

Programme Monitoring Protocol
Reporting period – Final Copy - Twelve Months (1st December 2009 to 31st January 2011)
Uganda Youth Development Link (UYDEL)
Move Forward Project

Overall Objective:

To contribute to HIV prevention among commercial sex workers in Kampala through establishment of quality friendly prevention, care and support services by the end of 2010.

PART 1

1) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Vocational skills training	<ul style="list-style-type: none"> a) Training Materials b) Local artisans/ instructors c) variety of marketable vocational skills to choose from d) Intake forms e) Stationery 	CSWs equipped with vocational skills as an alternative means of survival	<i>More training materials for the CSWs to acquire more training in different skills in hairdressing, tailoring catering, electronics and handicrafts</i>

Narrative:

Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)

With the support of the local leaders, focal persons, former and current beneficiaries of UYDEL programmes, parents, hotel/lodge/bar/brothel/video owners, local artisans/ instructors and peer educators, UYDEL staff and volunteers were able to identify, assess, guide and place 100 CSWs with local artisans and instructors to acquire vocational skills training in vocational courses of their choice offered at the UYDEL outreach posts and drop-in centres in and around Kampala District. The main aim of this objective is to provide the 100 identified CSWs with safer alternative sources of earning income to reduce their dependency on finances raised from sex work which exposes them to HIV infection, violence, abuse and exploitation. A total of 144 CSWs (1 male and 143 Females) were identified in and around Kampala and of these, a total of 64 CSWs (1 male and 63 females) were identified from hotels/bars/lodges/brothels and discotheques in the zones of Katoogo, St Francis, Kimombasa, Bokasa, Ketifalawo, Kalerwe, and Kazo in Kawempe Division. A total of 57 females were identified in Rubaga Division in the zones of Nakulabye, Lusaze, Namugoona, Nabulagala, mengo, bakuli and Kasubi. And a total of 23 female were identified in Makindye Division in the Zone of Mubarak.

After assessment of the identified CSWs were done, the UYDEL staff with the support of the CSWs, their relatives and parents conducted home visits: to verify information provided by the clients during the identification and assessment process; to guide the UYDEL staff's understanding of the environments in which the CSWs come from/ stay by interacting with their family members and guardians; sensitizing them about the Move Forward Project and; start the process of drawing up and engaging the CSWs and their client in preparation of rehabilitation plans and the resettlement and reintegration of the CSWs benefiting from the project. A total of 12 females were visited in Rubaga Division, a total of 40 Females were visited in Kawempe Division and a total of 23 Females were visited in Makindye Division.

During the home visits, it was observed that majority of CSWs' homes visited were in the slum area, with limited sleeping space (one roomed/ two roomed houses) and yet some of the family sizes are too big (10 to 15 people) for the available space, the sanitation in these homes was very poor as majority did not have toilets and for those that had, they were in a very bad situation and they had very poor drainage systems. It was also noted that some of the CSWs have children and are homeless as many sleep in groups (6- 10 people) with fellow peers and majority were not in touch with their parents and guardians because of misunderstandings, mistreatment, death and abandonment.

As a result, after assessments, continuous follow up, home visits, and one-on-one interpersonal counseling, a total of 105 CSWs (1 male and 104 females) were placed at the UYDEL drop-in centres and outreach posts in and around Kampala to acquire vocational skills training in Hairdressing, tailoring, catering, handicrafts, sweater and tablecloth making and electronics. Of these,

- A total of 33 females were placed at the UYDEL outreach post in Bwaise II, Kawempe Division,
- A total of 35 females were placed at the UYDEL drop-in centre Nakulabye, Rubaga Division,
- A total of 8 females and 1 male were placed at the UYDEL rehabilitation and Vocational skills centre in Masooli, Gayaza Road and,
- A total of 28 females were placed at the UYDEL outreach post in Mubarak Zone in Makindye Division.

It was noted during the identification process that majority of the CSWs were young mothers and single parents as majority were divorced, others were separated from their spouses and some did not know the fathers of their children given the nature of their work (multiple sex partnerships making it hard for them to locate or know the origins of their sexual partners).

We also learnt that majority of the girls engaged into sex work because they were living under very poor conditions with most of the populations in these areas earning meager incomes below the proper standard of living , all the girls stay in the slums of Kampala that are characterized by poverty, bad peer influence, alcohol, drug and substance abuse, early school dropouts, floods during the rainy seasons due to poor drainage systems, poor sanitation due to lack of or poor toilet facilities, majority live in poor shelters and in most cases, many of them share one roomed houses and majority of the girls had dropped out of school at an early age thus having limited survival skills to enable them compete favorably in the employment environment.

We also learnt that working with the local leaders (these are part of the local government structure and are charged with enforcement of the laws and bi-laws and handling of petty crimes/disagreements/offences within the communities) was a good practice as most of the sex workers were free with them as they usually go to them for referral to NGOS, hospitals, and other service providers for medical care and psychosocial care and support services. The local leaders as part of their work carry out community sensitizations on HIV prevention, counseling and livelihood skills information through the use of the local council platform and many a times the UYDEL staffs have been invited to participate, facilitate and attend the local council platforms.

It was also noted that majority of the sex workers were using alcohol and smoking pipe to enable them cope with the nature of their work exposing them to further infection of HIV and STI because of impaired judgment, and limited negotiation for protected sex during their sexual encounters.

During assessments of the identified CSWs, we learnt that some of the sex workers had been trafficked from villages to town with promises of jobs and better life in the cities which they did not realize thus ending up into sex work for survival. For example, a UYDEL social worker assessed a group of six girls aged 15 to 25 years in Bwaise who had been brought by the Auntie (Pimp) from Masaka to Bwaise with promises of getting those jobs. On getting to Kampala (Bwaise II), she instead initiated them into sex work. She would get for them the men who in turn paid the Auntie (pimp) for the services the girls offered the men. The girls said, "we do not enjoy sex work as we feel helpless, disappointed and exploited because all the money is paid to our Auntie. If given an opportunity to get out of sex work, we would be very glad." The girls were recruited into the Move Forward program and were provided with temporarily accommodation at UYDEL rehabilitation and vocational skills centre in Masooli where they are acquiring skills in Hairdressing, catering and electronics and undergo continuous psychosocial counseling and support. They are very grateful to UYDEL and the support provided to them by SOAIDS

for giving them a new hope to a brighter future.

Case Study 1

Babirye Rehema 24 years stays in a one-roomed house in Bwaise Kimombasa (this place was named after Kenya- Mombasa which is famous for commercial sex work) with her two children and two friends. She left her parents' home in Nakulabye after the mother died and the father took on another wife who mistreated them. Her stepmother used to beat her, deny food and stopped her from going to school. Rehema dropped out of school in Primary six and left home at the age of 15 years to live with a friend in Kimombasa, a place characterized with many brothels and is a red zone for sex work in Kawempe Division, Kampala District. Rehema was initiated into commercial sex work by the friend for survival and they got most of their clients from Arua Park in Kampala City centre. She earned 2000/= per client and paid 500/= for the room they used.

On many occasions, on her way from Arua Park to Bwaise, she would meet thieves who would take all the money she had worked for and her phones. These incidences of getting robbed forced her to start working in Bwaise where she stays. She says is would get six clients a night and each paid 2000/= and paid 500/= for the room they used. She used her earnings to contribute to the rent of the house where she, her children and friends live, buy food and take care of her children's needs.

In sex work, one faces a lot of challenges, says Rehema. For example, sexual violence and in some instances clients do not want to pay and others do not want use condoms and some pretend to wear the condoms and either pinch the tip or remove it when starting sexual intercourse and some tell you it burst during the act. This happened to Rehema one day and she ended up getting pregnant with her second child. She does not know who the father of her second child is. Rehema is HIV positive and she says that all this happened to her because all her sexual encounters with her clients take place in a dark room that has no electricity and it is difficult to see what the partner is doing with the condoms.

Rehema's children aged 5 and 4 years are also HIV positive. When she goes out to work she lives them under the care of a neighbor. Babirye has been raped twice and beaten and says that one of the men who raped her did not use a condom. She uses alcohol, drugs and smokes pipe in order for her to be bold and feel warm and she says that smoking pipe helps her get more customers.

Rehema said that she was tired of this kind of lifestyle and wanted to change her survival behavior for the better and also care for her children. She was identified by a UYDEL staff in a brothel where she works and after a one on one interpersonal discussion with the UYDEL staff she decided to come to the UYDEL outreach post in Bwaise to acquire skills in Hairdressing, and in addition she was provided with psychosocial support, attending group counseling and HIV counseling and testing services. She was referred to Mulago Hospital for ART treatment and now Rehema and her children are getting free ART treatment and care though she still needs a lot of counseling. She appreciates UYDEL for all the services she and her children have acquired and says that in the short time that she has been at UYDEL; her life has changed for the better.

Case study 2

Nanyonga Milly, aged 18 years was identified by a UYDEL staff in one of the popular pubs Nakulabye, Rubaga Division. She dropped out of school after the Father's death and since she never knew the mother, she decided to look for work. After failing to get employment in the other sectors of the economy, Milly decided to go to a bar in Nakulabye and ask for a job as a waitress. The bar owner told her that they did not have vacancies for waitresses but instead had employment for commercial sex workers and strip dancing (commonly known as 'kimasulo' in the local language). Having exhausted all possible options in vain, Milly decided to take on the job hoping things will be better and now stays with her friends who are also sex workers in Nakulabye. Milly says that, "I am tired of engaging in sex work for survival because many a times we do not get clients and when we do get them, they do not want to pay and yet we are at a higher risk of getting infected with HIV". It is for this reason that Milly decided to join the UYDEL drop-in centre in Nakulabye to acquire vocational skills training in Hairdressing.

From the above case studies it is clear that, majority of the girls engage in sex work because they have

no other options to survival and many have faced a lot of sexual violence and exploitation and some have given birth to second generation children who are fatherless which expose them to further vulnerability. Some of the girls have been trafficked with promises of good job and a better life in the city and instead end up in sex work where they are faced with a number of problems like HIV infection, unwanted pregnancies, suicide, alcohol, drug and substance abuse, sexual violence, abuses and exploitation because they do not have livelihood and life skills to enable them make informed choices as they practice sex work. Hence the need for comprehensive interventions to address not only the social aspects but the psychosocial, economic and health aspects and these interventions should not only focus on the sex workers but their families as well the communities where they stay for a holistic effect.

A total of 15 CSWs that were acquiring skills in hairdressing and were inconsistent in with their training at the UYDEL outreach post in Bwaise were followed up by the UYDEL staff in Kawempe and Rubaga Divisions. Of the 15 followed up, 9 girls had started working and told the UYDEL staff that they had acquired the skill and were plaiting customers from their home verandahs as they waited for their graduation. They told the UYDEL staffs that they earn 8,000 to 20,000 Uganda shillings per day and that they were happy and grateful to UYDEL for having supported them acquire these skills in hairdressing. One of the girls had gotten a job in Juba to plait hair and was working with her sister who owns a saloon in Juba and the other girl had gotten a job in a bakery in Nabweru.

At the time of the follow up visits, three of the girls were pregnant and one was about to give birth. She was attending antenatal clinic Mulago Hospital and despite the fact that she is HIV positive and pregnant for one of her clients she is sure that with the medical attention she has received from Mulago, she will give birth to an HIV negative baby. Babirye has two other children who are also HIV positive and are on ARV therapy at Mulago Hospital.

Two of the beneficiaries who are HIV positive were sick with cough and malaria and were getting medical treatment from Kawaala Health Centre IV where they were first referred to by the UYDEL staff when they tested HIV positive in one of HCT sessions. One of the beneficiaries was taking care of them and this is why she was inconsistent in training.

One of the girls had gotten a hotel in Nairobi where she was doing her catering industrial training but will be back in time for the graduation.

Another beneficiary was looking after her child who had gotten an accident and was hospitalized.

Home visits were conducted for a total of 16 girls in Rubaga Divisions and issues addressed included: poor hygiene as many are used to staying in places with many tenants and thus do not mind about cleaning the bathrooms and toilets thinking that another person will clean them on their behalf; some did not have mosquito nets and were constantly suffering from Malaria; some did not have beddings especially for their children which possess health risks for them and; two girls did not have their own homes and were living with friends

Home visits were also conducted for 22 girls in Makindye and 38 girls in Kawempe Divisions. Majority of the girls are single mothers staying with friends and relatives in mud houses and in slum areas that are always flooding when it rains making them inaccessible during the rainy seasons. Some of the girls do not know the fathers of their children and thus have to struggle on their own to make sure that they provide for their children. For some of the girls, the spouses are not aware that they engage in sex work especially for those whose spouse work far away from home and only come once in a month.

On the 15th of October 2010, a Graduation ceremony for 31 CSWs who had completed their training in Hairdressing was held at the UYDEL drop-in centre in Nabulagala, Rubaga Division. The graduation ceremony was presided over by the Probation and social welfare officer of Rubaga Division who in his speech promised to help the girls write up business proposals to help them access grants from Rubaga Division to help them boost or startup their businesses. He was grateful for the work that UYDEL with the support of SOAIDS is doing in their Division and promised to work together with UYDEL. All the girls were provided with tool kits and hairdressing basic requirements to help them start up their businesses and were very grateful to SOAIDS and UYDEL for all the support provided to help them

have a brighter and promising future as many gave testimonies that their lives had changed for the better since they joined the Programme.

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On the 28th of January 2011, a Graduation ceremony for a total of 48 young people (47 girls and 1 male) was held at the UYDEL outreach post in Bwaise. This ceremony was officiated by the Probation and Social Welfare Officer of Kawempe Division who appreciated UYDEL's work and the support from the MOVE Forward Project and expressed the need for more support to many other girls and boys in the same vulnerable situations in Kawempe Division.

Success Story

After the death of her parents, Namata Teddy dropped out of school in primary seven in 2003 and went to stay with the Grandmother in Masaka. One day, while at the grandmother's place, a lady called Esther came to the grandmother's home and asked for Teddy to go work for her as a housemaid in Makindye Lusaka and because Teddy was not going to school and had no job at the time, the grandmother thought this was a great opportunity and accepted for Teddy to come to Kampala and work. In Kampala, Teddy was not aware of what kind of business Esther was involved in. She would see different men come into Esther's house everyday and most of Esther's friends who visited were quite weird, they always forced Teddy to join them in sex work though she refused. They always brought in different men and sometimes they would have sex in Teddy's sight and the men would also want Teddy to join them but she refused. One fateful day, one of Esther's friends came home with a man friend and pretended to go somewhere claiming she was coming back to pick him, but she did not return. This man tried to force Teddy to have sex with him and because she was not strong enough the man raped Teddy and when she tried to tell Esther about the incident, Esther told her that this is the only way that she can survive in Kampala. Esther instead got for Teddy more men. When Teddy was able to raise enough money for transportation back to the village, she runaway and went back to her grandmother's home in Masaka and explained all to her who refused her to come back to Kampala and work for Esther. However, after sometime in the village, Teddy got bored and started to miss her friends and the good life that she had gotten used to in Kampala. She decided to convince the grandmother who later let her come back to Kampala to stay with a friend and look for a job. In Kampala she was now staying with her best friends who she later found out was also engaging in sex work for survival. The friend introduced Teddy to a number of clients and this is how she was able to survive since she had no employable skills.

Currently, Teddy 22 years rents a single room house in Makindye, Mubaraka Zone where she stays with her 4 year old child whose father stays in Congo and only comes once in a while to check on them. Teddy says she has practiced sex work for 4 years and has only gotten misery since she started engaging in sex work. On the 7th of April 2010, Teddy came to the UYDEL outreach post in Makindye looking for work as a cleaner. On interaction with the UYDEL social worker, Teddy narrated all the hardships that she had gone through and why she needed the job. She explained to the UYDEL staff that vaginal sores and itching, abnormal vaginal discharge and a bad skin rash and could not go on practicing sex work because all her clients rejected her. She was provided with information about the UYDEL programmes and during the interaction with the UYDEL staff Teddy was told to take an HIV test and the importance of knowing one's status and confessed that this was the first time she was hearing about HIV testing but did not want to take the HIV test. Teddy instead requested to be enrolled

in the Hairdressing class which skills; she thought would be a great thing for her to acquire. During training, Teddy was always being discouraged by the friends who kept telling her to drop out and continue with sex work but she refused. Her friends would come to the centre to pick condoms and attend the Behavioral change sessions but refused to join the vocational skills training with Teddy as they always said that they were busy and wanted to go and start preparing for their clients.

At the UYDEL outreach post, Teddy was also trained as a peer educator in Makindye and with the continuous Interpersonal counseling sessions with the UYDEL staff, Teddy eventually accepted to go for HIV counseling and testing session that had been organized by UYDEL at the Outreach post on the 30th of August 2010. Unfortunately, Teddy tested HIV positive. "When I got the results, I felt like the world had just ended, I was confused and did not want to talk to anyone. I called my close friends and told them that I was going to die", said Teddy. When she came to the centre the next day, after a counseling session with the UYDEL health service provider, Teddy requested that a UYDEL Health Service Provider accompanies her to Salaama Health Centre IV where she was referred for further management because she feared that the service providers there would blame her. At the Health centre IV she was counseled on positive living which included taking septrin prophylaxis daily to prevent opportunistic infections, sleeping under a mosquito net, drinking boiled water, avoiding stressful situations like having multiple sexual partners, have a balanced diet, treat any infection detected as early as possible, and to always correctly and consistently use a condom with every sexual partner to avoid infecting others and re-infecting herself, and was enrolled into the care and treatment Programme of the Health centre IV at the end of August 2010. Teddy later confessed that she used to fear going for and HIV test because one day they were having a conversation with her friends, she learnt that one of her regular client had died of HIV/AIDS. "I felt powerless and confused and did not tell my friends that I had slept with that man on several occasions because I did not want them to know that i was also infected. And because I was desperate, from that day on, I decided to sleep with any man who approached me for sexual encounters and would tell them not to wear condoms", says Teddy.

Teddy also narrated that before coming to the UYDEL outreach post; she had gotten a very bad skin rash and was told to go to one of the churches in her village in Masaka. At the church, the Pastor prayed for her, gave her holy water and olive oil to smear all over her body and she says that when she did this the bad skin rush disappeared. But when she got it again she could not go back to the village because it was far since she was now living in Kampala town.

Teddy is now on ARV therapy at Salaama Health Centre IV in Makindye and has stopped practicing sex work. She is coping well and has acquired skills in Hairdressing. She has also started working and is using her home veranda as a saloon in the meantime as she waits for her graduation planned to take place on the 12th of November 2010. With the support of the MOVE forward project, Teddy will be graduating along side 22 other colleagues that have successfully completed training in Hairdressing and bead making at the Makindye outreach post. All the Graduands will each be given a certificate for completion of training in Hairdressing, a hand drier and other hairdressing materials like oils, braids, threads, combs, towels and salon trolleys among others things as part of their start- up capital and resettlement kits.

To ensure that some of the girls who completed training and have not found employment in any of the salons or started their own business do not relapse back into sex work, UYDEL with the support from the MOVE Forward Project has started and equipped four saloons with the necessary hairdressing equipment and requirements. These saloons were started in Makindye, Rubaga and Kawempe Divisions. One of the four saloons belongs to one of the girls who had gotten a place to start working in but did not have enough funds to equip her saloon fully and thus she was supported with the hairdressing equipment and now the salon is fully operational. All the girls that are placed to work in these saloons will offer hairdressing training for another young person in a vulnerable situation and help link them to employment or empower them to start a small business locally. The girls in all the salons will be supervised by a social worker from UYDEL and helped to open up an account with a bank of their choice that will not have a lot of bank charges and the profits attained will be used by the young people with the guidance of the social workers to pay rent for saloon venues, buy more equipment for the saloons, pay the girls to enable them sustain their needs and those of their families, and some of the profits will be used to help the girls to each set up their own business locally.

UYDEL is currently partnering with Street Kids International, UK, to write a proposal that will help build the capacity of young people in Business skills Development and in this project if we are successful will support other young people who have undergone vocational skills training at UYDEL start up their own businesses locally and also help link them to loans and financial support from the Micro Finance Institutions in Uganda. If this proposal is successful and we are awarded this grant which may start in April some of these girls will benefit from the Programme which will run for two years.

2) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Conduct community outreach programs	a) UYDEL drama Group practice b) Drums and drama equipment	Community members effectively responding to HIV prevention issues among CSWs	<i>Continue with the educative drama shows in the communities where the CSWs live to sensitize the community members through the use of edutainment about stigma and discrimination, HIV/AIDS prevention, HCT and correct and consistent condom use</i>

Narrative:
 Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)

Educative Community drama shows were conducted in the communities of St Francis Zone in Bwaise II Parish, Kakungulu zone, Jambula Zone, and Kiggundu Zone in Kawempe Division. The drama shows were aimed at mobilizing communities (targeting the Commercial sex workers, their clients and their employers) and sensitizing them about HIV prevention, practicing safer sex, importance of HIV counseling and Testing and correct and consistent condom use, decriminalizing sex work, creating a safe working environment for CSWs and their clients. After the shows discussions on the messages depicted in the plays and skits were held and some of the people who came to the shows wanted to know more about the MOVE forward project and UYDEL and how they could join and benefit from the project. All these were referred to the UYDEL outreach post in Bwaise where they could get more information.

Participation of the girls in the drama shows is encouraged by the UYDEL staff as this is part of a therapy to help the girls deal with stress as they have fun changing behavior, build their self esteem, and learn from the messages they plan to communicate in the skits and songs.

On the 4th of June 2010, a drama show was conducted in the community of Jambula in Kawempe Division and the target was street and slum youth. The show was attended by 20 young people (7 male and 13 female). During the question and answer discussions, participants requested for that the Programme be extended to the areas of Nabweru and Nansana as many young people in these areas were engaging in sex work and many want to withdraw from sex work but they do not alternative skills or programmes to help them.

On the 10th of June 2010, a drama show was conducted in the community of Lukuli in Makindye Division and targeted 30 CSWs (14 male and 16 female). Messages in the skits and songs focused mainly on HIV prevention. Participants requested UYDEL to start up programmes targeting the male sex workers in Makindye as these were on the increase in the area and no programmes were targeting them.

On the 28th of August 2010, a drama show was conducted in the community of Bwaise in Kawempe Division targeting 19 slum youth (2 male and 17 female). The messages in the skits and songs focused on Safer Sex Practices.

On the 13th of August 2010, a drama show was conducted in the community of Bukasa in Kawempe Division targeting 20 young people (4male and 16 female). Messages were mainly on HIV prevention and these young people requested for HIV Counseling and Testing services.

On the 1st of September 2010, a drama show was conducted in Kikuubo Zone, Kawempe Division targeting 18 street and slum young people (3 male and 15 female).

On the 3rd of September 2010, a drama show was conducted in the community of Luwafu, in makindye Division. A total of 20 street and slum young people (8 male and 12 female) attended and participated in the show. One young person asked that there are many different brands of condoms on the market and some are very expensive and others are to cheap and wanted to know if the cheap brands of condoms were safe to use.

On the 24th of September 2010, a drama show was conducted in the community of Nabulagala, in Rubaga Division. A total of 20 street and slum young people (5 male and 15 female) attended and participated in the show. Youth requested for frequent drama shows to be held in their communities as they found them very educative.

On the 30th of September 2010, a drama show was conducted in the community of Mulago in Kawempe Division. A total of 20 street and slum young people (10 Males and 10 females) attended and participated in the show.

3) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Train peer educators	a) Training manual b) Training materials c) Training schedule d) Facilitators e) selection of participants for the training f) Identification of training objectives e) venue Hire g) stationery h) Meals	a) Former or current CSWs trained as Peer Educators and providing Peer to Peer support, basic counseling, dissemination of condoms and HIV prevention information and referral services to their peers	<i>Peer education program rolled out into the communities and a head count of how many have been reached with messages on HIV/AIDS prevention and correct and consistent condom use and referred to the UYDEL centres for services. And Financial support to continue monitoring the peer to peer activities in the communities.</i>
<p>Narrative: <i>Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)</i></p> <p>On the 25th to the 27th of May 2010 a Peer Educators' training was conducted at Namirembe Resource Centre and a total of 30 CSWs were trained as peer educators. The training provided the commercial sex workers with social cognitive life skills, values and practices they need to lead healthy lives. The training curriculum was developed by PSI is divided into 12 modules with each module containing a number of group exercises and games that a facilitator can use to explain technical concepts in an easy</p>			

way. Modules one to five contain a number of exercises that highlight life skills such as self-esteem, communication, negotiation skills as well as reproductive health basics. These life skills encourage the CSWs to look inwardly about themselves and find coping strengths to overcome challenges to adopt healthy behaviors.

Modules six through eight highlight the dynamics of HIV transmission and prevention, STIs, Family planning options available for commercial sex workers, and concepts of risky behaviors and how to avoid them.

Modules nine through thirteen discuss condom use in details, with exercises that enable participants practice and increase their ability to negotiate, discuss and use condoms even in difficult circumstances. Also in this section, participants discuss a number of issues that influence the ability of sex workers to not use condoms correctly and consistently such as influence of alcohol, drugs and substances and prejudices among others.

At the end of the training, the Commercial sex workers were able to explain Peer Education (including their role as Peer Educators, purpose of Peer Education, monitoring Peer Education activities among others). They were comfortable to carry out Peer Education in their communities, were knowledgeable about HIV/AIDS prevention and STIs (Personalized risk assessment and correct and consistent condom use and negotiation) and; gained skills to lead participatory exercises, during peer to peer community outreach activities and monitoring of these activities.

The 30 trained Peer Educators were very vigilant in carrying out Peer to Peer Education and Basic counseling in Kawempe, Makindye and Rubaga Divisions in Kampala District. They also referred fellow peers in their residential areas to the UYDEL drop-in centres and outreach posts for HIV prevention information, services and counselling.

As a result of Peer to Peer Education, a total of 529 CSWs and their clients (204 Male and 325 female) were provided with male Condoms (Protector)

A total of 290 CSWs and their Clients (110 male and 180 female) were referred by the Peer Educators to the UYDEL drop-in centres and outreach posts for services.

From the general comments presented by all the Peer Educators in all the three Divisions, majority of the female sex workers requested for female condoms. However we have tried to contact several health agencies including the Ministry of Health, but none of them have the female condoms.

4) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Conduct weekly educational talks and dialogue meetings	a) Resource Persons b) Choosing Topics for discussion c) Snacks and refreshments d) Materials to facilitate the educational talks (Pens Flip charts, markers, masking tape)	a) CSWs equipped with life skills to enable them cope and build resilience with difficult situations	<i>We expect to continue conducting the weekly educational talks and look out for more resources persons to give motivational talks to the CSWs at the UYDEL centre about coping and making informed choices as behavioral change is a gradual process.</i>

			<p><i>We will also conduct refresher training and conduct a training the remaining 28 CSWs acquiring vocational skills training in Street Smart Behavioral Change Modules</i></p>
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Narrative:

Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)

Weekly educational talks and dialogue meetings were held with the clients and guided by UYDEL staff and resource persons every Friday at the UYDEL outreach post in Bwaise, every Wednesday at the UYDEL outreach post in Nakulabye, every Saturday at the UYDEL rehabilitation and vocational skills center in Masooli, and every Wednesday at the UYDEL outreach post in Makindye. On average, each weekly session is attended by 20 to 40 CSW.

The main aims of the weekly behavioral change educational talks include: to equip the CSWs with skills of living positively and developmentally within the situations they are in or that they are faced with on a daily basis as they do their work; and to provide the CSWs with an avenue for to share with UYDEL staff and the resource persons the problems they are faced with, participate in the decision making in regard to the interventions they want to receive from UYDEL and guide the design process for interventions to address the problems and; to equip the CSWs with information, knowledge and life skills that will enable them adapt positive behavior change strategies and approaches that will help them make informed choices and in the long term protect them from getting infected with HIV and preventing further spread of HIV among themselves and their clients.

Resource persons were drawn from the various aspects of the economic, health and psycho- social sectors of the communities where the CSWs and their clients stay to facilitate on various topics. These resource persons include former beneficiaries of UYDEL programmes who share with the girls their experiences and testimonies of success, local leaders, Health Service Providers, Social workers and Business and Entrepreneurship persons.

Among the topics discussed through the use of debates, question and answer sessions, focus group discussions, role plays, facilitation and sharing of testimonies include; HIV/ STI prevention, menstruation, Livelihood and Life planning skills, Correct and consistent condom use, Family planning, early marriages, risky behaviors, Hygiene, Nutrition and proper diet, Parenting skills, Trafficking in Human Persons, Child sexual abuse and exploitation, Child Labor, Reproductive Health, Alcohol, drug and substance abuse, Abortion, Coping and resilience, Entrepreneurship communication skills, safety at work, stress, trauma, soft and business skills among others.

During the sessions, the CSWs with the guidance of the UYDEL staff and resource persons are asked to choose topics for discussion and give testimonies and come up with small skits showing real life situations of depicting the topic of discussion. In some instances the motion for debate is generated from the questions asked by the CSWs during the discussions.

A total of 73 CSWs were trained in Street Smart a behavioral Change module for out of school youth engaging in commercial sex work and drug and substance abuse among other risky behaviors that was developed by the University of California Los Angeles and adapted by UYDEL in 2006. The goals of Street Smart include: Practicing safer sex; Getting in touch with your feelings; Getting rid of thoughts that are self-defeating; Taking control of your life; Feeling confident about your ability to act safe; Knowing where to go when you are in trouble and need help; knowing your pattern of risk; Making friends who can help you to stay safe and; Having fun while changing behavior.

During the personalized risk session, the girls identified the following problems faced by the CSWS; homelessness, unemployment, lack of food, HIV, STIs, unwanted pregnancies, violence, drug abuse, orphan-hood, ignorance, early school dropout, lack of employable skills, un payment after sexual negotiations and murder.

They identified the following ways to cope with the above problems they are faced with: sleeping in groups or brothels and using drugs to overcome coldness on streets and in the night; transactional sex to deal with unemployment; trade sex for food to deal with the lack of food; to deal with HIV they try to live with it or shift residence and continue with work because they have to survive and some commit suicide; to deal with STIs, they ignore if it is not painful or take local herbs and a few go for treatment; to deal with unwanted pregnancies, they either opt for abortion or give birth and struggle with the fatherless children; for violence, they either fight back or join CSW support groups that provide them with security; and to deal with murder, they try to use trusted lodges, check on each other from time to time, and use of phones to track each other.

5) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
HCT Outreaches for CSWs	a) Laboratory technician b) Counselors c) Health service provider d) facilitation of transport and meals for support staff	a) CSWs aware of their HIV status and supporting each other and their clients prevent further infection of HIV	<i>We will continue to encourage more CSWs to go for HIV counseling and testing and sensitize them on the importance of knowing ones' sero status and how to live positively and healthy.</i>

Narrative:

Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)

With the support of the medical staff from Kawempe Health Centre IV (KCC), UYDEL staff mobilized a total of 41 females for HIV Counseling and Testing at the UYDEL outreach post in Bwaise. Of these 8 females tested HIV positive and these were referred to Kawaala Health centre IV for further diagnosis and ART therapy and only 7 females have accessed ART and 1 female is still in denial and despite the continuous one-on-one counseling sessions she still refuses to go for ART.

With support of medical personnel from Kawaala Health Centre IV, UYDEL staff mobilized 17 female for HIV counseling and testing done at the UYDEL drop-in centre in Nakulabye. All the 17 female tested HIV negative and were advice on positive living and HIV prevention with emphasis on consistent and correct condom use, reduction of sexual partners, and alcohol, drug and substance abuse.

With support of medical personnel from Naguru Teenage Centre, UYDEL staff mobilized 28 Clients 26 female and 2 male for HIV counseling and testing done at the UYDEL drop-in centre in Nakulabye and only one female tested HIV positive. Of these, 15 were provided with treatment for STIs, 3 were provided with treatment for general illnesses and 5 were provided with counseling. All the clients were provided with reading materials, stickers and brochures with messages on HIV/ AIDS, Family Planning and STDs/STIs.

Case Study 1

Bwanika Henry 18 years old stays with his grandmother in Bwaise. Henry says that sometimes he stays with friends in Bwaise because although his grandmother tries to provide his basic necessities, it is not enough, thus he has to try and fend for himself sometimes. Henry's mother died when he was 10 years old and the father had abandoned them and was married to another woman. Henry's grandmother took care of all his needs and paid his school fees up to Senior Four when he dropped out

of school because the grandmother could not afford to raise school fees. The house in which they stay belongs to the grandmother and is located in Bwaise one of the urban slum areas in Kawempe Division characterized by commercial sex work, gambling, and drug and substance abuse.

After dropping out of school, Henry decided to engage in commercial sex work for survival. Most of his clients were old women (locally termed as sugar mummies), who paid him a lot of money (ranging from Ugshs. 5,000/= to Ugshs 20,000/=) although he also gets young girl but these give him very little money (ranging from Ugshs. 1,000/= to 5,000/=). Henry says that sometimes when he has money he also buys some of the sex workers and he mainly operates from Kimombasa in Bwaise. Henry also engages in gambling and plays pool for money with his friends who initiated him into these gambling games.

Henry was referred to UYDEL by one of the beneficiaries in the project and a friend to Henry as they usually meet and work together in Kimombasa. At the UYDEL outreach post in Bwaise, Henry told the UYDEL social worker that he did not like what he was doing and wanted to join the program to acquire skills in electronics as this would give him an opportunity to change his lifestyle. Henry said, "I do not like the fact that older women who could be his mothers ask me for sex and yet most of them usually do not want to use condoms. I am afraid that I will get infected with HIV and STIs." Henry also admits to using alcohol and drugs.

Henry was enrolled into the UYDEL rehabilitation and vocational skills centre in Masooli to acquire skills in Electronics and hopes that the acquired knowledge and skills he will be able to start-up his own electronic shop in Bwaise.

Case Study 2

Nakalanzi Angel 21 years tested HIV positive and is on ART at Kawaala Health centre. Angel's parents separated when she was in Primary Four and the father later died of HIV/AIDS. She went to stay with the mother and got a scholarship to study up to Senior Two. She left the mother's place because the mother used to bring men to the house and went to live with the Auntie. The auntie was too strict and abused her forcing her to run away and going to stay with a cousin who was a commercial sex worker. Her cousin encouraged her to practice sex work and got her the first customer who paid her Ugshs. 5,000/=. After sometime, Angel and her cousin got a misunderstanding and she decided to leave to join her other friends who were also sex workers and stayed six people in a one roomed house. They got their clients from Rock gardens, Nakulabye, Eden Service Park, Lion's Pub and sometimes they went to the streets in town. Eventually, Angel got pregnant and the man responsible denied the pregnancy. She had to continue with sex work throughout her pregnancy until she gave birth to a baby girl who is now six years old.

Angel says that she has been abused by several clients. "One day, a man took her to Mutungo and after having sex with her he refused to pay her and tried to strangle her. The neighbors, on hearing me scream came and rescued me after they broke down the door. I had to walk on foot all the way from Mutungo to Bwaise because I had no money", says Angel. Usually the clients who take us to their homes do not want to pay, they beat us up and sometimes want to kill us, Angel adds.

Angel now goes to wallet pub, kiira road, and sometimes uses rooms in Kimombasa which charge her Ugshs 500/= for the room and a piece of condom. She charges Ugshs 2,000/= to 5,000/= for a short time with her and Ugshs 10,000/= to 15,000/= for spending the night with her. She can take on 5 to 7 clients a night or more depending on the circumstances. She says that they mobilize themselves in the evening from 4.00pm at a popular bar and then go to work. They do not allow the men to romance with them but only to have sex. She says the competition is too high because there are many sex workers and yet the customers are few and this forces them to call the customers or any man how passes by citing being at duty and fresh. Angel says her clients range from ages 20 to 60 years old and says that sometimes they get in trouble with the police who arrest and force them to give them bribes of Ugshs 1,000/= to let them go.

On the 7th of July 2010, with support of medical staff from ABC Uganda, a total of 28 girls were diagnosed and tested for STDs/STIs at the UYDEL outreach post in Bwaise. Of these, 9 girls had STDs/STI and 19 girls had UTIs. All the girls were given treatment and provided with condoms and information of how to prevent STDs/STIs/ UTIs.

On the 14th of June 2010, A total of 17 young people (2 male and 15 female) were provided with HIV counseling and testing services at the UYDEL outreach post in Bwaise and one female tested HIV Positive and was referred to Kawempe Health Centre IV for further management and treatment. All the young people that participated in the HIV testing were provided with counseling on HIV/ STIs prevention and provided with condoms.

On the 25th of June 2010, a total of 41 young people (1 male and 40 female) were provided with HIV counseling and testing services at the UYDEL drop-in centre in Nankulabye. Of these, 2 girls tested HIV positive and with received further counseling and were referred to Kawaala Health Centre IV for further management. After the testing session all the young people that participated in the counseling and testing sessions were given necklaces as this was aimed at encouraging them to stay safe and also go for HIV testing to know their status.

On the 4th of August 2010, a total of 21 girls were provided with HIV counseling and testing services at the UYDEL outreach post in Makindye. Of these, one girl tested HIV positive and was counseled on positive living and referred to Salaama Health Centre IV for further management. The others were provided with condoms and counseled on correct and consistent use of condoms.

On the 14th of August 2010, a total of 15 young people (5 male and 10 female) from the UYDEL drama group participated in the Frontline Medical Camp organized by Calvary Chapel Ministries held at Gadith House in Kampala. After the counseling sessions, the UYDEL drama group presented skits on drug and substance abuse, street children and child abuse and after the skits all the young people that had attended the medical camp were provided with medical examinations, HIV counseling ant testing, treatment for the drug addicts and thereafter all the young people were provided with lunch and entertainment from the UYDEL drama group and in the afternoon they all watched educative films on HIV and AIDS and STIs and life on the streets.

Case Study 1:

Namwanje Prossy 24 years was born in Masaka District to a polygamous family with 13 siblings. At the age of 15 years she dropped out of school in Primary six because the parents had separated. After the parents' separation, Prossy went to stay with the mother who had remarried. The Stepfather sexually abused Prossy and would give her some small money so that she would not tell the mother. After experiencing this on three occasions, Prossy was frustrated, she decided to run away and go back to the father's home. After spending 2 months with the father, Prossy was forced to get married. One night the father came back home and took Prossy to her said husband's home. Prossy cried so hard but no one would help or come to her rescue. After six months, Prossy got pregnant. The pregnancy was not an easy one as she was sick all the time. The mother in law would give her local herbs and because they did not have enough financial support, she was not able to attend antenatal clinics. The husband was a peasant and an alcohol addict who would come home drunk on a daily basis to beat and abuse Prossy.

At the time of delivery, she was assisted by an old woman who forced her to give birth before the actual time and thus the baby died at delivery. Prossy had severe pains and was not able to walk for a period of two weeks and she did not get any medical attention because they did not have the money to pay for the medical bills. Prossy give birth to two other kids with the help of a retired Midwife who charged her little money. Because of the continued abuse by the husband and domestic violence, at the age of 20 years, Prossy run away from the husband and came to Kampala and started working as a housemaid in Kabalagala earning 20,000/= Uganda Shillings a month. She worked as a housemaid for one and half years and later joined a friend in Namasuba who introduced her to sex work and during the day prossy would hawk bras in the different areas of Makindye and on a good day she earned 5,000 to 10,000/= Uganda Shillings. When they fail to make sales then they would go to the bars and practice sex work.

Prossy got a boyfriend who impregnated her and because he did not give her any financial support, Prossy decided to get an abortion at a clinic where she was given some medicine. But after three days, she was bleeding continuously and the fetus had not come out. She went back to the clinic where she was admitted for three days and was operated on. She is now experiencing a lot of pain the pelvic area

and one side is swollen. Prossy has been supported by the UYDEL staff to see a gynecologist and to get post abortion care. Prossy is a single mother staying with her two children and caters for all their expenses including paying for them school fees, food, and clothing and paying rent for the room they stay.

6) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Orientation of Hotel/Brothel/bar/lodge/video hall owners	a) Hire of meeting venue b) Training Manual c) Identification, mobilization and invitation of participants d) Condoms for dissemination e) identification of facilitators and resource persons	a) HIV/ AIDS workplace policies drawn and condoms distributed and disseminated in bars/hotels/brothel/lodges	<i>We expect to visit all the bar/hotel/lodge/brothel/video owners and places that the CSWs mentioned to be operating to provide them with technical support and guidance in finalizing and coming up with HIV work place policies to create a safe environment for the CSWs and their clients as many suggested that it is difficult for them to leave their places of work to attend a meeting and suggested that we visit them on site and provide on spot technical guidance</i>

Narrative:
 Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)

We learnt that working and guiding the hotel/ lodge/bar/brothel/ video owners to draw up and practice HIV workplace policies is a good practice as these are the place where most of the sex workers spend their time with their clients and or get their clients from. From the discussions with the CSWs, we learnt that if these hotel/ lodge/ bar/ brothel/ video owners are sensitized and guided to come up with HIV workplace policies, the CSWs and their clients will be empowered with knowledge and skills on HIV/AIDS and will be able to practice safer sex thus making informed choices and encourage the CSWs and their clients to consistently and correctly use condoms.

Nakabugo Harriet 23years old stays in Jambula Zone in Bwaise. After the death of her father at the age of 9 months, the mother took her to stay with the aunt who educated her up to Primary Five when she got very sick and died. After the burial of the Auntie, her relatives chased her away from home and her mother took her to stay with the grandmother in Jambula Zone Bwaise. At her grandmother's home, Harriet met many girls who were staying with the grandmother and were practicing sex work. These girls bought nice things for themselves like clothes, phones, and shoes which Harriet admired. She also decided to join them in sex work so that she could get these nice things. When her grandmother learnt about Harriet's engaging in sex work she only advised her to always use a condom and that AIDS kills. Unfortunately, Harriet's grandmother died and her children chased Harriet away from home and demolishing the house where they lived.

She then went to live with a friend who was also a sex worker in the same area and because the friend was accommodating her she expected her to buy all the food and other necessities. One day, I got a client who took me to a bar and bought me beers. We got drunk and he later took me to a lodge to have sex, says Harriet. The client was too drunk; I managed to rob him of Ugshs. 100,000/= and he

did not realize it. With this money, I decided to get my own place, paid rent for 3 months at Ugshs.20, 000/= per month and used the balance to buy a blanket and a mat.

I used to get my clients from SAX pub and since I never used condoms, I got pregnant. I tried to abort using a traditional healer whom I had paid Ugshs.50, 000/= but it was not successful. I decided to keep the pregnancy and continued with sex work for survival and later gave birth to a baby boy at the age of 17 years old.

Harriet says she no longer goes to SAX pub because the competition at the pub is high and yet the transport costs are also high. She instead goes to Eden Service Park to get clients and uses a room near Eden Service Park where they pay Ugshs 1,000/= per round of sex with a piece of a condom. The owner of this room whom they refer to as "senga" meaning auntie in the local language also stays in the room which at many a times is occupied by 3 different couples. The Senga monitors the sexual activities of the couples to ensure that they do not go for more than one round of sexual intercourse without paying because each couple is accepted to have one round for the Ugshs. 1,000/=. If they are two rounds then you pay another Ugshs.1, 000/=. Harriet got pregnant for another client and although this client is married, he takes care of Harriet's child and when he is away on business, he stays at Harriet's home.

Harriet uses drugs like marijuana, and local brew (Malwa and waragi) mainly for fun and to get confidence to approach clients as the competition is high. Harriet says that sometimes, she and her friends and the pimp plan to rob clients by pulling their trousers through the windows as they are having sex and take all their money and phones. This happens without the clients' knowledge since all the clothes are hung up near the window and when he asks about the robbery she denies claiming they were having sex at the time this happened and she could not know who took it. They share this money amongst themselves and with the owner of the room. Harriet can have 10 clients a night and more depending on the night and these range between the ages of 15 to 80 years old and charges from Ugshs 3,000/= to Ugshs 100,000/= if the client can afford to pay. Harriet leaves her children with an old woman whom she pays Ugshs 1,000/= per night when she goes out to work.

Onsite technical support was provided by the UYDEL staff to a total of 30 Bars/lodges/hotels and brothels in Kawempe Division. The follow up visits aimed at providing onsite technical support to the patrons and staff in formulating HIV/AIDS workplace policies. It was observed that in most of the bars/lodge/hotels and brothels after the meeting had formulated the HIV/AIDS workplace policies and had pinned them up on the walls though many complained that the clients/ customers had on many occasions removed them from the walls. They were advised to pin them near the reception or put them in the booklets in rooms.

The Patrons and staff were also provided with free condoms and were requested to put these in the rooms or give them out to the clients/customers free of charge and also provide disposal buckets where used condoms could be thrown. They were also advised to put up a sign post with the words "Free condoms are available here" at the reception so that the clients/customers are able to know about these services.

Messages formulated in the HIV/AIDS workplace policies included:

- "AIDs Kills", Abstain or use a condom
- Respect your partner's' decisions
- Information on HIV counseling and Testing services is available at the reception
- Information on correct and consistent condom use is available at the reception
- Children under the age of 18 years are not allowed in this bar/lodge/hotel/brothel
- Condoms are available at the reception and in the rooms

However, despite the fact the most of the bars/lodges/hotels/brothels had developed the HIV/AIDS workplace policies and some were referring clients to the UYDEL outreach post in Bwaise, a few had not adapted them and were not implementing as they claimed that they were too busy and some were not sure of how to implement them and others feared that they would chase away their clients/customers if they implemented these policies.

7) Activity	Input What did you put into the activity? (For example, preparations, materials etc.)	Output What are the direct results of the activity?	Expectations What do you expect on this activity for the next reporting period?
Distribution and Dissemination of condoms to CSWs	a) condoms b) Resource persons to distribute and disseminate the condoms c) Penis models for condom demonstrations	a) Reduction of the HIV prevalence among sex workers and their clients b) Sex workers and their clients protecting themselves from HIV and STI infections	<i>We expect to fully utilize the networks we have created with the hotel/ lodge/ bar/ brothel /video owners and the Peer Educators to disseminate the condoms and to ensure education of the communities about the correct and consistent condom use and condoms negotiation skills</i>
<p>Narrative: <i>Describe in one or two paragraphs the activity and process (for example lessons learnt, success stories, atmosphere etc)</i></p> <p>With the support of Uganda Health Marketing Group (UHMG), we were able to procure a total of 2,780 (20 X 3 dispensers) boxes of Protector condoms and a total of 30 X 10X 3 dispensers of Pilplan Family Planning pills. All these have been put at the UYDEL outreach posts and drop-in centres for distribution to the CSWs and other were given out to the hotel/lodge/bar/brothel owners to distribute to the CSWs and their clients at the work place.</p> <p>A total of 14,400 pieces of condoms were distributed to the CSWs and their clients at the Bwaise outreach post in Kawempe and a total of 2,462 pieces of protector condoms were distributed to CSWs and their Clients in Rubaga Division.</p> <p>And as a result of Peer to Peer Education in Kawempe, Makindye and Rubaga Divisions, a total of 529 CSWs and their clients (204 Male and 325 female) were provided with male Condoms (Protector).</p>			

PART 2

Satisfaction among target population	<p><i>Explain how the target population reacts on the pilot project. Are they satisfied with the services your organization provides? In what way do you cooperate with the target population?</i></p> <p>The Target group appreciates the pilot project and although they have multiple needs they are satisfied with the services our organization is providing them this has been noted in how dedicated majority are to come to the outreach posts and drop-in centres for services and especially the training in vocational skills and the large number of CSWs that are requesting for vocational skills training and picking condoms from the UYDEL centres. All the CSWs that have been recruited into the project have notably adapted health seeking behaviors as they are eager and open to learn and get care and support.</p>
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	<p>We have registered an increase in the number of clients wanting to receive services from the UYDEL drop-in centers and outposts and there has been regular attendance especially for those acquiring vocational skills training.</p> <p>The general community has also been very receptive of the program as many of the local leaders, parents, and hotel/lodge/bar/brothel owners who are the secondary beneficiaries of the project are very willing and dedicated to work with UYDEL to create a safe working environment for the CSWs and their clients and to refer them for services at the UYDEL drop-in and outreach centres.</p>
<p>New understandings and insights</p>	<p><i>What did you learn from the activities and the interventions? What does your organization do with these new perspectives?</i></p> <p>During the question and answer sessions in the weekly behavioral change programs and during the initial assessments of the CSWs, we learnt that although majority of the girls are aware about condom use as a method to prevent HIV infections, STIs and unwanted pregnancies however majority did not have sufficient information and knowledge on the correct and consistent use of Condoms and some have limited condom negotiation skills which is more evidenced when faced with difficult situations or under the influence of alcohol, drugs and substance abuse. Majority of the CSWs confessed that if a client is offering them more money and if they are in love with that client then they will not use a condom despite the fact that they do not know the sero status of their sexual partners. With the continuous discussions on correct and consistent condom use and condom negotiation and through debates and role plays during the weekly educational talks, the CSWs have gotten more skills in condom negotiation, condom efficacy, and correct and consistent condom use which has led to their reduction in engaging in unprotected sex and multiple sexual relationships and the reduction in occurrences of Sexually Transmitted Diseases among the CSWs</p> <p>It was noted during the identification process that majority of the CSWs were young mothers and single parents as majority were divorced, others were separated from their spouses and some did not know the fathers of their children given the nature of their work (multiple sex partnerships making it hard for them to locate or know the origins of their sexual partners). And as an organization, we have tried to conduct educational sessions with the girls to equip them with skills and knowledge in parenting and with the vocational skills training they are able to acquire employment and sustain themselves and their children’s needs which in turn have reduced on the incidences of violence in relationships.</p> <p>We also learnt that majority of the girls engage into sex work because they are living under very poor conditions with most of the populations in these areas earning meager incomes below the proper standard of living, all the girls stay in the slums of Kampala that are characterized by floods during the rainy seasons due to poor drainage systems, poor sanitation due to lack of or poor toilet facilities, majority live in poor shelters and in most cases, many of them share one roomed houses and majority of the girls had dropped out of school at an early age thus having limited survival skills to enable them compete favorably in the employment environment. As a result of these multiple environmental issues we plan to have meetings with the local leaders, aspiring political candidates, and the Division leaders in these areas to discuss the way forward for people living in these areas and in the meantime we are equipping the CSWs with knowledge and skills to cope with the difficult situation and be innovative and creative with the existing</p>

	<p>resources to maximize benefits.</p> <p>We also learnt that working with the local leaders was a good practice as most of the sex workers were free with them as they usually went to them for referral to NGOS, hospitals, and other service providers for medical care and psychosocial care and support services. The local leaders as part of their work carry out community sensitizations on HIV prevention, counseling and livelihood skills information through the use of the local council platform and many a times the UYDEL staffs have been invited to participate, facilitate and attend the local council platforms.</p> <p>It was also noted that majority of the sex workers were using alcohol and smoking pipe to enable them cope with the nature of their work exposing them to further infection of HIV and STI because of impaired judgment, and limited negotiation for protected sex during their sexual encounters. As an organization we have equipped the CSWs with knowledge and skills to identify personalized risk and how to deal with them through the weekly educational talks and behavioral change sessions conducted at the outreach posts and drop-in centres.</p> <p>During assessments of the identified CSWs, we learnt that some of the sex workers had been trafficked from villages to town with promises of jobs and better life in the cities which they did not realize thus ending up into sex work for survival and while in sex work they are abused and sexually exploited and sometimes murdered. We are currently having with discussions with a new legal Non-government organization that is providing legal aid and support to CSWs and if our discussions are fruitful we will link these CSWs to them for legal aid and support.</p>
<p>Risk factors</p>	<p><i>Explain risks which could affect the progress of success of a development intervention.</i></p> <p>Sex work being an illegal issue in Uganda and the great stigma attached to one engaging in sex work are some of the risks that we faced during the implementation of the project the fact that we have to design the interventions carefully not to promote sex work but to deal with issues like increase in HIV infection rates and unwanted pregnancies among others the affect them and have a great impact on the development of the nation.</p> <p>Also the fact that majority of the sex work workers dropped out of school at an early age and some have never been to school was a problem as many do not know how to read and write making it difficult to realize employment or alternatives especially in businesses or places where they may need to read or write.</p>
<p>Added Value</p>	<p><i>Added value of the pilot and way of working.</i></p> <p>The pilot project though short term has reached out to 105 CSWs who are willing to come out of sex work and although change is a gradual process, these have been equipped with knowledge and skills to enable them make informed choices about their lives and that of their families. Our most significant change has been the use of outreach posts located in the areas where the CSWs stay and work. These outreach posts have enabled the CSWs access Vocational skills training, condoms and HIV information and referral of HCT/STI/ ART treatment and care in a client friendly environment near there residences and workplace. And the fact that these services have been free of charge and are delivered within their home and work environments has attracted many CSWs to the programme.</p>

	<p>Working with the local community (local leaders and hotel /lodge/bar/brothel/video owners, and Peer Educators) will help sustain the pilot project activities and strengthens the capacity of the community to deal with the problems facing the sex workers and help decriminalize the practice by providing a safe environment to protect the sex workers and their clients from getting infected with HIV.</p> <p>The vocational skill training has also attracted many CSWs to the programme as these trainings enable them to become job creators and not job seekers. And although majority of the beneficiaries are economically challenged and lack the start-up capital to help them start their own businesses (this is why majority of the girls have opted for training in Hairdressing skills which may not require a lot of capital for one to start up their own business). On completion of the skills training, all the girls will be given a small resettlement kit/ and start up capital in terms of requirements needed for them to start their own businesses in the skill acquired.</p> <p>Equipping the CSWs with vocational skills training in hairdressing, handicrafts, sweater making, catering, electronics, tailoring and business skills as alternative sources of earning income has enhanced their self esteem to compete in the challenging employment market/ environment and has reduced on their reliance on sex work for money and for those that continue to engage in sex work, with the knowledge and skills in HIV prevention and consistent and correct condom use, are able to make informed choices</p> <p>We have also registered a lot of success working with the hotel/lodge/bar/ brothel owners in creating safe working environments and setting up HIV work place policies to protect the CSWs, their clients and staff from HIV infection. The multiple interventions that were adapted by the pilot project have contributed to creating a safe environment rather than if it had adapted a single approach.</p> <p>A change in the health seeking behaviours of sex workers has been realized in the Divisions where the pilot project was implemented. This was noted in the increased numbers of sex workers coming to the UYDEL drop-in centres and outreach posts requesting for HIV testing and counseling services, Reproductive health and family planning services, some have been linked to Family planning and PMTCT services, many of the sex workers with STIs have sought treatment, majority are reporting correct and consistent condom use. Those on ART therapy are adhering to treatment. All the sex workers know the places where they can go and receive health services with no pay or with little pay.</p>
Changes within pilot project	<p><i>Have there been changes in the programme? If so, please explain what the changes contain and how these changes impact the outcome of the programme.</i></p> <p>There was only one change in the program which was vocational skills training courses. Consultations with the CSWs suggested that majority of the girls wanted to acquire skills in Hairdressing and a few wanted skills in catering, electronics and tailoring. And in addition to these skills they wanted to also learn how to make sweaters and handicrafts and decorations and making envelopes as majority argued that these were the most marketable skills in the communities where they lived. Now as earlier planed we will not have many doing catering, tailoring and electronics as most of the financial resources were used to buy more hairdressing materials because this is what majority of the girls are doing and to buy materials for handicrafts, sweaters and envelopes.</p>
Sustainability	<p><i>What measures are being taken to ensure the programme will be sustainable? Or do you consider the pilot project not to be effective in any way? Please</i></p>

	<p><i>explain why.</i></p> <p>Working with the various community groups like the Peer to peer education, hotel/ lodge/bar/brothel owners and the local leaders will ensure that the capacity of the these community groups is built to be able to continue dealing with the issues and problems faced with the CSWs and their clients.</p> <p>Formation of CSW support groups will ensure their protection while at work and in cases where their rights are violated, or in abusive and exploitative situations, these groups will always provide the basic counseling for the victims and the psychosocial support.</p> <p>The vocational skills training has a multiplier effect as one person trained can train another person in their family or a friend in their community thereby reducing the vulnerability of their friends, family and relatives as this knowledge and skills stay with them.</p> <p>The product made in the bead making and sweater making classes are now being sold and the money gotten is used to buy more materials for the classes and cater for the instructor's monthly allowances.</p>
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PART 3

Budget	<i>Update of the expenses and the liquidity statement in the added actual budget scheme (excel sheet)</i>
Step 1	<p>After each installment, please include the total amount in Euro's into the green table below the actual budget scheme (excel sheet). Thereafter you need to look into your bank details how much the installment contains in your own currency. Enter this amount in the green table too.</p> <p>These formula than presents you the fx-rate on the date of the specific installment. Repeat this after each installment.</p> <p>Because of fluctuations, every installment has to be entered into this scheme so the average currency rate will be present. The average currency rate will automatically be applied to the actual budget scheme.</p>
Step 2	<p>After each reporting phase, please fill in the expenses in your local currency into the actual budget scheme. Because you have entered the figures into the green table, the amounts will be automatically transferred to Euro's.</p>
Step 3	<p>Now you can see the total expenditures in local currency and Euro's. Explain by a short narrative if there have been changes in the budget. If so, explain why these changes occurred and how they impact other activities and outcomes.</p>
Final	<p>Please contact Maaïke van der Velden if you need any assistance with the monitoring scheme on budget as well as activity description.</p> <p>mvandervelden@soaaid.nl</p> <p>+31-206262669</p> <p>Skype account: sanl-swteam</p>

