A HOLISTIC APPROACH TO PREVENTION OF HIV AND UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS, YOUNG WOMEN AND YOUTHS IN MUKONO DISTRICT

CHILD CARE AND YOUTH EMPOWEMENT FOUNDATION
CCAYEF

EVALUATION REPORT
2018

Child Care and Youth Empowerment Foundation

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Mukono

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1.0. INTRODUCTION AND BACKGROUND

1.1. Introduction

Child Care and Youth Empowerment Foundation (CCAYEF), commissioned an evaluation of its program to assess progress and determine the contribution of CCAYEF program activities to improving health and development of Adolescent Girls Young Women, Orphans and other Vulnerable Children and their families in Mukono as well as activities for prevention of HIV infection among the AGYW and boys. For over 10 years CCAYEF has been operating in the greater Mukono district, centered in Mukono Municipality and its surrounding. Since inception CCAYEF has implemented a range of activities aimed at improving the condition and standard of life of children, adolescents and communities'general population through health, education, economic empowerment, prevention of violence and early marriages among others. Substantial progress has been realized, in the areas of HIV prevention, vocational skills training and Income Generating Activities, effective parenting, facilitating education and prevention of GBV among others. An evaluation of CCAYEF program was conducted between April and May 2018, the findings of which is presented in this report.

1.1.1. The context of SRH and HIV/AIDS among Adolescent Girls, Young Women and Youths in Uganda: Roles and contributions of CCAYEF towards adolescent health and development.

The world is home to the largest generation of young people in history, with more than 1.75 billion people aged between 10 and 24 years (LIVE, 2010). The United Nations defines Youth as those aged 15–24 years, while adolescents are defined as those aged 10–19 years. The UNFPA, WHO and UNICEF define the age-group 10-24 years as 'Young People'. This is a diverse demographic group whose life circumstances, opportunities and lifestyle related challenges vary considerably within and between countries. As outlined in The State of the World's Children report (UNICEF, 2011), adolescence is a critical phase of human development during which the stage is set for later life. Adolescents (10-19 year olds) experience rapid social, physical, and emotional changes. Appropriate support structures and skills can lead to increased independence

and development of positive and healthy behaviors with significant implications for society as a whole. However, without the skills to face these changes, adolescence can be a time of great risk. Global statistics show that 17 million young women aged 15–19 years give birth every year. Half of all new HIV infections are among people aged 15–24 years, and over 6,000 contract the HIV virus daily (LIVE, 2010). There are 2.6 million deaths annually among young people, the majority of which are preventable. At the 64th World Health Assembly, held in Geneva in May 2011, the report by the Secretariat on Youth and Health Risks led to a resolution; calling on Member States to increase their efforts on the health of young people and consider this important population group in all policies within and beyond the health sector. In line with this resolution the government of Uganda, working in partnership with CSOs and all development partners strives to ensure that young person's potential is fulfilled; they live in safe environment and have skills to be economically productive (UNDP II). Contributing to this resolution, CCAYEF works to ensure that young people in Mukono, especially women and young people, are able to access sexual and reproductive health and HIV/AIDS services;stay in school and remain HIV negative, and those who are already positive, access quality care and treatment. Secondly, CCAYEF strives to ensure that AGYW especially those that have experienced marriage gain some skills to be economically productive and become self-reliant.

Uganda’s population continues to grow currently at rate of 3.0 percent and is way higher than the region’s average population growth of 2.8%. According to the 2014 National Population and Housing Census, Uganda's total population stood at 34.9 million, an increase of 10.7 million from the 24.2 million in 2002 Census (UBOS, 2014). With every Ugandan woman on average producing over 6 children throughout her reproductive period, the country presents a scenario of one of the youngest and most rapidly growing populations of today’s world (World Bank, 2011). Consequently, close to half (48.7 percent) of Uganda’s population is made up of child dependents (under 15 years), and 70 per cent less than 25 years of age (UBOS, 2014). This population structure of high dependency undermines the social transformation and sustainable development efforts of the country. Many of the young people mostly women are not productive, they lack

functional skills and they largely depend on their parents/ male spouses to support their livelihoods. This situation puts them to high risk of sexual exploitation, often resulting in early marriage and early pregnancies, HIV/AIDS and school dropout. The large youthful body that the country has achieved through years of high fertility can be turned into an opportunity if appropriate policies and investments are made for young people (10-24 years), particularly with respect to Adolescent Health and HIV services, Youth entrepreneurship; vocational and adult literacy skills among others. Uganda's Vision 2040 has pronounced harnessing the "demographic dividend" as one of the key strategies for realizing the social and economic transformation envisaged by the year 2040. For the abundant youthful human resource to be converted into appropriate human capital, it must be healthy, educated and properly skilled. This is also in line with the global Sustainable Development Goals (SDG), which Uganda has largely mainstreamed in her development planning frameworks, particularly goal 3 on good health and well-being for all and goal 4 on universal access to quality education and live-long learning and 5 on gender equality. CCAYEF's focus of intervention is to contribute to both national and global development agenda. This is achieved through contributions at district level, through support to education, vocational training to girls, supporting Village Saving and Loan Association and offering financial literacy.

1.1.2. Sexual Reproductive Health, Education and Vulnerability among AGYW in Uganda

Uganda's reproductive health indicators manifest a big challenge for the health sector. At 6.2children per woman, Uganda has one of the highest Total Fertility Rates (TFR) in the world (UBOS, 2011; Haub and Gribble, 2011; PMA, 2015) . The adolescent birth rate stands at 159 per 1,000 births (UDHS, 2011). Teenage pregnancy rate among the 15-19 years olds stands at 25 percent, and the median age of sexual debut is only 16.7 years. Adolescent pregnancy contributes to 30 per cent to the primary school drop-out ratio (AODI/UNICEF study, 2011). Mukono district, having one of the highest rates of school dropout of girls as a result of teenage pregnancy, surrounded by Lake Victoria with intensive fishing activities, Mukono is directly linked to the major islands where HIV prevalence are too highup to 29% (Martin Mbonye, 2016). On the other hand Mukono is

a fast growing urban facility which is crossed by the major transport corridor, with very busy economic activities attracting many girls and young women to look for employment opportunities. Unfortunately, this can't be realized because of the lack of skills and low levels of education. Many of the girls end up in illicit activities including prostitution, petty trade and working as maids.

1.1.3. Sexual debut and sexual behaviors among young people

While the overall burden of disease may be lower in adolescents compared to children and the older people, there are specific conditions that are much more common and have more devastating effect in the adolescent age group. These include Reproductive Health (RH) problems such as early/unwanted pregnancy and unsafe abortion; lack of access to contraception and STI/HIV/AIDS prevention and treatment services; psycho-social problems such as substance abuse, delinquency; and sexual abuse among others. According to Uganda National Adolescents Health Policy (MOH, 2000), the health of adolescents and young people is affected by both personal and external environmental conditions. The life styles and behavior patterns acquired during adolescence are life-long and therefore efficient and timely intervention during adolescence may avert the negative consequences. It is therefore indispensable that young people be provided with an environment with minimum health risks and that they have access to health services that are sensitive and relevant to their particular and wide ranging health and development concerns.

There are several factors that influence young people's Sexual and Reproductive Health (SRH) behaviors. In particular, young people's sexual behavior is influenced by their social and economic context. Aspects of this context that increase or decrease susceptibility of young people to negative SRH outcomes include gender issues in relationships and families, social norms regarding early marriage and poverty (Boerma et al., 2002, Wight et al., 2006). For instance, what was understood as the normalization of teenage sexual activity through mutually reinforcing messages about the desirability and excitement of teenage sex from multiple media sources, and peers, was a strong factor in influencing young people into early sexual intercourse (Hoggart and Phillips, 2011). In particular, the assumption that by a certain age (most often seen as over 16

years) “all their friends are doing it” has been seen as a central point in deciding whether to have sex or not.

A growing number of young people are becoming sexually active before marriage and as a consequence the rate of unplanned pregnancies among this age group, particularly among those with unmet need for contraceptives, increases(D. Alene et al., 2004). The damaging consequences of child bearing at a young age pose health threats to both the adolescent mother and the infant. Adolescent sexual activity, within or outside of marriage, can lead to negative reproductive health outcomes (Dixon-Mueller, 2008). Research has indicated that a complex web of influences lead to sexual decision-making being fraught with difficulties for many young people. These influences may include, for example: difficulties negotiating contraceptive use due to ‘chaotic lifestyles (Hoggart and Phillips, 2011), the influence of drugs or alcohol (Mason, 2005, Shoveller and Johnson, 2006) and coercion (Barter et al., 2009).

Through its family centered programming-DREAMS model, CCAYEF works to build a family support environment for parents and children to inculcate positive parenting and good parent to child relationships. This is an effort to make a home to most conducive and attractive place for children. Over the period, CCAYEF has implemented parenting training and behavior change classes for AGYW and their parents, addressing behavioral and societal drivers of vulnerability among the girls.

Also, the girl-child is commonly looked at as a source of wealth and society expects or forces girls to marry at very young ages (Neema *et al.,* 2004). Studies in Tanzania (Nnko *et al.*, 2004, Wamoyi *et al.,* 2010) have noted that in order to satisfy their material needs, young women from poor families may engage in transactional sexual activity with multiple partners or casual partners or agree to have sex without a condom. Desmond *et al.,* (2005) found that in an endeavor to maximize financial gains from sex, women engaged in high risk sexual practices such as anal sex. The 2011 Uganda AIDS Indicator survey (AIS) indicated that about 19% of young women were coerced at their first sexual encounter. The family centered program brings to light to role of parents in keeping children safe, promoting positive attitude towards children and working to realize full development of the child.

1.1.4. Access to Sexual and Reproductive Health (SRH) and information and services among adolescent girls, young women and youths

The prevalence of unsafe sexual behaviors and practices among young people has been coupled with limited access to SRH and HIV information and services. The UDHS 2011 reported low comprehensive HIV knowledge[1] among young people at 38% for women and 40% for males. The AIS 2011 also revealed that young people in Uganda initiate sex at an early age and they are engaged in multiple sexual partnerships but with low condom use at 24% for women and 30% for men. Adolescents are frequently reluctant to seek health services for sexual and reproductive health. Included among the many barriers are judgmental health workers, lack of supplies, equipment, materials and private workspace, and a lack of training for and in understanding of adolescent reproductive needs (Bearinger *et al.,* 2007, Tylee *et al.,* 2007). Since 2015 CCAYEF started to work with schools to disseminate SRH information and menstrual hygiene sensitization to boys and girls, through school health programs. The aim of school health program is the strengthen knowledge base at school, in order to sustain school retention and completion and to reduce sexual violence at school.

In 2012, the World Health Organization (WHO) together with UKAID and the Ministry of Health commissioned a largely qualitative study on 'Understanding Social Cultural barriers to SRH of individuals, families and communities in Uganda. The study revealed that Adolescents face inter-related barriers that prevent them from accessing facility-based RH services. These include: individual barriers, such as feelings of shame, fear or anxiety about issues related to sexuality and reproduction, lack of awareness about the services available, poor health, or advice-seeking behaviors and the perception that services will not be confidential; socio-cultural barriers, such as social norms which dictate the behavior and sexuality of both young men and women, stigma surrounding sexually active adolescents, cultural barriers which limit the ability of women, girls or certain sub-sets of the population from accessing health services, educational

[1]Comprehensive knowledge means *knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce chances of getting AIDS, knowing a health –looking person can have the AIDS virus and rejecting the two most common misconceptions(two most common misconceptions about HIV/AIDS (i.e., HIV can be transmitted by mosquitoes or by sharing food with a person who has AIDS)*

limitations, language differences, the attitudes of health care providers towards adolescents or their unwillingness to attend to their RH needs; and structural barriers, such as long distances to health facilities, lack of facilities for clients with disabilities, inconvenient hours of operation, long waiting times, charging fees for services and lack of privacy. The school health program also focuses on addressing individual and institutional level challenges, by empowering the students/pupils with SRH information, but it's also a tool used by CCAYEF to demonstrate good practice for retaining girls in school. This tool is further used by CCAYEF to negotiate with school authorities to make school environment safe and trusted by young people especially girls.

Adolescents are quite explicit about what they want from health-care providers. They value their privacy and identity, and want to make decisions for themselves based on correct information. WHO stipulates a number of elements that stimulate adolescents to seek healthcare. These elements include: confidentiality, provision of required information and services, accepting adolescents as they are, considering and respecting adolescents' opinions, allowing adolescents to make their own decisions, ensuring that adolescents feel welcome and comfortable, being non-judgmental, and provision of services at a time that adolescents are able to come (Atuyambe et al., 2015). At school level, offering safe menstrual hygiene facilities is very important aspect for girls. In offering comprehensive support, CCAYEF works to advocate for and to support provision of menstrual hygiene management facilities and structures in schools.

To reach young people, RH programs must take innovative approaches to make services acceptable, accessible and appropriate for adolescents, taking cultural sensitivity and diversity into consideration. Adolescents should be involved as much as possible in the design, implementation and monitoring of program activities, so that programs are more likely to respond to their RH needs and priorities and so that interventions are acceptable to them. Introducing adolescent friendly health services and involving adolescents in the both the design and monitoring of these services will make facility-based RH services more accessible and acceptable to adolescents. In addition, health providers, adolescents and community members should consider alternative implementation strategies such as community interventions that will make it

easier to reach adolescents with RH information and services. CCAYEF has over the years adopted the implementation of school based youth friendly intervention and providing referral links between schools and health facilities to encourage young people seek services.

2.0. CHAPTER TWO

2.1. EVALUATION OF CCAYEF PROGRAM, 2016-2018

Since 2008 CCAYEF has been operating in Mukono district, implementing multiple projects reaching out to Adolescent girls and teenage mothers, OVC and their families. In 2014 CCAYEF developed the first strategic plan for the period 2014-2018, and therefore, the program has since been implementing a range of activities/projects in line with the program strategic plan for the period. The overall goal of the program is to empower Adolescent Girls and Young Women and Youth to actualize their full growth and development potential. Thus, CCAYEF activities are in the areas of SRHR including HIV prevention interventions, teenage pregnancy prevention, Economic Empowerment, education and early child development and SGBV. Empowerment is done through vocational skills development and VSLA, mostly targeting Adolescent Girls Young Women. This evaluation of CCAYEF program activities was focused on the period between 2016 and April 2018:

In 2016 CCAYEF got funding from Makerere University Water Reed Project (MUWRP), to implementing HIV prevention activities, to reduce the incidence of HIV/AIDS infections among adolescent girls and young women, Key population/Priority population and among orphans and vulnerable children. The project focused to keep the negative, negative and linking the HIV positives to care and treatment; achieved through addressing structural drivers of HIV. Project activities targeting adolescent girls 15-24, in and out of school was implemented under the DREAMS projectto improve the health and social development of adolescent girls and young women in Mukono district who are exposed to high risk sexual practices and behaviors.

Along with the DREAMS project was the HIV prevention, care and treatment project implemented in Mukono district still under MUWRP funding plan. The goal of the project was to contribute to reduction of incidences of new HIV cases among girls, Key Populations (KP), Priority Populations (PP), men and boys. In addition to the MUWRP funded projects, CCAYEF has also been implementing a project to prevent Teenage pregnancy and SGBV, addressing social-economic and structural drivers of child mothers' and child brides' vulnerability; with a consolidated funding from Pollination grant and Madison University, both from USA.

Apart from MUWRP funded project, the period under review also had the school in charge (SIC) project, an intervention focused to SRHR information and education activities in schools and the TPPR project focused to community awareness. Both projects were initially funded by locally generated income but later got some funding from pollination grant and mobile Mama. The TPPR was implemented through engagement with Village Health Program.

CCAYEF projects were implemented as an integration of initiatives, in Mukono district, focusing on reducing HIV infection among the AGYW, KP/PP and youths offering economic empowerment support to the AGYW, OVCs and their households, and facilitating schooling and education to keep girls in school.

2.1.1. Statement of the problem

Uganda is still grappling with poor performance in the areas of Sexual Reproductive Health (SRH) despite the range of initiatives and interventions. The indicators for SRH in Uganda still show substantial inadequacy, transitioning from the Millennium Development Goals (MDGs) to SDGs. According to the 2016 Uganda AIDS Indicator survey (AIS), HIV prevalence among all young people 15-24 years of age was at 3.7%; The contraceptive prevalence rate among the married young women 15-24 years of age is only at 11.4 per cent with a high Family Planning (FP) unmet need: for 15-19 year old girls it is 31.3% and among those aged 20-24 years it is 35.4% (UDHS, 2011). Teenage pregnancy rate among the 15-19 years olds stands at 25 percent, and the median age of sexual debut is only 16.7 years. Adolescent pregnancy contributes to 30 per cent to

the primary school drop-out ratio (AODI/UNICEF study, 2011). Within the continuum of social development challenges, young people still face substantial discrimination, gender based violence, unemployment, poor quality education, and poor health services among other things. CCAYEF like many other players have implemented activities across the country, however, the various assessments conducted by different stakeholders, indicate that the needs of young people in Uganda are still enormous. And it is against their findings that CCAYEF will base all her evaluation of her contribution to the communities where her programs have been implemented since she had not carried out a comprehensive needs-based evaluation before program implementation.

2.1.2. Rationale for the Evaluation

CCAYEF has come to the end of its current strategic plan period, in September 2018. There is generally a need for sufficient evidence to understand the impact of its program to the communities it serves, and to facilitate understanding the needs and priorities of the next strategic plan period. Very often, available project based reports provide fragmented data specific to project activities. The evaluation is consolidation of reports and data collected through primary engagement with direct project beneficiaries. The program based report indicatessubstantial achievements made by CCAYEF so far, and therefore the Evaluation is intended to quantifyand determine the quality of achievements and how it impacts on the communities. There is also a need to understand the emerging issues affecting vulnerable, marginalizedAGYW who went through vocational skills training and entrepreneurship support initiatives of CCAYEF.

2.1.3. Evaluation Object and scope

This was a comprehensive evaluation of all activities implemented by CCAYEF for period January 2016 to April 2018. It covered all activities implemented under DREAMS project, activities implemented to prevent teenage pregnancy and early motherhood under the pollination/ Madison University funding plan and other initiatives implemented with local partnerships and other grants. The evaluation project covered activities

conducted in the 4wards in Mukono Central Division; 5 other wards within the municipality and the neighbouring districts.

The evaluation was generally guided by the general objectives of CCAYEF, with project specific objectives forming the sub objectives of the evaluation. The evaluation Questions were designed to provide specific insights under different project objectives.

2.1.4. Evaluation purpose: Intended use and intended users

The purpose of the evaluation was to assist CCAYEF staff and board to assess progress of the on-going activities, to determine the contribution being made by CCAYEF activities and to draw lessons from what works well/not well in the current projects and implementation strategies. CCAYEF currently receives funds from a couple of donors and it works in partnership with Mukono district local government and other implementing partners, to support implementation of SRHR and HIV prevention interventions, teenage pregnancy, SGBV, OVC, and economic empowerment. The evaluation was aimed at informing CCAYEF on how well the projects are achieving results and what may be adjusted and improved, to achieve more and better results. It therefore aimed at providing opportunity for CCAYEF and partners to sharpen the focus in the new strategic plan period.

Donors and local governments and other stakeholders would use this evaluation to identify opportunities, innovations and priority interventions for further scale up; learning from what really worked well and stopping interventions that did not work well. The evaluation also aimed at helping them identify major challenges to be addressed by CCAYEF in the subsequent programming years. In addition, this evaluation was toprovide general knowledge for other programmers and government to make decision on how to better support interventions for AGYW, Boys, OVCs and communities the general population in neighbouring districts of Mukono, Kayunga, Buikwe and Uganda as a whole.

2.1.5. Evaluation Objectives and Aims

The aim of the study was to evaluate CCAYE'S contribution in improving sexual and reproductive health and rights (SRHR) and social development for AGYW in Mukono.

The review focused on effectiveness, impact, relevance and sustainability. The evaluation questions that guided the review related to relevance, effectiveness, institutional strengthening, outcome of services, output (service utilization), and also aimed atrevealing the factors which influenced these aspects. The objective of the assessment was to determine progress and contribution of CCAYEF activities to improving health and development of adolescent girls and young women and OVCs in Mukono.

Specific objectives:

1. To assess the extent to which CCAYEF activities are helping to reduce HIV/AIDS among adolescent girls and young women in Mukono.
2. To assess the extent to which CCAYEF program contributes to improved standard of living for OVCs and their households.
3. To assess the contribution of CCAYEF activities to empowering teenage mothers and child brides to delay second unintended pregnancies.

Evaluation Questions:

1. What activities is CCAYEF currently implementing to prevent/ reduce HIV/AIDS among adolescent girls and young women in Mukono district?
2. To what extent have these activities reached AGYW in Mukono and how effective are the approaches in reducing HIV infection among the adolescent girls and young women in Mukono, and with what impacts?
3. What lessons are learned from the project approach in transitioning AGYW into responsible adults?

2.2. Evaluation Methodology

2.2.1. Structure of the Evaluation:

The Evaluation was structured according to the core elements and activities/ projects of CCAYEF for the period 2016 to April 2018,(Figure 1 in the results).

- HIV/AIDS awareness intervention to keep HIV negative girls negative;

- Ensuring delay in unwanted/unintended repeat pregnancy among AGYW;
- Economic Empowerment, Vocational skills development and Employability/ Employment;
- Ensuring protection of OVC and other children;
- Promoting healthy parent to child relation and protection of girls within family setting.

The main sources of data were primary data collected through structured interviews; review of project reports and analysis of project based (service) data. Secondary data was obtained in achieving desired objectives will include primary data collected with structured questionnaires, review of activity based progress report and project based data collected progressively during activity implementation and Qualitative data collected through group discussions and Key Informant Opinions. Further, data regarding the achievement of behaviour change objectives was obtained from participatory interaction/dialogue with, direct beneficiary children and community groups. To examine the effectiveness of the program in improving standard of living data was obtained from multiple sources including program reports, qualitative interviews of key stakeholders, Knowledge, Attitudes and Practices (KAP) surveys of young people as well as direct observation of project based initiatives.

In the assessment, 122 client interviews were conducted with children and parents under the SNOVUYO project intervention. Qualitative interviews with selected stakeholders included 10 Key Informant Interviews (KII), 8 Focus Group Discussions (FGD), and 15 In Depth Interviews (IDI) of CCAYEF stakeholders, community leaders and local council leaders. KAB interviews for assessment of HIV/AIDS awareness intervention to keep HIV negative girls negative were conducted with 144 young people out of school and 82 young people in-school.

Qualitative data was analysed through content analysis in which themes and subthemes were generated, grouped and main ideas negated. The quantitative data was analysed with SPSS, computer aided software commonly used the statistical data analysis in social research.

CHAPTER THREE:

3.0. EVALUATION RESULT

3.1. Evaluation Findings

3.1.1. Evaluation question 1: what activities was CCAYEF implementing during this review period?

Through this period, CCAYEF implemented 3 major projects/activities: The School in-charge project, which focuses as school based education on HIV prevention; Teenage Pregnancy Prevention/ Rehabilitation (TPPR) activities and HIV prevention activities which is a multilevel prevention, care and treatment intervention for AGYW, KP/PP and youths.

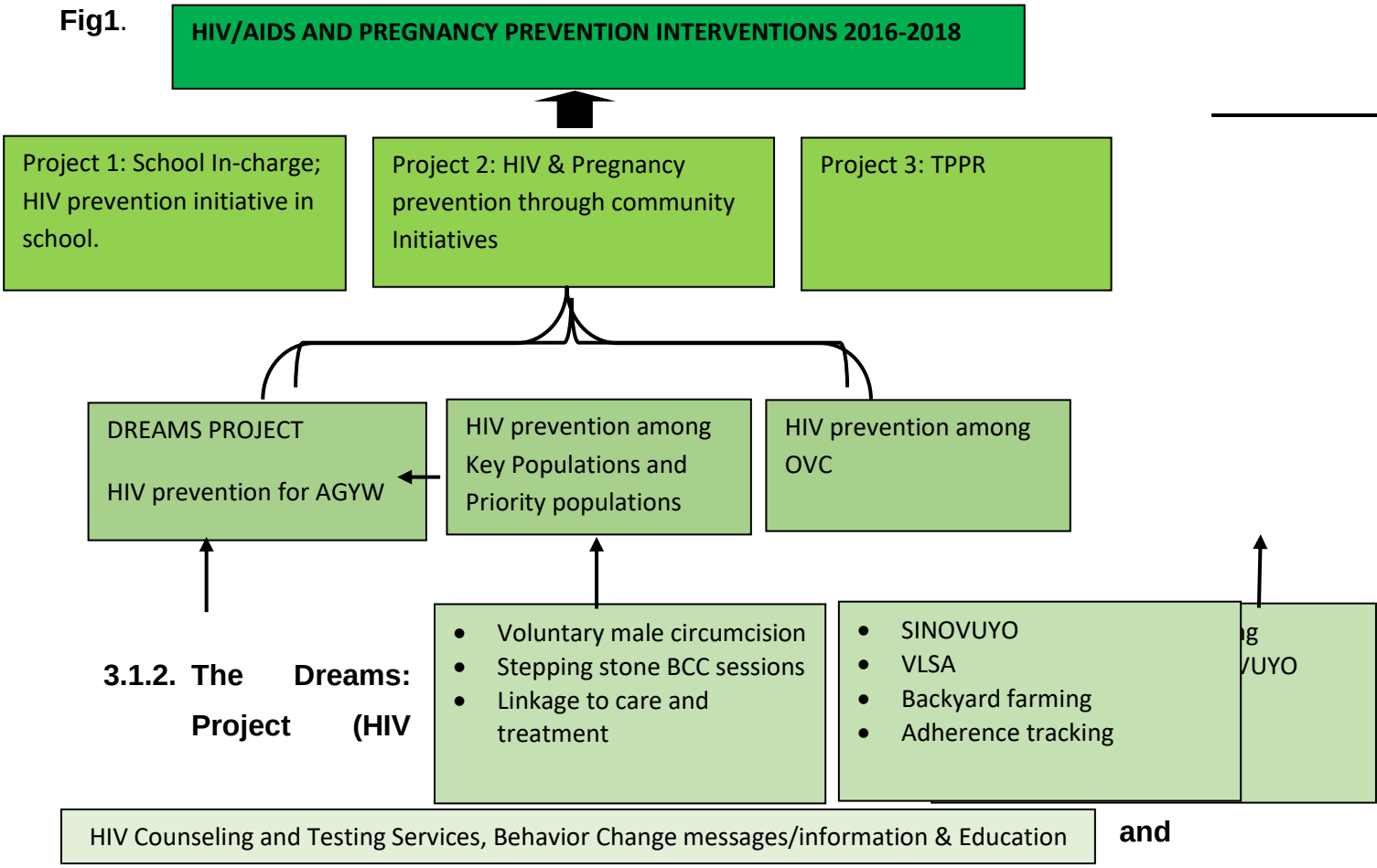
The HIV prevention activities had 3 components: DREAMS, HIV prevention among KP/PP and HIV prevention among Orphans and Vulnerable Children. Supported by MUWRAP, the activities are all linked together to deliver HIV prevention through HCT, behavior change information and education economic empowerment and positive parenting.

Figure 1 is a schematic presentation of how CCAYEF activities were organized during the period under this review.

The school in-charge project/activities and the TPPR activities were mainly implemented with domestic funds locally generated by CCAYEF. However some additional funding was realized from sudden opportunity sources like the pollination grant, mobile mama funds, which was then added to the activities.

SCHEMATIC LAYOUT OF CCAYEF ACTIVITIES

Fig1.



3.1.2. The Dreams: Project (HIV and pregnancy prevention through community)

During this review period, CCAYEF was implementing the DREAMS project an HIV prevention initiative for AGYW. The DREAMS project adopted family care model for adolescent programming referred to as SINOVUYO. The SINOVUYO programming model is to support Adolescent Girls and Young Women (AGYW) transition to responsive and productive adults who are resilient, economically dependent and

empowered in sexual and reproductive health choices.Through this project the girls are given systematic HIV prevention packages that start with HIV testing, enrollment into HIV prevention information/education offered through stepping stones to vocational skills training. In addition the SINOVUYO program implements a parenting support activityaimed to enhance child to parent relationship.SINOVUYO enhances parenting skills among pregnant and mother AGYW, but also promotes positive parenting skills between AGYW, their parents and care takers. Through the SINOVUYO parenting relationship, the parents are advised on how to support their girls to remain negative, builds confidence of girls knowing that their parents are behind them; they remain in school, conclude their courses, and make positive decisions to remaining HIV negative. Parenting sessions are 15 in number, taught in seven sessions, handling two topics per session.Generally the family care model is an integrated initiative that focuses on girls involved in high risk sexual behaviors and practices including transactional sex, bar attendance, drug users etc.

Furthermore, the project had a component for male characterization, which is basically identifying and matching adolescent with their sexual partner, and directing intervention to reduce HIV infection risks.

3.1.3. Orphans and Vulnerable Children

This was the 3rd component of HIV prevention activities under the review. It has activities on Village Saving and Loans Association (VSLA), financial literacy and GBV, which is also built integral to the project activities. VSLA package is given to all in school AGYW caretakers and out of school AGYW. It is aimed at supporting them develop a saving culture, and gain financial literacy to start up own businesses and to ably run them. This activity aims to make the AGYW economically secure to support their children in order to remain in school and also to care for themselves without depending on men. This saves them from economic dependency which may lead them to acquire HIV, hence, remaining negative..

3.2.1. Evaluation question 2: To what extent have these activities reached AGYW in Mukono and how effective are the approaches in reducing HIV infection among the adolescent girls and young women in Mukono, and with what impacts?

Overall this evaluation report indicates that the program has developed a social capital network for AGYW at family and community levels with over 2300 girls who have been enrolled in program support between 2016 and April 2018. The project has increased awareness of HIV among the AGYW, facilitated access to care and treatment and has contributed to economic soundness of the AGYW and OVC's families.

The study was conducted on 144 girls in Mukono Municipality (primary data), aged 17-27 years old. The mean age of respondents was 22 years (St.Dev 2.45). Majority of the girls had studied up to secondary school (67%), among which 98% were currently out of school by the time of this survey and 54 were working. Among the girls interviewed, 46% were single, 44% currently in sexual union. Fifty-nine percent of the girls interviewed were currently pregnant or carrying a baby already. By the time they joined CCAYEF program, 51% were teenage mothers, 15% were child brides, 14% were child brides who had also given birth at teenage age. A detailed description of respondents distributed by background characteristics is presented in Table 1; further presented by core background priority for CCAYEF support in Figure 1.

Table 1: Respondent distribution by background characteristics

	Numbers and percentage						Total respondent and by this category	
Age group	17-19		20-24		25-27		No	Percent
	20	13.9%	92	63.9%	30	20.8%	142	98.6%
Marital status	Single		Married		Separated			
	64	44.4%	65	45.1%	9	6.3%	139	96.5%
Living arrangement	Alone		parents		Relative			
	3	2.1%	39	27.1%	24	16.7%	66	45.8%
Employment	Working		Not working					
	32	22.1%	101	70.1%			133	92.3%

Only 16% joined the program when they were neither teen mothers nor child brides. By the time of the evaluation 44% of the girls were living with their parents or relatives, with 19% living with their mother only and 7% living with their father only. The girls reported that the main food in their homes was Posho (40%) followed by Matooke at 21%. At least 51 girls reported that they have 3 meals a day, 45% (2 meals a day). Thirty two percent of the girls reported that they do not get enough meals.

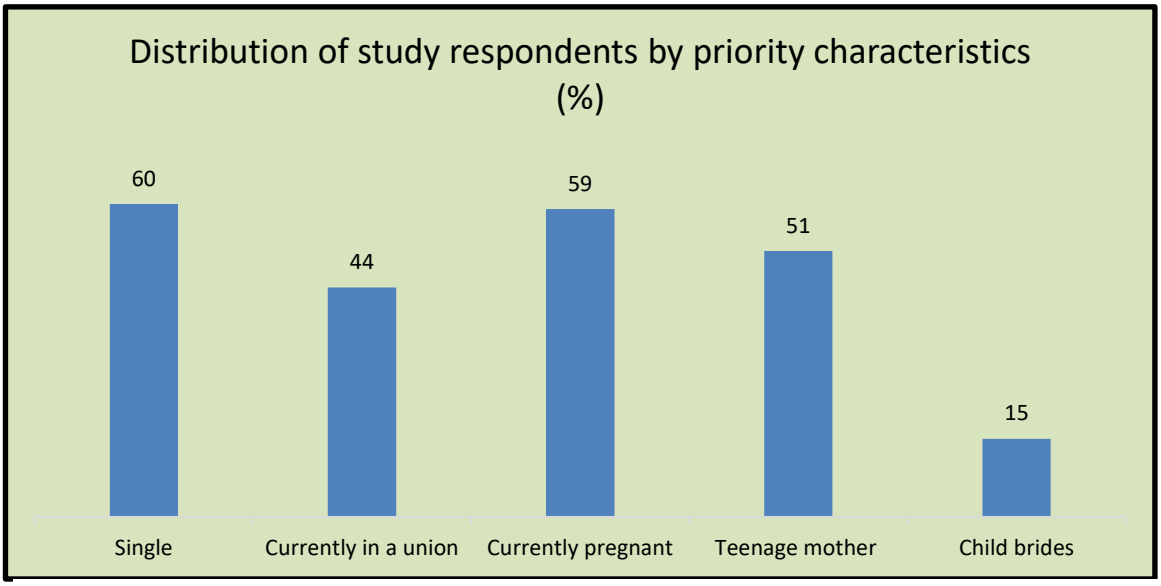


Figure 1: Respondent distribution by core priority characteristics

3.2.2. Awareness of mode of HIV infection and prevention mechanism

Asked about their knowledge of HIV, 98% said were aware of HIV, 96.1% reported that un protected sex was the major cause of HIV infection, with over 57% indicating that multiple sexual relation is the major risk of acquiring HIV, 15%drug and substance abuse, presented in figure 2.

Majority of respondents were aware of how to prevent HIV prevention, such that 92% mentioned use of condom as the main prevention mechanism, 49% said one can prevent HIV by abstaining, faithfulness 24% and PMTCT 14%.

3.2.3. Support received from CCAYEF

Asked what kind of service they received from CCAYEF, 34% of the interviewed girls obtained vocational training (hair dressing, tailoring, decoration and flower arrangement); 42% HIV counseling and testing, 21% were linked to any other health care service, 10% supported through VLSA, 6% any form of income generating activity. However 86% said they went through transitioning support, meaning that they went through a series of interconnected support, which began from HIV testing to other related activities

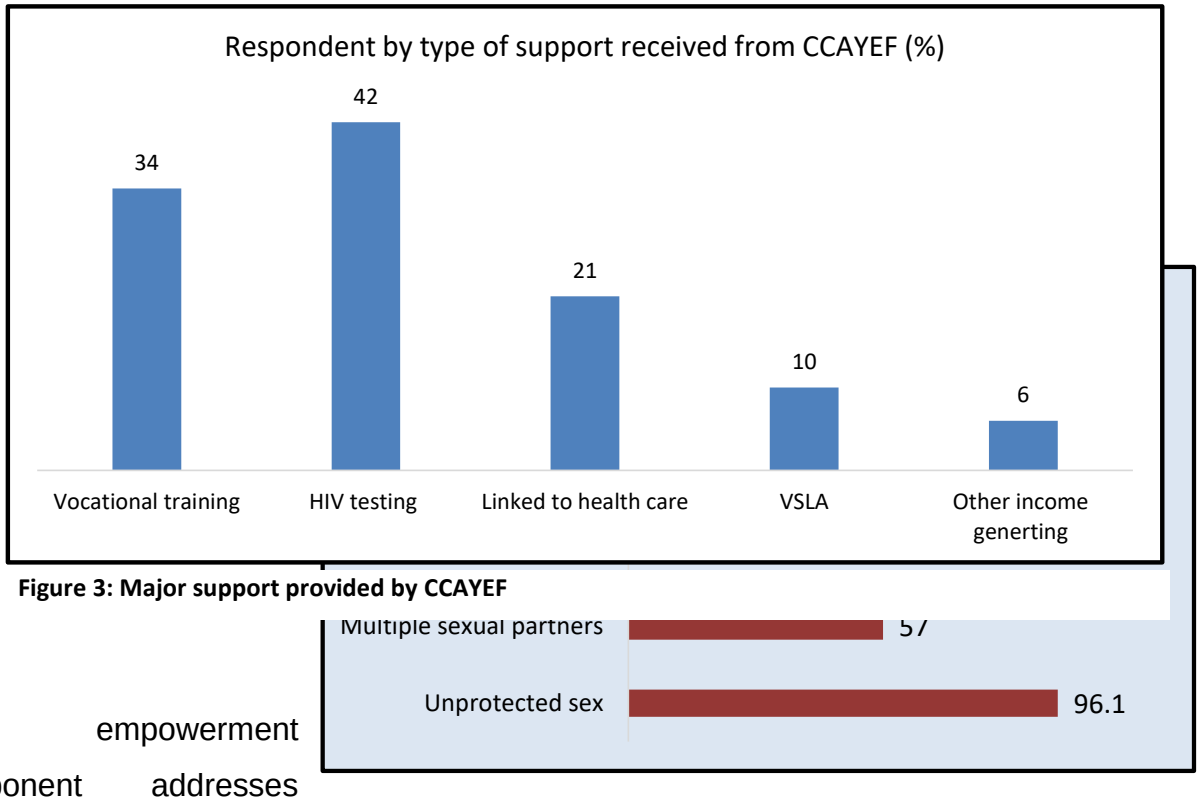


Figure 2: Awareness of HIV infection risks and exposure factors

Figure 3: Major support provided by CCAYEF

The empowerment component addresses needs of young people 12-24 years, in and out of school, through capacity building, School based clubs, peer to peer approaches in life skills, Vocational skilling, direct

service provision for HIV/STI diagnosis, sexual and gender-based Violence prevention offered through counseling and referral support. Over this period 11 Peer Health Clubs have been established in 11 secondary schools, 600 teen mothers have received an integration of support including rehabilitation with family, vocation training, HIV prevention and risk reduction class sessions; a large number of them are potentially self-reliant. Twenty three (23) have been given opportunity for second chance schooling (returned into formal education).

The school based ASRH program had reached 7401 young people in schools with preventive services to retain them in school. Forty three (43) teachers from 8 primary schools in Nama, Kyampisi and Mukono Municipality, trained in adolescent counseling to provide the Start Early-Pre-Adolescent counseling. The CCAYEF interventions, supports were further extended to children, families and partners of the AGYW; addressing social structure that influence AGYW development including that influence SGBV and related risks to young women and children.

The Orphans and Other Vulnerable Children (OVC) program has two components; Child Marriage and Teenage Pregnancy Prevention/Reduction (TPPR) and Child Health, Education, and Protection.It is implemented through social support for education and retention, nutritional support and training, creating awareness on rights and responsibilities to both children and care givers, economic strengthening, through training in VSLA, apprentice. CCAYEF has provided 498 primary and 18 secondary school OVCs with educational subsides through the OVC program, 23 teenage mothers were facilitated to rejoin formal school; 108 HIV positive OVCs have been supported on adherence, nutrition, and psychosocial support

Through the Schools in-Charge (SIC) program, CCAYEF has since establish school health clubs to enhance ASRHR though schools health activities. School based clubs were formed for delivering information on SRH as co-curricular activities in school. Teachers have been trained as ToT to cascade SRH training to young people and other teachers. Clubs have focal teachers who are also the Club Patron, who manage and monitor activities of the clubs. Club members are 20-25 in number. The project has also

trained mentors and peer educators to run the clubs. Peer educators reach out to at least 30 peers in a term making about 90 in a year. The SIC project has reached 11 schools so far; with about 47 teachers and approximately 200 peer mentors trained. And a total of over 850 students reached in total.

Routine ongoing evaluation done by CCAYEF found a significant improvement on attitude and behaviors of young people towards SRHR specifically to improve school retention, reduction in teenage pregnancies in school and HIV infection among the young people have been recorded.

Address SGBV cases in school, pretest and posttest assessment done through pretest indicate that attitude, knowledge, self-efficacy and life skill have over improved.

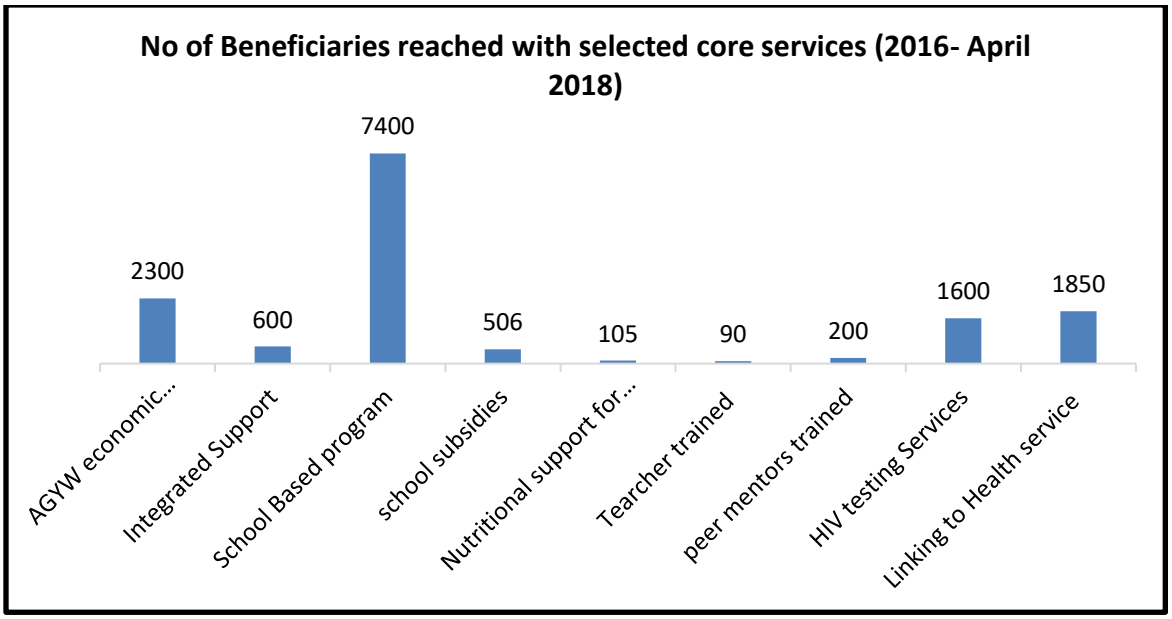


Figure 4: Total numbers of beneficiaries by selected core services 2016-2018

CCAYEF implemented a social economic strengthening project for adolescent girls and young women (AGYW), with a focus on reducing new HIV/AIDS, by addressing structural drivers of HIV. The projects were implemented through integrated activities such as exitensive HIV Testing Services (HTS) targeting AGYW, Key Populations (KP) and Priority Populations (PP). this were integrated with Behavioral Change Interventions

implemented through structured and none structured classes; SRHR information and psychosocial support. CCAYEF also implemented family support program, OVC empowermnet and GBV care.

Specific activities and services offered by the program include HIV counselling and testing, promotion of PrEP promotion, PMTCT for Key and Priority populations, Condom Promotion & distribution and School Based HIV Prevention and family planning services. Others were referal for family planning Contraception, psycho-social support through peer groups and engagements on GBV issues. Furthermore CCAYEF implemented Economic empowerment interventions to help the AGYW gain skills for economic activities, to obtain self dependence and resilient.

4.0. ASSESSMENT OF IMPACT OF CCAYEF PROGRAM

4.1. Prevention/ reduction of incidences of HIV/AIDS infection among adolescent girls and young women in Mukono district

Overall, the program isempowering Adolescent Girls and Young Women and Youth to actualize their full growth and development potential. The program worksto develop social capital of AGYW through peer network grouping, vocational skills development;supporting education and schooling and facilitating protection and early childhood development for OVC and other children. The program offers HIV/AIDS prevention information and services, prevention of SGBV and prevention of early pregnancies.

CCAYEF enrolled and supported approximately 1800 girls through the DREAMS project alone, between January 2016 and April 2018. Over 840 went through a complete cycle of support according to project design and were graduated. A segment (new cohort) were currently in the project, undergoing various levels of training, mentorship and support by the time of the survey.

4.2. Promoting healthy parent to child relation and protection of girls within family setting through SINOVUYO

This report indicates that the CCAYEF program has developed a social capital network for AGYW at family and community levels with over 2300 girls enrolled in program support between 2016 and April 2018. The project has supported protection of girls within family and community, leveraging peer support and family level protection through a strengthened parent to child relationship. Through CCAYEF interventions, supports are extended to children, families and partners of the AGYW; addressing social structure that influence AGYW development.

Specifically the reports indicates, that through the dreams project CCAYEF supported effective family relationship through parenting training sessions. The primary data collected indicate that over 90% of the parents who attended the training program reported an improved relationship with their children. A detailed analysis is presented in figure

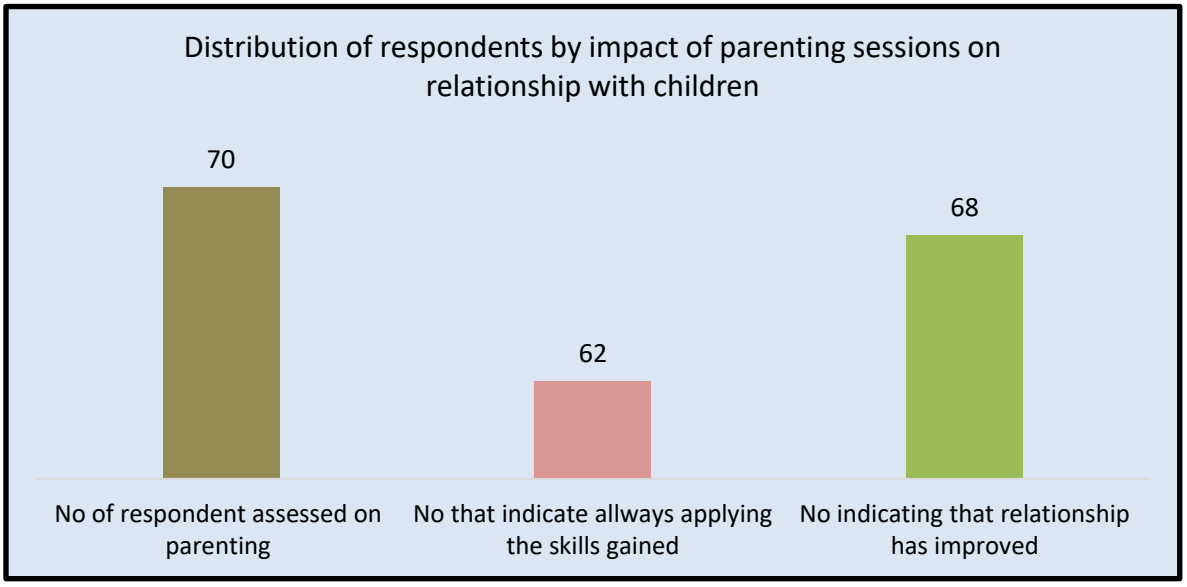


Figure 5: Parents reporting improved relationships with their children

4.3. Working through established institutions and community systems to deliver SRHR through SIC project.

By 2016 CCAYEF was implementing Community support booster grant (pollination team) aimed at promoting community developments for innovative ideas. This project was integrated with school based health information activities which then was already on going in schools. Through this project CCAYEF has contributed to improving community livelihood. Between 2015 and 2016, the program had established establish school health clubs to enhance knowledge of SRH/HIV among students and pupils, implemented though schools based activities. The School based health clubs is a channel for health information on SRH. As earlier reported a total of 11 schools were so far established with school health clubs, about 47 teachers, and approximately 200 peer mentors trained. The teachers are trained as ToT to cascade SRH training to young people and to fellow teachers. Trained as mentors and peer educators to run the club. Approximately 850 students were reached through the school health program by 2016.

Overall, the school based ASRH program had reached 7401 young people in schools with preventive services to retain them in school. Forty three (43) teachers from 8 primary schools in Nama, Kyampisi and Mukono Municipality, trained in adolescent counseling to provide the Start Early-Pre-Adolescent counseling. The CCAYEF interventions, supports were further extended to children, families and partners of the AGYW; addressing social structure that influence AGYW development including that influence SGBV and related risks to young women and children.

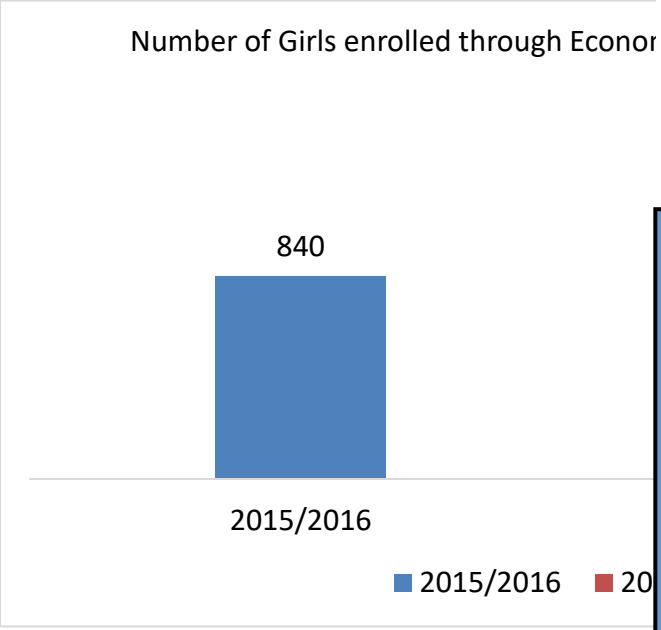
A self-assessment of the school based program indicated an improvement in attitude and behaviors of young people towards SRHR specifically to improve school retention, reduction in teenage pregnancies in school and HIV infection among the young people, revealed through group discussion with students and in-depth interview with the teachers. Address SGBV cases in school. Posttest and pretest assessment done indicated increased awareness and knowledge during two follow up assessment conducted by CCAYEF as part of implementation.

4.4. HIV/AIDS awareness intervention to keep girls negative.

In terms of increasing awareness of HIV/ AIDS and prevention of new infections, the project model indicated a success: Over a period of 1 and half year, there were two cases of HIV serological conversion from negative to positive among a cohort of 679 girls enrolled in the project.Over a period of 3 months at test 2, one girl was found positive among 558 follow up tests done. At test 3 another 2 girls, from 421 tests were positive. Data from this cohort indicates a likelihood of infection of 0.16% per annum. There is 1 in 600 chances of acquiring HIV for the girls in the project. The project supported girls through intensive behavior change discussions, kept the girls busy in training activities but also helped to empower the girls to negotiate safer sex, including consistent use of condoms.

4.5. Economic Empowerment, Employability and Employment

Overall the project contributed to employment and employability of the AGYW through facilitating VSLA, providing financial literacy and offering vocational training. Figure 6: indicates the number of girls enrolled to economic empowerment support over two year period.



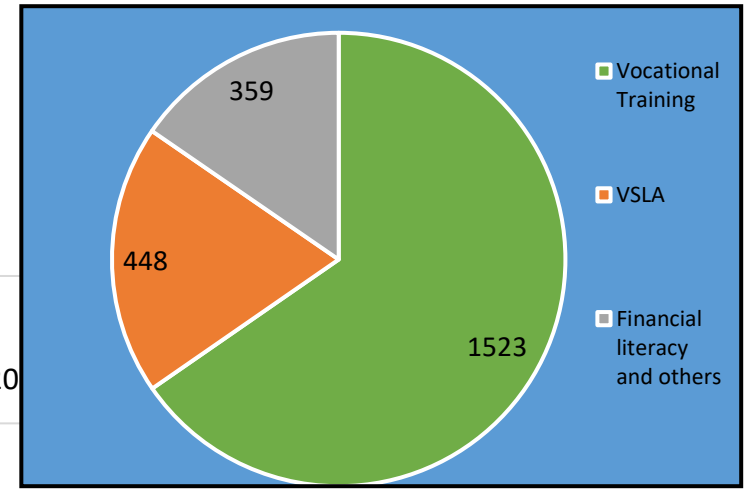


Figure 5 shows distribution of girls enrolled to specific forms of economic empowerment activity over the period under review. However the review also found that some girls benefited from more than 1 economic empowerment support. This is not included in this figure.

Using the primary data collection during this review, the evaluation assessedemployment status of beneficiaries before and after enrolling in the project. The data indicates that 21% were in some form of work to earn money by the time they enrolled in the project at CCAYEF.

Type of work		Numbers	Percent
	Not Working	103	71.5
	House maid	6	4.1
	Personal business	16	11.1
	Formal employment	12	8.3
	Total	136	94.4
	System	7	4.8
Total		144	100.0

This evaluation wanted to assess the impact of the project on improving employment and employability of the AGYW who ever received support from the project. The respondents were asked if they are currently working or doing anything to earn money after being supported by CCAYEF project. The result indicate that 54% are currently engaged in some form of work from which they earn money.

Employment	Frequency	Percent
Not working	48	33.3
Working	78	54.2
Missing	18	12.5
Total	144	100.0

The evaluation further assess the kind of employment the respondents were engaged in by the time of the survey, and found that a large number were engaged in hairdressing business. Some of them running their own saloon while others were employed in a saloon.

Type of work	No	Percent
Business	21	27
Decoration	6	8
Hair dressing /saloon	29	37
Shop attendance	8	10
Tailoring	7	9
Others	7	9
Total	78	100

4.6. Ensuring protection of OVC and other children

The Orphans and Other Vulnerable Children (OVC) program has two components; Child Marriage and Teenage Pregnancy Prevention and Child Health, Education, and Protection.It was implemented through education support to keep girls until completion; nutritional support to improve the health of OVCs and their mothers and vocational training; creating awareness on rights and responsibilities to both children and care givers, and economic strengthening, through VSLA and apprenticeship. CCAYEF has provided 498 primary and 18 secondary school OVCs with educational subsides through the OVC program, 4 teenage mothers were facilitated to rejoin formal school; 108 HIV positive OVCs have been supported on adherence, nutrition, and psychosocial support

4.7. Changes in Knowledge, Attitudes and Practices

4.7.1. In-School Surveys

To address SGBV vulnerability and SRHR issues in school, the project implemented school based health information and awareness creation in primary and secondary schools in Mukono. A pretest and posttest assessment done indicated that attitude, knowledge, self-efficacy and life skill have over improve. Data for the pre-test and post-test knowledge assessment was extracted from project reports over the period under review, with 556 students from 5 schools; 54.7% in primary school and 45.3% from secondary school who had had gone through a series of knowledge assessment.The data indicates an average of 68.7% knowledge gain on SRH issues covering awareness of HIV, pregnancy prevention, SGBV, menstruation and where to seek services when in need.

4.7.2. Knowledge about HIV prevention methods among project beneficiaries

In this evaluation Knowledge was assessed with project data collected progressively during project implementation triangulated with the primary data collected for the evaluation. Knowledge about all prevention methods increased to 66% from 59% post-test and pre-test assessment done in schools.

The focus group discussions showed varied awareness about existing SRH services among young people. Almost all discussants aged 15-19 were aware about condoms as a measure for self-protection from HIV and STIs. The participants were aware of the availability of HIV/AIDS Counselling and Testing (HCT) services. On the other hand, discussants express sufficient knowledge about safe male circumcision. The discussions also showed that awareness aboutEMTCT was relatively good. However, the FGDs showed that young people of all ages were not adequately aware of some SRH services such as, drugs and alcohol abuse rehabilitation and psycho-social support and post-abortion counselling. Some of them considered these substances as having greater risks to HIV infection, once used by young people.

4.8. Improving teenage pregnancy and early motherhood

The core of CCAYEF's work is to support Adolescent girls, victims of sexual violence and young mothers become empowered, resilient, in order to stay safe and take steps to self-sufficiency. CCAYEF provides SRHR information to prevent teenage motherhood, HIV and SGBV prevention. Available data indicates that CCAYEF recruited, trained and supported up to 2800 AGYW between January 2016 and April 2018, through a range of vocational skills and entrepreneurship. This evaluation interacted with some of the girls who went through CCAYEF program:

4.9. Ensuring delay in unwanted/unintended repeat pregnancy among AGYM

"I have now changed by behaviors. The way I used to take myself and act is now different. At least I can make some money and take care of myself. I don't depend on a man to live". One of the girls talked to, during an in-depth interview.

*"At first I dint know how to protect myself. I feared to do HIV test. But after the first test, now I use protection all the time".*Another respondent.

"Madam can't you see how I look like? Before I came to CCAYEF I dint have hope, but now life has changed. I look really good. I have a small work I am doing. I am planning to go back to school. I want to study. Madam I want to study". This was a powerful testimony from one of the beneficiaries of CCAYEF program.

4.10. Age of the pregnant mothers

Based on data extracted from the teen assessment, there is improvement in the ages of the teen mothers at first pregnancy. On average, 16 years was the average age at pregnancy by teens in the year 2014, however for the year 2015-2016, the age at pregnancy improved to 17 years. However a retrospective data collected indicted that most of the teenmothers reported to get pregnant before the age of 17 years.

Following information tracked on the youngest teen mothers before the program, results have shown continuous improvements clearly attributable to the program interventions.

4.11. Engaging with stakeholders

Qualitative interviews was conducted with selected stakeholders to collect their views on the work of CCAYEF in Mukono and to provide recommendation to improve programming and service delivery to AGYW in the district. Ten (10) Key Informant Interviews (KII), 8Focus Group Discussions (FGD), and 15 In Depth Interviews (IDI) were done with community leaders and local council leaders in Mukono municipality.

Overall, the stakeholders were aware of CCAYEF program and they were also indicative of good working relationship with management and administration of the program. From general opinion, the stakeholders indicated that CCAYEF is causing change and improving life for the AGYW in Mukono (13/15). Majority of the voices from FGDs echoed in agreement the positive role CCAYEF is doing to improve livelihoods.

Some of the selected voices:

I think CCAYEF is one the projects that is implementing economic empowerment project for OVC and AGYW. The back yard farming is a good approach because these families can get food directly from their gardens. (Community leader commented).

I have visited that project and they are really doing a good job. These girls need to be helped to come out of bad behaviours. They need to see how to work and earn money other than just wasting time moving about without plan. A lady commented through FGD.

4.12. Stakeholders' recommendation to address challenges and other concerns

1. **Recommendations on community services:**

It was recommended to have more activities to change behaviors of young people in general.

2. **Recommendation on beneficiaries**:

CCAYEF is seen to work more with girls, but the boys equally need support.

3. **Recommendation on diversity of support**

There is need to do more community outreaches, more community initiatives, more engagement with teachers/schools.

4. **Recommendation for inclusion:**

There were also recommendations to increase consultation with communities and young people themselves.

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