HIV prevention among youth in Internally Displaced People's (IDP) camps: Experiences from Uganda

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The Uganda Program for Human and Holistic Development (UPHOLD) is a five-year program designed to assist Ugandans to offer and use quality social services in three sectors: education, health and HIV/AIDS.

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Abstract:

Northern Uganda has had a civil war for two decades and 17% of young people aged 15-24 years live in IDP camps. HIV infection and sexual behaviors that precipitate HIV infection are high. The Uganda Program for Human and Holistic Development (UPHOLD) partners with Straight Talk Foundation (STF) to provide youth-friendly services to IDP in Northern Uganda. STF provides adolescent reproductive health services to young people in five IDP camps, including HIV counseling and testing. The youth are mobilized through infotainment activities, sports and film shows. Since September 2004, 8,356 (48% female, 52% male) youth have been counseled and tested for HIV, with a consistent rise per quarter observed ($\chi 2$ for trend=5.6, $p<0.01$). To date, 19,447 and 13,295 clients have been reached with abstinence and other prevention messages respectively. Partnership with NGOs and referral networks should be established to promote and complement youth friendly services delivered in conflict situations.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
CSO	Civil Society Organizations
FGD	Focus Group Discussions
GYC	Gulu Youth Center
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IGAs	Income Generation Activities
IOM	International Organization for Migration
IEC	Information, Education and Communication
IDP	Internally Displaced Persons
NGO	Non Governmental Organization
OVC	Orphans and Other Vulnerable Children
PLWHA	People Living with HIV/AIDS
RH	Reproductive Health
STI	Sexually Transmitted Infections
STF	Straight Talk Foundation
UPHOLD	Uganda Program for Human and Holistic Development
YFS	Youth Friendly Services

1.0 INTRODUCTION

War situations tend to prevent delivery of services to vulnerable populations due to their mobility and the fragility of the environment. A big section of the population is usually idle with little engagement in productive activities and this aggravates the spread of HIV – as the scriptures say, an idle mind is the devil's workshop. The war in Northern Uganda is one of the longest social conflicts in Uganda's history. According to the International Displacement Monitoring Centre (IDMC), an estimated 1.7 million people live in Internally Displaced Persons (IDPs) Camps in Northern Uganda due to this conflict (IDMC, 2007).

About 17% of young people aged 15-24 years in the above mentioned region live in camps for IDPs. The Civil strife that has characterized northern Uganda since 1987 has jeopardized the health of adolescents through abductions, rape and the internal displacement. Adolescent males are targeted as new recruits and females as wives for rebels (Barton, Mutiti 1998). HIV infection among youth is estimated at 3.7% compared to the national average of 2.9% (Ministry of Health, ORC Macro 2006). Sexual behaviors that precipitate HIV infection are reported to be high (Straight Talk Foundation 2007).

This paper aims to highlight special factors in areas with conflict that increase the vulnerability of Youth living in camps for Internally Displaced Persons (IDPs) to HIV infection, the response to this plight by the Gulu Youth Centre, challenges and the way forward. The paper is based on the experiences of Uganda Program for Human and Holistic Development (UPHOLD) while working with Straight Talk Foundation to provide youth-friendly services to IDPs in Northern Uganda. The Uganda Program for Human and Holistic Development (UPHOLD) is a USAID funded program working in 34 districts of Uganda to improve the quality, access and utilization of health, HIV/AIDS and education services. Straight Talk Foundation (STF) is a Ugandan health communications NGO that grew out of a news paper inset called "Straight Talk" launched in 1993. STF targets young people aged 10-19 years to improve their well-

being, with a particular focus on empowering them to stay in school for as long as possible, protect themselves from HIV/STDs and pregnancies; and those infected to live positively with HIV.

2.0. BACKGROUND

Although adolescents in Uganda are quite knowledgeable about HIV/AIDS prevention measures and have taken precautions including delaying in initiation of sex and reducing the number of sexual partners (Ministry of Health, ORC Macro 2006), cultural practices and norms, social expectations, war and insurgency, and early school attrition are important risk factors that continue to make this group particularly vulnerable (Kirya, 2000). For those already infected with HIV, the situation is traumatizing because Uganda still lacks care and support services that are friendly to adolescents. Adolescent sexual reproductive health services and information are still inadequate and not 'youth friendly' though there a few centers in some towns that solely cater for adolescents (Neema, Musisi & Kibombo, 2004).

It is against this background that the Gulu Youth Centre (GYC) was established to improve the sexual and reproductive health conditions of young people in Gulu municipality. To achieve this objective, the project undertakes the following activities:

1. Provision of clinical and community outreach services namely:
    - HIV counseling and testing (HCT) services at the center and selected IDP camps
    - Family planning services.
    - STI diagnosis and treatment
    - Management of opportunistic infections and treatment of common ailments
2. Behavior change communication activities through radio, edutainment and IEC materials distribution.
3. Peer education

The operational area of the youth centre covers the Gulu Municipality and the five outlying camps for the Internally Displaced Persons. The majority of people in IDP camps are women and children. The age structure shows a young population (IOM, 2005). A number of factors have been identified to contribute to the spread of HIV in IDP camps. These factors can be placed in two broad areas, proximate and predisposing factors.

2.1. Proximate factors

The proximate factors that lead to HIV infection include age at first sexual activity, engaging in sexual activities for material gain, the circumstances surrounding initial sexual activities, multiple sexual partnering, unprotected sex, Sexual and Gender Based Violence (IOM, 2005). Due to rampant poverty, many girls use sex as a coping strategy against the harsh social and economic situation in the camps. According to an assessment conducted in the camps, *"Lack of food has caused women to resort to using their bodies 'selling sex' for food. Some men have also joined by abandoning their camp households and going for women who can afford to have food regularly" (Male FGD Palabek-Gem,Kitgum, quoted in IOM, 2005).* Most female adolescents in camps have had their first sexual experience with older men. Rape and defilement is commonplace, as a result of a high level of consumption of alcohol. Most sexual encounters have no benefit of use of condoms because they are in short supply.

2.2 Predisposing factors to HIV infection

The breakdown of socio-economic structures leading destruction of the community social fabric that women depend on for security is largely responsible for high infection among female youth. The youth (mostly out of school) lead idle lives and have taken solace in heavy consumption of alcohol which leads them more poverty, desperation and low personalization of risk to HIV infection. As children commute to 'safe havens' in the towns, they face a myriad of problems ranging from abduction for marriage, emotional abuse and defilement (Lwanga-Ntale, Opok, 2004). In addition, soldiers are believed to be at very high risk to HIV infection because of the mobile nature of their work.

However, as they provide security to camp populations they come in contact with many women hence exacerbating the HIV/AIDS situation. Prostitution and drug abuse are on the increase, driven mainly by the erosion of traditional mechanisms of social control and traditional systems of social support ((IOM, 2005).

Orphans face exceptional vulnerability to HIV infection due the deprivation occasioned by the loss of a bread-winner amid a non-existent or non-functioning extended family social structure that used to provide a safety net for orphans and other vulnerable children (Neema, Musisi, Kibombo, 2004).. Coupled with all this has been inaccessibility to services by youth especially in rural camps due to insecurity and limited resources.

PROJECT DESCRIPTION

The Youth in Uganda still face an uphill task in accessing sexual and reproductive health and information services. The traditional channels of sex education are on the verge of extinction and the few existing sexual and reproductive services are not affordable, patronized by adults and are not generally approved of by parents**.** NGOs, have consequently emerged as the most prominent sources of health information for young people in Uganda (Muyinda *etal,* 2003).

Since 2004, UPHOLD has been supporting Straight Talk to extend Youth Friendly Services (YFS) through the Gulu Youth Center to adolescents living in 5 camps for IDPs in Gulu district. This intervention further complements the efforts by the President of Uganda in his crusade against HIV/AIDS among youth through the Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY).

Three approaches have been adopted by the Gulu Youth centre to deliver the services namely:

- Adolescent friendly services at a static clinic and selected outreach sites in 5 camps (STI diagnosis and management, treatment of simple ailments, HIV testing, Contraceptive services)
- BCC activities including peer education, live weekly radio program, infotainment, and club activities
- Capacity building/ advocacy.

This paper highlights of achievements made by the GYC in provision of Youth friendly services from 2004 to July 2007.

3.1 Provision of HIV Counseling and Testing

Through GYC's radio programs and outreach peer education activities, many youth have over the years been mobilized to seek HIV Counseling and Testing **(**HCT) services provided by the centre. Young people have since sought services both as individuals and in some cases with their sexual partners. Altogether 16,703 youth clients have been counseled, tested and received HIV results. Those who turn out to be HIV+ are referred to other partners for comprehensive care including treatment with ARVs. In May 2007, GYC established a post-test club to support young people who test HIV positive. Over 200 clients have since been registered by the club and are receiving medical and psychosocial support from the centre. Table 1 shows the breakdown of HCT clients by gender:

Table 1: Distribution of HCT clients by gender

Period	Gender		Total
	Females	**Males**	
2004	251	270	521
2005	1986	2080	4066
2006	3111	3457	6568
2007	1719	2525	5548
TOTAL	**7067**	**8332**	**16703**

Source: STF End of project Report, 2007.

Through the mass media, community mobilization by peer educators and peer- to- peer support activities, the clientele of the GYC has increased over the years. Conducting outreaches to camps has provided almost equal opportunities for both male and female adolescents to access HCT services. However, Girls' participation in many of GYC programs both in and out of school has generally been low: often affected by the presence of boys or girl's commitment at home with domestic chores.

Table 2: Age Distribution of HCT clients by Sex

Age Group	Sex		Total
	Females	**Males**	
Below 10	5	3	8
10 – 14	256	128	384
15 – 19	4396	3248	7644
20 – 24	3547	4712	8259
25+	53	125	178
TOTAL	**8257**	**8216**	**16473**

NB: Some clients did not reveal their age

Source: *STF End of Project Report 2007.*

There have been concerns by community members about GYC providing HCT services to clients aged between 15 to 24 years only. Such older clients have been encouraged to seek services from health facilities and NGOs that provide HIV counseling and testing services. GYC has also been encouraged to liaise with the local government to devise other means of providing HCT reaches clients who are older than GYC's target audience. However, special consideration is given to older clients who may be disabled and unable to seek services elsewhere outside the camps.

3.2 Provision of family planning services

Unwanted adolescent pregnancy and childbearing and associated consequences pose a serious public health concern in Uganda. Complications of pregnancy, abortion and child birth are the leading causes of disability and death among women between 15 and 19 in Uganda (Population Secretariat, 2001). However, uptake of family planning services by young people at GYC has generally been low (STF, 2007). Only 138 youth have accessed contraceptive services. Low turn up for contraceptives is attributed to negative attitudes held by youth towards family planning. Most youth perceive family planning services to be only for married adults

"*how can you start planning for a family which you don't have*" *FGD participant, IOM, 2005*).

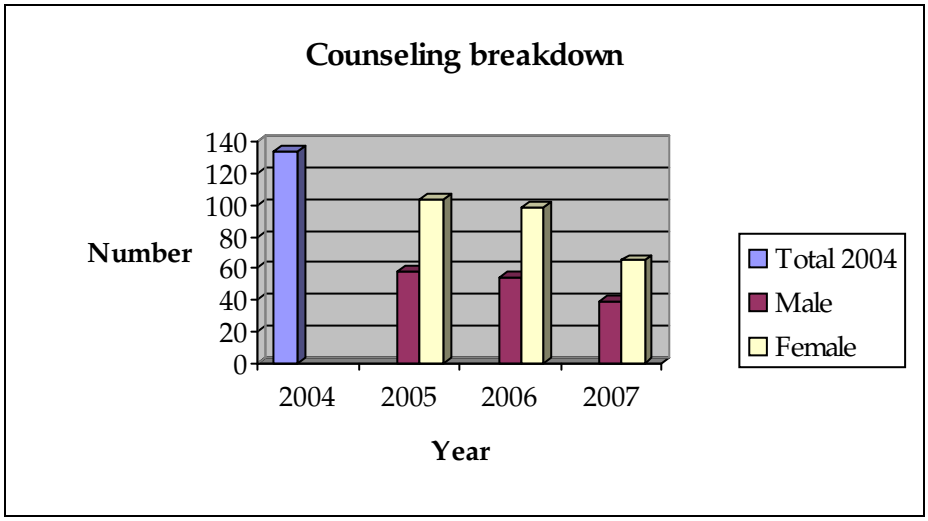
Knowledge about the availability of family planning services has been low and efforts have been made to actively promote family planning during radio programs and other GYC activities. The Youth Center has integrated family planning into all counseling sessions and health talks for clients seeking HCT and other services. Despite the above mentioned challenges, contraceptive knowledge and use among adolescents has increased since 1995 (Neema, Musisi, Kibombo, 2004).

3.3. Personal counseling and Guidance Services

Every year GYC receives young clients seeking counseling on issues like relationships, general health, sexuality issues, family planning, to mention but a few. Young people

have come and presented various Sexual and Reproductive Health and social concerns individually to GYC counselors and peer educators- some whom have been trained to be junior counselors. The centre has counseled 551 young people on issues that include: sex, relationships, sexually transmitted infections and family planning. The figure below summarizes the data e over the 4 years(only January – July for 2007)

Figure 1: Number of Youth who received personal counseling and guidance



Source**:** *STF End of project Report, 2007.*

3.4. Behavior Change Communication Activities.

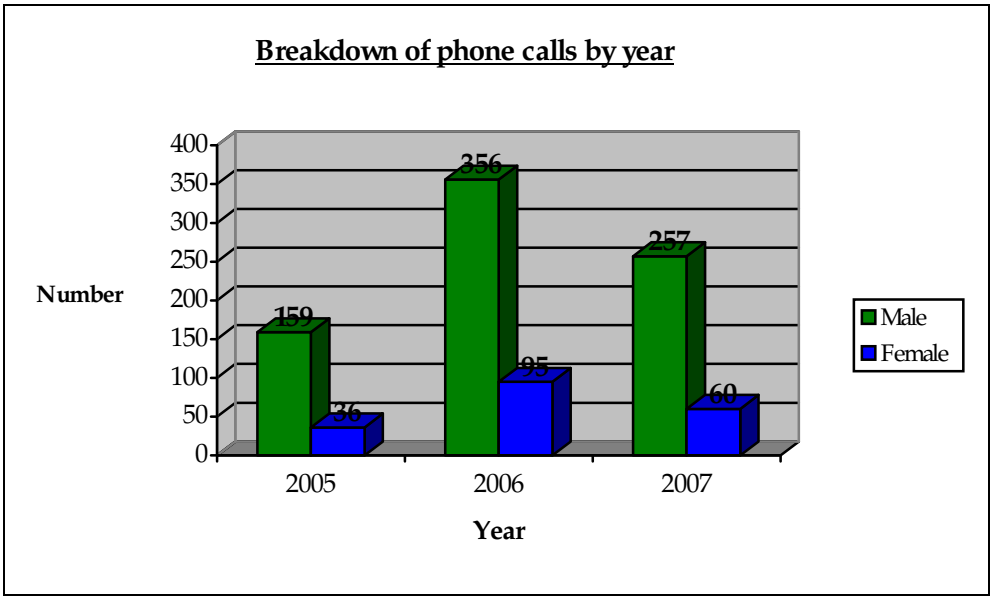
Gulu Youth Centers Behavior change communication activities have been utilized to compliment other services. Through radio, print materials distribution and face-to-face interventions in schools and communities, messages are projected to individuals and communities aiming at influencing their attitudes, knowledge and practices towards better health for youth.

Radio programs

Radio programs are broadcast on a weekly basis and address various topical SRH issues of concern among young people. Radio programs have continued address topics like: HIV, STDs, w*ork*, *abstinence, multiple partners, staying safe during holidays, obstetric fistula, abortion, virginity, septrin prophylaxis, body changes, poverty and young people, Anti Retroviral drug; Family Planning; Relationships; alcohol, Drug abuse; Parenting; Rape and Defilement; Personal hygiene; Malaria; Work; Disclosure, rape, defilement, and drug abuse.*

The live radio programs broadcast on a local FM station have been used to mobilize young people in Gulu to utilize GYC services. Every month, GYC broadcasts a doctor program in which a health professional responds to questions from radio listeners. A good number of young people report that they learn about GYC services by listening to the radio programs. The highly interactive weekly live program has received numerous phone calls and letters from listeners. A total of 2,253 letters and 963 phone calls were received by the radio program in the last 2 and a-half years of intervention. Altogether 134 radio programs were produced and broadcast. GYC's popular radio programs have culminated into the formation of 'radio listener ship clubs' as fora for club members to dialogue on particular radio topics. Responses from club members indicate a greater understanding of SRH issues compared to other individual responses. Peer educators have been crucial in advocating for radio program listening among young people in communities and IDP camps as part of their peer education training activities.

Figure 2: Breakdown of phone calls per year



Source**:** *STF End of project Report, 2007.*

Infotainment

GYC has utilized educative videos as tools to stimulate discussions among young people who visit GYC. Through outdoor and indoor games at the youth center, many young people have attracted at the centre and consequently utilized GYC services. Many young people engage in games such as football, volleyball, basketball, badminton, netball, scrabble, Ludo and chess.

Materials distribution

STF has supported GYC over the years with various materials – *Young Talk*, *Straight Talk*, *Parent Talk* and *Lok Atyer Kamaleng* (Straight Talk in Lwo). As a distribution center in Gulu, GYC has supported distribution of publications amongst various NGOs and CBOs operating in Gulu district. Additionally many young people in school have found GYC a safe place to pick copies of Straight Talk and Young Talk on their way from school. There has been an increasing demand for straight talk programs particularly

in schools to dispel myths about adolescent sexuality by providing accurate information **(Neema, Musisi, Kibombo, 2004).**

4.0. LESSONS LEARNED

- Health seeking behavior among the youth can only be increased if the services available are youth friendly.
- Peer education and counseling powerfully influences behavior especially health seeking behavior. A mid-term review by STF revealed a strong positive association between adolescents who engage in unprotected sex and those who associated with peers who engage in risky behavior (Neema S, Sekiwanuka J, Ssedyabule D, 2000). Peer to peer approach endears youth to IRH services
- Comprehensive Behaviour Change Communication activities increase youth participation and act as a pathway to behavior change
- Partnership with local authorities and youth groups is very important in service delivery
- A good referral network is an essential ingredient of a comprehensive package of YFS.
- Youth in emergency settings have their own unmet needs, they need a special package unlike youth in stable areas. Adolescent crisis and trauma counseling is an important aspect of that package.
- GYC foresees a great need to strengthen psychosocial support particularly for rape and abduction cases at the youth center and post exposure prophylaxis. This in the future will be carried out through trauma counseling as part of GYC's existing counseling protocol.

5.0 Challenges:

- Trans-generational sex still goes on and puts young people's reproductive health at risk. Many young people still report incidents of forced marriages by parents and guardians. There is need to provide the youth with means for economic survival through income generating projects.
- Girls' participation in many of GYC programs both in and out of school has generally been low - often affected by the presence of boys or girl's commitment at home with domestic chores and other family responsibilities. To overcome this challenge, the GYC initiated girls- only sessions – *"Girl Talks" in 2007.*
- Provision of care and support for clients who test HIV positive. There are limited service outlets for referrals and in some instances clients referred by GYC to other places have returned to GYC without receiving support. Most HIV positive clients in IDP camps are unable to access post-test services because of long distances to referral centers.
- Many interventions for young people to-date focus mainly on promoting reproductive and sexual health among the sexually experienced However, adolescents need information even before they become sexually active in order for them to be prepared to make informed choices to protect their health.

6.0 Recommendations

6.1 Economic Empowerment of Youth in IDP Camps

Activities for youth in camps ought to have a strong emphasis on poverty reduction (income generation activities) and long term improvement of the conditions of educational facilities in IDP communities, including strategic links with health education. The girl- child needs to be prioritized for this support since she is at a grave risk of HIV infection due to social and economic disadvantages, including lack of economic power, ability to negotiate sex and possibilities of protecting their health and well being in relationships. Focus should also be placed on female headed households, child-headed

households, PLWHA, and elders. Life skills training needs to be part and parcel of this intervention. Introduction of vocational skills like hair-dressing, knitting and making hand crafts to attract out of school girls -mostly child mothers should be a priority intervention..

6.2 Increased support community-based programs to prevent and address SGBV

Sexual and Gender Based Violence (SGBV) has proved to be an important factor for increased risk for women and girls to HIV transmission. Therefore, community-based programs to prevent and address SGBV are urgently needed for:

- Delivering medical and psychological support to victims, including emergency contraception, counseling, and reproductive health services.
- Increasing the understanding of the relationship between SGBV and STI/HIV/AIDS among community and local health service providers. All interventions should be done within the perspective of the empowerment of women and girls, in addition to including the involvement of men and boys. Priority activities should include:
  - Training of health workers, social workers, camp authorities, IDPs, police, and military officials on HIV/AIDS and its relation with SGBV.
  - Building a strong military/civilian partnership against SGBV
  - Increasing security and protection mechanisms for children, youth and women within camps.
  - Conducting IEC campaigns about HIV/AIDS and SGBV
  - Carrying out IEC campaigns targeting IDP communities on human rights, with special
  - Focusing on rights of children and women.,
  - Supporting the formation of intervention teams to assist victims of violence. Such teams should fit within assistance and protection structures and mechanisms.

6.3 Immediate actions to reinforce STI/HIV/AIDS services within camps

Lack of resources and trained personnel seriously hinders the ability of agencies to provide the necessary STI/HIV/AIDS prevention and care and support services. Existing services must therefore be improved and expanded in order to meet the increasing need and fill current gaps. More specifically, improvements should be made in the following areas:

▪ Re-equip and strengthen existing health facilities and structures by providing medication and supplies, to include primary health care, family planning, and STIs and Opportunistic Infections. This recommendation is in accordance with the National IDP policy in Uganda, and should include proper training of health committees at village levels to lead community participation in health services delivery and ensure community based promotion of health services.

▪ Increase and strengthen PMTCT services and their accessibility to youth

▪ Increase and improve the support to OVC households affected by HIV/AIDS, focusing on psychosocial support, protection mechanisms, education, and poverty eradication perspectives and approaches.

▪ Increase and improve support to PLWHA, specifically in terms of psychosocial support, ART, stigma intervention, and promoting self-help networks. This should be achieved through a holistic approach and an empowerment and poverty eradication perspective.

▪ Establish structures for condom promotion and distribution. Condom services must be implemented at camp level and information regarding availability should be widely disseminated to communities, including through peer educators.

▪ Conduct IEC campaigns on the availability of VCT services, explaining and stressing the importance of knowing one's sero-status. Campaigns should be culturally, gender, age and socially sensitive.

▪ Plan, design and implement targeted HIV/AIDS programs for youth, with special attention paid to the involvement of girls. This should include prevention and assistance programs.

▪ Encourage and provide support to community youth groups and associations focused on HIV/AIDS information and healthy living topics.

6.4 Enhancing and strengthening HIV/AIDS interventions

Currently, there is general lack of coordination among service providers, and weak and underdeveloped support structures in the camps. In addition, activities are limited in their geographical coverage. There is, therefore, need to:

▪ Improve coordination of HIV/ AIDS services and systems within camps and districts, effectively linking with national structures, especially regarding monitoring and evaluation frameworks

▪ Strengthen coordination mechanisms between international and national organizations, institutions and service providers in order to expand geographical coverage of activities and fill service gaps

▪ Service providers and actors involved in support to IDP communities to mainstream HIV/AIDS perspective in interventions, as well as within own structures.

6.0 Conclusion:

Although there a number of policies in Uganda related to adolescent sexual and reproductive health, many of them have not been disseminated and utilized. They need to be disseminated throughout the country; prioritizing areas where the vulnerability of youth and children to HIV infection is highest. Youth programs should be scaled up to reach beyond schools to benefit the out-of-school youth. Parental involvement in communicating to youth on sexuality issues is a sine qua non in improving adolescent sexual and reproductive health. Above all, in many countries the youth constitute the biggest proportion of their populations and national poverty eradication programs should increasingly reflect this focus.

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