YOUTH AND WOMEN EMPOWERMENT (YAWE) FOUNDATION

ANNUAL REPORT 2017

Strength Through Unity & Understanding
YAWE F. NGO Registration Number S.5914/5441
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List of acronyms

AIDS:  Acquired Immune Deficiency Syndrome
ART:  Anti Retroviral Therapy
CDO:  Community Development Officer
CHWs: Community Health Workers
CORPs: Community Own Resource Persons
CSW:  Commercial Sex Workers
DHO:  District Health Officer
HIV:  Human Immunal Deficiency Virus
HTS:  HIV Testing Services
IEC:  Information Education Communication
KUSA: Kabarole Unique Stars Association
LRAs: Linkage and Referral Assistants
MARPs: Most At Risk Populations
NGO:  Non Governmental Organization
STIs:  Sexually Transmitted Infections
Dear Partners, The year 2017 has been a remarkable one for Youth and Women Empowerment (Yawe) Foundation in making strides towards achievement of its goal of having healthy, educated and protected children and young people living with HIV and improving the quality of life. We would like to thank Pfk, Baylor Uganda BTC, and African Evangelistic Enterprise for financial support extended to us that have substantially enabled us to implement our programs and bring about invaluable changes in the communities we serve. During the year 2017, Yawe foundation expanded its operational coverage to the newly created district of Bunyangabu and also sustained work in all sub Counties in Kabarole district. We are confident that the region shall gain from the best practices that have over time been gained from Yawe’s programs that have for the past 6 years been implemented in...
Kabarole districts. YAWE Foundation in May 2017 embarked on a one year Project “Community Referral and Linkage Frame Workproject” with a focus of improving HIV prevention care and treatment outcomes through utilizing the referral system at Community level. This project was successfully implemented which has resulted into improved Health indicators like lost to follow clients in the areas where it was implemented in Bunyangabu district. YAWE foundation has continued to work in the area of Vocational Skills development by piloting vocational skills short courses that has proved to yield positive results, because all the 35 students enrolled under this program supported by BTC Uganda passed the national exam by Directorate of Industrial training (DIT).

All the success is possible because of the intervention strategies that seek to build communities and most importantly working with them while harnessing their potential to be the ones that cause change in their lives themselves. Sincere thanks go to our implementation partners without which our program goals would not be achieved. They include the Kabarole and Bunyangabu district administration, local council’s right from the village to the district level, village health teams, Community health workers who formed our core team at community level, health centers, and line ministries for the health, education and child protection sectors and nongovernmental organizations. To the entire YAWE implementation team, thank you for your dedicated work towards ensuring that the goals of the organization are achieved. I also thank you for keeping our image in the Community shining. Finally, a word of thanks goes to Margarita Chukna our YAWE Board member who is in USA for loving and YAWE. I would like also to pass a vote of thanks once again to all our donors Perspektive fuer Kinder Austria and entire YAWE friends in Austria and other parts of the world for enabling us acquire YAWE Centre Building which we have been renting for a long time now we own a place we can call our own home. We thank Baylor Uganda, BTC, RHU, and Knowledge for Change, African Evangelistic Enterprise (AEE) and All hospitals and health all facilities in Kabarole and Bunyangabu Districts. To you reading this report, we are confident that it will provide you with insightful lessons that you can carry forward to create positive and meaningful changes in the lives of children and other vulnerable people in our community.

Akora George William
Executive Director
YAWE Foundation started as a Community Based Organization in 2000 by a group of youth and women. It later legally registered with National NGOs Board as NGO in 2004 (Registration NGO number S.5914/5441). Since its inception YAWE Foundation has been involved in activities directly targeting the youth and other vulnerable people in the community. It has a revolutionary idea of organizing the youth, women and other vulnerable people under one forum, offering them a platform of co-operation for the promotion of human rights, HIV/AIDS awareness campaigns, and encourages activities of self reliance through capacity building of community members in entrepreneurship and business enterprises management. The organization works with other partners in the district such as the District Health Office and networks of people living with HIV.

Vision
An enlightened society through sustainable social economic development and good health for all.

Mission
To create improved standard of living among the community through social support and income generating projects through sustainable socio-economic development where unity and solidarity amongst communities allow the advancement to improved livelihoods.

Aims and objectives
➢ To mobilize, organize the youth and women under one forum and offer platform of cooperation to foster development.
➢ Rise community awareness on primary health concern including STDs and HIV/AIDS.
➢ Promote poverty eradication strategies through promotion of skills, talent and resources mobilization.
➢ To promote social economic welfare of the vulnerable in the community e.g women, youth and people with disabilities.
➢ Enhance proper community management of natural resources (environmental protection)
➢ To link member groups with other development partners for sharing information, experience and resources.

OUR CORE VALUES
➢ Honest and integrity
➢ Hard work
➢ Team work
➢ Non discrimination
➢ Respect for humanity
➢ Confidentiality

ADDRESS
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E-mail: yawefoundation@gmail.com
            care@yawefoundation.org
Website: www.yawefoundation.org
Blog: http://yawefoundation.blog.com/
You tube: http://www.youtube.com/user/yawefounda
          tion/
On 18th May 2017, YAWE Foundation had the opportunity to host the US Ambassador to Uganda, H. E. DEBORAH MALAC to launch the Community Linkage and Referral Frame Work for Rwenzori Region. Other guest speakers among others were; the DHO Dr. Mugahi R, LCV Rwabuhinga R, RDC Asiimwe, Woman MP Sylvia R, and Baylor Executive Director. The Ambassador launched the community linkage referral frame work for Rwenzori Region, where YAWE together with Baylor Uganda, RIDE Africa, YES, Hakibaale Kwemanyira, KIDA, KAANA Foundation among others were to take lead in strengthening HIV prevention and referral and linkages services to meet the UNAIDS HIV prevention strategy - the 90-90-90 treatment targets whereby: By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. The 90-90-90 treatment targets aims at closing the testing gap and to protecting people living with HIV who are still not accessing treatment.
Vocational training

YAWE vocational trainees practicing hand knitting

YAWE tailoring class

YAWE Vocation training aims at addressing unemployment gap in Uganda through facilitating youth to acquire employable skills. Unemployment among youth 18 to 30 years has been increasing over years; whereby 64% of the total unemployed persons in the country are youth and yet three-quarters of the population are below the age of 30 years (UBS report 2012). Female youth are twice as likely to be unemployed compared to male youth. Access to formal education has not contributed much in addressing the problem due to insufficient employable skills and poor community attitudes about vocational education (ILO report 2014).

In attempting to address the problem, YAWE Creates awareness on the value of vocational skills and provides employable vocational skills to young people that meet job market demands which will help reduce unemployment problem among youth.
A medical staff giving a health talks during one of the outreaches

Yawe medical staff would like to thank our sponsors and partners for supporting us throughout the year 2017 both financially and technical advice. It is through your unconditioned support that we managed to reach out to the thousands of poor and less privileged people both in rural and urban areas may God bless you all abundantly.

Medical staff immunising students against Tetanus at Kahinju SSS
The following were some of the achievements in the year 2017:

1. We hosted students from different European countries such as Norway, Germany, UK and USA. During their stay we conducted medical outreaches to rural areas offering services such as cervical cancer screening, family planning methods, health education talks, condom distribution and HIV counseling and testing. These services we offered to them for free. The students gained practical knowledge and experience working in rural settings.

2. We conducted medical outreaches to rural areas especially in Bunyangabu district offering services such as cervical cancer screening, HIV counseling and testing, health education, and condom distribution and treating minor illnesses/diseases like high blood pressure, high blood sugar, urinary tract infections, syphilis, malaria, sexually transmitted diseases and typhoid. Women who were found with cancer of cervix in early stages were referred to Reproductive Health Uganda for treatment (cryotherapy).

3. We carried out immunization activities both static and outreach sites. Our outreach site is Nyakitojo village in Kiguma parish, Bukuku sub county. Many children below five years of age benefited from our services. We also offered family planning services to mothers during immunization. We immunized girls 15 years and above with tetanus toxoid (TT) in schools. All our HIV clients were successfully registered in open MRS. This is a system which tracks all HIV positive in the country. It provides a data base for easy tracking of patients, proper planning and improved quality of service.

Viral load test. All our clients living with HIV who have been in care for six months and above were tested for viral load to find out whether the virus has suppressed following treatment.

4. Successfully implemented the Baylor sub grant of OVC and community linkage and referral frame work project where the medical team was fully involved in doing HIV counseling and testing of OVC infected and affected with HIV and their families, mobilizing viral load camps and medical male circumcision camps.

YAWE medical staff would like to thank our sponsors and partners for supporting us throughout the year 2017 both financially and technical advice.
YAWE Foundation HTS performance both at the static clinic and outreaches

<table>
<thead>
<tr>
<th></th>
<th>YAWE Static Center</th>
<th>Outreaches</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGATIVE MALE</td>
<td>139</td>
<td>3</td>
<td>142</td>
</tr>
<tr>
<td>POSITIVE MALE</td>
<td>765</td>
<td>7</td>
<td>772</td>
</tr>
<tr>
<td>NEGATIVE FEMALE</td>
<td>169</td>
<td>10</td>
<td>179</td>
</tr>
<tr>
<td>POSITIVE FEMALE</td>
<td>823</td>
<td>8</td>
<td>831</td>
</tr>
</tbody>
</table>

YAWE Clinic reaches 904 males and 823 females clients with HTS services in her static clinic. Out of 1727 people tested 32 were HIV positive and were linked into care and treatment services at YAWE Clinic and other health facilities.

**Clients retention on ART**

<table>
<thead>
<tr>
<th>Total number of people living with HIV on ART</th>
<th>Total number of clients retained</th>
<th>Total number of clients done viral load test</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>45</td>
<td>46</td>
</tr>
</tbody>
</table>

Out of the 48 clients on ART 45 were fully reatained and 3ony clients are lost to follow. However, efforts are being made to follow up lost clients for ART re-engagement.
YAWE also offered other laboratory tests as contained in the table below:

<table>
<thead>
<tr>
<th>Test</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>58</td>
<td>77</td>
<td>135</td>
</tr>
<tr>
<td>Sphylis</td>
<td>16</td>
<td>40</td>
<td>56</td>
</tr>
<tr>
<td>Blood sugar</td>
<td>34</td>
<td>58</td>
<td>92</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>0</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Typhoid</td>
<td>31</td>
<td>53</td>
<td>84</td>
</tr>
</tbody>
</table>

Cervical cancer screening

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Positive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTER</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>OUTREACH</td>
<td>242</td>
<td>18</td>
<td>40</td>
</tr>
</tbody>
</table>

All our HIV clients were successfully registered in open MRS. This is a system which tracks all HIV positive in the country. It provides a data base for easy tracking of patients, proper planning and improved quality of service. All our clients living with HIV who have been in care for six months and above were tested for viral load and most of them have achieved viral load suppression.

**IMMUNISATION**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection at birth</td>
<td>154</td>
<td>142</td>
<td>296</td>
</tr>
<tr>
<td>BCG</td>
<td>09</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>Polio O</td>
<td>10</td>
<td>08</td>
<td>18</td>
</tr>
<tr>
<td>Polio 1</td>
<td>19</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>Polio 2</td>
<td>28</td>
<td>22</td>
<td>50</td>
</tr>
<tr>
<td>Polio 3</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>IPV</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>DPT-HepB+Hib 1</td>
<td>19</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>DPT-HepB+Hib 2</td>
<td>28</td>
<td>22</td>
<td>50</td>
</tr>
<tr>
<td>DPT-HepB+Hib 3</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>PCV 1</td>
<td>19</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>PCV 2</td>
<td>28</td>
<td>22</td>
<td>50</td>
</tr>
<tr>
<td>PCV 3</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td>Rota virus 1</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Rota virus 2</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Rota virus 3</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Measles</td>
<td>32</td>
<td>36</td>
<td>68</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>117</td>
<td>124</td>
<td>241</td>
</tr>
<tr>
<td>Deworming</td>
<td>156</td>
<td>202</td>
<td>358</td>
</tr>
<tr>
<td>HPV</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>TETANUS</td>
<td>76</td>
<td>138</td>
<td>214</td>
</tr>
</tbody>
</table>

YAWE medical staff would like to thank our sponsors and partners for supporting us throughout the year 2017 both financially and technical advice. It is through your unconditioned support that we managed to reach out to the thousands of poor and less privileged people both in rural and urban areas may God bless you all abundantly.
FAMILY PLANNING

<table>
<thead>
<tr>
<th></th>
<th>INJECTABLES</th>
<th>IMPLANTS</th>
<th>PILLS</th>
<th>CONDOMS</th>
<th>NATURAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTER</td>
<td>72</td>
<td>09</td>
<td>28</td>
<td>865</td>
<td>52</td>
</tr>
<tr>
<td>OUTREACH</td>
<td>134</td>
<td>18</td>
<td>64</td>
<td>3562</td>
<td>137</td>
</tr>
<tr>
<td>TOTAL</td>
<td>206</td>
<td>27</td>
<td>92</td>
<td>4427</td>
<td>189</td>
</tr>
</tbody>
</table>

OVC and Community Linkage and Referral Frame Work Project in Kabarole and Bungangabu districts

YAWE Foundation with support from Baylor Uganda has successfully implemented “Community Linkage and Referral Project” in the effort to achieve UNAIDS 90-90-90 strategy to fight new HIV infection and to scale up access to care and treatment services for people living with HIV. (90% of people living with HIV will know their HIV status, 90% of people living with HIV are enrolled on ART treatment, 90% of all people enrolled on ART achieve viral load suppression)

The project aim at achieving the following overall objectives:

1. To strengthen the linkage and referral process as well as ensure equitable access and service delivery to OVC households
2. Achieving UNAIDS 90-90-90 strategy to fight new HIV infection and to scale up access to care and treatment services for people living with HIV

YAWE services covered the following areas in Bunyangabu district.

<table>
<thead>
<tr>
<th>Sub counties</th>
<th>Number of Villages</th>
<th>Names of Health Facilities supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibiito Sub County</td>
<td>17</td>
<td>Kasunganyanja HC III</td>
</tr>
<tr>
<td>Kibiito Sub T/C</td>
<td>18</td>
<td>Kibiito HC IV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yerya HC III</td>
</tr>
<tr>
<td>Kanonero Sub County</td>
<td>31</td>
<td>Kabonero HC III</td>
</tr>
<tr>
<td>Rwimi T/C</td>
<td>20</td>
<td>Rwimi HC III</td>
</tr>
<tr>
<td>Rwimi Sub County</td>
<td>20</td>
<td>Kakinga HC III</td>
</tr>
</tbody>
</table>

We recruited 16 Community Health Workers (CHWs) and 59 Para social Workers (PSWs) in the district communities to support on OVC monitoring and facilitate community linkage activities and follow up of clients. Community Health Workers were attached to each health facility to facilitate community linkage and referral, as well as follow up of missed lost clients, and mobilize the community for health related outreaches in collaboration with the Linkage and Referral Assistant (LRA) and health facility staff. At least each parish had a Para Social Worker who is responsible for OVC support activities.
Key intervention activities implemented includes the following;

- Stakeholders entry meetings in 5 sub counties mentioned
- Supported two PHA Groups with each 2,000,000/= (Rwimi ARV Support Group and Join and Accept and Survive in Kibito T/C in the 1st quarter July to September 2017) and 1,500,000/= for the current quarter which ends in March 2017.
- Conduct Targeted HTS (Index client testing and outreaches to KPs, OVCs, Adolescents and other PPs
- Conduct TB screening for PHAs and household members and HIV testing for TB patients
- Conducted Health education to pregnant mothers and Index tracing for their husbands
- Mobilize the adolescents in and out of schools through peer educators to go for HIV evening testing at the health facility.

### Key intervention areas

1. **Strengthening community linkage and referrals for HIV prevention care and treatment services**
2. **Strengthen OVC support services through social and economic strengthening of their households.**
3. **Providing vocational and life skills to adolescents and youth out of school**

### Y A W E staff educating girls on use of reusable sanitary pads before distribution

- Provide HIV prevention massages to adolescents in and out of school through peer educators and drama presentations.
- Support mobilization for VMMC targeting PPs aged 15-29 through CHW and VHTs
- Moonlight testing for KPs and PPs.
- HIV preventive messages to men at hotspots (bars, betting houses, pool tables, video halls).
- Tracing contacts of TB index clients.
- Follow up of referrals and linkage to the healthy facility and to the community.
- Follow up of mother-baby pair defaulters and retain them in care until final outcome.
- Conduct meetings with OVC caregivers to enforce adherence and provide care giver information.
- Follow up clients who have not achieved viral load suppression.
- Support adolescent clinic days with adherence education.
- Referral of PHAs due for viral load test.
- Adherence counseling and education on refill days for PHAs

### Y A W E Supported OVC Core Program Areas and services offered.

|-------------|---------|-----------|--------------|--------------|---------|

Follow up and referral and linkage activities;

YAWE staff coordinated community linkage and referrals to the health facility and to the community to improve access to care and treatment services and other support for Orphans and Vulnerable Children (OVC) and People Living with HIV (PHAs). The table below shows the number of clients referred from facility to community and from community to facility and number clients who received services referred for.

<table>
<thead>
<tr>
<th>Referral and linkages</th>
<th>Total clients referred</th>
<th>Total services</th>
<th>Total clients received</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Community to Facility Referrals</td>
<td>304</td>
<td>623</td>
<td>929</td>
<td></td>
</tr>
<tr>
<td>Facility to Community Referrals</td>
<td>52</td>
<td>83</td>
<td>135</td>
<td></td>
</tr>
</tbody>
</table>

Follow up of clients who are positive and not in care, those who have missed appointment, defaulters, clients with unsuppressed viral load, OVC, TB Clients etc. The table below shows the number of clients followed up and those who returned or received services.
Follow up of clients

<table>
<thead>
<tr>
<th></th>
<th>Total clients followed up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Number of clients/individuals in the community followed for assessment, and other support services such as psychosocial support, adherence counseling, TB screening, and psycho education.</td>
<td>335</td>
</tr>
<tr>
<td>Number of clients/individuals returned back to care or received services for follow up</td>
<td>334</td>
</tr>
</tbody>
</table>

Formation of new VSLA among care givers and OVC households

VSLA Group

Village saving and lending Associations (VSLA), are village groups that are formed to build the capacities of households so as to meet the day to day needs of the OVC through saving.

Forming these groups was seen as one method that can be used to increase the household income. During the monitoring members were sensitized on VSLA guidelines by the trainers, CDO and Yawe staff.

Handing over of VSLA tool kit to Maligo Ageteraine
The table below shows details of VSLA groups formed/monitored

<table>
<thead>
<tr>
<th>Sub County</th>
<th>Parish</th>
<th>VSLA Name</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibiito T/C</td>
<td>South West</td>
<td>Abaikiranize VSLA group</td>
<td>12</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>South West</td>
<td>Kyatwa tukwatanize VSLA group</td>
<td>8</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>South East</td>
<td>Bukara tweyimukye VSLA group</td>
<td>5</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>East Ward</td>
<td>Abamu VSLA group</td>
<td>5</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>West</td>
<td>Kagoma B VSLA group</td>
<td>11</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Kabonero</td>
<td>Kabonero</td>
<td>Rwano-Busamba ziburaikalire VSLA group</td>
<td>10</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Bukara</td>
<td>Bunyamukongo VSLA group</td>
<td>12</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Kabonero</td>
<td>Rwano Mpankuhe VSLA group</td>
<td>11</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Rwimi S/C</td>
<td>Kakinga</td>
<td>Kakinga women living with HIV VSLA group</td>
<td>0</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Identifying, assessing and enrolling OVC infected and affected by HIV/AIDS.

For all OVC and their households in the program especially infected and affected by HIV, were identified through working with ART In charges in health centers and CDOs in the Sub Counties of operation to identifying OVC enrolled in care and exposed infants. From each health facility we obtained referrals for Household Vulnerability Assessment to OVC households which we conducted to determine OVC and household beneficiaries.

We worked with Para social workers to assess the Vulnerability levels of Households of infected and affected OVC. After assessing those households only those that scored 50% and above were enrolled on the support program and they total up to 921.
Peer education program in secondary schools

YAWE Foundation has successfully implemented peer education activities in 10 secondary schools in Kabarole and Bunyangabu districts in order to empower young people with knowledge and skills so that they can make meaningful decisions to keep themselves free from HIV and also support those living with HIV to live positively, that’s be on treatment ART, practice good adherence, self acceptance, having good nutrition, taking responsibility of not spreading HIV to others and avoiding re-infection among others. Peer education program helps to bridge knowledge gap to reduce the spread of HIV and improve quality of life for young people living with HIV.

Adolescents and youth in Uganda are facing significant reproductive health risks,
which contribute to increasing HIV and STI transmission rates, as well as an increased risk of early marriage and teenage pregnancies (AIS, 2011). So far we have trained 100 youth (students) as peer educators and 10 teachers as peer mentors in the selected schools; increasing knowledge of HIV/AIDS transmission and prevention and other STIs among youth; provided at least over 1000 young people with HIV counseling and testing and refer those found HIV positive for care and treatment services. Health education has been conducted in schools using different avenues such as music dance and dram, film shows, health talks and peer to peer interactions. YAWE has also developed peer education manuals and brochures which guide peer educators in their activities. Peer education program has been coordinated by YAWE staff and Danielle Parker - Peace Corps Health Volunteer.

The Peer Education Intervention for HIV Prevention is aimed at increasing youth’s knowledge about HIV/AIDS transmission and prevention and increasing access to adolescent reproductive health services such as HCT, HIV care and treatment services, and diagnosis and treatment of STIs. The program is currently in 10 secondary schools in Kabarole and Bunyangabu districts targeting youth aged 14 – 24 years.
One of the pupils who under Yawe CHBHC program who received a wheel chair

Community home based health care (CHBHC) is a special need program for children and adults with physical and mental disabilities. This program started in 2013 in meeting the Yawe main objective of promoting the social economic welfare of the vulnerable people in the community especially the disabled. Now the project has 57 clients in care. We have also managed to bring care givers on board by holding different caregivers days which has enriched them with supportive experiences.

Cerebral Palsy, Epilepsy, Spina bifida, malnourished cases are some of the most common disabilities among our clients while others have acute body sicknesses that require special treatment and care(surgery/operation).

The program aim at achieving the following objectives;

- To help clients to be physically comfortable, clean, safe and well fed through health education and providing some nutritional support and guidance.
- To help clients learn different basic skills in life to favorably interact well with others.
- To enrich caregivers with the right information in proper management of disability.
• To improve the client’s welfare in
  maximizing their potentials to carry out a
  few activities independently

Achievements in community home based
health care program

A child who benefited from
Goats for life program
At least 12 clients benefited by receiving
wheel chairs, walking frames, crutches, CP
chairs. These equipments have helped to
improve their hard living conditions and
exercises through self propelling. Some of our
clients have made progress in attaining their
milestones from sitting to walking, self
feeding, good sitting balance, improved neck
control etc.
Caregivers have been able to save through
their saving schemes and participating in care
givers meeting which aim at improving their
disability knowledge on care and
management.

Care Givers Day
YAWE conducts a care giver’s meeting every
three months. Caregivers of children living
with disabilities in community home based
health care program meet at YAWE center to
talk about issues and challenges affecting
their lives as they do take heavy
responsibilities of parenting these children.
The main objective of the care giver’s day is
to promote physical and social welfare of
children with special needs. The caregiver’s
day unites all mothers, fathers and guardians
of the disabled children to discuss their life
experiences; and learn more ways supporting

The program aim at achieving the
following objectives;
To help clients to be physically
comfortable, clean, safe and well fed
through health education and
providing some nutritional support
and guidance.
To help clients learn different basic
skills in life to favorably interact well
with others.
To enrich caregivers with the right
information in proper management of
disability
To improve the client’s welfare in
maximizing their potentials to carry
out a few activities independently

their children and way preventative and
manage other complications such as malaria,
diarrhea causes.
YAWE mobilized adolescents and youth living with HIV to participate in the World AIDS day commemoration which took on 01/12/2017 at Kyatamaba, Kijura Town Council (for Kabarole District) and Kibiito Play Ground (for Kibiito district). Youth participation aimed at empowering them to overcome stigma and also support other adolescents and youth who are living with HIV to come up and work together to promote positive living. In Bunyangabu District, the Chairman Mr. Mugarama James expressed his deep appreciation for the great work YAWE is doing to cause positive change in the lives of young people living with HIV and the entire population in general. YAWE drama group led the anthems and also provided health education through music and drama. The Kabarole district Dr. Mugahi Richard who is the DHO of Kabarole also praised the good work YAWE is doing to reach out to communities for health services such as HIV prevention, HIV Counseling and Testing, Cancer Screening etc.
Psycho social day at YAWE Foundation

We offer general health talks, reproductive health services, HIV Counseling and Testing services, food and nutrition education, entrepreneurship and life skills training, mentorship relationships, and leadership skills training, Peer education, music dance and drama, brass band training as well as sharing meals.

Miss Uganda 2016 Leah Kagasa meets the youth during YAWE Foundation Psychosocial Day

Executive Director sharing with the youth on Psycho social day

YAWE Foundation supports over 500 orphans and vulnerable children and adolescents both socially and psychologically. Most of the children are living with HIV and coming from different sub counties of Kabarole District. Most of the children are in school and a few are not due to financial limitations. YAWE Foundation has organized these youth into support groups so that they can support each other through sharing knowledge and experience.

Every Saturday is a psychosocial day for the youth at our centre and a lot of activities take place on this day depending on the thematic program of the month and the needs identified.

The youth have also formed a Village Savings and Credit whereby every Saturday members save at least 500 to 5000. The money they save at the end of the year the money is withdrawn and the youth have used it to begin small individual projects like rearing goats, and chicken.
YAWE Foundation with much pleasure thanks all the partners who have contributed to the success of establishment of a Youth Enterprise Project. This project was established with a dream of employing the youth especially the vulnerable ones. It also serves as a training ground for the youth who want to learn different skills. We are educating learners to improve the Art of Baking and Pastry techniques such as Mixing, Shaping, Molding, Decorating, and Baking of several baked goods including Breads, Cakes, Pastry Dough, Mandazi, Baggier, Cookies, Chapattis, Samosas, Mousses, Candies and Confections in a well Equipped Demo Bakery.

The training includes Lectures/Theory, Discussions, Self-directed learning, Learning Work Assessments, Practical Exercises, Self-assessments and Evaluations, and practical studies.

The main objective of the project is to empower youth with practical entrepreneurship skills for self reliance as well as meeting current national labor market demands.
Theme: “Adherence is the key to our lives”

Y-AWE Director and some of the youth and adolescents who turned up for the conference.

Y-AWE Annual Youth Conference 2017 Annual Youth Residential Conference was held from 28th November to 2nd December 2017 at St. Paul’s Secondary School, Rwengoma. This conference provided a platform for young people living with HIV to address their psychosocial challenges to improve their quality of life and contribute to the reduction of new HIV infection and HIV related death. Annually, Y-AWE Foundation together with
Kabarole Unique Stars (KUSA) - a network of young people living with HIV in Kabarole and Bunyabu districts organize a residential Youth conference of young people living with HIV from Kabarole and nearby districts especially Bunyangabu, Kyenjojo and Ntotoko. Participants were mobilized from different Health facilities around the region. At least 181 youth turned up for the conference, 75 male and 106 females. The turn up was low because most of the youth were still at school thus could not make it to the conference.

The purpose of the conference was to strengthen the network of young people living with HIV from different areas to share knowledge and experience to address their challenges and devise strategies on how they can live positively and contribute to the reduction of HIV new infection and related death.

**Objectives:**

- To promote adherence among young people living with HIV/AIDS
- To fight stigma among the positive youth
- To address stigma and discrimination concerns among young people living with HIV
- To encourage the youth to disclose and live positively
- To promote socio-economic well being of young people living with HIV

The theme for this year’s conference was: “ADHERENCE IS THE KEY TO OUR LIVES”! In relation to the theme we had different topics and facilitators both internal and external who shared different ideas, experiences with the youth. Among the topics of the conference included stigma and discrimination, entrepreneurship skills and income generating activities, relationship between God and human beings, disclosure, the road to meet the life goal, violence and protection, tuberculosis and malaria, adherence, nutrition and health lifestyle.
Good practices

a) Working with groups people living with HIV has helped in promoting positive living and fighting stigma and discrimination which enhances their quality life and contribute reduction of new HIV infection. Also involving adolescents and young people living HIV in the prevention campaign is very effective in reducing stigma related to HIV and increasing disclosure and adherence to care and treatment.

b) Working with the community through dialogue meetings to create environment for experience sharing and a sense of involvement of community stakeholders.

c) Community HTS services and sensitization has reduced HIV related stigma and increased demand for HTS services.

d) Establishing condom distribution outlets is a good strategy for increasing condom use and reducing HIV, STIs, and unwanted pregnancies.

e) Targeting and working with MARPs like CSW, trucker drivers, plantation workers, bodaboda riders, prisoners, men and women in uniform is a good strategy in reducing HIV transmission and increasing uptake of HIV care and treatment services.

f) Sharing reports with stakeholders increase information sharing, ownership and good networking.

g) Working with the CORPs facilitates effective project implementation process, ownership and management of referrals.

h) Community Health Workers (CHWs) and Linkage and Referral Assistants attached to health facilities have been very key in strengthening community linkage and referral activities to improve OVC support services and follow up of missed and lost clients to improve linkage and retention HIV positive clients on ART.

i) Some clients give wrong names, addresses and contacts which makes follow up of them very difficult. And others due to stigma and discrimination choose to get treatment from far facilities which make follow up very difficult

j) Funds being released late for some partners which cause working at pressure since the implementing period becomes very short.

Challenges

1. Lack of enough resources to conduct out reaches
2. Negative attitudes of the community towards family planning and HIV testing services
3. Lack of free supply of drugs and medicines to offer to the adolescent and youth since most of them are still in school and some orphans and vulnerable children and youth cannot afford paying medical bills.
4. Stock out of testing kits for HIV.
5. Bad weather which made some roads impassable.

Way forward

a) Offering free treatment to adolescents and youth to treat opportunistic infections and other minor illnesses such as STDs.

b) Establishing in patients services

c) Acquiring ultra sound scan machine

d) Attracting more partnerships for information sharing and resource mobilization
YAWE Foundation Project and Support Staff

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Programs Coordinator

Akora George William
(MSc. in Counselling Psychology)
Executive Director

Kusemererwa Rosemary
(BA. in Guidance & Counselling)
Administrator

Muhumuza Samuel
(FA. in Business Admin.)
Finance Officer

Mukuru Micheal
(Dip. in Clinical Medicine)
In Charge M.C.

Kubahuma Unice
(Cert. in Nursing)
Enrolled Nurse

Kamanzi Prilla
(Cert. in Nursing)
Enrolled Nurse

Muhumuza Gilbert
(Dip. in Counselling Psych.)
CBH Care

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Field Officer

Birungi Moureen
(Uganda Cert. Ed)
Office Assistant

Kabatalesa Jeniffer
(Cert. Tailoring & Knitting)
Vocational Trainer

Kebisembo Esther
(Cert. Tailoring & Knitting)
Vocational Trainer

Kemigisa Yuster
(Cert. in Hair dressing)
Vocational Trainer

Wamara Edson
(Dip. in Primary Ed)
MDD trainer

Muganzi Nicholas
(Uganda Adv. Cert. of Ed.)
Brass band Trainer

Rujagali Richard
Chef

Monday Andrea
Security Officer

Mugisa Charles
Security Officer
### FINANCIAL SUMMARY

**FOR THE YEAR ENDED 31ST DECEMBER 2017**

<table>
<thead>
<tr>
<th>No.</th>
<th>Source Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Perspektive fur kinder</td>
<td>342,317,080</td>
</tr>
<tr>
<td>2</td>
<td>Belgian Development Agency (BTC)</td>
<td>64,000,000</td>
</tr>
<tr>
<td>3</td>
<td>Baylor Uganda</td>
<td>136,490,800</td>
</tr>
<tr>
<td>4</td>
<td>African Evangelical Enterprise (AEE)</td>
<td>8,585,333</td>
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<tr>
<td></td>
<td><strong>Sub Total</strong></td>
<td><strong>551,393,213</strong></td>
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<tr>
<td></td>
<td><strong>Local income</strong></td>
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</tr>
<tr>
<td>1</td>
<td>Clinic</td>
<td>4,622,400</td>
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<tr>
<td>2</td>
<td>Vocation fees</td>
<td>514,800</td>
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<tr>
<td>3</td>
<td>Brass band</td>
<td>9,450,000</td>
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<tr>
<td></td>
<td><strong>Sub Total</strong></td>
<td><strong>14,587,200</strong></td>
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<tr>
<td></td>
<td><strong>Total income</strong></td>
<td><strong>565,980,413</strong></td>
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<table>
<thead>
<tr>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>1   Perspektive fur kinder activities (administration)</td>
</tr>
<tr>
<td>2   Baylor (OVC and Community Referral and Linkage activities)</td>
</tr>
<tr>
<td>3   African Evangelical Enterprise (AEE)</td>
</tr>
<tr>
<td>4   BTC program (Vocational training for youth)</td>
</tr>
<tr>
<td>5   YAWE Clinic (purchase of drugs and other community outreaches)</td>
</tr>
<tr>
<td>6   Brass band (transport and facilitation of members during activities)</td>
</tr>
<tr>
<td>7   Purchase of vocational training materials</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
</tr>
<tr>
<td><strong>Year end balance/deficit</strong></td>
</tr>
</tbody>
</table>
YAWE Foundation is grateful to all her partners, donors and well wishers for the generous support towards the projects we implemented in the year 2017. Thank you all, without your support we would not achieve this tremendous success.

Special thanks goes to all our volunteers from Perspektive fuer kinder (Austria), Welthunger helf (German) and Peace Corps (US). In a special way, we thank students from United Kingdom (UK) and Belgium through partnership with Knowledge for Charge and Mountains of the Moon University. Thank you for dedicating your time energy and resources to support our development projects in Uganda. Your contribution is highly appreciated.

**CONTACTS:**
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