

# YOUTH AND WOMEN EMPOWERMENT (YAWE) FOUNDATION



ANNUAL  
REPORT  
2018



**Strength Through Unity & Understanding**  
**YAWE F. NGO Registration Number S.5914/5441**

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## List of acronyms

AIDS:	Acquired Immune Deficiency Syndroom
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

# FORWARD:

## Message from the Executive Director



I am pleased to present Youth and Women Empowerment (YAWE) Foundation's annual report for 2018: Making a Difference Across communities in Kabarole and Bunyangabu districts. As an organization, we strive to put our best foot forward every day to serve the public in the most efficient and effective ways possible. In this year's Report, we are highlighting many achievements, though certainly not all, of our plans were accomplished. We were able to advance our vision ensuring children, youth and women have good healthy, and have improved their social economic conditions.

The past year, 2018, proved to be another eventful year for YAWE foundation. Most notably, having our first graduation of students who sat for Directorate of Industrial training (DIT) exams, YAWE vocational and Life skills training Centre was officially registered and we can prepare students for all modular Assessments and Worker's PAS exams. I would like to appreciate all our Partners who supported us financially; Perspective fuer Kinder for the generous support

extended to us throughout the year. Baylor Uganda for both financial support and capacity building trainings in the area of HIV care and treatment. Reproductive health Uganda for supporting our family planning clinic, Private sector foundation Uganda (PSFU) for supporting Bakery to training 100 youth in baking and Pastry and BTC/Enabel for supporting training for Mechanics, hair dressing and tailoring/knitting.

We worked closely with our partners both local and International plus members of the community to support our budget I cannot thank you enough for the great work you have done for YAWE foundation. We would not have achieved what we accomplished without the support of our partners, and I promise we will continue to work together to improve the lives of the people we are serving. I would like to also extend my sincere appreciation to all YAWE family staff members for their tireless efforts and working beyond normal working hours in order to meet targets and reporting deadlines words cannot thank you enough for your great work I can only say let us remain committed and may the almighty God grant you Good health for the year 2019.

I hope you enjoy reading this Report and that it gives you further insight into the work that we do and the progress we have made as an organization in partnership with our partners during 2018, I would like to take a moment to thank the youth Leaders such as Kasaija Yasin the President of Kabarole Unique Stars association, the Executive Committee and all the members of Kabarole Unique stars for our Successful Conference and Let us make it again come November 2019.

**Akora George William**  
**Executive Director**

## Background information

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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Website:

[www.yawefoundation.org](http://www.yawefoundation.org)

Blog:

<http://yawefoundation.blog.com/>

Face book:

<http://www.facebook.com/yawefoundation/>

You tube:

<http://www.youtube.com/user/yawefoundation/>



## Vocational training



***YAWE vocational trainees receive start up kits after graduation***



### ***YAWE tailoring class***

YAWE Vocation training aims at addressing unemployment gap in Uganda through facilitating youth to acquire employable skills.

In 2018, YAWE successfully trained 115 vocation trainees in tailoring, hair dressing, knitting, Motor vehicle mechanics,

baking and pastry. All these trainees were assessed by Directorate of industrial training and passed their exams. This was made possible with support from Enabel, Private Sector Foundation Uganda, and Perspektive fur Kinder-Austria. The successful trainees received start up kits such as sewing machines, knitting machine and tool boxes for motor vehicle mechanics, and dryers for hair dressing students.



## Yawe Foundation Clinic and community based health services



*People registering for health services during one of the outreaches*



A client receives HTS services

Yawe medical staff would like in a special way thank the sponsors and partners for supporting us throughout the year 2018 both financially and through capacity building. 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.



*A medical staff immunizing a child*

Total of 360 children were reached in an EPI (Expanded program for Immunization), immunizing against 11 immunizable diseases deworming tablets and vitamin A supplements. Some of the challenges faced during immunization included bad weather conditions, poor roads and lack of stand by gas cylinder for the fridge.

During the immunization out reaches, we also offered family planning services to mothers. Total of 240 mothers were served during outreaches and they received both short terms and long term methods.

In ART clinic, we have 50 active clients picking their refills from our clinic. We also conduct investigations like viral load test, CD4 and other STI screening and testing. We also work with the government and other organizations which are not for profits in following up of lost clients on ART who miss their appointments.

We also conducted about 25 medical outreaches throughout the year and reached about 3000 people with following services, health education, HIV counseling and testing, cervical cancer screening, family planning and condom promotion.



## Community Linkage and Referral Frame work activities

Yawe Foundation with funding from Baylor Uganda has supported the effort to carry out community linkage and referral activities and OVC service delivery under “Accelerating Epidemic Control (ACE) in Fort portal Region” project. The project’s main objective is to support implementation and acceleration of comprehensive prevention, care and treatment programs for HIV epidemic control including provider initiated testing and counseling, TB/HIV, OVC care and ART for adults and children under the President’s Emergency Plan for AIDs Relief (PEPFAR). Yawe Foundation under this mandate has supported the facilities indicated in the table below.

**Table 1: Area of coverage:**

District	Sub County	Health Facilities
Kabarole	West Division	Kagote HC III
	Bukuuku	Bukuuku HC IV
	Kicwamba	Kicwamba HC III
	Harugongo	Nyantabooma HC III

**Yawe under community linkage and frame work, we achieved the following.**

**Provide evening testing and flexible hour for men and their sexual partners to test for HIV at the Knowledge room**

This activity was coordinated by Yawe Foundation CBO staff; where by 2 peers were identified from Yawe and Kabarole Women Health Initiative (KWI) to mobilize men and their sexual partners for HIV testing at the Knowledge Room. Evening and flexible hour testing was conduct targeting men and their sexual partners. The knowledge room is supported by Kagote HC III, Kataraka HC III, and Kasusu HC III. The knowledge room offers flexible hours for the target group; it opens from 8:30 to mid night from Monday to Friday. The clients that turned up are given health education, screened, counseled and tested for HIV. The table below contains the number of people served from October to December 2018.

### Number of clients offered HIV counseling and testing at the Knowledge Room

Health Facility staff conducted HTS	Clients served		Total	New positives identified		
	Male	Female		Male	Female	Total
Kagote HC III	145	50	195	4	3	7
Kasusu HC III	59	31	90	0	1	1

Kataraka HC III	135	52	<b>187</b>	1	0	<b>1</b>
<b>Total</b>	<b>339</b>	<b>133</b>	<b>472</b>	<b>5</b>	<b>4</b>	<b>9</b>

### Good practices and lessons

Establishment of the Knowledge Room was a very vital initiative to offer opportunity to men and sexual partners and other people who hardly access health services by the nature of their. The centre opens at flexible hours therefore, giving everyone the opportunity to know his or her HIV sero-status. With continuous awareness creation and mobilization of target clients, the centre will attract more clients and will continue to be much more useful to the target beneficiaries.

### Discordant Couples' Meetings

Discordant couple support group meetings were conducted at Kicwamba HC III, Bukuuku HC IV, and Kagote HC III. Yawe CBO staff worked with Health Facility Art Clinic staff and Community Health Workers to mobilize the couples at their clinic for the meetings. Yawe CBO staff, The ART staff provided health education and psychosocial support. The major objective of discordant couple support group meetings was to offer health education, psychosocial support and prevention services to discordant couples. The following issues were discussed;

- ❖ Life experiences of couples, challenges and coping strategies and work with the couples to support each other in coping up with the challenges
- ❖ Support the couples to learn about HIV prevention strategies such as condom use PreP, and prevention of mother to child HIV transmission
- ❖ Educate the couple on adherence to treatment and viral load suppression.

The couples were counseled on adherence and viral load suppression and were encouraged to support each other to ensure proper adherence is kept to improve the quality of life for the positive partners and reduce chances of HIV transmission. The couples were educated on HIV prevention services such as keeping good adherence to have the virus suppressed, condom use, Prep services, and being faithful to each other to avoid re-infection. The couples were also encouraged to always contact the health workers in case they want to produce a child so that they can produce a child free from HIV through PMTCT services.

The couples were also educated on Drug abuse and dangers of Gender Based Violence in families. The couples shared their challenges and issues related to GBV and drug abuse like alcohol. They were counseled and they promised to improve. However individual affected were asked to contact the health worker for more support services. The key issues raised were denial of sex (sex starvation), alcohol abuse, anxiety (the negative partner keeping in fear), producing of children and violence. The couples shared their experiences and supported each other. They were also encouraged to always report such cases to the relevant support system like CDOs, Police, Health Facilities and CBOs Like Yawe so that they can be supported to restore peace in their relationships and families. They were encouraged to keep

peaceful so that they can improve their quality of life. The couples were also educated on nutrition and were encouraged to keep good balanced diet and to care for each other

### **Good practices and lessons**

Discordant support group meetings have been important in restoring harmony and good relationship among couples. Most of the concerns the negative partners had such as fears of getting infected, how to produce children and conflicts among couples have been addressed through these meetings. It has improved adherence and retention for the positive partners in HIV care. Also it has provided the opportunity of learning and getting support from each other.

### **Number of discordant couples served**

No.	HEALTH FACILITY	Achievement			Planned target	Variance	Comment
		M	F	Total			
1	Kicwamba HC III	12	16	28	83	12	We mobilized the couples through ART clinic staff and CHWs
2	Bukuuku HC IV	15	20	35			
3	Kagote	17	15	32			
	<b>Total</b>	<b>44</b>	<b>51</b>	<b>95</b>			

### **Conduct TB contact and reverse contact tracing, supervise DOTS, screen and refer presumptive TB cases from community to health facilities**

This activity was coordinated by YAWE CBO staff at the supported health facilities. YAWE CBO staff, LRAs and CHWs conducted home visit to index clients to conduct TB screening for TB contacts and supervise DOTS. One presumptive TB case was identified in Kicwamba and the client was referred to Kicwamba HC III for diagnosis. Index clients were counseled on adherence to treatment and encouraged them to complete their dosage. We also addressed issues of stigma related to TB through psycho-education. TB contacts and index clients were also psycho-educated on prevention and treatment. TB contacts and reverse contact tracing is important to help in identifying new TB clients. There is need to continue psycho-educating community members on TB signs so that they can overcome stigma and willingly approach facilities for TB diagnosis in case they have any signs of TB. Also there is need to continue sensitizing the people to address stigma associated with TB.

### **Good practices and lessons**

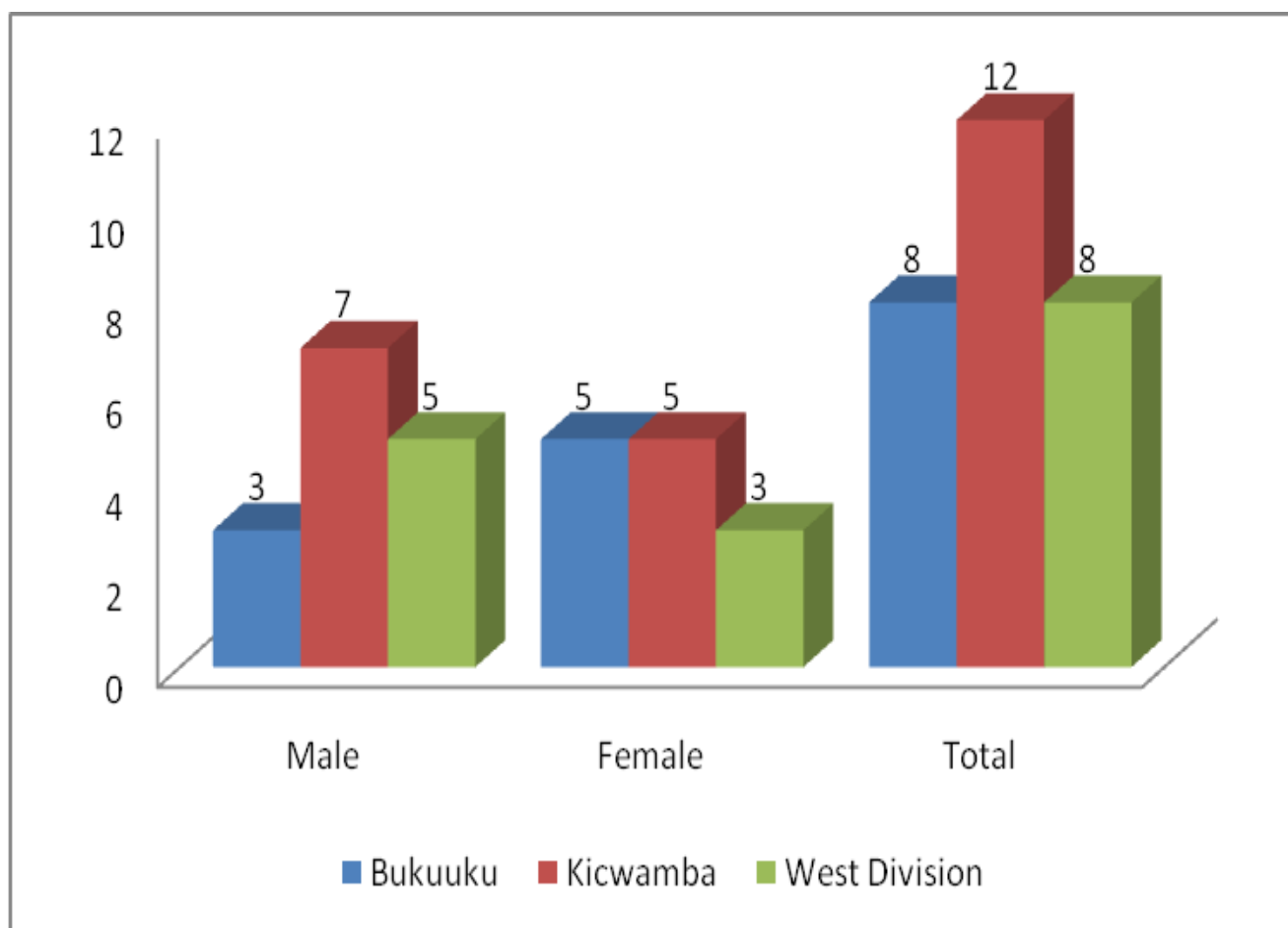
Home visits to TB index clients for screening TB contacts, supervising DOTS, and refer presumptive TB case for diagnosis and treatment.



**TB contacts screened and TB index clients supported**

S/N	Health facility	No. of index clients supervised DOTS			No. of contacts screened			Suspects identified			Comment
		M	F	Total	M	F	Total	M	F	Total	
1	Kagote HC III	5	0	5	5	3	8	0	0	0	The clients were adhering well to treatment. No presumptive TB case was identified
2	Bukuuku HC IV	2	4	6	9	15	24	0	0	0	The clients were adhering well to treatment. No presumptive TB case was identified
3	Kicwamba HC III	3	0	3	3	5	8	0	1	1	One TB index client stopped treatment- more adherence support is needed.  The suspect was referred to Kicwamba HC III for TB diagnosis and she was negative.
	<b>Total</b>	<b>10</b>	<b>4</b>	<b>14</b>	<b>17</b>	<b>23</b>	<b>40</b>	<b>0</b>	<b>1</b>	<b>1</b>	

### Gender based violence cases followed and reported per Sub County



YAWE CBO staff worked with the CHWs to identify and follow up Gender Based violence cases from the community and reported. Psychosocial support and appropriate referrals were made to clients for support services. Most of the cases identified include sexual abuse, physical violence and emotional abuse. Total of 28 victims of GBV were supported. Some cases CBO staff, health workers, and community Health workers intervened by offering medical examination and treatment, psycho-education and counseling to stop gender based violence.

#### Good practices and lessons

Psycho education of the community members above GBV has been a very good practice to raise awareness and to empower community members to fight against GBV crimes.

#### Identify pregnant women and HEI, Lactating mothers in the community and link them to health facilities for MCH and PMTCT services

The activity was coordinated by YAWE CBO staff, Community Health Workers (CHWs), and the ART clinic staff - PMTCT/EID department to identify clients who have missed appointment. The list was made and CHWS followed them up for adherence support and psycho-education on PMTCT and MCH services. The

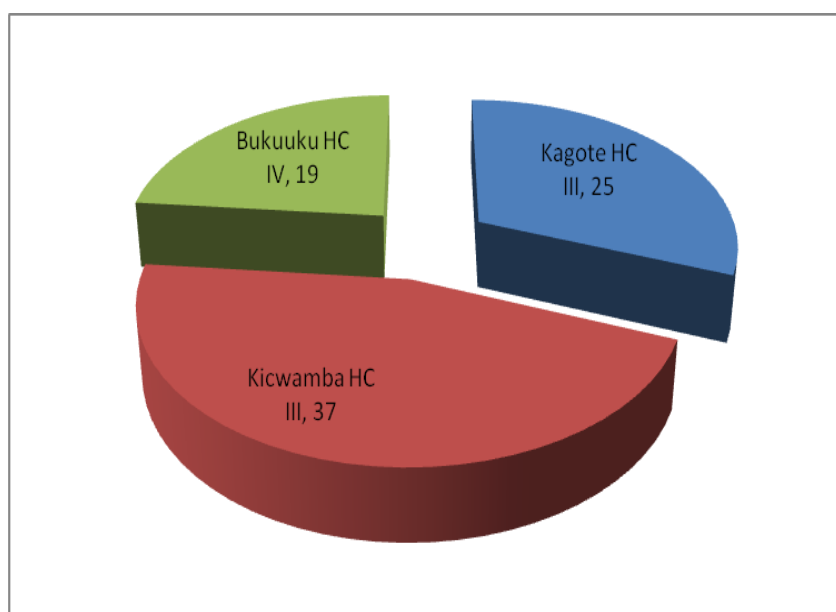
CHWs identified pregnant mothers; HIV exposed infants in their communities and referred them for MCH and PMTCT services. Lactating mothers, HEI and pregnant mothers who have missed appointments or defaulters were identified and followed up and supported to come back to care. Among the key challenges identified is that clients give wrong addresses which makes tracing them hard. Others especially the couple have challenge of disclosure. Also there was a problem of mobile population whereby some clients change address and do not have active telephone numbers.

The activity was successful; mothers who had missed appointment were counseled and brought back to care and promised to improve their adherence. Most of the clients followed up who had missed appointment were found and they gave excuse that they had missed appointment because they had no transport. The mothers were encouraged to keep their appointments and for the pregnant mothers were encouraged to attend ANC for four visits and deliver from the health facility under the care of trained health personnel.

### **Promising practices**

Health education during ANC /PMTCT days is important to help the clients know the benefits of ANC, MCH and PMTCT services. Health education empowers the HIV positive clients to appreciate the importance of keeping good adherence. Clients need to be empowered to monitor their adherence and viral load. Therefore, the practice of supporting clients to understand why they need ARVs and why they have to take them in the right doze and time is important.

### **Number of HIV Pregnant women and lactating mothers identified from community and followed up for MCH and PMTCT services per health facility**





## Mobilize clients and support them to form CCLAD groups

YAWE CBO staff supported health facilities in categorization of stable and unstable clients and identification of clients who are eligible for CCLAD groups. Then clients were mobilized and each facility and sensitized on DSDM approaches. New CCLAD groups were formed and we are still sensitizing the clients especially the group leaders to understand what to do especially in filling monitoring forms. YAWE CBO staff, CHWs and Facility supported the clients to form CCLAD groups and this exercise is continuing. New groups were made at Bukuuku and Kagote health facilities as indicated in the table below.

### CCLAD groups formed and supported

S/N.	Health Facility	HIV clients newly enrolled into CCLAD groups			New groups formed
		M	F	Total	
1	Kicwamba HC III	0	0	0	No Groups formed
2	Bukuuku HC IV	14	24	38	7 groups formed, total 14
3	Kagote HC III	4	5	9	3 Groups formed
4	Nyantabooma	0	0	0	No groups formed
	<b>Total</b>			<b>47</b>	<b>10 new groups were formed</b>

This exercise of forming CCLAD groups is ongoing, more stable and eligible clients have been identified from the health facility - CHWs and CBO will continue following them up to support them to form CCLAD groups.

### Promising practices and lessons

Sensitization of clients on DSDM model during ART days is important to create awareness and for supporting clients to understand DSDM model and CCLAD groups. Categorization of clients into stable and unstable and identify eligible clients for CCLAD groups and categorizing eligible clients according to parishes and psycho-education of clients on CCLAD groups has helped in the formation of new CCLAD groups. Most clients we shared with about CCLAD treatment approach were interested and we supported them to form groups.

### Facilitate Health workers to conduct CDDP outreaches

This activity was not funded this quarter (October to December 2018). However, Bukuuku HC IV had already designated appointment days for two CDDP groups which we had formed in the previous quarter (July to September, 2018) namely, Kinyankende CDDP group and Bulera CDDP group.

This created a financial crisis and part of the money budgeted for the formation of new CCLAD groups amounting 320,000/= (three hundred and thirty two thousand shillings) was diverted to facilitate health workers conduct CDDP outreaches for the two groups.

#### Number of clients served under CDDP groups from Bukuuku HC IV

Health Facility	Group Name	No. of clients served		Total
		Male	Female	
Bukuuku HC IV	Kinyankende CDDP Group	21	29	50
	Bulera CDDP group	37	58	95
	<b>Total</b>	<b>58</b>	<b>87</b>	<b>145</b>

### Facility community Linkage framework

Yawe CBO staff and CHWs supported facilities in community linkage and referral framework activities. This involved identifying clients in the community who need health services and were referred to facilities for health services such as HIV testing, TB diagnosis, ANC, EID and PMTCT services. Also facilities have referred clients in the community for psychosocial and other support services. Majority of these referrals were clients who missed appointments, lost clients and OVC who were referred for assessment and other OVC support services.

**Table 10: Summary of clients served through community linkage and referral services.**

Health Facility	Number of clients referred to the health facility from the community	% of clients referred to the health facility from community that received services referred for	Number of clients referred to the community from the health facility	% of clients referred to the community from health facility that received services referred for
Nyantabooma	17	71%	17	100%
Bukuuku	178	93.2%	8	100%
Kicwamba	222	98%	15	100%

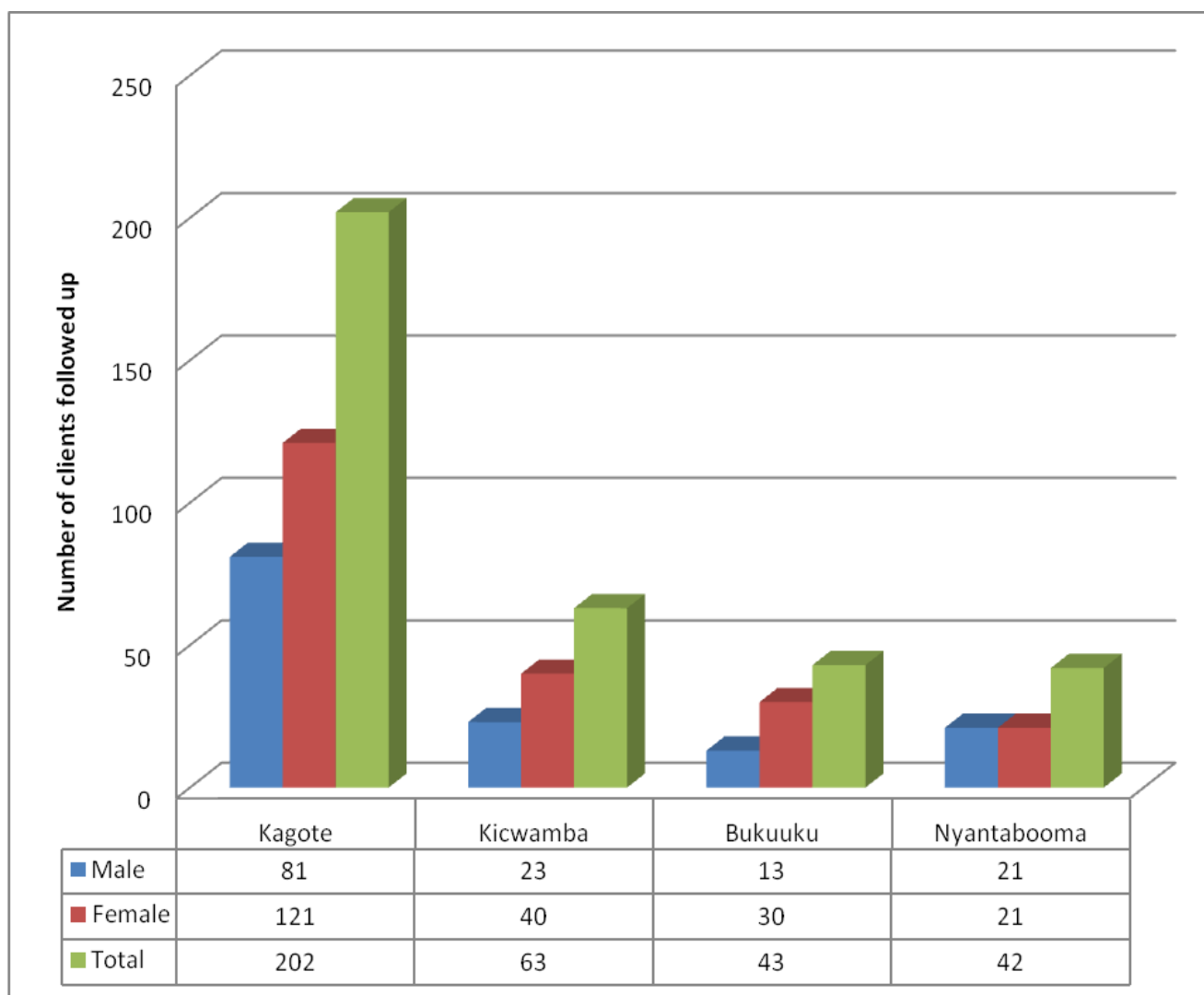
Kagote	240	77%	28	100%
<b>Overall Total</b>	<b>657</b>	<b>88%</b>	<b>68</b>	<b>100%</b>

### **Facilitate CBO to link, track, and follow up PLHIV/TB, OVC and mother-baby pairs referred or missed appointments**

This activity was coordinated YAWE CBO staff community health workers and ART facility staff. Lists of identified clients who are lost or missed appointments were made and the community health workers and CBO staff followed them up through home visits and phone calls. Also monthly monitoring of clients annual retention was done at each health facility to identify lost clients who need follow up. Most of the clients followed returned back to care. Key findings for clients who missed appointment include lack of transport carelessness and others had forgotten their appointment dates. Non disclosure was also a factor contributing to poor adherence. Clients were provided with psychosocial support, adherence and disclosure counseling. Most of the clients followed up returned back to care and promised to keep good adherence. Among the key challenges faced include clients giving wrong addresses and mobile population of clients. This challenge make tracing of clients hard and some clients completely can be traced. Other clients come from distant places even outside the district of operation this makes it hard for follow especially when they do not have active telephone contacts.

### **Number of clients follows up who were lost or missed appointments per health facility**





### Promising practices and lessons

Weekly identification of missed and lost clients who need follow up

Monthly monitoring of clients annual retention of clients per facility and identifying lists of lost clients for follow up. Sensitizing HIV positive clients on ART to understand the goal of ART, viral load monitoring and appreciate the treatment outcomes.

### Conduct Youth peer and adherence support group meetings

YAWE CBO, CHWs and facility staff mobilized youth for adherence support groups' meetings/trainings. The trainings aimed at empowering youth to with knowledge to understand the goal of ART, adherence and positive living. The following topics were conducted included; adherence, viral load, disclosure, nutrition, and HIV prevention. We also trained them in other basic social skills like communication, leadership and basic counseling skills so that they can support each other to improve adherence and retention into care and treatment. Ten adherence support group trainings were conducted in different facilities under our support.

### Number of youth supported during adherence support groups.

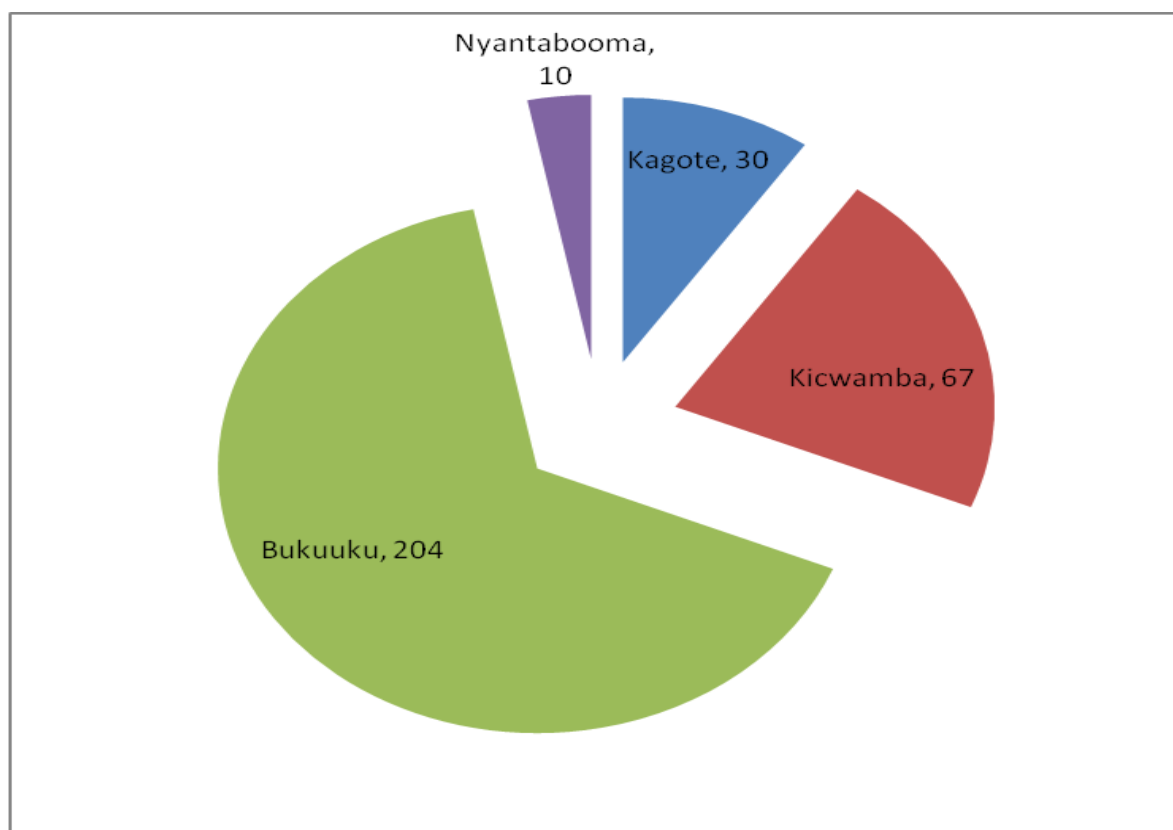
No.	Sub county	Achievement			Planned target	Variance	Comment
		M	F	Total			
1	Kagote	20	28	48	237	65	The youth who had attended peer were counseled on adherence to ARVs and viral load monitoring and encouraged to support their fellow peers.
2	Kicwamba	30	92	122			
3	Bukuuku	41	69	110			
6	Nyantabooma	10	12	22			
	<b>Total</b>	<b>101</b>	<b>201</b>	<b>302</b>			

### Discuss promising practices and lessons

Support youth to form adherence support groups at facilities. This is a good initiative that will enable peer support for adherence and retentions. Yawe Foundation will continue educating these youth and empowering them with knowledge and skills to support their fellow peers.

### Conduct men peer adherence support group meetings.

Number of men who attended peer support group meetings per Sub County.



Men peer adherence support group meetings were coordinated by Yawe foundation staff at Kagote, Kicwamba, Bukuuku and Nyantabooma Health facilities. Yawe Foundation worked with facility staff and CHWs to identify and mobilize HIV positive men for men peer adherence support group meetings. This initiative was important because men were brought on board and they had the opportunity to share their life experiences and support each other to improve adherence and retention into care.

Men were psycho-educated on different topics which included the following; HIV infection and its effect on the immune system, goal of ART, adherence and viral load monitoring, stigma and discrimination, nutrition, HIV prevention, and positive living in general. Men were also psycho-educated on gender base violence (GBV) and encouraged men to keep their families peaceful. Men were also empowered to appreciate the importance of keeping good adherence to care and treatment and viral load monitoring. Men were also encouraged to support each other to improve retention and viral load suppression.

#### **Discuss promising practices and lessons**

Conducting men peer support group meetings is a promising practice that has enlightened men on the importance of HIV treatment (ARVs) in order to improve their retention and good adherence. Also educating and supporting stable HIV positive clients to form CCLAD groups under DSDM model will help to improve follow up and retention.

### Number of men who attended adherence support groups meeting

No.	Sub county	Achievement	Planned target	Variance	Comment
		Men			
1	Kagote	30	710	399	Late release of funds affected the mobilization of men to achieve the planned targets.
2	Kicwamba	67			
3	Bukuuku	204			
4	Nyantabooma	10			
	<b>Total</b>	<b>311</b>			

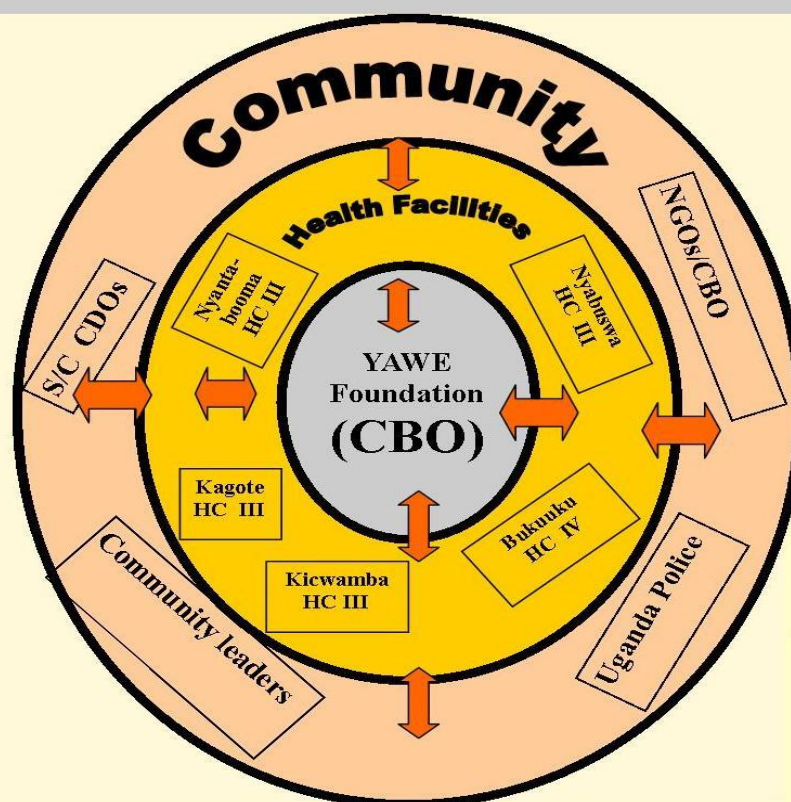
### OVC support program

We recruited 8 Community Health Workers (CHWs) and **11 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.

1. Economic strengthening	2. Food security	3. Health, Water, Sanitation and shelter	4. Education	5. Psychosocial support	6. Child protection and legal support
<ul style="list-style-type: none"> <li>• Provide care takers with business skills and IGAs</li> <li>• Vocational training/apprenticeship</li> <li>• Support microfinance and credit groups (VSLA)</li> <li>• Referrals for economic strengthening</li> </ul>	<ul style="list-style-type: none"> <li>• Agriculture and farming inputs</li> <li>• Agriculture advisory services</li> <li>• Nutrition education and supplements</li> <li>• Food Assistance</li> <li>• Referral for food and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Support to access health care services</li> <li>• Health information services</li> <li>• Support OVC to access HIV services</li> <li>• Provide referral for HWSS</li> </ul>	<ul style="list-style-type: none"> <li>• Provide with school fees</li> <li>• Scholastic materials</li> <li>• Referral for educational support</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling services</li> <li>• Palliative care for HIV positive</li> <li>• Assist with devices for disabled OVC</li> <li>• Clothing, beddings, &amp; Sanitary pads</li> <li>• Recreational activities</li> <li>• Referral for PSS</li> </ul>	<ul style="list-style-type: none"> <li>• Re-integrated with family</li> <li>• Withdraw from child labour/abuse</li> <li>• Assist to handle child abuse cases</li> <li>• Fostering and adoption</li> <li>• Referred for CP &amp; LS</li> </ul>

# YAWE Foundation

## Community Linkage and Referral Service Chart for OVC Service Delivery and HIV Prevention Care and Treatment



### Address /Location

Plot 82, Bwamba Road.  
P. O. Box 188, Fort Portal, Uganda.  
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Tel: 0772865098 /0782078169/  
0705 190 378  
Website: [www.yawefoundation.org](http://www.yawefoundation.org)

### Key intervention areas

- Strengthening community linkage and referrals framework or HIV prevention care and treatment services
- Strengthen OVC support services through social and economic strengthening of their households.
- Providing vocational and life skills to adolescents and youth out of school

### OVC Services

Economic strengthening	Food security	Health, Water, Sanitation and shelter	Education	Psychosocial support	Child protection and legal support
<ul style="list-style-type: none"> <li>• Provide care takers with business skills and IGAs</li> <li>• Vocational training/ apprenticeship</li> <li>• Start up kits</li> <li>• Support microfinance and credit groups (VSLA)</li> <li>• Referrals for economic strengthening</li> </ul>	<ul style="list-style-type: none"> <li>• Agriculture and farming inputs</li> <li>• Agriculture advisory services</li> <li>• Nutrition education and supplements</li> <li>• Food Assistance</li> <li>• Referral for food and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Assist to access safe water</li> <li>• Support to access health care services</li> <li>• Health information services</li> <li>• Support OVC to access HIV services</li> <li>• Providing insecticide Nets</li> <li>• Provide referral for HWSS</li> </ul>	<ul style="list-style-type: none"> <li>• Provide with school fees</li> <li>• Scholastic materials</li> <li>• Referral for educational support</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling services</li> <li>• Palliative care for HIV positive</li> <li>• Assist with devices for disabled OVC</li> <li>• Clothing, beddings, &amp; Sanitary pads</li> <li>• Recreational activities</li> <li>• Referral for PSS</li> </ul>	<ul style="list-style-type: none"> <li>• Re-integrated with family</li> <li>• Withdraw from child labour</li> <li>• Assist to handle child abuse cases</li> <li>• Fostering and adoption</li> <li>• Assist to register birth</li> <li>• Referred for CP &amp; LS</li> </ul>



## Achievement in the OVC program

### Home based HCT for OVC households

We worked with health facility staff from the respective Sub Counties to implement HCT among identified OVC households of those infected and affected by HIV. The target was children who had never had an HIV test or those who had taken a year or more without testing. In West Division 199 were tested and 01 tested HIV positive and was immediately initiated on ART at Kagote H/C111. In Bukuuku S/C 168 were tested and none was positive and in Kicwamba S/C 225 were tested and no positive. In total 592 OVC were tested for HIV as shown below:

**Table 2: Shows number of OVC tested for HIV**

S/C		WEST DIVISION		BUKUUKU		KICWAMBA	
Sex	Age	M	F	M	F	M	F
group							
1-4		19	31	13	12	20	28
5-9		39	44	34	32	42	45
10-14		30	21	20	35	31	32
15-17		07	08	12	10	17	10
Sub totals		95	104	79	89	110	115
Totals per S/C		199		168		225	

### Follow up and support OVC access legal and health services

Due to limited information and other resources most OVC whose rights are violated fail to access legal and health services however, we supported a number of them together with Probation Officer and Sub County CDOs to achieve this. A team visited the affected households members came up with helpful resolutions for the good of the child.

The health services involved hiring a Physiotherapist from KCDC in Booma to visit the OVC at their

respective homes. Other OVC were transported to Government Health facilities to receive treatment. The activity was very helpful in that several OVC whose fathers had refused to provide for after legal interventions by CDOs got support from their fathers.

**Table 3: Shows number of OVC supported to access legal and health services**

S/C	WEST DIVISION		BUKUUKU		KICWAMBA		KARANGURA	
Age group	M	F	M	F	M	F	M	F
Under 1	0	0	0	0	0	0	2	0
1-4	0	2	0	0	0	0	2	1
5-9	5	1	2	1	0	0	0	0
10-14	1	4	2	3	0	1	0	1
15-17	2	2	1	2	0	0	0	0
Sub totals	8	9	5	6	0	0	4	2
<b>Totals</b>	<b>17</b>		<b>11</b>		<b>1</b>		<b>6</b>	

### SINOVUYO TRAININGS

90 caregivers from 3 sub counties were trained in parenting; each sub county had 30 caregivers trained. During these sessions caregivers shared their experiences of raising children with each other. Topics covered included: building a positive relationship, praising each other, talking about emotions, dealing with emotions, problem solving, motivation, dealing with conflicts, rules and regulations, saving money, keeping safe, responding to crisis and widening the circle of friends.



*SINOVUYO session at Buhara P/S in Kicwamba S/C*

### **Follow up and support OVC access legal and health services**

This year we followed up and support OVC were identified and supported. We worked with technical persons who had necessary skills depending on the nature of a particular case being handled in the respective areas, especially Sub County CDOs, Parish Chiefs, Police, and LC 1 chairpersons. Often times the rights of these OVC are violated and they suffer silently because they lack information and even those who get to know lack necessary resources. A team visited the affected OVC to help and give necessary knowledge to OVC and household members. Helpful resolutions were reached at for the good of the child. Other OVC who needed health services were taken to health facilities and treatment was given to them.



*Peer educators display their certificates after training*

### Peer education program in secondary schools

Yawe Foundation has continued to implement 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. Peer educators are trained in 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 drama, 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 Kabarole Unique Stars



## Community Health Based Care for children with special needs



***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.

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**

We have 55 clients in care. The following are some of the success stories of CBHC program

### 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 their children and way preventative and manage other complications such as malaria, diarrhea causes.

### Success stories

Isingoma Joseph. Joseph now 12 who was enrolled in 2013 with inabilities to sit, walk and not able feed himself. In year 2018 after a successful trainings in areas of self feeding practices such as hand function/use and sitting balance, we significant changes where by now Joseph can feed himself and his sitting balance improved whereby he can sit properly. Joseph is doing well in parallel bars to improve his standing and walking balances. Joseph is making progress in school now in primary two at Good Shepherd primary school and has a twin brother who studies at St Peter and Paul primary school under YAWE sponsorship. Her mother after struggling for long, she has managed to start up a small business shop and this at helps her to meet other missing family needs.



Cathy enrolled in 2015 after being found dumped by her mother in an old woman's compound is now making progress at her new place with a caring volunteer where Cathy now is living a good life. She is now able to speak a few words, can use hands to reach toys, is able to use her feet to do some shading and drawings and kick the ball. Cathy now lives a happy life and she can properly sit on her toilet as wells. We are currently improving her communication with cards.





Kugonza Veronica

Kugonza Veronica now 15 years her life has improved very well especially the progress she is making in school. She is now in primary three at Canon Apollo demonstration school. The school environment has helped her to learn basic skills in life. She can take herself to the toilet, clean and bathe herself at the same time wash her light clothes. At school she is doing well in oral questions and answers and also good at shading and counting numbers. Her family is caring now days that they pack for her school needs to use such soap, jelly, toilet papers and snacks which never used to the case.



Clovice 19years with lower limb paralysis has benefited from YAWE by getting informal education in tailoring. Clovice has successfully completed his course and will soon start his workshop and earn income in being self reliant.



***A child who benefited from vocation training program***

### **Goats for life program**



YAWE Foundation through its community health care program has initiated “Goats for life project” whereby the beneficiaries under this program are given domestic animals like pigs, goats etc. The program is meant to support the youth become self reliant through rearing domestic animals. Total of 85 clients have benefited in this program.

### ***A child in the special needs***

Another Great Achievement in the year 2018 is the start on Construction of our Social Enterprise centre , We extend our sincere thanks to Perspektive fuer kinder for the support it is our hope that the centre will be a hub for entrepreneurship and youth workplace. It will offer opportunity to the Youth and women at YAWE foundation to generate income and and sustain some of our programs.

## THE 6<sup>TH</sup> ANNUAL YOUTH CONFERENCE

Kabarole Unique Stars Association (KUSA), the network uniting all the young people living with HIV in Kabarole, Bunyangabu, Kyenjonjo and Ntoroko Districts. KUSA is a community based CBO located in West Division, Fort Portal Municipality, Kabarole district. This organization promotes positive living, reduction of HIV stigma and discrimination, reproductive health services among adolescents, HIV prevention and care. It empowers young people through life skills training, entrepreneurship skills, and talent promotion through music, dance, drama and brass band trainings.

KUSA in partnership with Yawe Foundation successfully organized the 6<sup>TH</sup> Annual Youth Residential Conference from 28<sup>th</sup> November to 2<sup>nd</sup> December 2018 at Kahinju Girls' Hostel in Rwengoma. This conference provides a platform for 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, Yawe Foundation in conjunction with KUSA organizes a residential Youth conference of young people living with HIV from Kabarole and neighboring districts. The conference targets 200 youth who are living with HIV aged between 12 to 24 years. Participants are selected from different Health facilities around the region by health facility counselors. This year 193 youth attended the conference, 76 male and 117 females. The turn up was less than expected because most of the youth were still at school doing final exams thus could not make it to the conference.

The purpose of this 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.

The theme for this year's conference was: **"POSITIVE PREVENTION OUR PRIORITY"**! In relation to the theme we had different topics presented by different internal and external facilitators who took the youth through several sessions sharing with them different issues, concerns and experiences.



Topics included:

1. Stigma and discrimination
2. Entrepreneurship skills
3. Income generating activities
4. Relationship between God and human beings
5. Disclosure
6. Goal setting
7. Violence and protection
8. Tuberculosis and Malaria
9. Adherence
10. Food and Nutrition
11. Positive prevention, among others



## 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 outreaches
- 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

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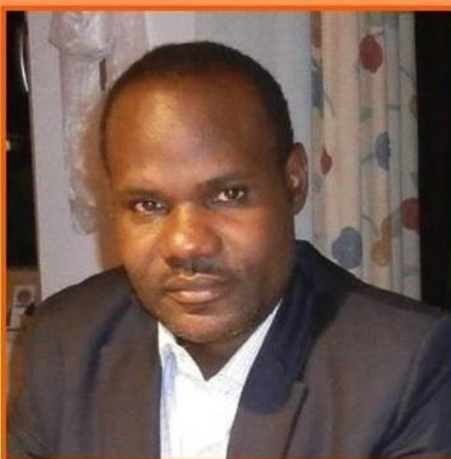
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