End of Project Technical Narrative Report

Project Title: Advancing Adolescent SRHR and Strengthening Local Accountability through Bylaw Enforcement in Petta Subcounty, Tororo District
Implementation Period: 22 April – 15 October 2025
Implementing Organization: TDYAN
Donor: Wellspring / Ipas Africa Alliance

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Executive Summary

Tororo District, with a population of 539,700 and a median age of just 15, is a place where adolescence doesn't simply mark a stage of life, it shapes the population. High fertility rates, low adolescent contraceptive use (9.4%), and persistent service delivery gaps have created conditions where teenage pregnancy is both a public health and governance challenge. In several hotspot subcounties including Osia (50%), Sop Sop (32.6%), Merikit (32.2%), Kirewa (28.8%), and Nagongera (28.6%) pregnancy rates far exceed the national average of 24%, highlighting the urgency of finding context-driven solutions.

It was within this landscape that TDYAN implemented a seven-month community-led initiative in Petta Subcounty, transforming a locally crafted teenage pregnancy bylaw into a living framework for adolescent sexual and reproductive health and rights (SRHR). Rather than relying on top-down directives, the project mobilized community structures as active enforcers and advocates, catalyzing a grassroots policy movement that delivered both measurable results and deep social change.

Key achievements include:

- A reduction in teenage pregnancy rates from 33.3% to 20% between 2022 and 2025, against a stagnant national average.
- Strengthened local legal enforcement through LC court training and magistrate mentorship, resulting in active prosecution of child protection violations.
- A surge in adolescent SRHR service uptake, with family planning users increasing from 72 to 313 between March and June 2025.
- Integration of adolescent SRHR priorities into local budgets, with Petta HCIII allocations rising by 44% (UGX 2.97M to 5.3M).
- Broad-based community ownership through faith leaders, cultural gatekeepers, para-social workers, teachers, and police, resulting in widespread awareness and compliance with the bylaw.
- Use of participatory M&E and storytelling, including a professionally produced documentary that amplified community voices for learning, advocacy, and replication.

Beyond the figures, the social fabric has been transformed. Girls who once navigated SRHR services in silence now access them more openly. LC courts once seen as peripheral are now credible justice spaces. Faith leaders who previously hesitated to engage now advocate from their pulpits. Parents, teachers, and cultural actors have become defenders of adolescent SRH needs rather than passive observers.

The Petta model offers a credible pathway for district-wide transformation. Its strength lies in its bottom-up approach: legal frameworks built with communities, enforced locally, and reinforced through service delivery and accountability. With neighboring subcounties like Merikit, Sop Sop, Kirewa, and Nagongera reporting similarly high teenage pregnancy rates, scaling this model is both justified and urgent.

This report documents how community-owned policy mechanisms can achieve what top-down directives often cannot: tangible reductions in teenage pregnancy, improved service uptake, stronger local accountability, and renewed hope for adolescent girls in Tororo District.

1. Introduction

Uganda's adolescent SRHR landscape remains marked by high teenage pregnancy rates, early marriage, and low uptake of modern contraceptive methods. National policy frameworks exist, but their impact often falters at community level due to weak enforcement, limited participation, and cultural resistance.

Tororo District, located in Eastern Uganda, offers a clear illustration of these dynamics. Home to 539,700 people (2024 census), it is characterized by a young population median age 15 and a high fertility rate. The district comprises 30 rural subcounties, 10 town councils, and 2 municipal divisions, spread across 1,337 villages.

Health infrastructure includes 58 public health facilities: 2 hospitals, 3 HC IVs, 21 HC IIIs, and 32 HC IIs. Although 87% of the population lives within 5 km of a health facility, service delivery gaps persist. The doctor-to-population ratio stands at 1:2,249, and the midwife-to-reproductive-age-women ratio is 1:973, straining the system. HIV prevalence is 5.1%. While the overall contraceptive prevalence rate is 39.7%, adolescent modern contraceptive use remains low at 9.4%, sustaining early pregnancy risks.

Hotspot subcounties notably Osia, Sop Sop, Merikit, Kirewa, Nagongera, and Mulanda consistently report teenage pregnancy rates above the national average, with Osia reaching 50% according to DHMIS-2 data (Q3 2025). All except Osia border Petta Subcounty, positioning Petta as a strategic anchor for learning and replication.

It is against this demographic and epidemiological backdrop that TDYAN's adolescent SRHR project was conceived and implemented. By embedding legal enforcement, community governance, and health service integration at the grassroots, the project addressed both immediate teenage pregnancy concerns and the structural drivers sustaining them.

Rather than focusing advocacy solely at the national level, the intervention invested in local systems and actors: LC courts, cultural and faith structures, HUMCs, and community dialogues. Through sustained advocacy, capacity building, and mobilization, the Petta Teenage Pregnancy Bylaw co-created with community actors became the backbone of a coordinated, community-owned response to adolescent SRHR challenges.

The project sought to contribute to gender equity and an enabling SRHR environment for adolescent girls by:

- Strengthening local legal and governance structures for SRHR protection.
- Popularizing and enforcing the Petta Teenage Pregnancy Bylaw.
- Expanding adolescent access to SRHR services through community dialogues, facility engagement, and accountability mechanisms.
- Generating evidence and lessons for district-wide scale-up.

2. Project Scope and Objectives

Geographical Focus: Petta Subcounty, Tororo District
Overall Objective: Contribute to the development of grassroots-driven policy and advocacy mechanisms that protect and advance adolescent SRHR.
Key Outcomes:

- Policymakers and institutions at sub-national levels actively engage with grassroots coalitions to support adolescent SRHR services and implement bylaws protecting girls from early pregnancy.
- Community-led enforcement mechanisms operationalized and integrated into local governance.
- Evidence generated for replication in other sub counties and influence district policy processes.

Core activities included awareness creation, radio talk shows, bylaw enforcement training, open court mentorship, community scorecards, stakeholder interface meetings, quarterly reviews, and participatory documentation.

3. Approaches that Shaped Impact

Multiple reinforcing strategies were used to turn policy into practice

1. **Popularization of the Bylaw**
   Faith, cultural, legal, and para-social platforms were mobilized to disseminate the bylaw widely, ensuring community understanding and ownership. Today, community members refer to it simply as "our bylaw."
2. **Safe Spaces and Social Accountability**
   Community scorecards and HUMC dialogues allowed citizens, especially adolescents, to define priorities, track services, and hold leaders accountable.
3. **Policy and Budget Integration**
   Facility and sub-county budgets now reflect adolescent SRHR priorities, ensuring sustainability beyond donor cycles.
4. **Strengthening Legal and Institutional Systems**
   LC court training, open court sessions, and magistrate mentorship transformed local courts into functional justice mechanisms.
5. **Data and Learning Loops**
   Routine DHMIS-2 analysis and participatory M&E informed adaptive decisions, making the intervention evidence-driven.
6. **Visual Storytelling for Advocacy**
   A documentary captured testimonies and processes, amplifying the community's voice for replication and policy influence.

4. Key Results Achieved

4.1 Reduction in Teenage Pregnancy

- Teenage pregnancy rates declined from 33.3% (2022) to 20% by October 2025, against a stagnant national average of 24%.

4.2 Increased SRHR Service Uptake

- Adolescent FP users increased from 72 to 313 within three months.
- 207 adolescents accessed services in July alone across FP, PAC, ANC, and deliveries.

4.3 Legal Enforcement Strengthened

- Nagongera Grade I Magistrate Court designated to handle bylaw cases that are beyond the local council courts of Petta County.
- 17 community cases handled in Q1 alone; LC courts now handle GBV and child protection cases confidently.

4.4 Budget Allocations Transformed

- Petta HCIII adolescent SRHR budget rose 44% (UGX 2.97M to 5.3M).
- Subcounty budgets began to include adolescent SRHR activities.

4.5 Widespread Awareness and Social Norm Change

- 1,785 community members reached through dialogues and radio campaigns.
- Cultural and religious leaders actively promote the bylaw during sermons and public events.

4.6 Education Reintegration

- Seven out-of-school girls were re-enrolled through bylaw enforcement and LC action.

5. Most Significant Change Stories

1. **Community Leadership in Enforcement;** The LC3 Chairperson and police curbed loitering and night vigils, creating safer environments for girls.
2. **Faith Leaders as Advocates**
   Religious figures who once avoided SRHR discussions now preach parental responsibility from pulpits.
3. **Adolescents Reclaiming Agency -** Girls are initiating dialogues, accessing contraception, and returning to school.
4. **Legal Structures in Action**- LC court members reported stopping attempted child marriages for the first time, seeing themselves as protectors of girls' futures.
5. **Teachers as Change Agents**- Through follow-up and M&E engagements, the senior woman teacher reported that 10 girls were directly supported through her to access family planning services an initiative that had not previously been promoted within the school. In addition, **7** girls who had dropped out were successfully re-integrated into school.
6. **Economic Empowerment Pathways**- Eight girls aged 18 -19 who preferred vocational skills over formal schooling were enrolled in government skilling programs. This reflected a nuanced understanding of adolescent needs beyond a one-size-fits-all education model.

6. Lessons Learned and Linked Recommendations

Lesson	Recommendation
Faith & cultural engagement shifts norms	Institutionalize structured interfaith SRHR dialogues in all sub counties
Repetition deepens understanding	Plan iterative parish-level engagement
Social accountability drives funding	Institutionalize HUMC & DICAH in adolescent SRHR planning and Young Citizens Score Cards
Local legal structures are underused	Scale LC court training & mentorship
Data builds credibility	Maintain monthly DHMIS reviews
Storytelling humanizes advocacy	Embed participatory documentation in project cycles

7. Advocacy Statement: Bottom-Up Legislation

The Petta experience shows that policy made with communities, not just for them, works. While national-level advocacy often absorbs significant resources, its trickle-down effect is limited without local ownership. In contrast, grassroots legislation designed, owned, and enforced by communities creates tangible accountability mechanisms, shifts norms, and mobilizes local resources.

District leaders now call for district-wide adoption of the Petta bylaw, embedding it in the District Development Plan IV (2025–2030). This is a powerful signal that bottom-up policy formulation can drive systemic change, not merely complement national efforts.

8. Key Impact for Girls

The impact of the Petta model is not abstract; it is lived daily in the lives of adolescent girls and their communities. A district where the median age is 15 cannot afford to lose another generation to preventable teenage pregnancies, school dropouts, or early marriages.

For the girls in Petta:

- **Access to contraception has become less intimidating:**- They walk into facilities with more confidence, supported by a community that now treats their health and rights as legitimate.
- **More girls are staying in school:-** not because their circumstances changed overnight, but because community structures began actively protecting their right to remain there.
- **Legal and cultural actors have changed their stance:-**. LC courts, faith leaders, and parents now act as enforcers and advocates rather than bystanders.
- **Policy spaces are opening up to young voices:-** Through community dialogues, scorecards, and peer networks, adolescents have started shaping the very policies that affect them.

This impact resonates beyond Petta. Subcounties like **Merikit, Sop Sop, and Kirewa**, which share similar demographic and cultural profiles, have already expressed interest in adapting the model. For them, Petta's 13 percentage point drop in teenage pregnancy isn't just encouraging data it's evidence that change is possible when communities lead. Each percentage point drop in teenage pregnancy represents real futures reclaimed.

9. Sustainability and Scale-Up

District and community stakeholders agreed on scaling the model to at least ten high-burden sub counties, with actions including:

- District-wide adoption of the Petta bylaw as a uniform ordinance.
- Expansion of LC court training, HUMC capacity building, and para-social worker networks.
- Integration of menstrual health interventions to address persistent absenteeism.
- Continued use of storytelling and participatory M&E for learning and advocacy.
- Strengthened SRHR coalition activities for shared learning.
- Leveraging radio talk shows for wide public engagement.
- Facilitate social accountability and advocacy through platforms like the Health Unit Management Committees, the Young Citizens Score Card, the District Committees on Adolescent Health.

9.1Justification for Scale up & sustainability:

The justification for scaling up the Petta model across Tororo District is both **strategic and urgent**. With teenage pregnancy rates ranging from **24% to 50%** in several neighboring subcounties, the challenge is not isolated. It reflects **district-wide structural gaps** in adolescent SRHR access, social norms, and enforcement mechanisms.

Several factors make the Petta approach particularly suited for scale:

1. **Geographic and epidemiological relevance**: Hotspot subcounties such as Merikit, Sop Sop, Kirewa, Nagongera, and Mulanda share borders, demographics, and health system characteristics with Petta. Expanding the model here allows for efficient resource use and cross-subcounty learning.
2. **Proven model**: The combination of legal enforcement, community accountability, and service integration has demonstrated clear impact both in data (a 13% decline in teenage pregnancy) and in social behavior change.

3. **Policy momentum**: District leaders have already expressed intent to embed the Petta bylaw into the District Development Plan (2025- 2030), creating a formal pathway for replication.
4. **Existing institutional partnerships**: TDYAN has formal agreements with Tororo District Local Government and a presence in all 42 subcounties, which lowers the operational barriers to scale.
5. **Community demand**: Cultural, faith, and youth networks from neighboring subcounties have called for similar interventions, indicating organic buy-in.

For sustainability, the strategy includes **institutionalize the Petta model within district governance structures**. This includes:

- Integrating adolescent SRHR priorities into subcounty and facility budgets; as already piloted in Petta.
- Training LC courts, HUMCs, and para-social workers; in each target subcounty to ensure legal enforcement and social accountability are embedded lcally.
- Supporting corresponding councils and sub county committees to adopt the Petta sub county model
- Leveraging existing cultural and faith-based networks to maintain social norm shifts without heavy external facilitation.
- Using DHMIS data and community scorecards to keep adolescent SRHR visible in district planning and monitoring processes.

Scaling up the Petta model is not about replicating activities mechanically. It's about **transferring a tested governance and accountability approach** to the places where it is most needed, hotspot subcounties whose teenage pregnancy rates remain stubbornly above the national average. If effectively scaled, Tororo could position itself as a **national example of bottom-up SRHR policy transformation**, where district systems and not distant ministries drive real change for adolescent girls.

10. Organizational Capacity and Readiness for Expanded Work

One of the quieter but important strengths behind these results is the organizational backbone that made it possible. TDYAN has steadily grown in program reach, legal standing, systems, and relationships positioning it for larger, more complex grants.

TDYAN is legally registered under Uganda's NGO Act (2016) and regulations (2017) as a corporate body limited by guarantee. On 9 July 2025, it received a three-year NGO permit (valid until July 2028), with a slight name change from Tororo District Youth Advocacy Network to TDYAN YOVANU.

A Memorandum of Understanding with Tororo District Local Government now allows TDYAN to operate across all 42 subcounties without restriction a milestone reflecting both government trust and visible impact.

The organization maintains clear financial controls, a qualified finance team, regular external audits, and a strong track record of timely, detailed reporting to donors. To date, fund utilization stands at 99.9%, with full accountability documentation. Attached is an Excel summary of expenditure against the plan and budget.

As TDYAN's work expands geographically and programmatically, the administrative load has increased. Most coordination, finance, and M&E functions are currently managed by a small core team. Scaling these achievements will require strengthening administrative and staffing support, including fair remuneration.

With targeted investment in these areas, TDYAN is well positioned to manage larger grants and broader programming without compromising the community-driven approach that has defined its impact.

11. Conclusion

The experience in **Petta Subcounty** demonstrates that when communities are trusted and equipped to lead, **policy can move off paper and into daily life**. In a district like **Tororo**, where nearly half a million people are under the age of 18 and the median age is just 15, adolescent sexual and reproductive health is not a peripheral issue, it is central to the district's social and economic trajectory.

Against the backdrop of **high teenage pregnancy rates**, low adolescent contraceptive use, and overstretched health systems, TDYAN's approach offered something fundamentally different: **a bottom-up, community-owned model of governance, accountability, and service delivery**. Over a period of 18 months, this model helped reduce teenage pregnancy from **33.3% to 20%** in Petta, increased adolescent service uptake dramatically, strengthened local legal enforcement, and shifted entrenched social norms.

Perhaps the most meaningful change lies in **who now drives the response**. LC courts are not waiting for distant directives, they are actively applying bylaws. Faith and cultural leaders who once hesitated to engage are now vocal advocates. Health facilities are integrating adolescent needs into their budgets and services. And girls themselves once silent and sidelined, are walking into health centres, raising their voices in community dialogues, and reclaiming their futures.

The **Petta model is not simply a project**; it is a **tested governance mechanism** that responds to the real demographic and social landscape of Tororo. Surrounding hotspot subcounties like **Merikit, Sop Sop, Kirewa, Nagongera, and Mulanda** mirror Petta's baseline challenges, making them natural candidates for adaptation and scale-up. With a district-wide median age of 15 and adolescent pregnancy rates reaching up to 50% in some areas, the need to replicate effective community-led solutions is urgent and undeniable.

Sustainability has already begun to take root. Legal structures are functional, adolescent priorities are embedded in budgets, and community institutions have taken ownership. Scaling up is therefore less about creating something new and more about **extending a proven approach** across the district's remaining subcounties leveraging existing partnerships, district leadership commitment, and community demand.

In many ways, this journey reflects a significant shift: **from national policy trickling down slowly, to local solutions rising upward with strength**. Petta's story shows that when grassroots structures are trusted to shape, enforce, and sustain SRHR frameworks, the impact reaches beyond statistics it **redefines the social contract around girls' health and rights**.

As Tororo District looks to its future, the Petta experience provides a **scalable, community-rooted blueprint** for tackling teenage pregnancy and advancing adolescent SRHR. It is a story of local leadership stepping forward, systems aligning, and young people finally being seen not as passive recipients of services, but as central actors in shaping their own futures.

The END