



Reach the Youth-Uganda

Using the power of football to control HIV and AIDS amongst In and Out of school youths in Kasese Municipality



## END OF PROJECT EVALUATION REPORT

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARVs	Antiretroviral Drugs
BCC	Behavioral change communication
CAO	Chief Administrative office
CBC	Community Based Care
CBO	Community Based Organization
C & S	Care and Support
DLG	District Local Government
CVCT	Confidential Voluntary Counseling & Testing
FGD	Focus Group Discussion
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
IEC	Information Education Communication
MARPs	Most At Risk Populations
MC	Municipal Council
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non-Government Organization
OVCs	orphans & Vulnerable Children
PE/PF	Peer Educators or Peer Facilitators
PC	Peer Coordinators
PLWHA	People Living with HIV/AIDS
PLG	Positive Living Groups
P/s	Primary School
RTY	Reach the Youth
SDP	Service Delivery Points
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
S.S	Secondary School
VCT	Confidential Voluntary Counseling & Testing

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- Participating schools

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2. Mr. Kabanga Godfrey                      The mayor Kasese municipality
3. Ms Nakalanzi Zam                      Kasese SS

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## Section 1: Executive Summary

Kasese district's HIV prevalence rate stands at 11.2 % which is more than the national prevalence rate of 6.5% according to Dr. Sedrak Bakurilahi, the District Bio Statistician (during launch of HIV/AIDS Football project by RTY) 2011 in Kasese. Young unmarried people in and out of school constitute 60% of the population in Kasese district and majority is unemployed. Most of them are sexually active and a target for migrating sex workers. Young people receive limited guidance from family members but rely on non-credible and false sources of information such as peers, print and electronic media. The low risk perception attached to unprotected sex and HIV transmission among the out of school youth is another hindrance to HIV prevention efforts.

The Youth (10-24 years) have a lot of energy, time and anxiety to explore the unknown and if not well planned for, this energy can be translated into unproductive and risky sexual behaviors that will predispose them to HIV infection. It is against such background that Reach the Youth (RTY) - Uganda initiated the HIV/AIDS project targeting in and out of school youth.

In 2011, RTY with support from Nike <sup>Red</sup> K and King Baudouin Foundation (KBF) implemented a one year HIV/ AIDS Project to prevent the spread of HIV and AIDS among in and out of school youth. One of the unique strategies the project used was to use football to mobilize the youth. The youth were sensitized about HIV/AIDS, received confidential voluntary counseling and testing (CVCT) before and during the matches. The project was implemented in 4 primary schools, 4 secondary schools and 8 youth groups.

This report presents the key evaluation findings along the four project objectives and a synthesis of general findings focused on the implementation strategies.

### Project Goal

To control the spread of HIV and AIDS disease among the younger population in Kasese Municipality

### Project Objectives

The project had four main objectives namely

- a. To improve knowledge of 2000 youths on HIV transmission, control and care;
- b. To eradicate stigma and discrimination associated with HIV and AIDS among 200 youth;
- c. To increase the number of young people who know their sero status by 80%.
- d. To build capacity of the RTY Project Implementation Unit (PIU) t

### Project activities,

The following activities were implemented during the project period

- Sensitized 4,365 youth on HIV transmission, control and prevention. These Youth now appreciate better the causes of HIV and AIDS, predisposing factors, most at risk populations, modes of transmission; control and prevention measures and available HIV and AIDS related services.
- 32 youth were trained as peer educators and these have in turn been the ambassadors of change and have cascaded HIV/AIDS messages to their fellow youth .They are creating awareness about HIV to their fellow youth and participating in developing HIV and AIDS messages.
- Distributed 618 information, education and communication (IEC) materials to schools and out of school youth
- Distributed 64 balls to schools and out of school youth groups.

- Distributed 480 uniforms to 16 football teams
- Distributed 3 pairs of goal nets and 32 whistles.
- Conducted 4 radio talk shows to sensitise the youth and the general public about HIV and AIDS.

### **Purpose of the evaluation**

This end-of-project evaluation was commissioned by RTY Uganda in May 2012 to determine the effects of the programme, among the target population and the wider community, establish perceptions of the target beneficiaries and stakeholders about the project, , establish the effectiveness and relevancy of the project strategies , identify lessons learnt; challenges and areas for improvement in the follow up phase. The evaluation was also to make recommendations that RTY would adopt in related future projects

### **Methodology**

The evaluation adopted a qualitative methodology, which included review of projects documents, and interviews with over 30 respondents in Kasese Municipality. Data analysis and conclusions were based on triangulation of qualitative data from respondents and quantitative information extracted from reviewed documents.

### **General findings**

The general evaluation finding is that the project was successful in spearheading critical interventions to prevent spread of HIV and AIDS among the young both in and out of school in Kasese. The most outstanding findings . There was some evidence of increase in the number of youth seeking and attending confidential voluntary counseling and testing for HIV/AIDS in the study though still low.

- Increase in awareness of school youth about HIV/AIDS transmission, prevention and care
- The beneficiaries, collaborators and implementers felt the innovation of using football to mobilize the youth to participate in HIV/AIDS and to benefit from existing HIV and AIDS related services was an exceptionally unique innovation in fighting the HIV/AIDS epidemic
- Most of the youth reached by the project had adequate knowledge about HIV/ AIDS modes of transmission
- Although knowledge levels are high about HIV/AIDS transmission, it has not adequately influenced their attitude and behavior towards the epidemic. One other attitudinal issue that affects behavior was to do with circumcision. The majority of youth from Nyakasinga indicated that they circumcised and hence they cannot get HIV/AIDS even if they practice unsafe sex. Secondary, most of the youth said they intended to adopt safer sexual behaviors such as sexual abstinence, using condoms, and reducing the number of their sexual partners, but the study was not able to examine actual behavior change, which could be different from intended change.

### **Findings specific to the four project objectives are summarized below.**

*Objective 1: To improve knowledge of 2000 youth on HIV transmission, prevention, control & care.*

- The peer group trainings have created positive attitudes and behavioral practices among the youth towards HIV/AIDS reduction. They are now talking sexual issues openly with teachers and parents. They have also decided to undertake CVCT and promised to abstain from sex until marriage
- HIV and AIDS clubs have been formed are now influential in sensitizing other youth about HIV and AIDS a sign of sustainability and multiplier effect.
- The community out -reach CVCT services during sports increased the number of youth seeking HIV and AIDS services (counseling and guidance, testing and treatment).

**Objective 2. To eradicate stigma and discrimination associated with HIV /AIDS among 2000 youth**

- Youth have started HIV post test clubs/drama clubs to sensitize communities about the consequences of stigma and discrimination.

**Objective 3. To increase the number of young people who know their HIV status by 80%.**

- 743 youth have voluntarily tested for HIV.
- Youth are demanding for Confidential Voluntary Counseling and Testing (CVCT) services from service delivery points (SDPs), local governments and school administration...
- Youth who were diagnosed positive are seeking and accessing Anti Retroviral Virus treatment

**Outcomes /results arising out of project activities**

- Young people adopting positive behavioral practices towards reduction of new HIV infections like seeking for VCT, talking about HIV/AIDS openly, counseling their colleagues.
- 6 HIV and AIDS clubs formed (4 in schools & 2 in out of schools) to sensitize other youth about HIV and AIDS.
- About 60% of the youth in the target area are seeking HIV and AIDS services (counseling and guidance, testing and treatment)
- Young girls and boys actively participating in football activities.
- Service providers in both public and private health units developed positive attitudes towards youth seeking HIV and AIDS services. The health workers are now building rapport with the youth and serving them with a smile and are no longer insulting the youth. .
- In-school children & out of school youth demanding for Youth friendly services (YFS) at health service delivery centers. These services include conducive atmosphere for the youth aspirations, confidentiality, hospitable and welcoming environment
- Peer educators advocating for improved care/support for HIV and AIDS infected and affected youth. The peer educators have started advocacy campaigns targeting the school administrations aiming at creation of better policies that cater for the infected and affected. The out of schools are also advocating to increased funding for youth RH programs from the district
- Increased visibility of RTY resulting into UNICEF and Open Society Initiative in East Africa seeking collaborations.

**Recommendations**

- a. District officials and youth groups recommended that the program be extended to rural areas and include most at risk populations (MARPs) such as fishing communities and motor cycle riders commonly called boda boda riders.
- b. The program has mainly used awareness approach on HIV/AIDS and less emphasis on behavior change communication (BCC) approach. BCC is the strategic use of communication to promote positive health outcomes, based on proven models of behavior change. BCC employs a systematic process beginning with formative research and behavior analysis, followed by communication. The current awareness approach should continue but should be complemented by new BCC approach.
- c. Information, Education and Communication (IEC) combines strategies, approaches and methods that enable the youth as individuals or groups to play active roles in achieving, protecting and sustaining their own health keeping in mind their aspirations. Embodied in IEC is the process of learning that empowers people to make

decisions, modify behaviors and change social conditions. Therefore there is need to modify and intensify messages that would change perceptions and attitudes of the youth towards VCT services by integrating messages that consider the benefits of CVCT and demystifying the barriers to CVCT.

- d. Involving PLWA more in information dissemination helps in de-stigmatization of PLWA. Therefore the program should involve People Living with HIV/AIDS (PLWHA) in the prevention campaigns as key speakers or presenters.
- e. Teachers are a big channel for conveying messages about HIV/AIDS to students. However, the study found out that teachers have inadequate relevant information for the youth about HIV/AIDS. Therefore, there is need to provide relevant information to teachers and equip them with skills to enable them transfer the same to students and peer educators.
- f. FGD and interviews with teachers and student indicated that debates and music and drama in schools in addition to sports can have more impact on relaying information to the students and capture more audience. The program should thus introduce and support debating and music and drama clubs
- g. We observed that the youth come and undertake CVCT, but there were limited mechanisms or systems for knowing what happens after wards and more especially the youth who test positive. The program should promote tracking/reporting about clients for referral or and subsequent support.
- h. The project has established a collaborative partnership linkage with local government officials, schools, youth groups and clubs and health providers. This partnership has greatly contributed to the success of project implementation. For sustainability of such partnerships arrangements. There is need therefore to strengthen coordination arrangements by holding regular joint planning and reflection meetings
- i. Counseling and testing during sports activities was carried out with limited confidentiality. We therefore recommend that the project provides adequate environment for confidential counseling like tents during sports or football matches.
- j. Poverty is prevalent among out of school youth. About 31% of Ugandans live below the poverty line (less than one dollar a day). Lack of access to basic needs including food and shelter has led many young people especially Orphans and Vulnerable Children (OVCs) to engage in survival sex, commercial sex work and early and sometimes forced marriages. RTY has done a very good job of rising awareness among the youth about the control of HIV/AIDS. However, in order to sustain and consolidate the gains of the initiatives, the youth must have a means of livelihood to reduce the levels of redundancy and poverty. We therefore recommend as a means of sustainability, that RTY, Initiates and supports IGA for the youth in addition to building awareness about HIV/AIDS.
- k. The project period is very short and yet the project activities are very exciting and both in and out school youth, the local leaders, technical staff feel that this is a unique approach that should last at least 2 to 3 years if it is realize much more impact

## Section 2: Background to RTY and the HIV and AIDS Project

### 2.1 Reach the Youth - Uganda:

Reach the Youth Uganda (RTY) is a youth focused organization, whose direct programme beneficiaries are children, youth and women below 30 years of age. RTY has implemented a number of programmes that are within its mandate with support of both local and international partners. Below is a short description of such programmes.

#### 2.1.1 Vision, mission, goal and objectives;

**The vision of RTY is** “A world where youth have the opportunity to maximize their potential and to influence decisions that affect their lives.” The Mission is to partner with stakeholders and youth themselves to enable them influence the lives. This is operationalized under the goal of “enabling the Youth live healthier and more productive lives”. This goal is supported by the following organizational objectives:

- a. To contribute to the improvement in health status of the youth through school and community based adolescent sexual and reproductive health/HIV/AIDS programs
- b. To create opportunities for youth to acquire livelihood and vocational skills for gainful/self employment and self improvement.
- c. To promote sustainable community led environment programs.
- d. To empower youth with special life skills and abilities to cope with life challenges.
- e. To advocate for the rights of the marginalized groups such as women, children and youth. To
- f. Reduce effect of drug abuse and commercial sexual exploitation among youth 10-24 years.

#### 2.1.2 RTY Programs/Projects

##### 2.1.2.1 The Child sponsorship programme

The Child sponsorship programme supports HIV/AIDS orphans and other vulnerable children to access formal education with support from Canada Africa Community Health Alliance (CACHA). A total of 51 children are in school (vocational, primary, secondary and tertiary). The children also receive clothing, health services, and we run a home of children who have no known parents or relatives. These are children abandoned on streets, affected by wars and HIV/AIDS.

##### 2.1.2.2 The Human Rights Project

The Human Rights Project is implemented with support from Independent Development Fund (IDF) in Kasese and Kalangala districts and the target group are leaders of women and youth organizations, religious, LCIII and V local leaders; prisons, police and judicial officers. Others include primary and secondary school head teachers and students leaders.

##### 2.1.2.3 The water and sanitation project

The water and sanitation project (WASH) was implemented with support from Kitchen Table charities Trust (KTCT, UK) to provide the Children’s home in Kasese with reliable water supply and improved sanitation in the Project through the provision of two water tanks and VIP Toilet.

##### 2.1.2.4 HIV/AIDS Program

The HIV/AIDS Prevention and Control Project is one of the many health projects undertaken by RTY to control the spread of HIV and AIDS among the youth thereby reducing the incidence of HIV transmission and infection.

#### **2.1.2.4.1 The Bridges to the Future Project**

This is a 5 year research collaboration between Columbia University in New York and RTY. The project aims at economic empowerment for HIV and AIDS orphaned children. The overall goal of the bridges study is to evaluate the efficacy and cost effectiveness of an innovative family based economic empowerment intervention for AIDS orphaned children. The project is implemented in Rakai and Masaka districts targeting over 1,000 children in 50 primary schools. The study will run from 2012 to 2017.

#### **2.1.2.4.2 Using the power of football to control HIV and AIDs among in and out of school youth project**

The project is implemented in Kasese district targeting in and out of school youth. The project uses football as a strategy to mobilize youth. Apart from playing football, the project creates awareness about HIV and AIDS, supports confidential voluntary counseling and testing and fights stigma. The project was implemented in eight out of school youth groups, four primary and four secondary schools. RTY built strategic partnerships with health services providers both public and private to provide CVCT.

### **2.2 Using the power of Football to control HIV/AIDS Project Overview**

#### **2.2.1 Project Background**

Kasese district's HIV prevalence rate stands at 11.2 % which is more than the national prevalence rate of 6.5% according to Dr. Sedrak Bakurilahi, the District Bio Statistician (during launch of HIV/AIDS Football project by RTY) 2011 in Kasese. Young unmarried people in and out of school constitute 60% of the population in Kasese district and majority is unemployed. Most of them are sexually active and a target for migrating sex workers. Young people receive limited guidance from family members but rely on non-credible and false sources of information such as peers, print and electronic media. The low risk perception attached to unprotected sex and HIV transmission among the out of school youth is another hindrance to HIV prevention efforts.

The Youth (10-24 years) have a lot of energy, time and anxiety to explore the unknown and if not well planned for, this energy can be translated into unproductive and risky sexual behaviors that will predispose them to HIV infection. One of the best ways to productively engage the youth is to involve them in sports such as Football since it attracts young people hence creating a forum for addressing their other needs such as providing them with information and services on HIV and AIDS; reducing stigma and discrimination associated with HIV and AIDS; and encouraging young people to test for HIV and know their HIV sero status for positive living.

#### **2.2.2 Project design**

Consistent with RTY's vision and philosophy, the power of football in mobilizing in and out of school youth to participate in HIV/AIDS awareness and prevention. The project is based on principles of youth participation and empowerment to increase the levels of awareness and change in behaviors, attitudes and practices forming partnerships with and involving youth representatives, local government and health officials in the design, implementation, and follow-up were deemed crucial. The Project utilized football and behavior Change Communication to mobilize the community to influence attitudes and behaviors through awareness creation messages. Individuals from the target populations, i.e. female and male youths, were both agents of change and beneficiaries of the Project. It was hoped that enhanced community awareness concerning prevention of STD/HIV/AIDS would inevitably de-stigmatize people infected by HIV/AIDS while at the same time increase demand for CVCT service.

The nine months project had the following objectives:

- a. To improve knowledge of 2000 youths on HIV transmission, control and care;
- b. To eradicate stigma and discrimination associated with HIV and AIDS among 200 youth
- c. To increase the number of young people who know their sero status by 80%.
- d. To build capacity of the RTY Project Implementation Unit (PIU) in implementing the project

### 2.2.3 Strategy

The project used the football gaming activities as a strategy to mobilize youth to participate in HIV and AIDS activities based on the premise that youth have a lot of interest in sports and in particular. The youth were provided with knowledge and facts about HIV and AIDS; supported to access Confidential Voluntary Counseling and Testing (CVCT) services. The project used the following strategies to achieve its objectives:

- a. **Creation of awareness on HIV and AIDS:** through group meetings with the students and unemployed youths, a great number of them were reached.
- b. **Peer group trainings:** A total of 32 youth (16 boys and 16 girls) were successfully trained as Peer educators.
- c. **Distribution of IEC materials:** Beneficiaries and indirect beneficiaries were equally reached.
- d. **Conducted radio talk shows**
- e. **Organize football matches between same categories of youth groups.**
- f. **Taking CVTC services closer to the target group in a most convenient manner:** This enabled the youth to receive CVTC; test as well as volunteer for testing.
- g. **Building of linkages with other public and private Health service providers.**
- h. **Involvement of technical offices-** Probation, Community Development, local administration in participating in the programme.

### 2.2.4 Project support

The project was funded by NIKE <sup>(RED)</sup> and managed by King Baudouin Foundation (KBF) . It was implemented in Kasese district targeting in and out of school youth (both male and female)

### 2.2.5 Project period

The project was implemented for a period of nine months.

## **SECTION 3: Purpose of Evaluation and Methodology**

This section outlines the purpose of evaluation and various methods and techniques employed in order to arrive at empirical findings. The section covers the purpose, the research design, study population, sample size, methods of selection, data collection, processing and analysis, as well as the study limitations, data management and quality control.

### **3.1 Purpose**

The purpose of the project evaluation was to;

- a. To establish perceptions of the target beneficiaries and stakeholders on the project.
- b. To assess the impact of the project on the target group in relation awareness, knowledge and utilization of HIV and AIDS related services.
- c. To establish the effectiveness and relevancy of the strategies used in implementing the project.
- d. To identify lessons learnt; challenges and areas for improvement in the follow up phase.
- e. Make any recommendations that RTY needs to adopt in related future projects

### **3.2 Methodology**

#### **3.2.1 Research design**

The evaluation employed qualitative methods which essentially involved a rapid assessment relying on primary and secondary research methods. Specifically, key informant interviews, observations, and focus group discussions were used to better understand Project operations, lessons learnt, challenges and achievements. The study used a mix of research methods that could rapidly provide relevant information. These included:

- a. Reviews of existing information;
- b. Participant observations
- c. Individual in-depth/key informant interviewing
- d. Focus group discussions

The evaluation was carried out by a consultant who refined the design of the final evaluation with close collaboration with the executive director- RTY and the Programme advisor. . The Project Manager was instrumental in organizational and logistical support in during the valuation period and in particular during data collection...

#### **3.2.2 Sampling**

Non –probability sampling method was used because it is less time consuming and less costly to implement. Probability sampling methods would have been feasible for our target groups but could not be used due to lack of a sampling frame.

The respondents were selected for interviews through non-random, purposive selection. A ‘take-all’ approach was used to select s respondents in project management category. Focus group discussions were conducted which involved 1 moderator/facilitator who led informal but structured discussions. Tools and techniques for collecting qualitative data included;

### 3.2.3 Design and Preparation

The agenda and protocol as well as evaluation instruments were developed in Kampala by the consultant before the start of data collection. A detailed agenda of visits to various sites was prepared and is included in the work plans

### 3.2.4 Respondents

The list below presents the respondents who were instrumental in providing data using discussion guides

- Project beneficiaries (Primary and secondary school youth, and out of school youth)
- Community members
- Other stakeholders; local government officials and other NGOs and CBOs
- Project staff
- Members of partner organizations

The evaluation was carried out by an independent consultant using key informants interviews. The interviews were one on one interview. The list of people interviewed are contained in annex---

### 3.2.5 Field Work

This assignment was scheduled from 3<sup>rd</sup> June to 6<sup>th</sup> June 2012. The consultant spent a week interviewing field people and visiting program sites in Kasese, reviewing project data, reports and records, writing draft report and briefing managers.

### 3.2.6 Data collection

The field data collection took place during a period of six consecutive days. The consultant conducted preliminary interviews with the RTY staff

### 3.2.7 Data Processing and Analysis

FGD and most of the interviews were recorded and transcribed into English. Thus, in the majority of instances, translations and data were summarized. Efforts were also made to verify findings revealed during the FGD or interviews via informal discussions with Project staff, reports or other Evaluation participants whenever conflicting or new findings were found.

## 3.3 Limitations in the evaluation design or implementation

### 3.3.1 Study design

Given the design of the evaluation, one cannot say with certainty that positive results found after six months of intervention are attributed solely to the Project. The true experimental design comparing control (non-intervention) to treated (intervention area) groups would be the gold standard. However, given the limited resources allotted to the final evaluation, this design was not possible.

### 3.3.2 Extraneous Confounding Factors

Conclusions about the Project success have to take into account the various influences and forces from the socio-economic and political environment which may have also had some effects on the observed findings. In the last nine months, the multi-sectorial approach to mitigating the HIV/AIDS problem in Kasese has meant enormous growth in interventions at multiple levels addressing a wide range of stakeholders and target population groups. As such, the target population have been exposed or aided by these efforts directly or indirectly. The positive impacts observed may be attributed to the availability and accessibility to other service providers and strong partnerships and networks.

#### **3.3.4 Time factor**

The final evaluation was conducted within relatively a short time-period: one week to finalize the design of the qualitative tools, collect data, as well as analyze all existing data. The orienting of a research assistant was done in one day; more time for hands-on practice would have been helpful and the skill levels of researcher made it sometimes challenging to comprehend at a more in-depth level.

#### **3.3.5 Field circumstances**

During the field work, we encountered social challenges due to death of some notable members in the communities. For example in Kilembe, the death of Deputy Manager of Kilembe Mines and the death of a councilor in Nyakasinga area affected our schedules

## **Section 4: Discussion of findings and recommendations**

This section presents the findings, discussions and possible relationships and recommendations. Findings were verified using primary and secondary data sources. Whenever possible, findings were corroborated with existing project documents and/or with project staff. .

### **4.1 Project Design**

The project beneficiaries considered the project design as well thought out. They indicated that the fight against HIV/AIDS pandemic among the youth based on sports initiatives was very effective and unique. This was due to availability of a captive audience and the structures (youth groups and schools) already in place. The team noted that the blend of sporting with HIV/AIDS awareness is a very powerful tool in reaching out if properly balanced with other strategies and proper messages are packaged and delivered appropriately. Secondly, the collaborative partnerships promoted coordination, acceptance and success of the project in terms of mobilization, actual implementation of the project and provision of HIV and AIDS related services such as CVCT and treatment,

### **4.2 Project approach / strategy**

The project beneficiaries and the community members interviewed like Local government officials, youth clubs leaders, staff and students and health staff from the partner organizations described the project as innovative and creative in mobilizing youth against HIV/AIDS. The strategy of using football to mobilize youth to participate in HIV and AIDS control was described as the most effective approach and they demanded that it should continue. Involving girls in playing football was deemed a new innovation that was appreciated. However, Youth leaders and the school teachers felt the coverage was limited and yet the HIV infection rate is high among the youth in the entire district. It was their general feeling that the project should spread out to rural communities and other schools. We recommend that the project scales –up and consolidates the achievements in the existing sites for better impact and sustainability

### **4.3 Implementation mechanisms**

The project was implemented using collaborative partnerships. These included; local government officials, school administration, youth clubs and health service providers. These partnership arrangements were deemed the major pillar to the success of the project. The project was well implemented as most of the planned activities were implemented. However, there were identified gaps in the processes like in the areas of monitoring, reporting, feed - back and follow –up

- The Project had inadequate monitoring mechanisms to monitor and follow-up with activities in the field. For example, submission of reports by stakeholders was inadequate.
- Limited planning and reflection meetings were undertaken and this limited experience sharing.
- Lessons learned from project implementation were inadequately recorded and reported upon as a learning point. This implies that the project may lose valuable information. Learning from doing or mistakes and documenting them, would enable the Project and RTY staff to access lessons learned and data throughout the Project life. In this way, justifications for design strategy modifications can be done with easy.

### **4.4 Mobilization of stakeholders and beneficiaries**

Mobilization to participate in project activities was a joint effort between the project field team and the collaborative partners. The team did a great job which has raised the organization (RTY) and the project's profile extensively. The organization and the project sound highly in Kasese municipality more than those organizations with bigger budgets

The Mayor of Kasese Municipality had this to say “RTY has really helped our youth. They gave them food in terms of knowledge and we hope they will stop their reckless behaviors that have been source of spread of AIDS disease.”

and activities. Sporting activities have raised the organization flag in Kasese high and has been received with a lot of enthusiasm. The donation of T-shirts, balls, trophies have also added to the profile. The other striking mobilization activity was the invitation/participation of key stakeholders like Rwenzururu cultural leaders, the press, local government officials and school headships and leaders to HIV/AIDS awareness events.

#### 4.5 Strategies

The respondents gave a wide range of perceptions when asked about each strategy's usefulness in controlling spread of HIV/AIDS among the youths, and whether they personally have learned anything useful from each strategy, the effectiveness of the strategies used and type of HIV-related and the content they contained. The football matches were rated highly and they felt it mobilized and reached a bigger population with messages and at a small cost but with a big impact. Sports were the most appreciated program among the youth and it attracts a big population and it is unifying factor. CVCT and peer education was also considered to be very useful and instrumental in controlling HIV among the target group. Radio programs were rated low in terms of reaching the target population due to low interests of the youth in radio programs which they felt are for farmers and politicians. If RTY is to continue using this strategy, she must repackage the messages to motivate the youth to listen to radios.

#### 4.6 Project goal and objectives

After nine months of implementation, there were positive results and indications that the Project made significant contributions among the intended populations. Overall knowledge of sexually transmitted diseases including HIV/AIDS among the target population increased significantly during the Project life. One hundred percent of the respondents had heard of HIV/AIDS through RTY programs and were promising to change their behaviors. Youth clubs have been established and enhanced dialogue and information sharing.

#### 4.7 Conceptualization about the project

Due to the interest the community has in sports and due to the fact that sports has been poorly funded by the government programs, the project beneficiaries initially misconceived the project primary goal as a talents enhancement in sports and awareness in HIV/ AIDS as secondary. This misconception is however changing with increased adequate messages and re-packaging of messages at mobilization stages. Therefore there is need to strengthen re- packaging of project goal messages and change in the delivery mechanism of the project goal and objectives. *In most cases, communities hear what they wanted to hear if they have strong interest in that issue, but RTY should make them hear what they should hear.*

#### 4.8 Effectiveness

Based on the process evaluation and information from the various stakeholders it is generally acknowledged that project objectives were met. However as the evaluation team we cannot conclusively confirm the impact of the activities already carried out. This is technically because of lack of baseline information. Nevertheless the project has high potential of having great impact especially with the proposed comprehensive HIV/AIDS approach.



**Figure 1. Mr. Kabbanga Godfrey- The mayor Kasese Municipal Council appreciating the project.**

#### **4.9 Knowledge, attitudes and practices**

In HIV education, knowledge is very important. However studies have reported a poor correlation between knowledge and sexual behavior since knowledge has not shown to be enough for example people worldwide practice unsafe sex despite their knowledge of HIV/AIDS. In the context of HIV/AIDS, having knowledge implies ability to recall facts concerning causes, transmission, prevention, concerning HIV/AIDS. It is expected that when one has the knowledge of HIV/AIDS, the accompanying behavior would be logical. That is having the knowledge of prevention, transmission and other facts would motivate logical safe sex behavior. In relation to HIV/AIDS; the possibility that the possession of adequate and correct knowledge is highly correlated to preventive efforts is a strong motivating factor in most awareness projects since it is assumed that knowledge will help to overcome fear, denial and also contribute to behavior modification. The power of increased knowledge to motivate logical sexual behavior to reduce HIV infection and modify sexual behavior change constituted the crux of RTY HIV/AIDS control campaigns.

##### **4.9.1 Knowledge**

The evaluation examined the degree of knowledge the youth have acquired about HIV/AIDS infection and how this knowledge influences their attitude and behavior. The findings indicated that nearly all the youth respondents were knowledgeable about key aspects of HIV transmission, prevention and treatment. However, small sections held misconceptions about some key aspects of the epidemic. A few did not know that a pregnant woman with HIV can take drugs to reduce the risk of her baby being born infected and that there are drugs available to lengthen the lives of people with HIV/AIDS

Nearly all the people interviewed indicated that the intervention of awareness creation has helped increase *Knowledge about transmission, prevention, control & care*. This is manifested in the project achievements through sensitization. A total of over 7000 have been reached with HIV/AIDS messages by RTY. Out Of these, 2,580 were primary students 1295 secondary students and 2,490 out of school youths and other community members. The groups have better understanding of cause of HIV and AIDS, predisposing factors, most at risk populations, modes of transmission; control and prevention measures and available HIV and AIDS related services.

The youth demanded for sexual knowledge that would prepare them to make well-informed choices and decisions especially when they begin relationships. Majorities of the youth indicated that they would like to have more information about various aspects of HIV and other sexual issues, including how to protect themselves from HIV and other sexually transmitted infections, how to talk with fellow youth, teachers and parents about HIV, sex, and other tough issues, where to get HIV/AIDS treatment, how to resist pressure from partners to have sex, and where to get a youth friendly HIV test. .The majority say that they already know enough about HIV/AIDS but experience pressures from friends and that “most previous HIV/AIDS information is not relevant to young people’s lifestyle”.

#### 4.9.2 Attitudes

The attitudes of the youth in the program area towards HIV/AIDS are a bit positive towards behavior change although many still think HIV/AIDS is like any other disease

#### 4.9.3 HIV exposure risk

Among the youth who were considered sexually active (mainly upper primary, secondary and out of school), the majority feel they are at great risk or some risk of getting HIV/AIDS, with a few feeling they are not at risk of becoming infected. Those who feel at no risk, they said, they don't feel at risk because they are careful about who they have sex with and others said they don't feel at risk because they always use condoms when they have sex, or because they only have sex with one partner who they don't think is infected.

#### 4.9.4 Teenage pregnancy

It was reported that teenage pregnancy was a big factor in Kasese. This was attributed to poverty where young girls are lured by sugar daddies or motor cycle riders commonly called boda boda riders. This also implies that the victims and the culprits do not use a condom and hence a risky behavior. The respondents further indicated that they fear getting pregnant more than getting infected with HIV/AIDS since the consequences of pregnancy are immediate as compared to HIV.

#### 4.9.5 Stigma and discrimination associated with HIV /AIDS

Stigmatization of persons with HIV/AIDS is still a factor in the youth communities despite efforts made. This is partly explained by the belief that mostly HIV is caused by sexual intercourse and hence being loose. It was indicated that disclosure rates are low among the youth because they fear of other people's reactions if they found out they were positive. This implies stigma is still a factor in the community and RTY is urged to further strengthen efforts to address this issue.

#### 4.9.6 Confidential Voluntary Counseling and Testing (CVCT)

Focused group discussions in schools indicated that a large percentage of the in-school-youth were aware of the existence of confidential HIV testing in their vicinity and the proportion of youth that had CVCT was low. Most of the youth perceived themselves at low or no risk and hence no need for testing although they revealed willingness to undergo CVCT. This indicated that there are barriers associated with low willingness to take undergo CVCT. So in order to have more impact, RTY has to explore more and work against barriers to CVCT as well as promoting benefits of CVCT. The youth with high perceived benefits showed better willingness to undergo CVCT. It is recommended that messages on CVCT give emphasis on personal benefits of CVCT. Students were asked whether CVCT was important or not and about half of the respondents thought that undergoing CVCT was very important. The majority of the respondents showed preference to confidential testing, followed by anonymous way of testing. As a way of receiving HIV test result, the majority preferred face-to-face while few preferred it to be done secretly in an envelope. This indicates the problem of stigma is still a fact among the youth. Regarding their attitude and practice towards CVCT, few had used CVCT service with the females dominating in attending to CVCT.

Many youths are willing to undergo VCT but those who are not willing, had the following as their reasons

- Fear of anxiety,
- possible positive result
- Due to fear of stigma and discrimination by the society.

#### 4.10 Practices

We asked the youth whether they had taken certain actions as a result of what they learned from HIV/AIDS information contained in RTY programs. The most common reported actions involved talking about HIV with friends or siblings, partners and to a lesser degree, parents. More than 50% reported that they decided to change their sexual behavior as a result of what they learned, while others reported taking direct action like getting tested for HIV or visiting a doctor or other health care provider. However, it was observed that for messages to have any meaningful impact, there is need for repetitive messages otherwise there was a feeling that HIV information “goes in one ear and out the other”.

It was indicated that RTY has contributed to reducing the spread of HIV/AIDS by bringing attention to the youth the dangers associated with risky sexual behaviors and attitudes driving the epidemic, and they also felt that RTY has had a positive role on *understanding* of HIV/AIDS and influencing related sexual behaviors. Nearly all the youth and general community interviewed said RTY was generally doing a good job in communicating about HIV/AIDS and this influenced related sexual behaviors like abstinence, use of condom, and seeking for counseling and treatment .

The study shows that a greater percentage of youths are sexually active and are already engaged in high-risk sexual behavior such as non-regular, sex with multiple sexual partners and sex in exchange for money or favor. Discussions also indicated that there is a low level of condom use among youths while it was also indicated that a greater percentage do not use condom. This was attributed to many factors. Namely feeling that a condom interferes with sexual pleasure; their partners were opposed to condom use while others said the condoms are not reliable, others said they were poor and could not afford condoms and expensive (a pack of 3 costs almost one dollar). The mayor of Kasese, put it in these words “*sex in Nyakasanga slums and other parts of Kasese is cheaper than a condom*” Few respondents reported

The findings of this study based on in depth discussions with the youth about their sexual behavior , showed that a greater percentage of youths are sexually active and are already engaged in high risk sexual behavior such as casual, multiple, as well as sexual in exchange for money or favor. The frequency of sexual contacts with the opposite sex, casual, regular, anal, multiple and sex with individuals

#### 4.11 Relevancy of the strategies used in implementing the project

##### 4.11.1 Sporting activities

The project held a total of 24 matches which were held in both Kasese municipality stadia ( Nyakasinga & Buhunga ) and Kilembe. In all the competitions, the clubs fielded both males and female teams. The sporting was conceived the most fascinating activity in capturing the youth and the youth have learned a lot about HIV/AIDS and related sexual behaviors from the strategy.



**Figure 2; Kasese High School Boys team**

#### 4.11.2 IEC materials and messages

We assessed the perceived sufficiency and usefulness of HIV/AIDS information, education and communication (IEC) messages and materials. IEC materials were perceived to be useful in increasing knowledge about HIV/AIDS, to influencing attitude and creating safer sexual practices.

IEC on HIV/AIDS was able to acquaint the youth with the disease rather than equipping them with knowledge and skill needed in their daily life. Therefore, appropriate and mutually reinforcing IEC messages with emphasis on life skill enhancement are recommended.



**Figure 3; IEC materials used by Kasese Girls school PEER educators**



**Figure 4; Students of Bulemba P/S displaying UNIFORM & trophies**

. The youth indicated that the messages given during games were less youth friendly and did not address stigma issues as they relate to the youth. The youth want messages that capture their aspirations, appealing in nature, messages of hope and relevant, tap into young people's aspirations, and offers straightforward information about how

to prevent HIV. Given the fact that youths 15-24 years comprise about half the target population, have one of the highest prevalence rate, are more amenable to positive behavioral changes, are at increased-risk for STD/HIV/AIDS, suffer unwanted pregnancies, and other negative health and social consequences, strategic IEC interventions should obtain youths' perspectives prior to designing them. This should be to improve the IEC materials the youths appreciate. Recognizing the different interests and needs of boys and girls as well as out-of-school youths will be so helpful

The IEC materials used were not very youth friendly for example they were general in content. However, the peer educators in schools with guidance of field staff have prepared better and appealing IEC materials tailored to youth perspectives which are in better position to capture the youth "audience"



*Figure 5;2 HM of Ruwenzori P/S during KI showing a ball received & trophy his school won*

#### **4.11.3 Voluntary Counseling and Treatment**

##### **4.11.3.1 Voluntary counseling and testing (VCT)**

The project carried out CVCT during the football matches as part of the strategy to control HIV/AIDS. This was mainly carried out by Kasese Cobalt Company Limited (KCCL) medical outreach team and Alleluia Medical centre. The exercise was supported by all people who participated in the sports and these included; students, taxi drivers, police men, motor cycle riders and other community members. The health team was limited on the ground in terms of numbers and were overwhelmed by clients and hence overworked during such occasions.

##### **4.11.3.2 Knowledge CVCT**

Focused group discussions indicated that a large percentage of the youth were aware of the existence of confidential HIV testing but the proportion of youth that had CVCT was low. Most of the youth perceived themselves at low or no risk and hence no need for testing although they revealed willingness to undergo CVCT. The knowledge about the benefits of CVCT is low among the youth and this affects the CVCT uptake. This explains why after sensitization, many young people were willing to undertake CVCT-

#### 4.11.3.3 VCT uptake

Despite the fact that HIV prevalence rate (12%) is high in Kasese, the CVCT uptake was found to be low among the population and the youth in particular. The initiative of RTY and other organization like Bishop Masheruka initiatives have raised the urge for undertaking HIV voluntary counseling and testing. However, the youth are more interested in counseling than testing because they fear possible results outcome. Youth may not always be candid about CVCT out of fear of stigma and labels



**Figure 6; A student undertaking CVCT**

#### 4.11.3.4 Perceptions about CVCT

The majority of the youth feel that counseling is taken by people who are; infected and want to start on drugs; those who want to get married; those who want to travel outside the country.

The youth do not perceive the benefits of CVCT like early detection of HIV through counseling and testing, where people can receive care and support and adopt healthy behaviors to improve their quality of life and avoid infecting others or CVCT offering the youth who test negative an opportunity to change behaviors that may put them at risk of infection in the future.

#### 4.11.3.5 Barriers to CVCT

The counseling and testing process can be a powerful tool for helping young people deal with peer pressure and begin to adopt and sustain healthy behaviors that will benefit them the rest of their lives. However, it was observed that a number of factors have limited the youth from undertaking VCT

Focused group discussions indicated that a large percentage of the youth were aware of the existence of confidential HIV testing but the proportion of youth that had VCT was low. Most of the youth perceived themselves at low or no risk and hence no need for testing although they revealed willingness to undergo VCT. This indicated that there are barriers associated with low willingness to undergo VCT as well as lack of knowledge about the benefits of VCT. Knowledge about benefits of VCT was also another factor affecting willingness to undertake VCT. The youth with high perceived benefits showed better willingness to undergo VCT.

About Three in ten of the youth said they have ever been tested for HIV, and the majority was females. The reasons that were given among those who have never been tested for HIV, were; they do not feel at risk; afraid of other people's reactions if they found out they were tested, and AIDS will kill them so they don't want to know. Others said they haven't tested because the clinic can't be trusted to keep their status confidential, don't know where to get

tested, or because AIDS is a fact of life in their community. Knowledge about the need for HIV testing is high but the actual testing as a practice is affected by some barriers. In summary, regarding attitude and practice towards VCT, few had used VCT service and many youths are willing to undergo VCT but those who are not willing, mentioned fear of anxiety, possible positive result and fear of stigma and discrimination by the society as the main reasons for discouraging them from taking up CVCT.

The reasons that were given among those who have never tested for HIV were; they do not feel at risk, afraid of other people's reactions if they found out they were tested, and AIDS will kill them so they don't want to know. Others said they haven't tested because the clinic can't be trusted to keep their status confidential, don't know where to get tested, or because AIDS is a fact of life in their community.

#### **4.11.3.6 CVCT delivery**

The evaluation demonstrated that although RTY and the partner health providers had done a good job of raising awareness about CVCT and actual delivery of the service, some out of school youth questioned the quality and the reliability of the testing kits used since they were simple stripes. The perception they have is that HVI testing is done by complicated machinery with computers and big screens. Another area of concern was inadequate post counseling and referral system. The clients were counseled and tested and those affected simply referred to seek assistance (care & treatment) from other facilities without a clear mechanism of referral or follow-up. This can discourage the willing group to test. There is need for RTY to put a more comprehensive system and mechanism to coordinate the referral system and ensure that it is functioning properly and those who have tested positive supported to live better lives. Another concern for the participants was lack of adequate privacy during counseling and testing. If tents or rooms are secured where testing and counseling are done, many more youth would rush for CVCT services.

#### **4.11.4 Radio Programs**

Four radio programs were held with local FM stations. However the youth said, they rarely listen to the local radio stations and if they do, they tune to music. The radio program was rated as having limited impact on the young people in terms of learning about HIV/AIDS. Since the radio programs did not have substantial effect, we recommend that the resources and efforts devoted to this program be put in school debates and music and drama which can be most effective in communicating about HIV and related sexual behaviors. However, if radio programmes are to be used, they may be more effective in schools since school administration can arrange for children to listen to radio or TV programmes as part of a lesson.

#### **4.11.5 Peer group trainings:**

Peer education and support was another strategy the project employed. Employing youth peer clubs to promote and increase the likelihood of behavior changes via personal communication (role modeling) was seen as a big step towards empowerment of behavior change. The project trained a total of 32 youth (16 boys and 16 girls) as peer educators and these have acted as change agents in youth communities. The project has established six youth club groups (4 in schools and 2 out of schools) which have been instrumental in peer training and information dissemination. For example, the peer club of Kasese S.S has come up with IEC messages related to HIV and placed them in strategic places in the school.



**Figure 7: A chairperson of Kasese peer educators club emphasizing a point during interview**

#### **4.11.6 Partnership arrangements**

The project implementation made strategic collaborative partnerships with other organizations and agencies as part of their implementation framework. These arrangements contributed a lot in the success of the project as there was pull of talents and expertise. The following are major collaborative partners who are actively involved in the project activities.

- Education institutions: Head teachers and Teachers (Kasese SS, Ruwenzori Girls School, Kasese High School, Kilembe S.S, Twins way S.S, Kasese p/s, Bulembya P.S, Kyanjuki P.S) were involved in organizing student population to participate in both seminars and sporting activities.
- The local government authorities were supportive in mobilizing the communities and in taking part in the project implementations.
- Cultural leaders- supported the project by mobilizing communities to participate in project activities.
- Kasese Cobalt Company Limited (KCCL), Kilembe hospital and Allelua Medical Center provided the testing kits
- Kasese District Football association provided match commissioners.
- Local FM radio stations aired programmes on HIV and AIDS where youth were discussants and the listeners had opportunity to call in, ask questions and receive immediate feedback.



**Figure 3: staff of KCCL medical team that partnered with RTY**

The partnership worked very well for the project because there was effective communication, collaboration and team work which enabled partnership arrangements to contribute to the success of the project. RTY was good at cementing collaborative partnership links. It was also observed that most of these partners were informal hence on voluntary basis. In order to motivate them, there could be a form of “thank you” in form of an appreciation letter or a get together to celebrate achievements. Therefore there is need to have structured arrangements and institutionalize a recognition and reward system for the partners as well as documentation of the lessons learnt from such arrangement for future replication.

It was also observed that due to inadequate formal arrangements in partnership formation, there were irregular joint planning and reflection meetings. Communications to partners for activities were done on short notices. There is need for partnerships to have efficient communication systems for effective project implementation. Correspondence to all partners on activities or any other matter of significance should be done in a timely manner. However management explained that projects of short duration like this in particular did not require formal memorandum of understanding with all partners except health service providers who provided test kits and staff had to be facilitated.

#### 4.12 Project achievements

The project outputs are discussed by project objectives as shown below;

##### **Objective 1: To improve knowledge of 2000 youth on HIV transmission, prevention, control & care.**

- Of the 2,000 planned, a total of 7,365 youth were sensitized on HIV transmission, control and prevention. Of the 7,365 youth sensitized, 2,580 were primary students (1,600 girls and 980 boys), 3,295 (1780 girls and 1515 boys) were secondary students and 490 (310 boys and 180 girls) were out of school i.e. from community youth groups. This is 368.3% achievement
- A total of 32 youth (16 girls and 16 boys) were trained as peer educators.
- IEC materials were distributed namely (300 T-shirts, 200 stickers, 100 posters and 18 banners with HIV and AIDS messages) were produced and distributed to participating primary schools, secondary schools and out of school youth groups.
- In total 64 balls were distributed to 8 schools and 8 out of school youth groups. In addition 480 sports uniforms were distributed to 16 football teams (8boys and 8 girls). 3 pairs of goal nets and 32 whistles were also distributed to the schools and out of school youth groups.
- Four radio talk shows were conducted to sensitise the youth and the general public about HIV and AIDS.
- Six HIV/AIDS youth clubs (4 in schools & 2 out of schools) were formed

##### **Objective 2; To eradicate stigma and discrimination associated with HIV/AIDS among 2000 youth**

- Peer educators were trained to disseminate information on care and support for HIV infected persons.
- The youth supported and guided to start HIV-post test /drama clubs to sensitize communities about the consequences of stigma and discrimination.

##### **Objective 3. To increase the number of young people who know their HIV status by 80%.**

- Carried out 743 (463 males and 280 females) voluntarily HIV testing and counseled 920 youth about HIV

##### **Other achievements**

- Supported district football team for national football competition
- Supported district athletics competition for national competitions

#### 4.13 Challenges facing the youth

The youth in Kasese are keenly aware of HIV/AIDS as a problem facing their generation. Nearly all the youth respondents interviewed, named the disease as the most important problem facing people of their age. Other mentioned youth challenges included; drug and alcohol abuse, teenage pregnancy, crime, unemployment, poverty, poor quality education, and peer pressure.

The evaluation team posed to the youth questions as to what they considered to be the most challenges they face in their lives. The list below gives the challenges as provided by the youth of Kasese;

- Lack of youth friendly information for life skills and livelihood enhancement- The youth indicated they lack business planning skills like entrepreneurship and saving to help them participate in business.
- Lack of youth friendly reproductive health services- The youth are considered rebellious by service providers and hence treated harshly by health service providers. For example they stated that when one has any STI, the nurses abuse them and traumatize them with abusive statements.
- Redundancy due to un-employment leading to drug abuse ,alcoholism, gambling and stealing
- Acute Poverty forcing the youth especially girl child forcing them into to early marriages, commercial sex, un-safe (cannot afford condoms) and other social related vices.
- Many child mothers due to early marriages leading to high levels of maternal mortalities and infant mortalities
- High levels of illiteracy- many youth due to poverty and influence of video halls have dropped out of school. Some female youth who have been victims of un wanted pregnancies have also dropped out of school hence high levels of illiteracy
- High levels of school drop -out rates due to poverty and influence of video halls showing blue move films
- Low adoption rates of HIV/AIDS messages – Most messages given to the youth have been general and not capturing the youth aspirations and interests. Other factors are attributed to media channels used which have poor internship. The youth due to their nature require regular and repetitive messages.
- Lack of confidence and self esteem- Since the majority of the youth are illiterate and not exposed enough, they lack assertiveness and self esteem.
- Exploitation by politicians and other self seekers. The politicians remember the youth during campaign times when they are wanted to campaign or vote. Immediately after elections, they are abandoned or given empty promises.

#### 4.14 Lessons learnt;

- The youth are willing to participate in the fight about HIV/AIDS but lack a platform and are perceived to be reckless by elders and yet this is a misconception
- A youth are a force to reckon with when you appreciate their problems and why they act the way they act and engage them in planning for the interventions that concern them
- The use of sports as a strategy was cheap but reached a wide populace with intended message. The mayor of Kasese Municipality had this to say” *this approach was really innovative and cheap. One ball of 20,000 shillings was used and we reached hundreds of people with HIV messages*”.
- The youth are easily adoptive to behavioral changes if constant and relevant messages to their aspirations using a correct media
- Teachers are a big force to work with for the in- school youth but must be empowered with the right and adequate message for on transmission

- The youth have their social structures that can be tapped – upon for program interventions.



**Figure 4: Girls of Rwenzori S.S during FGD**

#### **4.15 Monitoring and records management**

There is need to strengthen reporting on field activities highlighting lessons learnt and challenges and use these to improve on planning for next activity. The partners namely health service providers need to keep update records and ensure that they are accessed by project staff. However they should be mindful that health records are confidential hence professional ethics must be observed. However the partner health providers need to provide records- statistics of all youth who underwent CVCT. There is need for regular documentation and tracking for example the people attending to CVCT, referrals, and positive cases. This would help in planning and implementation of project activities. It was observed that, lessons learned from activity implementation should be regularly recorded, discussed in meetings and used to improve implementation of follow up activities.



**Figure 5: The carrier guidance /games master of Kasese S.S during KI**

#### **4.16 -Sustainability of youth clubs**

Apart from building awareness about HIV/AIDS among the youth to influence behavioral change, the youth were concerned with lack of support to enable them generate income and/or leverage alternative funding to sustain their

services. The youth representatives suggested that in order to reduce redundancy and influence behavioral change in a sustainable manner, IGA should be initiated and also to provide pertinent vocation training for beneficiaries to earn income. The representative of Umoja said that *“in addition to giving us sports equipments, it’s also better if they give us livelihood skills and income generating activities. We are engaged today but what will happen when Reach the youth leaves. The IGA would also help our sisters who are selling their bodies to earn income. This will save them from being used by sugar daddies and boda boda riders who pay them cheaply for sex”*

#### 4.17 Recommendations

Evaluation findings revealed an overall success in the implementation of the project and a clear understanding of project objectives by the stakeholders. The evaluation however established areas that improvement and these include

##### 4.17.1 Project design

- a. Use of a comprehensive behavior change approach for HIV prevention, care and support.
- b. Integrate life skills training in the peer education for both in and out of school youth.
- c. Integrate monitoring mechanisms in the project implementation to guide the process and track down progress.
- d. Modify and Intensify messages that would change perceptions and attitudes of the youth towards VCT services. These messages should systematically explain and predict preventive health behaviors with special focus on the relationship between health behaviors and practices and utilization of health services. Strengthen IEC/BCC program advocating the benefits of CVCT to reduce fear of stigma and discrimination. (Messages about CVCT should give emphasis on personal susceptibility to HIV/ AIDS and benefits of VCT and Self-efficacy towards the use of CVCT)
- e. The project scales- up and consolidate in the existing sites for more impact other than spreading out as agitated by local government officials and other interest groups.
- f. Involve People Living with HIV/AIDS (PLWHA) in the prevention campaigns. This helps to reinforce the information provided and will play a major role in the reduction of stigma in the communities. .

##### 4.17.2 Strategies

###### **IEC Messages**

- a. Current awareness approach should continue but be complemented with the new BCC approach. It is important to know that there are several factors that influence behavior and which must be considered for any BCC intervention to be effective.
- b. IEC materials should be tailored to youth interests so as to capture the youth “audience”

##### 4.17.3 School Programs

- a. Provide an intensive training to equip the teachers with the correct knowledge and skills to enable them transfer the same to students and peers
- b. Introduce and support debating and music and drama clubs

##### 4.17.4 Radio programs

The radio programs have not been effective and it was reported no significant impact in addressing the needs of the intended audience. This should be substituted with a more innovative strategy like music and drama that can capture more

#### **4.17.5 Motivating Partners**

RTY may consider organizing regular or monthly meetings for key partners like medical teams and head teachers and out of school youth leaders to assess progress, lessons learnt and challenges and make appropriate recommendations for adoption.

#### **4.17.6 Peer education**

Provide peer educators with life skills. These should be packaged and given to them for better message delivery

#### **4.17.7 Implementation support**

There is need staffs to be trained to appreciate their roles and responsibilities to improve their performance in the field. The following are some of the proposed areas that need strengthening In terms of training and mentoring;

- Counseling
- Report writing
- Networking and partnership support
- Advocacy and social work

#### **4.17.8 Effectiveness of VCT**

- a. Promote tracking/reporting about clients
- b. Provide pre and post counseling to the clients.
- c. Provide moon- light out- reach counseling services
- d. Provide adequate privacy environment for confidential counseling

#### **4.17.9 Self-Sustainability of youth clubs**

- a. Initiate and support IGA for the youth in addition to building awareness about HIV/AIDS among the youth to influence behavioral changes,
- b. Initiate programs for providing pertinent vocation training and have beneficiaries earn income

## Annexes

### Annex 1 List of respondents

S/N	Name	title
<b>Local government officials</b>		
1	Mr. Kanyesigye William	CAO
2	Muhindo Rhehema	ACAO
3	Hanest Thabugha	District inspector of schools
4	Bakurilahi Isack	District Biostatician
5	Bwambale Wilson	Senior Inspector of schools
6	Kalyana Jerome	Sports Officer
<b>Medical staff</b>		
1	Dauda Adhola	Lab Technician
2	Sr Joy Bira	Senior Nursing officer
<b>MT Rwenzori Girls SS</b>		
1	Nbumali Sarah	Head teacher
2	Mugenyi Stephen	Teacher
3	Muhindo Edson	Teacher
4	Aucur Herbert	Teacher
5	Kabugho Angela	student
6	Musaki Lilian	Student
7	Kabugho Lilian	Student
8	Biongo Rahab	Student
9	Muhanuka Jackline	Student
10	Mbambu Jane	
<b>KASESE SS</b>		
1	Nakalanzi Zam	Carrier Guidance/C/Pports Committee
2	Masereka Philly	Student
3	Thembo Daniel	Student
4	Mbambu Jennifhah Joash	Student
5	Bwambale Ramulus Yoweri	Student
6	Biira Sophena Ferdinand	Student
7	Kabugho Linnet	Student
8	Bwambale Charles	Student
9	Ithungu Juliet	Student
10	Muhindo Marion Nani	Student
11	Biryomumaisho Duncan	Student
12	<b>Kanekera Martin</b>	Student
13	Muhindo Pricilla	Student
14	Mbambu Rajei	Student
<b>Nyamwamba cultural group</b>		
1	Baluku selenano	C/P Umoja
2	Muhindo Brend	
3	Masereka Isaiah	
4	Biira Sylvia	
5	Muhindo Uzian	
<b>Umoja Group Youth</b>		
1	Buju Anxious	C/Person Youth Umoja
2	Akiim Godwin	
3	Kiiza Umaru	
4	Muhairwe Micheal	

5	Muhindo Julius	
6	Baluku Joel	
6	Baluku Robert	
8	Kule Robert	
9	Sunday Geofrey	
10	Biti Benson	
<b>Bulemba P/s</b>		
	Messe Africano	Head Teacher
	Alinathu Nora	Student
	Bwambale Elias	Student
	Masereka Joel	Student
	Bwambale Edwin	Student
	Biira Jolly	Student
	Basemera Susan	Student