

AUG, 2018



YETA

Youth Empowerment
Through Agriculture

Empowering youth to live healthy and
productive lives through agriculture,
provision of sexual & reproductive
health information and life skills

www.rhu.or.ug



Reproductive
Health Uganda



Mercy Adokorach, one of the YETA beneficiaries spreads out her maize grain to dry

Table of Contents

01. Acronyms

02. Introduction

Young people experience high rates of HIV, sexually transmitted infections (STIs) and unplanned pregnancies...

08. Implementation Process and Key Activities

Reproductive Health Uganda focused on providing sexual reproductive health related services

11. Results

Provision of foundational skills resulted into youth having improved well-being and confidence...

15. Lessons Learnt

Though they are interested in agriculture, young people are also affected by SRH issues like sexually transmitted infections, drug abuse and lack of SRH information...

16. Challenges/Constraints

The biggest challenge is that youth are very mobile in pursuit of better opportunities which affects continuity

18. Recommendations

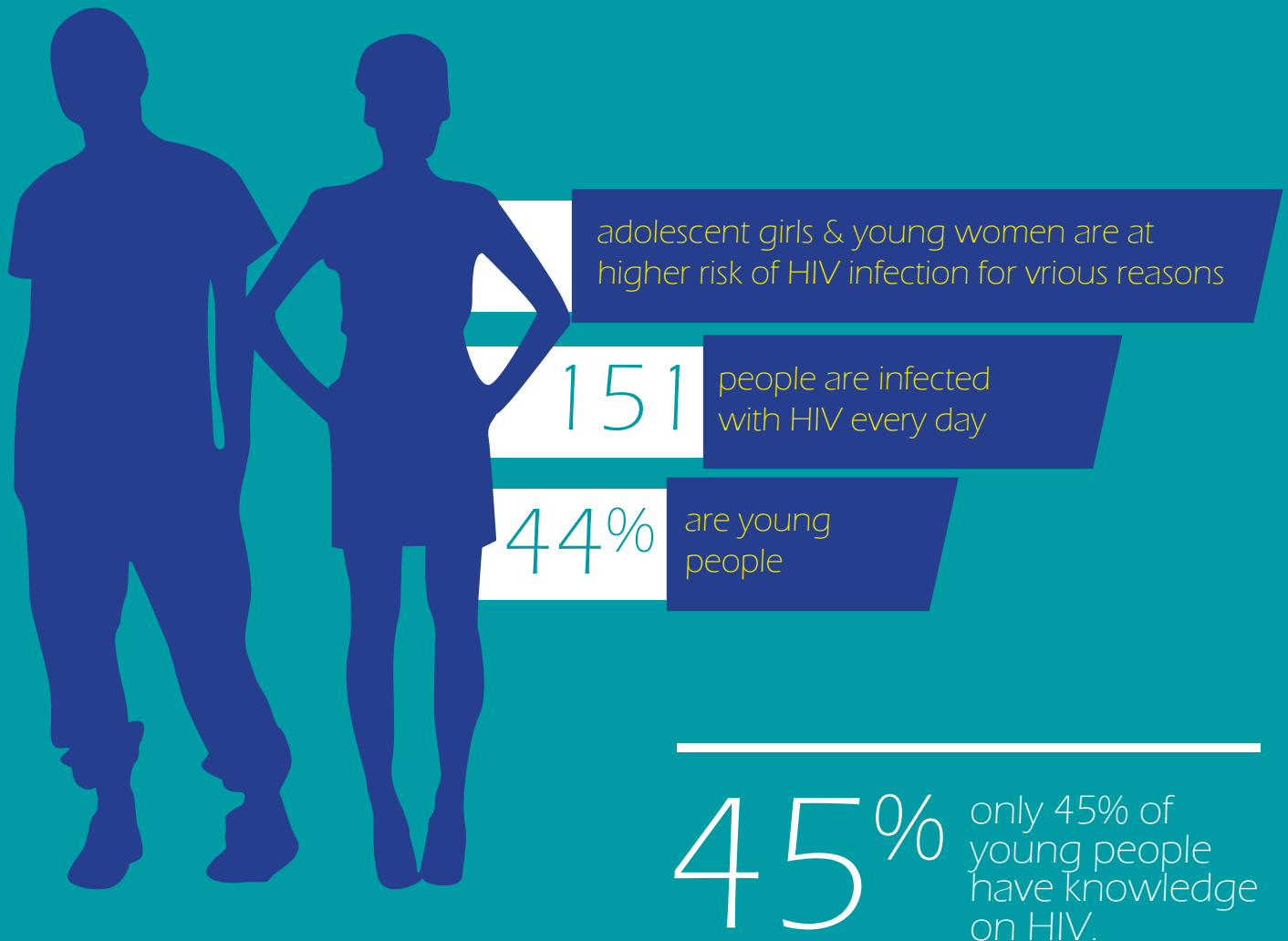
Offering and promoting youth friendly services (YFS) at health centres has been impactful.

Acronyms

COP	Chief of Party
HIV	Human Immunodeficiency Virus
HC	Health Centre
IPC	Interpersonal Communication
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NCBA CLUSA	National Cooperative Business Association
RH	Reproductive Health
RHU	Reproductive Health Uganda
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UDHS	Uganda Demographic and Health Survey
YA	Youth Associations
YETA	Youth Empowerment Through Agriculture

1. Introduction

Young people experience high rates of HIV, sexually transmitted infections (STIs), unplanned pregnancies, and maternal morbidity and mortality. In Uganda, approximately 151 people get infected with HIV every day. Of these, 67 (44.1%) are young people. Adolescent girls and young women are particularly at higher risk of HIV infection for a range of biological and socio-economic reasons, including poverty, gender inequality, and limited access to youth-friendly health services.





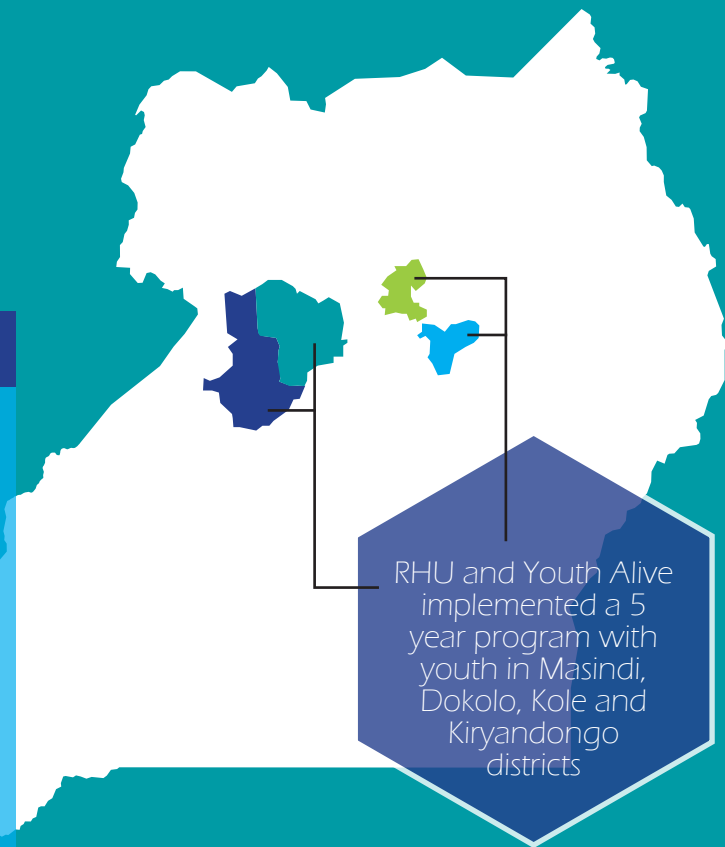
2.1%

HIV prevalence
among youth
in 2016

According to 2016 Uganda Population HIV Impact Assessment, HIV prevalence among young people aged 15-24 was estimated at 2.1% (0.8% in men and 3.3% among women).

According to the Uganda Demographic and Health Survey (UDHS) 2016, only 45% of young people have comprehensive knowledge of HIV. Teenage pregnancy rate increased to 25%.

Because of the many challenges young people face and their unique needs, NC-BA-CLUSA in collaboration with Reproductive Health Uganda and Youth Alive Uganda implemented a five-year MasterCard Funded program with youth between the age of 15 to 24 in the districts of; Masindi, Dokolo, Kole and Kiryandongo.



25%

Teenage
pregnancy
rate

The Youth Empowerment Through Agriculture (YETA) project aimed at building financial and entrepreneurship skills of young people so that they are able to start and sustain agro-business ventures. The Consortium brought together the unique skill sets and experience of partners, combining extensive expertise in agriculture and agribusiness, conservation Agriculture, youth development, youth skills training, financial management, reproductive health, and community mobilization in order to engage and work with youth associations to build sustainable businesses.



James Tumusiime

"Where we come in as RHU is on the issue of building the foundational skills of young people which we did with Youth Alive Uganda. Specifically, RHU's mandate was to build skills and information in the area of Sexual and Reproductive Health and Rights (SRHR)," said James Tumusiime, Manager, Gender and Youth, RHU.

Adding, "We are looking at a young person who has the capacity to make safe health choices, safe sexual reproductive health choices, knows the impact of protecting themselves from unprotected sex, making safer sex choices in terms of which partner to go with, how to know the partner is safe

from HIV and other STIs. We are looking at someone making a decision of getting or not getting married and its consequences."

As part of its mandate, RHU supported young people to make informed safer sexual and reproductive health choices in terms of how many partners they choose to have and its consequences, helping them decide on the number of children to have and its implication on the perceived and targeted business venture.

"What is the implication of for instance having two children visa-vis having 10 children at the age of 30? What does that have to do with your ability to build a capital base and sustain a business. If you have four or three partners, what is the risk in your health that would prevent you or allow you to finally achieve your economic outcome. If you are having a number of sexual partners and you are spending money on them all the time, how able are you to build a capital base and finally do a fruitful venture? If you are a woman who gets pregnant every year, what is your capacity to spare time and run an agriculture business, sustain it and it grows for it to be a fruitful venture. We are looking at building a wholesome person who is ready to start, grow and sustain a business," James noted.

As part of its Interpersonal Communication (IPC) approach, RHU made direct engagement with young people a priority channel for promoting adoption of healthy behaviours and uptake of sexual and reproductive health services. RHU used peer educators/ champions to connect with young people. These were trained and provided with health communication materials which they used during their day-to-day facilitation, home visits and referring their peers for sexual and reproductive health services.



Jolly smiles during the interview

“

“We went through many trainings under this project which enabled me to make good decisions not only about my health but my life in general,” Jolly narrated. “I got to know about family planning through YETA which I decided to take up in consultation with my Husband. I initially used Injecta-plan, but now we are using condoms. Using family planning has helped us set our goals and achieve some of our dreams. We have been able to build a permanent house and plan on having our next baby in five years to enable us plan better but also grow our business,” she said.

Adongo Jolly, a peer educator from Oribcing Youth Group, Kanagai Sub county - Dokolo district, is just one among the many youth who benefited from YETA project.

She was shy, innocuous, and afraid to seek medical care even when sick. She had little information on sexual and reproductive health services specifically on family planning.



At 24 years, she already has three kids. All this however, changed when she joined the YETA project. She was trained by YETA about governance, leadership, life skills and sexual and reproductive health. In addition to the training, she received two pigs from her Youth Association (YA) to kick start and turn around her life.

Jolly now talks to her peers about sexual and reproductive health and refers them to the health facility for services which she is proud of doing because it contributes to the well-being of her community.

Another of the beneficiaries of YETA project is Jasper Ocen, 25 and a peer leader. Before the project, he used to engage in reckless behaviour like alcohol abuse, had many sexual partners, and engaged in unprotected sex thus exposing him at risk of HIV and other STIs. Jasper also had little knowledge about family planning and goal setting. However, all this changed for better when he joined YETA. He took keen interest in YETA trainings particularly on the topic of safer sex.

"I decided to use condoms after attending one of the YETA trainings. I also got keen interest in learning more about family planning which has helped us space our children," Jasper revealed. He currently has two children aged 8 and 3 years and does not intend on getting more until after 10 years when some of his dreams like building a bigger permanent house and buying a car are achieved.

Jasper and his wife are currently using injecta-plan after consulting and getting counselling from the health facility. *"Spacing our children has helped us because they are now properly taken care of since they are manageable,"* he said.

Jasper currently has a piggery project but also hopes to venture more into agriculture with the knowledge he has gained from YETA.



Jasper takes care of one of the pigs got from YETA

“

“I would be having 10 children by now if we hadn’t opted for family planning.

Imagine how much burden that would be on my wife’s physical health, finances and capacity to achieve my goals?”

Jasper Ocen,
YETA beneficiary



2. Implementation Process and Key Activities

Under the project, Reproductive Health Uganda focused on providing sexual reproductive health related activities under objective two of *“Youth Association members having improved well-being and confidence through enhanced foundational skills.”*

The approach was based on the Learn, Engage and Build model which integrates technical skills and foundational trainings in literacy, numeracy, life skills and reproductive health to better prepare youth to deal with the personal and professional challenges. At each stage of the Learn, Engage and Build model, youth were trained in specific concepts that they can relate to their everyday life (**Learn**), mentored in the application of these concepts in a controlled setting (**Engage**), and then supported to try the concept on their own (**Build**).

“At the time we were conceiving this idea of how to empower young people engaged in agriculture, we thought about more than one component, the value chain which was the domain of NCBA CLUSA and the element of life skills where Youth Alive has strength. However, there was one missing link, that is the sexual and reproductive health needs of the



young person. Because of that, it became evident that the three institutions were a perfect match, so we came up together to form a consortium and that is how the partnership came together,” Jackson Chekweko, Executive Director, RHU, said.

RHU specifically had the mandate of supporting young people to grow their health seeking behaviour, to prevent and control disease, improve relationships among young people to take more control of their lives, have safer sex practices, use family planning services and young people developing a culture of seeking health service whenever and wherever they need and make them feel they are in charge of their lives.

“Before this project, I had a lot of misconceptions about family planning because women in the community used to talk ill about it. However, after training and getting more information about it, I came to appreciate it and its many benefits which enabled me to make an informed decision about taking it up,” Stella Apio narrated. Adding “If I

hadn’t taken up family planning, I would be having four children now because my mother-in-law wanted me to have many children.”

She notes that delaying to get another baby has helped her grow her business since she is not worried about looking after so many children. Stella is a fishmonger who buys and sells fish and has to be up sometimes as early as 5:00am. “If I had a baby, I wouldn’t be able to leave home that early,” Stella said.



Stella said her decision to take up family planning has helped her save money and enabled her open up a shop. She has also acquired timber which she will use to make a boat. She hopes to maintain her fishing business, build a permanent house but also buy a bull which will help her in ploughing land.

RHU further trained youth peer leaders and youth in SRH services, mapped out both public and private health centres that provide SRH services, conducted outreaches within the localities of YAs and through district based volunteers plus Youth peer leaders provided on-going mentorship and counselling services including guiding youth where to access SRH services. RHU also followed up with public facilities to ensure RHU services data is integrated and reported through the nearest public health facilities.

Through this project, youth were supported to form Associations, governance teams and elected their leaders. Two peer educators per group of about 35 people were selected. These were called and trained in a six days training (Foundational Skills Training) using very practical methods where young people were taken through learning as they experience. Once the peer educators had been trained, they were supported by the district based trainers and project officers to go down to the youth associations and train them in these same methods.

"We were looking at things that help someone envision the purpose of planning. We were looking at practical questions of for instance how many children do I want, how many sexual partners do I want to be with, how many children do I want in

the next 10 years, where do I want my children to go after I have got them, how do I relate with my parents after I have got my family?"

"These are very practical questions that relate to how much time a young person has in the day to take care of family, take care of their business, be with their peers etc. All these are put in a very focused way that a young person is able to relate with. If for instance a young person spends a day in hospital, it implies that he/she won't be in the garden farming, he/she won't spend time with peers," James Tumusiime explained.

The peer educators were supported to reach the last mile person with sexual and reproductive information and refer them for youth friendly services at the health facilities.

"Peer educators had a mandate to refer young people to get services within the health facilities. The health facilities gave us their staff who we trained in improving communication and perception of working with young people," said James.

"This whole package called youth friendly services is mainly about encouraging health workers to be more receptive and work better with young people. Once the health workers are more receptive and provide services in a friendly manner, young people are more likely to go test for HIV, test for STIs and treat them, access contraceptives and prevent pregnancy or in the event they have other challenges for instance issues of couple communication, health workers who have been supported through this are able to talk to them and help them to make decisions," James emphasized.

3. Results/What people say

Under the role of foundational skills which falls under objective two of youth having improved well-being and confidence through enhanced foundational skills, the role of RHU has been key. Because of this, there is an increase of uptake of family planning products and services in the areas YETA project is working. There is a reduced number of youth among those participating in the programme who are currently involved in risky behaviour for example unprotected sex.

"Previously, we had too many syphilis and gonorrhoea cases among young people. We would get between 30 to 40 cases in a month, now we get only about 2 or 3 in a month. This can only mean that the message of safer sex practice has picked up among the youth," Akello Florence, Assistant In-Charge, Dima Health Centre III revealed.



A nurse counsels a young person using a flipchart provided through the project

from 30
cases to 2
per month

65%



Naphtal Etyang,
YETA Chief of Party

65% of the youth participating in YETA had safer sex including use of condoms as well as remaining faithful to their partners.

In a survey conducted early this year, statistics show that, 77% of the youth that are participating in the YETA programme were able to access family planning services. These were within the time that the project was implemented.

"This is very key to us because it gives us a direction of how youth are accessing health services in terms of family planning," said Naphtal Etyang, YETA Chief of Party.

Results also indicate that 65% of the youth participating in YETA were not involved in unprotected sex which means that the information that RHU was giving is useful. Similarly, 96% of the youth participating in the programme noted that they were no longer involved in alcohol and drug abuse.

"This is very positive to us as a programme. This means that the youth are able to stay healthy and are able to carry out their agricultural activities while in good health and are able to make good decisions about their health," Etyang said. He further said, *"This only means that RHU has been effective in providing information for the youth as regards their health. And so the health seeking behaviour among young people has increased. The youth are able to seek information about their health and are visiting health facilities."*

"If youth are not healthy, it only means, they are not able to productively participate and take care of their enterprises and so the role of RHU has been very critical in terms of providing the youth with information to ensure the youth are reminded of seeking health services in facilities," Etyang said. Adding, *"Our belief is that any youth who is in good health is also able to be productive"*

The project has also contributed to more couple communication on issues of SRH specifically family planning and male involvement.

The trainings obtained through YETA programme further helped Akello gain confidence that she even contested for local council elections which she won. She now uses community meetings to talk about HIV, STIs and family planning.



Akello harvesting maize from her garden

“

“It took a lot of convincing for my Husband to accept family planning but he eventually did. It has helped in such a way that I can work the way I want because I am not disturbed by any crying baby at home. It has also helped me financially because I can save some money instead of spending it on many children which has made the family happier,”

Akello Agnes,
YETA beneficiary



The project has also contributed to an increase in the number of young people going to health facilities to access services on their own.

"Before YETA project, we used to receive between 5 to 6 youth who would come for services. However, now days we receive over 30 youth in a day who come and receive services. Most of them come with referral forms from YETA peer educators and these are treated with a lot of courtesy and we even ask about their work with YETA and build good relations," Caroline Owani, a Nursing Officer, Apoke HC IV, revealed.

"As far as implementation of the YETA project is concerned especially the reproductive health component, we have seen a tremendous increase in the number of youth seeking health services. The health seeking behaviour of youth has increased and we are glad about the contribution of RHU. But also with the health centres that we are working with, we have established youth friendly

corners and so youth are not afraid to come to the facilities because they know there is a friendly service provider who will welcome them. RHU has trained service providers in the different health centres where we work and so they know how to deal with young people on how to address issues of reproductive health. That has been very impactful because we have seen young people create that bond with health service providers and they find it easier now to come and access reproductive health services," Christabel Tumwebaze – Youth Entrepreneurship Manager, NCBA CLUSA.

The youth themselves have also been supporting each other. There is peer to peer support and the youth are able to consult each other on how to deal with reproductive health, family and financial issues.



A Nursing Officer counselling a youth after giving him his results

over 30
youth
per day

4. Lessons Learnt

- Initially, the young people were having issues like sexually transmitted infections, drug abuse, lack of access to sexual and reproductive health information and services in as much as they were interested in agriculture. They were however preoccupied by these health related issues. Now with the integrated approach of YETA, they are now beginning to see more youth in the health facilities.
- This three partnership consortium brings in various expertise; Youth Alive focuses on numeracy and literacy, NCBA/CLUSA brings in value addition into the agricultural chain and RHU brings the SRH component which is vital for young people to be productive. This model has demonstrated that it can make young people more productive, safer and are now earning money into their pockets while focusing on having a quality family which is a critical requirement in this country if we are to harness the demographic dividend. This is a model which government needs to take on.
- Referrals are working well because the youth who go with the referral forms to the health facilities are given attention and service providers spend more time with them due to the good relationships built over time between these health workers and the YETA project. This encourages youth to come even without referrals.

"We didn't see initially a huge number of young people like we are seeing now. We even have a register for young people alone"
Health Management in Dokolo
HC IV

5. Constraints / challenges


- The biggest challenge is the youth are very mobile. Youth move a lot in pursuit of better opportunities. The fact that we have been implementing the group model, you find that some youth move to other areas, girls get married etc., this is a huge challenge and affects project implementation. We are however, glad that even when some move to other areas, they carry the YETA message with them.
- Once in a while, there are drug stock outs yet the youth are coming to access the services. There is need for government to continuously stock these health centres especially HC II so that the youth can continue to access services
- The high levels of unemployment especially among young people, coupled with a harsh business environment means that few young people are engaged in meaningful work.



Ali Sefu, a YETA beneficiary carries his banana harvest home

6. Recommendations

- Offering and promoting youth friendly services (YFS) at health centres has been impactful. This needs to continue beyond project duration.
- There is need to train more health service providers on how to offer youth friendly services because most of the time youth are shy to go to health facilities to access services from people whom they believe are older and don't know how to respond to their unique needs.
- The Ministry of Agriculture, Ministry of Gender, Labour and Social Development and Ministry of Health should take up this model to serve young people across the country. This model has demonstrated that it can make young people more productive, safer and help them earn money while focusing on having a quality family which is a critical requirement in this country if we are to harness the demographic dividend.

A photograph of a woman and a young child outdoors. The woman, Joyce Kidaga, is on the left, smiling broadly and looking towards the right. She has short dark hair and is wearing a light-colored shirt with a floral pattern. The child is on the right, looking directly at the camera with a serious expression. The child is wearing a blue long-sleeved shirt. The background is a blurred green field with trees in the distance.

A happy Joyce Kidaga, shares a light moment during the interview about how she and her family has benefited from the project



P O Box 10746 Kampala, Plot 2 Katago Road – Tufnell Drive,
Off Kira road Kamwokya, Kampala – Uganda
Tel: +256- (0) 312-207100, +256-(0)414 540658

 :Reproductive Health Uganda  :@RHUganda Email: rhu@rhu.or.ug



Youth
Forward



YOUTH EMPOWERMENT THROUGH AGRICULTURE



Reproductive
Health Uganda



www.rhu.or.ug