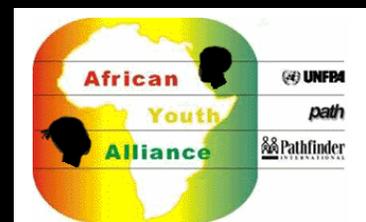


Reaching Out-of-School Youth in Uganda with Sexual and Reproductive Health Information and Services

March 2005

AFRICAN YOUTH ALLIANCE



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Reaching Out-of-School Youth in Uganda with Sexual and Reproductive Health Information and Services

The African Youth Alliance (AYA) consortium—PATH, PathFinder International, and the United Nations Population Fund (UNFPA)—launched AYA in 2000 to improve the sexual and reproductive health of young people in Botswana, Ghana, Tanzania, and Uganda. Funded by the Bill & Melinda Gates Foundation, the program was based on the underlying principle that young people have the right to participate meaningfully in their own development, and that indeed, their involvement in all aspects of programming is essential to promote healthy behaviors. AYA was designed to reduce HIV infection and unwanted pregnancy rates among 10- to 24-year-olds. At its inception, evidence was emerging that suggested adolescent programs had the highest likelihood of success when young people take the lead in designing, implementing, and managing programs aimed at their peers. The impact of HIV/AIDS on young people in particular gave reason for program staff to look carefully at what appeared to be working with that population.

The AYA consortium designed a four-country framework for addressing adolescent sexual and reproductive health issues that included six components:

1. Creating a supportive environment through policy and advocacy.
2. Supporting behavior change through communication and education programs.
3. Integrating adolescent sexual and reproductive health into existing livelihood skills development programs.
4. Providing youth-friendly services in multiple settings.
5. Building institutional capacity to plan, implement, evaluate and sustain programs.
6. Fostering coordination and information sharing to build on lessons learned.

At least one consortium partner was responsible for designing and overseeing activities related to each component. The project was designed to leverage the experience and expertise of existing in-country organizations to reach young people and ultimately bring about change in their reproductive and sexual health norms and outcomes.

Out-of-School Ugandan Youth: At Risk and Underserved

In Uganda, AYA's behavior change communication (BCC) component (managed by PATH) identified out-of-school youth as a priority population for intervention activities. A 2001 study of education in the country found that among those aged 15 to 19, only 11 percent of young women completed primary school, and less than 1 percent completed secondary school. Among their male counterparts, 13 percent completed primary school, and similarly, less than 1 percent completed secondary school. It is notable that 13 percent of females who left primary school did

so at least partly because they got married or became pregnant. Seven percent of young adults aged 15 to 19 and 12 percent of those aged 20 to 24 have never attended school.¹

Reproductive health indicators for young people in Uganda also suggested the need for an intervention specifically designed to meet their needs. Childbearing begins early in Uganda, with one-third of women aged 15 to 19 already mothers or pregnant with their first child. The linkage between age at first childbirth and education is clear: 60 percent of teenage girls with no education have become mothers or are pregnant with their first child, compared to 33 percent of those with some primary education, and only 17 percent of those who attended secondary school.²

A 2000 to 2001 study found that 18 percent of women aged 20 to 24 reported having a sexually transmitted infection (STI) and/or associated symptoms in the preceding year, as did 13 percent of those aged 15 to 19. The overall antenatal HIV prevalence rate in 2002 was 6.5 percent; knowledge about the disease and its prevention was high and condom use was fairly high. Nevertheless, half of all young women aged 15 to 19 reporting intercourse with a noncohabiting partner in the last year used a condom during last intercourse (the same as their male counterparts), as did 37 percent of their female counterparts aged 20 to 24. More than 60 percent of women aged 15 to 19 either had no knowledge of STIs or were unable to recognize any symptoms of an STI in a man.³ These statistics do not differentiate between youth that are in or out of school. It is reasonable to presume that the numbers are even more discouraging for youth who are not in school, and that their need for skills and services to protect their sexual and reproductive health is significant.

Reaching Out-of-School Youth

From the outset of the project, staff recognized that bringing about sustained behavior change among out-of-school youth would be particularly challenging. This population often stops schooling to help generate family income, work in the fields, or tend to other family labor. There is typically little incentive for them to voluntarily participate in activities such as those planned by AYA, and evidence from past efforts indicated that these youth are often highly mobile and difficult to identify.

The strategy

Three implementing partners (IPs) carried out AYA Uganda's out-of-school component: Family Planning Association of Uganda, Uganda Red Cross Society, and Ndere Troupe. It was designed to reach 22,000 youth in 12 districts with sexuality and reproductive health education, including HIV and AIDS; information about assessing youth-friendly services; and opportunities to strengthen developmental skills. As the leader of AYA's BCC component, PATH, together with the IPs, designed an innovative and comprehensive strategy for reaching Ugandan youth who

¹ Uganda Bureau of Statistics (UBOS) and ORC Macro. 2002. *Uganda DHS EdData Survey 200: Education Data for Decision-making*. Calverton, MD, USA: UBOS and ORC Macro.

² Uganda Bureau of Statistics (UBOS) and ORC Macro 2001. *Uganda Demographic and Health Survey 2000-2001*. Calverton, MD, USA: UBOS and ORC Macro.

³ Uganda Bureau of Statistics (UBOS) and ORC Macro 2001. *Uganda Demographic and Health Survey 2000-2001*. Calverton, MD, USA: UBOS and ORC Macro.

were no longer in school. The strategy involved tapping into existing youth networks and resources, trusting and building on the skills of young people to design and implement the interventions, and conveying practical and accurate sexual and reproductive health information in a way that spoke to the realities of these young peoples' lives. All those involved understood that a groundswell of community support for these activities was central to the project's success. The IPs based health sessions upon AYA's Life Planning Skills (LPS) curriculum (described below), and then they reinforced these messages through entertaining and often humorous skits, songs, dances, and puppet shows. Communicating health messages through entertainment—sometimes referred to as *enter-educate* or *edutainment*—is a proven strategy for teaching both youth and adults about healthy behavior and was an integral part of the AYA BCC interventions for in- and out-of-school youth.

Partner selection

Selecting IPs with demonstrated commitments to and successes in working with Ugandan youth was essential to this project's success. Through a competitive bidding process, AYA staff chose three national nongovernmental organizations as IPs based on their longstanding, respected, and successful work with young people and their extensive youth networks in Uganda. Family Planning Association of Uganda (FPAU), an International Planned Parenthood Federation affiliate, is a seasoned and respected national reproductive health service organization known for its leadership in providing youth-friendly sexual and reproductive health services. The Uganda Red Cross Society (URCS) is an established humanitarian organization with strong national youth networks of blood donor groups. And Ndere Troupe is a well-known organization highly esteemed for its dynamic style of raising awareness through public performance and entertainment.

One of the greatest strengths of the out-of-school youth strategy was that it was based largely upon existing, proven youth networks that had already been established by the IPs. These networks already had structures in place in which youth participated in designing interventions, made decisions about implementation, and were meaningfully involved in all aspects of programming. For instance, URCS's youth-led blood donor clubs were already active in many of the AYA districts and were used as an entry point for establishing LPS sessions with a particular focus on HIV/AIDS. FPAU's commitment to providing youth-friendly clinical services meant that all project sites were guaranteed to offer out-of-school youth access to much-needed sexual and reproductive health care.

AYA's Life Planning Skills curriculum

The AYA LPS curriculum formed the backbone of educational sessions in this project. The curriculum included 14 chapters (later condensed to 7 chapters) focusing on a range of issues considered essential to life skills development from within a sexual and reproductive health context, including self esteem, self awareness, peer pressure resistance, effective communication, assertiveness, and problem-solving (a complete list of chapters is at the end of this document). The curriculum also offered comprehensive information about sexual and reproductive health and was adapted to meet the specific needs of young people in Uganda. A total of 20 hours was required to take the learners (young people out of school) through the LPS curriculum. Two young people (one male, one female) from each of the 92 project sites in 12 districts were

selected by their peers and trained by the IPs on sexual and reproductive health issues in general and on how to use the LPS curriculum in particular. Initially, the IPs reached the out-of-school youth through multiple strategies such as youth camps, youth clubs, and peer education strategies.

But the IPs early project efforts to reach out-of-school youth in the districts were met with challenges that were common to efforts throughout Uganda, and indeed, in all AYA countries:

- Out-of-school youth would not participate in education sessions on a consistent basis. Their attendance was often episodic and few would complete the entire training.
- Young women were not being adequately reached; some sessions had a 3 percent participation rate among women.
- Staff who were implementing the project were interrupted at times because of logistical or communication challenges between the consortium organizations and implementing agencies.
- Youth LPS facilitators were finding that the curriculum was too long, complex, and not necessarily relevant to local needs.

A mid-term assessment of overall AYA activities confirmed these barriers. PATH and the IPs recognized the seriousness of these challenges and outlined several strategic changes to try and engage out-of-school youth more meaningfully and consistently in activities. First, they would hold all sessions regularly at a specific time and location where youth typically congregate, such as at a school or where out-of-school youth meet to play sports. While this was part of the original strategy, it had been difficult to carry out consistently. Paying particular attention to organizing meetings in this way would help to create a stable, static population among youth who are typically heterogenous and highly mobile. Secondly, they purposefully attracted more women to the sessions by strategically seeking them out to invite them to participate. They also shortened and simplified the LPS curriculum, which enabled facilitators to be trained and retained more easily and made the information more understandable to participants.

Two Projects at a Glance:

Developing Skills for Life Planning in Kapchorwa

It is a breezy, sunny December day at the end of the rainy season in Kapchorwa, a small city at the foot of Mount Elgon in Eastern Uganda. Classes at the secondary school ended hours ago and yet one large room is full of local young people. A man and a woman, both in their early twenties, stand before the classroom and talk about AIDS. Even the youngest ones there, no more than 10 or 11 years old, answer questions openly and correctly.

In Kapchorwa, where female genital cutting remains a common practice, project staff added an LPS module on the subject to address specific local concerns. Another important mid-course correction in Kapchorwa was the decision to hold education sessions in the local secondary school after regular classes ended for the day. Facilitators sensed that despite being out of school, these youth still wanted the kind of structure offered in a school setting and the idea of “going to school” to participate in LPS sessions had great appeal to participants.

The newly structured activities in Kapchorwa quickly attracted a deeply committed cadre of eager and bright participants. Overall, more than 1,200 young men and women participated in LPS activities based here, and despite the project ending after 2004, there is a clear commitment by local implementing partners and youth facilitators to continue weekly meetings. Activities in Kapchorwa changed the lives of many participants by helping them develop self-awareness and confidence to know and express themselves in a clear voice. These attributes will serve them in many aspects of life aside from those relating to reproductive health. This was particularly true for many young women. In fact, a young man who participated in the final sessions remarked with some surprise at how “these young women no longer are afraid to speak out and to speak their mind!”

Activities in Kapchorwa also succeeded in capturing the attention and support of high-level health officials, policymakers, and community leaders. While attending a ceremony for 240 girls who graduated from the LPS sessions, the district health supervisor said, “What AYA achieved in Kapchorwa was a major accomplishment.” In fact, AYA’s success in reaching out-of-school youth generated support and motivation in the community, among youth, and on the part of the IPs, which has enabled activities to be sustained into 2005.

In Iganga: A Message in the Music

In a dusty school yard some 12 kilometers off the main road in Iganga, a group of people congregate. Young women, men, and even older people gather and wait under the shade of a tree. Traveling to this destination is not easy. What exists of a red dirt road (really just two parallel foot paths) is uneven and hot in the mid-day sun. But these people arrive, as they have for the last several weeks, to learn more about what they see affecting their families and communities every day. They cannot ignore the toll taken in their lives from early pregnancy, unsafe abortion, sexually transmitted infections, and HIV/AIDS.

Reaching young people in this rural part of Iganga District and engaging them to participate in lessons about sexual and reproductive health was uniquely difficult. Poverty leaves young people (particularly those not in school) spending much of their time searching for ways to earn money, including helping family members cultivate crops, tend livestock, or work around home. Even

LPS facilitators’ experiences in Kapchorwa

“Earlier programs came in too forcefully. AYA came to parents first to discuss the subject, and then to the youth and the community. This approach was good and so the project was accepted. . . . This project has reached deep into our villages and brought important knowledge to our people. It also has changed me personally. I have much more knowledge now about reproductive health and I have made many friendships.”

— Phyllis
LPS facilitator in Kapchorwa

“We have trained many people in the community and I have seen much positive change here. I think that HIV is down and we’ve gotten youth back in school. . . . Personally, I’ve gained respect in the community. I am asked to speak at community functions and I have skills now that I didn’t have before.”

— Patrick
LPS facilitator in Kapchorwa since 2002

though the project was centrally located amidst several villages, traveling to the project site was unavoidably long and a difficult trek for young people with few resources.

Communicating life planning skills and reproductive and sexual health messages through music, drama, and dance was immensely popular among young people at this project site. Though attendance was considerably lower and less consistent earlier in the project, in 2004, under the leadership of Ndere Troupe, FPAU, and URCS, project activities attracted many more than the targeted 50 people per four-hour session. Indeed, more than 1,000 young people participated in the project during that year. An assessment revealed that there were several key barriers preventing youth from participating more fully; long travel distances and the duration of the meetings meant that participants needed money for lunch and transportation to the site. Participation improved dramatically when the project began offering a small amount of money (about US\$0.75) to participants to defray these costs.

As the crowd of about 60 participants settled into the shade, a woman in her twenties stood before them and told her story of how she became infected with HIV several years ago by her husband. "I soon began feeling feverish and when a man came here and organized an HIV awareness group, I went for testing. I got tested and found that I too have HIV. I have lived a long time since being tested." After her talk, a dozen HIV-infected young people, a few with drums, danced and sang, advising the audience not to follow in their footsteps but to make healthy decisions and get tested for HIV so that they can stay healthy and protect their partners.

By the end of 2004, participants and facilitators alike were deeply committed to and supportive of the project. Several facilitators said that their involvement in AYA's out-of-school youth program had given them an "urge to serve" or a spirit of volunteerism that was quite difficult to give up at the project's end. One participant said, "We came here to learn and we now know about using a condom and abstaining from sex. It gave us a positive attitude about our future and helped us change our behavior and learn how to handle other people." Some participants formed their own youth groups to continue discussions about sexual and reproductive health issues outside of AYA, and facilitators planned to continue LPS sessions even after the project's end in December 2004.

Apart from high attendance rates and enthusiasm on the part of participants and facilitators, other evidence suggests considerable project success. Local stakeholders recognized that the project helped young people protect their health and gave them a sense of having a positive future. For instance, the chairperson of the Local Council in Iganga expressed his appreciation for the project, acknowledging that in spite of the difficult circumstances of young people in the area, AYA had been very successful in decreasing their "dubious practices" and helping them make positive decisions to protect their health. "Now when I am traveling around the community I hear young people discussing AYA issues. It is quite a change!" Even parents have been touched by AYA's efforts to reach out-of-school youth. Toward the end of the project they spoke out strongly in support of its continuation and began advocating for a new LPS-based project specifically for parents and others over age 24.

This extraordinary level of support among local leaders, parents, and young people, combined with the commitment of the IPs, suggests the considerable extent to which the local community embraced and took ownership of the project. Indeed, regular LPS sessions are continuing in post-AYA Iganga because the communities would not have it any other way.

Successes in Reaching Out-of-School Youth in Uganda

AYA achieved considerable successes in using a BCC approach to improving the sexual and reproductive health of out-of-school youth.

- *AYA reached more than 20,000 out-of-school youth in 92 project sites in Uganda with information and skills needed to protect their sexual health and trained more than 180 facilitators to implement the LPS curriculum.* While impact evaluation data are not yet available, anecdotal evidence from several project sites suggests that AYA was successful in helping this vulnerable population develop the confidence, knowledge, and skills needed to make positive decisions to protect their sexual and reproductive health.
- *Strong, lasting collaborations were formed between implementing partners, creating a platform for ongoing activities to reach out-of-school youth in at least 30 project sites.* The expertise and reach of FPAU, URCS, and Ndere Troupe and their ability to forge effective, crosscutting, flexible partnerships under the AYA consortium leadership was integral to the project's success. The strength of these partnerships is evident by the sustained demand for services in the community, resulting in out-of-school youth activities continuing after the project's end date. In some cases, the clubs have become formally established and licensed community-based organizations.
- *AYA staff demonstrated that it is possible (and indeed necessary) to genuinely involve and vest leadership in young people in all aspects of project planning and implementation to ensure project success.* Young people in Uganda today are quick to recognize when a project involves youth only at a superficial level. AYA's out-of-school youth facilitators, selected by their peers, had responsibility and authority at multiple programmatic levels, which contributed to their sense of ownership of the project and accountability for its results.
- *The implementing partners have become nationally recognized experts in implementing a BCC strategy for improving the sexual and reproductive health of adolescents in Uganda.* Each organization has developed a unique capacity to meet young peoples' needs and is involved in or being invited to collaborate on proposed adolescent sexual and reproductive health projects such as those initiated by the United Nations Educational, Scientific, and Cultural Organization; the International Youth Foundation; and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Challenges

AYA staff also confronted challenges, particularly early on, related to implementing a project of this scope and magnitude.

- *Because of their often extreme needs, out-of-school youth were not easily convinced that they should participate in the project.* Young people who were not in school often wanted a compelling reason for participating in the LPS sessions. Project adjustments during the latter phase addressed many of these challenges; consistently holding sessions at a specific time and location, simplifying messages and ensuring that they spoke to the realities of this population's lives, and in some cases offering a small stipend to defray transportation and meal costs were essential to increasing participation.

- *Developing effective administrative, communication, and logistical mechanisms was difficult and time-consuming.* A large, complex project such as AYA required mechanisms to manage activities and foster accountability at all levels. It took time for the consortium to develop these mechanisms, resulting in occasional internal reporting delays and time lags in financial disbursements. At times these delays caused interruptions in field activities.
- *Established organizations were not accustomed to working together.* Both the consortium and IP structures brought together respected organizations that had not worked together before. Insufficient efforts at team building early on in the project led to communication and expectation challenges.
- *Coordinating BCC activities for out-of-school youth within the larger AYA context and objectives required “big picture” thinking.* Using PATH’s BCC strategy to reach out-of-school youth was but one of a large array of AYA Uganda activities. Coordinating these activities with, for example, advocacy activities being led by UNFPA was difficult. In some cases the IPs were prepared to implement local training sessions but sufficient advocacy had not yet taken place.

Lessons Learned

- *Trust young people.* The youth facilitators and participants were the key to this project’s success. Their enthusiasm, strength, wisdom, and commitment to the project allowed it to flourish and continue in many communities throughout Uganda.
- *Provide ongoing support to youth facilitators.* Well-trained and supported youth are often the best educators of their peers about reproductive and sexual health issues. Providing them with ongoing support and supervision will ensure that they remain inspired, effective, and not overwhelmed with their responsibility, thus preventing high burnout and turnover rates.
- *Do not underestimate the need for considerable effort early on to develop IP capacity and prepare materials.* While each IP entered the project as an expert in its own field, the concept of BCC was new to all. The diverse, unique strengths of each organization was a major advantage of the project, but also made it necessary to invest resources to ensure that all IPs were familiar with adolescent sexual and reproductive health issues, entertainment education, and the concept of BCC.
- *Concentrate efforts on team building and management systems building early in the project.* Maximizing the levels of trust, familiarity, and respect among organizations at the consortium and IP levels will go far toward ensuring project efficiency and effectiveness. Putting the management mechanisms in place early to support administrative, communication, and logistical aspects of the project is essential.
- *Monitor activities carefully and be flexible.* The mid-term assessment of efforts to reach out-of-school youth represented a turning point for the project. It revealed weak points in project implementation and provided an opportunity for the AYA consortium and IPs to modify the strategy for reaching the target population, resulting in improvements in participant outreach and retention.

Conclusion

PATH's BCC strategy for out-of-school youth in Uganda succeeded in reaching vast numbers of vulnerable young people with much-needed information, skills, and access to services to protect their sexual and reproductive health. Anecdotal evidence suggests that the lives of participants and facilitators alike were dramatically changed for the better, leaving them with the know-how and motivation necessary to protect themselves and their partners by abstaining from sex, being monogamous, or using condoms. Combining participatory educational learning based on a proven curriculum with entertaining drama, songs, and dance clearly was a strategy that held great appeal for these young people. Concentrated efforts to engender project support from the grassroots to the national level enabled many projects to be integrated into communities after AYA ended, one of the most powerful indications of AYA success. In the words of Winfred, an LPS facilitator in Iganga, "I feel that AYA has united the youth for a purpose. They have skills to resist peer pressure, they know where to go for help, what to do to protect themselves, and AYA has created a love to learn more. We have gotten the upper hand at sharing information with youth and now I don't think we can stop."

African Youth Alliance Uganda Implementing Partners

Family Planning Association of Uganda

Plot 2, Katago Road, off Kira Road
P.O. Box 19746
Kampala Uganda
Tel: 256-41-540658
Fax: 256-41 540657
Email: fpau@fpau.org

Uganda Red Cross Society

28/30 Lumumba Avenue
P.O. Box 494
Kampala Uganda
Tel: 256-41 -258701/2
Fax: 256-41-258184
Email: <mailto:sgurcs@redcrossug.org>

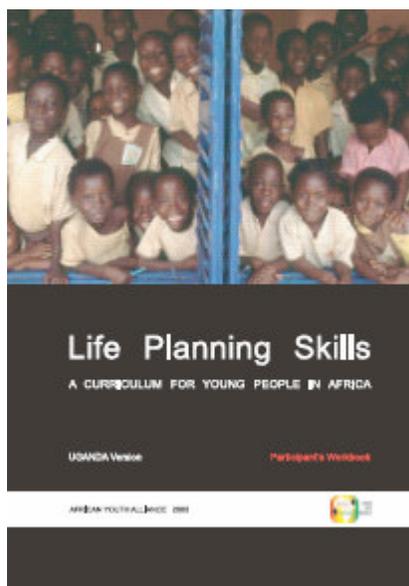
Ndere Troupe

Plot 2872 Buutukirwa, Ntinda-Kisaasi Road
P.O. Box 11353
Kampala Uganda
Tel: 256-41-288123/288222
Fax: 256-41-341776
Email: ntroupe@starcom.co.ug

References

Uganda Bureau of Statistics (UBOS) and ORC Macro. 2002. *Uganda DHS EdData Survey 200: Education Data for Decision-Making*. Calverton, MD, USA: UBOS and ORC Macro.

Uganda Bureau of Statistics (UBOS) and ORC Macro. 2001. *Uganda Demographic and Health Survey 2000-2001*. Calverton, MD, USA: UBOS and ORC Macro.



Chapters of AYA's

Life Planning Skills curriculum:

- Life skills (including self esteem, communication, and peer pressure resistance)
- Sexually transmitted infections including HIV/AIDS
- Menstruation and pregnancy
- Adolescence
- Relationships
- Drugs and alcohol
- Sexuality