Provision of Youth Friendly Services to Hard to Reach Young People

Story of

UGANDA YOUTH DEVELOPMENT LINK (UYDEL)

“We are now more committed to working with communities and not for them. We strive for a world in which children and adolescents are able to acquire information, build skills, access health services, and live in a supportive environment. We believe that communities, however grief stricken, contain the reserves to heal themselves.”
Preface

The African Youth Alliance (AYA) was launched in the fall of 2000 by Pathfinder International, the Program for Appropriate Technology in Health (PATH), and the United Nations Population Fund (UNFPA). Since its inception, AYA’s objective has been to improve overall Adolescent Sexual and Reproductive Health (ASRH) and reduce the spread of HIV/AIDS and other Sexually Transmitted Infections (STIs) in four African countries: Botswana, Ghana, Tanzania, and Uganda. Each of the three founding AYA partners brought their own unique expertise to the five-year project.

The AYA project was developed with a focus on six broad areas, including:

1. Advocacy and policy—creating supportive community and political environments through policy and advocacy efforts at both the national and community levels, and efforts to improve communication between young people and the adults in their lives.
2. Behavior Change Communication (BCC) – developing and expanding behavior change communication through interpersonal communication; folk and mass media, including drama; life planning skills programs for youth; peer education and counseling; and social marketing campaigns.
3. Youth-Friendly Services (YFS) - improving young people’s access to – and the quality of – reproductive health services by developing, expanding, and institutionalizing youth-friendly services in a variety of settings.
4. Institutional capacity building (ICB) – building the institutional capacity of the country-level partners so they can better plan, implement, manage, and sustain programs and services.
5. Life and livelihood skills development – integrating sexual and reproductive health into existing livelihood skills development and training programs for youth.
6. Coordination and dissemination – fostering coordination and information sharing of program activities, lessons learned, and best practices.

Pathfinder International’s contribution in each of the AYA countries was the development and expansion of YFS and ICB. The YFS work was implemented through 14 partners in Uganda, including Uganda Youth Development Link (UYDEL).
Introduction

UYDEL is a non-governmental organization whose mission is to empower disadvantaged youth with the skills needed to live happy and meaningful lives and to contribute to and become better citizens of Uganda. Under the 3-year *Health Matters for Vulnerable Children* project, UYDEL aimed to reduce HIV/STI transmission, sexual exploitation, and incidence of unwanted pregnancies among street children and Commercial Sex Workers (CSWs) between the ages of 12 and 24 by increasing their access to high-quality youth friendly services. UYDEL provided services through five youth friendly drop-in centers, 17 mobile clinic outreach posts, and through Peer Service Providers (PSPs) in five divisions of Kampala District: Rubaga, Central, Makindye, Nakawa and Kawempe. Youth received family planning, Voluntary Counseling and Testing (VCT) services, treatment of STIs, and counseling and guidance services. Because many of the target group are ineligible for health care benefits, unfamiliar with youth-friendly services and programmes and are unable to easily obtain information, UYDEL also established a strong referral system for legal aid, counseling, health care and other social support services in the five divisions of operation.

In April-June 2004, Pathfinder undertook the initiative of documenting UYDEL's experiences to highlight best practices and lessons learned for stakeholders throughout Uganda and globally. This document summarizes interviews held with individuals and groups and highlights personal experiences and views of the target group from a human-interest angle.
UYDEL’s Health Matters for Vulnerable Adolescents Project

At the start of the project, UYDEL organized and conducted consultative meetings with community leaders, brothel owners and managers of commercial places where commercial sex workers (CSWs) are found (i.e., bars and restaurants). The purpose of these meetings was to inform the stakeholders about the project and familiarize them with its activities and objectives. The consultative meetings aimed at soliciting and gaining the stakeholders’ acceptance and support of the project.

In addition, the project organized information-gathering meetings with the target population of commercial sex workers and street children, to identify their needs and preferences for sexual and reproductive health services. The information helped to refine project implementation and make it responsive to the identified needs. The meetings also provided an opportunity to familiarize the participating street children and commercial sex workers with the project and its services and gain their acceptance and participation in the project.

Explains Mike Tegulle, UYDEL’s field supervisor, “We approached the local leaders who helped us identify the hubs for street boys (where they converge). We went there and mobilized them for out health talks and the dangers of drugs. They liked our messages and agreed to work with us.”

In addition, sensitization/mobilization sessions were held in communities to make them aware of UYDEL’s mission. “Bar owners were also targeted because this is where the children hang out, especially in the evening. At first they were reluctant to work with us, but later changed their minds when they got convinced that we wanted to help the individuals and not to frustrate their business. The response was not very good at first, wondering whether there any law enforcement people behind this, but they were very supportive of us as strangers,” says Tegulle.

Drop-In Centers

Drop-in Centers act as static clinics that provide the following services:

- Counseling of young people on family planning, HIV/AIDS, drug abuse, and STI prevention.
- Sensitization of clients on ASRH-related issues (e.g., dual protection and demonstration of proper use of a condom).
- Provision of family planning services (i.e., condoms, pills, Depo-Provera).
- Distribution of BCC materials containing information on STI/HIV/AIDS, family planning, prevention and management of the complications of abortion, sexual abuse, livelihood skills, drug abuse, etc.
- Registration of clients who are interested in VCT services
- Viewing of films on health related issues (for example, a showing of the STI educational film ‘Silent Epidemic’)
UGANDA YOUTH DEVELOPMENT LINK (UYDEL)

- Treatment of STIs, including syphilis, gonorrhea, candidiasis, and also urinary tract infections (UTIs)
- Focus group discussions and health talks with young people

UYDEL operates five youth friendly drop-in centers: Mpererwe Drop-in Center (Kawempe), Nakulabye Drop-in Center (Rubaga), Kisenyi Drop-in Center (Central), Kansanga Drop-in Center (Makindye), and Mutungo Drop-in Center (Nakawa).

![Young people learning tailoring at Mpererwe Drop-in Center](image)

Outreach Posts

Outreach posts are closely linked to drop-in centers. Unlike most drop-in centers that are static, these services are mobile in nature. ‘Barefoot mobile services’ or outposts have been established at bars, restaurants and other places where street children and commercial sex workers congregate and provide the same services listed above. Mobile teams of project staff visit these sites on a weekly basis to provide services to the target group.

UYDEL established 17 outreach posts in the areas of:

- Jambura
- Rina
- Kibuli
- Kivulu
- Naguru
- Banda
- Katanga
- Kasubi
- Katwe Kinvoro
- Owino Market
- Kakajo
- Bugalani-Kawempe Division
- Bristol Bar Natete
- Guest House Ndeeba
- Beirut-Rubaga Division
- Kamwokya Market-Central Division
- Luzira in Nakawa Division
Peer Service Providers

The project identified, recruited and trained 100 peer service providers to provide a link between UYDEL and its clients. The PSPs are responsible for mobilizing fellow youth, CSWs and street children for health talks and services. They also provide peer counseling, distribute non-prescription contraceptives and BCC materials and make referrals to UYDEL drop-in centers for cases that they cannot handle.

**Criteria for selecting the Peer Service Providers (PSPs):**

- Currently is or has been a street child and/or CSW, so as to avoid stigmatization of clients seeking their services
- Resident in the area of operation (slums)
- Aged 10-24 years
- Has a basic education (can read and write)
- Is available
- Comprises a gender balance within the PSP group

The PSPs underwent training in order to ensure the quality of their services. They were also trained to keep records of the youth who come for their services, what type of service was required and how many condoms and BCC materials were distributed and to whom. At the end of the training, the peer providers are provided with bags in which to keep their record books and supplies, badges, T-shirts, condoms and BCC materials. They are continually supplied with support materials like flip charts, STI demonstration kits, condoms, and BCC materials as needed. The PSPs are supervised and mentored by the field supervisors who provide ongoing oversight, skills strengthening, and mentoring.
Characteristics of CSWs and Street Children

According to research carried out by UYDEL, the majority of CSWs are out of school females who live in groups of six or more in one room (82% do not stay with parents). Most of them are orphans and teenage mothers, and some are from single-headed households. In cases where both parents are living, the children run away due to domestic violence and mistreatment, physical and/or sexual abuse, harassment and poverty. Many retain their family ties and return home whenever possible, though most lead nomadic lifestyles, moving from place to place.

CSWs face a myriad of emotional, legal, financial and physical problems. In addition to being at high risk for contracting HIV, CSWs often suffer from UTIs and STIs, most commonly syphilis, gonorrhea and candidiasis. They sometimes suffer from physical abuse during their work because of the vulnerable situations they are in.

CSWs struggle to make ends meet, and they often do not have adequate housing or nutrition. In some situations, they are estranged from their families and social networks. Lack of family ties and support, working in a high risk occupation, and living in poverty all take a mental and physical toll on the youth.

They often come to the city to work as housemaids, to study, or for marriage. They are normally lured to commercial sex work by fellow young people and adult pimps who point out potential clients to them. Their major reason for engaging in commercial sex work is for survival. Their numbers increase during festive times like Christmas, Easter, school holidays, motor rallies, music shows and beach parties when there are more clients willing to pay. The mode of payment for sex differs, for example, they can be offered food/meals, money or accommodation. Sometimes they may also work as waitresses in bars and eating establishments. They use drugs such as alcohol and marijuana to cope with job-related stress. During working hours, they congregate around bars, video halls and discothèques.

According to UYDEL staff, most street children have been denied the chance to go to school. They come from poor homes where there is lack of food, many children, and unemployed parents. Like CSWs, most of them are a product of single-headed households. Others have disobeyed their parents, feared being reprimanded and took to the streets. Most of them come to Kampala looking for jobs or with the hope of seeking better opportunities. They find no job, end up frustrated, and, as a last alternative, take to the streets. Due to peer pressure, lack of something to do, and because sometimes the kind of work they do requires them to have “extra energy,” they often start using drugs. Drugs make them feel much stronger and are cheap to get. Sometimes the drugs force them into unprotected sex or influence improper use of the condoms. According to the service providers, overcoming addition to drugs and unemployment are issues of concern.
Molly, beneficiary

Molly, 22, has just given birth to a baby. She hails from Kasese and came to work in Kampala (Natete) as a housemaid. She lost interest in the work she was doing and got lured by the “easy” money of commercial sex work upon taking a friend’s advice. She found it more rewarding, though with attendant problems, like staying out in the cold at night.

“Most of us here are not employed. We meet our clients on the streets and in bars and we offer them sex in exchange for money. I did not go to school and other jobs are exploitative. The pay is too low and sometimes we are not paid at all. With what I am doing now, I can get enough for renting this small room (shs20, 000 or US $10 a month) compared to shs1000 or $1 US dollar I used to earn while working as a housemaid.

“My baby is a month old and I met the father during the course of my work. He is studying electrical installation at one of the tertiary institutions in Kampala. He provides for the baby, but I have to keep working as a CSW in order to get additional income to care for my needs,” she says.

“UYDEL staff came to our area and introduced themselves. We liked what they had to offer and accepted to host them. They have helped us a lot. They found most girls suffering from STIs and they have given the treatment at no cost. They are friendly and we find it easy to share our problems with them.

Molly has encouraged her peers to use condoms. “We insist on our clients using condoms and if they refuse, we abandon the deal. We normally carry condoms with us lest a client uses an excuse of not having one. On a good day, one can make shs10,000 and above and there are those days when one gets no client at all,” says Molly.
At noon it is hot, business is slow, and the atmosphere is disrupted by dust blown high by the wind leaving behind littered papers and used polythene (plastic) bags. The shopkeepers are sitting under the shades of their verandas, chatting amongst themselves, only getting up to serve an occasional customer. Nearby, some women are sitting on low stools by the charcoal stoves preparing the days meal while small children hold onto their mothers’ long skirts. The path leads through a line of shops on one side and mechanical garages/welding workshops on the other. A few meters down, the lane narrows to a small winding path between tiny houses almost leaning on their walls. It is easy to get lost here, for the structures look almost the same.

“You can never be sure of your way. For every other day there is a house mushrooming,” exclaims Susan Kamya, one of the health service providers from UYDEL who has frequented this place in the course of her work.

After fifteen minutes of walking and jumping over a flooded stream and small pools of dirty brown water, the remains of the previous day’s heavy downpour, the UYDEL team arrives at Beirut Outreach Post in Rubaga Division to conduct a weekly mobile service session for CSWs.

Beirut, one of the newly created outreach posts in Rubaga Division, was established to cater to CSWs. Although, there was a post already existing a few kilometers away at Bristol Bar, it was mainly being utilized by (male) street children. The CSWs were reluctant to go there for services because they did not want to be identified in the daytime. So efforts were made to meet them at their place of residence where they would feel more comfortable accessing the services.

As the team approaches, they are met with the enthusiasm of clients welcoming them. “Musawo nga obuze? Tusanyuuse okulaba,” Luganda words meaning, “You have taken long to come and check on us. We are glad to have you here today.” The team was unable to visit them the previous week as it had rained heavily and the clients had missed the weekly services. When it rains, the area that is located in Kampala city’s lowlands floods and the little paths leading to the homes where the girls stay become impassable.

The team settles in a room rented by Justine, a 23 year old mother of two. She lives with the four year old and has left the six year old with her parents. She was once married but decided to quit due to marital problems. She has been staying in Beirut for the last five months and, like her colleagues, gets her income from commercial sex work. Justine has offered her home as a meeting place and treatment room and is a peer service provider.

“UYDEL staff found us here in Beirut and we got to know each other. We appreciate their work. They give us condoms and treatment for STIs. As a PSP, I mobilise my colleagues for treatment, counseling and advice. I have just started the work and currently my major work is condom distribution,” says Justine.
Jambura Outreach Post

In Kawempe division, the situation is not very different from that found at Beirut Outreach Post. Some of the CSWs interviewed have permanent partners. In some instances, the male partners know what the girls do for a living while others do not, especially if there is a considerable distance from where female partners operate.

Jane, 23, hails from Masaka and is educated up to senior one. She is a former CSW and is now married. When she joined UYDEL, she dropped the practice and trained as a PSP. “The girls accept me as their peer provider because they know I was one of them. I always advise them about the danger of the practice. I have convinced a friend of mine to give up and she is now married. My husband (who does not know Jane was once a sex worker) appreciates the role I am playing to help them and he allows me to go for training as long as I do not get involved.”

Harriet Kobusinge, one of UYDEL’s social workers, explained, “They leave home in the evening under the cover of working in bars and restaurants, but end up carrying out commercial sex work within the same premises. This makes it difficult for the male partners to know. Others do it at home while the male partners are away for work and the process is facilitated by neighbors or owners of brothels who tip them when clients come.”

Because commercial sex work is illegal in Uganda, occasionally police will arrest CSWs who are found on the streets at night. “One time, three of our peer providers were arrested by security personnel, charged for being idle and disorderly, and sent to Luzira prison. One of them was pregnant and married. Her husband lives in Masaka and does not know that the wife carries out commercial sex work. She tells him that she has some business with her sisters in Kampala which she has to attend to,” says Harriet.

Such incidences are cited by UYDEL during behavioral change sessions to warn CSWs of the dangers of commercial sex work that include, among others, police arrests and sometimes detention in prisons. UYDEL has also conducted workshops for police officers to highlight the plight of CSWs and explain to them the reasons why girls go into commercial sex work. They are requested to handle them humanely once arrested. In some instances, police officers counsel the arrested CSWs and advise them to withdraw from the practice once they are released.
Rehema, beneficiary

Many of the CSWs, such as Rehema, have appreciated the role played by UYDEL. Rehema, 20, attended school up to primary three. She has one child aged six and has been staying in the area for one month. She hails from Masaka and came to Kampala to look after her sick sister who was suffering from HIV/AIDS. When she passed away, Rehema remained by herself, forced to look for ways of surviving.

“I started by working as a waitress in hotels. My work involved, cooking, fetching water, cleaning utensils, looking for customers and taking them the food. I was earning shs1000 a day and the money was not enough for rent and my needs including school fees for my child. My child goes to African Child Nursery School and I am required to pay sh20,000 as fees, buy six exercise books at shs300 each, six pencils and a packet of colored pencils per term. Due to lack of formal education, I could not get better paying jobs since most employers want someone who could communicate in English or Swahili.”

“I was encouraged to join UYDEL by my sister who is a PSP. On the first mobile clinic session I attended, they gave us medicine, condoms, and demonstrated to us how to use the condom. I have learnt how to use the condom and can direct my clients how to use them since most of them do not know.”

“Ever since UYDEL started working amongst us, STIs have tremendously reduced. The girls are vigorously using the condoms. We have been advised to take reasonable alcohol in order to avoid loosing self-control, taught how to be assertive and avoid unwanted sexual advances. My partner developed a discharge and could feel pain while urinating. He would actually cry while passing urine. He went on treatment without informing me about the problem and it hurt me so much. I now insist on using the condom.”

“I would love to carry out an HIV/AIDS test so that I may avoid risky behavior and plan ahead. I have heard that there is now medicine for treatment and one may get it free of charge. However, I wouldn’t share the results with my partner, for as long as I find myself positive, I presume he would be sick also.”
Samuel & Kenneth, PSPs, Bristol Bar Outreach Post

Samuel Kayizi, 23, is a peer provider and hails from Mukono Ntenjeru. He was born in a home of 25 children by the same father but different mothers. He was educated up to primary five at Terere Primary School. His father passed away and his grandmother, who used to raise his school fees through charcoal burning and selling, brought up Samuel.

“In 1994, my mother, who was already staying and working in Kampala, called me to join her and I have been working as a vendor in the market where my mother works.”

“When UYDEL started mobilizing the youths for the program, I got impressed and started participating in the sensitization sessions. Most of the youths fall in the 18 to 22 year age group.”

“I used to take drugs and alcohol. The combination would affect my brains and reasoning and sometimes I would lose my senses. I have got treatment and I am also happy that my colleagues have benefited from these services. I am now a PSP and my work involves mobilizing the street boys for UYDEL services. They like the program and some only approach us when they are sick. Condoms are popular while most of them need more information on STIs and HIV/AIDS. That is where UYDEL’s services come in handy through sensitization.

The problem is that most of the time the youths are under the influence of alcohol and drugs and do not take the messages seriously. This calls for a lot of understanding and patience.”
Kenneth Nsereko, 17, hails from Gomba, Nakulamude. “I came to stay with my uncle in Busega having stopped in primary six. I was born in a family of six children; some are married while others are still going to school with the support of my elder sisters who are already married. I work in the market as a PSP. I was one of them (the street children) and I know most of them. They believe in me. Some have given up while others cannot. It is only when they have problems that they run to us for help. Sometimes we bring them to the outpost or refer them to the center in Nakulabye.

“I am the one who introduced UYDEL to the CSWs in Beirut. I got to know them through a friend who was staying there. They take drugs and some have given them up while others are still using them. Most of them used to think they were already infected with HIV/AIDS and had lost hope in life. Today I am proud of them, they appreciate UYDEL’s services and even identified a place for an outpost to cater for their unique problems. I have been working with UYDEL for three years now and have been in contact with at least 300 street children. The first group I dealt with has reformed and has even got employed. They are no longer on the streets.

“One of our friends had gone mad as a result of using drugs. He was no longer eating or drinking and we advised him to give up. He has now given up sniffing petrol and he is now stabilizing. He earns money through carrying out casual work. If he continues that way, I am sure he will recover completely,” says Kenneth.
Nakulabye Drop-In Center

At Nakulabye Drop-in Centre, one is struck by the words of encouragement gracing the wall inside the center:

*We are now more committed to working with communities and not for them. We strive for a world in which children and adolescents are able to acquire the information, build skills, access health services and live in a supportive environment. We believe that communities, however grief stricken, contain the reserves to heal themselves.*

UYDEL staff in a meeting at the Nakulabye Drop-In Center.

Michael Tegulle says, “Now that it is holiday time, we are having more clients. The holidaymakers have more problems related to STI treatment. On average, we receive 30 clients a day whereby 30 undergo condom demonstration and 10 are counseled (on family planning, STIs and sexuality). Others get referrals, especially on rape and tests for STIs and HIV/AIDS. There is a relationship between STIs and drug abuse. Once it has been taken care of, they can do anything, so we try to counsel them about its dangers.”

According to Tegulle, the field supervisor, a lot of achievements have been realized with the turn up increasing mostly for condom use. The number of people reporting with STIs and unwanted pregnancies are also getting less, and the youths feel more free to ask for condoms and many are turning up for VCT.

The center also offers recreation games such as volleyball, football, netball, Ludo, and educational playing cards. Explained Tegulle, “During holidays we can have about 50 of them in the evening, especially after 5:00 p.m.”
Denis & Jamil, PSPs, Nakulabye Drop-In Center

Denis Bwanika, aged 20, had been educated up to senior four level from Kampala High School. Denis has two sisters and two brothers. He is one of the youths who had reformed from the streets and is now a PSP. He has been with UYDEL for over two years and the organization has helped him re-enter into the normal system. He is currently staying at Nakulabye Drop-in Centre. He used to stay with his father but when he passed away, he had nowhere to stay although his mother is still alive.

“I was a member of the Local Council in Charge of Labour Affairs. UYDEL came to us seeking for people to work with and I volunteered to do so. I appreciated their program and realised it would be of great help in solving the problems we were facing.
“Many youth are used to me and find it easy to confide in me. I head the volleyball team and I have led it to competitions elsewhere and I have been elected to be part of the African Youth Alliance Youth Committee. I have managed to approach girls too. There are many children without guardians and parents, and some youths are so desperate that they cannot even listen to the messages. They ask, ‘I do not have something to eat and you are talking about STIs?’ That is a very big challenge in our work,” says Denis.

Jamil Mwanje has been working with UYDEL for two years now as a peer service provider. With Denis, they take care of UYDEL’s premises. “My parents are dead and I had nowhere to stay. I got shelter at UYDEL’s offices at the introduction of the Local Council Chairman.”

He cites some of the major problems faced by the youths as unemployment and drug abuse. “We have approached several of them and many have changed or reformed. This used to be one of the centers for taking drugs but it has now been transformed into an office. I would like to get employed or start an income generating project so that I become independent.”
Jamil and Denis, back row left side, with members of the Nakulabye Drop-in Center’s volleyball team

The girls' netball team, participating in the recreational activities at the Center
Summary of Service Statistics at Drop-in Center and Outreach Sites Served by Five UYDEL YFS Centers April 2002-October 2003:

<table>
<thead>
<tr>
<th>Services</th>
<th>Drop in centre</th>
<th>Reach</th>
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<td>STI treatment</td>
<td>4,083</td>
<td>6,275</td>
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<td>Voluntary counseling and testing</td>
<td>798</td>
<td>Referred to drop in center</td>
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<td>Condoms distributed</td>
<td>83,237</td>
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<td>Cycle of pills distributed</td>
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<td>6,674</td>
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<td>Drug abuse</td>
<td>2,547</td>
<td>3,893</td>
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**Mpererwe Drop-In Center**

The Mpererwe Drop-in Center is one of the leading drop-in centers established by UYDEL. Alexander Ruhweeza, a social worker in charge of vocational skills, training and placement at the center, stated that this is the second year running the rehabilitation project, which offers training in tailoring, cooking and catering, motor vehicle mechanics, hair dressing, and electronics.

*Ida Kaye, a health worker at Mpererwe Drop-In Center, attending to one of the clients*
The youth are identified by health and social workers with support from local community and religious leaders and peer providers. The youths are placed with artisans for training and UYDEL meets the training costs, which vary from artisan to artisan (with those in long partnership with UYDEL charging less, compared to those who have just been recruited). UYDEL pays shs 200,000 for placement with artisans who spend 4-6 weeks providing training. Sometimes 5 –10 children are placed with an artisan depending on the size of the place. The duration depends on the learning pace of the child. With mechanics, shs 80,000-150,000 is charged per child and the garage owners subsequently retain most of the children.

Most of the youths become employed after the training while others become self-employed, for example, as hair dressers. Some have formed groups and started their own salons. “We have helped 10 groups (comprised of 2-5 girls) to establish their own salons,” says Alex.

According to Ida Kate, HSP, the Center has more clients than any other in UYDEL. She says, “Young people are used to it and many of them come for health services including STI treatment and HIV/AIDS related services. Those with HIV/AIDS either come with stress and we counsel, comfort and encourage them not to isolate themselves. The majority of the cases we receive were born with the disease. They accept the message and are very willing to follow the advice. We also provide condoms and VCT and on a typical day we can serve about 50 clients out of which three or five can be HIV positive. Some of those who test positive have opened up to us.”

According to UYDEL, out of the 540 CSWs, 29 had been diagnosed as HIV-positive by June 2004.

540 were tested for HIV/AIDS (347 female and 193 male)
29 tested positive (majority in the age group of 15-19 years)
511 tested negative
Benjamin, social worker, Mpererwe Drop-in Center

“At first it was not easy when people got to know that we were working with CSWs and street children. The fact that they are now bringing their own children for the services shows they have gained trust in us. The children also come by themselves and open up and encourage their friends to do so.

According to Benjamin, UYDEL has achieved a lot. “Last year, we had a target of 350 and we realized 570 and they are still coming. On the occasions we have interacted with the community, the parents have expressed joy over our interventions. The local leaders also report positive responses and even recommend new ideas.

“There is a parent support group in each parish that meets regularly to learn from each other, build relation between these parents and starting income generating activities as a group. Lives are being changed, and a lot of good is being done in the communities as observed by other organization engaging with the communities.

“When I meet a changed life, it makes my day. There is particular case of an orphan girl who had dropped out of school due to lack of fees. Her relatives were forcing her into early marriage to which she refused. She joined UYDEL and did tailoring. She was given a sewing machine at the end of her course. She is now a successful businesswoman who gets contracts from schools to supply school uniforms. She is so busy and earning good money and this makes me happy,” says Benjamin.

Benjamin Byarugaba, right, social worker in charge of vocational skills training and placement at Mpererwe, participating in food distribution to youth.
Henry, beneficiary

Henry Nkugwa, 17 years, stays in Komamboga about 2 km away from the drop-in center. “My parents died, with my mother passing away in 1999 and father in January 2004. I am now staying with my uncle’s wife with seven other people in the house. I was the only child of my mother although my father had children from other wives. I stopped in primary six at St. Anthony Primary School.

“I have a friend called Semwanga who, after seeing the rash on my skin, advised me to come for treatment from UYDEL. I met a health worker who gave me some medicine and encouraged me to take an HIV test. I carried out the test in January and I was found HIV positive. I get treatment from here and they have also referred me to Mulago Hospital where I am getting anti retrovirals and treatment for HIV/AIDS related sicknesses.

“I no longer worry about my condition very much because of the support I get from UYDEL. I spend most of my time here at the drop in center and this helps me not to think about my problems. They offer me food for the family: 5 kilos of beans, 5 kilos soyabeans, 5 kilos posho and 5 kilos cowpeas every week. I also get medicine and my spirits have been lifted. If only I could get money and go back to school. I know I cannot get good and profitable employment in the future if I have no education. I call upon teenagers to unite and work together. They should always seek guidance for this is important for their future,” says Henry.

Henry Nkugwa looks forward to going back to school
Florence, beneficiary

Florence Namulondo, 20, hails from Iganga and both parents are dead. “My dad died when I was four years old and my mother passed away in 2000. I am the only girl with two brothers. I studied up to Senior Two at Iganga Secondary School. I used to stay with my mother’s sister who works as a market vendor. A friend of hers tipped her about UYDEL’s work but she could not tell me since she did not want to lose the free labour I was offering her. Fortunately the lady talked to me privately and told her child to take me to UYDEL’s Mpererwe Drop-in Center. I got registered for the hair dressing sessions and I was attached to a local artisan for training. I picked up the skills very fast because of the interest I heard in learning. I am now on my own and my customers find me at home. I earn about shs60,000 a month and when I am not attending to my customers, I do UYDEL’s work.

“I am lucky I am part of the Film Project (documenting experiences and the life of street children in Kampala), thanks to UYDEL. I have traveled to Tanzania and have been trained in shooting and editing. We carry out the editing in Dar es Salaam and I have been there twice.

“Under the project we have learned how to express ourselves and have been exposed to other cultures. When I started working and earning money, my aunt became envious of me and tried to make life difficult for me. I was also tired of her husband’s sexual advances towards me. I have moved out of her house and I am now renting a small room at shs 8,000 per month in order to manage my time well and meet all the responsibilities,” says Namulondo.
Lessons Learned

- Peer to peer networking is very influential among youth and the use of former street children and CSWs as peer service providers has contributed to the increase in the number of youth responding to YFS.

- Working with youth requires a lot of patience and time. When working with them, one must be committed and patient. Once their trust is won, they are a good and dynamic group to work with in order to bring about their own change.

- Peer pressure and lack of employable skills rate highly among the reasons why youth exchange their bodies for money. If they are to be assisted to change their behaviour then they need to be equipped with vocational skills as an alternative way of earning a living.

- Street children and commercial sex workers are vulnerable groups. There is a need to ensure confidentiality in order to develop their trust. Open communication between UYDEL staff and youth on issues of sexuality has been established and the youth have opened up. There is an excellent relationship between the communities, peers, and bar owners (where the CSWs spend most of their time and conduct business) and there is a high appreciation of UYDEL’s services.

- The support and involvement of key stakeholders such as the police, community and opinion leaders, and parents is key for the success of such a program that is dealing with marginalized groups.

Challenges

Behavioral change takes a lot of time. One needs patience with the street children and CSWs who present multiple problems. For example, the drug addicts are particularly difficult to handle and some CSWs are as young as 15 years living alone with their babies.

According to UYDEL, some members of the community have not been as receptive as expected. Some are against the rehabilitation of street children and CSWs and this entrenches stigmatisation of the services and the youth. On the other side, CSWs may take pride in the money they earn and many are reluctant to take on vocational skills training.

The demand for vocational skills training and placement is higher than the current funds can cater for. Many young people are kept on the waiting list indefinitely and sometimes this makes them lose morale. Some drop out completely and they never come back. “You cannot do this type of work without support from the communities. There is need for more investment in the
vocational skills. Many youths ask, ‘You are telling me to give up the practice, what do you have in store for me?’,” notes Alex Ruhweza.

Despite the fact that there is an increasing demand for livelihood skills for the young girls and boys who are rehabilitated, there is limited funding for expansion. Yet this would be a practical alternative of earning a living to CSWs and street children.

Stigma related to commercial sex work makes it difficult for those involved to access services early, and as a result some of them come for treatment when it is too late. The challenge is to ensure that the youth get the relevant information at the right time.

The dropping out of peer service providers due to the transitory nature of the street children and commercial sex workers poses a challenge. They drop out as they change their place of abode. Hence, continuous recruitment and training is needed in order to sustain the PSP numbers. For the same reason, follow-up of cases is not easy.

Stock-outs of drugs and supplies such as VCT kits and condoms affects youth’s continuous utilization of services. If they are unable to receive a service once or twice due to stock-outs, they usually lose confidence in the center.

Treating STIs poses a challenge because it is difficult to trace the partners who continue re-infecting the clients.

An increasing number of street children are using drugs, increasing their risk of vulnerability. Also, they seek services too late and there are limited places in Kampala where they can be referred for help.

The fact that most of the target group that UYDEL is dealing with resides in the urban-slum environment (where there is a lot of drug use and abuse by the community members, including some of the parents), it is extremely difficult for the young people to stop drug use. The environment reinforces their behavior.

Despite the fact that VCT is one of the major activities promoted by UYDEL, the young people are not as forthcoming as was expected. Some of the CSWs have said they fear to know their status because they couldn’t handle the post-test period. “We want ARVs. Though we have not gone for VCT, we can tell who is sick. We avoid carrying out tests because once one finds out that she is positive, life becomes hard thereafter. One becomes miserable. Sometimes one goes reckless with a view of passing it over to others. In other situations, one may decide to end her life. So it is better not to know the HIV/AIDS status at all,” said one of the CSWs.
Way Forward

According to UYDEL's Executive Director, Rogers Kasirye, a combination of programs that expand income generating opportunities, as well as treatment, need to be developed both in the short- and long-term. CSWs and street children should be placed in vocational training courses and given parallel forms of support for involvement in entrepreneurial activities.

Behavioral change programs targeting both community members and CSWs should be continued to discourage and eliminate risky behaviors in the communities. This could be in the form of live drama performances, through audio and visual materials, and recreation activities.

Since the community is supportive of UYDEL's work, it should advocate and influence the local and city council administration to ensure that the housing and settlement standards required by the government are adhered to. Slum development, congestion and overcrowding should be discouraged. The ultimate aim should be to promote housing and settlement patterns that reduce the risk of sexuality, sex abuse and commercial sex common in slum dwelling units.

Continuous training needs analysis should be undertaken for street children and CSWs so as to determine appropriate and practical skills to be taught for productive work. Further research employing both quantitative and qualitative methodology should be undertaken to arrive at a more accurate estimation of the magnitude of the problem and to study features of the problem that cannot be captured through rapid assessment methodologies.

Sensitising law enforcement agencies and brothel owners about commercial sexual exploitation of children and risk behaviors involved in commercial sex work should continue focusing on the enforcement of the existing legal instruments that provide for protection of the rights of children including protection against the worst forms of sexual abuse.

UYDEL should continue and enhance partnership with institutions working for the protection of children, such as National Council for Children, UNICEF, Ministry of Gender, Labour, and Social Affairs, Uganda Child Rights NGO Network, and Hope After Rape to ensure that the weaknesses in the enforcement of the existing legal instruments are continuously and consistently addressed. At the local level, UYDEL should continue to network with NGOs working in the five divisions to ensure that the local administration passes by-laws to regulate the working conditions for children working in hazardous activities.

There is need for more efforts to mobilize more drugs for treatment and condoms because they are in high demand. Although AYA has been providing the drugs, this is not sustainable.