

UGANDA YOUTH DEVELOPMENT LINK (UYDEL)

ANNUAL REPORT 2007





INTRODUCTION

UYDEL is a Non-Governmental Organization that has been operating in Uganda since 1993, targeting hard-to-reach young people (10-24 years) living on the streets and slums, including trafficked children, orphans and vulnerable children, Commercial Sexually exploited children, drug users, abused children and teenage mothers in Kampala city (Kawempe and Rubaga Divisions), Mukono, Busia, Wakiso and Kalangala Districts.

To date, UYDEL has continued to provide services for youth in the areas of Youth Friendly Services, Drug abuse prevention, HIV/AIDS, Behavioral change, child protection, rehabilitation of sexually exploited children and vocational skills training. These services are community based and are implemented with support and involvement of the police, local leaders, Peer providers (Youth), bar and lodge owners, local entrepreneurs (artisans) and parents.

UYDEL Vision: A Uganda where young people are enabled to maximize their potential to achieve an improved quality of life free from exploitation.

UYDEL Mission: To empower disadvantaged young people skills that will enable them reach their full potential and become useful citizens..

Values: Youth involvement and participation; Non-discrimination; professionalism; Accountability; Transparency; Equal opportunities; Reliability; Gender sensitivity; and Promotion of human rights.

Strategies: Youth involvement (Peer –to-peer network); Community involvement; Youth Friendly Services; Research; Withdraw and Rehabilitation.



The Executive Director and Staff of Uganda Youth Development Link (UYDEL) acknowledge the technical and financial support and assistance provided by its committed Donors (MGLSD/ CORE Initiative, ILO/ IPEC, OAK Foundation, IOGT/ NTO, UNFPA, and the Embassy of Japan in Uganda) who have enabled us achieve the successes registered during this year of 2007. During this year of 2007, UYDEL was able to implement five projects all of which were unique in nature and had interesting findings, challenges and achievements. Below, UYDEL shares with you the briefs about each project, the key accomplishments, unique findings, future prospects, and challenges encountered during the implementation of each project. UYDEL model center for rehabilitation and vocational skill training of marginalized and vulnerable street and slum young people was also officially launched and opened.

ACHIEVEMENTS/ ACCOMPLISHMENTS:

UYDEL Model Center for Rehabilitation and Vocational Training and Retreat Center

An excellent vocational multiple learning centre, the first of its kind that rehabilitates trafficked children, street children, and at risk vulnerable populations was built and officially opened to training on 5th February 2007. The center is located in Nangabo Sub-County, Masooli Parish, 7 kilometers off Gayaza Road. The purpose of the model center is to: promote livelihood and vocational skills training, provide recreation and treatment facilities to vulnerable and marginalized street and slum young people in Uganda. The Center offers a variety of training skills and these include; Hairdressing, Carpentry, Tailoring, Catering, Welding, Motor bike mechanics, Electronics, Plumbing, Art and craft, Horti-Culture, Computer maintenance, and Literacy and numeracy classes among others.

Other services provided at the center include:

Behavioral change communication sessions (BCC);

BCC sessions are carried out every Saturday where youths bring up different topics of their own interest for discussion to encourage sharing of experiences and further learning and promote resilience among the young people. Such topics include; How to communicate with other people effectively, How to avoid risky behaviors, Disadvantages of early pregnancies and abortion, ways on how to stick to ones' values and be able to achieve their life goals, How to prevent HIV/AIDS and STIs,-How to provide counseling to their fellow youths,- and Disadvantages of child labor among others. The average number of young people who

attend the Behavioural Change Sessions on Saturdays ranges from 200 to 300 young people in a year.

Counseling and guidance:

This is being provided to the young people by the UYDEL Social Workers, Health Service Providers, Volunteers and Artisans. This is sometimes done through focus group discussions and mostly done on individual basis.

Street smart and scream session:

These have been carried out on several occasions so as to enable the young people realize their weakness and strengths, attain life skills to cope with the different situations they are faced with. In these sessions, the young people get to know more about HIV/AIDS, STIs, Coping with difficult situations and also how to counsel and advice fellow youths. This has helped a lot in the rehabilitation process at the centre as many young people have changed their behaviors.

Accommodation at Masooli centre:

The centre provides accommodation to over 78 (37 females and 41 boys) young people who are more vulnerable than others from slums. The centre has the capacity to accommodate over 400 young people in a year. However, at the moment not many young people are able to be admitted in the boarding section as this is limited by the number of available beds, mattresses, mosquito nets and other basic requirements like clothes, and food that need to be in place to ensure the proper wellbeing of the young people at the centre. Most of the children commute from their various homes and this too has proved to be a challenge as many are irregular and may limit the provision of effective care and follow-up of the various young people's problems especially for those cases that need close monitoring and rehabilitation.

UYDEL is grateful for the support received from World Food Program (WFP) as well as Feed the Children (FTC) who provided food supplements for all the young people at the centre.

Music Dance and Drama /Sports and Games:

The center also supports and promotes recreational activities (Music dance and drama, and Sports activities) for the young people. Given the fact that the young people come from different backgrounds and have gone through difficult /traumatizing situations, these recreational activities help them for get their sorrows and be happy, hence start a new life together. These recreation activities also provide positive alternative ways for the young people to spend their leisure time as they build their physical and mental health as opposed to engaging in risky behaviors like using drugs and alcohol, making of bad friends among other that exposes them to further vulnerabilities.

Strategy for Sustainability of the model center

- The introduction of horticulture at Masooli is aimed at supplementing on the food at the centre. It should be noted that as time goes on, some of the food for the centre will be gotten from gardens hence an element of sustainability.
- The catering classes has started providing outside catering services such that they attain more experience so as to enable the centre get some money for maintenance through outside catering services
- There is plan to make clothes and more so get contracts in various schools to make uniforms, such that the many money that is got also used to maintain to sustain the centre with less expenses.
- People from the community at Masooli have started making orders to make for them doors through the welding class.
- The other strategy for sustainability is to expose the school nurse to the community such that she provides medical services to them and earn some income to sustain the centre.
- More fundraising is being done to be able to get more funds to support and expand the centre.

Other Projects Implemented By UYDEL in 2007

A). Project Title: HIV Prevention, Care and Support Project for orphans and other vulnerable children in Kampala and Mukono Districts.

The HIV prevention, care and support project was implemented by UYDEL from 1st September 2006 to 30th September 2007, supported with a grant MGLSD /CORE Initiative, targeted Orphans and other vulnerable children (OVCs) within the age group of 10 - 18 years and their households living on the streets and in the slum areas of Kampala and Mukono Districts.

OVCs were referred to UYDEL by the Peer Educators, Field Supervisors, Health Service Providers, Local Leader, local focal persons, Law enforcement officers, other NGOs / CBOs/ FBOs, parents, who knew about UYDEL's programmes and majority of the OVCs were referred by children who were benefiting and or who had benefited from UYDEL programmes.

The assessments of the OVCs admitted to benefit from the program revealed that, many children were trafficked in to urban areas and involved in Labour related work such as house girls, vending food in the market. Other young people served in the project area were recruited in businesses like hawking and vending food, working in bars, pottering at construction sites, manicure/pedicure, baking, scrap metal collection, smuggling of drugs and stealing. Many of these OVCs were found to be sleeping in groups and possibilities of enslavement and debt bondage were also cited. Prostitution, child commercial sexual exploitation and sex tourism were also some of the risky behaviors that the OVCs identified by the project engaged in for survival. In most urban centres in Uganda sexual exploitation operates were found in highly visible places such as bars where victims start by stripping and often coerced into more exploitative situations of prostitution and pornography; and red districts; also in underground areas in brothels located in most slums such as Bwaise, Kamwokya, Nateete in Beiruit, Ndeeba and Makindye in Kampala city and Busia, Naluwere/ Bugiri and Lukaya and Lyatonde and other small towns and in homes and many children find it difficult to escape.

Key project Accomplishments included:

- 1. Treatment of STIs and opportunistic infections was provided to OVCs at the outreach posts and drop-in centres**

Treatment of STIs and other opportunistic infections was provided to OVCs at the outreach posts and drop-in centres and this was done through the referral system UYDEL created with the other Service Providers in Kampala and Mukono Districts. With additional support from IOGT/NTO Sweden which provided funds to procure some drugs for provision of basic treatment for the children at the UYDEL centres, a total of 269 children (172 girls and 97 boys) were provided with treatment for STI/ STDS in the outreach posts of Makindye, Kalerwe, Kakajjo, Kamalimali and Masooli.

2. Psychosocial care and support was provided to OVCs at the drop-in centres

Case study

Nansereko Zaituni 17 years old is a single orphan (father died) and abandoned by the mother. She stays with the Auntie in Mpererwe who sells waragi. They stay in one room of which half of it is a bar separated by papayrus trees. In the morning, Zaituni sells tomatoes and nakati around Mpererwe and in the evening she helps the auntie to sell waragi and usually the auntie goes to Semuto to purchase waragi and leaves Zaituni attending to customers. They work until late in the night depending on the customers' need for waragi. Zaituni sleeps in the bar on a chair and thus has to wait for the customers to go in order for her to get some sleep

As a result, UYDEL reached a total number of 1,061 children (592 females and 469 males) with psychosocial care and support rehabilitation services during the project implementation. Consistent Individual and Group Counseling and guidance sessions also helped to mend children's fractured emotional and social lives.

OVCs were also referred to other private and public children centers for VCT/ART/ARVs and other health services that were not provided by the project. And as a result of this referral system, 989 children (616 females and 373 males) benefited from medical care and treatment and of these five girls tested positive and have been referred for further management to other service providers like Mulago ID clinic, TASO, Komamboga Health centre and Kirundu Health centre. And a total of 178 children (82 boys and 96 girls) in Mukono were provided with Voluntary Counseling and Testing services with the help of the District Health Centre Personnel at the UYDEL drop-in centre in Mukono. 4 children (3 girls and 01 boy) were found HIV positive. A total of 225 children (140 girls and 85 boys) in Kampala District were referred to other service providers for services in family planning, ANC, PNC, PAC, and Drug and substance abuse related problems among others.

3. OVCs were provided with Behavioral Change and Communication (BCC) Education at the drop-in centres

Behavioral Change Education Sessions were conducted with the children at the outreach posts, drop-in centre in Mukono and at the UYDEL-Masooli Vocational skills and retreat centre every Saturday. An average of 50 children (18 boys and 32 girls) attended Behavioral Change Education sessions at the UYDEL outreach posts and drop-in centre in Mukono every Saturday and an average of 150 children attended the sessions at the UYDEL-Masooli Vocational skills and retreat centre every Saturday.

4. Communities were sensitized and made aware of HIV/AIDS prevention, child abuse and the plight of OVCs

In collaboration with the Ministry of Health which provided UYDEL with a film van to help in the mobilization and showing of the films to the communities.

Educative Drama Shows were also conducted quarterly in four (4) communities of Kampala District and in three (3) communities of Mukono District. The drama shows were conducted by the UYDEL drama group which is made up of children between the ages of 10-18 years.

5. Socio-economic Security placed for vocational skills training

Another approach used during the implementation of the project to rehabilitation and withdrawal of indigent children living in the hard to reach areas of Kampala and Mukono Districts was the provision Vocational skills training. A total 459 children (399 females and 60 males) on completion of the vocational skills training were provided with resettlement kits and certificates and reintegrated back into the community with their parents and guardians. Some of these children have already secured employment and others are working from home and the others have not yet completed training. Booster meetings were held with the local artisans and centre instructors to follow up on children placed in Mukono and Kampala to acquire skills in Hairdressing, Tailoring, Catering, Carpentry, Horticulture, Electronics, Hand crafts, Welding, Motor bike and Vehicle Mechanics. The Social Workers with the help of volunteers and students on intern visited the local artisan's training places to monitor the progress of the children and provide onsite facilitative support and supervision to the children and local artisans. The Social Workers discussed the problems and challenges faced by the children while in training and also provide one to one counseling to children. The children in plumbing, tailoring in Nakulabye and motor bike mechanics were supported by OAK Foundation, ILO/IPEC and IOGT/NTO Sweden respectively, while the others were supported by CORE Initiative/ MGLSD. Thanks to WFP/ Feed the children who supported vocational skills with food rations

6. Child Protection

Linkages for collaboration and networking were created with the parents of OVCs and with key social protection systems that exist within the communities of Mukono and Kampala Districts

- A total of 156 home visits (39 Mukono and 117 Kampala) were done. A home-visit is a visit made by a Field Supervisor/ Health Service Provider/ Volunteers to a client's place of residence, for better understanding of the client in his/ her socio-cultural and environmental context and to observe the family- client interaction.
- 30 law enforcement officers and 30 local leaders in Kampala District were oriented in child friendly approaches and child protection. This was done in a two day seminar with additional support from OAK Foundation to UYDEL to implement a child protection and promotion of resilience project.
- 50 peer educators identified, assessed and selected to support in the implementation of the project and decision making (30 in Kampala and 20 in Mukono) were trained the SCREAM modules on HIV/AIDS and Child Labour.

Conclusions about areas in need of future assistance for OVCs and their households identified during project implementation.

OVCs are exposed to multiple vulnerabilities in their families and communities and thus have multiple problems that require a comprehensive and sustainable care and support intervention to help them deal with the various problems that they have been exposed to by their families and the communities in which they stay.

There is also a need for more resource mobilization in terms of technical and financial support and assistance to enable for the plan of long term programmes (of at least five years or more) to enable the effective and efficient delivery and implementation of care and support for orphans and their households and also to be able to measure the impact of the intervention. For example, it is difficult to assess the impact of the children who have been resettled and reintegrated back into the communities with their families and guardians unless the follow-up is done for a period of 3 – 6 months after the rehabilitation process has been completed.

Most clients served had been trafficked to Kampala and Mukono with promises of better living opportunities and employment and at a later stage abandoned. These children sought unsafe alternative means for survival like working in bars, karaoke dancing, and commercial sex among others all of which expose them to HIV/AIDS infection thus increasing their vicious circle of vulnerability. Therefore there is an urgent need to sensitize the communities about the dangers of child trafficking and the need for it to be addressed.



B). Project Title: Prevention and withdrawal of HIV affected children from child labour in Kampala District.

The only change that was realized during the lifetime of this AP was the project extension for two months from November 2007 to 31st January 2008 but this did not affect the planned outputs as started in the proposal. The outputs and activities under the Action Programme have been produced as follows:

Output 1.1: 350 HIV affected boys and girls prevented from engaging child labour and provided with services such as life skills building, leisure and recreational activities

UYDEL prevented 309 children (194 girls and 115 boys) at risk of entering child labour in Rubaga Division. Formal education was been used as a prevention practice to increase children retention in school and less drop out cases. This was achieved through creating a conducive atmosphere by use of SCREAM methodologies that promoted interaction between children and teachers. The targeted number of children under this output was not achieved due the fact that assessment and recognizing that a child has been prevented from child labour requires a comprehensive package of services and follow up to ascertain the impact of interventions.

In addition the prevented children underwent life skills building sessions on HIV and child labour related issues which were carried out on a monthly basis at Nakulabye Drop in center. A total of 318 children (207 girls and 111 boys) attended these sessions which were conducted using the ILO- SCREAM pack.

Positive leisure, recreation and talent identification activities like drama were also promoted and used as psycho therapies among the HIV affected children. A total of 233 children (175 girls and 58 boys) actively participated in leisure activities such as drama, sports and informative discussions on avoiding risky behaviours.

In addition, 40 children were selected and participated in the launching of the National Child Labour Policy on 1st May 2007 at Bugembe stadium, Jinja. “Youth Employment without child labour; A prerequisite for prosperity for all”. UYDEL children participated in the launching of the National Child Labour day celebrations on 12th June 2007 at Masindi. They presented songs and poems in line with the days’ theme “Agriculture without child labour”. At both functions children created awareness about child labour through use of banners, t-shirts, songs, poems and skits in line with the days’ themes while incorporating the project theme of HIV/AIDS and child labour as well.

Output 1.2: 120 community and district leaders, peer educators trained on their role in preventing HIV/AIDS and child labour in their communities.

The UYDEL- Action Programme conducted sensitization seminars/trainings to the following stakeholders on the problem of HIV/AIDS, child labour, social protection, networking and referrals.

Target group	Number of Participants	Duration
Rubaga district leaders	17 (8 females & 9 males)	1 day workshop
Community leaders, Parent Support Groups (PSGs)	48 (28 females& 20 males)	1 day
Peer educators	30 (12 girls & 18 boys)	2 day workshop

Output 2.1: 300 HIV affected child laborers identified and rehabilitated through provision of psycho-social support, counseling and health care.

- A total of 349 HIV affected child laborers were identified and rehabilitated through vocational skills training and formal education. 299 (219 girls and 80 boys) children benefited from vocational skills training. The children were placed with various local artisans in Nakulabye, Nateete, Ndeeba, Kawaala and Kasubi. 50 (30 girls and 20 boys) children benefited were facilitated with scholastic materials. The children are studying from Kasubi Church of God, Nakulabye Junior School, Trust Preparatory School, Nakulabye Good Hope, and Mary Children's Center.
- A total of 237 (150 girls and 87 boys) withdrawn and rehabilitated children were counseled on drug abuse & HIV/AIDS prevention, sexual relationships and family matters.
- A total of 227 (150 girls and 77 boys) were provided with recreation especially sports and music, dance and drama.
- A total of 267 (191 girls and 76 boys) 60 children (39 girls and 21 boys) were provided with counseling sessions on HIV/AIDS, child labour related problems, reproductive health, and importance of education using the counseling manual and SCREAM method. The major psychosocial problems presented included and/or involved around such issues as insufficient food in their homes, rejection by parents, orphan hood, excessive alcohol consumption on the part of parents leading to negligence by their single parents and/or guardians, sexual abuse, drug abuse and violence in the home, transitory nature of parents and children, severe financial hardships, congested homes, early sexual behavior. The main stressors among children are domestic violence, homelessness, sexual abuse; harassment by police and others were HIV positive.
- A total of 199 (149 girls and 50 boys) children underwent for voluntary counseling and testing at Naguru Teenage Centre. Collaboration relationship was established with health institutions such as Mulago Infectious Disease Control clinic and Mulago-Mbarara Teaching Hospital's Joint Programme (MJAP) in case of HIV affected children. Referral partnerships were developed with Kampala City Council clinic at Kawaala for further treatment of children.

Output 2.2: 50 HIV affected ex-child-labourers integrated into education after being rehabilitated

- 50 HIV affected ex child labourers (30 girls and 20 boys) were identified and received orientation in formal education.
- Formal schools for project beneficiaries were identified and teachers sensitized on HIV/AIDS and child labour during the first quarter of the project.
- The identified 50 children were integrated in schools and provided with school requirements (uniform, books) from the respective schools.
- The 50 children were followed up at schools to assess progress, identify gaps and challenges and find lasting solutions to the presented problems faced by children and teachers.

Output 2.3: 250 HIV affected ex-child-labourers trained on vocational training after being rehabilitated

- A market analysis survey was conducted before placement of children in vocational skills training to identify vocational skills training centers and local artisans in Rubaga division. A total of 48 training centers were identified from different parishes within the division. Training centers were identified in Kasubi (5), Nateete (7), Ndeeba (13), Nakulabye (4), Nabulagala (3), Bakuli (4), Kawaala (3), Nalukolongo (4), Mengo (2) and Kikoni (3).
- A sensitization meeting for teachers/vocational skills instructors was held at Namirembe Resource Center with 36 participants (10 females and 20 males). They were enlightened on the HIV induced child labour project, expectations and handling of children in skills training.
- 299 (219 girls and 80 boys) HIV affected ex-child-labourers were integrated into vocational centres with local artisans at UYDEL drop in center and with local artisans in the community.
- 266 (88 children in tailoring, 130 children in hairdressing and 48 boys training in motor vehicle mechanics) were provided with tool kits to foster job creation opportunities.
- 251 children placed at vocational skills training centers were during the project implementation period. This was done to assess progress of the children, get feedback reports from artisans and identify successful stories. Children undertaking hairdressing skill start earning income from community people immediately during and after training. The boys in motor vehicle mechanics are usually taken on as employees after their training periods to avoid exploitation.
- Monitoring of older children who have found opportunities after vocational training was done and 233 children were monitored. This was done to assess achievements and constraints of the children and find solutions accordingly.

Output 2.4: 250 HIV affected ex-child-laborers reintegrated with parents/guardians in their local communities after completing rehabilitation (output 2.1) and either education or vocational training.

- 210 parents/guardians were provided with counseling on HIV/AIDS, child labour related problems during the implementation period and this was done before resettlement of children. Parents were enlightened about the dangers of child labour and their expectations towards giving the resettled children an enabling and conducive environment to nurture their skills.
- 267 rehabilitated HIV affected ex child laborers were resettled with parents and guardians. This involved counseling, making prior home visits, holding discussions with parents and making assessment of the home environment to ensure that the child doesn't relapse into child labour.
- 120 re-integrated children have been followed up for support supervision and monitoring their performance. This was done to examine effectiveness of skills training and psychosocial support to children and how they are able to cope when re-integrated into communities.

Output 3.1: 50 HIV/AIDS affected families engaged in income generating activities.

- 52 families were identified to benefit from income generating activities using criteria developed/agreed in participatory community meetings. The beneficiary families identified were selected from children who were undergoing rehabilitation and skills training.
- A social mapping exercise to identify specific income generating activities to be promoted was done. This was done taking into account their ability to generate income, capacity of households to carry out these activities and resources available. Some of the incomes generating activities identified were market vending and market food stuffs, selling charcoal, fish, second hand clothes and shoes, poultry, restaurant business, grocery among others.
- The identified and assessed 46 (42 females and 4 males) participating family members were trained in undertaking IGAs as well as business skills like marketing, record keeping, customer care among others. This activity aimed at equipping families with business skills necessary to uplift them from their vulnerability, to guide families on the type and nature of available IGAs in the community and to make a comparative analysis of the various IGAs based on the social mapping exercise conducted prior to this activity
- 52 families were provided with inputs based on their proposed income generating activities. UYDEL dealt directly with the suppliers of the inputs for accountability purposes and making sure that the funds are utilized in the proper way. The families are engaged in various economically viable activities where they are earning a living.
- Technical assistance has also been provided to 48 families as a way of guiding and monitoring their businesses so as to achieve project goals and objectives
- Monitoring and evaluation visits were carried out to IGA beneficiary families to ascertain marketability of goods being sold, profits gained, challenges and lessons learnt from business practice. Generally beneficiary households were uplifted from their previous income situations and are now able to fend for the children unlike the case before.

Output 3.2: A savings and micro-credit scheme for HIV/AIDS affected families established.

- IGA beneficiaries were trained in savings and micro credit management at a three days workshop on establishment of savings schemes from 15th to 17th August 2007 at Namirembe Resource Center. At the end of the training, participants agreed to establish savings schemes based on their areas of residence for easy monitoring and accessibility.
- UYDEL organized four (4) coordination meetings with participating IGA beneficiary families to assess progress, identify gaps, challenges, lessons learnt and share experiences among themselves.
- UYDEL also organized study tours to successful IGAs to enable participating families learn from experiences of those IGAs.
- IGA families have been linked to Micro credit schemes especially from savings and cooperative societies within villages to save and get loans to boost their businesses.

Output 3: Effective collaboration and networking mechanism established with other social protection agencies/services

- A social mapping exercise to identify social protection schemes and measures in the project implementation areas was done prior to the identification of families and IGAs to be undertaken. This was to establish available social protection schemes from which families could benefit for the betterment of their standards of living.
- Information about existing social protection schemes and measures that was obtained from social mapping reports was provided to IGA beneficiary families during the trainings, monitoring and evaluation visits. And thus UYDEL facilitated periodic meetings between HIV affected families and the various social protection providing agencies in the community. In addition, the social protection paper researched by Mr. Kasirye Rogers was also used to boost the program.
- Monitoring visits were carried out on a monthly basis to IGA beneficiary families to ensure project success. This also helped to strengthen the capacity of parent support groups through (training, coaching, support visits/meetings)

Recommendations, findings and lessons learnt

- Regular availability of funds and technical support from IPEC and UYDEL. This ensured regular flow of services.
- Involvement of the community stakeholders (peer educators, local leaders, CLCs) at all levels in identification, assessment, and referral of the project beneficiaries enhanced community acceptance of the Programme in the community.
- Close networking and collaboration with key partners in the areas of HIV and child labour helped achieve some of the project goals especially voluntary counseling and testing, sharing of knowledge and skills with partners where some of the experiences were replicated in the UYDEL AP.
- Training of teachers and children in SCREAM modules helped to enhance child friendly environment for learning thereby retaining children in schools and consequently preventing child labour.
- Application of a variety of approaches in prevention and withdrawal of children from child labour. For example life skills building sessions, vocational skills training, psychosocial support, social protection measures for households and establishment of savings and credit schemes by the IGA beneficiaries.
- Past experience in implementing child labour Action Programs helped in planning, timely reporting and setting off the project activities in project areas.
- Technical support from ILO-IPEC office.

Below are the factors that put the Programme at risk;

- Dropping out of some child beneficiaries from training due to work commitments. This was attributed to knowledge and skills gained by beneficiaries during the training.

- There was no budget line for rehabilitation with accommodation facilities for children who deserved withdrawal from child labour. Often time's children engaging in domestic work were mistreated by their employers by chasing them away from home.
- Understaffing and underestimate of overheads for the AP because the program activities and tasks were enormous yet staff were inadequate.

UGANDA YOUTH DEVELOPMENT LINK



C). Project Title: Child Protection Project in Mukono, Kampala and Kalangala Districts

Principal accomplishments

Objective 1:

To build capacity of 60 police officers and law enforcement officers (20 per district) to provide child friendly services to handle child protection matters and to effectively promote resilience in the care and rehabilitation of abused children in Mukono, Kalangala and Kampala Districts by the end of 2007.

- **Capacity building training workshops for police and law enforcement officers**
 - 61 Police and law enforcement officers were sensitized and equipped with skills in providing child friendly services for abused children, children rights and promoting life skills (resilience).
 - Child abuse cases are now better handled at police stations and the trained police officers feel confident in enabling the abused children open up and cope with the situations.
 - The trained child and family protection officers and community liaison officers have supported the project as community educators in sensitization seminars in explaining legal issues related to child abuse, encouraging communities to protect children and providing information about where and how to report in case a child is abused.
- **Community awareness using information and education (IEC) materials**
 - 2,857 Posters & 1,500 brochures were produced disseminated to educate communities about child abuse, child protection issues and resilience. The IEC materials have supplemented awareness workshops and community meetings in disseminating vital messages to communities on child rights, child sexual abuse and child protection issues including promotion of resilience.

Shortfalls

- The transfer of police and law enforcement officers that had been trained affected subsequent seminars and created a need to train the new officers that had been recruited.

This calls for regular trainings (perhaps bi annually) to ensure that every officer in charge of child protection at all times is aware of child rights and has the skills to provide friendly services and promote resilience.

- Only 61 police officers were trained yet the numbers of officers that need such information and skills is still big. In addition, Only two one-day workshops per district were organized due to budgetary constraints. Many important child protection issues could not be taught in such a short time.

There is need for more capacity building in terms of training for law enforcement officers particularly in providing psycho-social support to abused children to promote resilience.

- Only 4,357 copies of IEC materials were produced due to budgetary constraints.

There is need to reach out to more communities to increase awareness on child protection using IEC materials since the communities can easily comprehend such messages, especially those that do not attend capacity building workshops.

Objective 2

To enforce protection of 600 children from abuse through sensitization of community networks (parent support groups, peer to peer networks, religious leaders, local leaders, NGOS and CBOs) on the rights of children in Mukono, Kalangala and Kampala districts by the end of 2007

• Capacity building and sensitization

- In addition to training law enforcement officers, other stakeholders were trained in child friendly services, children rights, resilience and positive parenting skills. Through seminars the different participants were able acknowledged rampant child abuse and appreciated the need to protect children.

Table 1. Number and types of stakeholders trained.

Participants	District			Total
	Kampala	Mukono	Kalangala	
Police and law enforcement officers	27	19	15	61
Local and religious leaders	10	11	15	31
Parents	39	36	30	105
NGO/CBO workers and teachers	17	19	11	47
Out of school peer educators	16	16	16	48
In-school peer educators	16	22	20	58

- The children were specifically sensitized about child abuse, children rights, where and how to report abuse and life skills to enable them protect themselves from abuse. They were also equipped with peer education skills to be able to teach and help their fellow children who may need protection from abuse or services in case of abuse through child to child peer education networks.

• Community Parents Support groups

These are peer groups for parents that act as entry points/community resource persons that have supported the project in the following ways

- Parent support groups were formed and supported to carry out parent-parent sensitization [07 in Kampala (Kamalimali, Nakulabye, Kakajo, Masooli, Beirut, Kalerwe, Makindye), 06 in Mukono (Kikooza, Kitega, Namumira, Kirangira, Ssaza and Ham Mukasa) and 06 in Kalangala (Kasekulo, Kasenyi, Mweena, Lutoboka, Kivunza and Kigonya)]. These have been instrumental in stimulating dialogue about child protection at village level as a way of sensitizing/teaching fellow parents about child rights, child protection issues and positive parenting skills through community meetings.
- Have intervened in situations where parents are known to abuse children through cautioning the abusive parents/community members, providing basic counseling and referral of both children and parents for services/further support to UYDEL centers, local councils and police stations.
- They have organized community sensitization seminars that have reached out to more than 300 parents; (06 in Kampala, 06 in Mukono and 06 in Kalangala), which were conducted jointly with parents, project staff and Police Child Protection Officers to sensitize community members about children rights and child protection issues. Through this initiative, community members work together to mobilize themselves to support child protection efforts and support families with child protection problems. It has also enabled communities to gain confidence in police since the later (police officers) interact with them during such meetings and encourage them to report cases of abuse.

- **Psycho-social support**

- Over 400 children have benefited from behavioral change sessions that are held at UYDEL centers every Saturday. These are three hour group counseling and learning sessions where children are taught their rights and responsibilities, how to protect themselves from abuse and what to do in case they face abuse. These children also benefit from other services provided by the centers including recreation, accommodation, music dance and drama and sports.
- Street smart life planning skills workshops (10 modular training for 123 children; 63 in Mukono and 60 in Kampala) were conducted for children benefiting from vocational skills training in Mukono & Kampala. They are taught about risky behaviors, personalized risks, decision making, problem solving and goal setting skills to enable them value their lives despite the problems they might have faced, make better life choices/goals and feel confident about their ability to lead safe lifestyles once they graduate from their training at UYDEL.
- The project team together with child protection officers have counseled children who have presented cases of abuse to police stations and UYDEL centers. This way, children have been empowered with knowledge and skills to cope with difficult situations and heal from traumatic experiences of abuse.

Table 2 showing number of child abuse cases reported and handled by project officers Jan-Nov 2007

District	- Child abuse case	- Frequency	- Action taken
Kalangala	-	-	-

	- Assault in general	- 155	- Counselling both parents and children
	- Defilement	- 40	- Suspects arrested, victims counselled, all referred to health centre for medical test & treatment, 6 suspects still at large
	- Child neglect	- 13	- Taken to court and remanded, 03 cases were counselled
	- Domestic violence	- 10	- Counselling & referred to health centre
	- Children in conflict with law	- 07	- Counselling, 2 detained in juvenile cell
	- Missing/abandoned	- 08	- Children were recovered and parents counselled
	- Indecent assault	- 04	- Victims counselled, cases referred to CID
	- Assaulted juveniles	- 03	- Counselling & referred to health centre
Mukono	-	-	-
	- Defilement	- 130	- 13 taken to court, victims counselled and referred to probation officer and CID and UYDEL centre
	- Child neglect	- 42	- Counselling and parents cautioned
	- Assault in general	- 46	- Counselling and referred to probation officer and UYDEL centre
	- Missing children	- 11	- Counselling & referred to probation officer
	- Early marriage	- 01	- Counselling & referred to probation officer
	- Children in conflict with law	- 10	- Counselling and cautioned
	- Property grabbing	- 03	- Counselling & referred to probation officer
	- Indecent assault	- 01	- Counselling
Kampala	-	-	-
	- Defilement	- 396	- 114 cases investigated & counselled 24 perpetrators charged. The rest referred to CID and

			probation
	- Child neglect	- 610	- Counselling and parents cautioned
	- Assault in general	- 247	- Counselling and referred to probation officer and UYDEL centre
	- Missing children	- 173	- Counselling & referred to probation officer
	- Children in conflict with law	- 74	- Counselling, 28 taken to court, 1 convicted
	- Indecent assault	- 15	- Counselling & referred to probation officer, 5 suspects taken to court.
	- Children forcefully taken away	- 40	- Parents counselled and cautioned

N.B cases reported for Kampala represent 3 police stations (Old Kampala, Wandegaya and Kawempe)

Short falls

- Some of the children talk about their experiences of the abuse they have gone through long after it has happened and therefore difficult to gather evidence for legal support. This is partly because the children feared to report at the time of abuse, were ignorant of their rights and/or a family member is involved in abusing them. Therefore some of the cases of sexual abuse were put away due to lack of evidence.
- There is need to sensitize communities more about child sexual abuse and other forms of abuse in general and encourage children to report abuse, and parents to be able to recognize abuse among their children
- Fewer community sensitization meetings were held because of limited funds. However the need to sensitize grassroots people about children rights and child protection issues through peer support groups initiatives is still great.
- A sustained community-based sensitization initiative is required to remind community members about the need to protect children from abuse and to build sustained community networks that work together in the best interest of children.
- Many cases of abuse were not followed up due to lack of facilitation in terms of transport for police officers and project staff to investigate and provide evidence. In other cases, the parents could not afford medical fees yet in others the parents/witnesses could not afford transport costs to come testify in court.
- There is need to support the child and family protection units and project officers with transport and fuel to follow-up such cases and lobby advocate for increased budget allocations to the units to carry out their duties. In this case a project vehicle and funds to fuel and maintain motorcycles are vital.
- The project was faced with a problem of few staff to implement project activities. Ideally one project staff per district was not commensurate to the workload.

- There is need for more personnel in terms of paid staff and motivated volunteers to create greater impact.

Objective 3

To enhance child participation in promotion of children's rights and empower 100 children with livelihood skills to cope with after effects of abuse, and effectively deal with situations that could lead to abuse/exploitation in Mukono, Kalangala and Kampala districts by the end of 2008.

- **Child peer education networks**

Out of school children Peer educators network

- 49 out-of-school children in the districts of operation (17 in Kampala, 16 in Mukono and 16 in Kalangala) were trained as peer educators and provided with information on children rights, life skills and child protection issues to pass on to fellow children who they interact with in the communities and at UYDEL drop-in-centers. 2 children clubs were formed in Kampala and Mukono drop-in-centers and they lead group counseling sessions held at drop-in-centers every Saturday.
- They have been actively involved in mobilization activities group counseling sessions held every Saturday at UYDEL centers. This has acted as a platform for self expression through music, dance and drama, talk shows and individual testimonies. They have helped their peers gain confidence to cope with abusive situations.
- Like the parent support groups, the children have also referred children who need protection to UYDEL centers and Police stations.

- **Child link clubs in schools**

- Child link clubs in schools have been an avenue through which the project team teaches school going children about child rights and child protection issues. The clubs, (10 in Kampala, 10 in Mukono and 4 in Kalangala, consist of 30 members on average, and like out of school clubs, they do basic counseling and sensitization through drama, art and music. They are assisted by a club patron who was also trained by the project in child protection issues. The project team has also been able to sensitize children through these clubs through talk shows and during school assemblies about child protection issues on invitation by school authorities.

Through the peer clubs, children mobilize, teach, refer and do basic life skills counseling to fellow children that need protection. They have also shared their experiences so that other children can learn from them how to cope with difficult situations. This way they have regained their self esteem knowing that they are not alone, can be listened to and they can help another person in need.

- **Apprenticeship/vocational skills training**

- As part of economic empowerment, a total of 260 out of school children have been supported to undertake apprenticeship in various trades as shown in the table below.
- Prior to the apprenticeship, children are counselled, taught life skills and also their parents visited

Skill	Kampala		Mukono		Kalangala		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Welding	28	01						29
Electronics	21	08						29
Motor vehicle mechanics		-	07	-	05			12
Motor bike mechanics	02		04	-				06
Hairdressing		56		45		03		104
Tailoring		45		28		02		75
Catering		02		-				02
Plumbing		03		-				03
Totals	51	115	11	73	05	05		260

- As part of the assessment process, the children were counselled, taught life skills (problem solving, friendship formation, decision making, goal setting, children rights) and encouraged to participate in weekly group counselling sessions. They were also visited at their homes to rally the support of the parents, and also discuss child protection issues and their role in supporting the child through the rehabilitation process
- 20 artisans participating in the training of the children were also oriented in children rights and child friendly ways of promoting resilience among the apprentices. The artisans also conducted basic counselling and guidance to keep the children motivated to complete their apprenticeship period.
- Through out the apprenticeship period, children continually go through group and individual counselling session at the drop-in-centres to enable them learn new information and skills, cope with the demands of the training and set goals for the future. This has also been a way of helping the children learn life skills and cope well with difficult situations.
- Some of the children who completed training have been able to start sole income generating projects, while others were retained at training centres due to their good performance.

Through the apprenticeship period, children are taught both life skills and vocational skills to enable them start small/micro enterprises to earn incomes in safer ways to support themselves and their families than engage in exploitative sexual acts that expose them to risks of contracting HIV/AIDS. They also participate in positive leisure activities such as drama and sports and learn life planning skills to be able to make better life choices and cope with challenging situations when they exit UYDEL centers.

Shortfalls

- There are many children who need vocational skills training, yet the resources are limited to absorb all of them into the apprenticeship programme
- Meeting the welfare needs of the children under apprenticeship is a great challenge in terms of providing food, transport and accommodation to those who desperately need them. This in essence has affected performance and regular attendance since some children have to work (casual labour) to cater for themselves. Although the UYDEL

centres have tried to provide some of these requirements, the capacity is limited to cater for all the children visiting the centre.

- Some of the children are slow learners, others cannot read and write because most did not complete primary level education and therefore the level of comprehension of issues is still low. The artisans therefore have to take some time to explain certain technical things to such children on an individual basis.
- Rallying the support of parents to cater for the welfare needs of children such as food as UYDEL supports apprenticeship training has been a challenge since most of them are too poor to afford.
- The children also needed protective gear while on training which the artisans and UYDEL could not provide due to budgetary constraints.

There is need to consolidate the achievements of apprenticeship and providing minimum welfare package, at least food and learning materials for apprentices so that they concentrate on the training..

During the implementation and evaluation of the project the team learnt that;

- Many cases of abuse are happening within homes by parents and relatives and therefore not easy to notice. Some of the noticed cases are also not reported because people fear being 'hated' by the families in question. Even local councils ignore such cases because they do not want to lose votes in the next election. There is therefore need to promote confidential reporting of cases of child abuse and reassuring the communities that once their concerns are with the police they will be properly handled.
- Peer support networks of children and parents are essential in mobilization and sensitization of communities on child protection issues. They foster meaningful participation and encourage friendly learning and sharing of experiences. For the children, they provide opportunities for self expression and confidence building.
- The collaboration between Police officers and UYDEL has fostered friendly interactions between the community and law enforcement officers. Many people who have interacted with police officers in this project feel confident that police understand their problems and is committed to protecting children despite challenges in facilitation. Such gains need to be consolidated to further bridge the gap between the two bodies.
- Vocational and life planning skills training are vital in rehabilitation process of abused children because these help them to learn skills to cope with their abusive past, make informed life choices and at the same time provide positive income generating options that hinder a child from re-engaging in exploitative activities particularly sexual exploitation for survival.
- In most instances, issues of child abuse and neglect are recognised but ignored unless they involve aggravated abuse for instance burns, bruises and damage of private parts. Therefore, communities need to be sensitised more on how to recognise and handle child abuse issues in all its forms, and promote resilience among children to avoid and cope with difficult circumstances.
- Many community members and service providers are still ignorant about legal provisions in child protection and how to handle abused children and how to promote resilience among children. Many parents for example still regard children rights as instruments to

make children rebellious. There is need for sustained community-based sensitisation campaigns to inform large populations about child protection issues.

- There are still glaring gaps in skills building on child friendly services and psycho-social support for children especially among law enforcement officers, local leaders, teachers since fewer numbers were trained and for a short time. These need regular refresher training to keep abreast of child protection issues and effectively promote resilience among children.
- Many of the cases that take place in remote rural areas go unreported because of accessibility challenges. There is need to design efforts and commit resources to enable the project team follow up such cases and ensure justice is done.

The challenges in prosecution and provision of legal support for sexually abuse children are enormous. These include limited access to medical examination, difficulty for witnesses to attend court, lack of alternative accommodation for abused children e.t.c. the solutions to these require government intervention and political will. There is need for concerted efforts of all child actors to lobby government to take the welfare of children a priority. Above all, there is dire need to educate the communities through a sustained education programme about child protection issues since prevention is better than cure.

UGANDA YOUTH DEVELOPMENT LINK



D). Project Title: Alcohol, Drug and Substance Abuse Prevention among vulnerable young people

UYDEL received financial assistance from IOGT-NTO to conduct a series of activities geared towards the prevention of alcohol, drug and substance abuse among the slum youths during the year 2007. UYDEL extends its heartfelt appreciation towards IOGT's continued support towards UYDEL's activities in the last year.

These are observations and issues arising out of the project implemented activities in communities. These observations then serve as a measure of project progress and form a guide for more intervention efforts based on the results experienced so far.

Prevention work on alcohol, drug abuse and risky behaviours

- The young people have been empowered with knowledge and skills through their participation in BCC sessions, peer education group activities (in and out of school) and life skills training. They have learnt to cope with difficult situations through engaging in positive leisure and recreation at Masooli vocational skills training center and have also helped their fellows do the same through music dance and drama, sports and sharing testimonies.
- The youths who participated as peer educators feel proud of their participation and have been actively involved in community education and advocacy for project activities through staging drama performances and sharing testimonies at national

fora e.g. Common wealth Heads of Government pre-meetings, and national day celebrations, which they would not do before.

- The community leaders and members are aware of alcohol and drug abuse prevention issues and their role in promoting the same and are now better able to handle related cases at the community level in a friendly way that promotes resilience.

Community sensitisation

- Community networks especially the parent support groups have helped reach out to many community members in the project areas of implementation. They have helped in identification, peer education and referral of young people to UYDEL centers for psychosocial support and other service delivery points that deal with alcohol, drug and substance abuse related problems.
- The school's education program has reached out to a large group of young people which could otherwise have engaged in risky behaviors associated with alcohol, drug and substance abuse. The school's education and outreach program has a peer to peer education intervention where trained school peer educators pass on the knowledge and skills acquired to fellow students through debates, group sessions, quizzes and tests
- More numbers of young people have continued to seek psychosocial support from UYDEL centers due to the massive sensitization and community structures resulting from prevention work and drama shows. To date Masooli center receives an average of 25 young people weekly seeking health and psychosocial support from health workers and social workers.
- The street smart intervention program adapted for the young people in project activities has proved helpful in disseminating alcohol and substance abuse prevention messages in a friendly way. Further to that, all vocational skills trainees undergo these sessions before actual skills training as a way of fostering rehabilitation.
- The training of stakeholders (parents, local leaders, NGO/CBO workers and police officers) has been a good way of making everyone in the community appreciate drug abuse problem, thus build a protective environment for youths. Many of these have actively participated in community protection networks for parents and young people to identify and refer cases of youths affected by alcohol and drug abuse to UYDEL and law enforcement authorities.

Vocational training and livelihood skills building

- The young people that have benefited from vocational skills training have been empowered economically, resettled and are now leading better standards of living as compared to their situations before.
- Vocational and life planning skills training are vital in rehabilitation process of young people because these help them to learn skills to cope with their past, make informed life choices and at the same time provide positive income generating options that hinder a young person from re-engaging in exploitative and illicit activities.

Rehabilitation and resettlement

The process of rehabilitation and resettlement was very vital in empowering the young people with positive coping mechanisms necessary for re-integration into the community especially through vocational skills training.

Networking and collaboration

- The networking and collaboration partnerships with other NGOs/CBOs were strengthened. NGOs/CBOs have held in house training seminars for their staff as part of capacity building by UYDEL and were instrumental in campaigns against alcohol, drug and substance abuse prevention in slum areas/communities.

Unintended effects

- The comprehensive package of rehabilitation services which children benefit from the centre was unintended. UYDEL had intended to offer limited vocational skills training for the start but more courses have been introduced to meet the demands of the young people. For example literacy classes, sports activities, electronics repair, and carpentry. Hence the demands of the young people have been met subsequently in addition to food, counselling, recreation, talent identification, medical and psychosocial support.
- The project laid a firm foundation for UYDEL staff to build capacity of other organisations in regards to alcohol and substance abuse prevention. UYDEL conducted a five day's Training of Trainers workshop for staff of International Medical Corps (IMC) in Kitgum district in October 2007. IMC was going to implement an alcohol, drug and substance abuse prevention and response program to people in Internally Displaced Camps in Northern Uganda.

Challenges

- The long distance traveled by the young people to Masooli centre was a challenge since the center is located 12 Kilometers from Mpererwe and many youth are not residents. Hence there is a need to secure a mini van to enable youth be picked up and dropped at a central place.
- The numbers of youth seeking support for vocational skills training was bigger than the project resources could accommodate and those who turned up had multiple problems than UYDEL could provide at the same time. For instance a teenage mother would need food, shelter, medical treatment and vocational skills training that could not be provided at once due to limited resources.

Environmental effects

No substantial environmental effects were experienced because the green vegetation and trees were maintained at Masooli centre as one of the ways of conserving the natural environment.

Lesson learnt

- There's need for a baseline survey to establish the inter linkages between alcohol , drug abuse, poverty, and HIV/AIDS to inform program implementation and

- Community networks and structures such as parent support groups, and peer educators need to be strengthened further to promote project sustainability, act as community resource persons/groups about UYDEL work and also help in referral and advocating for youths activities at the district level.
- Recreation, talent identification and sports activities should be strengthened because it's an avenue of disseminating and consolidating alcohol, drug and substance abuse prevention messages among young people.
- Application of life planning skills in prevention strategies especially among the young people and established community structures needs improvement to foster reduction of alcohol, drug and substance abuse related behaviours among the target group. Community and stakeholder involvement in the initial stages of project implementation is vital for project sustainability
- Young people receive a comprehensive rehabilitation package when they are in a centre setting because all services are integrated and they access them without any major hindrances.
- Regular monitoring and follow-ups of young people in skills training is easier when in a centre setting unlike in the artisan approach where children are spread over a big geographical area.



E). Project Title: Engendered Linked Response Project

Engendered Linked Response to RH and HIV/AIDS project in UYDEL has strongly advocated and promoted sex education on healthy masculine and feminine identification, which has raised their self-esteem and greatly influenced their success on sexual behaviour as well as making informed decisions.

This project has enabled both female and male youth to see each other as partnerships in achieving positive sexual health practices. This has helped youth to develop a health self-image which is vital in every aspect of their lives. Three youth couples received at the centre experience shows it that, the couples see each other as privilege as well as having full responsibility over health attitudes towards sex and morals.

All in all young people were able to come up their positive sexual values that they promised to live up to.

Achievements

VCT services

HIV counseling and testing [HCT] remains a pivot service and a vital entry point in HIV/AIDS prevention and care services. UYDEL has continued in working to improve access to VCT services for sex workers, this has been done through pre-group counseling on HIV counseling and testing, referral linkages, supervision, and quality improvement approaches. According to the Health service provider, in charge, there is increased perceived

power on individual decision-making and shared equitable decision making for couples [youth]received at the youth centre on up take of VCT and Family planning choices.

No.	Description of activity	Female	Male	Total
1	Registration	31	20	51
2	Pre-counseling sessions	31	20	51
3	HIV Testing	30	20	50
4	Positive	2	1	3
5	Negative	28	19	47

Family planning

Even where sexually active young women are aware of HIV/AIDS and measures to protect against infection, rarely do they have the power to ensure that condoms are used. Family planning component was emphasized in all counseling sessions with the clients and all FP methods were discussed in depth. HIV counselors advised clients on family planning with emphasis [preferably] on consistent and correct use of condom for dual protection against unintended pregnancies and prevention STIs, including HIV. A total 144youth [56 female and 88 male] have accessed family planning services.

Increase in the enrollment of male clients at the UYDEL centre

More male were enrolled in the peer to peer network of youth in the communities. 10 male and 10 female are serving as peer educators. This among others has led to an increase of male clients seeking for services compared before. This created an opportunity for the health workers to pass on health promotion education which has had a bearing on men's knowledge, attitudes, and behaviors, leading to a decrease in the spread and impact of HIV and AIDS and RH utilization of services.

Drama as community promotion activity

The incentives given to the peer educators facilitated a good turn up of male young people to join drama group. This positioned and empowered them to express their opinions on RH and HIV/AIDS services. Both male and female young people were encouraged and argued that expressing an opinion is not the same as making a decision, but it implies the ability to influence decisions. This has enabled the young people to assume increasing responsibilities over their sexual behaviors and their necessary goals desired to achieve in their lives. This led to improved self-efficacy and facilitated community participation and empowerment.

Pre-group counseling sessions

UYDEL has reached more young people with information safeguarding their rights to health care services which is essential to HIV/AIDS prevention and RH services at all levels. This is because AIDS 'strikes hardest' where human rights are least protected, particularly among vulnerable people like youth involved in commercial sex. Most youth are put at risk because of the denial of their rights to information on prevention of HIV/AIDS and related services

available to for them or directly through forced early marriage to older infected men. Through meaningful participation of both genders in pre-group counseling, young people have become a potential resource in addressing their concerns on reproductive health needs and HIV/AIDS supportive services within their communities hence gaining the competence to make decisions.

STI Treatment

In an effort to make young people more aware of the risks of sexually transmitted infections (STIs), health-seeking behaviors have been promoted at the individual, community, and societal levels, through dram shows, outreach services and treatment services at the youth centre. 129 youth have been treated of STIs [55 male and 74 female]. Engendered project has also provided additional technical assistance to the local partners in all youth programs being implemented by UYDEL. This has lead to support gender equality and empowerment as well as promoting behavior among the young people.

Observation

Risk assessment is very key in helping the booth male and female young people - client understands the risk to reduce risky behaviors. Young people will not be able to make behavioral change unless they perceive that they are at risk. If client does not perceive sufficient risk, then he or she will not be motivated to make health –related changes.

In conclusion, the project has showed increased knowledge and improved attitudes among men about female’s reproductive health, as well as improvement in the community's perceptions about the quality of services at health facilities for both male and female clients and women.