed by those who believed that it was the father responsible for making the decision with 28%. Kenya had the highest proportion of adolescents who acknowledged that the girls were responsible for making decisions on when to engage in income generating activities while Uganda had the least proportions with 36%.

There were low proportions of adolescents who had adequate skills to engage in income generating activities of their choice with 34% and 36% for the in-school adolescents and 31% for the out of school at 31%. Kenya had the highest proportion of her adolescents having adequate skills to engage in income generating activities with 45% and the least was Tanzania with 26%. The inadequate skills could be associated with the limited hands-on training received by the adolescents given the fact that very few of them have got access to and completed from the vocational and technical institutes. Adolescents and parents confirmed to the same subject as seen in the quotation below.

*I have taught my daughter how to make craft shoes and am sure in holidays she can use such a skill to earn some money that can support her education.* Reported a father during an FGD in central Buganda

From the adolescent FGD conducted in the Dar-es-salaam cluster, girls agreed that they got various skills from their parents/guardians especially their mothers such as cooking, saloon, tailoring, entrepreneurship skills, cleaning, farming, and singing.
Table 1: Skills needed by adolescent girls to successfully set up and manage their own income generation activity

<table>
<thead>
<tr>
<th>Skills needed</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>33</td>
<td>3%</td>
</tr>
<tr>
<td>Art and craft</td>
<td>117</td>
<td>9%</td>
</tr>
<tr>
<td>Beauty and fashion</td>
<td>248</td>
<td>19%</td>
</tr>
<tr>
<td>Catering</td>
<td>123</td>
<td>10%</td>
</tr>
<tr>
<td>Computer skills</td>
<td>24</td>
<td>2%</td>
</tr>
<tr>
<td>Financial literacy</td>
<td>220</td>
<td>17%</td>
</tr>
<tr>
<td>Leadership skills</td>
<td>35</td>
<td>3%</td>
</tr>
<tr>
<td>Making liquid soap</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Rearing domestic animals</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Tailoring</td>
<td>238</td>
<td>19%</td>
</tr>
<tr>
<td>Others</td>
<td>221</td>
<td>17%</td>
</tr>
<tr>
<td>Region (1281/3429)</td>
<td>1281</td>
<td>37%</td>
</tr>
</tbody>
</table>

Results revealed low proportions of adolescents who needed skills to successfully manage their own income generating activities with 37%. Majority of these needed skills for tailoring, beauty and fashion with 19% and closely followed by 17% that needed financial literacy skills as a way of successfully setting up and managing their income generating activities.
CHAPTER FOUR: CONCLUSIONS & RECOMMENDATIONS

4.0 Conclusions & Recommendations.

Safe spaces

- There were limited knowledge levels regarding the existence of safe spaces across both in-school and out of school adolescents. The AGP programme should scale up awareness campaigns on the existence and importance of safe spaces among the out of school adolescents that had the least knowledge levels. This can be through use of different multi-media platforms including radios and community megaphones due to the current Covid-19 situation.
- Among the adolescent girls that belonged to the safe spaces, very few of them discussed their issues from the safe spaces. Therefore, the programme should place more emphasis on developing strategies that activate meetings and activities of adolescents who belong to these safe spaces.
- Among adolescents who belong to a safe space, there was overwhelming majority who acknowledged safety of the prevailing safe spaces across both in-school and out of school. There is therefore need for the AGPP to sensitise communities including parents regarding the importance of the safe spaces including sex education. This will increase the numbers of girls that turn up in the safe spaces and also increase on their SRH&R knowledge.
- Peer counselling was noted as the main activity carried out by adolescents at the safe spaces. The AGPP should evaluate the effectiveness of peer counsellors within each cluster and take advantage of this structure to equip and or integrate these with role models with additional necessary knowledge, skills and tools that will enable the adolescent girl child to make informed decisions for a fulfilled reproductive life.
- There were generally low levels of acknowledgement for safety across all safe space meeting places/avenues with schools, partner centres and homes identified as the safest. This is an indicative of the growing efforts towards creating safe school and community environments for adolescent girls as well as a strict discipline on girls in most homes inherent in the culture of silence.

Leadership

- There is generally low disclosure of SRH&R and GBV issues by adolescents to their peers for advice with limited variation between in-school and out of school adolescents coupled with low confidence in parents/caretakers. The AGPP should focus on building sustainable community voice and action related platforms that will work with families and duty bearers to enable adolescents actively take part in raising concerns and issues about Access to Information (ATI) in their communities.
- In addition, there is need for the AGPP clusters to engage in targeted advocacy with line ministries and their lower-level administrative units (Ministry of Health, Ministry of education, ministry of Gender Labour & Social Development, Local Government) to mainstream development and or role out of sexuality education curriculum and parenting guidelines as a way of promoting engagement between teachers, students and parents. This will result into prioritisation of resources by schools and parents to contribute towards (through allocation of resources) of minimum required SRH&R and GBV services to the young girls like padding materials as well as define the minimum essential SRH&R and GBV service package for the in-school and out of school adolescent girls.
• There were low levels of involvement of adolescents towards contributing ideas for discussions at home with out of school adolescents more affected. It is therefore vital for the AGPP to develop parent-child-centred communication strategies that will foster interpersonal communications across the 2 groups.

• There were fewer adolescents who were encouraged by their families to express themselves openly with the out of school adolescents standing out as the most affected. The programme should explore attractive community level activities for both adolescents and parents to implement as these will promote delivery of integrated SRH&R and GBV programme.

• Results indicated low proportions of adolescents were able to demonstrate exemplary behaviour (role models) to their peers with the out of school most affected. There is need to develop further and strengthen the role model strategy as a key approach for effective behavioural change across schools and communities.

• The adolescents demonstrated low confidence levels in engaging elders on behalf of their peers affecting the out of school most. This could require girl targeted public awareness, empowerment initiatives and strategies to enable adolescent girls understand the mechanism of their involvement in decision making for better improvement in responsive and inclusive decision-making processes both at school and within the communities.

**Sexual Reproductive Health & Rights (SRHR)**

• There were high knowledge levels on the right age for marriage for girls being above 18 years coupled with indicatively high awareness levels of the implications of teenage pregnancy and child marriage. The AGPP should work with different community structures across the countries to ensure that sexuality education guidelines and frameworks at country level are formulated and initiated in the schools to adequately equip the adolescent girls with appropriate SRH&R knowledge and information.

• There were generally average levels of knowledge on family planning services among adolescents with the in-school as the least informed. Despite this gap, family planning services were fairly accessible especially in Uganda with public facilities as major service providers. The AGPP should strengthen community distribution of family planning methods through role models and Village Health Teams as appropriate in this Covid-19 era.

• Almost half of parents faced difficulties while discussing sex, contraception and related topics with their daughters with more males finding this a challenge. There is need to create specialised parenting sessions targeting male parents to equip them for discussions with their daughters on key SRH&R issues including sexuality.

• There were relatively high proportions of parents who discussed pregnancy and menstrual hygiene related topics with their daughters and with female parents taking lead. There is need to introduce a male involvement strategy to clearly define initiatives that will attract men to take up their responsibility of discussing key matters of their children including Sexual and Adolescent Health.

• In a bid to increase young people’s knowledge and access to SRHR services, targeted awareness and advocacy campaigns for schools and communities should be strengthened. This can be through using the most appropriate media and digital platforms for reaching adolescents including through radio, megaphones and community leaders for the out of school as well as embedding SRH&R topics within the school curriculum for the in-school adolescents across the region.
• Due to the limited access on SRH&R services, there is need to intensify knowledge of places where adolescents can access SRHR services from. The AGPP should put community structures in place to equip and inspire parents in promoting the AGP programme SRHR agenda at household, community and school levels.

Sexual & Gender Based Violence (SGBV)

• There were very low proportions of adolescents who had ever had sexual intercourse against their will and those touched inappropriately by members of the opposite sex with out of school most affected. The project should work hand in hand with the key stake holders including law enforcing bodies like the police desk, probation officers and courts of law across the different clusters to impose strict laws and punishments on several GBV offenders.

• Majority of the perpetrators for sexual advances to adolescent girls were boyfriends closely followed by neighbours. The AGPP should provide information on the available SRH&R and GBV community structures including hospitals, police desks among others where the adolescent girls can report in case of any sexual harassment.

• Results revealed mothers as the most trusted parents with GBV and related information by the adolescents who experienced GBV including SGBV amidst evidence of continued culture of silence in the communities. The AGPP should equip mothers with skills to be change agents of this socio-cultural driver (culture of silence) for GBV against the girl child needs to be prioritized and revisited for effective response to GBV.

• Teachers were not identified among the top 3 trusted categories of people in case of GBV to adolescents yet they spend the most time with those in-school adolescents. The AGP programme could embark on holding targeted hands-on training of teacher focal persons to equip these and more with additional skills on building positive relationships with adolescents and become key supportive structures for preventing GBV/SGBV among adolescent girls.

Life Skills

• Low confidence levels were identified among adolescents who discussed SRH issues with their parents. There is need to strengthen further engagements with parents/caretakers of adolescents for effective parenting and dialogue with their children in relation to making informed reproductive health choices and building their confidence.

• Relative proportions of adolescents agreed that the girl herself made a decision to engage in an income generating activity. The AGPP should train the girls and provide start-up kits and seed grants as a way of empowering them to make better decisions to engage in income generating activities of their choices.

• Very low proportions of adolescent girls had adequate skills to engage in an income generating activity of their choice. There is need to prioritize and equip adolescent girls with hands on skills like tailoring, catering and hair dressing together with providing them with start-up kits. This will increase their incomes and improve their standards of living majorly those out of school thus reduce on their economic vulnerability in society.

• There were low proportions of adolescents that needed skills to successfully manage their own income generating activities majority of which needed skills for tailoring, beauty and fashion. Community structures should be strengthened through setting up well equipped vocational and technical institutions with qualified teachers to equip the adolescents with appropriate skills to successfully manage their own income generating activities.

• High proportions of parents discussed with their daughters regarding their future career with the dominance of females. There is need for the AGPP to introduce platforms aimed at
sensitising male parents of their importance and positive contribution to the lives of their daughters majorly in shaping their future.
APPENDIX.