

Empowering young people to fight against the spread of HIV, STIs and Teenage Pregnancies

1.0 Introduction

RUBAGA YOUTH DEVELOPMENT ASSOCIATION (RYDA) was established in 1992 as a Community Based organization (CBO). It is now a fully-fledged Non-Governmental Organisation which is registered with the NGO Board of Uganda, as well as a company limited by guarantee without share capital.

It was also established to make an impact on the growing problem of vulnerable children and out-of-school youths rights to sustainable development. RYDA is dedicated to promoting and protecting the rights of children and young people in Uganda as articulated in the U.N. Conventions on the Rights of the Child. RYDA offers Vocational Training, continued Formal Education, counseling and Rehabilitative Services.

Over the past years of grassroots' development experience, RYDA has realized that promotion of self-help initiatives of social and economic empowerment of vulnerable groups is a key requirement for sustainable development of local communities.

Vision: Improved quality of life of vulnerable children and out-of-school youth.

- **RYDA's Objectives.** To build Community capacities in the aspect of human rights, peace building and good Governance.
- Promote basic Education through mobilizing Communities and supporting schools in the area of operation.
- To spear head efforts geared at eradicating Poverty in rural communities through mobilizing people to participate in income generating activities (IGAs)
- To strengthen and support the capacity of families to protect and care for the AIDS Orphans and other Vulnerable Children.

1.1 Activities implemented by RYDA in the past.

- HIV/AIDS Prevention activities in schools and the general community.
- Assistance to OVCs through provision of scholastic materials, psychosocial support through home visits.
- Vocational skills training Centre built at Buloba.
- In 2001- 2002 RYDA implemented a child labour project supported by ILO/IPEC targeting out of school youth working in hazardous conditions in Kampala city. This project equipped RYDA with relevant skills and knowledge on how to work with children engaged in Child labour especially the hazardous working conditions and specifically on monitoring of beneficiaries.
- RYDA in partnership with ILO/IPEC is currently implementing a project intended to eliminate child labour in Wakiso District targeting the worst forms of child labour.

- RYDA Vocational centre is offers vocational skills training in motor vehicle mechanics, tailoring, electrical installation, bricklaying and concrete practice, weaving and knitting, catering and hotel management, metal fabrication and welding, hair dressing to the youth aged between 14 to 17 years referred by other non-government organizations such as Vision For Africa, God Help International just to mention a few among others. It offers counseling in HIV prevention as one of its community outreach programme and training in business entrepreneurship.

2.0 Situational Analysis

According to Uganda demographic Health Survey (UDHS) 2006, women of secondary school education started having sex two years later than those with less education (20.6 and 18.5 years respectively). This shows that education delays the time women get involved into sex and as a result reduces on their vulnerability to HIV and STIs infections and related health problems. First sexual intercourse among women was estimated at 16.6 years and the median age at first marriage has increased from 17.4 years to 18.3 years as compared to their male counterparts who are at 22.7 years while their median at first sexual intercourse is 18.1 years. This evident to the fact that women are more exposed to HIV/ STIs at an early age as compared to their male counterparts.

The same study revealed that while awareness levels on the fact that having unprotected sex with an HIV infected person leads to the contraction of the virus, there level of transmission through breastfeeding is relatively low at 75 % and 63 % among females and males respectively. An even lower proportion of women 65% and about the same proportion of men 64 % know that the risk of mother- to – child transmission (MTCT) can be reduced through the use of certain drugs during pregnancy. The study shows that while there is high knowledge of the existence of drugs for HIV/AIDS, only 10% of women know ARVs by name and 12% know septrin as compared to 22% of men who know ARVs and 13% who know septrin by name.

One in every four women and 21% of men age 15-49 reported that they have been tested for HIV at sometime and received results. This clearly shows that while awareness levels on HIV are high, a few members of the community have accessed HIV testing services in the country. 22% of ever sexually active women and 13 % of sexually active men reported that they had had an STI and or STI related symptoms in the 12 months prior to the survey.

Among young people age 15-24 who have never been married, 66% of young women and 54% of young men have never had sexual intercourse. The 34 % of the females who had had sexual intercourse, 39% had used a condom while of the 46 of the males who had had sexual intercourse, only 28% had used a condom. This statistic show the level of risk young people are exposed to in terms of contracting the HIV, STIs and other related health problems.

2.1 Teenage Pregnancy

For some time now, teenage pregnancy has been a major health and socio concern in Uganda. Teenage pregnancy contributes highly to the high mortality and morbidity for both the mother and the child. In addition to the psychosocial risks, under the current school practice, pregnant girls have to terminate their education which indirectly affects the health of the mother and the child through loss of socio economic opportunities.

Overall, 25% of Ugandan teenagers have begun child birth. In the central region where Wakiso District falls, teenage pregnancy stands at 29.8%. Among none educated, it is 50.2%, primary educated 27.9% and secondary level educated at 15.3%. This shows that teenage pregnancy varies with the level of education. Although only 15.3% of girls with secondary education have begun reproductive life, the corresponding proportion of those with no education is 50.2 %. There is therefore need for promoting girl child education to fight teenage pregnancies in Uganda generally.

2.2 Abstinence, being faithful, and use of condom

The Uganda HIV prevention program evolved along the interventions of promoting abstinence, being faithful and use of condom (ABC Approach). The ABC approach is particularly pertinent for young adults. The abstinence component has been strongly emphasized for the unmarried young people as the most effective method of protection against not only HIV and STIs infection but also against teenage pregnancies. However, the 2006 UHDS revealed that only 34 % of the young women age 15-24 and 44% of young men of the same age are abstaining. These national are even slightly better as compared to the Wakiso situation given its peri- urban nature characterized by mainly urban slummy centres which exposed children to early sex and other related promiscuity tendencies.

Whereas keeping a girl child in education has been identified as an effective way of protecting children into early sex with its related risks, only a few girls who enroll in p.1 manage to sit p.7 and join secondary education. For example, at Karugaya Primary School, out of the 96 pupils who enrolled for P1 in 2000, only 21 managed to complete P7. Of these, 8 were girls while 13 were boys. At Magunga Primary School, 190 pupils enrolled for P1 in 2000 but only 57 were able to complete P7. Of this, 23 were boys while 34 were girls. (School dropout rates cause alarm in Uganda's rural areas; report by Mubatsi Asinja Habati *Published October 5, 2009*).

A concentrated series of home visits, formal meetings and trainings by RYDA identified many of the perceived barriers to the education of girl child in Wakiso District some of which include;

- Parents and guardians generally illiterate, with little awareness of the importance of education, particularly for girl children

- Household Poverty and lack of financial support from the District
- Pull factor of domestic responsibilities, coupled with ability to earn money from 13-14 years of age
- Difficulty to reconcile situation at home with need to study, i.e. no parental support, densely populated houses with bad lighting
- Peer pressure from non-school going friends
- Lack of aspiration as the only professional option is the traditional sweeping job
- Finances drained by other sources (religious festivals and in some cases alcohol) rather than education of children

It is against this background that RYDA would like to implement a project that target young girls' empowerment in Wakiso District.

3.0 Strategies

- Education awareness and sensitizing of local people and all stakeholders to ensure they understand the advantages and benefits of women's education
- Education of key stakeholders on the HIV, STIs and teenage pregnancy
- Relationship building through a continuous process of dialogue to create trust between and among the various groups of stakeholders
- □Participation of all stakeholders, including empowerment of Children and communities, to take responsibility to educate girl children
- support girls to access education services both formal and vocational skills
- A flexible and adaptable process in the face of the prevailing social perception of the education of girls education and disadvantaged communities
- Monitoring of successfully enrolled/re-enrolled children in school.

4.0 Target Beneficiaries

4.1 Direct Beneficiaries.

4.1.1 Girl children joining Universal Secondary Education

The primary beneficiaries under this project are the girl children aged 12- 17 years in and out of schools. In Wakiso many children are faced with challenges of meeting their basic necessities of life that would enable them keep in school and as a result are at a verge of dropping out of school. RYDA will target 100 children who will be supported with basic school requirements to enable them keep in school. These will be mainly children who will have completed primary seven and scored passed to join secondary education but cannot afford basic school requirements such as uniform, scholastic materials among others.

4.1.2 Girl children who dropped out of school and need vocational skills

RYDA will also identify 50 girl children who cannot continue with formal secondary education but can enroll for Vocational skills Development. These children will be enrolled to take courses at RYDA vocational centre.

4.1.3 Adult beneficiaries

RYDA will also identify and select 50 vulnerable households especially where supported children come from to be supported with inputs to enable them engage in IGAs.

4.2 Indirect beneficiaries

The project will also reach out to boys and girls in the schools where direct beneficiaries will be enrolled with education and health related messages. Parents, teachers, District and Sub counties

leaders and communities where direct beneficiaries come from will also be targeted for awareness raising on the benefits of girl child education.

5.0 Collaborating Institutions

RYDA intends to build on already existing good working collaboration with both the district key departments and other social service providers within Wakiso district during the implementation of this Action Programme. It will collaborate with families/households of Child beneficiaries, local artisans, schools and employers of the children in the implementing area (Namayumba and Wakiso Sub counties) with whom has already established a strong Net-working relationship. This will enable the above stakeholders to fully participate and support the struggle to support a girl child access quality education.

RYDA's collaboration:

Level	Agency	Areas of collaboration	Status	Desirable Action
Central Government	Ministries of Education and Gender and Labour.	Technical assistance, Provision of information, Policy formulation, Monitoring	No direct link with secretariat	Work towards initiating formal partnership.
District	District Education Officer	Children's enrolment and retention in schools, teachers' sensitization and implementation of SCREAM methodologies in District education programmes	Good working relationship	Maintain relationship.
	District Community Officers	Creation of Social protection scheme	Very good working relationship exists	Maintain relationship
	Police, LCs	Law enforcement	Collaboration exists	Improve on the regular updates on the partnership
	Labour officer	Provision of information on child labour and employment Inspection of work places	Existing relationship	Maintain relationship
UN Agencies	ILO/IPEC	Technical & financial support of the AP Quality assurance of the Action Programme implementation Monitoring of and evaluation of the Action Programmes Documentation and Dissemination innovations	Progressing partnership.	Work towards initiating formal partnership.
Government & private schools	Schools	To be considered for referral, train the beneficiaries plus teachers.	Relationship exists with some partners.	Maintain relationship by sharing information.
Local NGOs	UCRNN	Counseling in Child Rights Advocacy.	Relationship exists	Maintain relationship
	FIDA	Legal services	Relationship exists with some partners	Maintain relationship
	ANPPCAN	Training in Child rights & Psycho social support	Relationship exists	Maintain relationship through net working
	UYDEL,KIN,HUYSLINK	Collaborating & net working on child labour issues in Wakiso. Good lessons learnt in combating child labour.	Collaboration exists	Maintain relationship through net working

Suggested implementation activities

- **Orient District leaders on the prevalence of HIV/AIDS/STIs and challenges facing girl child's education in the District, relevant policies and programs.** This will be a onetime activity to be carried out in the first months of the project implementation. It would cost Shs. 2,573,000 (\$1,119)
- **Orient 03 Sub counties' leaders on HIV/AIDS/STIs and the challenges facing girl child's education, relevant policies and programs.** The criteria and selection of the target sub-counties shall be determined by the district leaders during sensitization. The meetings shall be held once at each of the sub counties with leaders and other Organizations working in the sub county. Each meeting would cost Shs. 900,000 giving a total of Shs. 2,700,000 (\$1,174)
- **Facilitate 32 dialogue meetings between health workers, community leaders, youths, teachers and community members on Girl child education HIV/AIDS/STIs and teenage pregnancies.** The meetings shall be facilitated by the health workers in their respective areas of operation on quarterly basis. In each quarter, 8 meetings will be held (four meeting per sub-county) and the focus will be on discussing of youth health and education needs and progress of implementation of planned activities. Each meeting will cost Shs. 300,000 giving a total of Shs, 9,600,000 (\$4,174)
- **Train 02 Sub county Youth Networks on health and education rights including HIV/AIDS/ STIs prevention and how to use IEC materials to engage youth in dialogue.** One Network per sub-county has already been established under the current youth project. Ten 03-day workshops would each cost Shs. 5,800,000 giving a total of Shs. 11,600,000 (\$ 5,043).
- **Promote Integrated Youth Resource Center activities to youths in remote communities in partnership with Aids Information Centre.** Youth resource center activities shall be introduced in RYDA Vocational skills centre and will be scaled up in the remote communities where health facilities and staff are absent or distant to youths. The project will also work with the AIC to support the out-reach activity to provide more support to resource center staff on a monthly basis. This would cost Shs. 800,000 for each outreach per months giving a sub total of Shs. 9,600,000(\$ 4,174)
- **Strengthen the capacity of 02 Health centers to promote youth friendly integrated health services and the role of girl child education.** Each of the 08 Sub Counties has a health center providing HCT services. However these are health center based yet most of the youth do not even know about them. There is therefore need for these health centers to be oriented in the promotion of youth friendly services and establish mechanisms for community out reaches. This would be done on a quarterly basis. It would require support costing Shs. 300,000 each health center per quarter x 02 centers x 04 quarters giving a total of Shs. 2,400,000 (\$ 4,174)
- **Selection of children for support for direct support. This will be in consultation with the communities to ensure that those that are in critical need are selected.** This will cost Shs. 3,500,000 (\$ 1,522)
- **Support 100 girls with basic school requirements to enable them continue with formal education.** RYDA in partnership with communities will identify vulnerable girls at the verge of dropping out of school due to difficulties to meet the school basic

requirements who will be supported to continue with their education. This will cost 40,000 x 100 children x 3 terms x 2years = 24,000,000 (\$ 10,435)

- **Support 50 girls who cannot continue with formal education system to access Vocational skills development at RYDA Vocational Centre.** This will include sessions on life skills, HIV/ STIs and teenage pregnancies. This will cost 400,000 x 50 children = 20,000,000.
- **Support establishment and strengthening of girl child education advocacy clubs in schools.** The youth who undergo complete HCT shall be encouraged to form post test clubs and work with them to reach out to other youth with messages on the role of education in health services provision including prevention of HIV/AIDS and STIs. This would cost Shs. 500,000 x 08 clubs(01 club per sub county) giving a total Shs.4,000,000 (\$ 1,740)
- **Provide follow up support to visits girls supported by the project.** This will cost Shs. 100,000 each sub county per month giving a total of Shs. 9,6000,000 (\$ 4,174)
- **Orient 30 health unit staff (Clinicians and laboratory technicians) in the provision of HCT and youth friendly services.** Health workers from the 08 sub-counties in HCT and provision of youth friendly services. This would cost Shs. 1,600,000 (\$ 696)
- **Support schools with basic sanitary facilities to schools. Shs. 3,000,000**
- **Support schools to conduct term based sanitation and hygiene sessions with in school children targeting 5 schools.** Each sessions will cost Shs. 200,000 for 05 schools, 02 Sub counties for 3 terms totaling to Shs. 3,000,000 (\$ 1,3043)
- **Support 100 households with IGAs.** Each household will be supported with inputs worth 300,000 x 100 families = 30,000,000 (\$ 13,043)
- **M& E activities.** This includes the ongoing monitoring, mid-term review and final evaluation of the project Shs. 15,000,000 (\$ 6,522)

Total Shs. 152,173,000 (\$ 66,162)

- **Administrative costs 30% of the total cost Shs. 45,651,900 (\$ 19,849)**
- **Total Budget Shs. 197,824,900 (\$ 86,011)**
- **Local Contribution 10% of the Total Budget Shs. 19,782,490 (8,601)**
- **Required donor support Shs, 178,042,410 (\$ 77,410)**