

UGANDA COUNTRY PROFILE 2003

Intervention Areas/Districts – AYA will work with 20 target districts, in a phased approach, each of which was selected by balancing need, strategic importance, and the opportunity to make an impact in AYA program areas. District entry is a highly participatory process, designed to foster linkages and create partnerships between non-governmental organizations (NGO), and the private and public sector at the national and district level, in line with the decentralization policy. The Districts will take responsibility for setting priorities and selecting the areas of project activities. In the first phase, the project will focus on 13 districts (Soroti, Kabale, Kampala, Mbale, Sironko, Kapchorwa, Kabarole, Kamwenge, Kyenjojo, Mayuge, Iganga, Kasese and Kaberamaido) with plans to expand to other districts.

AYA Program Areas

Policy and Advocacy – AYA's advocacy activities will solicit input and foster inter-agency collaboration and mutual trust regarding ASRH issues among key Ugandan stakeholders, including religious, cultural, political and civic authorities; the media; as well as those in the private and NGO sectors. Building on information from earlier AYA analyses, focus groups and consultative sessions planned with stakeholders supportive of ASRH, targeted advocacy interventions will promote existing ASRH-related policies and encourage review of non-enabling public, religious and cultural ASRH-related policies, bylaws and practices. The UNFPA will join forces with PATH and Pathfinder to promote community awareness of ASRH issues for increased support and acceptance of ASRH programs, as well as utilization of existing youth-friendly services (YFS) in the public, private and civil society sectors.

Behavior Change Communication (BCC) – The Ugandan educational sector is a key partner in AYA's BCC initiatives, involving administrators, teachers, guidance counselors and Ministry of Education officials at national and district levels. Input from the youth themselves regarding their

needs and preferences will be gathered jointly by PATH, UNFPA and Pathfinder and incorporated into multi-media educational materials. Recognizing that only 15% of Ugandan males and 9% of females are enrolled in secondary school, AYA Uganda will ensure that the project's BCC initiatives are balanced between in- and out-of-school youth. Guidance and counseling services for both in- and out-of-school youth will be strengthened through materials development, life planning skills training by trained teachers, dialogue through participatory approaches, mass media and "enter-educate" events including puppetry. Furthermore, school administrators, teachers, counselors and parents will be reached with appropriate ASRH sensitization and mobilization activities. Promotional campaigns launched through the policy and advocacy and BCC components of AYA Uganda, aimed at increasing use of clinic services by young people, will be carefully timed to ensure that the YFS service delivery channels will be ready to meet this increased demand.

Youth-Friendly Services (YFS) – To build upon what exists, encourage cross-sector exchange, and streamline the training process, AYA will coordinate joint YFS and Quality Assurance training for the Ugandan public and the

community-based organization (CBO) and NGO sectors. AYA will integrate YFS into existing health care facilities and provide training in YFS and Quality Assurance to clinicians already skilled in RH/FP service provision. With funding and technical support from AYA, the Ugandan public health sector has built a national training team to train service providers from public health facilities and those managed by faith-based organizations that have been selected for integration of YFS. CBO/NGO community-based health workers and extension workers who are already working with young people will also be trained. Once the trainers and YFS providers are trained and in place in each district, the Ministry of Health (MOH) will be responsible for facilitative supervision and monitoring of intervention outcomes. Linked to BCC interventions, the NGO sector work will focus on reaching young people by strengthening current Outreach and Peer-Provided Services and creating referral networks and systems.

Institutional Capacity Building (ICB) –

AYA Uganda's approach to ICB is focused on the organization as a whole, with emphasis on improving organizational capacity and specific management systems in ways that will contribute to achievement of ASRH goals. All management capacity building interventions are to be implemented in an integrated fashion with the technical capacity building that an implementing partner (IP) needs. AYA will rely on the use of proven, field-tested management tools. All IPs selected to work with AYA in Uganda will receive at least a "minimum packet" of technical assistance to strengthen existing key managerial systems and institutional competencies. The AYA Uganda country team has prioritized four IPs – Family Planning Association, Kasese Diocese, Parents Concern and Busoga kingdom – to receive a more in-depth ICB intervention in a specific management system that directly affects the institution's ability to achieve ASRH

outcomes, such as financial management, planning, data collection, logistics management, or monitoring and evaluation.

Integration of ASRH into Livelihood Skills Development Programs –

With key stakeholders, AYA Uganda considered the relationship between LSD and income-generating activities and recognized that AYA cannot completely or fully alleviate youth poverty. A more realistic approach was therefore taken: integrating reproductive health information into the livelihood skills curricula of the existing public and privately managed livelihood programs in the AYA intervention districts. PATH and the Ministry of Education and Sports will lead the AYA initiative to produce livelihood skills planning materials and training modules for the training of trainers at the district and national levels. The young people attending such integrated programs will access appropriate ASRH information and life planning skills services in addition to livelihood skills.

Coordination and Dissemination –

Currently, the Ugandan Health Management Information System (HMIS) lacks official provisions for reporting on ASRH and tracking key adolescent reproductive health statistics. Data regarding the AYA target adolescent audience of 10-24 year olds is not disaggregated by age, sex or by service received at district and national levels and from the MOH AIDS control program sentinel surveillance sites. This is also the case for most NGOs and CBOs that provide health services in-country. UNFPA and Pathfinder will lead the AYA team in the development of a simple database and reporting formats for collecting ASRH statistics at district level concurrently as the project works with MOH and other stakeholders to review the MOH HMIS. Comparable information systems development will be conducted by Pathfinder to increase the availability of ASRH service and programmatic data among the NGOs

and CBOs chosen to work with AYA. Training of selected staff of these implementing partners in the analysis and use of ASRH data for programmatic decision making will be another key AYA intervention. Support to the MOH adolescent desk will strengthen ASRH coordination and information sharing at the national level. MOUs have been signed with 13 districts for AYA support to coordinate and provide supervision for IP activities, to integrate project activities into the overall district development plans, and to facilitate ASRH information sharing and dissemination.

Youth Participation – Uganda maintains two categories of youth leadership: public sector youth council leaders, and leaders of youth groups at the community level. Both categories have participated in AYA national level strategic planning workshops, district level entry activities, training of trainers, district advocacy teams, review and development of instruments, curricula and guidelines for AYA program implementation. Young people are represented on the national project coordination committee, and AYA will form a project youth committee to specifically advise on mainstreaming youth participation in the project implementation. UNFPA and Pathfinder will jointly provide training in leadership skills, basic project management and advocacy. MA PLAY, a youth-managed initiative implementing a BCC project component in schools, will also receive project planning management, evaluation and resource mobilization training. In each AYA district, young people from the youth council are trained as members of the district advocacy teams. Once trained, these youth leaders will participate in district and sub-county fora, advocating for youth programming and allocation of resources to ASRH. Young people also receive AYA support to manage existing social marketing networks.

Sustainability – AYA is involving key intermediaries, policy makers and the media in all

phases of the project implementation including strategic planning, implementation, monitoring and evaluation. To the extent feasible, the project is working with the existing public, civil society and private sector infrastructure in line with the national sector reform policies. An innovative matching grant program will be promoted through selected IPs to generate more funds for ASRH in selected sub-counties and by selected NGOs. The matching grant stimulates the institution to prioritize and allocate its own resources to ASRH.

AYA Partners and Projects

Population Secretariat – In partnership with the Ministry of Finance, Planning and Economic Development, the Population Secretariat targets policy makers at national and district level – parliamentarians, civic leadership, the judiciary, youth councils/leaders and private sector leadership. The project, through various strategies at national and district levels, will build ASRH coalitions/networks with relevant partners from the public, civil society and private sectors; establish an AYA ASRH electronic and print media advocacy mechanism; foster partnership with the private sector for ASRH promotion and resource mobilization; create a database for evidence-based advocacy; establish an advocacy award system; and provide capacity building for AYA stakeholders, including young people.

International and Care Relief Uganda – This project, being implemented in five AYA intervention districts, will improve the safe and supportive environment for ASRH and livelihood interventions among policy makers at district and sub-county levels, community-based organizations, education management and the communities. The project builds teams of ASRH advocates, including young people, at district and sub-county levels to conduct community advocacy among the stakeholders.

Cultural Institutions – Implemented by a consortium of cultural institutions of Buganda, Busoga, Bunyoro and Tooro Kingdoms, this project aims at building partnership with cultural leaders to address those cultural practices and social norms that expose young people to risks of teenage pregnancy and contracting HIV/AIDS/STIs. Girl-child and early marriages are also addressed as cross-cutting issues. Through the partnership, the cultural institutions receive technical assistance for ASRH advocacy, programming and resource mobilization.

Inter-religious Council of Uganda – AYA provides capacity building and promotes partnership with faith-based institutions – the Church of Uganda, the Catholic church, the Muslim community and the Orthodox church – to enhance religious support and commitment for ASRH issues, and the integration of YFS into health services and programs initiated and supported by faith groups. The project further promotes review of faith-based policies and norms that impact on ASRH in order to highlight areas that require harmonization with secular/national laws and policies related to ASRH. The project targets the leadership of the institutions at national and district level, including the management of faith-founded schools and colleges. By targeting the leadership, AYA seeks to build support for ASRH integration into health delivery systems/points and schools.

Busoga – The Busoga Diocese, Anglican Church of Uganda, *Access for Youth Project* is a three-year community-based project, launched in 2002 that primarily targets out-of-school youth in the Busoga region by grafting youth-friendly services onto the diocese's existing adult reproductive health services offered at 40 clinics. In addition, the project will establish 80 outreach sites and 220 social marketing outlets

in rural communities located in the three Busoga region intervention districts. The project will also implement YFS assessments and continuous quality improvement mechanisms to improve, monitor, measure, and maintain quality of youth-friendly services.

Kampala City Council – The *Kampala Youth in Action Project* is a three-year project designed to enhance capacity of the Kampala City Council (KCC) – the major public sector health provider to the low-income population living in Kampala – to provide ASRH services to approximately 460,000 in- and out-of-school youth living within Kampala City's five municipal health units. The project will train peer service providers and clinicians from KCC facilities and school clinics located in the intervention area in the provision of high quality YFS, and will establish 25 new outreach sites. Social marketing agents will be trained to provide condoms and STI kits in order to reach out-of-school youth at their places of work in the manufacturing and commercial sectors and transportation parks.

Kasese – South Ruwenzori Diocese, Anglican Church of Uganda, *The Young and Powerful Initiative* is a four-year project, launched in 2001. South Ruwenzori Diocese – a lead NGO in Kasese district, where it provides over 40% of health care – is scaling up to serve at least 34% of the estimated 200,0000 youth in this intervention area by grafting quality youth-friendly ASRH service provision onto existing reproductive health and youth development services. Outreach will be conducted, with a special emphasis on reaching underserved youth in displaced person camps, fishing villages, vocational schools, and the local transportation industry. This grafted program will also have stand-alone components, such as age-appropriate services offered to 10-14 year olds during special hours.

Makerere University Medical School, Dept. of Obstetrics & Gynecology (MULAGO) – *Increasing Training Capacity for Adolescent Sexual Reproductive Health Service Provision* is a three-year project, launched in 2002. This project will increase ASRH training capacity by integrating ASRH curricula into pre- and in-service mainstream training programs for health care practitioners attending six pre-service training institutions (including the national medical school) for medical practitioners, nurses, midwives and clinical officers. In addition, the project will provide health care practitioners with “hands-on” training experience in service provision to youth by developing 48 existing rural and municipal facilities, located in proximity to the teaching hospitals, into youth-friendly training practicum sites. As the national referral and teaching hospital, MULA-GO will scale up this initiative through association with the other five Ugandan teaching hospitals, the municipal health units of Kampala City Council, and CBOs providing reproductive health services in the intervention areas.

Uganda Youth Development Link (UYDEL) – *Health Matters for Disadvantaged Adolescents* is a three-year project, launched in 2002. The project will serve over 225,000 vulnerable and disadvantaged street children and adolescent commercial sex workers by increasing their access to protective and family planning services, voluntary counseling and testing services for HIV/AIDS, treatment for STIs, and other ASRH counseling and guidance services. The project will mobilize 60 peer providers and create five drop-in centers providing YFS in three slum areas where adolescent commercial sex workers operate. Effective outreach and strong referral linkages to youth-friendly clinical service providers will be central features of the project. UYDEL will make use of its existing relationships with the AIDS Information Center to provide VCT services at outreach sites, and will scale up by

association with participating brothel owners, child support groups, health professionals, and the Street Children Health NGO network.

Youth Out-of-School Action for Social Change (YOSAC) – This project is implemented by a consortium of partners: Family Planning Association of Uganda, Uganda Red Cross Society, Ndere Troupe, and the District Directorates of Health Services. YOSAC aims to promote safer sex practices among youth who are out of school by increasing their SRH knowledge, and facilitating acquisition of skills, positive attitudes, values and beliefs on SRH. The project is focused in 13 phase one districts of AYA intervention, and is implementing community and district level advocacy in collaboration with UNFPA. Emphasis is placed on strategies and activities that enhance youth interaction and participation as a means of promoting self-reflection, dialogue, critical thinking and decision-making. For example, YOSAC uses the existing youth groups at district and sub-county level to organize thematic drama, music, and sports events to address HIV/AIDS and unwanted pregnancies among young people, and to integrate life planning skills education into the drama and music pieces to empower young people to respond to negative pressures. Through these and other activities, YOSAC will promote linkages to YFS.

Directorates of Health Services – In partnership with AYA, the district directorates of health services will take the lead and integrate YFS into existing public static health services; establish referral services, quality assurance and client feedback systems; and build capacity for YFS delivery at the district and sub-county levels.

School Adolescent Reproductive Health (SAREH) – The *School Adolescent Reproductive Health Project* is a partnership between the

Straight Talk Foundation, the District Directorates of Health Services, the District Directorates of Education, the National Curriculum Development Center, MA PLAY, Ndere Troupe and AYA for the implementation of behavior change communication interventions aimed at in-school adolescents, ages 10-19 years. Project activities will initially be carried out in primary and secondary schools in the 13 AYA phase one districts to increase knowledge, skills, and positive attitudes that will facilitate adoption of safer sexual practices. The mass and multimedia strategy will include workshops to develop mass media messages and materials; development and production of a weekly school radio program on ASRH; production and broadcast of radio drama series on ASRH linked to theatre festivals, posters, and leaflets; and, development and production of radio and TV series. The enter-educate strategy will include training school teachers in each district on packaging ASRH messages into drama, music, dance, debates and organization of monthly thematic debates on ASRH in schools. Two life planning skills (LPS) facilitators will be trained per district and school club leaders will be trained in LPS methodologies. School teachers will be oriented to the LPS concept and use of appropriate materials. These activities will, as much as possible, be institutionalized for sustainability in the school system and build on the recently launched national Presidential Initiative on AIDS Strategy for Communication to Youth in schools.

Parent's Concern for Young People – This implementing partner will improve communication about ASRH between parents and adolescents (10-19 years) and between teachers and students in the districts of Kaborole, Kamwenge, and Kyenjojo by facilitating an environment in schools, families, and general communities that will enable youth to adopt safer ASRH behaviors. The key strategies that will be used are community advocacy, parent-child communication,

community outreach and PTA training activities for parents and teachers, and participatory theatre skills for parents and young people (the latter in collaboration with Ndere Troupe). Also, in collaboration with Straight Talk, multimedia kits will be developed and aired.

Collaboration With Other Stakeholders – AYA will expand the reach of existing social marketing programs currently managed in Uganda by Marie Stopes and Commercial Marketing Strategies/PSI by coordinating with each to forge distribution systems specifically aimed at young people. The social marketing approach has been proven to be an especially effective channel for reaching young males. Community workers, peer providers and young commercial vendors/hawkers will be trained to become social marketing agents and depot holders. By supporting the management of social marketing activities and depots by these young people, AYA will increase the access of both urban and rural adolescents and youth to condoms, pills and STI treatment kits. One of AYA's strategies for scaling-up programmatic activities will involve building partnerships with the Uganda Community Based Health Care Association and all of its affiliate CBOs, working with the Uganda Taxi Operators and Drivers Association, the Uganda Hawkers Association, and the Village Health Workers' Association.

Recognizing that VCT services in Uganda do not necessarily target young people, the MOH has agreed that AYA, as the largest program for young people in the country, provides an opportunity to extend VCT services to young people. In addition to training a total of 160 VCT service providers, AYA plans to use peer service providers, community workers, and AYA-supported YFS clinics to refer young people for VCT services at selected community outreach sites, existing AIDS information centers and the TASO-managed VCT centers.