

**THE PARLIAMENT OF UGANDA**

 **MOTION FOR A RESOLUTION OF PARLIAMENT URGING GOVERNMENT TO ENFORCE STRATEGIES THAT WILL FACILITATE YOUNG PEOPLE’S ACCESS TO SRH RIGHTS AND SERVICES.**

**(Moved under Rule 55 of the Rules of Procedure)**

**WHEREAS** Article XX of the National Objectives and Directive of State Policy entreat the state to i) take all practical measures to ensure the provision of basic medical services to the population;

AND

**WHEREAS** Article 118 of the Treaty for the Establishment of the East African Community (EAC) obliges the partner states to promote harmonised national health policies and regulations, enhance the efficiency of health care systems and cooperate in the development of reproductive health services

**AWARE THAT** Uganda has also ratified a number of International Conventions aimed at promoting health and education rights to all children, adolescents and youth in Uganda; including;

* The Universal Declaration of Human Rights;
* The Convention on the Rights of the Child;
* African Charter on the welfare and rights of a child
* International Covenant on Economic, Social and Cultural Rights
* The ESA Committment
* The Convention on the Elimination of All Forms of Discrimination Against Women;
* The Protocol to the African Charter on Human and People’s Rights on the Rights of women in Africa; and
* The Maputo Plan of Action;

**AWARE that** Although Uganda is a signatory to many of those instruments and recognises the right to health in national legislation, its constitution lacks an express provision for it. Instead, the right is merely inferred from several other guarantees under the national objectives of state policy, such as Article 21 on equality, Article 22 on life, Article 31 on family rights, Article 32 on affirmative action, Article 33 on women’s rights, Article 39 on the right to clean and healthy environment, and Article 41 on information access, among others;

**FURTHER AWARE that** The Government of Uganda (GOU) has committed over the years to the reduction of maternal mortality and improving sexual, reproductive health and family planning services through adopting international and regional instruments and standards like the Sustainable Development Goals (SDGs), and a number of policies and strategies at the national level which include; Uganda Vision 2040, The National Development Plan III (2020/21-2025/26), National Health Policy, the Gender Policy, the Gender in Education Policy, National policy guidelines and service standards on Sexual Reproductive Health and Rights (2012), the Adolescent Health Policy, the Human Capital Development Programme Implementation Action Plan among others.

**Aware that** in 2013, Uganda was part of the ESA Commitment in which the Ministers of Education, Health, Gender, and Youth in Eastern and Southern Africa (ESA), expressed support to continue their joint efforts towards creating a brighter future for adolescents and young people in the region by empowering the youth and protecting their health and well-being to achieve the common goals.

**CONCERNED THAT:**Uganda is the most youthful country in East Africa: over half (55%) of the population is below the age of 18 and 35% of the population comprises 10-24 years olds. Although Uganda’s National Health Policy specifically addresses sexual and reproductive health (SRH) needs of youth and a National Adolescent Health Policy is available, young people’s SRHR need more investment. Despite improved political will to address sexuality education in school, resistance persists from selected conservative religious and cultural leaders. Twenty-five percent (25%) of women aged 15-19 years have begun childbearing. While knowledge of contraceptive methods is nearly universal in Uganda, 28% of currently married women and 32% of sexually active unmarried women have an unmet need for contraception.

**FURTHER CONCERNED THAT** Sexually Transmitted Infections (STIs) such as HIV are still prevalent among young people. Young women aged 15-24 years are 2.5 times more likely to be affected by HIV (5%) than men of the same age (2%). Moreover, 50% of ever-partnered women aged 15-49 years have experienced intimate partner physical and/or sexual violence at least once in their lifetime. Most recently, the Ugandan government banned comprehensive sexuality education (CSE) in 2016, and released new guidelines on sexuality education which focused on abstinence.

Due to the outbreak of the COVID-19 pandemic, many parents lost income and are unable to feed their families and their households are being pushed into extreme poverty and hunger, children are thus increasingly forced into hazardous and exploitative work to support their families. There is also overwhelming evidence the longer children are out of school, the greater the risk of violence, rape, child marriages, child labour, prostitution and other life-threatening often criminal activities this is indicated in the recent media reports showing thousand of girls pregnant and defiled. The UNFPA global Report predicts 13 million extra child marriages will occur in the years immediately following the crisis, with at least 4 million more girls married in the next two years.

**FURTHER CONCERNED THAT there is** a 22.5% increase in pregnancy among girls aged 10-24 seeking 1st ANC from 80,655 to 98,810 respectively. Among girls aged 10-14 years, incidence of pregnancies increased the most (by a staggering 366.5%—from 290 in March to 1,353 in September, 2020) compared to those aged 15- 19 years (25.5%) and young women aged 20-24 (21.1%). The risk of getting pregnant was higher among girls and young women aged 20-24 with the highest number of pregnancy cases registered in Kampala (24,059), Wakiso (21,595), Mukono (8,639), Kamuli (7,847), Kasese (6,957), Jinja (6,950) and Mayuge (6,648).

Approximately half of all pregnancies among women aged 15–19 in Uganda are unintended, totaling an estimated 214,000 unintended pregnancies each year. The overwhelming majority (88%) of these pregnancies occur among adolescents with an unmet need for modern contraception.

**ACKNOWLEDING** the fact that the COVID 19 pandemic and its resultant effects and challenges may be part of Uganda and the world’s new mode of operation for a period unknown, yet the existing laws and structures are weak and not enforced to address the challenges of education during the period of a pandemic like COVID 19;

**RECOGNIZING THAT** Investment in the sexual and reproductive health and rights of young people is particularly critical to attainment of the demographic dividend because it can facilitate gains in their health, well-being, and educational attainment. Long-term investments in the health of adolescents and youth, including in their sexual and reproductive health, can help accelerate economic growth when combined with the appropriate investments in education and economic planning. When the sexual and reproductive health needs of young people are adequately met they can better access the information and services they need to stay healthy, avoid unwanted pregnancy and childbearing, prevent and treat sexually transmitted infections including HIV, complete more years of school, and obtain the skills necessary to be economically productive. Access to SRH information, services, and care helps young women exercise their sexual and reproductive rights, stay healthy, and become better prepared to contribute to household finances and ultimately to local and national economies.

**RECALLING THAT** this House has on numerous occasions raised concern over the situation of SRHR in Uganda; **NOW THEREFORE** be it resolved by Parliament that Ministry of Health is urged to:

1. Strengthen provision of packages of integrated interventions for by including efforts to address early and/or unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs), violence against women and girls, and efforts to combat harmful practices such as child marriage and female genital mutilation (FGM).
2. Scale up of Youth friendly integrated SRH/HIV and GBV services including culturally acceptable and age –specific Comprehensive Sexuality Education for youth both in-school and out-of-school.
3. Undertake systems strengthening for provision of integrated services including trained Health workers and Community health extension Workers.
4. The Ministry of Health should strengthen coordination and accountability in resource mobilisation and allocation. There should be more efforts towards ensuring resources are mobilised and directed towards the provision of integrated services as opposed to vertical programming
5. Prioritise human resources for health through recruitment and retention of skilled health workers especially in hard to reach areas. In addition, efforts should be taken to strengthen pre and in – service training to enhance health workers’ skills in integrated SRH /HIV service delivery. Undertake capacity assessment at facility level to assess staffing shortages or surpluses to facilitate reallocation of duties and task shifting where recruitment may not be possible
6. Ministry of Education and Sports, Ministry of Health and other partners should expedite implementation of “Revised Guidelines on Prevention and Management of Teenage Pregnancy in school settings in Uganda (2020), as they provide for re-integration of adolescent mothers (10-19) into learning institutions post-COVID-19. In addition, a support mechanism for learners who have given birth that helps their re-integration back to the learning environment and creating a safer space for their babies is very crucial now at the time of the COVID-19 pandemic more than ever
7. In the medium term, we recommend the need to (i) digitize the health and education services by leveraging ICT in the teaching, learning, management and monitoring and evaluation processes (ii) provide the basic minimum infrastructure to ensure that all who want to access health and education services.

**Rt.Hon. Speaker, I beg to move**

 **MOVER: HON.** Phionah Nyamutoro