EMPOWERING STREETS AND SLUM YOUNG PEOPLE TO PREVENT HIV/AIDS IN KAWEMPE DIVISION-KAMPALA CITY.

A CASE STUDY OF UGANDA YOUTH DEVELOPMENT LINK (UYDEL).

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By Rogers Kasirye, Executive Director, Uganda Youth Development link
P. O.Box 12659 Kampala Uganda. E-mail kasiryer@yahoo.com or uydel@utlonline.co.ug
Introduction
This paper is a presentation of five years work with the slum and street youth of Kampala city. This work has been generously supported financially by ILO, WHO, UNODC and Pathfinder. Therefore, it will argue the case of working with and empowering vulnerable groups of young people on the streets and slums to prevent HIV/AIDS among other risk behaviours.

Background and Context
Interest in adolescent health in Uganda has stemmed partly from the fact that young adults constitute almost one fifth of the population and present a rapidly growing segment of the population. In 2000 adolescents totalled 4.2 million. Adolescence is a critical stage in a person’s life; it is a period in which physical, psychological and social changes take place. The World Health Organisation (WHO 1995) defines adolescence as the progression from secondary sexual characteristics (puberty) to sexual and reproductive maturity, the development of the adult mental process and adult identity and transformation from total socio-economic dependence to relative independence. It is a phase in which children become adults, when major decisions about roles in life are made and preparatory activities for adulthood undertaken.
Situation, impact and major development related to addressing HIV/AIDS.

Increasingly in Uganda, young people; children under 15 years constitute more than 50 percent of the total population (25.4 million). Out of those fall within the Uganda Bureau of Statistics (UBOS) conservative estimates of the two million orphans due to HIV/AIDS representing 10% of all children in Uganda nationwide (Wakheya, 2000).

1.1 million People are estimated to be having HIV/AIDS. Nearly 80% infected with HIV are between the ages of 15-45 years, a most economically productive age group and often tenders of the families.

Adolescent girls between 15-19 years are particularly vulnerable 4-6 times more than they’re male counterparts. However, there are declining trend in infection rates among the population, most especially among the youth between 15-24 years of age. The trend seems to get expressed in the older age group 25-29 years; nationally, coming from over 30% infection rate, ten years ago to 6% presently. A multi sectoral strategy the country major development related to addressing HIV/AIDS are

- Promotion of voluntary confidential counselling and testing (VCCT).
- Strengthening interventions to reduce transmission from mother to child.
- Integration of STIS and HIV/AIDS programmes into reproductive health services.
- Improved education and advocacy.
- Improved access to screening and treatment (anti- retroviral therapy)
- Increased access to youth friendly services (YFS).
- Nutrition support.

In the social and cultural area, which has been mainly driven by NGOs, include

- Use of media campaigns and Information and education materials in all languages; promotion of behavioural change sessions to increase Life skills among children both in and out of school.
- Discouraging Negative cultural practices such as Female Genital Mutilation (FGM) while promoting parent -child communication.

Political conditions favouring prevention work in Uganda.

The Uganda government has taken steps and succeeded in doing the following:
Policy formulation and regular review of policies in many sectors like education, health, gender, labour etc spearheaded by Uganda AIDS Commission involving all stakeholders.

Introduction of school sexual education in the curriculum in addition to other efforts in schools by NGOs.

Targeting other special groups like the army, police and prisons staff and promoting HIV/AIDS programmes to address the situation.

Networking with other international agencies and donor countries for support such as the President Bush and Mr. Clinton, which has attracted large sums of money to work on the scourge of AIDS. Others include support from UNAIDS, WHO, USAID, UNICEF and World Bank.

Strengthening of Indigenous NGOs and CBOs such as The AIDS Support Organisation (TASO); which is the pioneer HIV/AIDS support organisation.

Ministry of Health provision anti retroviral therapies at a subsided rate.

Parliament in Uganda approved the HIV budget and all ministries have to budget for HIV/AIDS.

3.0 Slum and street young people

There are about 997,000 AIDS orphans in Uganda and over 20,000 children are estimated to be living in the slum centres of Kampala (Kasirye and Lightfoot 2000). These children comprise especially vulnerable groups, facing issues of substance abuse, violence, unemployment, prostitution, and lack of access to appropriate services. Many times the youth are unaware of the services available to them or face unfriendly service providers who are sensitive to their sero-prevalence status.

Most of the children living in slums and on streets come from poor families, mostly headed by women who in most cases are widows or separated from their spouses/families (Save the Children UK 2003). Quite often, these families are characterised by inadequate incomes to provide for the needs of the children. Other children, especially girls live independently; they rent small rooms as individuals or groups. In most cases these children have inadequate information or tend to ignore advice. Save the Children UK (1999) in a study carried out in one slum of Kampala city noted that about 82% of the residents in slum areas live in single room houses where children experiment sex so early while trying to initiate into practice what they hear and see from adults. UBOS 2003 noted that children who do not know survival status of their parents are more likely to work.
UYDEL (2001) in a conference paper on psychosocial problems of children under rehabilitation from commercial sexual exploitation of children (CSEC) noted that the street and slum children served are mainly girls who are early school dropouts or semi-illiterate, use drugs, majority are former domestic workers and street children and they engage in high risky sexual behaviours for survival with multiple sexual partners; many had been exposed to sexual abuse at an early age (below 14 years). Pornography was seen mainly as a recreation rather than profit.

Friends among the young people affected by CSEC were playing a significant role in influencing, recruitment and locating sexual exploiters of children. Many of the friends are more like pimps who own rooms that act as lodges to meet the needs of customers. Children who had experienced defilement, those living on streets and those working as domestic workers were more vulnerable to sexual exploitation and abuse. Others stay with parents/ guardians who sell alcohol as the main economic activity were also forced into commercial sex. Many of these street children and slum youth had low self-esteem, lacked focus while others were depressed. A few were engaged in other economic activities such as attending to bars, lodges, restaurants and food vending.

The tendency to move from one place to another was high. Prostitution was prevalent both in homes as well as outside homes especially in bars, restaurants, lodges, students, hostels, markets shops and streets. Due to limited options, boys involve in high risky behaviours such as violence, drugs and illegal games. Girls on the other hand engage into seasonal unprotected survival sex and prostitution resulting in unwanted pregnancies.

Many factors have been responsible for this vulnerability including HIV/AIDS that lead to orphan hood in addition to poverty of their extended families and early school drop out leading to lack of employable skills.

Street and slum children lived more on social networks usually commanded by one of their colleagues who is strong or has more money, shelter or supplies drugs. More children have joined streets and slums as a result of poverty. Girls are more seen in slums while boys are concentrated on the streets. Most of the children have a living relative who most likely share the child’s benefits.

Peer influence, need to supplement family and the desire for self-reliance have been the major pull factors for children to get to slums and streets. While there, children face a number of health and social hazards including early unwanted pregnancies and consequent crude abortions, birth complications, drug effects and risk HIV/AIDS infection. On the likes and benefits majority young people share part of the street benefits amongst themselves and give part to their parents.
Independence to work, good food, and freedom appear to be the push factors. Stigma and public attitude, arrest by law enforcement officers and assaults appear to be negative consequences of children running to the streets and slums.

In order to reflect on the process of empowerment, three case studies are illustrated below.

4.0 CASE STUDY ONE
A case study of Health Matters Project supported by AYA/Pathfinder

During the year 2002 UYDEL received funding from AYA/Pathfinder International to implement the ‘Health Matters Project for vulnerable adolescents’ to scale up the Youth Friendly Services. The project aims at addressing problems of sexual exploitation, prevention of HIV/AIDS, treatment of STIs and prevention of unwanted pregnancies, targeting 600 Street Children and 1800 Adolescent Commercial Sex Workers (ACSW) in the five (5) slum areas of Kampala city among whom the HIV prevalence rate is estimated at 28.2%, which is over three times higher than that in the general population.

Overview of the Project goal

To reduce HIV/STI transmission and incidence of unwanted pregnancies among vulnerable young people by increasing their access to high quality youth friendly services in area.

Specific Objectives

1. To increase access to Youth friendly services for street children, adolescents and commercial sex workers through high quality outreach service arrangements, peer provided services and youth friendly drop in centers.

2. Strengthen selected UYDEL management systems as they relate to provision of high quality youth friendly services (YFS).

UYDEL PROGRESS ACTIVITIES

- UYDEL has 37 well qualified staff who, with the help of the national trainers and Pathfinder International were trained in YFS/ASRH to enable them provide friendly services namely treatment, counseling, distribution of IEC materials and condoms, health talks, facilitative
supervision and mentor street children and ACSWs. The Staff include 18 social workers, 14 Health service providers, 5 volunteers and 100 Peer service providers

- UYDEL operates five youth friendly drop in centres in the five divisions of Kampala district namely: Mpererwe centre in Kawempe division, Nakulabye drop in centre in Rubaga, Kisenyi drop in centre in central, Kansanga drop in centre in Makindye division and Mutungo drop in centre in Nakawa division.

- UYDEL established and runs 17 mobile clinical outreach posts in Kampala district namely in the slums of Jambura, Rina, Katanga, Bugalani in Kawempe; Kasubi, Bristol bar Nateete, Guesthouse –Ndeeba, Beruit outreach posts in Rubaga; Katwe Kinyoro, Kibuli, Kabalagala in Makindye; Kivulu, Kakajo, Owino market, Kamwokya market area in Central divisions,. Naguru, Banda and Luzira in Nakawa division.

- UYDEL conducted 13 Consultative meetings for local leaders, Bar / Restaurant / brothel owners, Adolescent commercial sex workers (ACSWs) and street children (SC) in the slums. The consultations assisted in Identification, informing and referral of ACSWs/Street children to mobile outreach posts/Drop in centres for treatment and other services.

- 100 Peer providers were recruited and trained with the help of Pathfinder International and UYDEL staff in ASRH to distribute Socially Marketed Non-Prescriptive contraceptives and STI kits to fellow adolescents CSWs & Street Children. The criteria for selecting the peer service providers included; former or current commercial sex workers to avoid stigmatization, residents in the area of operation (slum areas of), age group of 10-24 years, available, gender balance, basic education (the ability to read and write). They were given supportive materials such as bags, STD Kits, condoms among others.

- UYDEL Conducted YFS inventory to determine project catchments areas. An inventory was developed using two methods; a) contacting divisional officers and local leaders to get information regarding project needs such as divisional coverage, number of bars, slum areas, lodges, ‘depots’ of street children and commercial sex workers. In order for UYDEL to strength its management system to provide high quality YFS, data has been regularly collected which forms a basis for decision-making.

- UYDEL with the help of the National team and AYA/ Pathfinder International carried out YFS assessments of the five-project drop in centres and action plans are in place to monitor improvement over time in YFS delivery.
• The Project Manager, Services Delivery Coordinator and Youth Officer have always provided technical assistance, mentoring and facilitative supervision to the project staff and regularly consult AYA/Pathfinder International on YFS intervention.

• Drama, music, debates films and sports competitions have been conducted already between ACSW were a result of needs assessment and PES inputs. These have brought about an increase in the number adolescents seeking service at the drop in centres and outreach posts.

• Monthly VCT services have been conducted at UYDEL drop in centres in collaboration with AIDS Information Centre (AIC). 215 Adolescents received VCT services 41 were male and 174 female. 15 were found positive and all were female.

• UYDEL has established networks with STD Mulago clinic, UAC, AIC, MOH, FPAU, KCC, MoGLSD, TASO, Naguru teenage centre, ANPPCAN, Straight Talk, WAYS and may other international, national and indigenous NGOs; which have provided support, STD drugs, conducted VCT services at our drop in centres, trained our project team in STD management, and we are part of the network fighting commercial sex exploitation of children representing the adolescent

**Summary of service statistics at drop in centre and outreach sites served by 5 UYDEL YFS centres the April 2002-October 2003 to date**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Drop in centre</th>
<th>Outreach sites</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>6369 (3,771 Females and males 2,598)</td>
<td>23195 (12,957 females and 10,238 males)</td>
<td>29564 Male 12,836 Female 16,728</td>
<td>ACSW and sc seeking YFS has increased. There is an increase in Nos of ACSWs and SC seeking services at both centres and outreach site.</td>
</tr>
<tr>
<td>Counseling</td>
<td>7,255 (4419 female and 2836 males)</td>
<td>18,425 (9,931 females and 8,494 male)</td>
<td>25,680 Male 11,330 Female 14,350</td>
<td>More ACSW are opening up.</td>
</tr>
<tr>
<td>Condoms distributed</td>
<td>54,606 (packets of 3 condoms each)</td>
<td>92,593 condoms (packets of 3)</td>
<td>147,199 (packets of 3 condoms)</td>
<td>The number is rising significantly</td>
</tr>
<tr>
<td></td>
<td>condoms each)</td>
<td>each)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Number of Young people who picked condoms</strong></td>
<td>8,516 (3,222 female and 5,294 males)</td>
<td>13,148 (6,857 females and 6,291 male)</td>
<td>21,664 Male 11,585 Female 10,079 Increased participation of all sex in picking condoms</td>
<td></td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>515 (87 female and 428 male)</td>
<td>776 (432 female and 344 male)</td>
<td>1,291 Male 772 Female 519 Most are for blood test for STDs</td>
<td></td>
</tr>
<tr>
<td><strong>Attendance for Health talks</strong></td>
<td>5,937 (3,359 female and 2,578 male)</td>
<td>3,155 (2,006 female and 1,149 male)</td>
<td>9,092 Male 3,727 Female 5,365 Female response to YFS is high due to vulnerability</td>
<td></td>
</tr>
<tr>
<td><strong>VCT (Voluntary Counseling and Testing)</strong></td>
<td>215 (174 female and 41 male)</td>
<td>Nil</td>
<td>215 Female 174 Male 41 Agencies providing VCT limits the number to be served.</td>
<td></td>
</tr>
<tr>
<td><strong>Depo- Provera</strong></td>
<td>87 (female only)</td>
<td>362 (female only) 449 female</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pills</strong></td>
<td>855 (females 847 &amp; 8 males)</td>
<td>1,914 (females only) 2,769 Females</td>
<td>8 males picked pills for their partners</td>
<td></td>
</tr>
<tr>
<td><strong>Outreach sessions</strong></td>
<td>-</td>
<td>546 clinical mobile sessions have been conducted</td>
<td>546</td>
<td></td>
</tr>
<tr>
<td><strong>IEC distributed</strong></td>
<td>12,457</td>
<td>14,068 26,525</td>
<td>IEC need to be in local language as well.</td>
<td></td>
</tr>
</tbody>
</table>

As a result, UYDEL has embarked on CLEAR (Choosing Life Empowerment Action Result)/SUUBI Project supported by UCLA (University of California Los Angeles) to help young people living with HIV/AIDS in Kampala district, to reduce HIV transmission and Increase quality of life among HIV/AIDS positive youth through counseling sessions.
Lessons learnt

1. Use of former and current ACSWs/ street youths is a key if the intervention/ empowerment is to be accepted and succeed. That’s why, when we trained Peer Educators through our peer-to-peer network the number of young people responding to YFS tripled.

2. Majority of ACSWs operate within slum areas and a few move to the streets. Majority are products of poor families and orphan hood.

3. Peer pressure and lack employable skills appear to be significant factors inducing many to exchange their bodies for money and other gifts, therefore vocational skills training would be more important to be integrated in YFS activities. See case study 3.

4. Re-infection of STDs is common; however the project has promoted dual protection of condoms and pills. Partner notification is low because young people are difficult to locate, some are mobile and the relation were temporal and commercial oriented. ACSW insist on use of condoms but a few clients comply and use violence on them and depending on the money. To date out of the 50 ACSWs 6 have been diagnosed to be HIV positive.

5. The more regular the YFS are whether at outposts or centre is appearing to be a driving and motivation for ACSWS to seek services. ACSW is illegal and adolescents initially feared for their identification and privacy. Many prefer not be identified by names, place and labeling. (Stigma).

6. YFS centre providing more than one activity coupled with services like vocational skills and recreation activity as it is done in Kawempe; tend to attract more young people (Multiple services).

7. Community involvement especially local leaders, police and CBOs plays a pivotal role in supporting the project e.g. Local leaders have been referring clients to centres.

8. Our target group congregate always in bars, brothels, restaurants, video places and other depots.
9. Multiple supply channels are necessary to ensure adequate supply of contraceptives and services to meet the young peoples’ demands.

10. Regular supervisory support keeps volunteers action alive and improves performance.

11. Multi-skill training received by volunteers strengthens sustainability of volunteers work in the community.

**Challenges**

- Adolescent living on the streets and slums are very nomadic i.e. operate from different places and transfer at will; eventually one looses track of their whereabouts therefore follow up becomes difficult.

- ACSWs and Street Children present multi problems, which pose a challenge to our interventions. These problems need to address. Some are mothers as young as 15 years living alone with their babies.

- Transitory nature of street children has made it very difficult to follow up their cases for a better service. Also at the time for interviews, the interviewers have to make call backs time and again. Thus their mobility is a major constraint.

- Shortage of drugs yet there is a high turn up of adolescents seeking medical treatment. This has scared away some of our clients.

- Partner notification of the ACSWs to come for treatment of STIs is very difficult since they have temporal relationships and this has caused re-infections.

- VCT services have lagged behind because we have to negotiate for it in order to get human resource to provide which has taken more time. Discussion with MOH/ACP/UCE has begun we hope to overcome this.

**Recommendations**

1. A combination of programmes that expand income generating opportunities need to be developed both in the short and long term. ACSWs and street children should be placed in vocational training courses and given parallel forms of support for involvement in entrepreneurial activities.
2. Behavioral Change Programmes should be continued to discourage and eliminate risky behaviors in the communities, in form of live drama performances, through audio and visual materials, recreation activities targeting both community members and the ACSWs.

3. Promoting appropriate housing and settlement patterns. It is recommended that UYDEL plays a lobby and advocacy role aimed at influencing the local and city council administration to ensure that community members adhere to the housing and settlement standards required by the government. 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 child commercial sex common in slum dwelling units.

4. Continuous training needs analysis should be undertaken for street children and ACSWs so as to determine appropriate skills to be imparted 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.

5. There is need to sensitize law Enforcement agencies/ brothel owners about commercial sexual exploitation of children and risk behaviors involved in commercial sex work. Focusing on the enforcement of the existing legal instruments that provide for protection of the rights of children including protection against Worst Forms of Sexual Abuse. UYDEL needs to work in 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, Hope After Rape, among others to ensure that the weaknesses in the enforcement of the existing legal instruments are continuously and consistently dealt with. 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.

6. There is need for more efforts to mobilize more drugs treatment and condoms because they are on a high demand yet they are not enough, this will increase on the flow of services and hence able to enhance their health situations.

7. There is need for more capacity building training workshops for staffs especially in areas like documentation, report writing, ASRH issues.
5.0 CASE STUDY TWO

PEER-TO-PEER APPROACH

Uganda Youth Development Link, basing on their vast field experiences, adopted a drug abuse peer-to-peer prevention approach as an intervention strategy of reaching out to many street/slum youths in Kampala.

Experiences and work with slum youth has showed that a significant proportion of young people abusing drugs are at a high risk of contracting HIV/AIDS and engaging in CSEC more so anecdotal evidence indicates that young people abusing psycho active substances like cannabis, that are often associated with violent sexual behaviour such as rape and defilement. These activities are often done without protection of both the victim and the perpetrator.

The approach has focused mainly on addressing the drug and substance abuse problem, HIV/AIDS prevention and prevention of adolescent Commercial Sexual Exploitation of children living in slums.

Therefore following a thorough analysis of the problem at hand, the peer to peer approach was strongly encouraged and implemented by peer educators who were recruited and trained in drug abuse prevention, life skills education and HIV/AIDS related risky behaviors among street/slum youth. The peer educators' training was intended to;

1. Raise awareness about the risky of drug abuse and HIV transmission, their implications to the health and social well-being in a language that the youth understand.
2. Provide access to counseling, care and psychosocial support to HIV infected drug abusers.
3. Provide condoms for safer sexual practices.
4. Avail a treatment and rehabilitation program for those youth abusing drugs and alcohol.

Over time, it has been noted that the peer to peer approach as a strategy in problem solving is very essential in communities because its based on real life experiences given the fact that peer educators and youth are of the same social background, lifestyle, gender, age, culture, similar drug related experience, interests and place of residence. The fruits of the program have been noticed with the steady increase of young people seeking ASRH services, counseling and rehabilitation for drug abusers/ addicts from 5 youth before peer to peer program to 15 young people on average daily at the UYDEL drop in centres, increased awareness on drug abuse related to peers and reported cases of behavioral change of youth through counseling sessions done by peers.

Therefore the peers are charged with the following responsibilities;
1. Delivery of knowledge through leading group discussions and recreational activities.
2. Mobilization of youth for public film shows and drama shows.
3. Distribute anti substance abuse materials to the slum youth.
4. Counseling and referral of youth to UYDEL if they are unable to handle a given presented problem.

However, it has been duly observed that the peer-to-peer prevention approach alone may be inadequate in enhancing effective behavioral change and information flow among the youth. The approach should occasionally be re-in enforced by public film and drama shows that are staged within the community at different intervals.

Anti substance abuse IEC materials have been distributed to youth all of which are geared towards complimenting or bridging the information gap that may arise during the peer-to-peer activities. That's why peers have been much motivated and encouraged to always seek technical support from UYDEL staff and also refer cases that have turned difficult for them to handle conclusively.

Consequently, eight (8) public film shows and two (2) drama shows have been held of which youth are given ample opportunity to express their feelings, views and perceptions about their current situation and how to improve their lives and have a better future basing on the shows conducted in their areas of operation.

The peer to peer approach has been further strengthened by organizing phased trainings in ten (10) NGO's as a way of collaborating and networking with as many peers as possible based on the multiplier effect of the prevention program. The trainings oriented at least 15 peers in the PPPP in light of the peer user guides developed basing on experiences form peers during a previous training workshop and Needs Assessment. Hence following visits to NGO's and Peer educators are a necessary activity to oversee the progress of the project and identify gaps that need further intervention among the slum youth.

Like any other intervention program, the peer-to-peer prevention program has not been one without challenges, many of which have been manifested themselves during the implementation process.

**Challenges of peer-to-peer prevention program**

1. Credibility of peer educators among fellow youth has been one of the major challenges. This has been manifested because majority of peers are either former or current youth who lived in similar slum conditions. Therefore PES tend to be minimized basing on their past life analysis.
2. The motivation factor cannot go without a mention because the peer-to-peer prevention is largely based on a spirit of voluntarism exhibited by the peer educators. There is a minimal tendency for a few to work below the expected performance.

3. The high mobility of slum youth makes it difficult to supervise and make follow up visits to the peer educators efforts in drug demand reduction. However in many instances majority peers have resurfaced after periods of absence.

4. Limited time and resources by the agency to monitor and support the educators efforts more fully due to other organizational commitments and activities on schedule.

Lessons Learnt
1. The problem of drug abuse among slum youth is very high basing on the findings of the needs assessment done by the trained peer educators. The findings indicated that 81% of the 400 youth interviewed revealed that drug and alcohol abuse were rampant among children aged 16 years and above.

2. Peer to peer intervention is an effective way of communicating and sharing knowledge among people of the same social class because the peer network has reached out to over 500 peers since the inception of the program in October 2003. Hence drug peer educators are very essential in creating change in the community.

3. IEC materials are very relevant and essential in sensitization and raising awareness among slum youth because they help in strengthening peer and NGO capacities in handling drug related problems in the different communities.

4. Recreation activities like sports, music, dance and drama are good positive alternatives to drug use in the country as they tend to occupy the youth most of the time and therefore are left with less time to engage in risky associated behaviors. In addition activities carry positive messages to the affected vulnerable groups.

5. Regular supervision and monitoring of peer educators is very crucial in giving technical support and strengthening their capacities in handling drug related problems. It has been noted that in most cases, peers are often faced with a number of cases that they cannot handle by themselves, hence the need for regular supervision.
6.0 CASE STUDY THREE
THE VOCATIONAL TRAINING AND REHABILITATION OF SLUM CHILDREN IN KAWEMPE DIVISION

With support from ILO / IPEC, the Development objectives were to contribute to the effective prevention and elimination of the worst forms of Child Labour, with particular focus on the commercial sexual exploitation of street and Peri-urban slum children in Kawempe Division, Kampala.

Programme strategy and objectives
Rehabilitation of slum children in Kawempe: by preventing recruitment and involvement of child prostitution through intensive awareness of community leaders, potential victims, parents and all relevant stake holders on the problems and consequences of child prostitution. Withdraw 350 children in prostitution and other forms of sexual exploitation and provide them with counseling, health care and rehabilitative services. Lastly strengthen the capacity of UYDEL to effectively target one worst form of child Labour so as to make an impact in reducing its occurrence in Kawempe.

The Programme strategy required major action including Prevention, Removal and Rehabilitation and Sustainability.

Major Outputs And Activities To Date
Objective 1: To prevent recruitment and involvement of children in prostitution through intensive awareness of community leaders, potential victims, parents and all relevant stake holders on the problem and consequences of child prostitution
Output 1.1 Six key educational materials on elimination of child labour particularly on sexual exploitation of children developed and produced.
Activities: Six key educational materials on elimination of child labour particularly on sexual exploitation CSEC were developed and printed have been disseminated regularly.
Materials developed included 3 types of posters: 1 Peer Provided manuals, 2 Brochures and 1 Hand bill, all were protested in the field before printing and these were the first materials on CSEC in Uganda and have been on high demand.

Output 1.2 Community leaders and other stakeholders sensitized on the problems and consequences of child labour.

Activities
A three-day’s sensitization seminar was held for:

i. 40 Local counselors, teachers, religious leaders and opinion leaders.

ii. Workshop for Peer Counselors

iii. Five day’s training of 30 key stake holders namely: NGOs, Community Based Organizations, Health Workers and Police

iv. Besides the above, UYDEL has been able to disseminate IEC materials during other sensitization.

These include among others a one-day sensitization seminar for 45 Policemen at Kawempe police station serving the Kawempe slums. In addition 20 Community Radios (public addresses were used. There efforts were supplemented by another 27 FM Radios programmes that were hosted at over 6 FM stations. Seven television programmes (1-2 hours) Channels were used. 6 public van film shows were held in the community about child labour. Celebrated the day of African Child with a Theme on Child Labour for a week starting on the 11th-16th June 2001 involving exhibitions. Band procession, Film shows, IEC materiel distribution and a foot ball competition. 40 video film shows on Child Labour/rights/HIV/AIDS/Drug Abuse/CSEC have been showed to the young people.

-Village local council meetings were held. Mobilized 12 foot ball teams in the Division on the theme of sexual exploitation/ drug abuse and HIV/AIDS as a way of reaching more young people with such behaviors change messages.

Objectives 2: To withdraw 350 children involved in prostitution and other forms of sexual exploitation and provide them with counselling, health care and rehabilitative services by the end of the project.

Output 2.1: A report on sexual exploitation of children in Kawempe produced.

- Activities
A rapid assessment report was completed and has been disseminated to over 40 participants. The report revealed that at least 25-30 Children were being exploited in each parish of the 21 parishes.
in the division. Kawempe alone has population of 250,000 people. Most people are concentrated in half of the areas in the slums Kalerwe, Bwaise, Kawempe, Mulago and Kyebando and Makerere Katanga. Most people are doing more temporal work. People of all socioeconomic status, taxi and boda boda drivers, brothel owners, wealthy adults, teachers, close relatives, neighbors, street children and slum youth, and sugar daddies and mummies who entice children under the pretences of providing food, money, free lifts, shelter, school fees, and gifts.

Output 2.2: 350 identified children withdrawn from prostitution and other forms of sexual abuse and provided with alternatives.

Activities: 642 children cases (181 boys & 461 girls) have received medical treatment. Major complaints are shown in the table below.

<table>
<thead>
<tr>
<th>Ailment</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually transmitted infections</td>
<td>160</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>20</td>
</tr>
<tr>
<td>Post abortion</td>
<td>30</td>
</tr>
<tr>
<td>Respiratory tract infections</td>
<td>53</td>
</tr>
<tr>
<td>Soft tissues injury</td>
<td>6</td>
</tr>
<tr>
<td>Malaria</td>
<td>145</td>
</tr>
<tr>
<td>Peptic ulcers</td>
<td>25</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>20</td>
</tr>
<tr>
<td>Depression</td>
<td>33</td>
</tr>
<tr>
<td>Skin rash</td>
<td>53</td>
</tr>
<tr>
<td>VCT</td>
<td>30</td>
</tr>
<tr>
<td>Referrals</td>
<td>67</td>
</tr>
</tbody>
</table>

Since the project started the project has received 1400 children seeking support. Some of the psychosocial problems identified included

- Majority of these are girls. (Ratio 7 girls: 3 boys) who were early drop out from schools either in primary or secondary schools and use of alcohol and other drugs is common. Transitory nature- nomadic and some 125 girls had babies of whom majority are former street/domestic workers or school drop out staying with relatives. Suffer from psychiatric related problems and involve in high-risk sexual behaviors and have multi partners. Many stayed in congested homes (slums) and rug use was very common.
It was also noticed that rape and defilement are common among the girls as well as sexual violence and fights for territories were common in the past. Many suffer from many stressors (transition, daily pain, violence, shelter, law enforcement etc enticing them for sex. Cases have been reported of some Children under CSEC, who are HIV positive.

- 1780 children cases 968 boys 832 girls have received psychosocial counseling and other support services.
- 95 Local Artisans and Vocational centres have been identified within and around Kawempe.
- 215 children 47 boys 168 girls have been placed with local Artisans and Vocational centres for skills training and were provided with training kits have dropped out due to lack of lunch & distant places.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Boys</th>
<th>Females</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Welding</td>
<td>9</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Catering</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Carpentry</td>
<td>4</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Electrical</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Secretarial</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mechanic</td>
<td>32</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>Tailoring</td>
<td>1</td>
<td>109</td>
<td>110</td>
</tr>
<tr>
<td>Hairdressing</td>
<td>1</td>
<td>53</td>
<td>54</td>
</tr>
</tbody>
</table>

13 girls were given funds for income generating activities as well as six parents have helped to get income generating activities. 60 children 11 boy 49 girls have been assisted to go back to school. 1163 Family visits have been made. 3 Parents support-meeting groups have been held at the centre to review and follow up on the training of children and those waiting resettlement.
Resettlement and reunification of rehabilitated children with their families or close relatives 195 children (21 boys 174 girls) have been resettled. Ten were pending resettlement. Majority were resettled with relatives and parents only 10% opted for independent living. Of the 195 resettled 80% have taken on new jobs and managed to maintain them for over six months. There has also been a reported change in behavior of the children resettled. In addition to 195 children resettled back, 80 more children have benefited making it a total of 275 Children. These have benefited from other services like vocational, recreational activities, Music dance and drama, and other events like camps, retreats and festivals.

Output 2.3 A drop-in centre/shelter established

Activities: Mpererwe Drop in centre with appropriate premises was identified to be used for temporary accommodation (20 girls accommodation capacity) of withdrawn children and so far 80 girls have passed through the centre and were equipped with basic necessities i.e. beds, blankets, utensils including a TV and Dec and. Water games facilities. The centre provides counseling, health care; nutrition and other support services are being provided to children in the centre.

Objectives 3: To strengthen the capacity of UYDEL to effectively target one of the worst forms of Child Labour, so as to make an impact in reducing its occurrence in Kawempe Division, Kampala.

Output 3.1: Trained motivated and competent and component staff of UYDEL able to implement the Action Programme and provide all the required support services.

Activities: Equipment like computer and a printer have been supplied; staff members have participated in the best practice workshop on CSEC workshop for IPEC programmes. UYDEL staffs have also participated in national and local planning on Child Labour and contributed to the formulation of National Plan of action on child Labour. UYDEL staff members have participated in several trainings, street/slum outreaches, parents and families visit and counseling. Staff has also been provided with extra focused training on commercial sexual exploitation of children, prostitution and HIV/AIDS.

Lessons learnt
• The problem CSEC is largely hidden, Adolescents involved are very nomadic and this also applies to their relatives thus it takes time to unravel information.
• Inadequate information about issues of CSEC among young people and local leaders due to fear of stigma, and sexual issues are normally not discussed in public.
• Involvement of fellow young people, active and former is very vital as far as rehabilitation is concern. Many help in identifying and recruitment.
• Promotion of positive alternatives survival skills is very important and this shouldn’t take long to avoid sliding back of these young people.

Challenges
• Problems of CSEC is part of large problems associated with urban slums such poverty, high use of alcohol and drugs, peer influence, large families, congested single rooms, sub cultures etc.
• High rate of re-infection on STDS and HIV/AIDS due to low condom use.
• Nomadic nature of ACSW and the families.
• Some adults bring children from other division seeking help, which over whelm the staff.
• The number of children affected by CSEC has steadily increased more divisions also are seeking more help on how to address the problem.

Discussion and major lesson learnt as a result of empowering young people living on the slums and the streets

The three projects have revealed that empowering young people to overcome behaviour that may pose a threat to their lives involve various levels that can be summarised into the following
1. Knowledge and Information The projects have imparted the right knowledge since many of the children they have had has been found to be inadequate; partly because they dropped out of school early and also as they grow new experiences require more knowledge from those informed. Since has been achieved through peer-to-peer networks, seminars, use of media and other communication channels. The greatest resources have been the peers and the former rehabilitated young people who have been good role models who help to influence and have their behaviour.

The projects in addition have provided social skills, built self-esteem and self-awareness among our targets. Imparted the correct attitudes, values and the desired influence for such young people
to live happy and fulfilling lives and competences to enable them successfully adjust positively in society. Thus, this approach not only emphasise knowledge on effects and dangers. It explores attitudes, values, and developing certain psychosocial competences along the knowledge side to create responsible adults.

A successful project targeting young people requires the development of a mechanism that will enable the child learn all-round skills. Vocational placement and peer-to-peer approaches have proved to be effective in enabling children learn life skills that finally help them withdraw from the streets/slums.

Mainstreaming HIV/AIDS and drug abuse has been part of UYDEL work for the past years. Through music, dance, and drama, positive recreation, distribution of IEC materials, posters, monitoring and evaluation, and use of current and former street and slum youth in the promotion of youth participation as role models in influencing their peers to withdraw, have been some of the strategies UYDEL has used to reach out to young people.

**Conclusion**

UYDEL has managed to reach a large number of street/slum youth and adolescent commercial sex workers because the services are friendlier. A wide area in terms of coverage has been achieved through the provision of YFS at Project drop in centres and outreach sites established. Peer providers’ network identified in the different divisions in Kampala district. However, there is need to integrate vocational skills component in YFS offered at present for sustainable impact/change in the behaviors of vulnerable adolescents.

Nevertheless, UYDEL will continue to reaffirm its commitment to addressing the plight of vulnerable adolescents.

**Acknowledgement**

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