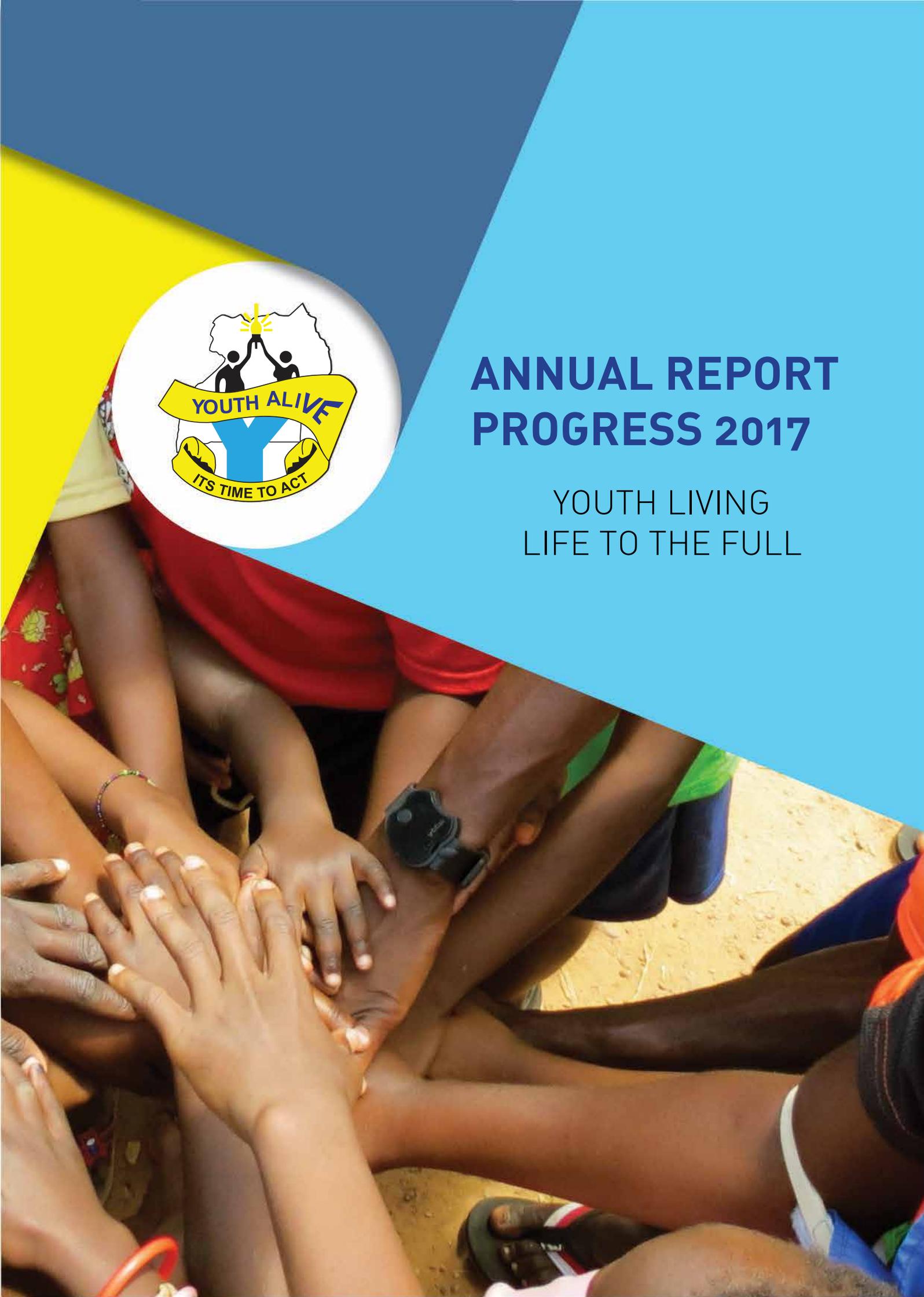




# ANNUAL REPORT PROGRESS 2017

YOUTH LIVING  
LIFE TO THE FULL



**YOUTH  
LIVING  
LIFE TO THE  
FULL**



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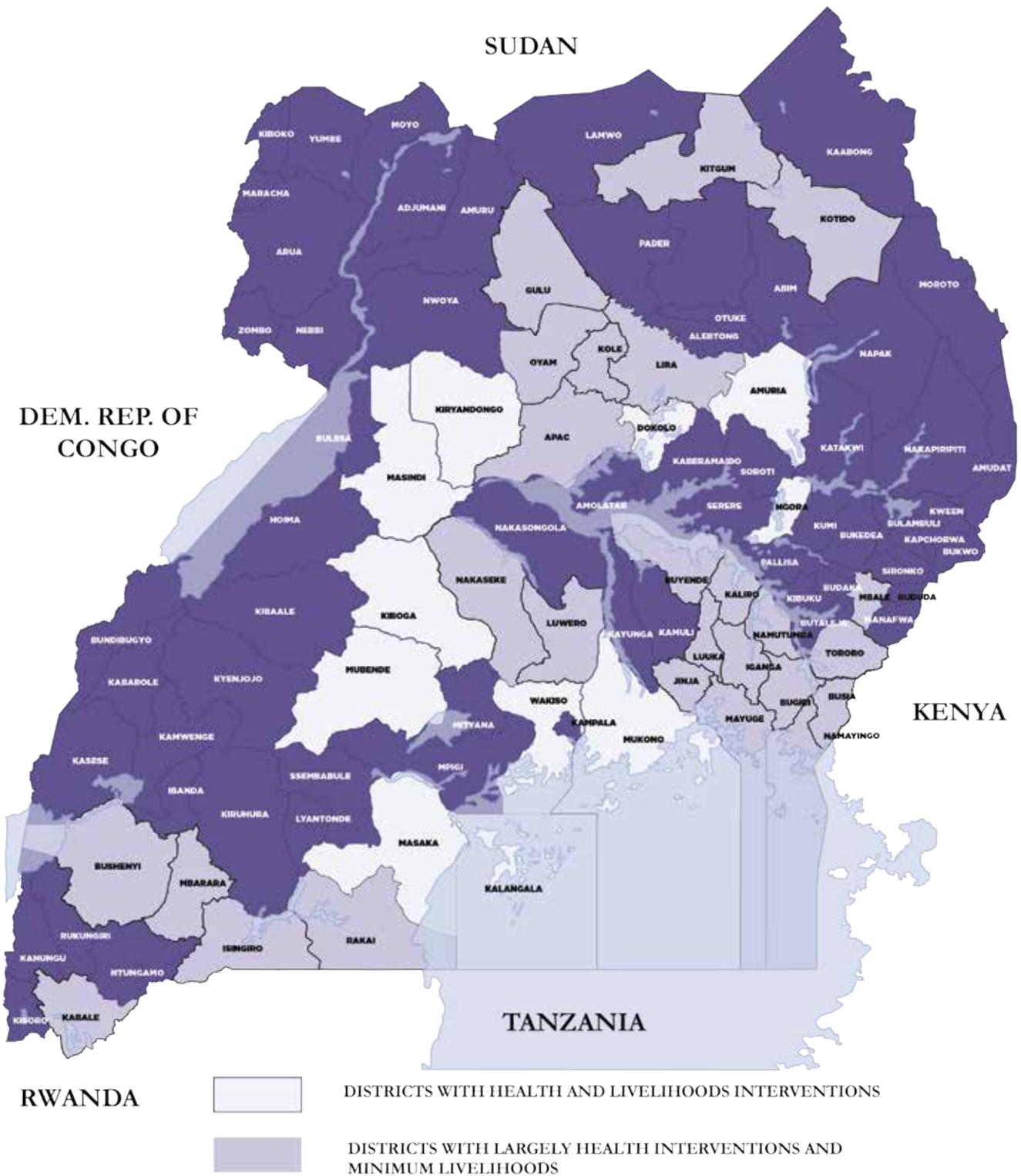
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## ACRONYMS AND ABBREVIATIONS

|              |   |
|--------------|---|
| <b>AIDS</b>  | Acquired Immune Deficiency Syndrome       |
| <b>ANC</b>   | Antenatal Care                            |
| <b>BCC</b>   | Behavioral Change Communication           |
| <b>CF</b>    | Community Facilitator                     |
| <b>CHAU</b>  | Community Health Alliance Uganda          |
| <b>CPA</b>   | Core Program Area                         |
| <b>CSO</b>   | Civil Society Organizations               |
| <b>DBT</b>   | District Based Trainer                    |
| <b>FP</b>    | Family Planning                           |
| <b>EFL</b>   | Education For Life                        |
| <b>G1C</b>   | Girls First Club                          |
| <b>GBV</b>   | Gender Based Violence                     |
| <b>IGA</b>   | Income Generating Activities              |
| <b>HCT</b>   | HIV Counseling and Testing                |
| <b>HIV</b>   | Human Immune Deficiency Virus             |
| <b>HTS</b>   | HIV Testing Services                      |
| <b>KAP</b>   | Knowledge, Attitude and Practices         |
| <b>MARPS</b> | Most At Risk Populations                  |
| <b>NCBA</b>  | National Cooperative Business Association |
| <b>NFE</b>   | Non Formal Education                      |
| <b>OVC</b>   | Orphans and Vulnerable Children           |
| <b>PEC</b>   | Peer Educators Club                       |
| <b>PEEC</b>  | Protection & Economic Empowerment Club    |
| <b>PHC</b>   | Primary Health Care                       |
| <b>PSW</b>   | Para Social Worker                        |
| <b>SGBV</b>  | Sexual Gender Based Violence              |
| <b>SRH</b>   | Sexual Reproductive Health                |
| <b>SRHR</b>  | Sexual Reproductive Health Rights         |
| <b>STD</b>   | Sexually Transmitted Diseases             |
| <b>STI</b>   | Sexually Transmitted Infections           |
| <b>URC</b>   | University Research Council               |
| <b>VMMC</b>  | Voluntary Male Medical Circumcision       |
| <b>VSLA</b>  | Village Saving and Loan Association       |
| <b>YAU</b>   | Youth Alive Uganda                        |
| <b>YFS</b>   | Youth Friendly Services                   |

# MAP OF UGANDA SHOWING YOUTH ALIVE INTERVENTION





## FOREWORD FROM THE EXECUTIVE DIRECTOR

In a rapidly changing global context, all who act in the name of youth development must regularly ask ourselves: Are we doing the right thing? Are we still relevant? Are we doing the best we can do with the resources we have?

This report provides insight into the questions asked above with emphasis. Youth Alive has stayed the course of serving young people in this country with great attention to the ever-changing needs of the said. During the previous year, we have extended health, livelihoods, skills development and mentorship services to youth in 43 districts, covering the six main regions of the country through our District Based Trainers (DBTs), Locums and Internship platforms.

As we celebrate our Silver Jubilee this July 2018, our interventions continue to demand for innovation and creativity. With rapid socio-economic changes entangled with a high disease burden and bulging population-putting pressure on the economy, environment, culture and other social spaces; the task ahead of us is enormous. On the other hand, these challenges offer opportunities, which, if timely harnessed, can give us an edge in this brave world. Whichever way you look at it, there is simply no room for complacency. We must embrace the challenge and facilitate the young people to hope and work for better (inspire to aspire).

We are eternally indebted to the Government of Uganda, USAID, MasterCard Foundation, Irish Aid, Swedish Embassy, Mensen met en Missie, World Education/Bantwana Inc, NCBA CLUSA, Heifer International, University Research Company, Community Health Alliance Uganda, Uganda Cares and Misesan Cara for without whose support; we would not have achieved the successes of last year.

**Joseph Kanaaba**

Executive Director

Youth Alive Uganda

## ABOUT YOUTH ALIVE UGANDA

Youth Alive Uganda (YAU) was started by a group of youth under the guidance of Sr. Dr. Miriam Duggan in Kamwokya, a Kampala suburb which was severely affected by a diversity of social and health problems, chief among them HIV&AIDS. The group realized that the most infected and affected were youth; mainly adolescents and young adults. In response, a youth friendly HIV prevention strategy was designed resulting in the foundation of YAU. Over the past 7 years, Youth Alive Uganda has integrated her youth programs to include health, livelihood, Human rights, and skills development to address evolved youth needs.

### VISION

Youth Alive envisions **“Youth living life to the full.”** Our yearning is to enable young people to initiate change and sustain behaviors that promote a healthy state of mind, body, spirit and environment.

### MISSION

To work with and through children, adolescents and young adults (7-35) to lead healthy and proactive life styles.

### GOAL

Enhanced abilities and opportunities of children, adolescents and young adults for integral development

### CORE VALUES

- Respect for life
- Exemplary life styles
- Determination and Commitment
- Transparency, Accountability and Responsibility

## STATEMENT OF BELIEF

We believe that young people and the entire communities have the inherent capacity to change attitudes and behavior. The power to fulfill this capacity is often denied or is not exercised.

This power must now be recognized, called forth and supported from within and without. This will enable young people to initiate change and sustain behavior that promotes a healthy state of mind, body, spirit and environment. A critical component in this process is a supportive response to the most vulnerable young people.

We recognize that change of attitudes, perceptions and beliefs at individual and community level in the present health, social and economic environment is a complex and an ongoing process. It is inextricably linked to such basic human values such as care, love, faith, family and friendships, respect for people and cultures, solidarity and support.

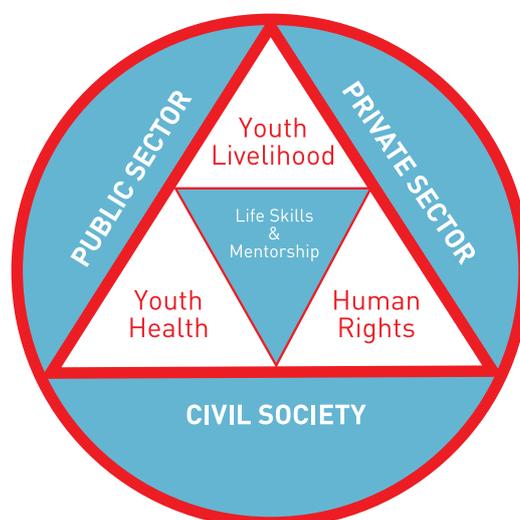
The present social, economic, political and health environment affects all young people. Our experience working with and through young people proves that behavior change is possible. We believe that behavior change is the most essential strategy in overcoming the current youth quandary.

## ORGANIZATIONAL OBJECTIVES

- Enhanced abilities and opportunities of children, youth and young adults for integral development
- Enhanced and maintained competence of Youth Alive's workforce for the accomplishment of the mission
- Optimal and sustainable governance and management systems maintained within an evolving framework of national and global partnerships

## HOW WE WORK

- Stakeholder engagements both at local and national level
- Experience and knowledge sharing
- Partnerships and linkages
- Research and documentation
- Capacity building and trainings
- Mobilization and awareness creation
- Lobbying and advocacy



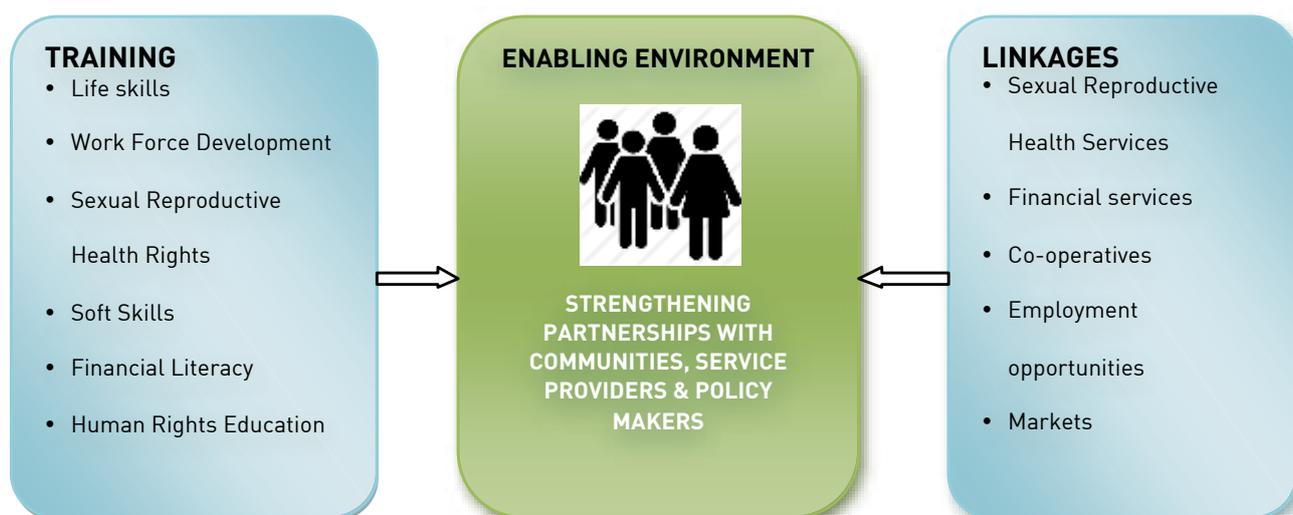
## WHAT WE DO

- Through existing community structures we mobilize children and young people into Youth Alive groups/clubs (in school and out of school) & carry out curriculum based training on SRH, enterprise development, financial literacy and increase access to services.
- Young people are trained in foundation skills (soft skills) using our Education For Life Curriculum. This helps them to understand where they are and begin to think about what they must do now to improve their well being, self confidence and envision life.
- We promote community saving practices by encouraging the young people to form savings groups in order to access financial services.
- We train out of school youth in entrepreneurship skills and work with partners to provide vocational and other forms of training and linkages.
- We link youth to service providers including financial institutions, markets, input suppliers and health care providers.

## OUR PROGRAMMING

Youth Alive Uganda not only strives to keep children and youth physically alive but also alive in the social, economic and political development of their country. With children & youth accounting for over 78% of Uganda's population, we believe that for any social, economic and political development to be attained, meaningful involvement of children and youth is a MUST. For over 20 years we have and continue to implement children and youth integrated development programs at community level with an intention of keeping our YOUTH ALIVE.

**Diagram 1: Diagrammatic presentation of how we work**



## STRATEGIC PRIORITIES

### YOUTH HEALTH

With health, we have hope and with hope, anything is possible. This is why at Youth Alive Uganda, the health programs are an integral part of our programming with emphasis on HIV/AIDS response. To achieve this, our focus is to increase access & utilization of Sexual Reproductive Health (SRH) services, HIV&AIDS and Primary Health Care (PHC) for the young people. Access to SRHR services among young people is currently a challenge especially for teenage girls. This has caused an increasing need for provision of Youth Friendly Services (YFS) by the various service providers. We implement sex education programs, pre and post marital counseling, family planning, STI/STD management including HIV/AIDS and active linkages.

### CHILDREN AND YOUTH LIVELIHOODS

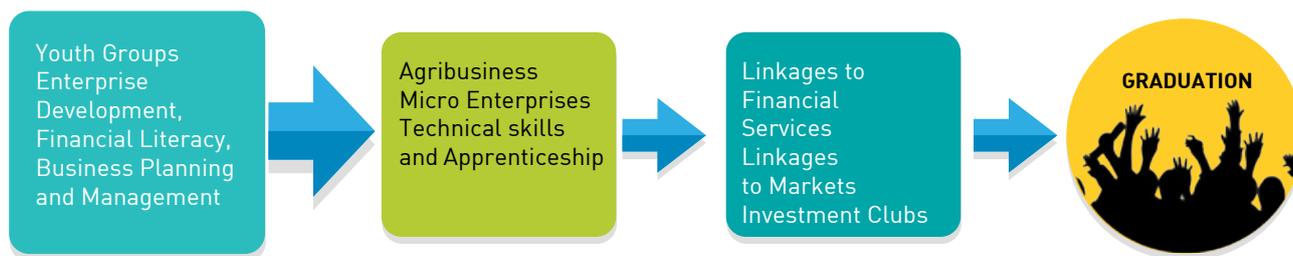
In Uganda today, about 57% of the population are children among which 17million are below 18years, 45.6% are orphaned due to HIV/AIDS and over 100,000 are HIV positive 0-14 year olds. Youth unemployment stands at 83% and 3 million children are living below the poverty line. Through livelihood interventions, we seek to improve the well being of children and youth.

#### **Orphaned and other Vulnerable Children**

Youth Alive in a bid to holistically address the needs of Orphaned and Vulnerable children (OVCs) focuses on six Core Program Areas (CPAs) including; Economic strengthening, Health, Food and Nutrition security, Education, Psycho social support, and Child protection and legal support. By doing so, we believe we will strongly contribute to the improved well-being of children and youth orphaned and made vulnerable by HIV and other adversities in Uganda. Youth Alive also contributes to the realization of a society where OVCs live to their full potential and their rights and aspirations are fulfilled. Our strategies include: economic empowerment of OVCs and their caregivers; improving their nutrition and food security; increasing their enrollment and retention in school and improving their access to psycho-social support among others.



**Diagram 2: Youth Livelihood Pathway**



Keeping the youth economically alive demands that the youth are at the forefront of championing entrepreneurship and other economic activities especially agribusiness that is the backbone of Uganda’s economy. Youth Alive Uganda aims at increasing incomes of youths working in agriculture & other enterprises through innovative and technological approaches. These approaches target the entire agriculture value chain and the strong partnerships that we foster with youth farmers, youth associations, and governments focusing on agribusiness and enterprise development. Key aspects include mobilization of youth and formation of youth cooperatives, business incubations and management, financial literacy trainings, micro franchising opportunities and access to finance and markets. Youth Alive’s ultimate aim is to increase youth income, increase youth employment and reduce poverty & hunger. Through its strong partnership base and linkages with both public & private sector, Youth Alive equips youth with technical & vocational skills aimed at creating or getting employment opportunities with the ultimate purpose of increasing the incomes of the youth. These are achieved through both formal and Non Formal Education (NFE). The formal education involves working with technical & vocational institutions while the NFE involves both local artisans programme and apprenticeships & placements.

## HUMAN RIGHTS AND JUSTICE

Youth Alive aims to improve promotion and protection of human rights for and by the young people especially the poor and marginalized. Our approach is to work with all the stake holders to create rights awareness among children and their caregivers in addition to providing a favorable environment that minimize risk of child abuse. Through human rights education, we improve civic consciousness, competence of the children and youth so that they can claim their rights. Also through advocacy & strengthening local institutions, we engage duty bearers to fulfill the rights of children & youth. Gender equality is another key component of rights for children & youth. We contribute to the change of values, attitudes and beliefs of young people towards gender equality and women’s rights. In the same way we aim to increase male involvement in promoting gender equality and prevention of Sexual & Gender Based Violence (SGBV).

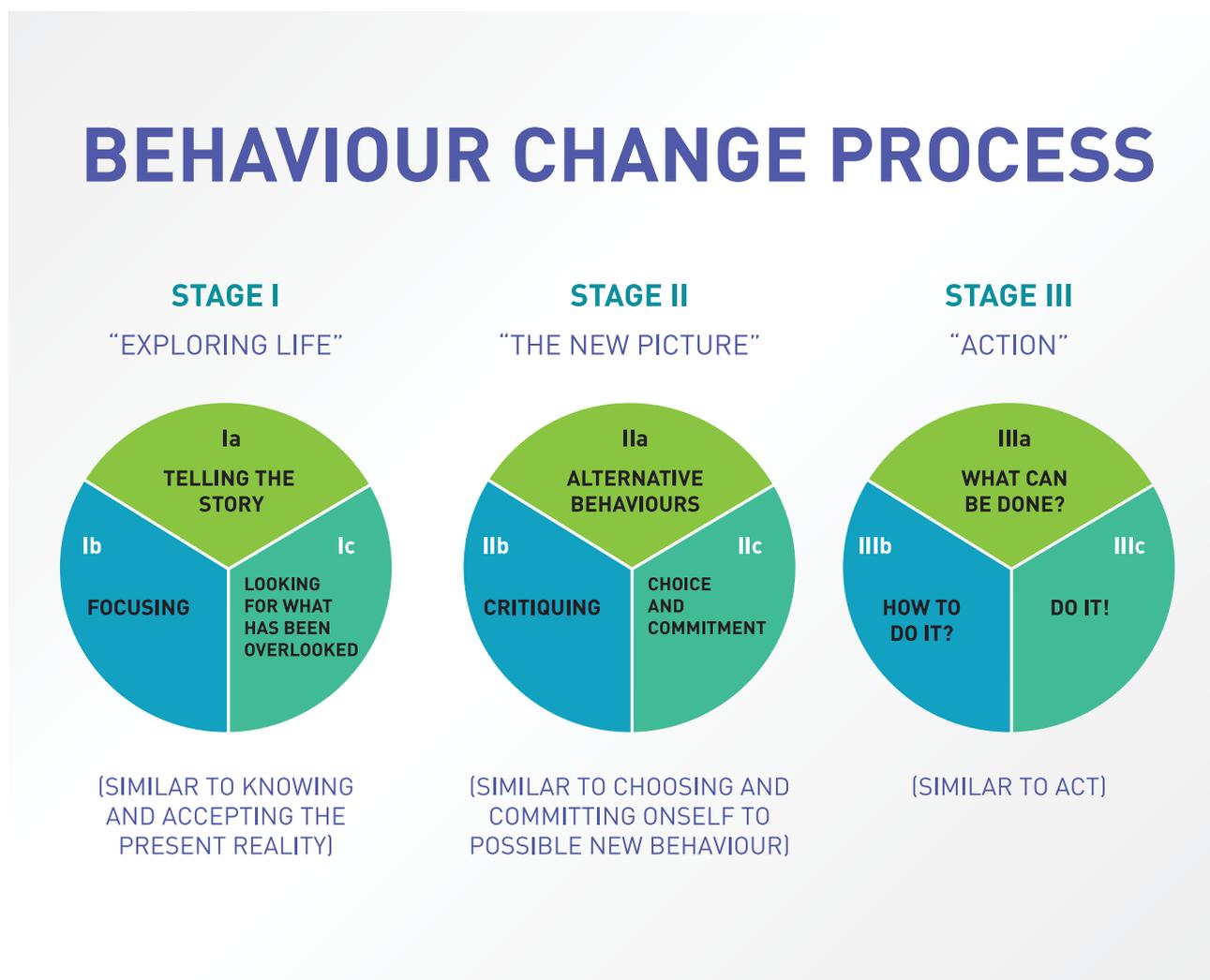
## SKILLS DEVELOPMENT AND MENTORSHIP

Youth Alive aims at improving the wellbeing of young people by developing soft skills & mentoring them to be more proactive and resilient. Our approach to skills development is three fold: 1) Forming youth groups/clubs; 2) Training the youth in soft skills and 3) Providing hard skills training and linkages.

The Youth Alive “**Education for Life (EFL)**” for children/adolescents and youth is an integrated training development model rooted in the social change theory. This model was designed using the Gerald Egan’s skilled helper work. It is adaptable for both in school and out of school groups. The goals of using the Education for Life model is to help children/adolescents/young adults and their caregivers to identify and manage their problems in living more effectively and develop unused opportunities more fully, and to ‘help children/

adolescents and youth become better at helping themselves in their everyday lives. The model emphasizes individual and community empowerment through a paradigm/attitude shift process, visioning process and a planning process leading to action. The model therefore seeks to move person(s), groups (peer support clubs/associations) and communities towards actions that lead to healthy and proactive life styles.

**Diagram 3: Youth Alive’s Behavior Change Process**



## OUR ACHIEVEMENTS 2017

### YOUTH HEALTH

In a bid to increase access and utilization of SRHR services, we conducted 93 HIV Counseling and Testing (HCT) outreaches where 11,648 clients (70%) female. Integrated HIV Testing Services (HTS) have also been promoted aiming at increasing service delivery to the communities including young people. These services include HIV testing, Voluntary Medical Male Circumcision (VMMC), malaria, Antenatal Care, family planning, nutrition among others. We believe in equal service provision for the whole population including Most At Risk Populations (MARPS), young people, OVCs, Caregivers and others.



**Integrated Health Outreach in Kamwokya**

Health seeking behavior among young people has been observed to be low especially for young pregnant mothers who avoid going to health facilities with fear of being judged by elders and the poor attitude among health workers. We have established seven teenage mother centers comprising 30 teenage mothers per center with the aim of providing them with safe space to access services as well as share experiences with their peers. Selected health workers have been trained in provision of youth friendly services to ensure they serve the youth in a way that encourages them to continue seeking health care.

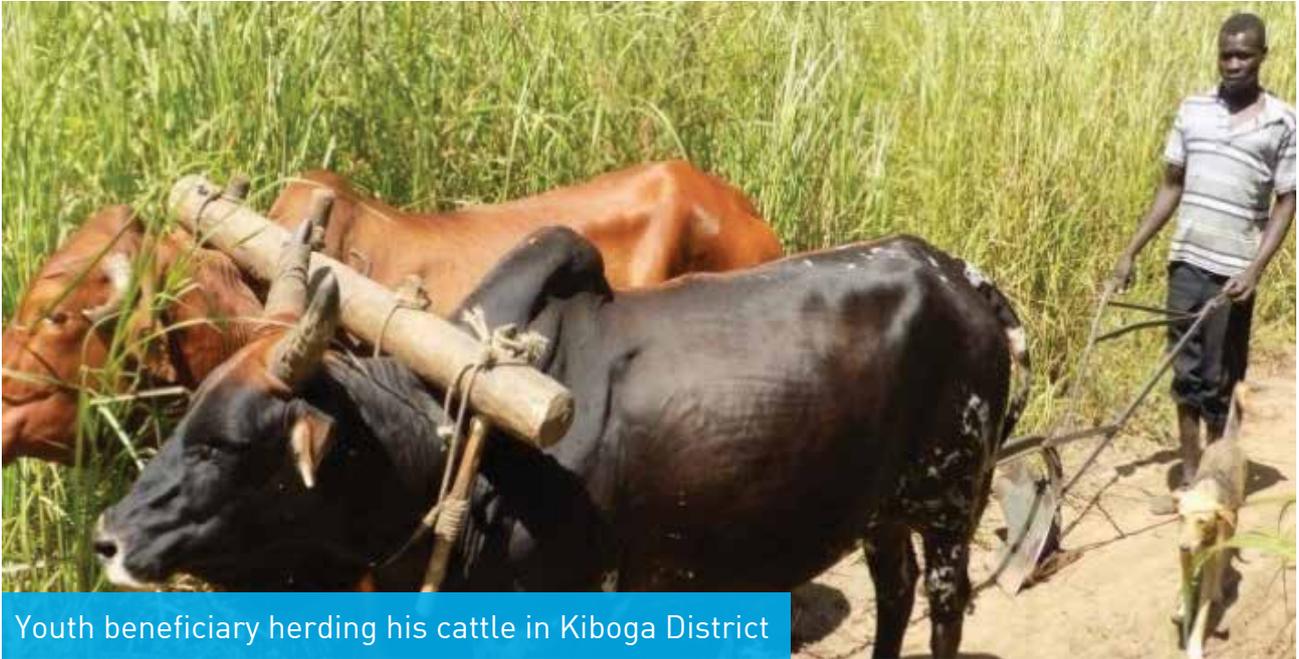
As part of influencing the health seeking behavior among young people, 17 secondary schools were reached out with Behavioral Change Communications (BCC) programs for youth with participation of 3,457 youths, 29 primary schools reached with Life Skills sessions for pre-adolescents aged 9-14 with participation of 3,012 children and 167 teenage mothers.

## **CHILDREN AND YOUTH LIVELIHOODS**

### *Orphans and Vulnerable Children (OVC)*

During the reporting period we focused on creating impact in the lives of the OVCs through curriculum sessions, linkages to health services and economic strengthening opportunities. This was made possible through partnerships with community structures especially Community Facilitators (CF), Para Social Workers (PSW) and District Based Trainers (DBT) who conducted weekly sessions with the supported groups/clubs on a weekly basis in the units of Education for Life, Enterprise Development, Sexual Reproductive Health & Rights (SRHR) and linkages to other services. A total of 4,617 OVC beneficiaries were linked to integrated HIV Testing Services (HTS) services as one of the interventions to promote integration of services among the youth.

*“There are no more worries at home about fees, my performance has improved, I have also got close relationship from my teachers and parents. OVC plus up has supported me with Pads, books, uniform and books. I hope to work hard for my future”, said an OVC Plus up beneficiary*



Youth beneficiary herding his cattle in Kiboga District

In a bid to enhance the economic opportunities for the OVC youth, we supported placement of youth who have completed their club activities to acquire practical skills. To date 772 youths have been linked to Non Formal Education (NFE) through Civil Society Organizations (CSOs). Youth have been linked to local artisans within the communities to train and mentor them in their selected enterprises and this has resulted into employment creation and business start ups among the youth. In addition, 4,890 children and young people benefited from the OVC plus up school subsidy, which enables the OVCs to attain formal education as well as increase retention and resilience.

Among these 3,571 are in primary while 1,319 are in secondary school. Youth Alive believes in education of the girl child where 51% of the beneficiaries of the school subsidy were girls who have gone back to school. The Income Generating Activities (IGA) booster was distributed to 15 clubs with the aim of improving their lives through group demos and replication at household level. Youth have been seen to be harvesting produce and starting up businesses using the IGA booster.

*“After the Enterprise Development training unit on saving, I started a small business of selling vegetables. I started with 5,000shs but now the business has grown I buy things for 100,000shs”, said an OVC club member in Tororo.*



Youth reading IEC materials

Enterprise Development training aims to enable youth to acquire knowledge and skills to place them in a better place to implement economic activities. Modules include agribusiness, savings, budgeting, selection, planning & management of IGAs. This reporting period, we supported the youth to do resource mapping through market surveys and develop fundable business proposals. To promote a saving culture among the youth, we have supported the establishment of over 100 Village Savings and Loans Associations (VSLA) comprising over 3,000 youth who have embraced saving. By joining savings groups the youth have benefited greatly from obtaining small loans for business financing, personal development and contributed to household wellbeing.

In a bid to increase youth and women involvement in agriculture, we promoted community awareness around overcoming social barriers. We conducted dialogue meetings with community structures, parents and caregivers with an aim of engaging them to avail land to youth and women. We supported Youth Day Events to raise policy and cultural barriers around youth engagement in agriculture, and supported groups to organize district-wide campaigns utilizing music, dance, drama and sports. Youth Alive Uganda also supported youth groups to become legal entities by developing articles of association and registering with local government.

*“After attending sessions in my PEC club, I got different friends, I learnt how to associate with others, and how to behave towards others. When I was given a chance to train in welding, I accepted and thank the program for giving me a chance promise to work hard and get more knowledge am saving little money in my club”, said one NFE beneficiary*



Young People receiving HTS during moonlights

## HUMAN RIGHTS AND JUSTICE

Youth Alive aimed to improve promotion & protection of human rights for and by the young people: This was done through training 131 school patrons, matrons and senior school administration in Child Protection/ Rights and Responsibilities and Community Based Options to address youth challenges. We also integrated screening and management of SGBV cases in the Family Support Groups and other key entry service points.

Youth Alive ensured that project interventions at all levels were gender and youth sensitive by considering gender norms, roles & inequalities. During the reporting period, 90 religious leaders were oriented on youth programming; and 33 health workers trained in SGBV with the aim of improving gender and youth inclusion in planning. As a result, the percentage of beneficiaries who received post GBV care has steadily increased from 20.7% in March to 24.5% in December with an annual average of 24.7% out of the 35.5% people who reported to have experienced GBV in the eastern supported districts.

## SKILLS DEVELOPMENT AND MENTORSHIP

Youth Alive uses a group based approach where youth are mobilized into groups and are able to access various services. To date we have mobilized up to 1,320 Youth Alive groups comprising 42,472 youth in the supported districts. These youth have been trained in foundation skills, financial literacy, and entrepreneurship & business skills and among these 8% have transitioned into Village Savings and Loans Associations (VSLA).

In a bid to promote safe spaces for the girl child, we have established 208 Girls First Clubs comprising 5,898 girls aged 10-24 years and these were set up with the aim of having girls only where they can be free to express themselves among peer without fear of being judged by the boys. These girls only clubs have contributed to the improvement of behaviors and attitudes of the girls, and enabled them openly express themselves among peers.

Youth Alive formed 186 Protection and Economic Empowerment Clubs (PEEC) reaching 6,114 young people (3,394 female & 2,720 male) aged 10-18 years. These were supported to access Non-formal Education through linkages to local artisans & vocational institutions for technical skills development, start-up and boosting youth income.



Youth Alive is working under established community structures including District Based Trainers, Para Social Workers, Religious & cultural leaders, youth leaders and in partnership with District Structures to reach out to communities. These are trained in the Integrated Youth Curriculum, youth programming & provision of integrated youth friendly services. Youth Alive is also reviving the young positive clubs; forming facility based teenage mother centers, training youth club leaders as community resource persons.

### JOAN-OYAM DISTRICT

Joan is a 16year old girl who goes to a Youth Alive Peer Educator Club (PEC) in Acanpii village, Acanpii parish Loro Subcounty in Oyam district.

Joan joined the PEC after dropping out of school because of pregnancy in her P.7. Her aunt, whom she then lived with, decided to take her to live with the father of her child. While there, the man abandoned her and left her alone in the house. She then resorted to live with an uncle who also left her alone in the house.

She then decided to live with friends with whom they dig people's gardens to earn an income. After being enrolled by the Para Social Worker into Bedi gen PEC, she underwent various trainings including Education for Life (EFL). She highlights that the EFL session of "Who are your friends and why"; "What kind of family do you have?" has been the most inspiring session for her.

*"I enjoyed the visioning session because it made me think about where I want to be in future and now am going back to school so that I can achieve what I have planned", she added.*

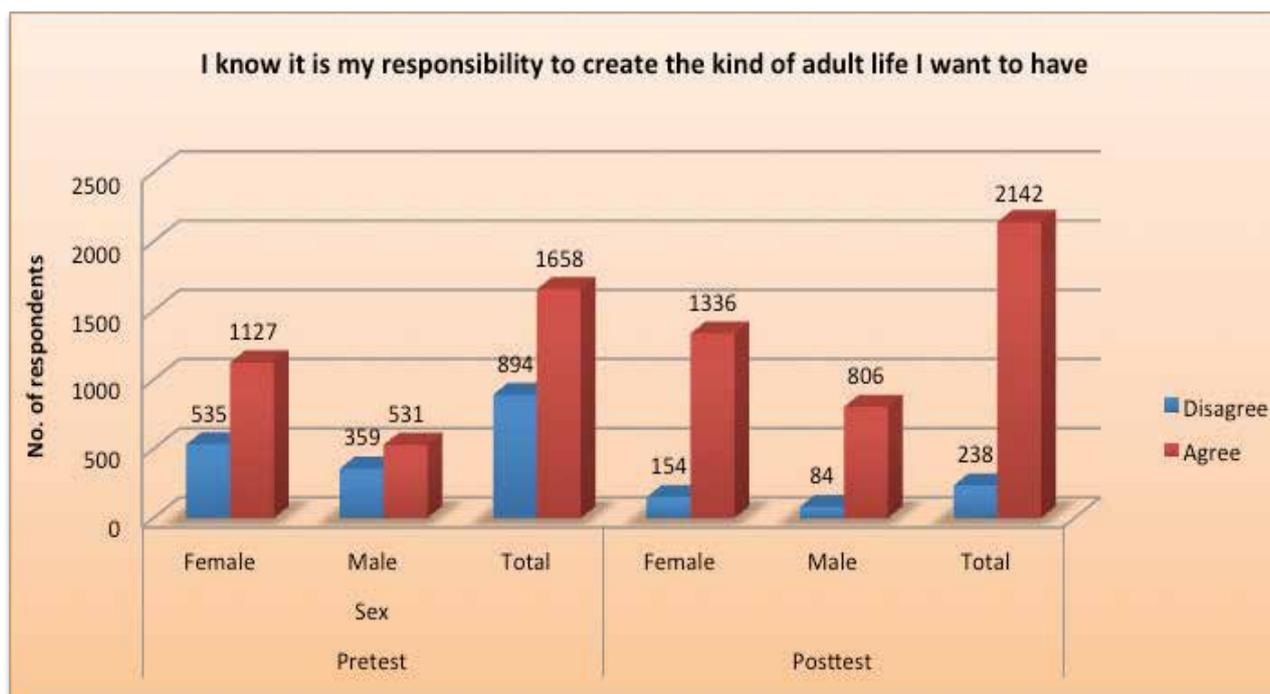
## Knowledge, Attitudes & Practices (KAP) Assessment

The Youth Curriculum is grounded on theoretic logic that providing young people with the right set health and livelihood information will positively influence their attitudes towards health and livelihoods and subsequently their attitudes will positively influence their livelihood practices and health seeking behaviors.

### A. With “a can do attitude”

Participants were asked in the pretest “Who is responsible for creating your desired kind of adult life?”. The programs desire is that young appreciate the fact that it’s their responsibility to create their kind of desired adult life. Below are the findings from both the pre and post test assessments.

#### Graph showing youth knowledge about attitudes and behaviors

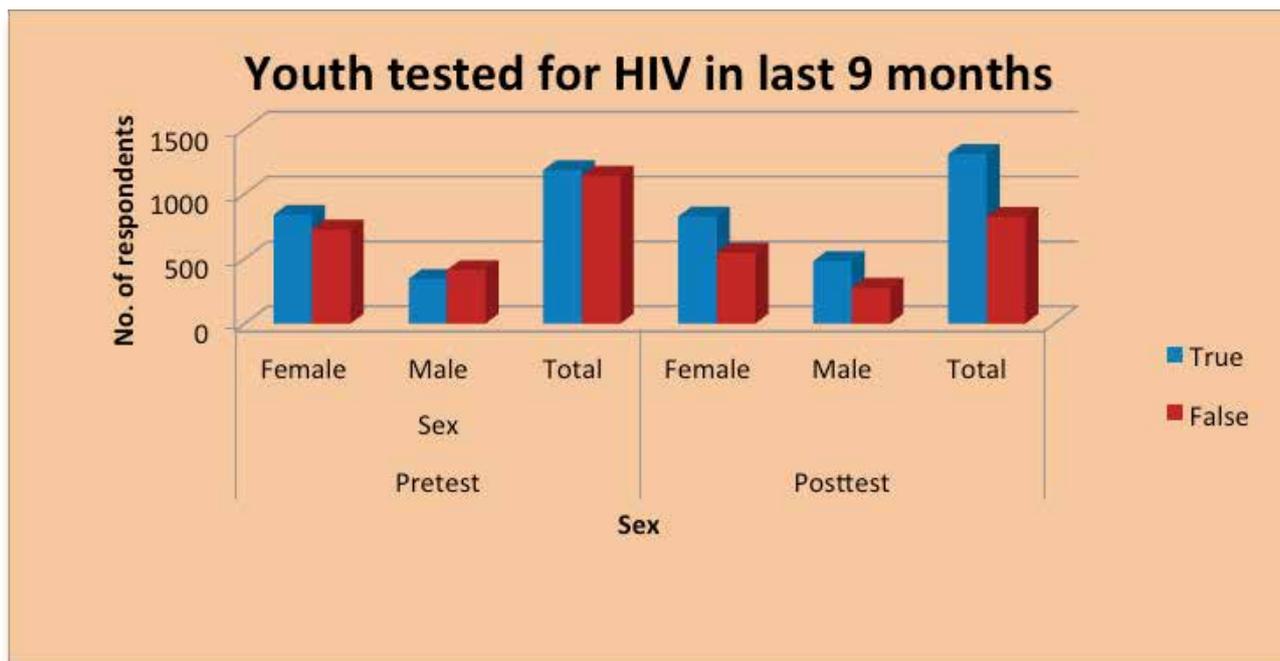


On knowledge about who was responsible for creating the young people’s desired lifestyle, respondents were asked if they knew that they were responsible for creating their own desired kind of adult life. In the pretest response, 894 (35%) disagreed with the statement of which and 1658 (65%) respondents agreed. In the post test assessment, the number of respondents who agreed with the statement rose from 1658 (65%) to 2142 (91%) yielding a 26% increase while the number of respondents who disagreed with the statement reduced from 894 (35%) in the pretest to 238 (10%) in the post test.

### B. Youth increasingly seeking and utilizing SRH services including HIV Testing Services

In attempt to increase young people’s access to and utilization of sexual and reproductive information as well as services particularly HIV and Family Planning, respondents were asked, “Have you taken an HIV test?” Before and after curriculum implementation. This was to assess their health seeking behaviors regarding HIV testing services. From the pretest assessment, only 1185 (51%) beneficiaries confessed having taken an HIV test of which 840 (71%) were Female while 345 (29%) were Male. On the other hand, 1141 (49%) beneficiaries with 727 (64%) females and 414 (36%) males confessed not to have taken an HIV test. This is illustrated in the figure below:

**Graph showing Youth who tested for HIV in the last 9 months**



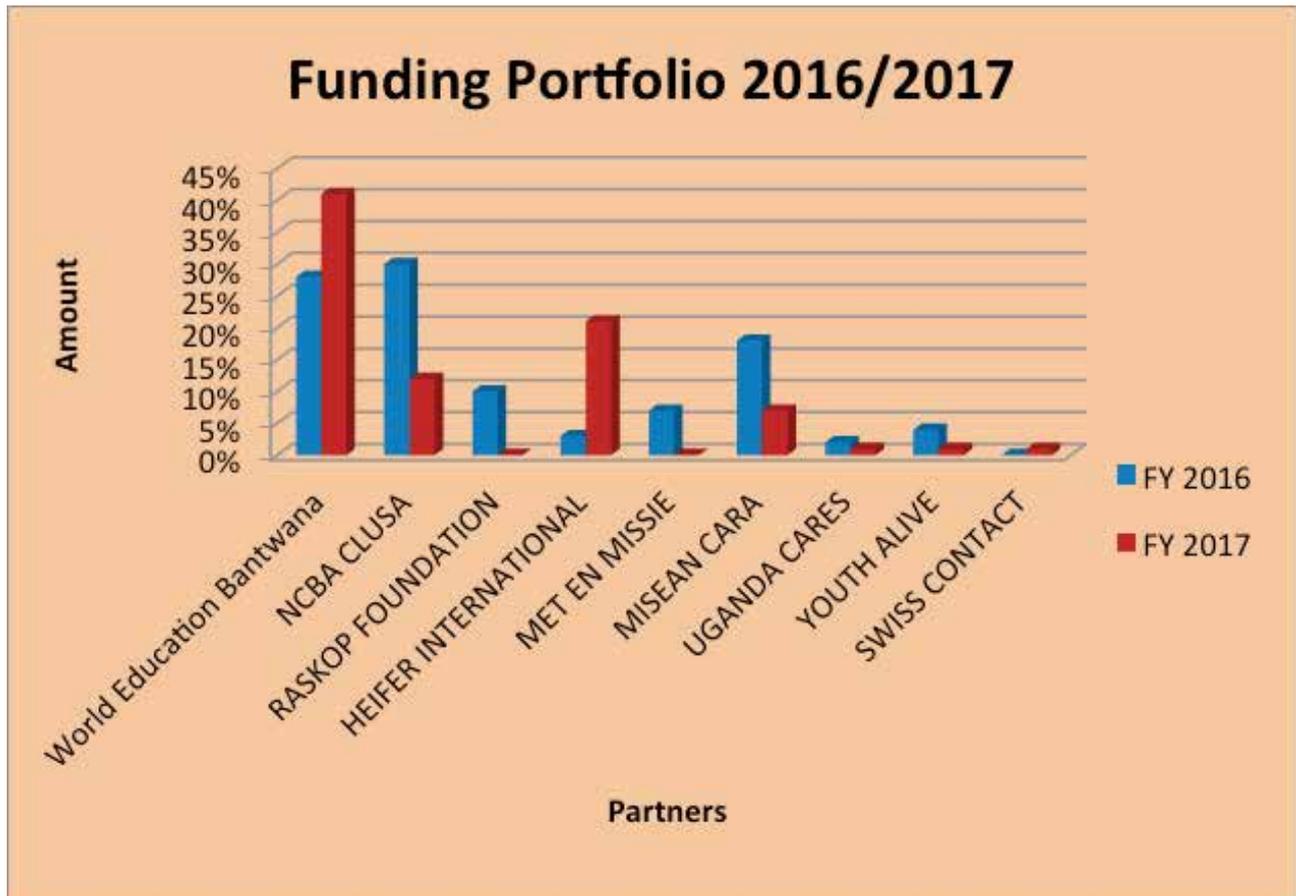
The posttest findings revealed that the percentage of beneficiaries who confessed to have tested increased by 10% from 51% in the pretest to 61% (1310 beneficiaries) in the last nine months while 824 (39%) still confessed not to have tested and therefore they do not know their HIV status.

Deliberate efforts are being made to ensure that young people access SRH as a core service i.e. Access to SRH and other services should be made a performance issue. This can be through deliberately tracking and periodically reporting the number of young people receiving SRH services and information.

Mentorship and coaching sessions should be conducted building on the enterprising attitudes amongst beneficiaries to counteract the still low saving and attitudes.

Review the youth curriculum to address areas observed to have recorded a low change index specifically self-awareness (and other life skills), HIV signs and symptoms, as well as success/achieving.

## FINANCIAL REPORT 2016 AND 2017



## Budget Utilization



## WHY PARTNER WITH YOUTH ALIVE UGANDA

- Youth Alive has 25 years of experience partnering with various organizations on youth programming in all sectors.
- We believe in integration of services for the young people through building strong foundation skills and then empowering them with entrepreneurship skills.
- Through the partnerships we can improve the livelihoods of the young people and their households and communities at large

## IMPLEMENTATION CHALLENGES

Limited knowledge & skills of service providers on planning and provision of youth friendly services has been observed in supported communities. This is attributed to less prioritization of youth needs and need for safe spaces at service delivery points like health facilities and has affected the health seeking behaviors of the young people.

Nonfunctional government structures at community level to support and sustain program implementation. This is due to inadequate facilitation of community structures like health facilities, sub counties and districts

Anecdotally youth have been observed to be dropping out of groups especially in rural areas compared to urban areas. This has been attributed to youth moving to urban centers in search of employment opportunities.

Low turn up during training sessions especially among the youth in urban areas has also been observed to be high mainly because there are so many distractions within the urban areas compared to the rural areas. The girl child has also been observed to be missing training sessions because they have to attend to chores at home and some require permission from their caretakers or spouses.

## PARTNERSHIPS



The National Cooperative Business Association • CLUSA International



## LESSONS LEARNED

Integration of services in youth development is key for any successful youth interventions. The supported youths who have received trainings on life skills, enterprise development and linked to health services have been observed to steadily improve their wellbeing as they are able to use the skills obtained to better themselves but all understand the importance of positive health seeking behavior hence are able to seek health services.

Capacity building of service providers on provision of youth friendly services is vital for implementation of youth interventions. Health workers, school patrons and matrons, religious leaders, district leaders who plan and implement community based services need to be trained to plan and provide youth friendly services to increase access to services by the young people. This will ensure youth priorities are incorporated into service delivery plans and budgets to improve service delivery.

The use of the peer to peer approach has been very effective in maintaining youth in the various projects. Youth have been observed to listen more to their peers as they feel safe among them and are able to open up to them. These peers can be youth leaders in the community or active youth in the communities who easily relate with others.

Involvement of parents and caretakers is key for youth interventions because these are the key decision makers who allow their children to participate in development projects. This is mostly emphasized when dealing with the girl child as they require permission from their parents or care takers to participate in group activities.

The Education for Life curriculum which is used as a basis for foundation skills is very vital for changing the attitudes and behaviors of the youth. The curriculum helps the youth to envision, set goals of where they want to be and work towards achieving those goals. This coupled with other trainings contribute to the betterment of the youth.



OVCs in Ocini Primary School with Youth Alive Field Officer

## SUCCESS STORY



Lexi (not real names)-OYAM DISTRICT

### Rural girl child turned into a role model

Lexi is a P7 candidate of Nambaale Primary School in Iganga District. Her plight dates three years ago when her father abandoned the family and all efforts to trace him have been futile. Her mother has been in prison for over 10 years. Together with four other vulnerable children, she is under the guardianship of her aunt.

She was enrolled into a Peer Educator's Club under the Better Outcomes project implemented by World Education Bantwana in partnership with Youth Alive Uganda. She recalls the scorn she got from pupils at school during her first interface with project staff

*"...oh, she might not even have anything to say, these people may want to just take her photo..."*

Fortunately, she received support from the project through the OVC Plus subsidy which enables OVCs go back to school and registered for national examinations as she narrates:

*"I was not sure whether I would be able to complete my primary education. Every time I went to school I would be chased away for defaulting school fees."*

Well, Lexi further disproved her schoolmates when she got an opportunity to make a presentation before Mrs. Janet Museveni, the first lady and Minister of education and sports. Surely, girl power did not end with the renowned female politicians and technocrats like former Vice president, or Hillary Clinton and the likes.

When asked about how it felt presenting to the first lady, Lexi could not hold back her excitement and she says,

*"...I started to sweat profusely, as I wondered how to address such a huge crowd. I never knew how vocal I was until that day"*

Meanwhile, in her speech, the First lady, insisted that the young should be protected and given chance to participate in development through their voices. YAU trusts that when people gain self-confidence, they actually start working on the things that are really important in their lives.

Lexi is now a master piece in her school as peers always consult her on various topics. The entire school is aware of her eloquence and she has represented them on various occasions.

*'...If there is one chance for me, this is it, to speak for other girls and help them cope like I did and it is my will to make this happen.'*

PICTORIAL









**1993 - 2018**

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**YOUTH ALIVE UGANDA**

Plot 148b / P.O.Box 22395 Old Kira Rd, Kampala

Tel: +256 414 534763

[youthaliveuganda.org](http://youthaliveuganda.org)