

REPORT

OF THE

REPORT OF THE COMMITTEE ON YOUTH AND SPORT FOR THE THIRD SESSION OF THE ELEVENTH NATIONAL ASSEMBLY APPOINTED ON THURSDAY 26TH SEPTEMBER, 2013

Consisting of:

Ms V Kalima, MP (Chairperson); Mr S Chisanga, MP; Mr E J Muchima, MP; Mr D Mwila, MP; Mr S Chungu, MP; Mr D Livune MP; Mr M Mutelo, MP; and Mr P Phiri, MP.

The membership of your Committee changed following the nullification of the elections of Ms V Kalima and Mr S Chisanga, MP. Consequently, Mr E J Muchima, MP was elected as Chairperson on 27th January, 2014.

The membership changed further following the appointment of Mr J Shakafuswa, MP, to your Committee.

The Honourable Mr Speaker
National Assembly
Parliament Buildings
LUSAKA

Sir,

Your Committee has the honour to present its Report for the Third Session of the Eleventh National Assembly.

Functions of the Committee

2. The functions of your Committee are as follows:

- i) to study, report and make recommendations to the Government through the House on the mandate, management and operations of the Ministry of Youth and Sport and Government departments and/or agencies under its portfolio;
- ii) to carry out detailed scrutiny of certain activities being undertaken by Government ministries, departments and/or agencies under its portfolio and make appropriate recommendations to the House for ultimate consideration by the Government;
- iii) to make, if considered necessary, recommendations to the Government on the need to review certain policies and/or certain existing legislation; and
- iv) to consider any Bills that may be referred to it by the House.

Meetings of the Committee

3. Your Committee held sixteen meetings during the year under review.

Programme of Work

4. At its second meeting, your Committee considered and adopted the following programme of work:

- i) Consideration of the topic Teenage Pregnancy in Zambia;
- ii) tours arising from deliberations; and
- iii) consideration of the Action-Taken Report on the Committee's Report for the Second Session of the Eleventh National Assembly.

Procedure adopted by the Committee

5. Your Committee requested detailed memoranda on the topic under consideration from concerned stakeholders and invited them to appear before it in order to give verbal submissions and clarifications on issues arising from their submissions. Your Committee also undertook local and foreign tours during the year under review.

PART I: CONSIDERATION OF TOPICAL ISSUE

6. Your Committee's topical issue for the Third Session of the Eleventh National Assembly was '*Teenage Pregnancy in Zambia*'.

6.1 Background

Teenage pregnancy refers to pregnancy that occurs in girls aged between thirteen and nineteen years of age. Suffice to say the study undertaken by your Committee was not only limited to this age group as it encompassed adolescent pregnancy which occurs in girls below the age of twenty. This definition is applicable

irrespective of the marital status of a girl or the legal age at which an individual is considered an adult in a given jurisdiction.

In a joint statement to mark the 2013 World Population Day, the United Nations (UN) system in Zambia stated that globally, an estimated sixteen million adolescent girls gave birth each year. Most of these were from low and middle income countries. The UN stated that in Zambia, over 30% of fifteen to nineteen year-old girls had already been pregnant or had a child and this was an alarming rate of pregnancy among adolescents. It further stated that Zambia's 2013 MDG report indicates that early marriage and adolescent pregnancy were the two main triggers for the high maternal mortality rate in the country. According to the most recent Zambia Demographic and Health Survey (ZDHS) of 2007, 28% of adolescent girls in Zambia become pregnant before the age of eighteen.

Premised on the above, your Committee resolved to undertake a study on teenage pregnancies in the country in order to find possible solutions to this emerging epidemic and to make appropriate recommendations to the Government on possible solutions for curbing the problem.

6.2 Objectives

The objectives of the study were to:

- i) find out what factors have contributed to teenage pregnancies in the Country and the social effects that may be associated with the vice;
- ii) learn the health risk factors and the socio-economic impacts associated with teenage pregnancies;
- iii) establish the challenges (if any) faced in the prevention of teenage pregnancies in the Country;
- iv) ascertain whether there is a policy, legal and programme framework aimed at preventing the vice; and
- v) recommend the way forward in the prevention of teenage pregnancies in Zambia.

6.3 Stakeholders

To assist your Committee to fully appreciate the subject under consideration, the following stakeholders provided both written and oral submissions:

- i) Ministry of Youth and Sport;
- ii) Ministry of Education, Science, Vocational Training and Early Education;
- iii) Ministry of Chiefs and Traditional Affairs;
- iv) Ministry of Gender and Child Development;
- v) Ministry of Community Development, Mother and Child Health;

- vi) Forum for African Women Educationalists of Zambia;
- vii) Young Women's Christian Association;
- viii) Women and Law in Southern Africa;
- ix) Planned Parenthood Association of Zambia;
- x) Youth Vision Zambia;
- xi) Young Women in Action;
- xii) Restless Development;
- xiii) United Nations;
- xiv) Zambia National Union of Teachers;
- xv) Basic Education Teachers Union of Zambia;
- xvi) Council of Churches in Zambia;
- xvii) National Youth Development Council; and
- xviii) Mr R M Sakutaha.

SUMMARY OF SUBMISSIONS FROM STAKEHOLDERS

7. Your Committee was informed that Zambia was a youthful population and according to a report compiled by the Population Reference Bureau, 46% of Zambia's total population was below fifteen years of age, while 67% was below twenty-four years of age. This was an extremely young population with many young people becoming sexually active at an early age. Some studies indicated that some girls and boys had sex as early as the age of twelve. Early sexual debut increased the risk of unplanned pregnancies, unsafe abortions, sexually transmitted infections including HIV.

Your Committee learnt that Zambia was among the countries in Sub-Saharan Africa with the highest rate of teenage pregnancy. Pregnancy among adolescents remained unacceptably high and was deeply rooted in poverty; gender inequality; violence; forced child marriage; power imbalances between girls and their partners; lack of education; and the failure of systems and institutions that otherwise should be protecting their rights. The Zambia Demographic Health Survey (ZDHS) revealed that of the 7,146 women age fifteen to forty-nine that were surveyed nationally, about 28% (2,000) of the women had begun childbearing at age fifteen to nineteen, 22% (1,572) had already given birth to a child, while 6% (429) were pregnant with their first child.

The table below shows teenage pregnancy rates by age, residence and province.

Background Characteristic	%Have begun child bearing
AGE	
15	5.8
16	16.2
17	28.7
18	41.0
19	54.6
RESIDENCE	
Urban	20.4
Rural	35.0
PROVINCE	
Western	43.6
North Western	37.3
Southern	35.9
Luapula	32.1
Eastern	29.7
Central	29.3
Northern	26.6
Lusaka	20.8
Copperbelt	20.1
EDUCATION	
No education	54.3
Primary	32.9
Secondary	20.8

Teenage Pregnancy by Age, Province and Education Level ¹

¹ Zambia Demographic Health Survey 2007

The underlying causes of these pregnancies among adolescents were complex and interwoven and include:

- weaknesses in the coordination of laws that could significantly help to reduce teenage pregnancies if enforced;
- gender inequality and the patriarchal nature of the Zambian society, which had contributed to the growing number of girls that were forced into early marriage;
- the relatively high poverty levels, which forced adolescents into transactional sex for economic survival;
- lack of information and full access to youth friendly reproductive health services; and
- sexual violence.

The key drivers for teenage pregnancy occurred at individual, family, peer and community levels. Teenage pregnancies often had health, economic and social risks for young mothers and their babies, as well as for the wider communities that they lived in.

FACTORS CONTRIBUTING TO THE PREVALENCE OF TEENAGE PREGNANCY IN ZAMBIA

8. Your Committee learnt that teenage pregnancy was caused by interrelated educational, health, economic, social and cultural factors, which provide an unsupportive and unsafe environment for girls. Adolescent pregnancy was often a symptom of powerlessness, poverty, abuse and the result of little or no access to school, employment, quality reproductive information and health care. The vulnerability of adolescent girls to early pregnancy was particularly acute in rural communities. Key factors that contributed to teenage pregnancy include the ones discussed below.

8.1 Early Sexual Debut

Adolescence marks the onset of sexual maturity and young people begin to explore their sexuality at this stage. In most parts of Zambia, young women experienced sexual intercourse for the first time between fifteen and nineteen years. This made the girls vulnerable to pregnancy, especially if they did not have sufficient sex education and were not aware of pregnancy prevention measures.

8.2 Poverty

Poorer families in Zambia experienced higher rates of unintended pregnancies. Poverty had the potential to expose adolescents to high risk behaviours such as prostitution; early and unprotected sex; and substance abuse. It contributed to creating environments for violence; commercial and transactional sex; and sexual

abuse, particularly among the teenagers. The 2009 Zambia Sexual Behaviour Survey noted an increase in the percentage of adolescent females aged fifteen to nineteen who reported exchanging sex for money from 6% in 2005, to 8% in 2009.

According to a 2013 United Nations Population Fund (UNFPA) report, girls living in poverty and in rural areas faced a higher chance of being married at an early age, while girls who did not have access to education were particularly vulnerable. In urban areas on the other hand, teenage pregnancy was exacerbated by high poverty and girls resorted to sleeping with men for material gain.

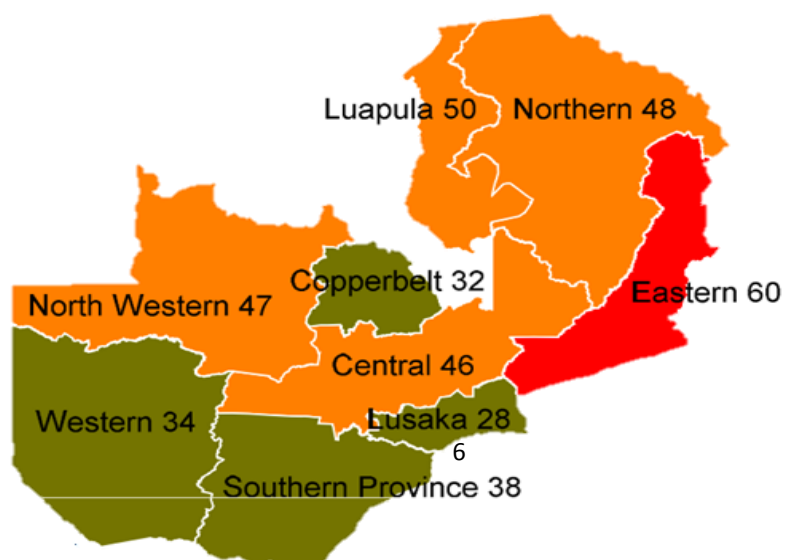
8.3 Child Marriages

Zambia has one of the highest child marriage prevalence rates in the world. On average, two out of five girls would be married before their eighteenth birthday. Child marriage occurs more frequently among girls who were the least educated, poorest and living in rural areas. A UNFPA sub-analysis of the 2007 ZDHS indicates that on average, two out of five girls in Zambia would be married before their eighteenth birthday, representing about 42% of women.

In rural areas and in some parts of the urban areas, traditions could contribute towards teenage pregnancy. Girls were treasured as wealth and once they came of age, parents were willing to marry them off. This was coupled with benefits yielding from dowry payments. As a result, child marriages had become rampant. Additionally, early pregnancy was seen as a blessing because it was proof of a young woman's fertility. A combination of cultural and religious arguments was also used to justify some child marriages. The fear and stigma attached to premarital sex and bearing children outside marriage in religious families and communities were seen as valid reasons for the actions taken by families in marrying off their young children.

Your Committee was informed that in April, 2013, the First Lady, Dr Christine Kaseba, had launched a campaign to end child marriage in Zambia.

The map below shows the teenage pregnancy prevalence rates by province in 2007.



Child Marriage

Prevalence Rates 2007²

8.4 Peer Pressure

Adolescent girls often faced peer pressure from their boyfriends and social networks to engage in sexual intercourse. Early sexual début had become a trend in most societies and adolescent girls were often pressurised into indulging in sexual intercourse because of fear of being stigmatised by their peers.

8.5 Prevalence of Gender Based Violence (GBV)

Adolescent pregnancies resulted from sexual abuse of teenage girls perpetrated by their male partners, family members and other people they might know. Studies had indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy. GBV has a negative bearing on women and girls' socio-economic development because many victims of the physical, psychological, sexual and economic forms of GBV were women and girls. GBV and human rights violations such as rape and defilement of young girls had contributed to rising numbers of unintended pregnancies.

8.6 Socio-cultural Norms and Practices

Certain cultural norms and practices encourage unprotected sex and this remained a key barrier to reduction in teenage pregnancy rates. These include, but are not limited to polygamy, sexual cleansing rites, unprotected sex with minors as traditional treatment for HIV, widow inheritance, initiation ceremonies and treatment for infertility. These practices were also driven by gender disparities. Gender disparities and social norms weigh heavily on girls, denying them opportunities to make choices. In some communities, girls were either seen as an economic burden or valued as capital that was gained from bride price.

8.7 Limited Sexual and Reproductive Health Services

Access to Sexual and Reproductive Health (SRH) and family planning services for young people remained a challenge in Zambia despite them being aware of these services. The environment in which these services were provided sometimes tended to be unfriendly to young people. Family planning programs did not target

² Zambia Demographic Health Survey 2007

adolescents, despite higher health risks associated with teenage pregnancy. In some instances, health providers seemed to be judgemental rather than service oriented, making young people less likely to return to access information and services at the facilities. This had created a negative perception that health providers had a negative attitude towards young people who were sexually active. Furthermore, there was inadequate access to SRH services, especially in rural areas, due to logistical, financial and social barriers including lack of confidentiality and privacy; and distance to service centres. Maternal and child health clinics usually offer family planning services to married women while teenage girls were frowned upon by health providers. On the other hand, health facilities generally face challenges in providing comprehensive services for women and in many cases fail to deal with the complexity of SRH issues among young people.

8.8 Limited Knowledge and Use of Contraceptives

While the 2007 ZDHS reported that general knowledge on SRH may be high, there were still low levels of knowledge on comprehensive and correct contraceptive use and methods. This contributes to high levels of teenage pregnancy, because it leads to youths having unprotected sexual intercourse.

Additionally, there was inconsistent and incorrect use of contraceptives among young people. The Zambian Family Planning Guidelines and Protocols (2006) state that contraception could be provided to anyone under sixteen years of age with parental consent, or with special counselling from the provider.

8.9 Poor Parent and Child Communication on Sexual Matters

In Zambia, there was a lack of open discussion on issues of sexuality between adults and young people. Societal taboos about sex education leaves young people vulnerable to coercion, abuse, exploitation, unintended pregnancy, sexually transmitted infections and HIV.

8.10 Drug and Alcohol Abuse

Use of drugs and alcohol could possibly encourage unintended sexual activity. Often when adolescents were intoxicated, they were vulnerable to impulsive sex and did not to use protection. Young people were twice as likely to have unprotected sex whilst under the influence of alcohol or drugs compared to when they were sober. This often results in the girls becoming pregnant and also exposed them to the risks of sexually transmitted infections and HIV infection.

8.11 Glamorisation of Sex

The media contributes to sex among adolescents by exhibiting sexual materials. In the absence of parental guidance, teens could come into contact with such materials. In movies, the aftermath of sex was seldom shown and as a result, teens saw no adverse effects of sexual indulgence.

8.12 Low Levels of Education

Education and literacy levels have a significant impact on adolescents. Literacy was an important tool for fighting adolescent pregnancy as it presented individuals with the capacity to read materials relevant to the promotion of making informed decisions regarding SRH rights. According to the UN, education and staying in school created awareness; delayed marriage and childbearing; and reduced the fertility rate. A Zambian woman with no formal education had a fertility rate of eight; with one year of secondary school education this halved to four; and then it halved again to two with one year of tertiary education.

8.13 Inadequate Boarding Schools

In some rural areas, distances to day schools were very long. The weekly boarding phenomenon of girls living away from home and renting accommodation near schools, owing to distance, increased their vulnerability and put them at risk of sexual exploitation and abuse.

8.14 Lack of Recreation Facilities and Libraries in Communities

Most parts of Zambia have almost no recreation and library facilities meaning that young people have a lot of idle time and tended to engage in vices that predisposed them to pregnancy.

8.15 Weak and Uncoordinated Policy, Legal and Programme Framework

Incongruence within the legal and policy frameworks increased chances of teenage pregnancies. There was also unsatisfactory and wrong prioritisation in terms of resource allocation, misdirection of resources, and lack of transparency in their utilisation. Further, there was an absence of comprehensive life skills and SRH education programmes.

CONSEQUENCES OF TEENAGE PREGNANCY

9. Your Committee was informed that adolescent pregnancy was a health, development and human rights issue which poses numerous negative risks not only to individuals, but to the entire country. Stakeholders described teenage pregnancy as an emerging epidemic and a time bomb which required urgent solutions in order to diffuse it. Early pregnancy took a toll on a girl's health, education and human rights and prevented her from realising her potential. It was not just mothers and babies that suffered the consequence, adolescent pregnancy

also severely impacted communities. A pregnant teenage girl was one whose rights had been violated and whose future has been forever derailed. Teenage pregnancy results in increased illiteracy levels among women, discrimination, baby dumping, infanticide, higher numbers of street kids and stigmatisation, among others.

9.1 Health Risks

Teenage pregnancy was a health issue and had an impact on fertility and mortality. Pregnancy-related deaths were among the leading cause of mortality in fifteen to nineteen year old girls. An estimated 70,000 adolescents in developing countries died each year from complications during pregnancy and childbirth. The health risks for teenagers included anaemia (low haemoglobin), pre-eclampsia (high blood pressure in pregnancy), pre-term delivery, miscarriages and prolonged labour. Labour in young women could also cause damage to the birth canal and/or rectum, a condition known as obstetric fistula, which could leave the patient disfigured and incontinent. Unsafe abortions were also common among teenage girls and in some cases led to death.

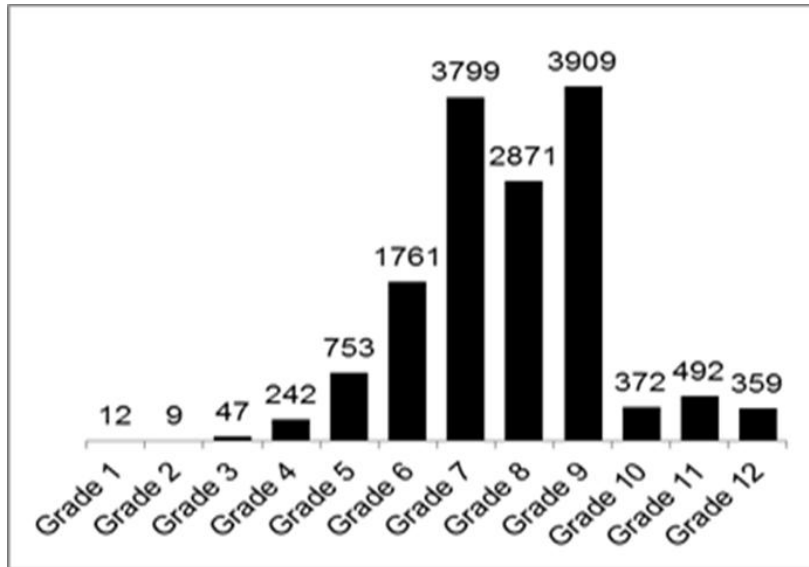
In addition to the above, teenagers were particularly at risk as they usually started antenatal care late due to poor information, denial and social stigma. During pregnancy, teenagers might not gain adequate weight and as a result their children were born with low birth weight and could be pre-mature. This increased the infant mortality rate as such children had immature organs and were prone to infections. If they survived, they were prone to suffer from developmental disorders.

Furthermore, adolescents and youths represented 40% of the new HIV infections in Zambia. The risk of HIV among pregnant teenagers was increased by more than five times when their sexual partners were more than eight years older than them.

9.2 Socio-Economic Risks

Teenage pregnancy perpetuates the cycle of poverty. It negatively impacts a young person's outlook on life in terms of their education and employment opportunities, their families' well-being and their communities' socio-economic prosperity. Some of the socio-economic risks are outlined below.

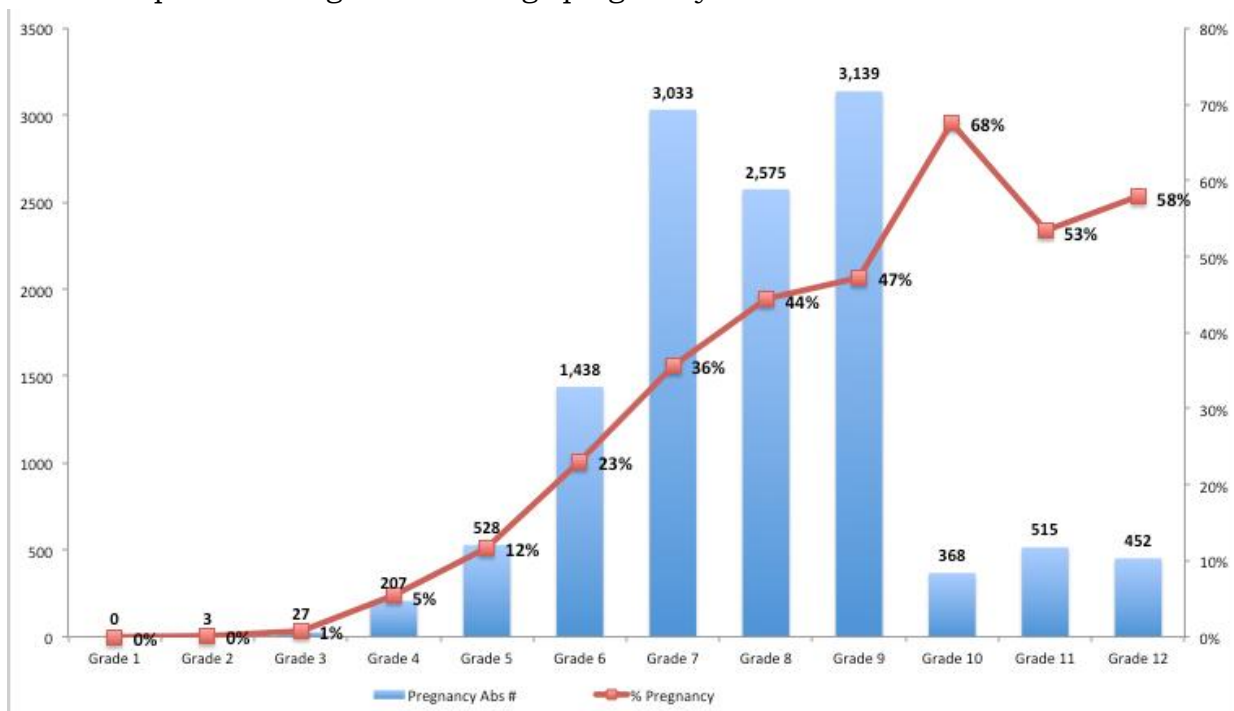
- In terms of education, adolescent pregnancy affected girls in all grades as shown in the figure below.



Teenage Pregnancies From Grade 1-12 2010 ³

- Teenage pregnancy contributed to high rates of school dropouts. Young mothers were often unable to complete their education and hence had limited access to income generating activities. According to the Ministry of Education, Science, Vocational Training and Early Education, 14, 773 and 15, 707 girls dropped out of school due to pregnancy in 2010 and 2011, respectively.

The figure below depicts teenage pregnancy rates and the number of school dropouts arising out of teenage pregnancy in 2011.



³ Zambia Annual School Census 2010

Teenage Pregnancy Rates and Number of Girls That Drop Out School in Grades 1 To 12 ⁴

- As stated earlier, teenage pregnancy perpetuates the cycle of poverty. Teenage mothers were more likely to become dependent on scarce public funds and become trapped in a cycle of poverty as they did not have the economic means to support themselves. Poverty leads to failure to meet basic needs such as nutrition and had significant implications on health, growth, morale and self-esteem.
- Teenage pregnancy has a negative impact on the country as a whole. It leads to a reduction in the future skilled labour force.
- Gender disparities perpetuate teenage pregnancy. Stakeholders submitted that in terms of gender based violence cases, 99% of violators were men while 96% of the victims were women and girl children, especially where sexual violence was concerned.
- Negative perceptions of teenage pregnancy lead to emotional trauma. A girl who fell pregnant may be considered loose or immoral and would be a social outcast with low self-esteem. This could lead to her becoming a bad adult parent later on. Further, young mothers tended to experience strong emotions such as fear of whether to tell their parents or the father to the child; anxiety over making the decision of whether or not to terminate the pregnancy; a sense of guilt arising from engaging in the sexual act; anger; and feelings of worthlessness.

PROGRAMMES AIMED AT COMBATING TEENAGE PREGNANCY

10. Your Committee was informed that there were a number of programmes being implemented by Government, cooperating partners including the United Nations, and Civil Society Organisations to prevent and mitigate the effects of teenage pregnancy in the country.

These programmes include:

- a) a nationwide campaign on safe motherhood, family life and reproductive health;
- b) a national campaign to end child marriage, launched in April, 2013;
- c) incorporation of comprehensive sexuality education in the school curriculum from grade five to twelve, starting in 2014;
- d) existence of an Adolescent Health Strategic Plan (2011-2015);
- e) existence of an eight year Family Planning Scale-up Plan (2012-2020)

⁴ 2011 Annual School Census

- f) expansion of coverage of fistula repairs;
- g) sensitisation campaigns, which included the formation of AIDS action clubs (anti-AIDS clubs) in schools, to sensitise students on HIV prevention methods such as abstinence and condom use;
- h) evening/night school for teenage mothers;
- i) bursaries for children from poor families, as well as some mothers who opted to go back to school; and
- j) establishment of the youth friendly corners in health facilities where the teenagers could access different health services.

POLICY AND LEGAL FRAMEWORK GUIDING THE MANAGEMENT OF TEENAGE PREGNANCY

11. Your Committee learnt that teenage pregnancy was managed by a number of policy documents and pieces of legislation, including the ones outlined below.

- a) The Constitution of the Republic of Zambia;
- b) The *Juvenile's Act* Cap 53;
- c) The *Termination of Pregnancy Act* Cap 304;
- d) The *Anti-Gender-Based Violence Act* No 1 of 2011;
- e) The *Penal Code Act*, Cap 87;
- f) National Population Policy;
- g) National Youth Policy;
- h) National Child Health Policy;
- i) National Reproductive Health Policy;
- j) National Policy on Education;
- k) National Food and Nutrition Policy;
- l) Mental Health Policy;
- m) National HIV/AIDS Policy;
- k) School Re-entry Policy;
- n) a draft Child Protection Policy document, which would contribute to girls' safety; and
- o) an Anti-Gender Based Violence Policy for teachers by the Ministry of Education, Science, Vocational Training and Early Education aimed at addressing the issue of Gender Based Violence by teachers.

With regard to the Re-entry Policy, your Committee was informed that it was introduced in 1997 and has been reviewed severally over time. The Policy has since scored a number of successes, as some girls had gone back to school and successfully completed their secondary school education. On the negative side, a considerable number of girls who fell pregnant had failed to utilise the initiative to their benefit for reasons which include: fear of teasing by friends, lack of financial support; and the need to care for their children. Re-entry rates were lower in rural areas.

Committee's Observations and Recommendations

12. Your Committee makes the observations set out below.
- i) Teenage pregnancy is a grave concern that has not received the attention that it deserves from all concerned stakeholders.
 - ii) Zambia is facing a silent crisis that requires emergency solutions. Teenage pregnancy is an emerging epidemic that affects not only the teenage mother and her baby, but families, communities and the entire country.
 - iii) Sustaining high levels of teenage pregnancy perpetuates poverty, sustains the gender gap, affects overall national development and will translate into the country not meeting the Millennium Development Goals.
 - iv) The Government has put in place a number of policy and programme interventions to manage teenage pregnancy. However, these interventions have failed to yield the desired results.
 - v) Zambia is a youthful nation with 52.5% of the population aged eighteen and below.
 - vi) Poverty is the major cause of teenage pregnancy as it leads to transactional and intergenerational sex, forced and early marriage, among others. Other factors that lead to teenage pregnancy include early sexual debut, gender based violence, socio-cultural beliefs and practices that encourage early marriage, unprotected sex, peer pressure, lack of parental guidance and lack of recreation facilities.
 - vii) Teenage pregnancy affects children from all walks of life regardless of their location, background and social standing. Although these children may face some similar challenges, the consequences might be worse for children in certain situations.
 - viii) Higher rates of pregnancy prevail in areas where there are lower levels of education.
 - ix) Vulnerability of adolescent girls is both a cause and consequence of teenage pregnancy and derails future education and income aspirations. Adolescent pregnancy means an abrupt disruption to education and an end to

childhood.

- x) There appears to be low comprehensive knowledge on correct contraceptive usage and methods, compounded by a lack of availability and access to reproductive health services.
- xi) Government health services are better defined and delivered in urban areas, while inadequate access to clinical facilities and to adolescent friendly health services remains a characteristic of rural areas.
- xii) There is a perception by adolescents that attitudes of health workers towards them are negative when they are seeking family planning services.
- xiii) Zambia has signed two declarations regarding Children's Rights: the United Nations Convention on the Rights of the Child (UNCRC); and the African Charter on the Rights and Welfare of the Child (Children's Charter). Both these instruments state that a child is any person under the age of eighteen years.
- xiv) The Ministry of Gender and Child Development, in collaboration with other Government agencies, conducted an inventory of legislation that had a bearing on the promotion and protection of children's rights which revealed over 124 pieces of legislation.
- xv) There is incongruence in the legal framework between statutory law and customary law as regards the age for marriage. Customary law contradicts statutory law and is in conflict with the UNCRC and the Children's Charter.
- xvi) While there appears to be a wide policy framework to curb teenage pregnancy, the policy framework is plagued by extremely weak enforcement and poor co-ordination among implementing ministries and other stakeholders.
- xvii) Although different quarters of society express varying opinions on the Re-entry Policy, it is a good tool for giving teenage mothers a second chance and providing them with hope for a better future for them and their children.
- xviii) Life skills and comprehensive sex education are key tools for

reducing teenage pregnancy.

- xix) Recreation facilities and extra-curricular activities for young people are almost non-existent in Zambia.

Having made the observations above, your Committee makes the recommendations set out hereunder.

- i) Your Committee strongly urges the Government to scale up existing interventions in order to find lasting solutions, taking into account policy, legislative, demographic, economic, social, cultural, health and educational barriers that hinder progress in drastically reducing the prevalence of teenage pregnancy.
- ii) The Government and all stakeholders should make the right public policy choices and invest resources in the education, health and wellbeing of adolescent girls.
- iii) Interventions and programmes to tackle teenage pregnancy should simultaneously tackle not only the symptoms, but also the root causes so as to effectively address the problem. At the centre of all these interventions is the reduction of poverty rates in the country.
- iv) The Government should carry out comprehensive review of the legislation guiding teenage pregnancy so that it protects the rights of adolescent girls. In addition, as a signatory to the UNCRC, the Government should ensure that there is harmonisation of statutory and customary law as regards the legal age for marriage. In order to enforce this, it should be a mandatory requirement that all marriages are registered.
- v) There is need for strong linkages between Government ministries in addressing teenage pregnancy. There is also need to establish an effective response team to address the problem. A specialised unit should be identified that will coordinate and monitor inter sectoral approaches that address teenage pregnancy. In addition, this unit should create an inventory of organisations involved in addressing the problem and coordinate all stakeholder programmes in order to ensure effectiveness of efforts. It should also ensure that all data that is collected on teenage pregnancy should be properly documented and used to guide policy and programming. The unit should also ensure that existing policies and legal provisions are adequately disseminated.

- vi) In devising solutions to address teenage pregnancy, the Government must not treat children as one homogenous group and therefore, there is need to identify the varying needs of children from different backgrounds such as rural versus urban; or in versus out of school.
- vii) The Government should put in place programmes for massive sensitisation on the problems associated with early sexual debut. The Government should also carry out sensitisation to encourage a culture of health-seeking behaviour to encourage young people to go for regular check-ups where health services are available.
- viii) The Government should ensure strategic and early investments in girls' education. Apart from prioritising girls' education, the Government should sensitise people on the Re-entry Policy in order to correct misconceptions about it. Further, the Re-entry Policy is a Government policy and should not be administered selectively. Therefore, mission schools should be compelled to abide by it. In addition, the Government needs to ensure that the Bursary Scheme is directed to vulnerable children based solely on recommendations from the Department of Social Welfare.
- ix) Infrastructure development is an important aspect of curbing teenage pregnancy and the Government should have a deliberate programme for investing in health centres and boarding schools, especially in rural areas, as part of a programme to curb teenage pregnancy.
- x) The Government should ensure increased access to youth friendly health services by making it mandatory for all health centres to have youth friendly corners. Further, all health centres and schools should provide safe spaces for adolescents, which will give an opportunity for girls to have access to mentors and to share experiences with other girls without feeling intimidated.
- xi) The Government should provide core comprehensive sex education and sexual reproductive health packages to schools and health centres. These packages should be delivered to adolescents in a sensitive, confidential, non-judgemental and non-discriminatory way. These should focus on age appropriate sex education and should be integrated with other issues such as life skills education and the dangers of alcohol and drug abuse.

- xii) The Government should ensure strict adherence to the codes of conduct for education and health professionals so that young people can freely seek their services.
- xiii) The Government should involve communities in promoting environments that provide healthy behaviours and attitudes among young people and should also be involved in understanding the importance of socialisation in shaping the lives of young girls. Young people should be at the centre of driving sex education programmes and should be encouraged to be partners and catalysts of change in their own lives. Further, there is need for intensive behaviour change approaches for both young and old men.
- xiv) The Government should embark on a country-wide provision of recreation facilities and library facilities in communities for adolescents to access.
- xv) The Government should come up with mechanisms for ensuring and enforcing syllabi for cultural and traditional teachings that take into consideration the rights of young girls as opposed to concentrating on sexual teachings. Further, traditional leaders should spearhead the campaign on zero tolerance to child marriage and should encourage their subjects to demystify sex education.
- xvi) The Government should ensure the expansion of coverage of fistula operation centres because young girls with obstetric fistula are usually ostracised from their communities.
- xvii) The Government should ensure that budgetary allocations to programmes for combating teenage pregnancy are increased. In addition, social cash transfer schemes to vulnerable families should be scaled up so as to address poverty and inequality.

PART II TOUR REPORT

LOCAL TOUR REPORT

Visit to Vision of Hope

13. Your Committee undertook a tour to Vision of Hope in Chawama and learnt that it was founded in 2009, by Chitalu Chishimba to bridge the gap between girls who had been displaced and existing facilities and resources in the community. Vision of Hope was a transitional safe home for girls aged eleven to eighteen who were left homeless due to poverty, lack of family support, or abuse in the home. Since its establishment, it had evolved into a transient home that had supported a lot of girls. The home had helped to reunite girls with their families, gain access to family planning and healthcare, and to further their education through both school and skills training. Many of these girls resorted to living on the streets after having no place else to go. The home was open to any girl in crisis, whether she required short or long term shelter. Your Committee was informed that for Vision of Hope, the best place for a child was at home with their family and because of this it tried to reintegrate girls into a supportive home environment whenever possible.

Your Committee learnt that the streets of Lusaka were not an easy place for children to live as they were exposed to drug and substance abuse as a way of dealing with harsh living conditions. Some girls were forced to resort to prostitution and were exposed to HIV/AIDS infections. Vision of Hope provides counselling for physical and sexual abuse, substance addiction and other challenges that the girls face. Psychological support was offered to girls throughout their stay at the home. Your Committee further learnt that girls who had been living on the street were exposed to infections and diseases like tuberculosis and malaria. These conditions required immediate medical consultation and treatment and Vision of Hope tried to ensure that every girl had the access to the clinical care she requires. In addition, the opportunity to go to school was rare for these girls, as most children living on the streets had no access to formal education. This further limited their capacity to secure a life for themselves away from the streets. Vision of Hope provides financing for education and skills training to young girls in crisis that have no access to support systems.

Your Committee was informed that because there were very few organisations serving Vision of Hope's target population, the demand for services outstripped the home's capacity. As a result of this, the home has plans to expand. However, funding was a major challenge, as this came mainly from donors and well-wishers and the funds were used to pay rent, to pay for the girls' education, medical expenses and upkeep. The funds were also used to boost the home's income generating activities which include making crafts and other simple items for sale. While the Department of Social Welfare under the Ministry of Community Development, Mother and Child Health referred girls to Vision of Hope from time to time, the home received no support from the Government.

Visit to Africa Directions

Your Committee toured Africa Directions (AD) in Mtendere and was informed that it was a youth-led, national, non-governmental, non-profit making organisation that

was established in 2000. Apart from Mtendere, AD also had centres in Chilenje and Mansa.

AD's mission was to build the capacity, skills, and confidence of Zambian youths so they could make informed decisions about their lives. The organisation also worked to change negative peer pressure into positive peer education. AD's vision was to have a Zambia free from HIV/AIDS where even deprived urban youths had the knowledge and motivation to make a positive contribution to their families and communities.

Every day over 500 youths aged eight to twenty-five years visited AD's community centres, accessing a wide range of services including sports; peer education; drama; sexual reproductive health services and information; voluntary counselling and testing; legal advice; life skills training and there was also a host of other clubs and recreation activities aimed to build the capacity, skills and confidence of young people. Your Committee learnt that the Mtendere centre receives 150 people a month for VCT, 520 people for family planning programmes and over 2,200 people a month for other programmes. Most young people who visit AD were from disadvantaged homes, have been forced to drop out of school due to lack of money or support and were left to loiter in the streets. Girls were especially at risk due to a host of cultural and social issues that left them out of receiving vital information needed to equip them to make decisions about their life.

AD offers an encouraging environment to inspire and instil behavioural change in youths. Information was given on a range of life skills within a fun and conducive environment. Theatre, games, and other forms of positive recreation were used to educate and encourage children and the youth, contributing to their positive mental, psychosocial, and physical development. AD provides equal opportunities for both girls and boys by mainstreaming sexual reproductive health and gender issues in all programs and activities.

Young people who live within the community were trained to run each centre. They were mentored into positions as peer educators to give them the skills and knowledge necessary for future employment. Whenever possible, AD source for employment and/or income generating activities for the youth so that they could pay school fees and reduce their burden.

Over the years, AD has evolved in line with the needs and desires of the youth within the communities it serves. AD's success in reaching out and gaining the trust and affections of so many youths was largely due to consistent consultations and engagement of the youth in strategic development and assessment of programs. While the initial emphasis was on HIV/AIDS prevention and SRH awareness through theatre for community action, AD has evolved to incorporate gender issues, life skills, and more recreation and sports facilities to attract a wider demographic and to address the social, economic, and cultural issues that hinder behavioural change.

AD actively works to form partnerships with other organisations to collaborate and learn best practices, as well as to link people in the community to existing services. Many young people who have graduated from AD programmes have been able to break the bondage of poverty, contribute to their communities, and fulfil personal goals they would not have dreamed of have they not been influenced by the programs they were exposed to at AD.

The organisation receives financial and programme support from a number of international organisations. However, funding was still a big challenge and the organisation did not have sufficient resources to meet all its needs.

Committee's Observations and Recommendations

14. Your Committee observes the important role that Non-Governmental Organisations such as Vision of Hope, Africa Directions and others play in providing needed services to vulnerable children. Your Committee wishes to state that such organisations deserve commendation as they are standing in the gap for the Government and providing services that the state is unable to provide.

Your Committee observes that Vision of Hope and Africa Directions are already well established institutions that are providing essential services in the communities where they exist. However, they are constrained in their operations due to inadequate funding. While your Committee understands that civil society exists to supplement Government efforts, it finds it unacceptable that these organisations are taking the lead in providing solutions to the challenges faced by vulnerable children in general and pregnant teenagers in particular, with almost no support from the Government.

Your Committee notes the importance of the Ministry of Community Development, Mother and Child Health through the Department of Social Welfare and other Government ministries and departments in collaborating with Non-Governmental Organisations to curb teenage pregnancy. Your Committee also notes that the Department is not collaborating with these organisations as it should, because of resource constraints.

Arising from the observations above, your Committee recommends that:

- i) the Government should identify all organisations that are helping to address the problem of teenage pregnancy and find ways of giving them support through consistent grants;
- ii) the Government should step up its collaboration with such organisations if the fight against teenage pregnancy is to be won;
- iii) the Ministry of Community Development, Mother and Child Health; Ministry of Gender and Child Development; and Ministry of Youth and Sport, in

collaboration with other Government ministries should take the lead in driving programmes aimed at addressing issues related to teenage pregnancy as opposed to leaving it up to civil society;

- iv) the Government must begin to see the importance of increasing budgetary allocations to ministries that deal with the social aspects of the country's development because if the Government does not begin to realise the importance of pro poor budgeting, the fight against teenage pregnancy will not be won.

FOREIGN TOUR REPORT

15. Your Committee undertook a foreign tour to Uganda to share experiences on the issue of teenage pregnancy and to learn what measures that Country has put in place to address the problem.

Your Committee held meetings with a number of committees and forums of the Parliament of Uganda and also had an opportunity to visit a number of organisations that were providing a variety of services to young people who fell victim to teenage pregnancy.

At the Parliament of Uganda, your Committee interacted with the following:

- Committee of Gender, Labour and Social Development;
- Committee of Education and Sports;
- Youth Members of Parliament;
- Uganda Women Parliamentary Association; and
- Parliamentary Youth Forum.

Your Committee also paid a courtesy call on the Right Honourable Deputy Speaker of the Parliament of Uganda, Honourable Jacob Oulanya.

Through its interactions at the Parliament of Uganda, your Committee learnt that Uganda has a population of 34.5 million people. Statistics show that the Country has the world's youngest population with over 78% of its population below the age of thirty. Although Uganda was making strides economically, it faces significant challenges in meeting young people's needs and challenges as the population continued to grow at a rate of 3.2% annually. Uganda has the highest rate of teenage pregnancy in Sub-Saharan Africa and this was a worrying issue for the Government of Uganda.

Your Committee was informed that Uganda's maternal mortality rate stood at 438 per 100,000 live births. Teenage pregnancy was one of the factors contributing to Uganda's high maternal deaths and without addressing the problem, the Country would not achieve the Millennium Development Goal to

reduce maternal deaths to 131 per 100,000 live births by 2015. Your Committee was further informed that of the estimated 297,000 unsafe abortions that occurred every year in the Country, nearly 140,000 were among girls between the age of fifteen and twenty-four.

With regard to the policy and legal framework guiding the management of teenage pregnancy, your Committee was informed that Uganda has shown its commitment to the welfare of young people through adoption and implementation of both national and international policy and legal instruments that concerned children. There were various policies designed to delay and protect young women from becoming pregnant during adolescence. These policies set definite targets and were aimed at protecting young girls from unplanned pregnancies. Specifically, the policies were targeted at reducing maternal mortality, infant and child mortality and increasing life expectancy. Through relevant policies and laws, the Government of Uganda recognised and emphasised the importance of addressing adolescent sexual and reproductive health by keeping children and adolescents in school; improving their sexual and reproductive health; and increasing contraceptive use and levels of service delivery by trained health personnel.

Two key legal instruments in this regard were the Constitution of the Republic of Uganda (1995) and the *Children's Act* (2003). Other legal and policy instruments include, but are not limited to the ones outlined below.

- i) National Council for Children Statute;
- ii) *National Youth Council Act*;
- iii) *Penal Code Act*;
- iv) *Defilement Act*;
- v) *Local Governments Act*;
- vi) *Succession Act*;
- vii) National Orphans and Other Vulnerable Children Policy;
- viii) National Health Policy;
- ix) National Adolescent Health Policy;
- x) National Policy on Young People and HIV/AIDS;
- xi) Sexual Reproductive Health Minimum Package;
- xii) Minimum Age of Sexual Consent Policy (set at eighteen years of age);
- xiii) Universal Primary Education Policy;
- xiv) Universal Secondary Education Policy;
- xv) Affirmative Action Policy;
- xvi) National Population Policy;
- xvii) National Gender Policy;
- xviii) Draft Reproductive Health Policy;
- xix) Sexual and Reproductive Health Minimum Package; and
- xx) National AIDS Control Policy.

Your Committee was informed that the alarming rates of teenage pregnancies

in Uganda were becoming a major cause for worry and a possible threat to national development. The costs related to teenage pregnancy were immense. The problem of teenage pregnancy was evidently sustained by a host of issues and there was no magic bullet when it came to responding to the problem. Some factors that contributed to the rise in teenage pregnancy rates included, *inter alia*:

- i) high rates of poverty;
- ii) high rates of child sexual abuse;
- iii) various myths surrounding the usage of contraceptives;
- iv) poor access to correct information and youth friendly health services for young people;
- v) negative cultural practices such as early marriages and female genital mutilation;
- vi) societal attachment to conservative beliefs regarding the roles of women in society; and
- vii) lack of knowledge among various stakeholders on their individual roles and responsibilities in addressing the problem coupled with lack of full and proper implementation of policies.

Your Committee learnt that the Ugandan Parliament through its various committees and caucuses was involved in a number of activities aimed at combatting the problem of teenage pregnancy. Parliamentarians, played vital roles through passing child-focused and child-friendly legislation, ensuring budgets were child-friendly and providing effective oversight in the functioning of all the branches of Government.

For example, the Parliamentary Youth Forum engaged in various campaigns aimed at reducing teenage pregnancy. The Forum, in collaboration with the Parliamentary Forum for Food Security, Population and Development, conducted fact finding visits to different districts that had high teenage prevalence rates.

Your Committee was informed that culture played an important role in addressing teenage pregnancy and positive cultural teachings could be used to educate young people. For example, the Queen of the Buganda Kingdom conducts teaching sessions known as *kisakate* during school holidays for young school girls and boys. The sessions include lessons in good cultural practices, sex education, good manners, behaviour skills and other positive aspects of life.

Your Committee was further informed that although Uganda has failed to enforce a policy that allowed teenage mothers to go back to school after delivering, the Country has the Universal Primary Education and Universal Secondary Education Policies which provide free education for all children in primary and secondary school. As a way to provide correct information to girls in schools, each school was assigned a senior female teacher who also acted

as a mentor and counsellor to help girls handle various problems that they may encounter. Uganda also has an Affirmative Action Policy which was aimed at providing opportunities for girls to pursue higher education and to get employment.

Visit to Naguru Teenage Information and Health Centre

Your Committee toured Naguru Teenage Information and Health Centre (NTIHC) and was informed that it was the pioneer program in providing youth-friendly adolescent sexual reproductive health services in Uganda. The program was initiated in November, 1994. The Swedish International Development Cooperation Agency (SIDA) initiated its financial support in 2000 and was still the largest donor which funds two thirds of the Centre's budget.

NTIHC started as a voluntary activity, but transformed into a community based organisation and its target was young people in the age group of ten to twenty-four years. The purpose of establishing this program was to increase awareness; promote adoption of safe adolescent sexual and reproductive health behaviour and practices; and advocate for Adolescent Sexual and Reproductive Health Rights (ASRHR). Being the first of its kind in the Country, this programme has become a model and was considered among the best programmes in the region. NTIHC's mission was to advocate and promote access to quality adolescent sexual and reproductive health services and information to young people.

The main activities at NTIHC include medical services; counselling services; HIV counselling and testing; antenatal and postnatal services; a toll free help line; a teen and parental radio program; as well as outreach programmes to places where youths gathered, such as churches and markets. Your Committee was informed that although there were a number of youth corners at clinics around the country, they hardly matched NTIHC as there was nowhere else in Uganda where young people were warmly welcomed and given the help they needed.

Your Committee learnt that NTIHC realised that attitudes to sexuality were formed early during adolescence when many young people were faced with conflicting and confusing messages about sexuality and gender. This was often made worse by embarrassment, silence and disapproval of open discussion on sexual matters by adults at the very time when it was most needed. Few young people receive adequate preparation for their sexual lives leaving them potentially vulnerable to coercion, abuse, unintended pregnancy, STIs and HIV. Therefore, apart from providing youth-friendly services, NTIHC was a safe space where young people could be empowered and could receive quality SRH related information, guidance and services. Family planning counselling and methods were available at the centre, while pregnancy tests were performed and pre- and post-delivery examinations and counselling were given. NHITC could not advise on abortion, as this was illegal in Uganda. However, the centre provides pre and post-abortion counselling and support, which was seldom offered at a regular clinic.

Your Committee was informed that over 200 teenagers visit NTIHC daily seeking various services. Although the facility employs over thirty health workers, they were usually overwhelmed and were not enough to adequately attend to the queries of the young people who visit the facility daily.

Your Committee learnt that the clinic was controversial when it first opened because many parents thought it was encouraging the youth to engage in sex. However, many people have now begun to see the work of the centre as an asset. Parents would sometimes visit the centre with their children, while organisations and schools invite the centre to give information and hold discussions at the schools or organisations.

Visit to Straight Talk Foundation

Your Committee toured Straight Talk Foundation (STF), a Ugandan civil society organisation that reaches out to young people and adults through multiple channels to help them tell their own stories and re-script their lives. Founded in 1997, with support from the United Nations Children's Fund (UNICEF), Straight Talk Foundation uses a multifaceted communication for social change model that include radio, print, and face-to-face programming. It targets adolescents aged ten to nineteen years old including in and out of school; married and unmarried; and male and female. By 2014, STF was producing five newspapers, has radio shows in seventeen languages, runs four youth centres and conduct a large range of outreach programmes. The aim of the Foundation is to influence adolescents to delay sex or practice safer sex if sexually active. The Foundation's strategy is to talk directly to adolescents, but also to help influential adults talk to them about safe behaviour.

Your Committee was informed that STF is a key supplier of literacy materials countrywide and is the main source of behaviour change communication materials for adolescents. In addition, it is a resource for Government ministries, civil society organisations and other agencies involved in communication for social and behaviour change. STF materials are the main and often only source of affirming, values-based and scientifically-accurate knowledge on HIV, sexuality and growing up in most Ugandan communities. STF approaches issues of adolescence and sexual health on a peer-to-peer level. The aim of both the newspapers and radio programmes are to demystify the body and break down big issues, such as early marriage, rape, HIV/AIDS and defilement, into manageable and understandable messages for children.

Your Committee learnt that the Straight Talk program is perhaps one of the most successful on-going media efforts to bring information about sexual and reproductive health to youth in Africa. STF is widely recognised for grounding its programs in what young people want and stress delaying sex, child rights, life skills, and staying in school. It is the first organisation in Uganda to carry out public sex education through the media. Consequently, its activities are popular

with young people as they are innovative, widespread in reach, and have endured over time.

Your Committee was informed that STF was an organisation passionately devoted to African mother tongue languages and was proud to be a voice for adolescents and adults, carrying out comprehensive sex education through the media. Initially, out-of-school adolescents could not access Straight Talk, either because they could not find a copy, read English, or read at all. To reach out-of-school adolescents, STF began working in radio. The English version of the Straight Talk Radio Show started in 1999 and from 2000 onwards, broadcasts in various local languages were introduced. STF also began to produce newspapers for the literate, but non-English reading adolescents in local languages. All content, both on radio and in print, is written by young people and is carefully tailored to them. Both the radio shows and newspapers feature the voices and real-life stories of ordinary Ugandan children and teenagers.

Your Committee was informed that one of STF's biggest challenges was breaking down the enormous wall of misconceptions around sexual health and adolescence among young people in rural Uganda. Some of the common beliefs, such as that growing breasts meant a girl was ready for marriage or that pimples meant an overload of hormones leading to sexual promiscuity, could have serious repercussions on the lives of young people. STF was working to break down such myths and get adolescents to think critically about their lives, to re-script their futures in a way to live through choice and not pressure. While STF appreciates the place of culture in any society, it was alive to the fact that certain cultures are not progressive and needed to be checked. Another major challenge was weak implementation of the law in cases of rape, defilement, early marriage and other sexually related crimes. A lot of cases involving such crimes were reported and then withdrawn before prosecution due to corruption.

Visit to Wakisa Ministries

Your Committee visited Wakisa Ministries, a pregnancy crisis Centre which caters for teenagers with unwanted pregnancies who have nowhere else to turn to. The Centre was also an information and counselling facility for girls with unwanted pregnancies and their families. Christian counselling was offered to those girls who have been abandoned rejected or abused.

Your Committee was informed that Wakisa was born out of Mrs Vivian Kityo's vision and passion for young women with unwanted pregnancies and has grown to embrace a number of such girls who were traumatised, confused and rejected owing to their condition. Wakisa Ministries was founded in August, 2005, to deliver care through the establishment of a crisis pregnancy centre within the suburbs of the Kampala to help girls with unplanned pregnancies from all regions of Uganda and to provide support services and equip girls with life skills. The primary focus is the physical, emotional, social and spiritual health of the young mothers and their babies. The centre receives all its funding from private donors, including

friends and well-wishers, mostly from overseas and was constantly in need of assistance for feeding, training, antenatal and postnatal care, hospital fees and school fees for the girls.

Your Committee was also informed that the Centre has a twenty-five bed hostel where pregnant girls live until they deliver. The new mothers are kept until their babies are two weeks old after which the Centre helps to either reintegrate them into their families, or assist to find the best possible future solutions for them and their babies. The Centre only offers temporary shelter and while at Wakisa, girls are given trauma counselling and trained in vocational skills such as cookery classes, candle making, handcrafting, making paper bead necklaces, urban agriculture, knitting and tailoring. The girls were also educated on health issues, infant care and breastfeeding. They are taught English and science for primary school and have regular bible study sessions.

Wakisa was constructing a new wing which would include a new dormitory, a proper dining room and well-furnished rooms where classes would be conducted as opposed to the prevailing situation where training and dining activities were conducted in a multi-purpose tent. This was in line with the centre's vision to expand care to fifty girls, rather than the available capacity of twenty-five. The new facilities would also allow Wakisa to run training courses for other girls who had dropped out of school and had their babies, but could not return to school.

Your Committee also learnt that a number of the girls that had passed through Wakisa were successfully reintegrated into their families and went on to lead normal lives. However, other girls had nowhere to turn to and Wakisa was always looking for well-wishers to support these girls or their babies. Some of the girls have fallen into the pregnancy trap again, while others proved to be real success stories and have gone on to attain tertiary education.

Visit to Rahab Uganda

Your Committee visited Rahab Uganda, a Christian non-profit organisation founded in 2005, to address the problem of sexually exploited children. The main goal of this project was to prevent sexual exploitation of children in Kampala. Your Committee was informed that the primary beneficiaries of Rahab were girls aged nine to twenty-five years affected by sexual exploitation and the direct beneficiaries include girls living independently in slums, lodges and brothels. Apart from the drop-in centre your Committee visited, Rahab Uganda also manage King's Daughters' Home which offers accommodation for girls aged nine to eighteen years, who need a safe haven as they underwent rehabilitation. The hope was to resettle the rehabilitated girls into their communities after equipping them with the necessary skills.

Your Committee was informed that the journey of Rahab Uganda started with a young girl who was trapped inside a car in which she was traveling with unidentified men. The girl was thrown onto the roadside, with bruises all over her

body. Some kind women heard her cry, took her to hospital, paid her bills and offered her counsel, love and comfort. This led to a project that would later save girls that had been trapped in sexual exploitation. The aim was to keep young girls away from sexual exploitation and prostitution by sensitising them on the associated dangers such as drug abuse, teenage pregnancy, STIs and HIV. Girls were given psychosocial support and also encouraged to pursue formal education. Girls who did not pursue formal education were trained in vocational skills.

Your Committee learnt that behavioural change in most girls was very slow and they would often time go back to their lives in brothels. However, Rahab Uganda would continue its work of reaching more girls; providing rehabilitation programs that focus on educating them on the dangers of high risk sexual behaviour; and providing formal and vocational training, counselling, business skills, and life skills. The organisation boasts of a number of successes including:

- having a number of girls in primary school, secondary school and university, while others were either attending or had graduated from vocational training school;
- academic excellence and talent development;
- nurturing girls into confident individuals with several of them taking up leadership positions in their schools;
- forging several partnerships with other organisations and individual members of society;
- successfully resettling some of the girls;
- former Rahab girls were working with similar target groups in other organisations; and
- some girls were gainfully employed with one of them sponsoring another girl's education.

Committee's Observations and Recommendations

16. Your Committee observes that teenage pregnancy is a big problem in Uganda and that country has put in a number of legal and policy interventions to combat the problem. However, enforcement of these provisions is poor and there is, therefore, need for more concerted efforts among various stakeholders in order for Uganda to be able to win the fight against the growing epidemic.

Your Committee observes the importance of the services that are provided by Naguru Teenage Information and Health Centre and urges the Government to find a way of replicating the centre in Zambia and rolling out such centres in every district.

Your Committee observes that protecting young girls from falling prey to teenage pregnancy is a process that begins from the day a girl is born.

Your Committee recommends that the Government should ensure that there are adequate policy and legal interventions to protect girls from the first day of their lives, which should include:

- i) ensuring that a woman has good maternal health services in which to deliver her child;
- ii) ensuring adequate post natal care;
- iii) having in place a good nutrition policy so that the child is adequately fed so as to avoid stunted growth which leads to poor learning abilities and motor skills in later life;
- iv) a good education policy so that a girl can go to school and be able to make informed choices about her life;
- v) a good health policy;
- vi) a comprehensive sex education policy;
- vii) a comprehensive policy on delivering information on sexual reproductive health rights;
- viii) strong policies on gender, including on gender based violence;
- ix) strong policies on the rights of children;
- x) strong policies on life skills training;
- xi) a affirmative action policy;
- xii) a good employment policy; and
- xiii) strong legal provisions to protect young girls against abuse of any kind, among others.

Your Committee further recommends that the Government should ensure that policies are not formulated in isolation of each other, but rather should be coordinated and interlinked in order to help young people to grow up into productive citizens.

PART III

CONSIDERATION OF THE ACTION-TAKEN REPORT

17. Consideration of the Action-Taken Report on the Report of the Committee for the Second Session of the Eleventh National Assembly

Zambia's Preparedness for International Sports Competitions

17.1 Your previous Committee had observed that there was need to provide adequate funding towards sport as it was a component of any meaningful development programme. The lack of funding to sports had adversely impacted the development of sport in the Country.

Your previous Committee had recommended that the proposed establishment of the Sports Development Fund be expedited so that programmes aimed at supporting sports programmes such as talent identification and establishment of various sports infrastructure in the Country could be achieved.

In response, the Executive stated that attempts to establish the Sports Trust Deed started in 1998. However, there had been no follow up until 2011. Taking into consideration the importance of Sports Development Trust Deed which had

been renamed as the Sports Development Fund, the Ministry called for a stakeholders meeting in September, 2011, during which it was resolved that a committee be established. The Committee had several meetings to document what was required for the Sports Development Fund. In 2012, the work of the Committee had to stall temporarily due to time consuming preparation for the Supreme Council for Sports in Africa Zone VI Games which were held in December, 2012 and preparatory activities and hosting of the Council of Southern Africa Football Association in July, 2013. The Ministry was in the process of re-establishing the committee and planned to launch the Sport Development Fund by December, 2014.

Committee's Observation and Recommendation

Your Committee will await a progress report indicating what challenges the Ministry is facing as regards establishing the Fund. Your Committee requests for a roadmap on the launch of the Fund.

Creation of a National Anti- Doping Agency

17.2 Your previous Committee noted that the stakeholders' observation that age cheating and taking of performance enhancing drugs by some athletes in the country was one of the reasons for the Country's poor performance in international competitions. Your previous Committee had recommended that the Government should purchase doping test equipment and equipment for determining correct ages for the athletes so as to curb the poor performance arising from age cheating and abuse of drugs.

The Government, in its response, stated that it was in the process of forming the National Anti-Doping Organisation and constructing a laboratory to address the issues raised by your Committee. Further, it was working closely with World Anti-Doping Agency (WADA) and the Regional Anti-Doping Organisation and as such had trained two doctors in doping issues.

Committee's Observation and Recommendation

Your Committee will await a progress report on the creation of the National Anti-Doping Organisation.

18. Local Tour Report

Sinking of Boreholes at Levy Mwanawasa Stadium

18.1. Your previous Committee had observed that the supply of water to the Levy Mwananwasa Stadium by the Kafubu Water and Sewerage Company was not only expensive, but also affecting the general maintenance of the facility considering the erratic supply of water. Your previous had Committee recommended that, as a matter of urgency, the Government should sink boreholes

at the facility in order to secure adequate and affordable supply of water to the stadium.

In its response, the Executive explained that the Ministry of Youth and Sport was planning to sink two boreholes by the end of the year as recommended by the Stadium management. This would greatly improve the supply of water to the Stadium and reduce on the cost incurred from the supply of piped water from Kafubu Water and Sewerage Company.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the sinking of the boreholes.

Lack of Facilities for Indoor Sports at Levy Mwanawasa Stadium

18.2. Your previous Committee had observed that the lack of facilities for indoor sports such as basketball, volleyball, badminton, among others, at the Stadium was impeding the full utilisation of the facility. Your previous Committee had recommended that the Government should support the management's intention to build facilities for other sports in view of the lack of the much needed facilities for other minor sports in the Country.

In its response, the Government welcomed the idea of establishing indoor sports facilities at the stadium to maximise the usage of the facility. The Stadium management would be fully supported by the Ministry of Youth and Sport.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the matter.

National Authority Stadia Bill

18.3. Your previous Committee had recommended that the Government should establish a legal framework to regulate the running of the Levy Mwanawasa Stadium so as to make it commercially driven in an effort to complement the meagre financial monthly allocation from the Government.

The Executive responded that the National Authority Stadia Bill which would look into the legal framework of regulating the running of all stadia in Zambia had been submitted to Cabinet for consideration.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the National Authority Stadia Bill.

Security Control Room at Levy Mwanawasa Stadium

18.4. Your previous Committee had observed that the security control room was only operational during the day due to the fact that the equipment could not capture images at night, hence posing a threat to the security of the Stadium. Your

previous Committee had recommended that the Government should ensure that the security control room at the facility was upgraded to capture images both during the day and at night for security purposes.

The Government took note of your previous Committee's recommendation and explained that the Ministry of Youth and Sport had engaged Ministry of Transport, Works, Supply and Communications; and Ministry of Home Affairs over the security situation at the Levy Mwanawasa Stadium.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Installation of Ticketing System

18.5. Your previous Committee had observed that the absence of a ticketing system at the Stadium had affected accountability whenever matches were hosted and recommended that the Government should install ticketing checking equipment in order to maximise the sale of tickets at the Stadium as this would enhance income generation at the facility and foster accountability.

The Government in its response, took note of the recommendation and explained that Ministry of Youth and Sport would install ticketing machines at all major stadia and sports facilities.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of the New Lusaka Stadium

18.6. Your previous Committee had observed that the erratic water supply at the on-going construction of the Lusaka Stadium would not only affect the completion date for the project, but also hamper the general maintenance of the facility once completed. Your previous Committee had recommended that the Government should ensure that boreholes were sunk at the stadium in order to enhance the timely completion of the construction and for general use at the facility once completed.

The Government responded that the Ministry of Youth and Sport would urgently sink the boreholes at the stadium to improve water supply to the facility.

Committee's Observation and Recommendation

Your Committee requests a progress report on whether or not the boreholes had been sunk.

Tour of Konkola Stadium

18.7. Your previous Committee had observed that the road leading to

Konkola Stadium was in a deplorable state. Your previous Committee had further observed that the lack of adequate parking space at the stadium was a source of concern especially during international matches and had recommended that the Government, in partnership with Konkola Copper Mines, should allocate resources for the rehabilitation of the road leading to the Konkola Stadium and should create adequate parking space at the Konkola Stadium.

The Government took note of the recommendation and informed your Committee that Konkola Copper Mines had been engaged as regards the rehabilitation of the road leading to the stadium and the expansion of the car park.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Completion of Works at Maramba Stadium

18.8. Your previous Committee had observed that the works being undertaken at the Maramba Stadium were not impressive. The amount of money spent on the pitch and borehole was too exorbitant compared with the work done on the ground. Your previous Committee had strongly recommended that the Government should enhance monitoring mechanisms to ensure that works at Maramba Stadium were completed before August, 2013, in view of the United Nations World Tourism Organisation Conference which would take place in Livingstone.

In response, the Government informed your Committee that the contractor, China Jiangxsu had been contracted to carry out the renovation works at Maramba Stadium. The contractor moved to the site on Wednesday, 31st July, 2013 and had since begun the preliminary preparatory works for the task as per contract specifications. However, the rehabilitation works would be completed latest by 15th October, 2013, because the process of procuring the contractor took long.

Committee's Observation and Recommendation

Your Committee requests a progress report on the completion of the rehabilitation works.

Use of K150,000 at Maramba Stadium

18.9 Your previous Committee had recommended that, as a matter of urgency, the Government should probe how the K150,000 that was released for initial works on the pitch and sinking of the borehole at Maramba Stadium was utilised, following the shoddy works observed at the Stadium.

The Government took note of your previous Committee's recommendation and stated that it had requested for a comprehensive report from the Provincial Administration on the utilisation of the K150, 000 released for the initial works on the pitch and the sinking of the borehole at Maramba Stadium. The report

had since been received and the Ministry of Youth and Sport was critically studying it for possible action.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of Encroached FAZ Land

18.10. Your previous Committee had observed that the encroachment of the Football Association of Zambia Technical Centre land behind Olympic Youth Development Centre had made the country miss the opportunity of benefitting from the Federation of International Football Association Goal 3 Project which would have resulted in the establishment of football pitches.

Your previous Committee had recommended that the Government should demolish all the structures erected on the Football Association of Zambia land to enable the implementation of the Federation of International Football Association Goal 3 Project and discourage illegality so as to promote sports development in the country.

The Government took note of your previous Committee's observation and recommendation and stated that the Ministry of Youth and Sport had written to the Ministry of Local Government and Housing on considering demolishing the structures that had been illegally built.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of Kitwe Playing Fields (KPF)

18.11. Your previous Committee had observed that the rift between the Kitwe City Council and some former residents who owned the Kitwe Playing Fields had jeopardised prospects of any renovations to be undertaken on the facility as both parties claimed ownership. Your previous Committee had recommended that the Government should intervene as a matter of urgency and help resolve the matter of ownership of Kitwe Playing Fields. Your previous Committee had strongly recommended that the Government should take over the running of the facility in order to transform it into a multi-facility sports complex like the Olympic Youth Development Centre for the enhancement of sports development in the country.

The Executive, in its response, informed your Committee that the ownership of the facility was not known until the matter was determined in the courts of law.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of the Olympic Youth Development Centre (OYDC)

18.12. Your previous Committee had taken note of the efforts being made by the Olympic Youth Development Centre management to maintain the facility considering the high maintenance costs. Your previous Committee had observed that the inadequate water supply being experienced at the Olympic Youth Development Centre could have a negative effect on the pitches that needed constant water supply and had recommended that the Government should allocate funding to the Olympic Youth Development Centre for sinking of boreholes for the facility to have constant water supply.

The Government, in its response, informed your Committee that during the Supreme Council for Sports in Africa Zone VII Games, three boreholes were sunk at Olympic Youth Development Centre to improve the water supply to the institution. However, the water table at Olympic Youth Development Centre was very low. In this regard the Ministry of Youth and Sport would further engage Lusaka Water and Sewerage Company to tap water from National Heroes Stadium to Olympic Youth Development Centre.

Committee’s Observation and Recommendation

Your Committee requests a progress report on whether the water situation has been rectified.

Ownership of National Sports Development Centre (NASDEC) Land

18.13. Your previous Committee had observed that the continued renting of land by the National Sports Council of Zambia from the Show Society of Zambia was a serious drawback considering the monthly bills the Council accrued against the funding it received from the Government. Your previous Committee had recommended that the Government should engage the Show Society of Zambia in order to transfer the land to the National Sports Council of Zambia in an effort to stop the continued renting of the land by the National Sports Council of Zambia.

In response, your Committee was informed that the Government through, the Ministry of Youth and Sport, had taken note of your previous Committee's observation and had engaged the Show Society with a possibility of annexing the piece of land where National Sports Council of Zambia was sitting in order to stop the continued renting of land by the National Sports Council of Zambia.

Committee’s Observation and Recommendation

Your Committee requests a progress report on the matter.

Tennis Courts at NASDEC

18.14. Your previous Committee had observed that the cracking tennis courts at National Sports Development Centre within a short period was a source of great concern as a lot of money had been spent by the Government to rehabilitate the courts. Your previous Committee had recommended that the Government

should ensure, as a matter of urgency, that the contractor who worked on the tennis courts should correct the defects so as to facilitate the full utilisation of the facility.

The Government took note of your previous Committee's observation and recommendation and responded that it had already engaged the contractor who worked on the tennis courts through Ministry of Works, Supply, Transport and Communications to revisit the works and correct the defects on the courts to facilitate full utilisation of the facility.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of Hillcrest Secondary School

18.15. Your previous Committee had observed that the delay to commence renovations at Hillcrest Secondary School despite resources being allocated in the 2013 Budget was a source of concern and recommended that the Government should ensure that renovations of the swimming pool at Hillcrest Secondary School commenced as soon as possible.

The Government in its response informed your Committee that it had already engaged Ministry of Works, Supply, Transport and Communications who were looking for specialised expertise to come up with the bills of quantities.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Tour of Chibuluma, Nchanga and Roan Golf Clubs

18.16. Your previous Committee had observed that the continued encroachment that had characterised golf courses around the country was a serious source of concern and recommended that the Government should facilitate the issuance of certificates of title to all golf clubs and courses in the country in order to protect the golf courses from further encroachments.

The Government responded that through the Ministry of Lands, Natural Resources and Environmental Protection, it had written to all councils across the country to request them to prepare layout plans for all golf courses. The approved layout plans would be used to undertake surveys and the subsequent issuance of certificates of title for land for golf courses to protect the said land from encroachment.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

19. Consideration of the Action-Taken Report on the Report of Your Committee for the First Session of the Eleventh National Assembly

Youth Development Bank

19.1 Your previous Committee had taken note of the response from the Government and requested for a progress report on the establishment of the Youth Development Bank.

The Government in its response informed your Committee that it had developed a concept note on the development of the Youth Development Bank. Consultations with the relevant stakeholders were still going on as regards how best the bank could be established.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

National Youth Development Council Act

19.2 Your previous Committee had taken note of the response from Government and requested for an update on the status of the proposed revised Bill on the *National Youth Development Council Act*.

The Government responded that it was working in collaboration with the Zambia Law Development Commission and the process of reviewing the *National Youth Development Council Act* had advanced. So far all major stakeholders including the youth had been consulted on the matter. The Zambia Law Development Commission was working on the development of a zero draft of the bill that would be submitted to the Ministry of Justice for consideration and conveyance to Parliament for enactment.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

Statistical Department at Ministry of Youth and Sport

19.3. Your previous Committee had taken note of the response by the Government, but requested for the status on the establishment of a well-equipped and fully-functional statistical department at the Ministry of Youth and Sport.

The Government in its response informed your Committee that the Ministry of Youth and Sport was being restructured. With the help of Management Development Division a new structure had been developed which was expected to deal with the challenge of the Statistical and Monitoring and Evaluation Unit under the Ministry. The Ministry was awaiting Treasury Authority to implement the structure.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

The Prevention of Child Marriages in Zambia

19.4. Your previous Committee had taken note of the response by the Government, but requested for an update on the findings of the study on the causes of child marriages in Zambia once it was undertaken.

The Executive responded that the Ministry of Gender and Child Development would provide your Committee with the report on the findings of the study once the study was completed. The study would be coordinated by the Ministry of Chiefs and Traditional Affairs under whose mandate the study fell.

Committee's Observation and Recommendation

Your Committee will await progress on the study and the submission of the report by the Ministry of Gender and Child Development.

National Sports Council of Zambia Act

19.5. Your previous Committee had taken note of the response from the Government and requested an update on the revision of the *National Sports Council Act*.

Responding to your previous Committee, the Government explained that Act was under review. Your previous Committee took note of the response by the Government and requested for an update on when the revised Bill would be presented to Parliament for enactment.

In response, the Government informed your Committee that it had consulted the stakeholders in sport development and would soon submit the zero draft Bill to Ministry of Justice for clearance before tabling it before Cabinet for consideration.

Committee's Observation and Recommendation

Your Committee requests a progress report on the matter.

CONCLUSION

20. Your Committee wishes to pay tribute to all stakeholders who appeared before it and tendered both oral and written submissions. The Members also wish to thank you, Mr Speaker, for affording them the opportunity to serve on the Committee for the Third Session of the Eleventh National Assembly. Your Committee also appreciates the services rendered by the office of the Clerk of the National Assembly. Your Committee is hopeful that the observations and recommendations contained in this Report will go a long way in curbing teenage pregnancy in Zambia and protecting the country's future leaders.

E J Muchima, MP
CHAIRPERSON

May, 2014
LUSAKA

APPENDIX

List of Officials

Mr S M Kateule, Principal Clerk of Committees
Mr S C Kawimbe, Deputy Principal Clerk of Committees
Ms M K Sampa, Committee Clerk (SC)
Mr F Nabulyato, Committee Clerk (FC)
Mrs D Mukwanka, Assistant Committee Clerk
Ms S E Mwale, Stenographer
Mr R Mumba, Committee Assistant
Mr C Bulaya, Committee Assistant