



# ANNUAL REPORT 2019



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

## Table of contents

List of acronyms .....	3
Message from the Executive Director.....	4
Background information .....	5
Vocational training.....	6
Yawe Foundation Clinic and community based health services.....	<b>Error! Bookmark not defined.</b>
OVC and Community Linkage and Referral Frame Work Project in Kabarole and Bungangabu districts	
Peer education program in secondary schools.....	54
Community sensitization and health service delivery outreaches .....	54
Community Health Based Care for children with special needs.....	56
Good practices .....	64
Challenges .....	65
Way forward .....	65
FINANCIAL SUMMARY.....	<b>Error! Bookmark not defined.</b> 69
Acknowledgement of partners, donors and volunteers .....	68

## 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
DSDM:	Differentiated Service Delivery Model
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 take the Pleasure to present to you Youth and Women Empowerment (YAWE) Foundation's annual report for 2019: Striving to create positive change among Communities through building hope and confidence among people whose hope sound shattered is not an easy task YAWE foundation has been at the forefront to reach out to the communities. Therefore, this report highlights what we have been able to achieve, although we did not accomplish what we had planned, we were able to advance our cause and indeed a lot of vulnerable members of our community have been able to experience life positively through our hands.

One significant achievement in the year 2019 is that YAWE Social enterprise Centre Building gained shape as the slab for the first floor was completed this milestone is as a result of our longtime Partner Perspective fuer Kinder who generously extended their support towards this important project. Other partners notably Baylor Uganda supported us financially and capacity building trainings especially in HIV care and support. We would also like to recognize the support from Reproductive health Uganda through the; "SHE DECIDES" Project where they are able support us with Family Planning commodities and outreaches for Family planning.

Of all the beneficiaries we served Young people and women living with HIV are the hardest

challenged by life for their families to survive and for them to get the basic needs. Over 70 per cent of the population we serve live in abject poverty and in need of humanitarian assistance and protection. Some particular actors like Baylor Uganda reported more than 5,000 Gender Based Violence (GBV) incidents in 2019 alone in Kabarole district this message was revealed during Launching the 16 days of activism in Fort Portal.

I would like to also extend my sincere appreciation to all Volunteers and students who worked with YAWE in the year 2019 especially Siel, Rekik and Lotte all students from HoGuent University in Belgium for their support. YAWE family staff members are extraordinary they worked 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 2020. On my Personal Life thank you team for organizing a memorable wedding for me my family and I will live to remember the year 2019

I would like also to thank the youth Leaders such Tony, Gilbert, Anthony (YAWE staff) and Kasaija Yasin the President of Kabarole Unique Stars association, the Executive Committee and all the members of Kabarole Unique stars for our Successful Conference this was our first Conference organized without external funding but from the efforts of mobilizing local resources and let us keep the same energy as we plan for 2020. This report is an overview of what we achieved as an organization in partnership with our partners during 2019 I hope you will enjoy reading it.,

A handwritten signature in blue ink, appearing to read "Akora George William". The signature is stylized and fluid.

**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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Face book:

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You tube:

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

# VOCATIONAL TRAINING PROGRAM



*YAWE vocational trainees during graduation*

## **YAWE tailoring class**

YAWE Vocation training aims at addressing unemployment gap in Uganda through facilitating youth to acquire employable skills. It is such a privilege to us as YAWE vocational training section to share with you this annual report that highlights the results that we have achieved in the vocational section during the year of 2019.

One key aspect of this training has been skilling the youth out of school with skills on hand as one way of reducing unemployment in the region. We have had two intakes during this year and we have been able to skill 370 youth in hairdressing, knitting, bakery and

pastry, tailoring. Further still we had one graduation ceremony were by students were given certificates called DIT which is under ministry of education and sports.

Summary of the trainees who completed their vocational training in various trades.

Trade	Enrolled Students	Completed and passed DIT exams
<b>TAILORING</b>	37	37
<b>KNITTING</b>	29	25
<b>HAIRDRESSING</b>	48	39
<b>BAKERY AND PASTRY</b>	200	150
<b>Total</b>	<b>314</b>	<b>251</b>

Majority of our trainees who successfully completed their studies are already enjoying the fruits from the skills acquired. Below, are workshop which help me to have a happy life.



**A trainee explains his success at work place with the vocational skills gained**

some of their success stories. Am very happy of Yawe foundation because it equipped me with tailoring knowledge and skills, although I am disabled I have managed to start up my small workshop in our trading centre and I can earn a small income from

Am Basemera Violet Irene I trained from Yawe Foundation hair dressing class and I attained a second class degree from the DIT exams that I did from Yawe. I am now having a private saloon and I thank Yawe foundation for having given me the hairdressing skills, Now I can earn the living and I can pay myself rent and pay school fees for my child.



# Yawe Medical Clinic and Community Outreaches for Health Services



*Yawe Staff providing immunization services during one of the outreaches*





Yawe Foundation medical staff has extended medical services to the community through our static medical centre and community outreaches. We provided immunization services through expanded program for Immunization against 11 immunizable diseases, provided deworming tablets and vitamin A supplements. During the immunization out reaches, we also offered family planning services to mothers. Mothers were

provided with family planning services both short terms and long term methods. We have continued to support our clients in the ART clinic, all our clients are active in 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 medical outreaches throughout the year and reaches for the following services, health education, HIV counseling and testing, cervical cancer screening, family planning and condom promotion.

Below is a summary of the activities and achievements of Yawe medical team and community outreaches.

#### GENERAL MEDICAL SERVICES - OPD

DIAGNOSIS	NO. OF MALES	NO. OF FEMALES	TOTAL NUMBER
MALARIA	12	29	41
ENTERIC FEVER	10	19	29
HTN	03	08	11
DM	01	05	06
STIs\$ MONILIASIS	29	50	79
UTIS	04	35	39
RTI	38	43	81
SEPTICAEMIA	39	23	62
GASTRO ENTERITIS	32	18	50
WOUNDS	23	22	45
ALLERGIC RXS	13	15	28
<b>Total</b>	<b>204</b>	<b>267</b>	<b>471</b>

Total number of 471 people were diagnosed of different general conditions and given treatment from the facility.

## FAMILY PLANNING SERVICES

TYPE	COCs(pkts)	INJECTABLEs	IMPLANTs	CONDOMS
Facility Based	25	165	11	3456
Out Reach	45	266	26	6000 pieces
<b>Total</b>	<b>70</b>	<b>431</b>	<b>37</b>	<b>9456</b>

## IMMUNISATION ACTIVITIES

OPV0	06
OPV1	18
OPV2	19
OPV3	21
IPV	23
DPT1	26
DPT2	21
DPT3	23
MEASLES	19
ROTA V1	27
ROTA V2	18
VITAMIN A	20
MEBENDAZOLE	83

## PALLIATIVE CARE

3 Clients have been enrolled in care for Palliative care services in 2019 following palliative care campaign that started in dec-2019.

1-Rhabdomyosarcoma of left jaw

1-SCC –Oral esophageal Carcinoma

1-Died, had Cervical Cancer

### HIV TESTING AND COUNSELLING SERVICES

RCT	TESTED POS CLIENTS	TESTED NEG CLIENTS
MALE	05	260
FEMALE	09	166
<b>TOTAL</b>	<b>14</b>	<b>426</b>

### ART CLINIC

CATEGORY/Number of clients,	NO. OF CLIENTS	COMMENT
Tested for HIV(RCT)	440	265M & 175F
New clients enrolled on HAART	05	02M & 03F
Reported for HAART Refill & Counselling	45	Counselled on Adherence
Done on Viral Load DBS	33	Results still pending
With suppressed Viral Load	43	Continuous adherence
With un suppressed Viral Load	02	Intensive counseling on adherence given
Treated for Opportunistic infections	04	
Lost follow up		
Died in care	00	
Referred to other facilities	03	EID setting for baby monitoring, RX of TB BONE
Switched from 1 <sup>st</sup> line to 2 <sup>nd</sup> line HAART	01	Unsuppressed high V/L
Given IPT	isoniazid	06
	CTX	07

**Note1**, referred clients to other facilities: 1 client was nursing an exposed infant so required EID facility for monitoring the baby, 1 client was diagnosed TB Bone therefore was referred for initiation on anti TBs, 1 client was referred for intensive

counseling on HAART Adherence after our intervention had failed.

**Note2**, out of 440 clients who were tested and counseled on HIV, 14clients tested positive (9F, 5M) & 426 clients tested negative.

Out of 14 positive tested clients only 5 accepted to be enrolled in care at YAWE FOUNDATION, remaining 9 clients opted for other facilities.

#### **OTHER ACTIVITIES,**

We have actively engaged in several community health activities. From 6<sup>th</sup> December 2019 we trained Youth in different aspects of FIRST AID assessment, management and equipped them with practical health skills at Virika Youth Conference hosted by Diocese Youth

From 20<sup>th</sup> December to 21<sup>st</sup> December participated in different Radio talk shows on PALLIATIVE CARE CAMPAIGN, sensitized

#### **Challenges**

Some of the challenges faced during immunization included bad weather conditions, poor roads and lack of stand by gas cylinder for the fridge.

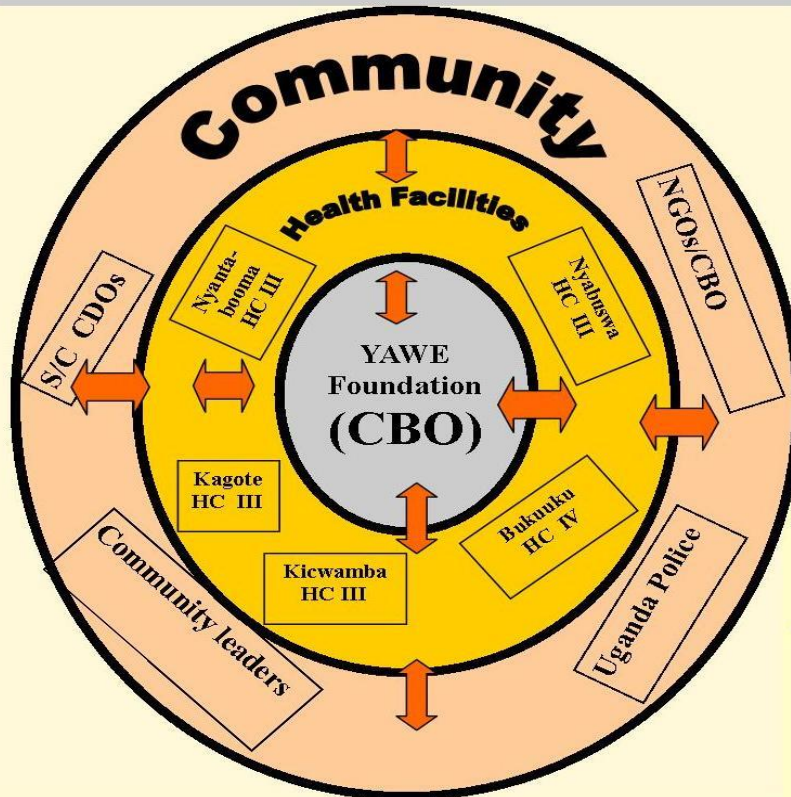
community on need to embrace & give voluntary participation to those in need of the service.

On 20<sup>th</sup> December participated in TOORO PEOPLE CONFERENCE, represented YAWE FOUNDATION and gave out free medical services to those in need.

17<sup>th</sup> December had an outreach in **Fort Portal children remand home.** 47 children Treated different medical conditions.

# YAWE Foundation

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



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### 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>

## 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.**

**Conducted KP Outreaches to KP hotspots/Knowledge Rooms/Safe Spaces to provide KP friendly service packaged to KP/PP.**

This activity was coordinated by Yawe Foundation CBO staff; where by Yawe staff worked with peers of sex workers to mobilize them for health education and STIs screening and HTS services at the knowledge room and Yawe centre. Also outreaches targeting KPs and PPs were conducted to provided them with KP and PP friendly health services such as HTS, STI screening and treatment, supply of condoms and lubricants. The table below contains KPs and PPs served

Category	Number of KP & PPs provided with health education, screened for STIs, HTS and provided with HIV testing services			Number of new positives		
	M	F	Total	M	F	Total
Knowledge Room	81	97	178	0	4	4
Outreach to KP hot spots	13	212	225	0	5	5
<b>Total</b>	<b>94</b>	<b>309</b>	<b>403</b>	<b>0</b>	<b>9</b>	<b>9</b>

**Table 13: Number of Female Sex Workers supported to receive Pre-Exposure Prophylaxis at health facilities**

Number of Female KPs and PPs supported to receive Pre-Exposure Prophylaxis at health facilities	Female	58
	Males	33
<b>Total</b>		<b>91</b>

The positive client identified was referred to Kagote HC III for ART initiation and other health support services.

**Good practices and lessons**

Knowledge Room has offered good opportunity to access health services to men and sexual partners and other people who hardly access health services by the nature of their work. The centre opens at flexible hours therefore, giving everyone the opportunity to know his or her HIV sero-status and other health information. Yawe also conducted outreaches in Fort Portal town targeting KP hotspots and provide KP and PPs with HTS, and STI screening services.

**Follow up and return all appointments/lost clients every at the end of every clinic from the different service points (TB, HIV, PMTCT, etc)**

AWE CBO staff worked with facility staff and Community Health Workers to identify and generate lists of all HIV positive clients on care who were lost or had missed appointment. List of missed and lost clients were generated every ART clinic days. Total of 1020 clients followed and returned back to care in the four health facilities; Bukuuku HC IV, Kicwamba HC III, Kagote HC III, and Nyantabooma HC III. Follow up activity was coordinated by the CBO staff and the community Health Workers, CBO staff, CHWs and VHTs followed up missed and lost clients and feedback was given to health facility staff to update the clients' treatment cards and registers. Follow up was done through phone calls and home visits.

Clients followed were also provided with adherence counselling and viral load monitoring and were encouraged to adhere to treatment, and keep treatment appointments so as to achieve viral load suppression and health lives. The clients were also counselled on risk reduction and HIV prevention. The table below provides a summary of number of clients followed per health facility.

**Table 2: Number of clients lost and missed appointment followed and returned to care**

Health Facility	Number of clients identified as lost or missed appointments			Number of clients followed and returned back to care			Total transferred out		
	M	F	Total	M	F	Total	M	F	Total
Kagote HC III	340	517	<b>857</b>	328	491	<b>819</b>	0	8	<b>8</b>

Bukuuku HC IV	277	354	<b>631</b>	277	350	<b>627</b>	0	3	<b>3</b>
Kicwamba HC III	132	195	<b>327</b>	119	183	<b>302</b>	4	8	<b>12</b>
Nyantabooma HC III	128	153	<b>281</b>	99	110	<b>209</b>	3	1	<b>4</b>
<b>Total</b>	<b>877</b>	<b>1219</b>	<b>2096</b>	<b>823</b>	<b>1134</b>	<b>1957</b>	<b>7</b>	<b>20</b>	<b>27</b>

### Discuss promising practices and lessons

- ❖ Generating lists of lost clients /missed appointment clients every at the end of ART Clinic appointment day and follow them up on a weekly basis to return them to care.
- ❖ Updating registers and clients treatment cards so as to easily identify lost clients.
- ❖ Collaboration with ART clinic staff in identification of clients who are lost or missed appointment and updating registers.

### Identify and refer people in the community who need services at the health facility such as; ANC, PMTCT, Family Planning, VMMC, Nutrition Support and HTS among others.

This activity was coordinated by YAWE CBO staff and the Community Health Workers (CHWs). The CHWs identified all clients/persons in the community who needed health services and were referred to the facility. The CBO staff, CHWs, and VHTs followed the clients to support them receive services referred for. Total of 1174 clients were referred to different health facilities for health services such as HIV testing, ANC, family planning, PMTCT, nutrition support, ART initiation and ART re-engagement. The table graph below gives a summary of the clients referred from community to health facilities and received the services referred for

**Table 3: Number of clients referred from community to facility for health services.**

Health Facility	Number of clients referred from community to facility			Number of clients received services referred for		
	M	F	Total	M	F	Total
Kagote HC III	245	599	<b>844</b>	245	599	<b>844</b>
Bukuuku HC IV	193	451	<b>644</b>	187	451	<b>638</b>
Kicwamba HC III	205	471	<b>471</b>	205	471	<b>471</b>
Nyantabooma HC III	19	38	<b>57</b>	19	38	<b>57</b>



<b>Total</b>	<b>662</b>	<b>1559</b>	<b>2016</b>	<b>656</b>	<b>1559</b>	<b>2010</b>
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**Provide non-medical services to clients referred to the CBO**

This activity was coordinated by YAWE CBO staff. YAWE CBO staff worked with the facility staff to identify clients at the facility who need non-medical services and refer them to the CBO. Clients were referred for the following services; OVC support, treatment adherence, disclosure counseling, risk reduction counseling among others. The CBO staff and community health workers supported at least 191 clients referred from the health facility to the community for non medical services and receive the services referred for and feedback was given to the facility. The figure table gives summary of the clients referred from the facility for non medical services in the community;

**Table 4: Number of clients referred from facility to CBO for non-medical services**

Health Facility	Number of clients referred from Facility to CBO			Number of clients received services referred for		
	M	F	Total	M	F	Total
Kagote HC III	75	75	150	75	75	150
Bukuuku HC IV	29	50	79	29	50	79
Kicwamba HC III	66	79	145	66	88	154
Nyantabooma HC III	4	22		4	22	26
Kabarole hospital and Kabarole Women Health Initiative (KWHI)	33	29		33	29	62
<b>Total</b>	<b>207</b>	<b>255</b>	<b>374</b>	<b>207</b>	<b>264</b>	<b>471</b>

### **Mobilized clients and supported them to form CCLAD groups**

YAWE CBO staff worked with CHWs and facility staff to mobilize and support stable clients to form CCLAD groups. Stabled clients eligible to for CCLADS groups were identified from the health facilities. Health education sessions about DSDM model and CCLAD community treatment approach were conducted during ART clinic days. Also special health talks to support the clients form CCLAD groups and get trained on filling CCLAD monitoring forms were conducted. Total of 82 clients were supported to form CCLAD groups and to receive their ART refills in the community.

**Table 6: Clients mobilized and supported to form CCLAD groups**

Health Facility	Number of clients supported to form groups and fill CCLAD monitoring forms			Comment
	M	F	Total	
Kagote HC III	3	6	9	3 new CCLAD groups formed
	72	167	239	Supported 82 existing CCLAD groups to pick their refills and fill the monitoring forms
Kicwamba HC III	33	31	64	15 new CCLAD groups formed
<b>Total</b>	<b>108</b>	<b>204</b>	<b>312</b>	

### **Conducted Health Education Sessions on HIV clinic days at the ART Clinic/MBCP/TB Clinic**

Health education sessions were organized during ART /MBCP/TB Clinic days. The health education sessions were facilitated by the CHWs, CBO staff and facility staff. Health education conducted contained the following topics; Adherence, viral load monitoring, HIV prevention, importance of partner testing, TB treatment and prevention, STI prevention, drug abuse/alcohol use, DSDM and CCLAD community treatment approach among others. The table below indicates number of education sessions conducted per facility and number of clients reached.

**Table 7: Health Education Sessions on HIV clinic days at the ART Clinic/MBCP/TB Clinic**

Health Facility	Number of clients attended Health Education Sessions on HIV clinic days at the ART Clinic/MBCP/TB Clinic			Number of session conducted
	M	F	Total	
Kagote HC III	352	1088	1440	89
Bukuuku HC IV	1001	1704	2705	68
Kicwamba HC III	240	416	656	43
Nyantabooma HC III	93	451	544	32
<b>Total</b>	<b>1686</b>	<b>3659</b>	<b>5345</b>	<b>232</b>

**Conducted TB Screening in the community and refer all presumptive TB cases to the health facility for further investigation.**

This activity was coordinated by YAWE CBO staff, CHWs and facility staff. TB index clients were identified at the health facility and Community health workers with support of the CBO staff conducted home visits and screened TB contacts. Also other people in the community were screen who presented the signs using ICF TB screening form. All the TB presumptive cases were referred to health facility for further diagnosis and treatment. The table below contains the number of TB presumptive identified in the community and referred to the health facility.

**Table 8: Number TB presumptive cases in the community identifies and referred to the health facility for further investigation**

	Male	Female
Number of TB presumptive cases referred to Health Facilities.	138	161

**N3.2 Support health facilities to conduct TB Contact tracing**

TB contact tracing and screening TB contacts was coordinated by YAWE CBO staff, whereby all the lists of TB index clients were identified from health facilities such as Bukuuku HC IV, Kagote HC III, Kicwamba HC III, and Nyantabooma HC III. Home visits were conducted to screen TB contacts for TB and HIV. The

presumptive cases were referred to health facilities for further diagnosis and treatment. The table below contains the number of TB contacts screened for TB.

**Table 9: Number TB contacts traced and screened for TB**

	Male	Female
Number of TB index clients home visited	20	22
Number of TB contacts traced and screened for TB	75	73

**Identify and refer contacts of TB patients under 5 years to the health facility for IPT.**

This activity was coordinated by YAWE CBO staff, whereby list of TB index clients was generated. The Community health workers and CBO staff conducted contact tracing and screen TB contacts and referred all TB contacts below five years at health facilities for IPT and followed the clients referred to ensure they receive the services referred for. The table below gives a summary of the clients referred for IPT

**Table 10: Number of contacts of TB patients under 5 years referred to the health facility for IPT.**

Category	Male	Female	Total
Number of TB contacts screened for TB	15	11	26

**Identify and refer GBV cases to health facilities/CDO for post-GBV care.**

This activity was coordinated by YAWE CBO staff, whereby all community health workers attached to health facilities screened clients for GBV and referred GBV cases to health facilities and CDO for post GBV care. The table below shows the performance under this indicator.

**Table 11: Number of GBV cases Identified and referred to health facilities/CDO for post-GBV care.**

Category	M	F	Total
Number of GBV cases Identified and referred to health facilities/CDO for post-GBV care	29	33	62

### Identify and Screen clients for GBV in the community

This activity was coordinated by YAWE CBO staff, whereby the CHWs were oriented to identify and screen clients for GBV in the community. The table below contains the number of clients screened for GBV.

**Table 12: Number of clients identified and Screened for GBV in the community**

Health Facility	Number of clients identified and Screened for GBV in the community		
	M	F	Total
Kagote HC III	32	36	68
Bukuuku HC IV	4	12	16
Kicwamba HC III	4	4	8
Total	40	52	92

## OVC support program

YAWE Foundation has been implementing OVC activities under “Fort Portal Region Accelerated Epidemic Control (FORT ACE)” for the year 2019. The project’s main objective was to support OVC infected and affected by the epidemic. YAWE was mandated to operate in 4 Sub Counties of West Division, Bukuku, Karangura and Kicwamba. The project is involved in OVC Service Delivery to reach the 95-95-95 targets by 2020.

Due to HIV, OVC continue to face daily challenges of limited and sometimes no access to economic strengthening, food security, health services, education, psychosocial support and legal services. This state of uncertainty results into domestic violence, stigma and discrimination, early sexual debut, high risk sex, multiple and concurrent sexual partnerships, inadequate health information, poor adherence to HIV services, among others. All these factors raise concerns that require to be addressed jointly by all stakeholders hence the YAWE/Baylor partnership.

**JAN-MAR 2019**

### Home based HCT for OVC households

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 taken 3 months or more without being tested for HIV. In Karangura S/C 56 OVC were tested and none was positive and in Bukuuku S/C 20 were tested and no positive. In total 76 OVC were tested for HIV as shown below:

**Table 1: Shows number of OVC tested for HIV**

S/C		KARANGURA		BUKUUKU	
Sex	Age	M	F	M	F
group					
	1-4	3	5	1	2
	5-9	14	13	5	4
	10-14	8	10	2	2
	15-17	0	3	3	1
	Sub totals	25	31	11	9
	Totals per S/C	56		20	



*Home based testing in Karangura S/C*

### **Viral Load monitoring for OVC**

We worked with ART clinic staff from the respective health facilities in the Sub Counties of operation to get viral load results of all OVC who are living with HIV. We targeted those OVC who had not suppressed the HIV virus. Having got them we referred them for IAC at the respective facilities. In West Division 04, Bukuuku 08 and Kicwamba 08 OVC had not suppressed the virus. PSWs followed up the non suppressed to find out other social issues affecting them. Key issues raised were insufficient food in households which causes the OVC to miss their drugs hence poor adherence. In total we found out 20 OVC had not suppressed the virus. These OVC were referred to the health facility for IAC.

**Table 2: Shows non suppressed OVC per Sub County.**

S/C	WEST DIVISION		BUKUUKU		KICWAMBA	
Sex Age group	M	F	M	F	M	F
>1	0	0	0	0	1	0
1-4	0	0	0	1	2	0
5-9	0	1	2	0	2	1
10-14	2	1	1	2	2	0
15-17	0	0	0	2		0
Sub totals	2	2	3	5	7	1
Totals per S/C	4		8		8	
Total Males = 12, Total Females = 08, Grand total =20						

**Food distribution to non suppressed OVC**

During the home visits for viral load monitoring most OVC showed lack of enough food in households causes them to miss taking their drugs, saying that once they take drugs on an empty stomach they feel dizzy. Therefore little food support was given to these OVC to support for a few meals as the family looks for ways on how to get more food. Food items included: maize flour, silver fish and millet porridge.



**Table 3; Showing food quantities given to non suppressed OVC**

SUB COUNTY	No. of OCV	POSHO	SILVER FISH	MILLET PORRIDGE
Kicwamba	8	10kgsX8	1kgX8	3kgsX8
Bukuku	8	10kgsX8	1kgX8	3kgsX8
West Division	4	10kgsX8	1kgX4	3kgsX4
TOTALS	20	240kgs	20kgs	60kgs



*Non suppressed OVC receiving food items*

### **N2.3 Serve OVC with at least 3 Core Program Areas.**

We served 1000 OVC including caregivers who received pigs, pads, HIV testing, kitchen gardening seeds, TB screening and other services directly targeted the children such as viral load monitoring, scholastic materials and handling child abuse cases.

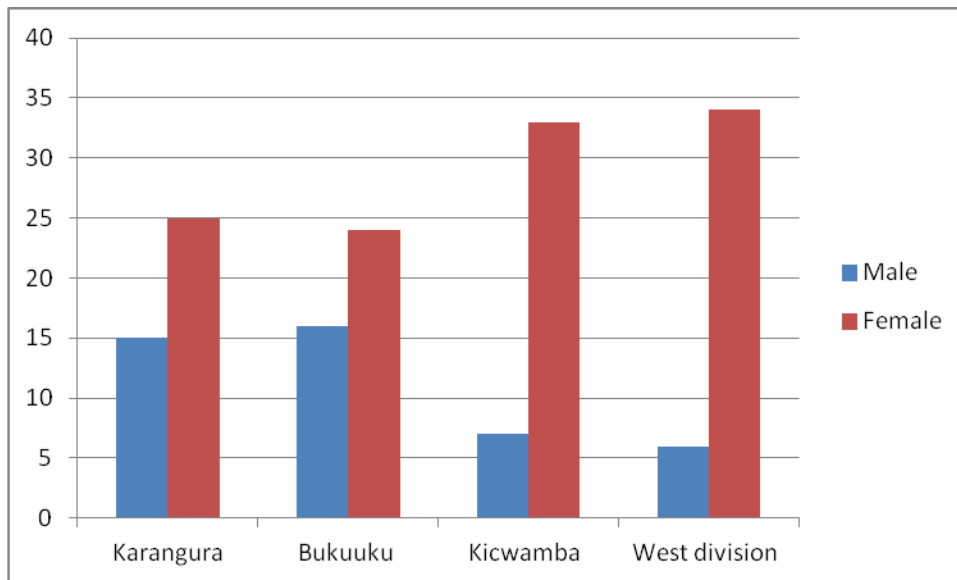
#### **Distribution of gilts**

According to the HVAT of OVC households economic strengthening scored highly hence the need to empower caregivers economically. Caregivers suggested rearing pigs for income generation since the gilts give birth to several piglets and its gestation period is very short hence quick income once the piglets are sold out. Caregivers suggested buying gilts not piglets because gilt would be about to met unlike the piglet that would take more months to mature. We mobilized caregivers into groups of 10 people per group and each group would receive one gilt which they would look after for two months and it would be ready to met and deliver. Once gilt delivers members would take a piglet each. We purchased 16 gilts and distributed 4 gilts per Sub County and each guilt was given to a group of 10 caregivers making a total of 40 caregivers per Sub County.

**Table 4: Showing caregivers who received gilts**

<b>Sub county</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Karangura	15	25	40
Bukuuku	16	24	40
Kicwamba	07	33	40
West division	06	34	40

**Figure 1: Shows beneficiaries of the gilts in 4 sub counties**



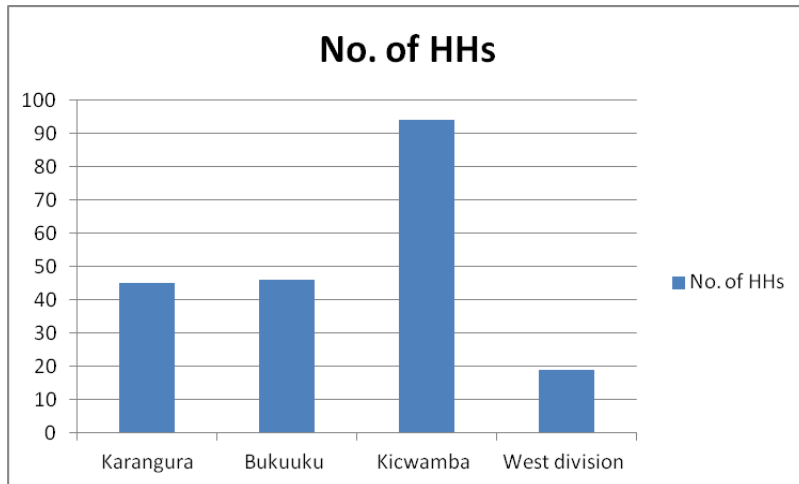


*Buhara A. caregivers' group receiving their gilt*

### **Kitchen gardening**

During the home visits we noticed the lack of greens around OVC households. Therefore caregivers requested for the seeds since they would not afford to buy these needed seeds. A total of 204 caregivers received seeds for kitchen gardening in all the 4 sub counties. This activity was supervised by the CDO across all sub counties. Caregivers were given seeds and would be followed up by Para Social Workers to ensure the children have access to greens nearby for a balanced diet.

**FIGURE 2: Shows the Number of HHs that received seeds**



### ***Kitchen gardening in Kicwamba S/C***

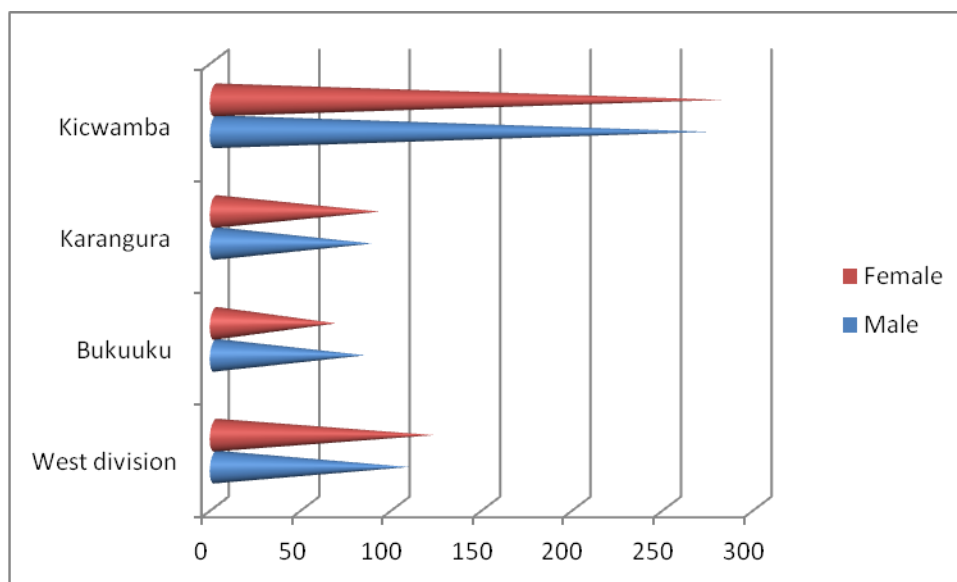
### **Distribution of scholastic materials**

Most of the OVC need a lot of education support to ensure they stay in school and complete education levels. Apart from school fees these children need scholastic materials and we supported OVC with scholastic materials as shown below:

**Table: 6 Shows number of OVC supported with scholastic materials**

Sub county	Male	Female	Total
West division	107	121	228
Bukuuku	83	67	150
Karangura	87	91	178
Kicwamba	274	281	555
<b>TOTAL</b>	<b>551</b>	<b>560</b>	<b>1111</b>

**Figure 3: Showing numbers of OVC who received scholastic materials**





***OVC receiving scholastic materials at Karangura S/C***

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

Due to limited information and other resources most OVC fail to access legal and health services however this month 6 of them from Kicwamba S/C were supported by the Sub County CDOs to achieve this. These OVC suffered domestic violence due to drunkenness, physical abuse to sexual abuse. 1 female OVC was supported to register birth. Another 15 year old from Bukuuku S/C was supported to access medical services at FPRRH. THIS OVC is currently battling advanced genital warts and the doctor promised to operate her. A team visited the affected and household members came up with helpful resolutions for the good of the child.

**Table 7: showing OVC supported to access legal services**

<b>Sub county</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Kicwamba</b>	<b>1</b>	<b>5</b>	<b>6</b>





*CDO Kicwamba S/C following up on one case of child abuse*



*CBO staff following up on the OVC at the orphanage*

### **Pads distribution to caregivers**

Last quarter we distributed reusable sanitary pads to OVC and female caregivers also showed need for the very pads and this month we distributed among them that needed pads in all the 4 sub counties as shown in the table below:

**Table: 8 Shows number of caregivers that received pads per Sub County**

<b>Sub county</b>	<b>Female caregivers</b>
West division	63
Bukuuku	44
Karangura	41
Kicwamba	162
<b>TOTAL</b>	<b>310</b>

### **Support OVC Beneficiaries to graduate from vulnerability.**

We assessed 10 OVC households from Kicwamba S/C together with the CDO for graduation and these had a total numbers of 47 children and 10 caregivers. These were graduated out of the program, after scoring below 50%. We administered HVAT and these households should no sign of vulnerability anymore. The social worker plus the CDO Kicwamba home visited the identified homes and subjected the household head to HVAT and the scores were below 50%

**Table 9: Showing Number of OVC graduated by sex**

<b>Sub county</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Kicwamba	28	19	47

## **Conduct TB Screening in the community and refer all presumptive TB cases to the health facility for further investigation.**

Most of the OVC households' members from the 4 sub counties were screened for TB. Para Social Workers were given TB screening tool to be administered to all OVC households, they home visited most of the households and while there they asked each individual questions of the tool that would make someone a TB suspect and those suspected were referred to the nearby facility for TB testing. One household head from Karangura was suspected to have TB and was referred to Bukuuku H/C IV for TB testing. TB is common among people living with HIV hence the need to have all our OVC screened for TB for early detection and treatment.

**Table 10: Shows number of individuals screened for TB per Sub County**

<b>Sub county</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Karangura	58	64	122
Bukuuku	75	82	157
Kicwamba	227	355	582
West division	86	107	193

## **APRIL-JUNE 2019**

### **HIV testing among AGYW**

We worked with Kicwamba Health Facility staff to test identified OVC from Kicwamba Sub County after being trained in stepping stones. During the training the participants requested to be tested and it was done. The target was adolescent girls aged 15 and above who were subjected to a screening and only 30 qualified for a retest. A total of 30 girls were tested and all were HIV negative.



*One of the AGYW testing for HIV at Kicwamba S/C Hall*

**Conduct Viral Load monitoring for OVC and Support or refer non suppressors to access IAC.**

We worked with ART clinic staff from the respective health facilities in the Sub Counties of operation to get viral load results of all OVC who are in care. We targeted those OVC who had not suppressed the HIV virus. Having got them we referred them for IAC at the respective facilities. In West Division 04, Bukuuku 08, Karangura 03 and Kicwamba 08 OVC had not suppressed the virus. PSWs followed up the non suppressed to find out other social issues affecting them. Key issues raised were insufficient food in households which causes the OVC to miss their drugs hence poor adherence. In total we found out 23 OVC had not suppressed the virus. These OVC were referred to the health facility for IAC.

**Table 1: Shows non suppressed OVC per Sub County.**

S/C	WEST DIVISION		BUKUUKU		KICWAMBA		KARANGURA	
	M	F	M	F	M	F	M	F
Sex								
Age group								
>1	0	0	0	0	1	0	0	0

1-4	0	0	0	1	2	0	0	0
5-9	0	1	2	0	2	1	0	1
10-14	2	1	1	2	2	0	1	1
15-17	0	0	0	2		0	0	0
Sub totals	2	2	3	5	7	1	1	2
Totals per S/C	4		8		8		3	
Total Males = 13, Total Females = 10, Grand total =23								

### Food distribution to non suppressed OVC

During the home visits for viral load monitoring most OVC showed lack of enough food in households causes them to miss taking their drugs, saying that once they take drugs on an empty stomach they feel dizzy. Therefore little food support was given to these OVC to support for a few meals as the family looks for ways on how to get more food. These were 03 OVC from West Division, 01 from Bukuuku S/C and 02 from Kicwamba S/C who received food items included: maize flour, silver fish and millet porridge.



*OVC receiving food items in Mandako Village, Bukuuku S/C*

## **Serve OVC with at least 3 Core Program Areas.**

We served 369 OVC with IGAs, Health services and food/nutritional services. Para social workers home visited the OVC households and gave the necessary service. A few OVC got real food and others got vegetables seeds to improve on the household nutrition to ensure a healthy body.

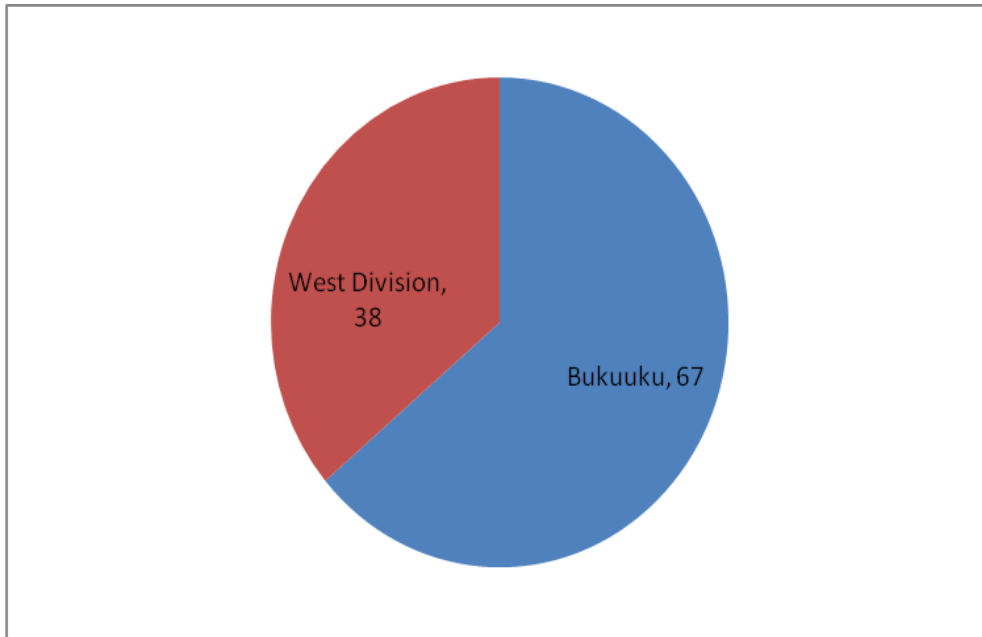
### **Kitchen gardening**

During the home visits we noticed the lack of greens around OVC households. Therefore caregivers requested for the seeds since they would not afford to buy these needed seeds. A total of 105 caregivers received seeds for kitchen gardening in all the 4 sub counties. This activity was supervised by the CDO across all sub counties. Caregivers were given seeds and would be followed up by Para Social Workers to ensure the children have access to greens nearby for a balanced diet.



*Kipapa caregivers planting vegetable seeds at an OVC household*

**Shows the Number of HHs that received vegetable seeds**



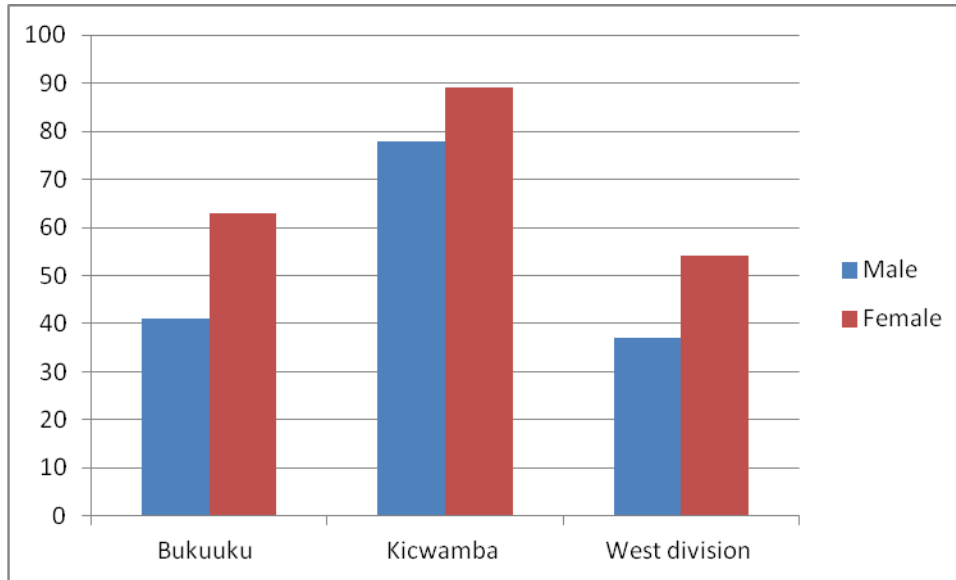
**Follow up and support OVC access legal services**

Due to limited information and other resources most OVC fail to access legal services however this quarter 01 of them from Bukuuku S/C was supported to ensure justice by courts of Law. A 7 year old girl who is dump was defiled by 70 year old man who was a neighbor and family friend to the victim. The family was supported to ensure the defiler was imprisoned for life.

**Conduct TB Screening in the community and refer all presumptive TB cases to the health facility for further investigation.**

A total of 362 beneficiaries were screened for TB from the 3 sub counties of West Division, Bukuuku and Kicwamba were screened for TB. Para Social Workers were given TB screening tool to be administered to all OVC households, they home visited most of the households and while there they asked each individual questions of the tool that would make someone a TB suspect and those suspected would be referred to the nearby facility for TB testing. Among the household members assessed there was no suspect.

**Shows number of individuals screened for TB per Sub County**



### STEPPING STONE TRAINING

This quarter we had 8 sessions with AGYW in stepping stone in Kicwamba S/C where 34 girls attended the training at two different venues of Sub County Hall and Buhara Primary School. This training was very informative to the girls and they were empowered. The training continues next quarter to cover the entire syllabus. Several topics were covered this quarter including: HIV, relationships, decision making, communication skills, safer sex and self esteem. These girls were tested for HIV and none was positive, they were given reusable sanitary pads and given stepping stone T/shirts.





***AGYW at Kicwamba S/C Hall attending stepping stone session***



*AGYW at Buhara Primary School attending stepping stone session*

### **SINOVUYO TRAINING**

This quarter 04 sessions of Sinovuyo training were conducted in Bukuuku Sub County, Nyakitojo village where 20 caregivers and 10 adolescent girls attended. Caregivers had 03 sessions and the girls had 01. The sessions will continue next quarter until all the topics are covered. The sessions were successful and several topics were covered including: responding to a crisis, special time, emotions, what do you do when you are angry, rules and regulations, solving problems and budgeting.

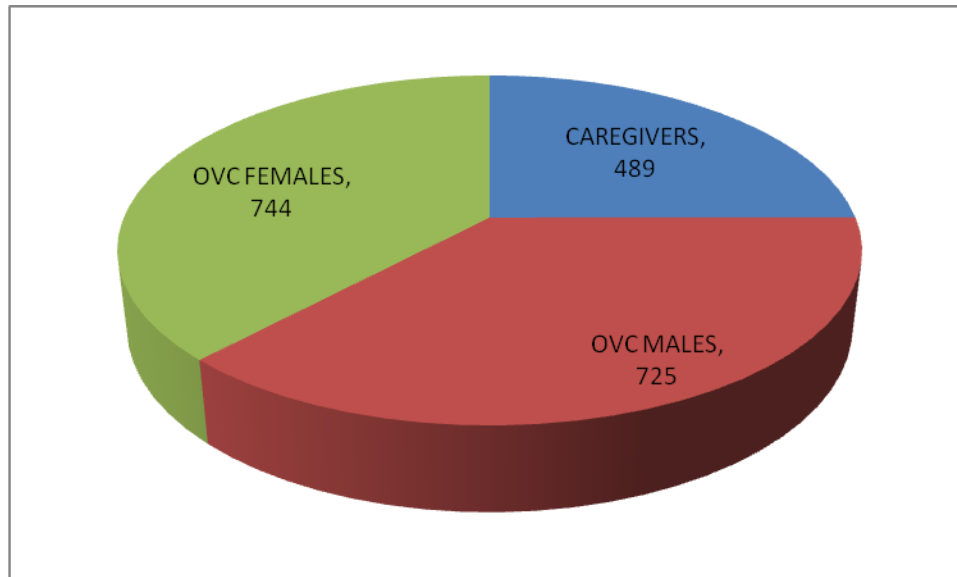


*10 Adolescent girls attending SINOVIYO session in Nyakitojo village, Bukuuku S/C*

## **Health Information and follow up**

All caregivers were followed up by Para Social Workers and health information was given to them together with their household members. This information varies from each individual household to another including: adherence, hygiene and sanitation, malaria prevention, Ebola prevention, balanced, VMMC, Immunization among others.

**Showing total number of caregivers and OVC reached with health information**



**JULY-SEPT 2019**

This quarter several activities were conducted including: HIV testing reached 144 OVC, viral load monitoring reached 189 OVC, economic strengthening reached 220 HHs, food security reached 215 HHs and health services reached 262 HHs. In total 238 beneficiaries in Bukuuku, 265 from West Division, 112 in Karangura and 627 from Kicwamba OVC were served. In a nutshell we reached 1242 OVC and 262 caregivers during this quarter.

## HIV TESTING

A total of 144 OVC aged 2-17 years were tested from two sub counties of Kicwamba and Bukuuku and all OVC tested were HIV negative. This was done in collaboration with health workers from the respective health facilities.

**Table: 1 shows numbers of OVC tested from Bukuuku Sub County**

Age group	Male	Female	Total
1-4	5	8	13
5-9	17	24	41
10-14	14	20	34
15-17	4	4	8
Total	40	56	96

**Table 2: shows numbers of OVC tested from Kicwamba sub county**

Age group	Male	Female	Total
1-4	6	2	8
5-9	6	10	16
10-14	9	10	19
15-17	1	4	5
Total	22	26	48

Few OVC were tested because several projects at facility level targeted the same OVC especially index client testing hence OVC homes were targeted and reached with HTS services leading to under achievement. We don't have to compete for OVC testing with other projects since we both aim at identifying a positive child and giving them the needed support and treatment.

Several projects targeting the same group led to under achievement though continued routine monitoring of OVC households that will not be reached by other service providers will be our target and of course with time those other projects will end and we shall have a higher number of OVC being tested for HIV.

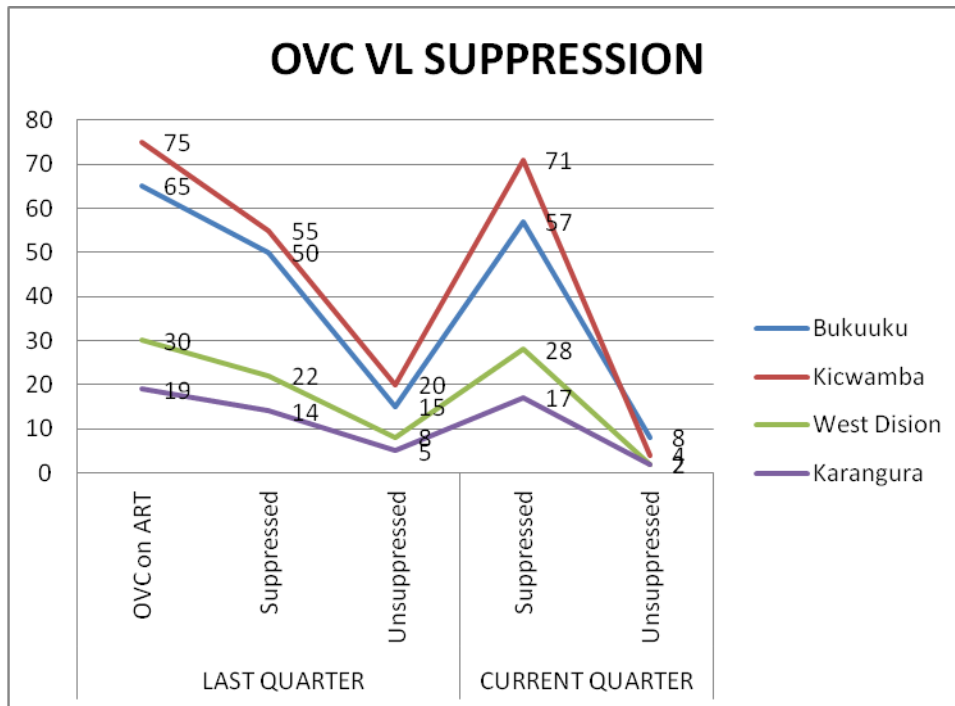


*Home based HIV testing in Kaguma village, Kicwamba sub county*

**Conduct Viral Load monitoring for OVC and Support or refer non suppressors to access IAC.**

A total of 189 OVC on ART were monitored and all had a viral load done within the last 12 months. This quarter we had great improvement in numbers suppressing compared to last quarter this was because of one on one interface with professional peer counselors with adolescent OVC who were not suppressing. Key point identified during our intervention that is causing unsuppression among the adolescents is that they do not take their ART. Most of them confessed after deeper probing that they pretend to be showing yet actually they throw away the tablets and the reason for this varies from peer pressure, failure to disclose to unanswered questions.

**Figure 1: Showing previous and current suppression levels per Sub County**



This was achieved as a result of much cooperation from health workers who offered IAC at facility and professional peer counselors hired to counsel the non suppressing adolescents from homes. However for younger OVC below 10 years have causes such as vomiting the drug every time they swallow it leading to consistent non suppression.

**Promising practices and lessons**

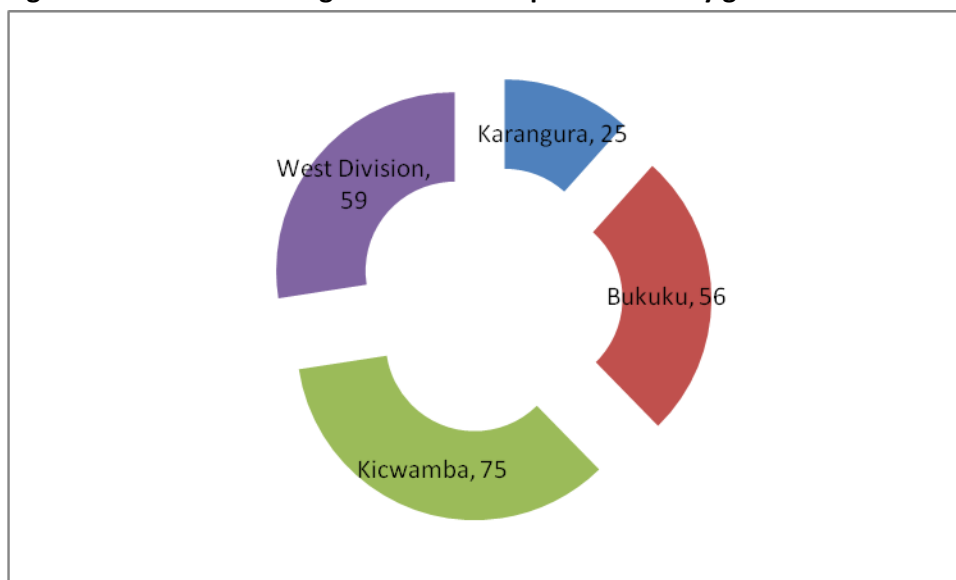
Peer professional counselors who are living with HIV yield immediate positive results in causing adolescents to open up and share what makes them fail to suppress the virus. Adolescents understand and easily open up to Peer counselors who are HIV positive like them.

**N2.3 Serve OVC with at least 3 Core Program Areas.**

**Food Security**

A total of 215 OVC households received seeds for planting including beans, cowpeas and cabbages. The distribution was according to caregivers’ choice. Seeds were meant to improve on the diet of IVC as well as improving food security. These seeds will 3 months to be ready and HHs will have a balanced diet.

**Figure 2: Pie chart showing number of HHs per Sub County given seeds**



### **Practices and lessons**

Asking caregivers what they want to plant during that very season because different crops grow at different seasons and soils depending on the area. Next quarter Karangura Sub County shall be given priority in seeds distribution next quarter because it has been under served due to absence of Para social workers.

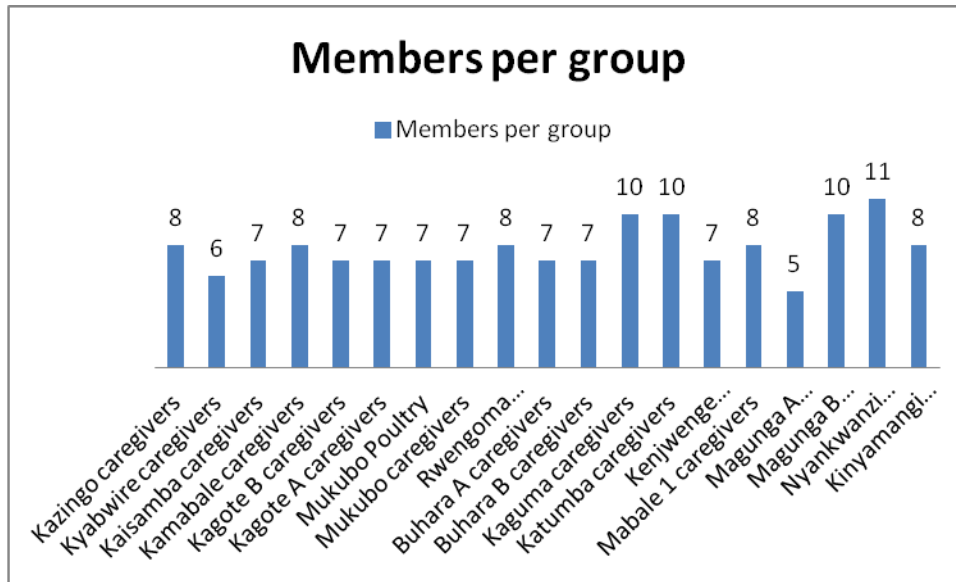
### **Economic Strengthening**

Under economic strengthening we had 3 categories:- piglets, baskets making and VSLA.

A total of 148 OVC HHs in 19 groups received piglets and poultry. Kicwamba sub county 83 HHs received piglets in groups, West Division 30 HHs received piglets and 6HHs received poultry as a group, in Karangura 21 HHs received piglets and lastly Bukuku sub county 8 HHs received a piglet. The caregivers formed groups of close neighbors depending how many they were in that particular village.



**Figure 3: Showing groups and members per group**



**Practices and lessons**

during service delivery we should be mindful of the minority groups especially like the Muslims, most of our caregivers received piglets and we had to consider the Muslims hence poultry had to be included for the Muslims specifically. Teamwork amongst caregivers was very evident during their small groups meeting on how to manage a group piglet for quick maturity and individual sharing.

**Baskets making**

34 caregivers from Kicwamba and 23 caregivers from Bukuku were trained in making designed modern shopping baskets with multiple colors. This training aimed at helping caregivers learn, make and sale baskets to improve household income. All needed materials were provided and after training caregivers will make it their business.



*Training caregivers in baskets making at Kicwamba S/C compound*

### VSLA formation and monitoring

15 caregivers from Kaisamba village in Karangura Sub County were trained and started a VSLA group this September and savings will start next month with close monitoring. The group agreed to meet every Friday and support each financially. We have had VSLA groups in other sub counties except Karangura where there are no VSALA Field Agents (FAs) to start new groups. Other existing VSLAs in other sub counties of Bukuuku, Kicwamba and West Division were also monitored this quarter and they are all progressing.

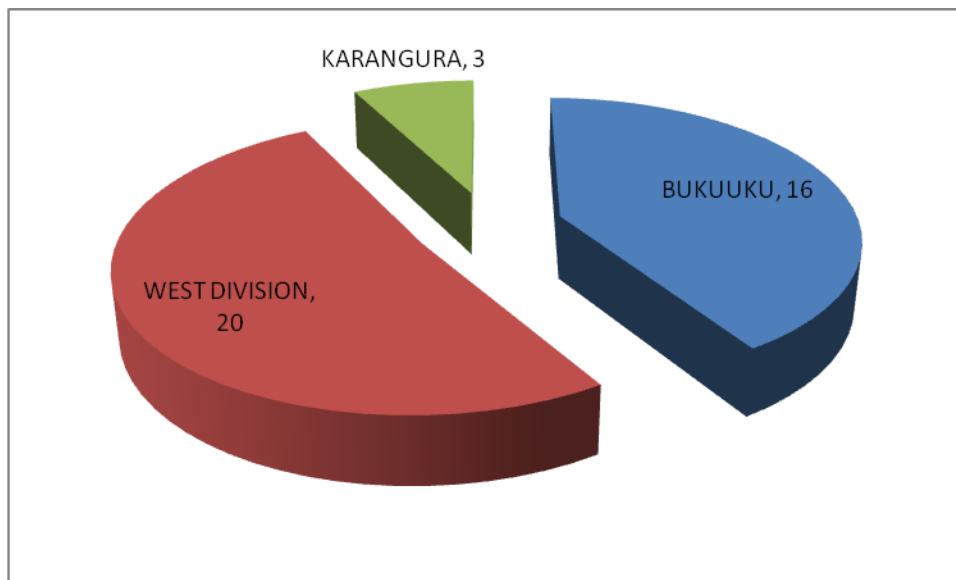
### Health

This quarter 262 households were reached with health information through regular home visits by Para social workers. Several topics were discussed from home during a one on one interface. At least 25 households from Karangura, 91 households from Kicwamba, 67 households from West Division and 79 households from Bukuuku sub counties were reached this quarter. We also had group health meetings facilitated by the social workers where caregivers raised issues concerning them and their household members. Issues raised included among others adherence, hygiene and sanitation, circumcision, TB prevention, education support etc.

### Support OVC Beneficiaries to graduate from vulnerability.

In total 39 OVC from 3 sub counties of Bukuuku with 16, West Division with 20 and Karangura with 3 were graduated this quarter after them achieving all the benchmarks for graduation.

Figure 4: Showing number of OVC graduated per Sub County



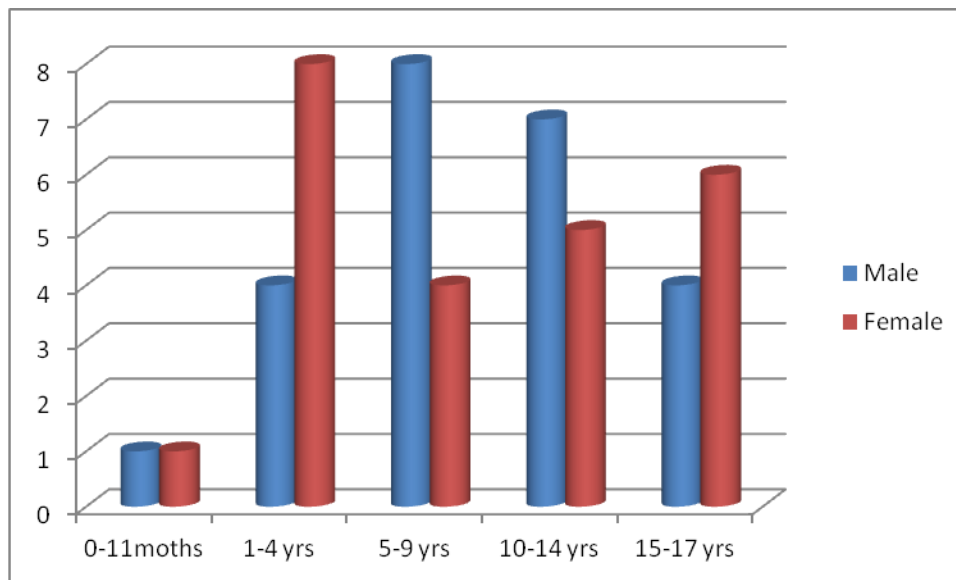
### Conduct vulnerability assessment of children of KPs

This quarter 48 children of FSW were assessed for vulnerability and enrolled on the program for support. All the 48 come from west division in 18 households.

**Table 3: Shows numbers of children of FSW enrolled on the program**

Age group	Male	Female	Total
0-11moths	1	1	2
1-4	4	8	12
5-9	8	4	12
10-14	7	5	12
15-17	4	6	10
Total	24	24	48

**Figure 5: Showing number of OVC of FSW enrolled on the program**



### SCHOOL PROGRAM 2019

S/No.	NAME	CLASS	SCHOOL
		<b>PRIMARY</b>	
1	Musobozi Mark	P.7	St. Charles Lwanga
2	Kato Andrew	P.6	Sts. Peter & Paul
3	Komuhendo Zudedda	P.4	Kahinju P/S
4	Ayebale Moses	P.4	Genius Citizens
5	Murungi Kenneth	P.4	Bukuku P/S
6	Kamata Patricia	P.7	Bukuku P/S
7	Kugonza Veronica	P.4	Canon Apolo P/S
8	Kugonza Mackline	P.7	Buhinga P/S
9	Musinguzi Rapheal	P.4	Kahinju P/S
10	Ninsiima Stella	P.7	Kahinju P/S
		<b>SECONDARY</b>	
11	Aijuka Margret	S.4	Fort Portal SSS
12	Jurugo Ivan Goodluck	S.3	Mpanga SSS

13	Kahunde Aisha	S.4	Mpanga SSS
		<b>INSTITUTION</b>	
14	oyo Charles	FINALIST	Canon Apolo PTC
15	murungi Brian	FINALIST	Canon Apolo PTC
16	Kobugabe Ritah Joan	FINALIST	Canon Apolo PTC
17	Agaba Robert	CONTINUING	St. Joseph's Technical
18	Ategeka Francis	FINALIST	St. Joseph's Technical
19	Mugera Swabri	CONTINUING	MMU

## Community sensitization and health service delivery outreaches



*Peer educators and youth leaders present their speech during World AIDS Day at Kicwamba Sub County*

### 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.

Yawe peers have also done a recommendable work in retaining adolescents in HIV care and support them to achieve viral load suppression through peer to peer support program.

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

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

YAWE Foundation has continued to help vulnerable children adolescents and adults especially those living with HIV and those with special needs. A lot of initiatives have been put in place to uplift their health conditions and social welfare. In this program we have supplied goats under "Goats for life Project" whereby we are supporting each family with a goat or a pig as part of economic strengthening and welfare. We are also caring for children and adults with special needs through home visit for physiotherapy exercises and psychosocial support. Additionally, we have supported most vulnerable children to access formal education or other vocational skills to empower them to have a more sustainable social welfare in their homes.

## Success stories

During the year 2019 we registered a number of achievements as mentioned below. Muhumuza Latif. Muhumuza Latif now 5 years was enrolled in our special needs program in 2017 with a congenital seal problem. Latif had colostomy an incision done through the colon to allow drainage. The anus was block and he could waste through the incision on the lower parts of his abdomen. Over time Latif had a successful operation under our support thus his colon drainage system was channeled back to the normal wasting passage. Now the great achievement is that Latif started school is now in studying in baby class at Gweri primary school. Her mother is the happiest and Latif himself got so excited to join the school environment. Latif lives with her single mother and his father abandoned them many years ago because the child had been born with a congenital problem.







Musinguzi Raphael. Raphael is now 8 years who was enrolled in our special needs program with inabilities to sit, stand and walk at age 3. Along the way with continued practices in physio and occupational therapies he began making significant changes. Raphael was able to sit later sat and then took steps but for long he has been tip toeing. However towards the end of this year Raphael tip toeing was corrected by surgery and now Raphael walks properly. He can walk long

distance steadily and play a lot runs and ups and downs without falling. Raphael was abandoned by all his parents and lives with his relatives who take good care of him.



Bzamaukama Clovice. Clovice is a 21 year old with lower limb paralysis and he will be wheel chaired for the rest of his life. Clovice was trained at Yawe center in tailoring skills. Clovice also benefited from Goats For Life project. He sold one the goat to rent a small room where he is now doing tailoring business. He has also opened a rolex business outside his room which also earns him some money. Clovice say he this is very good start and has a dream of making a big workshop where he can expand his business.



Nyangoma Gloria. Nyangoma Gloria is 3 years who was enrolled in care 3 years with delayed developmental milestone. Gloria had failed to sit independently and crawl. Over time we practiced with her in different exercises of physiotherapy and occupational therapy, Later Gloria was able to sit independently. Now the greatest milestone achieved is that Gloria started crawling of late and moves the walking frame very well.



Masiko Sailus a 64 year old man who lost his right limb in a car road accident in 2015 finally got an artificial leg under our support. Sailus can now walk steadily without crutches, get himself out of bed, mop his house, go to the garden and dig and this has brought a lot of joy and happiness in his life.



Komukyeya Mary's goat under Goats for Life project was able to build for her a one room extension to their house for renting. The money was got from the some of the goats her grandmother sold and here raising an extension room for renting. Mary will now be able to meet most of her basic needs from the rent money coming from the house. Mary is a disabled girl of 13 years living with her grandmother. Her parents abandoned her when she was age 4. Mary will not be able to stand and has a poor hand function.



### 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 of supporting their children and ways to prevent and manage other complications such as malaria, diarrhea causes among others.

# THE 7<sup>TH</sup> ANNUAL YOUTH CONFERENCE



YAWE Foundation and Kabarole Unique Stars Association (KUSA), the network uniting all the young people living with HIV in Kabarole, Bunyangabu, Kyenjonjo and Ntoroko Districts organized a successful annual youth conference for 2020. 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.

The Annual Youth Residential Conference started on 28<sup>th</sup> November to 2<sup>nd</sup> December 2020 at St. Pauls Juniors School. 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 2019 conference was: **“95-95-95 Ambassadors of Change”!** 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.

## THE SOCIAL ENTERPRISE PROJECT CENTRE BUILDING



As a way of building sustainability and expanding our vocational training program and creation of jobs YAWE foundation with support from Pespektive fuer kinder lauched a mega project in 2018 to construct a centre to accommodate both trainings, production and sale of our own products made by the youth employed by the social enterprise centre in other words the centre will be a business hub once completed. In the year 2019 we have been able to reach the slab level of our building and the goal is to have the ground floor completed and occupied we are calling upon other partners also to support this mega Project.

The centre is currently hosting YAWE life bread Bakery which was the first part to be completed the Bakery currently employs 10 youth and they are able to earn a living through production and sale of Bread. The Life Bread Bakery with its slogan “We Bake For life” was started by YAWE foundation with Support from Perspektive fuer Kinder which was a dream to create employment opportunities for the members of Unique stars association which is a network of young People living with HIV. The members of unique stars are the youth whom YAWE and Perspektive fuer kinder has been caring since they were children. Since the majority of these youth missed opportunity for formal education due to lack of support during their childhood because majority of them are total orphans. YAWE foundation with Support from Perspektive fuer kinder offered these youth training in various skills to increase the opportunity for finding employment and it against this background the YAWE and Perspektive fuer kinder established the bakery to answer the employment problem for the youth after their training in Baking.



Once the Social enterprise building is completed these business will have ample space for displaying our products hence creating more opportunities for selling our products which will lead to business growth and in turn more youth will be employed and hence Creating sustainable development as opposed to dependence on Donor funding.

### 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
- b) 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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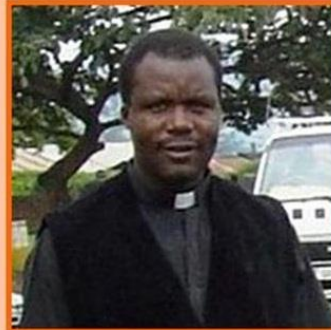
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## Acknowledgement of partners, donors and volunteers



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