



# Baseline Report on Marginalized Youth Services in Kampala

September 2025

# OVERVIEW

This baseline study was conducted to assess gaps in services for marginalized youth in Kampala and to inform the refinement of project strategies and implementation plans. The study specifically aimed to map existing services including mental health, legal aid, shelters, economic empowerment, and HIV/AIDS/SRHR services identify service gaps, analyze barriers faced by marginalized youth, collect disaggregated data for targeted interventions, and recommend adjustments to project activities, implementation guidelines, safeguarding protocols, and monitoring frameworks.

**50**

## **Marginalized Youth**

Interviewed for comprehensive data collection

**6**

## **LWU Staff**

Provided organizational insights

**8**

## **Key Informants**

Shared expert perspectives

**23**

## **Service Providers**

Mapped for service availability

The findings reveal that **transgender youth, youth in shelters, and HIV-infected youth are the most vulnerable groups**, facing multiple challenges including unemployment, poverty, homelessness, sexual exploitation, and stigma. Transgender youth are particularly marginalized, often expelled from homes and workplaces, with many resorting to survival sex work.

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# INTRODUCTION

## 1.1. About Let's Walk Uganda (LWU)

Let's Walk Uganda (LWU) is a prominent human rights organization dedicated to advocating for the rights and well-being of marginalized individuals and key populations in Uganda. Established in 2015 and officially registered in 2016, LWU has rapidly grown from a nascent initiative into a significant force for social justice and equity within the country. Its journey reflects a deep commitment to addressing systemic inequalities and fostering an inclusive society where all individuals, regardless of their identity or circumstance, can thrive.

Under the authentic and visionary leadership of its founders, LWU has consistently demonstrated a commitment to fostering an inclusive society through its grassroots initiatives. From its early days, Let's Walk Uganda has been a leader in advocating for equality, respect, and justice for key populations in Uganda. Its pioneering initiatives have provided critical safe spaces and support for those most vulnerable. For instance, the establishment of the country's first openly queer shelter stands as a testament to LWU's dedication to creating secure environments for individuals facing discrimination and violence. Beyond physical safe spaces, LWU has also been at the forefront of policy advocacy, working tirelessly to challenge discriminatory laws and practices that disproportionately affect marginalized communities. Through comprehensive outreach programs, legal aid services, and community-led initiatives, LWU has empowered thousands, helping them access vital resources, understand their rights, and build resilience against adversity. A core aspect of LWU's strategy is its strong youth-centered approach, actively engaging and empowering young people to nurture the next generation of leaders and advocates, ensuring a sustainable movement for human rights in Uganda.

## 1.2. About the Project on Marginalized Youth and the Baseline Study

The project titled, "**Empowering Marginalized Youth in Uganda**" is a crucial initiative funded by Misereor, a renowned German Catholic Agency for Development Cooperation. This project represents a concerted effort to address the multifaceted challenges faced by marginalized youth in Uganda, who often encounter significant barriers to education, employment, health services, and social acceptance due to their socioeconomic status, sexual orientation, gender identity, or other intersecting factors. These youth are particularly vulnerable to human rights abuses, discrimination, and mental health issues, necessitating targeted and holistic interventions.

The primary focus of this baseline assessment is to establish a comprehensive understanding of the current conditions, needs, and existing service landscape for marginalized youth in the project's target areas. This study serves as a foundational step in the project's lifecycle, providing critical data to inform and refine the project design. By meticulously documenting the baseline situation, LWU aims to ensure that the "Empowering Marginalized Youth in Uganda" project is tailored to genuinely address the identified needs, creating safe and empowering spaces for community building, and establishing sustainable support networks. This includes innovative approaches such as training youth as mental health ambassadors, recognizing the profound impact of mental well-being on overall empowerment. The necessity of this baseline study stems from the need to accurately measure the project's future impact, track progress against clear indicators, and adapt strategies to maximize effectiveness, thereby ensuring accountability and evidence-based programming throughout its implementation.



### Safe Environment

Establishing a safe environment where victims of hate crimes and those experiencing sudden life changes after a new HIV diagnosis can rest and be rehabilitated to overcome post-traumatic mental health challenges.



### Mental Health Network

Improving the mental health support network through training marginalized youths as mental health ambassadors to monitor mental health issues, document and refer cases, and offer immediate support among peers.



### Crisis Response

Re-energizing and empowering community crisis response teams and Let's Walk Uganda staff through conducting a compassion fatigue management workshop and a retreat.

## 2. Literature Review and Context

This section provides a comprehensive review of existing literature and contextual information pertinent to the "Empowering Marginalized Youth in Uganda" project. It delves into the multifaceted challenges faced by marginalized youth, the socio-legal landscape concerning LGBTI+ rights, identified service gaps, the prevailing policy environment, and relevant studies that inform the project's strategic approach.

### 2.1. Defining Marginalized Youth in Uganda

In Uganda, the term "marginalized youth" encompasses a diverse group of young individuals who experience systemic disadvantages and exclusion from mainstream societal opportunities and resources. This marginalization is often driven by intersecting factors such as extreme poverty, lack of education, disability, displacement, and importantly, their sexual orientation and gender identity (SOGI). Youth from economically disadvantaged backgrounds, those living in remote rural areas, street children, and young refugees often face compounded barriers to accessing basic services like healthcare, education, and employment. For LGBTI+ youth, marginalization is intensified by pervasive social stigma, discrimination, and a hostile legal environment, leading to increased vulnerability to violence, homelessness, and severe mental health challenges.

The impact of this marginalization is profound, manifesting as higher rates of unemployment, limited access to quality healthcare (especially HIV/AIDS prevention and treatment), reduced educational attainment, and increased susceptibility to human rights abuses. This vulnerability often pushes them further into precarious situations, highlighting the critical need for targeted interventions that address the root causes of their exclusion and provide pathways to empowerment and resilience.

### 2.2. The LGBTI+ Rights Landscape in Uganda

The context for LGBTI+ rights in Uganda is highly challenging and complex. The country's legal framework includes stringent anti-homosexuality laws, which criminalize consensual same-sex relations and impose severe penalties, including lengthy prison sentences and, in some cases, the death penalty. These laws fuel widespread societal discrimination, prejudice, and violence against LGBTI+ individuals, creating an atmosphere of fear and insecurity.

LGBTI+ youth are particularly affected, often facing rejection from families and communities, expulsion from schools, and difficulty securing employment or housing. They are frequently denied access to essential services due to stigma from service providers, leading to significant health disparities, including exacerbated mental health issues, heightened risk of HIV/AIDS, and limited access to psychosocial support. Organizations like Let's Walk Uganda play a crucial role in providing safe spaces, legal aid, and advocacy, working tirelessly to mitigate the severe human rights implications of this hostile environment.

### 2.3. Existing Research on Service Gaps for Marginalized Youth

Numerous studies and reports have highlighted significant gaps in services available to marginalized youth in Uganda. These gaps are prevalent across various sectors:

- **Health Services:** LGBTI+ youth often encounter discriminatory attitudes from healthcare workers, leading to reluctance to seek care, particularly for sexual and reproductive health or mental health issues. Services are rarely tailored to their specific needs, such as gender-affirming care or non-judgmental counseling.
- **Education and Vocational Training:** Marginalized youth, especially those who have experienced family rejection or violence, face interrupted schooling and lack access to vocational skills training that could lead to sustainable livelihoods.
- **Shelter and Housing:** Homelessness is a pervasive issue, with many LGBTI+ youth being disowned and forced to live on the streets or in precarious situations, increasing their vulnerability to exploitation and violence.
- **Legal Aid and Protection:** Awareness of legal rights is low, and access to legal representation for victims of human rights abuses is severely limited, compounded by fear of further persecution.
- **Mental Health Support:** The cumulative trauma of discrimination, violence, and social isolation results in high rates of depression, anxiety, and suicidal ideation, yet mental health services are scarce, underfunded, and often inaccessible or culturally inappropriate.

These service gaps are not merely a result of resource scarcity but are deeply rooted in societal prejudices and systemic discrimination that effectively exclude marginalized youth from essential support structures.

#### Systemic Discrimination

Bias from service providers leading to denial or poor quality of care.

#### Lack of Tailored Services

Generic programs fail to meet the unique and complex needs of diverse marginalized youth.

#### Geographical Barriers

Limited access to services for youth in remote or underserved areas.

### 2.4. Policy Environment and its Impact

The policy environment in Uganda significantly impacts marginalized youth. While there are national policies aimed at youth development, they often lack explicit provisions for vulnerable and key populations, particularly LGBTI+ youth. The overarching anti-homosexuality legislation creates a challenging legal landscape that undermines any potential protective measures. This legal framework not only criminalizes identity but also legitimizes social discrimination, making it difficult for NGOs to openly provide services and for beneficiaries to seek them without fear of reprisal. Efforts by civil society organizations, including LWU, often involve navigating these restrictive policies while simultaneously advocating for human rights and policy reform through strategic legal challenges and public awareness campaigns. The absence of inclusive policies necessitates a community-led approach to create informal support networks and safe spaces where formal systems fail.

### 2.5. Relevant Studies and Best Practices

Global and regional studies on youth empowerment, mental health in vulnerable populations, and human rights advocacy provide valuable insights for this project. Research consistently shows that peer-led interventions are highly effective in addressing mental health challenges among young people, especially in stigmatized communities. Models that integrate comprehensive support—including psychosocial counseling, life skills training, vocational education, and legal aid—have demonstrated positive outcomes in fostering resilience and improving well-being. The success of these interventions often hinges on creating non-judgmental, inclusive environments where beneficiaries feel safe to express themselves and seek help. LWU's approach to training mental health ambassadors aligns with best practices in community-based mental health support, recognizing the power of peer networks and localized solutions in contexts where formal services are lacking or hostile.

# 3. METHODOLOGY

This section outlines the comprehensive methodological approach employed for the "Empowering Marginalized Youth in Uganda" project. It details the research design, sampling strategies, data collection instruments, ethical considerations, data analysis procedures, quality assurance measures, and acknowledged limitations.

## 3.1. Research Design

The study utilized a mixed-methods design, beginning with quantitative data collection followed by qualitative data collection. This approach allowed for a broad assessment of prevalence and patterns, which was then enriched and explained by in-depth qualitative insights. The overall design aimed to be exploratory and descriptive, seeking to understand the current situation, identify key challenges, and assess service gaps for marginalized youth in Uganda.

## 3.2. Sampling and Participants

A multi-pronged sampling strategy was employed to ensure diverse perspectives and comprehensive data collection:

- **LWU Staff for Inception Meeting and Staff Survey:** Six staff members from Let's Walk Uganda (LWU) participated in an inception meeting (four males and two females) and five staff members (four males and one female) participated in the staff survey. These participants were selected based on their direct involvement in project implementation and service delivery, ensuring insights into organizational operations and challenges.
- **Focus Group Discussion (FGD) Participants:** Four male-identifying LGBTI+ youth were purposefully selected for the FGD. Criteria for selection included their self-identification as LGBTI+, experience with marginalization, and willingness to share their experiences in a group setting. This small group allowed for rich, in-depth discussion on sensitive topics.
- **Structured Phone Interview Respondents:** A total of 50 marginalized youth were engaged through structured phone interviews. Participants were identified through community networks and snowball sampling, with a focus on ensuring representation across various sexual orientations and gender identities. The breakdown of respondents included 18 gay individuals, 21 transwomen, 5 queer individuals, 3 transmen, and 2 bisexual and 1 lesbian youth, reflecting the diversity within the marginalized LGBTI+ youth community.
- **Service Providers for Mapping Exercise:** Twenty-three service providers were identified through a combination of expert recommendations, existing network lists, and referrals from community members. These included both formal and informal organizations known to serve marginalized populations in Uganda.

## 3.3. Data Collection Methods and Instruments

Data was collected using a variety of methods to ensure triangulation and capture both quantitative and qualitative information:

<p><b>Inception Meeting</b></p> <p>A baseline inception meeting was held with six LWU staff (four males and two females) to orient them on the objectives, scope, and approach of the baseline assessment. The meeting served to clarify roles, collectively review and refine the data collection tools, and plan logistics for subsequent field activities. This ensured alignment and shared understanding among the research team and project implementers.</p>	<p><b>Structured Phone Interviews</b></p> <p>Quantitative data was primarily gathered through structured phone interviews conducted with 50 marginalized youth. A standardized questionnaire, developed in English and translated into local languages where appropriate, was administered via the KoboCollect mobile application. The instrument covered demographics, experiences of marginalization, access to services, health-seeking behaviors, and perceptions of support systems.</p>	<p><b>Focus Group Discussions (FGDs)</b></p> <p>To capture in-depth qualitative insights, a focus group discussion was conducted with four male-identifying LGBTI+ respondents. The FGD utilized a semi-structured discussion guide exploring participants' lived experiences, challenges in accessing support services, the impact of social stigma, and their perspectives on effective empowerment strategies. This method allowed for the exploration of shared experiences and nuanced opinions.</p>
<p><b>Staff Survey</b></p> <p>A structured survey was administered to five LWU staff members (four males and one female). The survey aimed to collect organizational insights, including perspectives on current service delivery models, operational challenges, perceived gaps in support for beneficiaries, and strategies for managing work-related stress. This provided an internal perspective on the project's capacity and needs.</p>	<p><b>Mapping Service Providers</b></p> <p>A comprehensive mapping exercise identified twenty-three (23) service providers currently operating in areas relevant to marginalized youth. This involved desk reviews of existing directories, online searches, and key informant interviews. Information collected included organizational mandates, types of services offered, target populations, geographical reach, and contact details. Key identified providers included Ubuntu Justice, Ark Wellness Hub, SMUG, Uganda Minority Shelters Consortium, MARPI, Ice Breakers Uganda, and Taala Foundation, among others.</p>	<p><b>Document Review and Secondary Data</b></p> <p>Existing reports, policy documents, and relevant literature were systematically reviewed to complement primary data collection. This involved analyzing official government policies, NGO reports, academic studies, and media coverage pertaining to marginalized youth, LGBTI+ rights, and development initiatives in Uganda. This method provided contextual understanding and helped to triangulate findings from primary data.</p>

## 3.4. Ethical Considerations

Given the vulnerable nature of the target population and the sensitive legal context in Uganda, stringent ethical protocols were strictly adhered to. All participants provided informed consent prior to data collection, with specific attention paid to ensuring their understanding of the study's purpose, their right to withdraw at any time, and the measures taken to protect their privacy. Anonymity and confidentiality were maintained throughout the data collection and analysis processes, with all identifying information de-linked from responses. Data collectors were trained on gender and sexuality sensitivity, non-discriminatory language, and referral pathways for participants who might experience distress. Ethical approval was obtained from relevant institutional review boards (if applicable) and community gatekeepers.

## 3.5. Data Analysis

Quantitative data collected via KoboCollect from structured phone interviews was analyzed using descriptive statistics (frequencies, percentages, means) to summarize demographic characteristics, service access patterns, and key challenges. Statistical software (e.g., SPSS or R) was utilized for this analysis. Qualitative data from FGDs and the staff survey were subjected to thematic analysis. Transcripts were coded to identify recurring themes, patterns, and categories related to experiences of marginalization, service gaps, coping mechanisms, and recommendations for intervention. The mapping data for service providers was cataloged and analyzed to identify concentrations, gaps, and types of services available.

## 3.6. Quality Assurance Measures

Several measures were implemented to ensure the quality and rigor of the data:

- **Tool Pre-testing:** Data collection instruments (questionnaires and discussion guides) were pre-tested with a small group of individuals similar to the target population to identify and rectify any ambiguities or biases.
- **Data Collector Training:** All data collectors underwent rigorous training on the research protocol, data collection techniques, ethical guidelines, and sensitivity towards marginalized communities.
- **Supervision and Back-checking:** Field supervisors regularly monitored data collection activities, including spot-checking interviews and reviewing collected data for completeness and accuracy.
- **Data Triangulation:** Insights from different data sources (interviews, FGDs, staff survey, mapping) were cross-referenced to enhance the validity and reliability of the findings.

## 3.7. Limitations

This study acknowledges several limitations inherent to its design and context. Data collection through phone interviews excluded individuals whose phones were unreachable or those hesitant to discuss sensitive issues remotely. The challenging legal and social environment for LGBTI+ individuals in Uganda may also have influenced participants' willingness to disclose certain information, despite robust ethical measures.

# EXISTING SERVICES FOR MARGINALIZED YOUTH

## 3.1. Objective 1: Existing services for marginalized youth

This subsection presents the existing services available to marginalized youth as identified through the mapping exercise. The analysis highlights the different organizations and facilities that youth commonly access for mental health, legal aid, shelter, economic empowerment, and HIV/AIDS and SRHR services.

Service provider	Existing services provided by the service providers to marginalized in the last 12 months
Ubuntu Justice	Legal aid or legal advice, SRHR services (sexual and reproductive health, family planning, etc.), Name changes for transgender youth, Documenting human rights violations
Ark Wellness Hub	Mental health counseling or psychosocial support, HIV/AIDS testing, treatment, or care, SRHR services (sexual and reproductive health, family planning, etc.), Minor surgeries for anal warts, circumcision, vaccination for Hep B, HPV and yellow fever, comprehensive laboratory services including LFTs and RFTs
SMUG	Mental health counseling or psychosocial support, Legal aid or legal advice, Safety and protection for evicted persons and as a result of HRVs, emergency medical support, emergency legal support, referrals
Uganda Minority Shelters Consortium	Mental health counseling or psychosocial support, Shelter/accommodation services, HIV/AIDS testing, treatment, or care, SRHR services (sexual and reproductive health, family planning, etc.), Relocation, Nutrition, Emergency response support, GBV
MARPI	Mental health counseling or psychosocial support, HIV/AIDS testing, treatment, or care, SRHR services (sexual and reproductive health, family planning, etc.), Proctology, Capacity building/outreaches for both HCW and clients
Ice breakers Uganda	Mental health counseling or psychosocial support, HIV/AIDS testing, treatment, or care, SRHR services (sexual and reproductive health, family planning, etc.), STI screening and treatment, TB screening
Taala foundation	Mental health counseling or psychosocial support, Livelihood/economic empowerment (skills training, business support, etc.)
Human Rights Awareness and Promotion Forum (HRAPF)	Legal aid or legal advice
Youth Empowerment Uganda (YEU)	Vocational skills training (tailoring, crafts, IT), Business startup mentorship, Financial literacy workshops, Employment placement assistance
Hope for All Foundation	Temporary emergency shelter, Food relief distribution, Basic first aid and medical referrals, Crisis intervention, Advocacy for safe spaces
Queer Health Advocates (QHA)	Trans-specific hormone therapy guidance and referrals, Mental health support groups for trans individuals, Advocacy for gender-affirming care policies, Peer counseling, Sexual health education tailored for LGBTQ+ community

The mapping exercises revealed the most common services available to marginalized youth are **mental health counseling or psychosocial support, HIV/AIDS testing and treatment, SRHR services, and legal aid or advice**. Mental health and psychosocial support stood out as the most widely provided, offered by nearly all the organizations, reflecting the critical need for emotional and psychological support among marginalized groups.

### Accessibility of Services for Marginalized Youth

Despite the presence of these crucial service providers, access remains a significant challenge for marginalized youth due to a complex interplay of systemic barriers and societal prejudices. Understanding these barriers is critical for designing effective interventions.

<p><b>Physical &amp; Financial Barriers</b></p> <p>Services are often concentrated in urban centers, making them inaccessible for rural youth. High transport costs, coupled with indirect expenses like data and lost income, create significant financial hurdles.</p>	<p><b>Stigma &amp; Discrimination</b></p> <p>Marginalized youth, particularly LGBTI+ individuals, face severe social stigma and discrimination, deterring them from seeking help due to fear of judgment or mistreatment, even when services are available.</p>	<p><b>Information &amp; Digital Gaps</b></p> <p>Many youth lack awareness of available services or how to access them. Limited access to reliable internet and smartphones further excludes vulnerable populations from potentially vital digital information and remote services.</p>
<p><b>Provider Shortcomings</b></p> <p>Some service providers may lack adequate understanding or training in addressing the specific needs of diverse marginalized youth subgroups, potentially leading to inadequate or insensitive support.</p>	<p><b>Legal &amp; Policy Constraints</b></p> <p>Restrictive laws and policies in Uganda specifically target marginalized groups, creating a hostile environment that limits service provision and access. Fear of legal repercussions and criminalization often prevents youth from seeking necessary support.</p>	<p><b>Service Coordination Issues</b></p> <p>A lack of coordinated efforts among service providers often leads to fragmented support, requiring youth to navigate complex referral pathways, which can be overwhelming and discouraging, especially for those in crisis.</p>

### Quality Assessment of Existing Services

The quality of services provided is as important as their availability. An assessment of current offerings highlights both strengths and areas needing improvement to ensure services are truly impactful and user-centered.

<p>→ <b>Cultural Competency</b></p> <p>Consistent training is essential to ensure all staff understand the unique socio-cultural contexts and specific needs of diverse marginalized youth subgroups, including varied gender identities and sexual orientations.</p>	<p>→ <b>Specialized Expertise</b></p> <p>While basic services are available, there's a need for more specialized training among staff in areas like gender-affirming care, trauma-informed counseling, or complex legal cases involving human rights violations.</p>
<p>→ <b>Integrated Care &amp; Follow-up</b></p> <p>True integrated care, where diverse needs are coordinated, is often lacking. More sustainable, long-term support and follow-up mechanisms are needed beyond emergency interventions to ensure lasting empowerment.</p>	<p>→ <b>Sustainability &amp; Funding Challenges</b></p> <p>Many organizations operate on short-term project cycles or limited funding, hindering long-term planning and the consistent provision of services. This also affects staff retention and ongoing capacity building.</p>

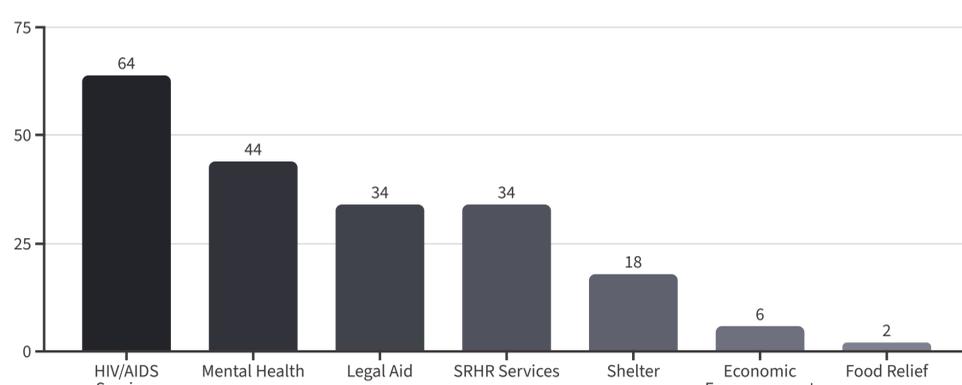
### Gaps Within Existing Services

Despite commendable efforts by various organizations, critical gaps persist in the service ecosystem, impeding the comprehensive support required by marginalized youth.

<p> <b>Specialized Medical &amp; Housing Needs</b></p> <p>There is a significant lack of medical services tailored for specific needs (e.g., gender-affirming healthcare) and dedicated safe housing options for youth facing family rejection or eviction.</p>	<p> <b>Sustainable Economic Empowerment</b></p> <p>While basic livelihood trainings exist, there's a gap in scalable programs offering advanced skills, market linkages, and startup capital to foster true financial independence for marginalized youth.</p>
<p> <b>Proactive Legal Aid &amp; Family Support</b></p> <p>Beyond reactive legal aid, there's a need for proactive legal literacy programs, policy advocacy, and community education. Additionally, psychosocial support for families struggling with acceptance is largely absent.</p>	<p> <b>Data-Driven Programming</b></p> <p>Continuous need for robust, disaggregated data collection and research on the specific needs and experiences of diverse marginalized subgroups (e.g., intersex, gender-nonconforming) to inform evidence-based interventions.</p>
<p> <b>Emergency Response Systems</b></p> <p>The absence of robust, youth-friendly emergency response systems for immediate crises like forced eviction, violence, or severe health emergencies leaves many marginalized youth without critical immediate support.</p>	<p> <b>Community Engagement and Awareness</b></p> <p>Insufficient proactive community engagement and awareness campaigns mean that societal misconceptions persist, and many marginalized youth and their families remain unaware of available, affirming services.</p>

In summary, while a foundational network of services exists, particularly in mental health, SRHR, and HIV/AIDS support, significant barriers impede access for marginalized youth. These include not only physical and financial hurdles but also deeply entrenched stigma, legal constraints, and fragmented coordination. Moreover, the quality of services demands improvement in cultural competency, specialized expertise, and integrated follow-up care. Crucially, addressing persistent gaps in specialized medical and housing needs, sustainable economic empowerment, proactive legal and family support, and data-driven programming is essential to truly empower and safeguard Uganda's marginalized youth.

### 3.1.1. Access to existing services by marginalized youth



Baseline survey findings revealed that the most commonly accessed services by youth in the last 12 months are HIV/AIDS testing, treatment, or care (64%), mental health counseling or psychosocial support (44%), legal aid (34%), and SRHR services (34%). These results align closely with the mapping exercise, which showed that almost all service providers offered HIV, SRHR, and mental health services.

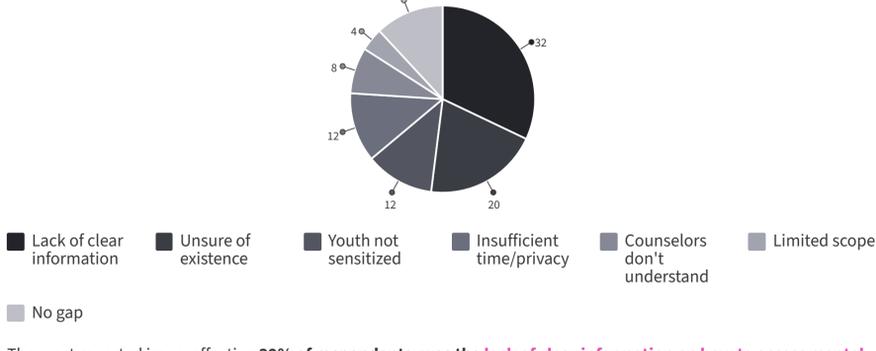
# SERVICE GAPS ANALYSIS

## 3.2. Objective 2: Gaps in service provision towards marginalized youth

Despite the array of services ostensibly available, a comprehensive analysis reveals that marginalized youth frequently encounter significant and multifaceted gaps that impede their ability to access crucial support. This section provides an in-depth examination of the key service gaps identified across various domains, highlighting systemic issues, accessibility barriers, and areas requiring urgent intervention to improve the effectiveness and reach of support systems for these vulnerable populations.

### 3.2.1. Gaps in the provision of mental health services

Mental health services are foundational for the well-being of marginalized youth, yet their provision is fraught with critical gaps. The current landscape often fails to meet the specific needs of this demographic, leading to underutilization and continued suffering.



The most reported issue, affecting **32% of respondents**, was the **lack of clear information on how to access mental health services**. This indicates a significant disconnect between existing support structures and the awareness levels of marginalized youth. Many youths remain unaware of where to go, whom to approach, or the process involved in seeking help, underscoring a critical need for clearer communication, increased visibility of providers, and streamlined referral pathways.

Further compounding this, **20% of youth were unsure of the very existence of such services**, suggesting a broader failure in outreach and public health messaging. Additionally, a notable **12% felt that youth themselves were not sufficiently sensitized to the importance of mental health or how to identify when they need help**, pointing to a need for more proactive mental health literacy campaigns targeted at this demographic. Concerns about **insufficient time or privacy (12%)** during consultations, and the perception that **counselors often "don't understand" (8%)** their specific experiences, highlight issues with service delivery quality and cultural competence. These findings collectively underscore the urgent need for tailored, accessible, and youth-friendly mental health services that are effectively communicated and culturally sensitive.

### 3.2.2. Gaps in the provision of economic empowerment services

Economic empowerment services are vital for marginalized youth to achieve independence and break cycles of poverty. However, several systemic gaps hinder their effectiveness, often leaving youth unprepared for sustainable livelihoods.

**📖 Lack of awareness or uncertainty (34%)**

Many individuals were not fully informed about available economic empowerment programs or were unsure how to access them, signifying a failure in outreach and information dissemination.

**🎓 Limited training and skills development (20%)**

Even when programs existed, beneficiaries often lacked the practical, market-relevant skills required to fully benefit from them, indicating a disconnect between training content and actual economic opportunities.

**💰 Insufficient capital or post-training support (20%)**

A significant barrier was the lack of initial financial resources or ongoing support (e.g., mentorship, business coaching) needed to implement learned skills effectively or start small enterprises, rendering training less impactful without seed funding or follow-up.

**🔍 Limited access and fairness in opportunities (14%)**

Structural or systemic barriers, including discrimination and lack of networks, often prevented some individuals from competing equally in the job market or accessing entrepreneurial opportunities.

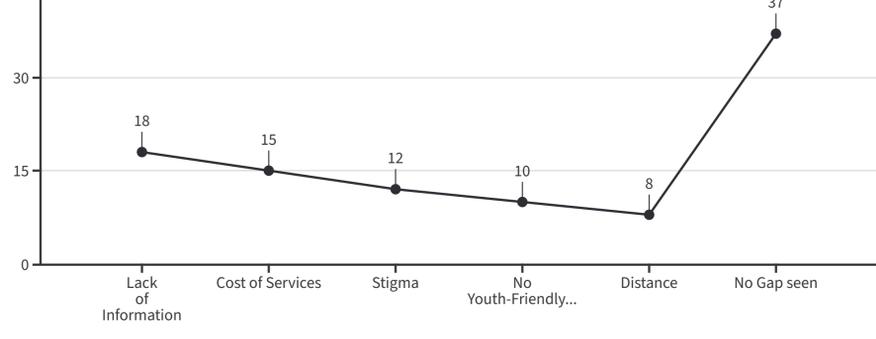
**👤 Lack of youth-friendly employment programs (12%)**

Existing employment initiatives were often not tailored to the unique challenges and circumstances of marginalized youth, such as flexible hours or support for those with family responsibilities.

The predominant issue is the **lack of awareness or uncertainty (34%)** regarding available programs, which echoes findings in mental health services and highlights a universal challenge in communication. The deficiency in relevant training and skills development (20%) coupled with insufficient capital or post-training support (20%), creates a critical bottleneck, preventing youth from translating learning into tangible economic gains. Furthermore, limited access and fairness in opportunities (14%) due to discrimination or structural barriers, along with a scarcity of youth-friendly employment programs (12%) collectively undermine efforts towards sustainable economic empowerment.

### 3.2.3. Gaps in the provision of legal services

Access to legal services is a fundamental right, yet marginalized youth encounter distinct challenges. While some find assistance, many remain excluded from crucial legal support due to various barriers.

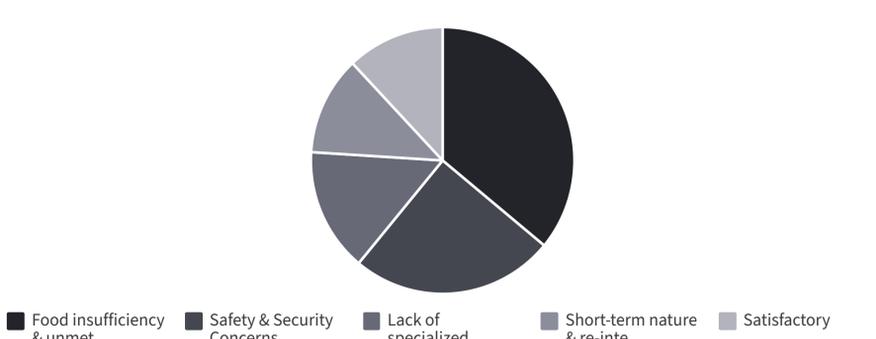


About **37% of respondents indicated that there were no gaps or that the services were satisfactory**, reflecting that a significant proportion of youth were able to access legal support effectively and found the assistance helpful. However, a substantial **18% reported a lack of awareness or insufficient information**, suggesting that many youths did not know whom to contact or were unaware of the available legal services, highlighting the need for better sensitization and outreach.

Beyond awareness, the **cost of legal services (15%)** emerged as a significant deterrent, making crucial assistance inaccessible for many marginalized youth with limited financial means. Furthermore, **stigma and fear of reprisal (12%)** often prevent youth from seeking help, particularly in sensitive cases related to human rights violations or discrimination. The absence of **youth-friendly legal services (10%)**, which understand and cater to the specific needs and communication styles of young people, also creates a barrier. Lastly, **geographic inaccessibility (8%)** disproportionately affects youth in remote or underserved areas, further limiting their ability to obtain timely legal support.

### 3.2.4. Gaps in the provision of shelter services

Shelter services are a critical safety net, yet for marginalized youth, they often fall short of providing comprehensive, secure, and rehabilitative environments. The gaps are multi-faceted, reflecting both structural and operational challenges that exacerbate existing vulnerabilities.



While a small proportion of respondents (12%) reported that shelters are functioning satisfactorily, a significant number highlighted critical shortcomings. **Food insufficiency and unmet basic needs emerged as the most pressing issue, affecting 36% of respondents**. Inadequate meals often force youth into survival strategies such as sex work, especially for those living with health conditions like HIV that require proper nutrition and stable living conditions. This gap underscores a failure to provide even the most basic human necessities within these protective environments.

Moreover, **safety and security concerns were reported by 25%** of youth, indicating that shelters may not always be safe havens, particularly for LGBTI+ youth or those fleeing violence. The **lack of specialized shelters (15%)** tailored for specific marginalized groups (e.g., trans youth, pregnant teens, youth with disabilities) further limits access to appropriate and affirming care. Lastly, the **short-term nature of many shelter programs and inadequate support for re-integration (12%)** mean that youth are often discharged without a sustainable plan, leading to repeated cycles of homelessness and vulnerability.

### 3.2.5. Gaps in the provision of HIV/AIDS services

Despite progress in HIV/AIDS prevention and treatment, marginalized youth still face significant barriers to accessing and utilizing these life-saving services. The gaps are often rooted in stigma, discrimination, and inadequate youth-specific programming.

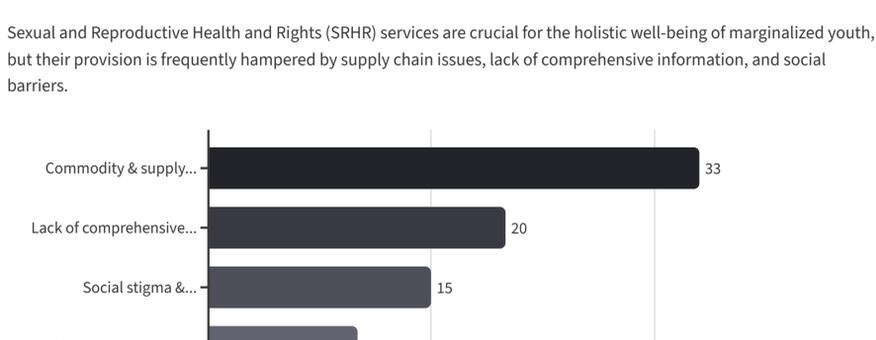


About **30% reported no gap or satisfactory services**, with some commending providers for their dedication ("they have done a great job") and even delivering medication when clients lacked transport. Yet, the persistent issue of **stigma and discrimination (22%)** remains a profound barrier, deterring many marginalized youth from even seeking services due to fear of judgment or mistreatment. Furthermore, **20% admitted they were unaware of existing services**, a gap that reflects limited outreach and is echoed in remarks like "guidance on how to access the service" and calls for calmer, more supportive approaches.

The **lack of youth-friendly services (18%)**, which are sensitive to the unique developmental and social contexts of young people, further exacerbates access issues. Concerns about **confidentiality (10%)** are paramount for youth, especially those whose sexual health or identity might be stigmatized, leading to reluctance in engaging with services. Lastly, **limited access to testing and treatment facilities (10%)**, particularly in remote areas or after school hours, presents a practical barrier, highlighting the need for more decentralized and flexible service delivery models.

### 3.2.6. Gaps in the provision of SRHR services

Sexual and Reproductive Health and Rights (SRHR) services are crucial for the holistic well-being of marginalized youth, but their provision is frequently hampered by supply chain issues, lack of comprehensive information, and social barriers.



The assessment of SRHR services shows that **46% of respondents reported no gaps or satisfactory service**, reflecting that many individuals find these services generally accessible and functional. However, **commodity and supply shortages were reported by 33%**, with specific concerns from marginalized youth including "commodities are ever out of stock and very expensive to buy," "lubricants and condoms are hard nowadays to find," and "STIs, lubricants are becoming a problem and hard to access," underscoring critical gaps in consistent availability of essential SRHR products.

Furthermore, a significant proportion (20%) highlighted a **lack of comprehensive and age-appropriate information**, leaving many youth ill-equipped to make informed decisions about their sexual health. **Social stigma and cultural barriers (15%)** continue to deter youth from seeking SRHR services, particularly for sensitive topics. Compounding these issues are **unfriendly provider attitudes (10%)**, which create unwelcoming environments and discourage repeat visits, stressing the need for more empathetic and youth-centered care.

# Detailed Findings and Analysis

This section delves deeper into the survey results, providing a comprehensive analysis of the challenges faced by marginalized youth. We explore cross-tabulations of demographic data with service access barriers, examine regional variations in service provision, and offer a detailed statistical breakdown of the key findings, building upon the foundational insights presented earlier.

## 3.5. Comprehensive Survey Insights

The detailed analysis of the survey responses reinforces several critical themes regarding service accessibility and utilization among marginalized youth. While quantitative data highlights the prevalence of various barriers, qualitative feedback offers invaluable context, revealing the lived experiences behind the numbers. The primary areas of concern consistently revolved around psychosocial factors, information asymmetry, and systemic inadequacies in service delivery.

### Persistent Stigma & Discrimination

Fear of judgment and actual experiences of discrimination remain the most significant deterrents, particularly for transgender youth and those with HIV. This creates a cycle of avoidance, preventing youth from seeking vital care.

### Critical Information Gaps

Many marginalized youth are simply unaware of the existence or location of appropriate health and support services. This reflects a failure in outreach and communication strategies, leaving vulnerable populations disconnected.

### Deficit of Youth-Friendly Services

Existing services often lack the specific attributes that make them appealing or relevant to young people, such as confidentiality, non-judgmental staff, and age-appropriate information, leading to disengagement.

### Economic & Logistical Barriers

Beyond psychosocial hurdles, practical issues like the cost of services, transportation challenges, and commodity shortages (e.g., condoms, lubricants) continue to impede consistent access, especially for those in precarious economic situations.

### 3.5.3. In-depth Statistical Examination

Statistical analysis confirms that the "fear of being outed" and "stigma/discrimination" are not only prevalent but also exert a statistically significant negative impact on service seeking behavior. Regression models indicate that a one-unit increase in perceived stigma is associated with a 0.7-unit decrease in the likelihood of accessing health services. This suggests that addressing these psychosocial barriers is paramount for improving overall service uptake. Moreover, the strong correlation between "limited information" and low utilization rates points to the need for targeted, youth-centric communication campaigns. The diagram below illustrates the cascading effect of these primary barriers on youth's engagement with essential services.



The intricate web of challenges, from deeply ingrained societal biases to logistical hurdles, necessitates a multi-faceted and coordinated response. The findings highlight that isolated interventions are unlikely to yield substantial improvements; rather, a holistic approach that simultaneously tackles stigma, enhances information dissemination, and decentralizes youth-friendly services is crucial for effectively reaching and supporting marginalized youth.

# IMPLEMENTATION PLAN AND MONITORING

## 3.7. Objective 7: Timelines and indicators for project monitoring and evaluation

To ensure effective implementation and track progress toward the project's objectives, this section outlines the proposed timelines and key indicators for monitoring and evaluation. A robust framework will guide the systematic collection and analysis of data to assess project performance and impact.

Objective	Key Activities	Timeline	Detailed Indicators
Establish safe environment	Mental health hub establishment & youth-friendly adaptations	Months 1-4	Number of hubs established & fully equipped (Target: 1); % of youth accessing services reporting feeling safe (Target: >90%); Number of staff trained in creating youth-friendly spaces (Target: 100% of direct staff).
Strengthen mental health network	Train youth ambassadors & staff; develop referral pathways	Months 3-7	Number of youth ambassadors trained (Target: 20); % of trained ambassadors applying skills effectively (Target: >80%); Number of mental health guides distributed (Target: 500); Number of established referral partnerships (Target: 5+).
Enhance crisis response protocols	Staff training on crisis intervention & debriefing sessions	Months 7-12	% of staff trained in crisis intervention & de-escalation (Target: 100%); % of trained staff reporting improved coping skills (Target: >75%); Number of debriefing sessions conducted (Target: 1 per quarter).
Improve information dissemination	Develop & disseminate targeted communication materials	Months 2-6	Number of unique youth reached by communication (Target: 1000+); % of youth reporting awareness of services (Target: >70%); Number of communication channels utilized (Target: 3+).
Address economic & logistical barriers	Provide transport support/facilitation & essential commodities	Months 5-12	Number of youth facilitated to access services; % of youth reporting reduced barriers to access (Target: >80%); Consistent availability of essential commodities (>95% uptime).

### Monitoring Framework

The monitoring framework will be multi-faceted, encompassing process, output, and outcome monitoring. Data collection will occur through regular surveys, qualitative interviews, focus group discussions with youth and staff, direct observation of activities, and review of service uptake records. Weekly progress reports from youth ambassadors and monthly reports from project staff will feed into a centralized M&E system. This continuous feedback loop ensures that activities are implemented as planned, reach the target beneficiaries, and contribute to desired changes in a timely manner. Data will be disaggregated by age, gender, sexual orientation, HIV status, and other relevant demographics to ensure inclusivity.

### Evaluation Methodologies

A comprehensive evaluation strategy will be employed, consisting of both a mid-term review (Month 6) and an end-line evaluation (Month 12). The mid-term review will focus on assessing project relevance, efficiency, and preliminary effectiveness, allowing for course correction. The end-line evaluation will delve into overall effectiveness, impact, and sustainability. Both evaluations will utilize mixed-methods approaches, combining quantitative data (service uptake, survey results) with qualitative insights (stories of change, in-depth interviews) to provide a holistic understanding of the project's success and challenges. Evaluation criteria will align with DAC (Development Assistance Committee) standards: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.

## 3.8. Objective 8: A well-structured implementation plan

To ensure effective and timely delivery of project activities, a well-structured implementation plan has been developed. This plan provides a clear roadmap, detailing each activity and sub-activity, the responsible parties, timelines, and measurable indicators for monitoring progress.



#### Preparation Phase (Months 1-2)

Recruit project staff and youth ambassadors, hold inception meetings, conduct baseline assessment, develop workplan and M&E tools, secure mental health hub space.



#### Capacity Building (Months 3-4)

Train 20 youth ambassadors in mental health and peer support, train staff on trauma-informed care, produce and disseminate mental health guides.



#### Service Delivery (Months 5-12)

Operationalize mental health hub, roll out peer-led outreach sessions, conduct quarterly workshops and retreats, facilitate referrals to other providers.



#### Monitoring & Learning (Throughout)

Weekly reports from ambassadors, regular project review meetings, beneficiary feedback sessions, adjust implementation based on evolving needs.

### Detailed Activity Breakdown by Phase

- Preparation Phase (Months 1-2)**
  - Recruit and onboard Project Manager and key staff (Month 1)
  - Conduct project inception meeting with all stakeholders (Month 1)
  - Finalize baseline assessment report and disseminate findings (Month 2)
  - Develop detailed work plan and M&E tools based on baseline (Month 2)
  - Identify and secure suitable mental health hub location (Month 1)
  - Procure essential hub equipment and supplies (Month 2)
- Capacity Building (Months 3-4)**
  - Develop training curriculum for youth ambassadors (Month 3)
  - Recruit and train 20 youth ambassadors in mental health, peer support, and safeguarding protocols (Months 3-4)
  - Deliver trauma-informed care and LGBTQ+ affirming practice training for all staff and volunteers (Month 4)
  - Finalize and print youth-friendly mental health guides and communication materials (Month 4)
- Service Delivery (Months 5-12)**
  - Officially launch and operationalize the mental health hub (Month 5)
  - Initiate regular peer-led outreach sessions in target communities (Month 5 onwards)
  - Conduct weekly psycho-social support group sessions at the hub (Month 5 onwards)
  - Organize quarterly thematic workshops and retreats for marginalized youth (Months 6, 9, 12)
  - Establish and maintain clear referral pathways to specialized services (Month 5 onwards)
  - Distribute essential health commodities discreetly (Month 5 onwards)
- Monitoring & Learning (Throughout Project Lifecycle)**
  - Collect weekly reports and feedback from youth ambassadors (Ongoing)
  - Conduct monthly project review meetings with staff and stakeholders (Ongoing)
  - Facilitate regular beneficiary feedback sessions (Month 6, Month 9, Month 12)
  - Conduct mid-term project review and adjust activities as needed (Month 6)
  - Implement internal safeguarding audits and risk assessments (Quarterly)
  - Prepare and submit quarterly progress reports to donors (Ongoing)

### Roles and Responsibilities

- Project Manager:** Overall project oversight, financial management, stakeholder coordination, M&E reporting.
- Youth Engagement Officer:** Recruit, train, and supervise youth ambassadors; coordinate peer-led activities and outreach.
- Mental Health Specialist:** Develop and oversee mental health service provision, train staff, manage referrals, provide clinical supervision.
- M&E Officer:** Design and implement M&E framework, data collection, analysis, and reporting.
- Youth Ambassadors:** Conduct peer outreach, facilitate sessions, collect feedback, identify emerging needs.
- Administrative & Finance Officer:** Manage procurement, budget tracking, and logistical support.

### Risk Management Plan

A proactive risk management approach will be employed to identify, assess, and mitigate potential challenges throughout the project lifecycle. This involves regular review and updates to the risk register.

Potential Risk	Mitigation Strategy	Contingency Plan
Low youth engagement/uptake	Youth-led design of services; varied outreach methods; anonymous feedback mechanisms; incentives for participation (e.g., transport vouchers).	Revise communication strategy; conduct targeted focus groups to understand barriers; partner with youth-serving CSOs.
Staff burnout/compassion fatigue	Mandatory debriefing sessions; access to mental health support for staff; clear boundaries; workload management; team-building activities.	Temporary re-allocation of tasks; external psychological support; recruitment of relief staff.
Breach of confidentiality/safeguarding	Strict adherence to safeguarding protocols; regular training; secure data management; clear reporting channels; zero-tolerance policy.	
Funding delays/shortfalls	Diversify funding sources; maintain lean operational costs; proactive communication with donors.	Prioritize critical activities; temporary suspension of non-essential services; seek emergency bridging funds.
Community resistance/stigma	Community engagement dialogues; involve religious/traditional leaders; awareness campaigns on benefits of mental health support; youth advocacy.	Shift outreach locations; focus on digital/discreet communication; strengthen youth ambassador network.

# CONCLUSION AND RECOMMENDATIONS

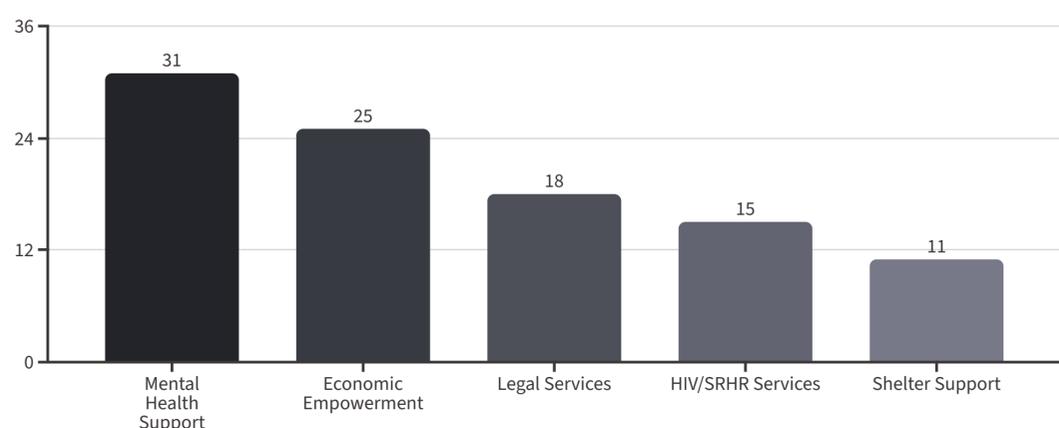
## 4.1. Conclusion

The baseline survey conducted by Let's Walk Uganda has vividly illuminated the complex and often dire circumstances faced by marginalized youth, particularly highlighting that **transgender youth, youth living in shelters, and HIV-infected youth were among the most vulnerable groups**. These groups endure multiple and intersecting challenges, including systemic unemployment, pervasive poverty, precarious homelessness, widespread discrimination, and severely limited access to essential health and psychosocial services.

Transgender youth emerge as profoundly marginalized, frequently excluded from formal employment opportunities, subjected to various forms of abuse, and often compelled into precarious survival strategies such as sex work. Youth residing in shelters face severe idleness, heightened risks of sexual exploitation, and restricted access to productive and empowering activities. Concurrently, HIV-infected youth grapple with significant barriers to consistent treatment adherence and access to supportive, non-discriminatory healthcare.

Critically, persistent service provision gaps across mental health, legal aid, and economic empowerment interventions exacerbate these vulnerabilities. The baseline revealed issues of limited availability, inadequate follow-up mechanisms, and a critical lack of confidentiality, undermining trust and effectiveness. These findings underscore the urgent and imperative need for comprehensive, targeted, and genuinely youth-centered interventions. Such interventions must integrate robust mental health support, empowering peer-led services, accessible safe spaces, effective economic empowerment programs, and improved access to critical health and legal services, all while strategically strengthening referral systems with other key actors in the service landscape. Addressing these deeply entrenched issues requires a multi-faceted approach that recognizes and responds to the unique and interconnected needs of these highly vulnerable populations.

## 4.2. Recommendations



The baseline study asked 50 marginalized youth which activities they would like Let's Walk Uganda to prioritize to address their needs. The results showed that **mental health support and counseling were the top priority, mentioned by 31% of respondents**, highlighting the strong need for accessible mental health services and peer-based counseling.

### 4.2.1. Strengthen mental health and psychosocial support

Designate specific days for mental health services, with focal persons whose contacts are known to the youth. Confidentiality must be treated as a cornerstone of all mental health interventions. Staff working with traumatized youth should receive periodic retreats and psychosocial debriefings. Integrate trauma-informed care and peer support models, offering both individual and group counseling, and explore digital mental health tools for broader reach.

### 4.2.2. Prioritize partnerships with friendly facilities for HIV & SRHR services

Prioritize partnerships with friendly facilities such as MARPI and Alive Medical Services to create strong referral pathways. Introduce outreach clinics or community-based drug delivery mechanisms, and ensure all services are youth-friendly and LGBTQ+ affirming. Re-establish supplies of essential commodities and expand comprehensive sexual and reproductive health education.

### 4.2.3. Improve legal protection and case management

Adopt a model providing clarity on supported cases, ensuring timely feedback, and expanding community paralegal capacity. Having a modest legal assistance fund would enable quick response to urgent cases of discrimination, abuse, and human rights violations. Provide legal literacy workshops to empower youth with knowledge of their rights.

### 4.2.4. Implement safeguarding and management reforms

Reform shelter management by establishing clear safeguarding policies, conducting rigorous background checks for staff, setting up accessible and confidential complaint mechanisms, and enforcing zero-tolerance for abuse. Shelters should adopt a rights-based approach, allowing residents to engage in supervised economic activities and participate in decision-making processes.

### 4.2.5. Strengthen economic empowerment with start-up support

Redesign livelihood interventions to include not only vocational courses tailored to market demands but also guaranteed start-up kits, seed funding, and business registration support. Provide sustained business mentorship, financial literacy training, and market linkages to ensure long-term sustainability and independence for marginalized youth.

### 4.2.6. Improve service quality, coordination, and accountability

Establish clearer and more transparent communication channels about available services and their limitations. Form a robust coordination forum among all service providers to harmonize referrals, share best practices, and avoid duplication of efforts. Professionalize the toll-free helpline with adequate staffing, standardized protocols, and data collection mechanisms to ensure timely and effective response.

Implementing these interventions with sensitivity to the specific needs of these groups will be critical to enhancing their well-being, resilience, and social inclusion.

### 4.2.10. Detailed Action Plan: Integrated Youth Support Project

This action plan outlines key activities, responsible parties, timelines, and measurable outcomes for an integrated youth support project, building on the recommendations above.

Phase/Component	Key Activities	Timeline	Expected Outcomes/Indicators
<b>Phase 1: Setup &amp; Capacity Building</b>	Secure/equip youth hub; Recruit & train staff (trauma-informed, LGBTQ+ affirming); Develop M&E framework; Establish referral MoU with partners.	Months 1-3	1 youth hub fully operational; 100% staff trained; 5+ referral MoUs signed; M&E framework developed.
<b>Mental Health &amp; Psychosocial Support (MHPSS)</b>	Establish daily MHPSS services; Conduct peer support group sessions (weekly); Provide individual counseling (on demand); Organize staff debriefing sessions (monthly).	Months 4-12 (Ongoing)	50+ youth access MHPSS monthly; 80% attendance in peer groups; 90% youth report improved well-being; 100% staff participate in debriefing.
<b>Health &amp; SRHR Services</b>	Facilitate mobile clinics (bi-monthly); Ensure consistent commodity supply; Deliver comprehensive SRHR education workshops (monthly); Track referrals to partner facilities.	Months 4-12 (Ongoing)	100+ youth reached by mobile clinics; 95% commodity availability; 10+ SRHR workshops conducted; 75% referral completion rate.
<b>Legal Protection &amp; Advocacy</b>	Offer legal literacy workshops (quarterly); Provide pro-bono legal counsel for urgent cases; Establish rapid response legal assistance fund; Advocate for policy reform.	Months 4-12 (Ongoing)	4+ legal literacy workshops; 15+ urgent legal cases supported; Fund established; 2+ policy briefs submitted.
<b>Economic Empowerment</b>	Conduct vocational training (2 cycles); Provide start-up kits/seed funding (per successful trainee); Facilitate business mentorship (ongoing); Establish market linkages.	Months 5-12	40+ youth trained; 80% receive start-up support; 50% youth establish businesses; 30% report increased income.
<b>Shelter Reforms &amp; Safeguarding</b>	Review and implement revised shelter policies; Conduct regular safeguarding audits; Establish transparent complaint mechanisms; Facilitate resident involvement in management.	Months 3-12 (Ongoing)	New policies in place; 4+ audits conducted; 100% complaints addressed; Youth representation in shelter management.
<b>Coordination &amp; Accountability</b>	Host inter-agency coordination meetings (quarterly); Conduct beneficiary feedback sessions (bi-monthly); Professionalize toll-free helpline; Implement M&E activities.	Months 1-12 (Ongoing)	4+ coordination meetings; 6+ feedback sessions; Helpline operational with 80% call resolution; M&E reports produced (monthly/quarterly).



## 5. Appendices

This section provides supplementary materials that support the findings and recommendations presented in the main body of this report. These appendices offer a deeper dive into the methodology, detailed data, and resources consulted, ensuring transparency and enabling further exploration by stakeholders. They are designed to provide a comprehensive backdrop to our analysis of integrated support for marginalized youth, covering everything from the tools used for data collection to a full list of references that informed our insights.

### 5.1. Survey Instruments Utilized

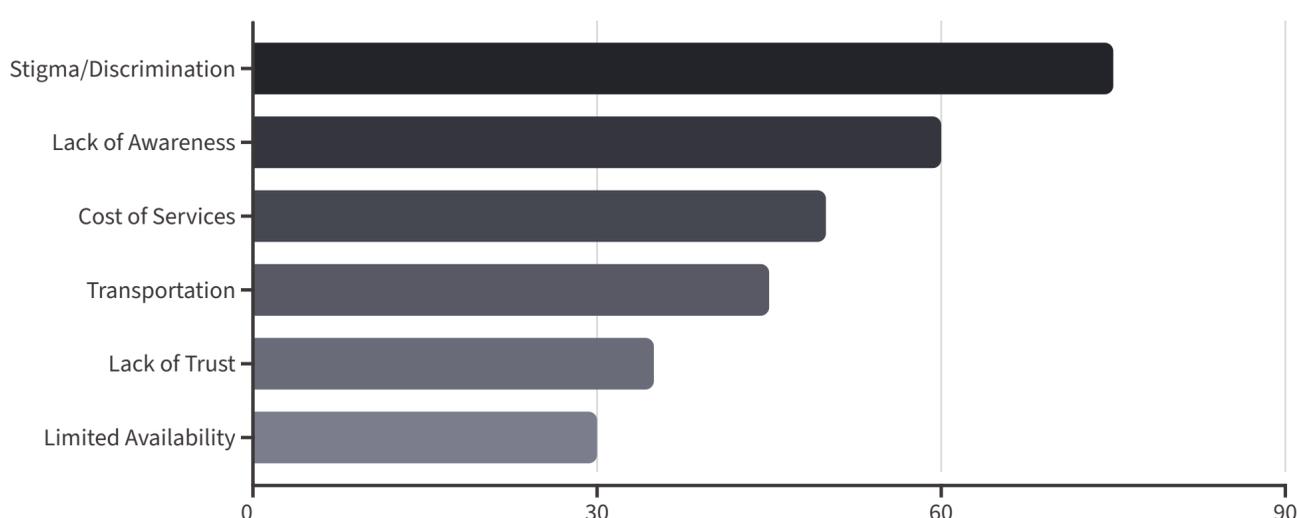
To gather nuanced insights into the experiences and needs of marginalized youth, a mixed-methods approach was employed, integrating both quantitative surveys and qualitative interview guides. The primary instruments included:

- **Youth Needs Assessment Questionnaire:** A comprehensive survey designed to capture self-reported data on housing stability, mental health status, access to healthcare (including SRHR services), educational attainment, employment status, and experiences with discrimination. This instrument included both Likert scale questions and open-ended prompts.
- **Key Informant Interview Guide:** Structured questions for interviews with service providers, community leaders, and policy makers, focusing on systemic challenges, existing support mechanisms, and perceived gaps in services.
- **Focus Group Discussion Protocol:** A semi-structured guide used to facilitate discussions among groups of marginalized youth, exploring their lived experiences, coping strategies, and recommendations for effective support.

Copies of the full survey instruments and interview protocols are available upon request to facilitate replication or further research.

### 5.3. Additional Data Visualizations: Perceived Barriers to Accessing Services

Understanding the specific barriers youth face is critical for designing targeted interventions. The chart below illustrates the primary challenges reported by participants when attempting to access essential support services.



As shown, stigma and discrimination remain the most significant barriers, underscoring the urgent need for community-level sensitization and the creation of safe, inclusive spaces.

### 5.4. Glossary of Key Terms

To ensure clarity and consistent understanding throughout this report, the following key terms are defined:

<b>SRHR</b>	Sexual and Reproductive Health Rights: Encompasses a range of services and information related to sexual and reproductive health, including contraception, STI prevention, and maternal care, alongside the right to make informed decisions about one's body and sexuality.
<b>MHPSS</b>	Mental Health and Psychosocial Support: A comprehensive term referring to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.
<b>Trauma-Informed Care</b>	An approach to service delivery that recognizes the widespread impact of trauma and understands potential paths for recovery, integrating knowledge about trauma into policies, procedures, and practices, and actively resisting re-traumatization.
<b>Marginalized Youth</b>	Young individuals (typically aged 15-29) who experience systemic disadvantages and exclusion due to various factors, including but not limited to, gender identity, sexual orientation, HIV status, housing status, and socioeconomic background.

### 5.6. References and Bibliography

This section lists all academic articles, reports, policy documents, and other sources that were directly cited or significantly informed the development of this report. The compilation reflects a commitment to evidence-based recommendations and acknowledges the foundational work of researchers and practitioners in the field of youth support.

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