



FROM VULNERABILITY TO OPPORTUNITY

*Best practices from empowering
Commercial sex workers
UYDEL experience 2010*

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“From vulnerability to opportunity”: A best practice report in empowering commercial sex workers is made possible with the generous support of the Uganda Health Marketing Group (UHMG).

It presents the experiences and lessons learnt by Uganda Youth Development Link (UYDEL) while implementing the Prevention, Withdraw and Rehabilitation project for commercial sex workers in the slums of Kawempe and Nakulabye Rubaga Divisions in Kampala City. The contents of this publication are the sole responsibility of UYDEL and do not necessarily reflect the views of UHMG.

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May you continue to make a difference in young people's lives.

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List of Acronyms

CSWs – Commercial Sex Workers
HIV - Human Immunodeficiency Virus
PE – Peer Educators
NGOs – Non Governmental Organizations
UAC - Uganda AIDS Commission
UYDEL – Uganda Youth Development Link
UHMG – Uganda Health Marketing Group

About UYDEL

Uganda Youth Development Link is a non-governmental youth serving organization that seeks to improve the lives of vulnerable children and youth and communities through providing opportunities for accurate information and cognitive and livelihood skills so that they can become useful citizens of Uganda. Established in 1993, UYDEL implements programmes on HIV/AIDS prevention, Adolescent reproductive health, children's rights protection, and drugs and substance abuse; targeting children and youth at risk of HIV, Orphans and vulnerable children and children and youth involved in commercial sexual exploitation, child sexual abuse and exploitation, trafficked children and young people involved in drugs and substance abuse. UYDEL implements these programmes in four districts of central Uganda including Kampala, Mukono, Wakiso and Kalangala using drop-in-centre and community outreach service arrangements.

Geographical Context

As I speak to Joyce (*not real name*) at the UYDEL outreach centre at Bwaise. I finally get a clear understanding on how devastating commercial sex work is in the lives of young girls. She is 16 years old and full of energy. She was trafficked to Bwaise to engage in commercial sex but was originally promised education but like many vulnerable children trafficked to the city, she never stepped in class. The trafficker -"aunt" was a sex worker and often used her single room in Bwaise as a lodge. At the age of 14, she was forced to engage in commercial sex contribute income towards rent and food. Bwaise like many other slum areas around Kampala City is notorious of floods during the rainy season. During this time, Joan and the "aunt" would look for (men) to take them to lodges that are not flooded in exchange for sex for a safe night. She also took nude pictures that were sold to the public by pimps. Many other girls participating in UYDEL programmes present horrific stories of how they entered and how they were



exploited in the sex trade against their will but were forced by the conditions in their families and communities. Slum areas in Kampala city are places where anything can happen, where the brave survive. They have different names, of cities and things e.g. kimombasa that represent hard life. Young women and children survive on trading sex for food, shelter and other basic needs because they believe sex work is a business that does not need capital. They are crowded, flooded, filthy and congested. From drug abuse to child prostitution to violence; everything is possible.

Introduction

For many years, Commercial Sex Work has been a major concern in discussions and strategies about the global AIDS and HIV epidemic. The Uganda AIDS Commission recognizes that sexual transmission continues to be the main source of new HIV infections, accounting for 76% of new HIV infections in Uganda¹. Commercial sex work has been singled out as one of the risk factors fueling the epidemic whose prevalence stands at a staggering 6.4 %. According to the national sero-survey (2005), HIV transmission is currently highest among married people (42%), with commercial sex workers (21%) and from casual sex (14%). CSW in Uganda is illegal, but it is rapidly growing especially in the urban areas and is one of the most exploitative and abusive forms of children's rights.

Young people between the age group 15 -24 years are being driven into this dangerous form of exploitation regrettably, to satisfy the sexual "appetites" of adults, meet family needs, acquire luxurious things and meet personal needs. In the slum areas of Kampala city, majority young people engage in CSW purely for survival reasons. Many dropped out of school early, do not have employable skills, need food and housing and only view their bodies as "free capital" to earn quick money to meet their personal and familial needs. The exposure to unprotected sex, drugs and alcohol abuse and multiple sex partners are among the risky behaviors increase chances of HIV infection and transmission and other reproductive health problems among commercial sex workers. Despite their exposure to HIV infection and other physical and emotional dangers, commercial sex workers find it difficult quit the practice because they do not have the necessary skills to support themselves economically and socially. Many of the young people engaging in commercial sex work are early school drop-outs with no life skills and livelihood skills to compete effectively and efficiently in the ever growing Ugandan labour market.²

¹ UAC (2005): *National HIV/AIDS strategic Plan 2007/8 – 2011/12*

² UYDEL 2009/10: *programmatic reports on rehabilitation of CSWs projects.*

The project

This report presents good practices that emerged out of the implementation of *"The Prevention, Withdrawal and Rehabilitation project for Commercial Sex Workers in Kawempe and Rubaga Division, Kampala District"* by UYDEL, with financial and technical support from Uganda Health Marketing Group (UHMG). The project built on the demonstrated successful practices in empowering commercial sex workers that have been implemented by UYDEL since 2003. The project aimed at raising awareness on HIV transmission, prevention and scaling up services for commercial sex workers and strengthening the community social protection networks to prevent, withdraw and rehabilitate sex workers. The project empowered CSWs with life skills and safer alternative sources of income to reduce dependency on finances raised from commercial sex work which exposes them to HIV infection, thus ultimately withdrawing them from the trade.

Summary of project achievements 2009-2010

1. *170 young people involved in commercial sex were identified, rehabilitated and resettled with their families and friends*
2. *30 CSWs were trained as Peer Educators*
3. *146 CSW completed vocational skills training and were successfully reintegrated with their families*
4. *3000 visits were made by the CSWs to the UYDEL drop in centers*
5. *10,000 community people were reached with HIV prevention messages*
6. *500 CSWs and their clients were referred for HIV Counseling and Testing, STI diagnosis and treatment, and Family Planning services*
7. *30 bar/lodge/hotel/brothel owners were oriented and supported to develop HIV/AIDS workplace policies*
8. *300,000 condoms were distributed to CSWs and their clients*

The good practices

1: Vocational skills development among CSWs

Practice 1: Identification and assessment of CSWs for Vocational Skills Development

In Uganda, where commercial sex is illegal and stigmatized by society, young people do not easily access services particularly reproductive health and HIV prevention and care due to fear of stigma. Commercial sex workers are one of the hard to reach groups of young people.

UYDEL worked with a number of stakeholders to identify beneficiaries. They included local leaders, bar and lodge owners, peer educators and former beneficiaries of UYDEL programmes; who identified and referred CSWs to UYDEL drop-in-centers located in the slum areas where (Nakulabye, Bwaise and Kalerwe) where CSWs lived and worked. The involvement of different community members was important in ensuring smooth mobilization of the real target group since they (CSWs) were more known in their communities than to UYDEL social workers. It helped to foster community involvement and acceptability, especially as they viewed it as a safe alternative to CSW.

Working with former CSWs who had benefited from UYDEL programmes before was the most successful mobilization tool, because they knew some of the CSWs, they understood their situations-since they had also been involved in commercial sex work before and were trusted among their peers. Due to the fact that there are many vulnerable girls who would want to benefit from the programme even if they are not necessarily commercial sex workers, UYDEL social workers applied specific selection criteria to ensure that the right people (girls involved in commercial sex work) benefit.

The selection criteria included:

- The person must have been aged between 15 and 49 years
- Currently involved in CSW and living in slums of Rubaga or Kawempe Divisions.
- Should have realized that being involvement in CSW is risky business and therefore ready to receive help to find alternatives for CSW

The social workers had a series of individual dialogues with each beneficiary to understand their stories, their lives and their future aspirations. This also helped build a trusting relationship between the beneficiary and the social workers and made it easier for them to tell their stories in-depth with a person who will not judge them, since most information about their sexual lives was very sensitive and personal. These sessions included elements of

counseling and guidance where each individual was guided on developing solutions for the disturbing issues they experience and chose skills and income generating options to do after vocational skills training. *Each individual session encouraged knowledge sharing on critical issues such as family planning, HIV/AIDS, life skills, resilience and problem solving. The encounters strengthened relationships and trust between social workers and young people.* Personal interview with social worker in Bwaise 15th July 2010

In addition to individual dialogues with each beneficiary, together with the social worker they planned a home visit where social workers and volunteers visited their homes and talked to caretakers for those who had them. The home visit helped social workers verify the information given by the beneficiary during the assessment stage, provided clear understanding of the living conditions and challenges they go through in their communities.

Home visited also provided opportunities to social workers to sensitize caregivers about positive parenting, commercial sex work and HIV/AIDS. The home visit is important as it provides a second step after assessment for the beneficiary and their family to start preparing for resettlement.

Each dialogue was documented and filed in a personal file that was kept confidential. The personal file for each individual consists of important information and reports of follow-up that detail information about the beneficiary, the interventions that UYDEL has provided, the resettlement plans, a full size picture and tracking information. This practice ensures proper documentation of client's rehabilitation at every stage, thus avoiding repetitive interviews and makes follow-up easy.

As a result, a total of 170 CSW (5 male and 165 female) were identified, assessed, visited at their homes, and successfully enrolled into vocational skills training classes at UYDEL youth drop-in-centers and outreach posts in Rubaga and Kawempe divisions. A total of 05 girls out of the total 170 CSWs identified were rehabilitated at the residential section of the UYDEL vocational and rehabilitation centre at Masooli because they did not have proper homes, and it was important to withdraw them from the community to guard against relapse.

Practice 2: Vocational skills training

The assessment process provided information not only on the history and lives of CSWs but also on their choices of services they needed during the rehabilitation process. All the CSWs



identified were placed in vocational skills training because they did not have interest and were too old to go back to formal education. Each beneficiary was helped by a social worker to identify these choices and subsequently placed in vocational skills of various trades. These included hairdressing, tailoring, Electronics, sweater knitting, catering and beading, weaving decoration, and Handcraft making.

They were taught at UYDEL drop-in-centers and outreach posts in the slums of Bwaise (77), and Nakulabye (90) and a (5) Masooli. Local artisans with training and hands on experience in training and running businesses in the trades provided the necessary skills and mentoring for a period of 3 - 4 months for hairdressing and 6 months for tailoring and other trades. Three of the artisans that provided the skills at the UYDEL drop-in-centers were former commercial sex workers that had been trained and rehabilitated by UYDEL. All the artisans/trainers and beneficiaries were oriented on the expectations of the training, and artisans specifically were oriented on the ethics of working with CSWs such as confidentiality, mentoring, and youth friendly services among others.

Throughout the process, UYDEL provided training materials and on-spot supervision to facilitate the training and support staff to effectively perform their roles. The most important challenge faced during implementation of this activity was dealing with the overwhelming expectations the CSWs had about the programme. They expected to get money to meet basic needs such as food and rent. Others were irregular attendance at the beginning because they had to first make money from commercial sex to survive and for those that had children needed to first prepare breakfast and lunch and also find baby sitters before they could come for training. The social workers provided on-going individual counseling and support to further encourage the girls to remain committed to the training despite the challenges of surviving without the quick money from CSW.

The vocational skills training was blended with other psycho-social support including counseling, life skills training, information and services on reproductive health, family planning and HIV/AIDS prevention and care and business skills provided by UYDEL social workers and volunteers and external resource persons. This blend of psycho-social support information and services and vocational skills makes a very important contribution of providing information and skills for psycho-social wellbeing of the individual beneficiary, equips the young person with employable skills and provides the motivation to adopt positive behavior and lifestyles.

The benefit of training in vocational skills is provision of immediate employable skills in trades such as hairdressing and tailoring that provide alternative employable opportunities that are risk-free and can generate quick income; thus presenting more opportunities to abandon the sex trade. In addition, empowering former CSWs to the level where they can provide the same skills (as artisans/trainers) to other young women provides the confidence to the beneficiaries that they are in a safe space with people who understand their concerns. It also provides the motivation to abandon sex trade as role modeled by their trainers who were also once CSWs.

The process

- *Youth is received at UYDEL centre by social worker, assessed and profile documented.*
- *Counseling and guidance session help to make plan and choices for skills and special help needed.*
- *Youth placed in a class with an skilled tutor who is also oriented on youth friendly services.*
- *Ongoing counseling and follow-ups made to ensure the youth copes and remains committed to training.*
- *Life skills building sessions including peer education and group sessions) held concurrently with vocational skills training*
- *Other opportunities for HIV testing, treatment of STIs, and information on prevention given.*
- *Positive recreation such as drama and sports for talent identification and bonding conducted.*
- *Youth graduate with resettlement kit to help them start own businesses*
- *After three months, social workers follow-up to assess progress and offer backup support to practice skills*

Fat 28 years (name disguised) stays in Bwaise with her three children. She joined the hairdressing class at UYDEL drop-in-center in Bwaise, and graduated later that year in the month of December 2009. She is one success story who completed her training in hairdressing and proceeded to start her own business, in braiding women's hair on the verandah of her home. She dropped out of school in Senior One because her mother could not afford to pay her school fees. She ran away from home to stay with her peers in Bwaise because of sexual abuse by her uncle who impregnated her with her first born of 8 years. While with her friends, Fat got a boyfriend to give her money to survive. She had two other children with this man but later, the man abandoned them. At this point, she entered commercial sex work to enable her meet the necessities and school fees of her children. She smoked tobacco (Mindi), which is believed to be a good luck charm to attract more customers and took drugs and alcohol to escape the guilt and trauma of commercial sex work. Her income ranged between 2,000 and 10,000 Uganda shillings per night and nothing on bad days.

During training she was equipped with skills in hairdressing, business skills, and life skills and was also provided with reproductive health services such as family planning and education in HIV prevention. All this exposure enabled her to make right choices and shaped her decision to stop commercial sex after realizing all the risks involved. Fat says she earns enough from this business to buy food, pay rent, school fees and other basic necessities for her children. She currently saves 2,000 shillings a day from the braiding business but is happy she is able to save. "I had never saved money in my life, I know it is little but I know it will grow to give me capital to start a big salon in town". says Fat. Her dream is to be able to educate her children up to university. Source: UYDEL, programmatic report July 2009

Practice 3: Resettlement and reintegration with families

Together with the beneficiaries, the social workers prepared resettlement plans. A resettlement plan is made during a one-to-one dialogue/counseling session between a beneficiary and a social worker. It details what the youth has benefited from the organization and plans to utilize the skills she has learnt. Out of 170 young women trained, a total of 146 of them were successfully reintegrated with their families/communities. After 3 months a follow-up assessment was done by social workers involving a visit to individual beneficiaries at their workplaces and homes to monitor progress, assess challenges and provide continuous encouragement and help to beneficiaries to continue practicing positive and safe sex behaviors and practicing the acquired skills.

Despite their community environments that do not provide positive role models since many women depend on commercial sex to survive, a total number of 99 beneficiaries had started 45 group businesses, while 53 were working individually (employed in various salons in Bwaise, Nakulabye and Wandegeya or working on their own on verandahs of their homes). Depending on individual needs, the followed up beneficiaries were boosted with hairdressing equipment and rent to improve their businesses

This activity has provided an important lesson for vocational skills training programmes for high risk groups of young people such as CSWs about the need to plan for substantial support for capital or link the beneficiaries to credit facilities to reduce chances of relapse into CSW by enabling them utilize the skills they have gained.

2: Empowering CSWs to provide HIV prevention messages

Practice 4: Working with Peer Educators

Peer education is one of the flagship strategies incorporated in all UYDEL programs. The project relied on a network of volunteer peer educators (PEs) who were selected among CSWs benefiting from the project for their influence among their peers, interpersonal relationship skills and potential for role-modeling positive behavior among. In 5-day training workshops, a team of 30 peer educators (15 per division) was equipped with knowledge on reproductive health including HIV/AIDS, life skills and leadership skills to be able to mobilize and play peer education roles. They were supported by social workers and volunteers to mobilize their communities, educate their peers and document their experiences. Each social worker and volunteer was assigned a team of 5 peer educators whom they supervised and mentored supported to perform their roles. This helped the peer educators get a great deal of personal attention and support from their mentors. Since peer educators came from the slum



communities and were also CSWs, they were able to contact their peers and motivated them to access services provided by the project. According to the social workers, majority of the young people were referred to the centers by their peers.

Each peer educator was sent out with a mission of causing positive change with their peers. Wherever they found their peers (in homes,

slums, streets or bars), they established rapport, promoted and distributed condoms, provided information on sexual reproductive health, condom use, HIV/AIDS and services offered by UYDEL. After successfully referring peers to the centre, the social workers provided additional counseling and other individualized services.

Because of the low education levels attained by beneficiaries, they need simplified information on technical issues regarding reproductive health, HIV/AIDS and leadership. The peer

education roles is also a voluntary one competing with the survival demands of the peer educators, thus requiring creative options to motivate them to meaningfully get involved in project activities. The project provided t-shirts, training and opportunities for peer educators to represent youth in different fora such as youth camps, meetings and advocacy events. Quarterly meetings were held to provide feedback and above all, peer education roles provided space for leadership roles that attracted respect for the peer educators among their peers as the highest level of motivation.

As a result, many more young people from the slums continue seeking services at UYDEL youth drop-in-centers and more are increasingly interested in acquiring alternative income generating skills than commercial sex work.

Fau 27 years (name disguised)

I joined commercial sex work after being abandoned by my boyfriend and family. During that time, one of my friends convinced me to do the trade to end my suffering. At the beginning, I earned 5,000 shillings at the start and I felt relieved because I could cater for my needs. It was also difficult for me because I lived in fear of contracting HIV/AIDS because I had unprotected sex many times. "I forgot about my life and how important it is because I just felt I was already dead and nothing mattered to me". By chance I passed by the Bwaise centre and saw many girls among whom were her friends who were also sex workers learning hairdressing.

During my time at UYDEL I realized that I could have a new start. When I tested for HIV and found myself negative, I felt anew. I was happy that I also met my friends; all of us had made a decision to change our life styles. I was among 20 girls trained to be peer educators. We worked to sensitize other girls and communities through personal conversations with them and music dance and drama on topics such as HIV/AIDS, condom use and living positively with HIV/AIDS.

It was not easy at first to because some people would pretend not to want to hear what we talked about, but when we persisted and we showed positive change, they would approach us privately and we would give them information on what to do about their problems. Many of the young people wanted to know more about STDs and what to do after commercial sex.

I cannot give back to UYDEL anything equivalent to what I gained but I really want that the project looks for other commercial sex workers and change their lives as it changed mine. The staff should treat them the way they treated us. Source: UYDEL, programmatic report June 2010

Practice 5: Community outreach education programs

With the understanding that commercial sex work does not only affect the women and girls who trade sex but also their customers and the families surrounding this network; this project focused behavioral change activities to involve local leaders, Parents, Peer Educators and the hotel/ lodge/ bar owners within the communities. The UYDEL social workers and volunteers closely worked with the named categories of people to mobilize different communities to increase awareness of STDs and HIV in relation to commercial sex work, encourage positive sexual behavior such as partner reduction and consistent and correct use of condoms, build self efficacy to start and do alternative businesses to commercial sex and improve health seeking behavior in relation to HIV and sexually transmitted infections. The young people (beneficiaries) prepared and presented these messages to community audiences in form of songs, skits, poems and traditional dances. The social workers provided backup support to answer questions that the communities asked during dialogues organized after 14 drama shows conducted in Kalerwe, Bwaise, Mpererwe, Nakulabye and Natete slums.

This activity was important in helping young people in the project discover and develop their talents and leadership potential (as some were involved in leading certain activities), sensitizing and creating awareness on the dangers of stigma and discrimination, decriminalization of sex work and also building the confidence to open up about their past experiences for other young women and communities to learn from. Community concerts have not only proved important avenues to pass on messages on HIV/AIDS prevention and CSW to communities in an entertaining and educative way, they are equally important to mobilize potential beneficiaries to access services at the UYDEL youth centers.

Practice 6: Weekly education talks on Family planning and HIV prevention

The weekly dialogues are group counseling sessions aimed at creating resilience and Behavioral change among the CSWs. With a composition of 20-30 young women (beneficiaries), 2-3 hour long informal discussions were moderated by UYDEL social workers, peer educators, local leaders and former UYDEL beneficiaries once a week. Various topics chosen from assessment of beneficiary's profiles, group recommendations and counseling sessions; ranging from life skills, business skills commercial sex work, HIV/AIDS to reproductive health issues were using participatory methodologies. They are discussed in interactive ways that encourage experience sharing using existing resource materials developed by UYDEL and other organizations.

A typical talk show runs as follows:

- *UYDEL social worker welcomes participants by asking what did/did not go well the past week.*
- *Asks the new members to introduce themselves and then introduces the objectives of the session and how it will be run.*
- *He/she invites the guest speaker to introduce the topic and moderate the session.*
- *After a short health break, each participant is given time to react to the presentation, ask questions and/or give a personal experience/testimony*
- *The facilitator wraps up the sessions with key learning points and everyone departs.*

Through this activity, project staffs were able to increase understanding of various issues among CSWs, provided opportunities for participation and peer education and also gathered important feedback from the beneficiaries that were instrumental in addressing their concerns. This activity supplemented other interventions such as peer education, individual counseling and life skills training and increasing efficacy and behavioral change for positive lifestyles.

Practice 7: Promoted HIV counseling and testing, condom use and positive living

Through outreach service arrangements, UYDEL increased access and utilization of HIV/AIDS information and testing services. This was done through making contacts with existing service providers that worked with young people on HIV/AIDS and reproductive health programmes. UYDEL's role was to mobilize, provide information and motivate young people through counseling and group discussion sessions motivated young people to know their status and to seek treatment for sexually transmitted infections. The service providers that were particularly Kampala City Council Clinics provided HIV testing, family planning, condoms, treated sexually transmitted infections and information to the young people at free cost at UYDEL centers in the slums. With the help of bar/lodge/clubs and restaurant owners, the condoms were distributed at points where CSWs congregated particularly, at bars and UYDEL centers.

The merit of outreach service arrangements at places where CSWs are used to was very important in gathering their trust to access services, knowing that they were in their own spaces. Again, working with managers of entertainment places helped to increase availability of condom supplies and therefore uptake.

Practice 8: Development of partnerships and service networks

The project demonstrated the effectiveness of working in close collaboration with NGOs, peer education networks, local leaders and bar/lodge owners to provide collective and comprehensive prevention and psycho-social services for beneficiaries. The collaborating partners were identified by virtue of their positions and contribution in the communities. They were formally contacted and oriented (in a workshop) to contribute to provision of services and prevention efforts for CSWs in their communities.

The local leaders mapped hotspots, risk and protective factors for commercial sex work in their communities and actively mobilized their communities for education programmes.



- The peer education networks of CSWs actively mobilized their peers and passed on messages for behavioral change
- Kampala City Council clinics (Kawaala Health Centre III, Kawempe Health Centre (IV) and Naguru Teenage and Information Center) provided HIV counseling and testing, sexually transmitted information treatment and general health information on HIV/AIDS, family planning and sexually transmitted infections.

- The bar and lodge owners distributed and promoted condoms among CSWs and referred CSWs operating from their businesses for services at UYDEL drop-in-centers
- Uganda Health Marketing Group (UHMG) provided condoms and family planning (birth control) supplies that aided community education activities.



The benefit of this practice was the opportunity for a beneficiary to receive services beyond UYDEL, thus maximizing the use of resources within the community. UYDEL however relied on the good will and timeliness of the collaborating party/organization to provide the needed services to beneficiaries which was not very reliable due to demands of the partner organizations to fulfill their own objectives.

These partnerships increased appreciation of the challenges CSWs face and changed attitudes (of service providers/stakeholders) from viewing CSWs as “bad girls” and transmitters of HIV/AIDS to a category of people that also needs protection and empowerment. It also build the capacity of stakeholders to actively support implementation of this programme, thus broadening the reach of reach of HIV/AIDS prevention and economic empowerment efforts high risk groups of young people, leaving a lasting legacy of a programme in the communities creating a solid foundation for replication, scaling up and sustainability through consortia community-based structures and efforts.

Sustainability and replicability

The three strategies used by UYDEL in this project (Vocational skills training, involvement of CSWs and networking) are simple low-cost strategies that present important implications and opportunities for sustainability and replication in any context.

Important points to remember:

Commercial sex work is not just physical activity that can be stopped in a few months. It involves the psychological and socio-economic aspects of the persons involved and their environment. Therefore multiple and overlapping interventions need to provide multi-faceted solutions that empower the individual not only to make decisions but to overcome social stigma and economic survival challenges by building skills for alternative income generating options and sustainable behavioral change. Once the skills are offered, it is equally important to link survivors to credit and financial services to access capital to start own businesses to effectively utilize the acquired skills. Otherwise they relapse back into the unsafe and exploitative sexual activities for quick money.

Programmes such as these need not only target female CSWs but also expand their reach to include male customers who not only pose a risk of infecting CSWs but are also at risk of being infected with HIV/AIDS and other sexually transmitted infections.

UYDEL's experience in implementing programmes for high risk groups of youth such as commercial sex work shows that it takes time for communities and beneficiaries to trust and appreciate the services; even when they are purely meant for their wellbeing. This project contributed to empowering young women who would otherwise continue to be wasted in CSW and created trust in communities that it would help improve the situation of CSWs; but only for a short time. There is therefore need for such programs to allocate adequate time for preliminary capacity building, as well as for the implementation of program strategies to a level where communities can mobilize local resources and stand on their own.

Service networks only maximize wastage of resources but provide important opportunities for collective efforts through consortia programming that ensures high level effectiveness, accountability and sustainability. Partners need to be clearly oriented and beneficiaries (CSWs) meaningfully involved at all stages to be able to manage expectations and address the real needs. Capacity building for staff and partners involved is a key factor in not only meeting immediate needs of beneficiaries but also building a foundation for long term change through sustaining and scaling up interventions that work.

The work of social workers involves listening to various traumatic stories that stick to their minds. No programmes for counseling staff and space for relieving this stress were available at the time of writing this document. Future programmes need to critically build capacity of staff as well as provide spaces for relieving stress.

Summary of good practices per intervention

Intervention	Strategy	Good practice
Vocational skills training	Multiple and overlapping interventions for socio and economic empowerment.	<ul style="list-style-type: none"> - Screening criterion created to serve real CSWs. - Youth friendly staff supported to provide needed services. - Beneficiaries involved in designing rehabilitation and resettlement plans - Home visits done to develop trusting relationships with families. - Beneficiaries followed up after reintegration and supported to boost their businesses. - Psycho-social support services blended with vocational skills training for greater impact.
Strengthening capacity of CSWs to provide messages on HIV prevention	Strengthening of peer education networks to conduct individual and community education	<ul style="list-style-type: none"> - Free services offered at outreach posts nearer to communities of CSW. - CSWs involved in peer education thus more trust for the services provided. - Weekly dialogues increase opportunities for dialogue and information sharing. - Training and mentoring peer educators important for professional touch.
Promote HIV prevention options.	Network with community NGOs and structures to provide multiple services to CSWs.	<ul style="list-style-type: none"> - Created links with bars and lodge owners to identify, refer and promote condom use. - Outreach arrangements with other service providers minimize resources while increasing acceptability and collective action. - Training and working with bar/lodge and club owners eases mobilization, improves access and promotes safe sex practices. - Mobilizing Information and education materials and condoms reduce costs of procuring new and own materials.

Appendices

UYDEL (2010): programmatic project progress on *Prevention, Withdraw and Rehabilitation of Commercial Sex Workers project in Kampala District.*

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