

## Consultation meeting 3 summary – Uganda

10 members were welcomed to the meeting and encouraged to share the information gathered in these meetings with their own communities and to gather their suggestions and ideas to bring back to these meetings.

We then went through and reminded ourselves of what we learnt and discussed in last month's meeting.

It was suggested that advocacy needs to be a big part of the programme but the authorities make it difficult to do this sometimes so we need to get them interested in the programme so they support it, and that we should also try and remove the drug dealers from the street. We should never give up.

We also discussed the importance of child participation in the designing of the programme and feeding back into how the programme could be improved in the future when the programme is running.

The learning report from our Ugandan research was then presented to the group. Following this, we broke into sub-groups to discuss 3 key areas of learning from our research in Uganda.

**Funding:** This programme will need enough funding to carry out the long term resettlement, follow up and support.

### **How could S.A.L.V.E. raise funds from within Uganda? Are there any government or Ministry of Health Programmes we could apply to?**

Farming: Animal rearing such as pigs, goats or chickens or growing its own crops to sell.

Government/ ministry funding would need to be looked into more. S.A.L.V.E. would have to be registered as an NGO first rather than a CBO.

We could build relationships with local businesses and ask them to give us gifts in kind, i.e. donate sugar so that we can reduce our costs of buying sugar.

Organise a marathon in Jinja that people from other businesses/ organisations can pay to take part in. You could also make a lot of money from advertising at an event like this.

### **How could we generate income through a vocational workshop? Which kind of items/ services can make a good profit in Uganda when working with a group of young people who might suffer from shaking and poor memory?**

Carpentry workshop to train the young people in carpentry and then sell the products that are made for a profit, with the profits going to Salve.

Cobbler – fixing shoes - but this could be difficult as most people wouldn't trust someone young to fix their shoes for them as young people usually do shoe polishing rather than fixing. The children could be taught to make shoes which could then be sold by SALVE/ themselves. It should be sold on a local and international market.

We could advertise the programme locally to show our work and achievements and request donations from any well-wishers/ supporters.

### **Any other ideas to help S.A.L.V.E. to fundraise a sustainable income to run this programme?**

S.A.L.V.E. needs to develop a project proposal explaining the model of drug rehab to put forwards to potential funders.

We could design a brochure specifically around the rehab programme where we can also ask for donations.

Advertising should be done once the programme has begun so that if people want to see it in action before donating, we have something to show them.

## Community Sensitisation:

### How could this programme help to sensitise the community to reduce the number of children coming to the streets?

Identify and invite in children from the community to the programme.

Have community dialogues

Identify the reasons why children run back to the street.

Identify the dangers of children being on the streets.

Teach the community how to handle children at home.

Help the community see how they can be more supportive.

### Research has shown that children in school are taking up drug addiction especially secondary and P4 upwards. How could this programme help to reduce this?

Introduce drug and alcohol addiction lessons in schools to teach about the dangers and give teachers teaching resources to help them.

Introduce vocational training skills to keep older youth positively busy, especially when they are idle.

Increase sports in schools so they have alternatives.

Sensitise parents to check on their children's progress in school regularly. Encourage more parental care.

### What types of community sensitisation programme are the most successful to lead to changing attitude or behaviours?

Drama shows

Counselling sessions

Magazines, flyers, newspapers

Radio/ TV programmes

Peer education

Follow up's so the education is repeated/ reminded about and knowledge is checked for.

Testimonies/ success stories of those who have overcome addictions.

## Family re-integration and support:

### What activities and support should be included for the family members to help them to help the child to rehabilitate?

Monthly follow up's

Family support group e.g. friends/ relatives

Family visitation day at the rehab centre and parent counselling

Training i.e. Income Generating and capital support.

Involve some of the parents as volunteers at the centre.

Parenting classes.

Health educators - organise talks on health.

Increase awareness on public laws.

### What should we do if the family is unwilling to accept the child again and allow them to resettle with them?

Involve local leaders such as the LC's, police and family and friends in the resettlement process if needed.

Search for alternative relatives.

Look for foster parents if needed.

Help the older ones to live independently but close to the relatives.

Have a separate programme for them to join once they have completed their drug rehabilitation programme. Then allow them to be resettled independently into the community with a skill so that they can support themselves.

### **How can we offer ongoing support to families and children who come from far away from Jinja?**

One member suggested that we limit recruitment and do not accept children that come from far as this will make it harder to follow up if they are too far. However another member disputed this saying that every child deserves the opportunity for help if they want it and we shouldn't exclude them because of their home location.

You could offer residential training for family members as they will be invited for visitations.

Make partnerships with other organisations in the area where the child is from and ask them to offer the continuing support and follow ups. Offer training to their staff if needed.

Do quarterly follow ups instead of monthly.