

Volunteer Youth Corps (VYC) Inc.

Empowering marginalized youth with HIV education, life skills and job training in South-East Georgetown, Guyana

Overview

In October 2013, Guyana's Volunteer Youth Corps (VYC) Inc. began using a CVC/COIN Mini-grant of US\$25,000 to finance the first year of its new Marginalized Youth Project. The project targeted at-risk and out-of-school youth 16-25 years old living in South-East Georgetown and, specifically, those who were any of HIV-positive, drug users, gang members or homeless. During this year, it delivered HIV-related peer education plus two weeks of life skills and job training to 120 youth. Of the 120, 72 were female and 48 were male; 51 females and 34 males completed training in their choice of hairdressing and manicure, sewing, wood-working, mechanics, or computer skills; 72 females and 28 males were referred to job interviews; 42 females and 20 males were given jobs. Partnering with Davis Memorial Hospital, the project provided 80 of the participating youth with HIV counselling and testing. Adding those already known to be HIV-positive to those newly found to be HIV-positive, VYC estimated that more than 70 percent of the participating youth were HIV-positive.

In October 2014, VYC began using a CVC/COIN Mini-grant of US\$35,000 to sustain, strengthen and scale up the Marginalized Youth Project for another year. During its second year, the project reached 120 at-risk and at-risk out-of-school youth with HIV-related peer education, HIV counselling and testing, life skills and job training. In addition, it trained 12 as peer educators and retained five to deliver HIV-rated peer education to 750 additional at-risk and out-of-school youth throughout Georgetown and along Guyana's East Coast. .

Throughout, VYC was frustrated by budget constraints inherent in its two modest CVC/COIN Mini-grants and felt a little more money would have allowed them to achieve better results. Notwithstanding those frustrations, in its first two years the VYC's Marginalized Youth Project demonstrated its potential to evolve into a long-term programme that makes significant contributions to the health and well-being of at-risk and out-of-school youth in Guyana.

About Volunteer Youth Corps (VYC) Inc

History

Goldie Scott has been Chief Executive Officer of Volunteer Youth Corps (VYC) Inc. since 2003. In an interview on January 15th 2016, she explained that she was one of a small group of young volunteers who founded VYC more than 19 years ago, on December 14th 1996. They were motivated by the fact that Guyana's weak primary health care system was unable to provide adequate care to youth and young families living in South-East Georgetown, which has some of the city's poorest neighbourhoods. Their initial aim was to supplement the health system's offer with hospital and home visits to the ill, injured and disabled.

During its early years, VYC became increasingly aware that poor health is best seen in the context of lack of opportunities for education, job training and employment and lack of the basic life skills needed to thrive in a sometimes hostile socio-economic environment where class, ethnic and other forms of discrimination are common. Gradually, VYC evolved into what it is today: Guyana's foremost youth organization addressing the health and socio-economic needs of children,

adolescents and young adults from ages 8 to 35 and taking a holistic approach to the developmental needs of young people including young parents and their children.

Partners and Donors

VYC's national partners include:

- Guyana's Ministry of the Presidency; Ministry of Public Health including its National AIDS Programme Secretariat; Ministry of Education including its Department of Youth, Culture and Sports.
- A number of Guyanese civil society organizations (CSOs) including Guyana Responsible Parenthood Association (GRPA), Lifeline Counselling Services, Comforting Hearts (providing care for people living with HIV), Linden Care Foundation (providing HIV prevention and care in the country's Region 10), Youth Challenge Guyana (contributing to communities while training for leadership), and Artists In Direct Support (A.I.D.S.) which uses theatre and other arts to educate about HIV and AIDS.

VYC's international partners and donors include:

- United States Agency for International Development (USAID) which has been providing much of VYC's financing since 1999 via its:
 - USAID/HIV/AIDS/STIs Youth Project (1999-2004)
 - Guyana HIV/AIDS Reduction and Prevention Project (2004-2009)
 - Skills and Knowledge for Youth Employment programme (ongoing since 2012)
 - Guyana Civil Society Leadership Project (ongoing since mid-2015)
- Esso Exploration and Production Guyana Ltd (an ExxonMobil subsidiary) which has been supporting VYC via the After-School Interactive Math and Science Project (ongoing since 2012)
- Cuso International via the National Career Guidance and Job Bank programmes (ongoing since 2012)
- Government of Japan via its:
 - Business Information and Communications Technology project (2003-2004)
 - Infectious Disease Control in Regions 5-7 project (2008-2009)
- Dutch National Youth Council (backed by the Government of Netherland's Commonwealth Youth Programme and the private sector) via the YES Spark project (2005-2007)
- United Nations Educational, Scientific and Cultural Organization (UNESCO) via the Guyana Information Youth Project (2002-2004)
- United Nations Development Programme (UNDP) via the Creating Purposeful Change Agents project (July to September 2009)

Current priorities

The VYC's website (www.vycguyana.net) outlines its vision, mission and core values and provides information about its Board of Directors, staff and main divisions. It also describes its various programmes. In her interview, Goldie Scott highlighted these priorities:

- **Partnership with primary health care providers.** Consistent with its initial aim, VYC continues to bolster Guyana's primary health care by providing additional support to youth and young families with limited financial means. Especially notable is its work with Georgetown Public Hospital (Guyana's largest, at the heart of its health care system) and Davis Memorial Hospital (near South-East Georgetown).

- **Marginalized Youth Project.** Financed by two modest CVC/COIN Mini-grants, this project extended from October 2013 through September 2015. The project has allowed VYC to strengthen its partnership with the two hospitals and deliver HIV-related services to hundreds of youth and contribute to their overall health and well-being. VYC hopes that its partners and donors will help them build on the project's achievements and establish it as a long-term programme that extends right across Guyana, in part through new partnerships involving local civil society organizations and local health care providers.
- **Big Brothers and Big Sisters of Guyana (BBBSG) mentoring programme.** Through this programme VYC's staff and volunteers help disadvantaged children (6-12 years old) overcome obstacles that stand in the way of them realizing their full potential.
- **Skills and Knowledge for Youth Employment (SKYE) programme.** As a sub-recipient of a USAID grant to the Education for Development Center (EDC), VYC is able to support 8 staff, and several Coaches who guide youth who may have committed minor offenses and/or at-risk of long term unemployment between ages of 15-24 years. (e.g., males referred by Guyana's justice system) through a rehabilitation process that provides them with life skills and job training and helps them find jobs.
- **After-School Interactive Math and Science programme.** With financing from ExxonMobil (Esso Exploration Guyana), VYC makes 15 teachers available for additional after-school tutoring in math and science for high school students.
- **National Career Guidance programme.** Until recently, the VYC had been supporting career guidance in four Georgetown high schools. Such were the results that the Ministry of Education is now supporting the extension of this programme to an additional six high schools.
- **Guyana Civil Society Leadership (GCSL) project.** Financed by a USAID grant to VYC, this project aims to strengthen the capacity of a National Coordinating Coalition (NCC) and the 38 Guyanese CSOs that are its members. These CSOs all contribute in various ways to Guyana's country-wide response to HIV and the project will strengthen coordination between their work and that of the Ministry of Public Health and its National AIDS Programme Secretariat. The grant, itself, stands as testimony to VYC's achievements and strengths.

About Guyana, its marginalized youth and HIV

History and demography

Guyana was colonized by the Dutch from the early 1600s onwards until it became a British colony in the early 1800s. It gained its independence in 1966 and became the only English speaking nation in South America. Along with Suriname, its Dutch speaking South American neighbour, it has strong historical, cultural and political ties to the English and Dutch speaking Caribbean island nations and territories.

Guyana's official census of 2002 found that, by ethnic heritage, the country's population was 43.5 percent East Indian, 30.2 percent African, 16.7 percent Mixed, 9.2 percent Amerindian, and 0.4 percent Other. The country's East Indians are descendants of the indentured labourers brought in during the British colonial era, after Britain's Parliament outlawed slavery in 1834. Its Africans are descendants of slaves who did most of the hard labour on sugar plantations during the Dutch colonial era. Many of its Mixed are Creoles whose language and culture take their elements from African, Amerindian, East Indian and European language and culture. The Amerindians are

descendants of the Arawak and Caribe people most of whom fled or were driven away from the early colonial settlements and plantations.

The census of 2012 found the population had declined from a peak of 759,564 people in 1980 to 747,884 in 2012. The people were distributed across the country's 10 regions but 42 percent (313,429 people) lived in Region 4, Demerara-Mahaica. Stretching along the east bank of the Demerara River, from the river's mouth inland, Region 4 is the smallest region in area but it contains Guyana's national capita and commercial hub, Georgetown, and that city's suburbs.

Economy and inequality

One reason for Guyana's population decline is an economy largely dependent on agriculture and extraction of natural resources. Guyana's main exports are sugar, gold, bauxite, shrimp, timber, and rice. That leaves its economy hostage to fluctuations in demand for and price of commodities. It also limits career opportunities for better educated young adults. They leave the country in droves and feed the demand for doctors, nurses and other skilled workers in North America and Europe.

The World Bank classifies Guyana as a lower-middle income country but ranks it the third poorest in the Western Hemisphere, after Haiti and Nicaragua. It estimates that the country's Gross National Income (GNI) per capita is the equivalent of US\$3,940 (2013) or US\$6,940 in terms of purchasing power parity.¹

The UNDP's Human Development Report 2015 ranks Guyana 124th of 188 countries based on its Human Development Index (HDI) score, and 29th of 33 countries in Latin America and the Caribbean. Guyana's HDI score is 0.636 and this compares to Norway's highest ranking HDI score of 0.944. Guyana's Inequality-adjusted HDI (IHDI) score is 0.520 and this is because it scores 0.577 on inequality of life expectancy, 0.511 on inequality of education and, lowest of all, 0.477 on inequality of income.²

Illegal activity and human rights violations

The Human Development Report 2015 estimates that 16.4 percent of Guyana's children (5 to 14 years old) are engaged in child labour. The CIA's World Factbook and the International Labour Organization (ILO) say forced labour of trafficked men, women and children is reported in agriculture, fishing, forestry, mining, shops, and domestic service, and women and girls are often trafficked into prostitution. Guyana is a transshipment route for narcotic drugs (cocaine and heroin) from South America (mostly Venezuela) and destined for North America and Europe and, associated with this activity, are money laundering and human smuggling.

Amnesty International and Human Rights Watch reports on Guyana³ highlight these human rights violations:

- Police and security force corruption and violence including collusion with death squads associated with the drug trade and unlawful killings, torture and beatings associated with elections, suspected crime, and prejudice against lesbian, gay, bisexual and transgender (LGBT) people.
- High incidence of violence against women and girls, in part because of failure to enforce the country's Sexual Offenses Act and to arrest, try and convict the accused.

¹ World Bank Data (<http://data.worldbank.org/country/guyana>) accessed on 18 January 2016.

² UNDP (2015). Human Development Report 2015. New York, United Nations Human Development Programme.

³ Found at www.amnestyusa.org/research/reports?country=167 and www.hrw.org/americas/guyana.

- Archaic laws against same-sex activity inherited from the British colonial era plus added laws against cross-dressing that impact on transvestite men and transgender women. These laws contribute to widespread stigmatization and discrimination against LGBTI people and result in police harassment, arrests and beatings.
- Sexual violence against women and girls and stigmatization and discrimination against LGBTI and ethnic minorities contribute to the spread of HIV and AIDS and failure to provide access to user-friendly primary health care including HIV counselling, testing and treatment.

Worth noting, too, is that those involved in transshipment of drugs are often paid in drugs (especially crack cocaine) for their own use and sale to locals.⁴ A number of CSOs belonging to the Caribbean Vulnerable Communities Coalition (CVC) and participating in the CVC/COIN Vulnerabilised Groups Project report that poverty and unemployment are strong inducements for adolescents and young adults to participate in transshipment of drugs, drug dealing, drug use, and associated activities that include petty crime and transactional and commercial sex in exchange for drugs or the money to buy drugs. These activities put them in conflict with the law and go a long way towards explaining why marginalized youth (especially males) account for high percentages of prison populations.

Marginalized youth and HIV

The 2002 census (the last for which data on age is available) found that 53 percent of Guyana's people were from 0 to 24 years old; 28.3 percent were from 10 to 24 years old (entering and passing through their years of sexual awakening, exploration and discovery); 51.3 percent were from 15 to 49 years old (the most sexually active years when females and males are most prone to unwanted pregnancy, HIV and sexually transmitted infections). In all of those age groups, large percentages of people are marginalized by poverty and its correlates: lack of access to health, education and social services of good quality and lack of access to well-paying, full-time job opportunities.

Young people are further marginalized by widespread prejudice and, sometimes, the law if they belong to certain ethnic minorities, are HIV-positive, are LGBTI, are drug users, engage in transactional or commercial sex, have histories of imprisonment, or are homeless for any number of reasons (e.g., rejection by their families, unemployment, alcohol and drug addiction, mental health problems). All those factors can put them at high risk of HIV infection and of failure to get the HIV diagnosis, treatment and care that would allow them to conserve their health.

Guyana's 2015 country progress report to the Joint United Nations Programme on HIV/AIDS (UNAIDS)⁵ says that, based on a UNAIDS estimation exercise, the prevalence of HIV among adults 15 to 49 years old declined from 2.4 percent in 2004 to 1.4 percent in 2013. A total of 752 new cases of HIV were diagnosed in 2014, compared to 758 in 2013 and to 1,176 in 2009. Of the new cases in 2014, 72.8 percent were in Region 4 (Georgetown and its suburbs) but this was due not only to its large population but also to its higher concentration of HIV counselling and testing facilities.

⁴ Bureau of International Narcotics and Law Enforcement Affairs (2014). 2014 International Narcotics Control Strategy Report. Washington, U.S. Department of State. See also: Ministry of National Security and Ministry of Social Development (2008). National Anti-Drug Plan of the Republic of Trinidad and Tobago 2008-2012. Port of Spain, Government of the Republic of Trinidad and Tobago.

⁵ Presidential Commission on HIV and AIDS (2015). Guyana AIDS Response Progress Report. Georgetown, Government of Guyana.

The country progress report summarized the findings of a 2014 Biological and Behavioural Surveillance Survey (BBSS) as compared to the findings of a 2005 BBSS. Among female sex workers, HIV prevalence had declined from 26.6 percent in 2005 to 5.5 percent in 2014; among men who have sex with men (MSM), from 21.2 percent in 2005 to 4.9 percent in 2014; among miners, from 6.5 percent in 2000 (derived from not from a special survey) to 1 percent in 2014. The 2014 BBSS covered three sub-populations for the first time and found HIV prevalence of 8.4 percent among transgender women (biological males who self-identify as females), 5.1 percent among male sex workers and 1.1 percent among loggers. Neither the 2005 or 2012 BBSS nor any other surveys have provided reliable evidence of HIV prevalence and annual incidence among drug users but the country progress report acknowledges they are at high risk of HIV infection and, therefore, high priority for targeted interventions.

Those findings are consistent with findings across the Caribbean and throughout the world. The scaling up of HIV prevention, counselling and testing and treatment since 2000 has resulted in a reversal of the HIV epidemic. The scaling up of treatment has been particularly important because it reduces the viral load in HIV-positive people and makes them far less likely to transmit HIV to their sexual partners.

While the declines in HIV prevalence and annual incidence of new cases of HIV in Guyana are encouraging, Guyana is still a country with extremely high prevalence (after Haiti, the second highest outside of Sub-Saharan Africa) and annual incidence of HIV. This is especially true of HIV among transgender women, female sex workers, male sex workers and MSM and among males (e.g., miners and loggers) prone to becoming clients of sex workers or to engaging in same sex activity because they work in isolated places where they do not have regular female partners. It is probably also true of drug users, so far overlooked by surveillance.

Since its launch in 2011, the CVC/COIN Vulnerabilised Groups Project has undertaken numerous surveys that shed light on the behaviours and other factors that put certain sub-populations at high risk of HIV infection and, also, at high risk of inability to access essential health care and other services (e.g., education and job training) that would reduce their risk. Of particular interest in this context is a study that surveyed marginalized youth in Dominican Republic, Jamaica and Trinidad⁶ and found they have these things in common:

- Low average age of sexual initiation; often having many casual sexual partners; often having both regular partners and “outside partners”, the latter not being their regular partners but people with whom they also have sex frequently. (This situation often arises among poor women and girls who exchange sex for food, school tuition and so on for themselves and their children.)
- Apparent knowledge about the use of condoms for HIV prevention but frequent failure to use them anyway for a number of reasons. These include having sex while using drugs or alcohol so inhibitions and fear of consequences are reduced; condoms are not easily available, too expensive or too embarrassing to buy; distrust or misunderstanding of the information given about condoms.
- Frequent failure to get tested for HIV not just once but regularly while being sexually active.

⁶ Hasbún J. et al (2012b). Baseline Study on Marginalized Youth in Trinidad, Jamaica and the Dominican Republic: A Report on the Triangulation of Quantitative and Qualitative Research Results. Santo Domingo, CVC/COIN Vulnerabilised Groups Project, September 2012.

VYC's Marginalized Youth Project, year one

Rationale for the project and its 16-24 age limits

The Society Against Sexual Orientation Discrimination (SASOD), Guyana Trans United (GTU), Guyana Sex Workers Coalition (GSWC), Phoenix Recovery Project and Salvation Army are among the Guyanese civil society organizations (CSOs) that, in one way or another, represent or serve subpopulations most at risk of HIV. All of those cover specific groups of adolescents, young adults and older adults in their work but Volunteer Youth Corps (VYC) Inc. is unique in that it covers adolescents and young adults in general and focuses, in particular, on those marginalized by limited financial means and difficulty in accessing health, social services, education, and job training and placement.

CEO Goldie Scott explains that the VYC's door is open to all marginalized adolescents and young adults. It does not ask them to admit to attitudes or behaviour that might identify them as MSM, transgender women, sex workers, drug users or any of the usual most-at-risk-of-HIV categories other than the "marginalized youth" category. To ask them would be to raise a barrier that many would not dare to cross, since it would require admitting to things that are widely disapproved and sometimes illegal and would expose them to risk of rejection by their families, peers and others. (Guyana is a small country that does not offer the anonymity characteristic of life in the large cities of many other countries.)

In 2013, while formulating their first proposal for a CVC/COIN Mini-grant to finance their new Marginalized Youth Project, VYC decided that the lower and upper age limits would be 16 and 25. The reason for the upper limit is that it is the standard upper limit for people who can be called "youth" because they are not fully formed and settled into mature adulthood with all of its burdens and responsibilities. The reason for the lower limit is that, in 2005, Guyana's National Assembly unanimously passed a law raising the age of consent from 13 to 16 years old.

The unanimity of the vote reflected widespread belief that girls and boys under 16 are not sufficiently mature to give what might be considered well-informed consent and to recognize and resist sexual exploitation and abuse. Many Guyanese adults, including many in authority, would not be comfortable with adolescents below the age of consent participating in a programme with youth above that age and engaging in the frank discussion about sex and its potential negative consequences (unwanted pregnancy, HIV and STIs) the programme would require. Other means of educating under-16s about sexual and reproductive health, HIV and STIs would be more appropriate.

Initial objectives and targets

VYC's proposal for its first CVC/COIN Mini-grant of US\$25,000 set these objectives and targets:

1. To provide peer education on sexual and reproductive health and rights (SRHR), HIV and STIs to 80 at-risk and out-of-school youth in South-East Georgetown for 12 months from June 2013 to May 2014.
2. To provide life skills education, job training and mentoring to 80 at-risk and out-of-school youth so as to provide them with sustainable livelihoods and reduce their vulnerability to HIV.

Delay and adjustment

A delay in disbursement of the Global Fund grant to the CVC/COIN Vulnerabilised Groups Project resulted in a delay in disbursement of the CVC/COIN Mini-grant to VYC and, as result, VYC could not start rolling out the Marginalized Youth Project before October 2013. During the delay and

early weeks after start-up, VYC made some CVC/COIN-approved adjustments based both on limitations imposed by the modest Mini-grant and opportunities offered by enthusiastic partners.

CEO Goldie Scott explains that VYC's major donors provide allowances for overheads (rent, utilities, equipment, supplies, and administrative support); financing for enough qualified staff to support VYC's case work approach, which allows them to provide coaching and mentoring to each individual youth participating in their programmes; financing for small honoraria to cover travel and living expenses of youth participating in their courses or doing volunteer work as outreach workers or peer educators. In effect, the major donors subsidized the Marginalized Youth Project by covering most of the overheads but that still did not leave enough money to cover the salaries of the full-time Project Coordinator and two Case Workers called for in VYC's proposal. Nor did it leave enough money to cover the costs of facilitating and providing honoraria to 80 participants in the two-week (10-day) course in SRHR, HIV and STIs called for in VYC's proposal.

For those reasons, VYC had to make do with one part-time Case Worker and take a more conventional approach to peer education, training only 15 of the participating youth as peer educators and providing them with honoraria to reach the other participants with a degree of peer education. Notwithstanding those compromises, they were able to scale up and strengthen the project in significant ways. Specifically:

- With the more conventional approach to peer education, they were able to offer it to 120 at-risk and out-of-school youth, instead of only 80.
- They were able to scale up the income generating component accordingly and offer it to all 120.
- Partnering with Davis Memorial Hospital, they were able to:
 - Have a nurse enrich the peer education with the latest scientific information on HIV transmission, prevention, counselling, testing and treatment
 - Offer HIV counselling and testing to 80 at-risk and out-of-school youth. (Most of the remaining 40 were already known to be HIV-positive and under treatment.)

Creating safe spaces

The project team took steps to ensure that all project activities took place in safe spaces where youth would feel comfortable participating in any activities that might involve the sharing of highly personal and potentially embarrassing information. VYC's offices and meeting rooms are already set up with this in mind and the main innovation, as the project rolled out, was to add sound-insulated cubicles for onsite HIV counselling and testing.

Recruiting and assessing at-risk and out-of-school youth

No other organization in Guyana offers marginalized youth the holistic approach to SRHR, HIV and STIs and to general health and well-being that VYC's new Marginalized Youth Project offers. The problem was never one of finding enough at-risk and out-of-school youth willing to participate but, instead, one of limiting the number allowed to participate.

VYC turned to Davis Memorial Hospital and Georgetown Public Hospital's genitourinary medicine (GUM) clinic to find more than 95 percent of the youth invited to attend interviews re their possible participation in the Marginalized Youth Project. Many of the two hospitals' patients are at-risk and out-of-school youth from South-East Georgetown and their patient records show what illnesses, injuries or other health conditions have brought them to the hospitals and what behaviours or circumstance might have contributed to those conditions.

Potential candidates were invited to interviews with a VYC Case Worker who talked to them about the project and themselves, so they could decide if they wanted to participate and so the Case Worker could assess their readiness. Many of those who wanted to participate and passed the assessment were HIV-positive and many of the HIV-positive ones and all the others were drug users, gang members and/or homeless. The VYC kept all such personal information in strictest confidence, leaving it up to individual participants to share it with others if they so wished.

The selection process, itself, increased VYC's awareness of the urgent need to scale up and sustain the Marginalized Youth Project and to extend it or establish similar projects throughout Georgetown and its suburbs and right across Guyana.

[Dividing the participants into groups and setting a group-by-group schedule](#)

VYC divided the 120 selected participants into groups of 20 and set a schedule whereby the first group's intensive participation in the project would begin immediately and extend over one or two months before the next group's intensive participation would begin.

[Delivering peer education on SRHR, HIV and STIs](#)

For HIV-related education, VYC was accustomed to using USAID's Ready Body and After School Empowerment Manuals. For the Marginalized Youth Project, they blended course material from those manuals with course material from CVC/COIN's Sex Positive Manual⁷ in order to provide an enriched look at diverse sexual identities, attitudes and behaviours and their positive aspects as well as their potentially harmful consequences and how to avoid those consequences.

VYC had hoped to provide two weeks (10 days) of HIV-related education to all at-risk and out-of-school youth participating in the project. As mentioned earlier, budget constraints prevented them from doing that and they took a more conventional peer education approach, giving intensive training in peer education to only 15 and having those 15 deliver a measure of HIV-related peer education to the others.

Still, they were able to supplement the peer education by having all 120 project participants attend half-day interactive workshops using some of the course material from CVC/COIN's Sex Positive Manual and also attend talks by the nurse from Davis Memorial Hospital followed by Q&A.

[Providing personal counselling and coaching](#)

VYC provides Work Ready Plus training through its Skills and Knowledge for Youth Employment (SKYE) programme. A SKYE Coach assessed each participant's level of literacy and training needs. Otherwise, the VYC Case Worker provided one-on-one advice, counselling and referrals (e.g., to training, job placement, social services) through regular case management sessions. The participants also knew the Case Worker was available at any time for advice and guidance on personal issues. During interactions with the participants, the Case Worker captured their life stories and relevant information about their experiences.

[Delivering life skills and job training, mentoring and placement](#)

Through its SKYE, After-School Interactive Math and Science and National Career Guidance programmes, VYC has acquired considerable expertise in providing marginalized youth with the training, guidance and other assistance they need to become active participants in Guyana's legitimate economy and to find financially rewarding and otherwise fulfilling jobs.

⁷ Vega, A. (2014). Sex Positive Model for HIV Prevention & Promotion of Sexual Health: Facilitator's Manual. Kingston and Santo Domingo, CVC/COIN Vulnerabilised Groups Project.

After selecting the 120 participants in the Marginalized Youth Project, the project team asked them to name which jobs appealed to each one of them and then to agree on a final selection of five. As a result, they were given a choice of two weeks of training in any one of hairdressing and manicure, sewing, wood-working, mechanics, or computer skills.

VYC recruited 15 people well-qualified and experienced at teaching each type of job to hold the job-training courses in the venues each of the 15 thought would be most appropriate — e.g., hair dressing salons or wood-working shops. The teachers were asked to provide a degree of mentoring and this was supplemented by additional mentoring and coaching by the Case Worker and others on the project team.

The life skills aspect of this training covered the importance of grooming, deportment, manners, having a constructive and positive attitude, taking direction, being a good team player, and having good work habits such as showing up on time, attending to business while at work and meeting deadlines. It also covered how to apply for jobs and undergo job interviews.

The 15 teachers and other members of the project team all helped set up job interviews, many of which resulted in job placement.

Results achieved by the end of year one

VYC's monthly and year-end reports to CVC/COIN's Project Unit often indicate that the Project Coordinator and the Case Worker worked above and beyond the call of duty to make the project work as well as possible. The project budget was not enough to cover the salary of a full-time Project Coordinator but, in Shevon Savory, VYC had a Project Coordinator who worked full-time anyway. The budget covered part-time work by one Case Worker, who was overworked and overstretched by project responsibilities added on to other responsibilities.

The budget and additional support from CVC/COIN staff and consultants was not sufficient to deliver any more than a half day of HIV-related education based on CVC/COIN's Sex Positive Manual. And so on. Those are all fairly typical of the observations made by the highly dedicated staff and volunteers of the CSOs the CVC/COIN Vulnerabilised Groups Project has been able to support with its own limited resources, including its small budget for Mini-grants.

Despite budget constraints, VYC's Marginalized Youth Project reported these results with its first US\$25,000 Mini-grant from CVC/COIN:

- 15 at-risk and out-of-school youth (16-25) trained as peer educators
- 120 (72 females and 48 males) provided with HIV-related peer education enhanced with half day workshops guided by CVC/COIN's Sex Positive Manual plus talks by a nurse expert in the medical science of HIV
- 80 provided with HIV counselling and testing and, where appropriate, with onward referral for further diagnosis, treatment and care
- Estimation that HIV prevalence was more than 70 percent among the 120 at-risk and out-of-school youth participating in the project, based on those newly found to be HIV-positive and those already known to be HIV-positive
- Ensuring that at-risk and out-of-school youth knew their HIV-status and, if HIV-positive, were receiving treatment; thus reducing their viral load, conserving their health and reducing the risk of HIV transmission to their sexual partners and children

- 120 offered opportunities for job training and mentoring; 85 (51 females and 34 males) completing their training; 100 (72 females and 28 males) referred to job interviews; 62 (42 females and 20 males) given jobs.

VYC's monthly and year-end reports to CVC/COIN's Project Unit also speak of their difficulty understanding and filling out forms and filing reports required by CVC/COIN and, ultimately, by the Global Fund — all due to lack of equipment, software and enough hands-on training. However, they also speak of how VYC benefitted from CVC/COIN's training in monitoring and evaluation (M&E) and how this had given their staff and volunteers a new set of skills and had strengthened VYC's capacity to do M&E in all of its projects.

Among the M&E methods VYC used for the Marginalized Youth Project was recording the stories of project participants. Together with the data the project collected, analysed and reported, these stories have enriched everyone's understanding of the challenges facing at-risk and out-of-school youth in Guyana and of interventions that can help them meet those challenges. See the box for two examples.

Two participants in the project's first year tell their stories

A 17 year old girl was raped by three boys, one after another, while living with her aunt and uncle. No one did anything about what had happened and the girl was so shaken and ashamed that she could look no one in the eye. Referred to the Marginalized Youth Project, she received the counselling and coaching she needed to regain her confidence and take a more optimistic view of her future.

A 19 year old boy was born HIV-positive. After his mother died of an AIDS related illness, he lived with his grandmother and she took good care of him. No one besides himself and his grandmother knew he was HIV-positive but, because he knew, he never looked for a girlfriend or tried to be sexually active. He was able to find a job but it turned out to be too strenuous for his fragile health. Referred to the Marginalized Youth Project, he received the HIV education, job training, counselling and coaching he needed to find a better job and take a more positive approach to his whole life.

[Lessons learned during year one](#)

VYC drew a number of lessons from their year piloting the Marginalized Youth Project, including:

- Unable to handle all the at-risk and out-of-school youth referred by two hospitals alone, VYC could see more clearly that Guyana has thousands of such youth who might benefit if given opportunities to participate in this project or ones like it. And there are more entering the 16-25-year-old cohort of at-risk and out-of-school youth every year.
- Peer educators trained and supported by the project have the potential to reach many hundreds of at-risk-and out-of-school youth throughout Georgetown and along Guyana's East Coast. (Though it was not provided for in the first year's plan and budget, the peer educators did considerable outreach anyway.)
- The youth who trained as peer educators and those who benefited from HIV-related peer education enhanced by talks from a nurse and exposure to some of the material in CVC/COIN's Sex Positive Manual expressed great interest in and enthusiasm for what they had learned. They were disappointed they were not given opportunities to learn more.
- Offering HIV counselling and testing onsite during HIV-related peer education workshops is a highly effective way of ensuring youth take up the offer.

- Creating safe and friendly spaces for all project activities is essential.
- Providing counselling, coaching and mentoring is essential to the success of the Marginalized Youth Project and the more the project is able to satisfy the need for them the more successful it can be. For example, more would be determined to practice safe sex and to take up offers of job training, complete the training and find jobs.
- In future, the project should ensure it has sufficient supplies of high quality brochures and other IEC material to hand out to all participants. The intention had been to have far more of this material available than was actually available during the first year. Such material serves both to remind participants of what they have learned and to provide them with additional information, including where to go to learn more and to access health and other services.
- In future, publicizing the project through press briefings, newsletters and other means could attract more support from potential partners and make service providers and at-risk youth aware of what the project has to offer.

VYC's Marginalized Youth Project, year two

Applying lessons from year one, setting new objective and targets

VYC's end-of-year-one report plus CVC/COIN's end-of-year-one evaluation informed CVC/COIN's decision to give VYC a larger Mini-grant of US\$35,000 so it could apply lessons from year one and scale up and strengthen the Marginalized Youth Project. VYC's proposal for its second Mini-grant set these objectives and targets:

1. To offer an extended and more intensive level of HIV-related education to 120 at-risk and out-of-school youth and to ensure greater participation of males. Whereas the ratio of participants in year one was 72 females to 48 males, the target ratio for year two was 40 females to 60 males. Reasons for focusing more on males include: at the peak of Guyana's HIV epidemic, more females than males were becoming infected each year but as overall prevalence of HIV declines, more males than females are becoming infected each year; it is usually the behaviour of males (sexual coercion and abuse, having other sexual partners besides their regular partners, using drugs and alcohol while having sex, failing to use condoms) that infects females so it is especially important to reach males with safe-sex messages.
2. To extend HIV-related peer education outreach to all of Georgetown and along Guyana's East Coast and reach at least 800 at-risk and out-of-school youth. Again the target ratio was set at 40 females to 60 males.
3. To provide life skills education, job training and mentoring to 120 at-risk and out-of-school youth so as to provide them with sustainable livelihoods and reduce their vulnerability to HIV.

Key steps to scale up and strengthen the project

VYC took these steps to scale up and strengthen the project:

- Added **sound-insulated cubicles** to the safe spaces where intensive HIV-related education was delivered; offered **on-site HIV counselling and testing** to all 120 participants
- Selected 12 of the 15 peer educators trained in year one and gave them additional training. They hoped to retain all 12 but the budget was sufficient to provide honoraria to only five. Those **five peer educators reached out to 750 at-risk and out-of-school youth throughout Georgetown and along Guyana's East Coast.**
- Instead of relying on Davis Memorial Hospital and Georgetown Public Hospital's genitourinary medicine (GUM) clinic to refer most potential participants to them, the project now **relied on the five peer educators to recruit 75 percent of the potential participants.** Recruitment kept occurring throughout the year and the project continued to interview and select participants at a rate that ensured groups of 20 were ready to begin their journeys through the HIV-related, life skills and job training on schedule.
- Instead of providing only peer education with some enhancement to the 120 main participants, the project provided them with **two weeks (10 days) of HIV-related education facilitated by the Project Coordinator and health care professionals from the Ministry of Health and Davis Memorial Hospital.** This allowed them to enrich material from USAID's Ready Body and Comprehensive After School Empowerment Manuals with much more material from CVC/COIN's Sex Positive Manual so the training was more interactive and asked participants to reflect on their own sexuality, attitudes, behaviour and experiences and to share anything they felt comfortable sharing. The health care professionals emphasized the importance of early HIV detection and treatment and adherence to treatment regimes.
- **Ensured that a Case Worker had at least one one-on-one session with each of the 120 main participants.** During each session, the Case Worker encouraged discussion about the factors that might be putting the youth at risk and how those factors might be addressed; helped the youth develop a plan of action and link to job training and placement opportunities; recorded the young person's story. See the box for examples.
- **Linked the Marginalized Youth Project more closely to VYC's USAID/EDC-supported Skills and Knowledge for Youth Employment (SKYE) programme.** The Project Coordinator and Case work ensured that at least 40 percent of the 120 participants benefitted from SKYE and its Work-Ready Plus training that, over a five week period, delivers seven modules of training covering personal development, interpersonal communications, work habits and conduct, leadership, safety and health at work, workers' and employers' rights and responsibilities; entrepreneurship; financial fitness.
- **Provided all 120 main participants with Livelihood Development training** similar to the life skills and job training provided in year one. In the second year, participants were offered their choice of two-week (10-day) courses in mechanics, construction, cooking, cosmetology and computer skills. The training in computer skills focussed on design and production of brochures and leaflets to given as hand-outs by the project's peer educators.
- **Produced a short documentary about the project** giving them a tool to increase awareness and promote the project among public authorities, donors, service providers, at-risk youth, media, and the general public.

Results achieved during year two

The whole purpose of M&E is to measure project or programme successes and failures and strengths and weaknesses by comparison to its stated objectives, targets and other intentions. VYC's monthly and year-end reports to CVC/COIN's Project Unit do all of those things and also report on what was done to address failures and weaknesses along the way. For example, monthly reports showed that, during their early weeks of outreach the peer educators had difficulty filling out the project's data collection forms correctly and completely. To help them, the CVC/COIN Project Unit provided them with additional training so they were able to revisit 100 of the at-risk and out-of-school youth they had already reached and to fill out the forms properly.

Despite all reported glitches, the project achieved all of its major targets but one. As a result of being able to retain only 5 of the 12 trained peer educators they had hoped to retain, the peer educators were able reach only 750 at-risk and out-of-school youth in Georgetown and along the East Coast of Guyana. However, that was an impressive achievement given that they had planned to reach only 800 with 12 peer educators.

Other than that one failure to achieve a major target, the only other noteworthy failure was to not hold the press briefing VYC had hoped to hold, primarily due to conflicting schedules of various people involved.

Among the more noteworthy successes was the greater attention paid to recording the stories of the 120 main year-two participants. Together with the new data the project collected, analysed and reported, these new stories have further enriched understanding of the challenges facing at-risk and out-of-school youth in Guyana and of interventions that can help them meet those challenges. See the box for two examples.

Two participants in the project's second year tell their stories

Tiger was kicked out of secondary school when he was 17 years old because he got into an ugly knife-fight with another boy over a girl. He dropped out of a subsequent job training programme and he is now 18, sexually active and has a girlfriend who is still in secondary school. He does not always use a condom during sex and he has never been tested for HIV. He has started smoking and attributes his frequent sore throats and colds to that habit. At the time Tiger was interviewed, he was already taking the project's HIV-related education course. He said he was learning a lot, reflecting on his life and realizing he had to take things more seriously. He was asking himself, "Do I want to be liming (hanging-out) with my friends, smoking weed and becoming a junky?"

When Shelley was 15 her mother found out she was having sex with a 22 year old man. Her mother took her to a Welfare Officer who referred her to a Magistrate who sentenced her to two weeks in detention. After she was released, she went to live with her aunt and transferred to a different secondary school. She was not a good student and a girlfriend told her about an opportunity to be trafficked into work. She resisted but now, at age 19, she has a one year old son to support. She was recently tested for HIV and found to be HIV-negative and she currently has no boyfriend and is sexually inactive. At the time Shelley was interviewed, she was looking to the project to help her conserve her health and find a safe and legitimate means of earning a livelihood so she can take good care of her son.

Looking ahead

Since it was founded in December 14th 1996, Guyana's Volunteer Youth Corps (VYC) has gone from strength to strength with the help of its partners and donors. With two modest CVC/COIN grants it has established its Marginalized Youth Programme as an outstanding model of good practice from which many other Caribbean civil society organizations can learn. In fact, several of those have long been attempting to do or dreaming of doing what VYC is already successfully doing: taking a practical, effective and holistic approach to the sexual and reproductive health and rights (SRHR), HIV and STIs and the overall well-being of marginalized youth.

VYC hopes to sustain and continue scaling up and strengthening the Marginalized Youth Project. One step might be to rebrand it with a name that in no way can be construed to stigmatize the at-risk youth who participate in. Its current name arises largely from the CVC/COIN Vulnerabilised Groups Project's obligation to target certain categories of people including "marginalized youth."

VYC's new USAID-supported Guyana Civil Society Leadership (GCSL) project gives it a unique opportunity to share much of what it has learned over the years and to help other civil society organizations strengthen their capacity to contribute to Guyana's country-wide response to HIV. The GCSL project offers potential for new partnerships through which locally-based CSOs across Guyana collaborate with local health care providers and others to extend holistic approaches to the sexual and reproductive health and rights (SRHR), HIV and STIs and to the overall health and well-being of at-risk youth across the country.

The CVC/COIN Profiles of Good Practice Collection

All projects covered in this series of CVC/COIN Profiles of Good Practice were supported by the CVC/COIN Vulnerabilised Groups Project, a component of the PANCAP Round 9 Global Fund Project (January 2011-March 2016). They include a variety of projects from the six countries covered by the CVC/COIN Project and at least one demonstrating an effective approach to sexual and reproductive health and rights (SRHR) among each of the Project's six target populations: men who have sex with men (MSM), transgender women, sex workers, drug users, prisoners, and marginalized youth. A project's exclusion from coverage in this series in no way implies it was not good practice.

Stuart Adams, the consultant who did the final evaluation of Phase One of the CVC/COIN Project (January 2011-March 2013), participated in the selection and then researched and wrote each Profile. To be approved for selection, a project had to meet or come close to meeting all five of the criteria for good practice recommended by the OECD's Development Assistance Committee (DAC) plus three additional criteria used by the German Federal Ministry for Economic Cooperation and Development (BMZ) when it selects projects worthy of being covered by publications in the German Health Practices Collection. The eight criteria are:

- **Relevant:** For example, based on sound behavioural, serological or other evidence of need for the intervention.
- **Effective:** For example, indicated by reliable evidence of results measured against objectives and targets established at the outset.
- **Efficient:** For example, makes good use of whatever human, financial and other resources may be available, including collaboration with partners that add value.
- **Impactful:** For example, reaches or demonstrates potential to reach large numbers of target populations with effective HIV prevention, treatment and care; creates safe environments where human rights are recognized and respected.
- **Sustainable:** For example, is sufficiently relevant, effective and efficient to merit continuing support from existing partners and to merit support from potential new partners.
- **Empowering:** For example, provides people from at-risk groups with knowledge, skills and tools to engage in responsible sexual behaviour or to assert their right to essential health care.
- **Transferable:** For example, develops and demonstrates the use of methods and tools that can be adapted for use by other organizations in other locales.
- **Well monitored:** Regularly gathers, analyses and reports data to measure results against objectives and targets and to identify any problems that may require corrective action; records events and personal stories to preserve qualitative information that may enrich knowledge and be useful for educational or advocacy purposes.

Collectively, the projects and programmes profiled in this series have made significant contributions to knowledge about HIV and how to respond to it among vulnerabilised groups in the Caribbean.