Uganda is home to one of the youngest populations in the world. Nearly half (48%) of Uganda’s population is under 14, and 68% are under 25 (UNFPA, 2017). Boys and girls experience high rates of physical, emotional, and sexual violence, though girls are disproportionately affected. More than 1 in 3 girls experience sexual violence before age 18, and 1 in 4 girls is a mother before she becomes an adult. Girls and young women (ages 15-24) account for 66% of new HIV infections and are three times as likely as their male peers to be HIV+.

Ugandan youth urgently need an integrated package of clinical and social protection supports that address structural drivers of violence and HIV risk, and build social resilience in boys and girls to lead healthy, productive lives.

Under USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda (BETTER OUTCOMES), the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) and its partners deliver evidence-based models of integrated support to build resilience and reduce risk to violence and HIV in children and families across 22 districts.

---

**YOUTH IN ACTION**

“Even if a boy tries to give me something so that I will have sex with him, I remember what we discussed at the club: I tell him no, I have goals and I am finishing school.”

– Girl, Bufumbo Primary School, Mbale District

---

**BEFORE THE AGE OF 18**

- **60%** of boys and girls experience physical violence.
- **35%** of girls are sexually abused.
- **25%** of girls are mothers.
WEI/Bantwana’s integrated youth programming approach prevents and responds to violence and HIV. HIV. In- and out-of-school clubs help young people learn how to protect themselves from all forms of violence and HIV, while also learning important life skills. Trained facilitators deliver club sessions layered with additional HIV, family planning, education, financial literacy, and livelihoods services. Empowered youth become ‘change agents’ for gender-based violence (GBV) and HIV prevention, and improve safety for children in their families, schools, and communities.

**PEER ECONOMIC EMPOWERMENT CLUBS (PEECS)** in schools promote empathy and support between boys and girls (ages 10-17). Trained facilitators use interactive sessions to help youth link risk-taking and personal goals to foster better decision-making. Youth examine gender stereotypes and norms that contribute to violence and learn where and how to report abuse. Together, girls and boys learn to make reusable sanitary pads to sensitize boys to girls’ menses, while improving girls’ attendance and school safety. To broaden impact, youth engage their peers and teachers in violence prevention during assemblies and other school-wide activities.

**EDUCATION SUBSIDIES**, cost-shared by caregivers, help retain the most vulnerable children in school. Caregivers are linked to savings groups to build economic resilience, and club facilitators mentor and follow children who miss school to prevent dropout.

**PEER EDUCATION CLUBS (PECS)** for out-of-school youth emphasize HIV and GBV prevention while also offering savings, financial literacy, and livelihoods training that enable youth to generate income, using low-cost, locally available materials. Clinic and community partners layer HIV and family planning services onto club sessions, and youth access additional information and services through community outreaches.

**GIRLS FIRST CLUB**: for in- and out-of-school girls offer safe spaces for confidence building and discussion on sensitive topics without interference or pressure from boys. Girls learn communication skills, build positive support systems, and learn how to reduce their risk of violence, GBV, and HIV.

**PEER MENTOR CLUBS FOR HIV+ CHILDREN** support HIV treatment adherence through support groups delivered at the facility level by trained HIV+ youth (Expert Clients) who help younger peers cope with stigma, disclosure, grief, and loss, as well as adolescent concerns, like dating and transitioning to adulthood. Para-social workers (PSWs) work closely with Expert Clients to follow up with and support children at the community level and provide ongoing adherence and viral loading monitoring support.

**Intensive training, coaching, and mentoring of club facilitators** in youth-centered approaches strengthened facilitators’ capacity to effectively introduce and engage youth on sensitive topics like adolescent reproductive health, teen pregnancy, and GBV and sexual violence prevention.

**Exercises linking personal goals to GBV and HIV risk** helped youth examine the impact of behavior on personal goals through facilitated role plays and scenarios using examples from their communities. As focus shifted towards achieving personal goals, youth were more open to changing their own risk-taking behavior and other strategies for staying safe.

**Strengthened partnerships between government, clinical partners and other youth programs** expanded access to critical HIV services, livelihoods and leadership opportunities for youth, which complemented social asset building and GBV and HIV prevention supports from clubs.
**YOUTH PROGRAMMING**

**IMPACT TO DATE**

- **EMPOWERED**: 53,000 youth to prevent and respond to violence and HIV at home and in schools and communities
- **ENABLED**: 35,000 older youth to access HIV prevention and family planning information through services layered onto clubs and integrated community outreaches
- **EQUIPPED**: 27,313 youth with livelihoods and leadership skills through partnerships with government and other youth programs
- **SUPPORTED**: 16,060 youth with modern farming, livelihoods boosters, savings groups, and apprenticeship training to build economic resilience
- **ACTIVATED**: 12,000 youth ‘change agents’ to mobilize peers, caregivers, schools, and communities to improve child safety
- **RETAINED**: 4,100 children in school through education subsidies and mentorship supports to prevent dropout
After joining the Girls First Club, I now have friends. As a young mother, I can now speak to people in the community without feeling shame, which is very important to me. I learned about HIV and realized why I was at risk and got tested. I am HIV negative and now know how to stay negative.”

— ROSE, 18 YEAR OLD GIRL, OYAM DISTRICT

WEI/Bantwana has strengthened a cohort of community-based partners and their structures to deliver an evidence-based, integrated youth support package tailored to the needs of in- and out-of-school children and adolescents. Strengthened relationships with clinic, government, and community partners has increased access to critical social protection, livelihoods, HIV, and other clinical supports. In the next year, WEI/Bantwana and its partners will reach an additional 12,000 youth with critical social asset building, GBV and HIV prevention, education, family planning, and livelihoods prevention services. WEI/Bantwana will also strengthen the Peer Mentor model with a family-based approach, combining positive parenting skills and alternative skills training (AST) to improve adolescent adherence. WEI/Bantwana and its partners will continue to advocate with government and other development partners to adopt proven programming elements and expand access to urgently needed services for children and youth across Uganda.

YOUTH IN ACTION

WWW.BANTWANA.ORG