



WWM

WOMEN WITH A MISSION

Annual NARRATIVE Report 2022



Advocating for the rights of the marginalized persons

ANNUAL NARRATIVE REPORT 2022



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1. Introduction

The Annual Report 2022 marks the end of the implementation of Women With A Mission work plan for 2022.

The work plan has been the guiding document from which the organization got its direction. It's worth noting that the organization implemented activities from Five (5) different projects.

The report will discuss the organization objectives which were set at the beginning of the year, the set targets out of the objectives, the implemented objectives, the outcomes, the impacts, challenges, innovations and the targets for next year plus the conclusion.

2. Set Objectives of WWM 2022

1. To enhance Access to Justice through legal aid service provision.
2. To Strengthen the Institutional capacity of WWM through Policy development and capacity enhancement of Staff and the Board.
3. To undertake advocacy, research and documentation on Access to SRHR/HIV information and Services, Promotion, Respect and Protection of Human Rights, Legal and Policy Reform.
4. To enhance the capacity of its community and key stakeholders.
5. To build and strengthen networks and partnerships.

3. Set targets under the objectives

3.1 To enhance access to Justice through legal aid service provision.

3.1.1. Receive and work on 100 Female Sex Workers' cases.

150 cases of human rights violations against Sex Workers were received and followed up. Out of the 150 cases, 125 were completed and 25 are still pending.

Table 1: Nature of Cases followed up by Community Paralegals

Nature of cases	Numbers
Assault	59
Child Neglect	41
Breach of Contract (11 Non-Payment for Services, 1 Failure to Pay Rent Arrears and 1 Failure to pay borrowed loan)	13
Theft	11
Unlawful Evictions	6
Kidnap	5
Procuring an Abortion	2
Stigmatized on the Basis of their HIV Status	2
Rape	2
Public Nuisance	2
Denial of Parenthood	2
Murder	2
Threatening Violence	1
Obtaining Goods by False Pretense	1
Simple Robbery	1

We provided different remedies to our clients including giving legal advice, reconciliation, accessing medical treatment, police bond and release without charge among others. All the remedies were aimed at achieving the best interests of the client and restoring their rights.

Table 2: Remedies received by Clients after intervention by Community Paralegals

Remedy	Number
Legal advice	148
Reconciliation	24
Child Support Given	24
Accessed Medical Treatment	22
Compensation	14
Received Payment for Services Given	6
Extension of Time to Stay in House where FSW were evicted	6
Psycho-social Support Given	5
Police Bond	5
Payment for Services Rendered	3
Release Without Charge	2
Savings Refunded Back	2
Refund of Money Lent	1
Return of Stolen Property	1
Extension of Time to Pay Loan	1

WWM has documented 95 human rights violations incidents committed against Female Sex Workers. Out of the 95 human rights violations, right to freedom from torture, cruel, inhumane and degrading treatment ranked first with 77 incidents, 13 Right to Equality and Freedom from discrimination, 2 Right to Liberty, 2 Right to Life and 1 Right to Property.

Table 3: Human Rights Violations Committed against Female Sex Workers

Human Rights Violations	Number
Right to freedom from Torture, cruel, inhumane and degrading treatment	77
Right to Equality and freedom from discrimination	13
Right to Liberty	2
Right to Life	2
Right to Property	1



Figure 1: FSW assaulted by client after demanding payment for services



Figure 2: Murder of Unknown Suspects



Figure 3: WWM Lawyer and Community Paralegal conducted a mediation in a house eviction of a FSW in Namatala, Mbale.

Outcomes

- There was increased access to legal services as a result of bringing legal aid service provision closer to FSWs leading to enhanced access to justice by FSWs.
- We have seen an increase in reporting cases by Sex Worker communities where the project has offered legal aid services and even beyond the targeted locations.
- Increased human rights violations responded to and perpetrators have been brought to book.

- There has been increased number of human rights violations instances reported by Female Sex Workers to WWM Legal aid clinic especially those committed by both State Actors and Non-State Actors.

3.2 To strengthen the Institutional Capacity of WWM through policy development and capacity enhancement of staff and Board.

3.2.1. Conduct a Three (3) days' Capacity Building Workshop on SRHR among WWM Board and Staff.

Target: To Conduct a Three (3) days' Capacity Building Workshop on SRHR for WWM Board and Staff

WWM conducted a three (3) days' Capacity Building Workshop on SRHR among 25 WWM Board and Staff. WWM Board and Staff were trained on human rights, international and national legal framework on human rights, Sexual Reproductive Health and Rights (SRHR), Gender Based Violence (GBV), Abortion, Family Planning, HIV Prevention, Response and Treatment, and Reporting and Documentation.

Out of the 25 participants, 3 Young People, 12 were women and 10 were men. The SRHR Capacity Building Training for WWM Staff was conducted on 3rd, 4th and 5th February 2023 at Wash and Wills Hotel, Mbale.





Figure 4: Counsel Moses Musana, Human Rights Officer, Elgon Sub-Region, Uganda Police, facilitating on Human Rights during the SRHR Training for WWM Board and Staff



Figure 5: Kugonza Irene, Project Officer, Reproductive Health Uganda (RHU) facilitating on SRHR.

3.2.2 Conduct a Five (5) days' Resource Mobilization Strategy and M & E Framework Development Workshop

Target: To Conduct a Five (5) days' Resource Mobilization Strategy and M & E Framework Development Workshop

During the reporting period, WWM conducted a five (5) days' Resource Mobilisation Strategy and M&E Framework Development Workshop. WWM hired a consultant to guide the process of developing a Resource Mobilization Strategy and M&E Framework. The workshop was conducted on the 18th-22nd May 2022 at Hilltop view Hotel, Mbale. The training was attended by 25 participants. Out of 25 participants, 16 were women and 9 were men.

Outcome

- Developed Organizational Resource Mobilization Strategy and M & E Framework.

3.2.3. Conduct a Six (6) Human Resource Policy and Financial Policy Review Workshop.

Target: To Conduct a Six (6) days' Human Resource Policy and Financial Policy Review Workshops

WWM conducted both Human Resource Policy and Financial Policy Review Workshops. Each review Workshop was for three (3) days. The Human Resource Policy Review Workshop was each conducted on the 31st May-2nd June 2022 and the Financial Policy Review Workshop was 3rd -5th June 2022 at Hilltop view hotel, Mbale. WWM hired a consultant to guide WWM Board and Staff to review both the WWM Human Resource Policy and Financial Policy. The workshops were attended by 50 participants. Out of 50 participants, 32 were women and 18 were men.

Outcome

- Reviewed the Organisational Human Resource Policy and Financial Policy.

3.2.4. Conduct a Two (2) days' Value Clarification and Attitude Transformation (VCAT) Workshop for WWM Board and Staff.

Target: To Conduct a Two (2) days' Value Clarification and Attitude Transformation Workshop.

The VCAT training for WWM Board and Staff was conducted on the 1st and 2nd September 2022, at Mbale Court View Hotel. The training was attended by 20 participants. Out of 20 participants, 6 were Transgender Persons, 8 Women and 6 Men. The purpose of the training was to: clarify and affirm the existing values and attitudes that people have pertaining abortion, distinguish between facts, assumptions and myths surrounding abortion, deconstruct stigma related abortion, question, re-evaluate and clarify their beliefs and attitudes towards abortion, distinguish between personal and professional views in advocating or providing access to abortion and address issues of between a woman's right to choose and the need for approval or consent from other people.



Figure 6: Peter Mutowana, Executive Director, Social Empowerment Network, main facilitator for the VCAT Training



Figure 7: Participants divided in groups to discuss Values they held on Abortion



Figure 8: Elly Taabu, Board Member, discussing their group work on the impact of a VCAT Training

Table 4: Number of Participants for the VCAT Training

Place	Dates	TOPICS	Women	Men	Others	Total Participant s
Court View Hotel, Mbale	1 st & 2 nd September 2022	Value Clarification and Attitude Transformation	8	6	6	20

3.2.5. Conduct a Two (2) days' Abortion Advocacy Strategy Development Workshop.

Target: To Conduct a Two (2) days' Abortion Advocacy Strategy Development Workshop.

WWM conducted an Abortion Advocacy Strategy Development Policy Workshop. This was a 2days' workshop that was scheduled from 1st and 2nd December 2022 at Court View Hotel, Mbale. WWM hired a consultant to guide WWM Board and Staff to develop an Abortion Advocacy Strategy. The workshop was attended by 20 participants. Out of 20 participants, 13 were women, 3 transgender persons and 4 were men.



Figure 9: Rose Wakikona, Senior Attorney, Women's Link Worldwide facilitating Myths and Misconceptions about Abortion



Figure 10: Participants pose for a photo during the Abortion Advocacy Development Strategy

Outcome

- Organizational Abortion Advocacy Strategy developed.

3.2.6. Procurement and Installation of Quick Books Accounting Package.

Target: To Procure and Install Quick Books Accounting Package.

Further, WWM procured and installed Quick Books Accounting Package. The Finance Officer and Finance Assistant were additionally trained on how to use Quick Books Accounting Package on the 18th July 2022.

Outcome

- Quick Books Accounting Package procured and installed on WWM Desktop Computer.
- WWM Finance Team trained on how to use quick books.

3.3 To undertake Advocacy, Research and Documentation on Access to SRHR/HIV Information and Services, Promotion, Respect and Protection of Human rights, Legal and Policy reform.

3.3.1 Conduct Two (2) National Baseline Studies on the Magnitude of Drug Use among Women, Lived Realities, Challenges faced and Mapping CSOs that work with Women Who Use Drugs in Uganda and on the Policy Environment for Access to Sexual and Reproductive Health and Rights and HIV & AIDS Services for Female Sex Workers.

Target: To Conduct Two (2) National Baseline Studies on the Magnitude of Drug Use among Women, Lived Realities, Challenges faced and Mapping CSOs that work with Women Who Use Drugs in Uganda and on the Policy Environment for Access to Sexual and Reproductive Health and Rights and HIV & AIDS Services for Female Sex Workers.

Firstly, a technical person was hired by WWM to Conduct a National Baseline Study to establish the magnitude of Drug Use among Women in Uganda, document the lived realities of WWUDs in Uganda, analyze and document the challenges faced by WWUDs, identify and map CSOs working for and with Women Who Use Drugs in Uganda. This Study was conducted in four (4) major cities and districts of Uganda mainly Kampala/ Wakiso-Central Uganda, Mbarara-Western Uganda, Mbale-Eastern Uganda and Gulu-Northern Uganda.

During the baseline study, some of the key findings were;

- ❖ The study established that despite having CSOs advocating for the rights of People Who Use drugs, women-led civil society organizations advocating for the rights of Women Who Use Drugs are scarce, while the existing CSOs have no targeted programs to meet the needs of women who use drugs but community-based programmes for women who use drugs rarely exist in Uganda.
- ❖ It is difficult to find sex-disaggregated data on drug use. Estimation studies of people who use drugs rarely include women, making it difficult to estimate prevalence of drug use among them.
- ❖ Drug use is a growing practice and habit among women in Kampala/Wakiso, Mbarara, Gulu and Mbale.
- ❖ WWUDs has not been sufficient at the community level because of the patriarchal mindset of the men who use drugs and lack of capacity. The involvement of women who used drugs in harm reduction programs will have to be deliberate for buy-in and sustainability purposes. The issues of capacity and community empowerment must be looked into to ensure that more women are on the table and or in the room and spaces where discussions about harm reduction programming.
- ❖ The legal and policy environment is not all that conducive for PWUDs in Uganda. The policies and laws are restrictive and prohibitive towards drug use practice and PWUDs organizing. Uganda hasn't yet embraced the public health approach in regard to harm reduction of PWUDs but rather looks at drug use practice as a criminal justice issue.
- ❖ The Government of Uganda through MoH in partnership with Civil Society Organizations advocated for the funding of MAT services through PEPFAR /CDC. Almost 95% staff working at MAT clinic are paid by Infectious Disease Institute (IDI)

- ❖ There is a need for deliberate efforts to ensure that MAT is rolled out beyond Kampala district; Butabika hospital for easy access by the community of PWUDs outside Kampala.
- ❖ WWUDs are usually arrested and detained together by police in total disregard of their human rights, something that has further pushed them into hiding with limited demand and access to health including SRHR, HIV and harm reduction services.
- ❖ The study established that there are loose groupings of Women Who Use Drugs that try to focus on specific needs of women like SRHR services, since harm reduction interventions mostly focus on men and disregards women needs.

Kindly find the direct link to the National Baseline Study pdf: https://womenwithmission.org/wp-content/uploads/2022/09/Baseline-Report_WWUDs_2022.pdf

Outcome

- Obtained evidence on Women Who Use Drugs generated for advocacy which will potentially offer direction and guidance to Government Ministries especially Ministry of Health, Ministry of Gender and Social Development, all development and partners for improved programming, legal and policy framework, harm reduction programming, access to health especially SRHR/ HIV, TB and legal services for Women Who Use Drugs in Uganda.
- Increased identification of issues affecting WWUDs in Uganda which included legal and health among others that need to do advocacy on especially harm reduction programming for WWUDs in Uganda.
- Increased knowledge of the issues affecting WWUDs among the different stakeholders in the different regions in Uganda which has in turn created a great partnership and network for advancing WWUDs' health and rights especially in regard to access and utilization of SRHR information and services for WWUDs, harm reduction programming, integration of HIV, SRHR and TB services.

Also, during this reporting period, another National Baseline Study for Findings on the Policy Environment for Access to Sexual and Reproductive Health and Rights and HIV & AIDS Services for female sex workers was produced with the guidance of an independent consultant, Afya na Haki (Ahaki). The draft National Baseline Study was forwarded to the WWM team, which they reviewed, made necessary comments and inputs and was sent back to the consultant to make changes and then produce a final copy.

The Baseline Study informs effective further project design and implementation that will achieve the anticipated project goals, objectives and outcomes. The study will determine whether Uganda's legal and policy environments affect the access of SRHR/HIV services by female sex workers, assess Uganda's legal and policy position on sex work, assess whether Uganda's position hinders or facilitates access to SRHR services for female sex workers and make recommendations on how the rights of female sex workers can be preserved under Uganda's policy and legislative environment and practical examples and recommendations given to improve the accessibility and acceptability of SRH services for sex workers.

The baseline study further established and documented the FSWs' SRHR needs, analyzed and documented obstacles sex workers face when accessing SRH/HIV services across multiple settings. It further examined the quality of available SRH services, as well as the different needs of female sex workers.

3.3.2. Hold Four (4) Validation Meeting with WWUDs community representatives, stakeholders and duty bearers in four (4) regions in Uganda.

Target: To Conduct Four (4) Validation Meetings with WWUDs Community Representatives, Stakeholders, Duty Bearers in Central, Eastern, Western and Northern Regions in Uganda.

Validation meetings were organized in the four regions of Uganda to receive feedback from the WWUDs' community representatives, stakeholders and duty bearers regarding the study. All the feedback given was used to remove biased information and misclassification in the study. The activity increased representation of the stakeholders in the study. The validation meetings were held in Mbale-Eastern Uganda, Kampala-Central Uganda, Mbarara-Western Uganda and Gulu-Northern Uganda.

A total of 121 participants attended the four (4) validation meetings. Out of the 121 participants, 85 were women and 36 were men

Table 5: Participants for the Validation Meetings in the different parts of Uganda

Place	District	Date for the session	Women	Men	Total Participants
Shine On	Mbale	23 rd May 2022	19	11	30
OK Hotel	Kampala	27 th May 2022	24	06	30
Rwizi Arch	Mbarara	13 th June 2022	23	07	30
Church Hill Courts	Gulu	21 st June 2022	19	12	31



Figure 11: Joan Kwaga, WWUD in Mbale commenting on how MAT does not favor pregnant and breast feeding mothers



Figure 12: Counsel Musana Moses, Human Rights Officer, Elgon Sub-Region giving his comments during the validation meeting in Mbale



Figure 13: WWUDs community representatives and key stakeholders posing for a photo after a validation meeting in Gulu City, Northern Uganda.

Outcome

- The WWUDs community representatives and other key stakeholders were given a chance to objectively look at the baseline study, recommend changes, deliberated on and provided inputs and comments to validate and enrich the National Baseline Study before it is approved, printed and disseminated. This really created a sense of ownership among community members as the study was their own.

3.3.3. Print and disseminate copies of the National Baseline Study on the Magnitude of Drug Use among Women, their Lived Realities, challenges they face and Mapping CSOs that Work with Women Who Use Drugs in Uganda.

Target: To Print and disseminate 80 copies of the National Baseline Study on the Magnitude of Drug Use among Women, Lived Realities, Challenges faced and Mapping CSOs that work with Women Who Use Drugs in Uganda

80 copies of the baseline study reports were designed, printed and disseminated to wider stakeholders including districts, ministries, civil society organizations, communities of women who use drugs. This activity increased visibility of WWM and advocacy for health and human rights of women

Kindly find the direct link to the National Baseline Study pdf version: https://womenwithmission.org/wp-content/uploads/2022/09/Baseline-Report_WWUDs_2022.pdf

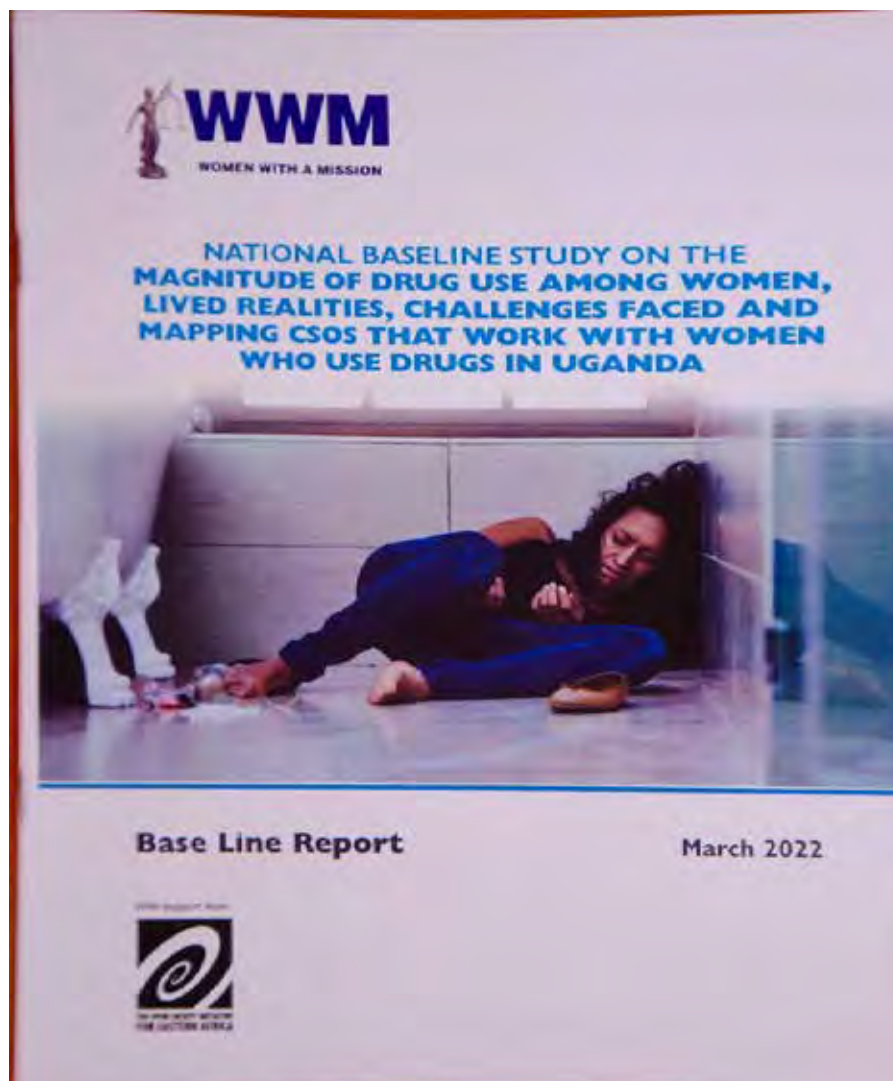


Figure 14: Outlook page of the National Baseline Study

Outcomes

- Well documented evidence with key findings on the Magnitude of drug use among Women in Uganda, lived realities of WWUDs in Uganda, the challenges faced by WWUDs, identified and mapped out CSOs working for and with Women Who Use Drugs in Uganda which will potentially offer direction and guidance to Government Ministries especially Ministry of Health, Ministry of Gender and Social Development, all development and harm reduction partners for improved programming, legal and policy framework, access to health especially SRHR/ HIV and legal services for Women Who Use Drugs in Uganda.
- Well documented evidence with findings on how the legal and policy framework in Uganda hinders or facilitates female sex workers' access to SRHR/HIV services.
- Increased advocacy for health and human rights of women in sex work and women who use drugs.

3.3.4. Produce Two (2) Video Documentaries on the effect and extent of Punitive Laws affecting FSWs' Access to SRHR/HIV Services and on the effects and extent of the Narcotic Drugs Psychotropic Substances Act 2016 on Women Who Use Drugs' Access to SRHR and HIV related Services.

Target: To Produce Two (2) Video Documentaries on the effect and extent of Punitive Laws affecting FSWs' Access to SRHR/HIV Services and on the effects and extent of the Narcotic Drugs Psychotropic Substances Act 2016 on Women Who Use Drugs' Access to SRHR and HIV related Services.

During the reporting period, two (2) video documentaries were produced by WWM. The first Video Documentary is on the effect and extent of Punitive Laws have affected FSWs' Access to SRHR/HIV Services was produced with the guidance of an independent consultant, Ardent Media Limited. The video documentary was forwarded to the WWM team, which they reviewed, made necessary comments and inputs and was sent back to the consultant to make changes and then produce a final video documentary.

The video documentary documents FSWs lived realities and barriers in accessing SRHR/HIV services in the existing policy and legal environment. And the video documentary will be an advocacy tool for SRHR advocates to advocate and demand more effectively in efforts and interventions that challenge laws, policies, and programmes to ensure they are more responsive to and inclusive of the diverse and dynamic needs of FSWs in Uganda.

Here is the link below; <https://drive.google.com/file/d/1wqBkVspDdNm4VMNsUsE01L6Ekzk7jBn5/view?usp=drivesdk>

The second video documentary produced is on the extent and effect of the Narcotic Drugs and Psychotropic Substance Act 2016 on WWUDs' access to SRHR and HIV related services.

The documentary was shot in Mbale city and the city suburbs of Kampala city for a period of 2 (two) weeks. The documentary captured voices of WWUDs' advocates for health and rights, Dr. Mudiope Peter, Ministry of Health, Uganda, Communicable Diseases Control-AIDS Control Programme, Zarugaba Tinka, Acting Commissioner Anti-narcotics at the Criminal Intelligence and Investigation Department, Uganda Police Forum, Mr. Twaibu Wamala, Executive Director, Uganda Harm Reduction Network (UHRN), Mr. Richard Lusimbo, National Coordinator, Uganda Key Population Consortium (UKPC) and Miss. Betty Balisalamu, Executive Director, Women With A Mission. The video documentary highlights issues of advocacy for WWUDs which included maternal health, Safe abortion, access to SRHR, HIV, T.B services, harm reduction programming for WWUDs especially Medically Assisted Therapy for Pregnant Women and breast feeding mothers, growing practice of drug use among women, drug use as a public health problem in the country but not criminalization of drug use, increased cases of Sexual Gender Based Violence among WWUDs and lastly safe and friendly legal environment for WWUDs.





Figure 15: Participants of a Value Clarification and Attitude Transformation Training watching the documentary

Kindly click on this link to view the documentary: <https://drive.google.com/file/d/1-hmq4YzWyzQEyTgT1BvJdT99JyWIBIL5/view>

Outcome

- Obtained evidence from key findings needed to potentially offer direction and guidance to Government Ministries especially Ministry of Health, Ministry of Gender and Social Development, all development and harm reduction partners for improved programming, legal and policy framework, access to health especially SRHR/ HIV information and services for Women Who Use Drugs and FSWs in Uganda.

3.3.5 Translation of video documentary on the effects and extent of the Narcotic Drugs Psychotropic Substances Act 2016 on Women Who Use Drugs' Access to SRHR and HIV related Services into Sign language

Target: To translate the Video documentary on the effects and extent of the Narcotic Drugs Psychotropic Substances Act 2016 on Women Who Use Drugs' Access to SRHR and HIV related Services into Sign Language

The video documentary was translated into sign language which has started being disseminated to the disability community especially those with a hearing impairment

Here is the attached link for the translated version: https://drive.google.com/file/d/1nNj_eUd-0mHs2UB8EjFSDszUWulxUpnz/view?usp=sharing

Outcome

- Increased wider view of the video documentary, WWUDs & FSWs voices, their lived realities, challenges they face while accessing SRHR/HIV information and services by the disability community.
- Increased support and advocacy for health and rights of WWUDs & FSWs among the disability community

3.3.6. Develop, design, print and IEC Materials with SRHR information and Decriminalization of Petty Offences.

Target: To develop, design print and disseminate Information Education and Communication (IEC) materials which included 2 Project Banner and 312 Poster with SRHR information and 200 T-Shirts on decriminalization and declassification of petty offences.

During this reporting period, WWM developed, designed and printed 2 Project Banners, 312 Posters and 200 T-Shirts. The T-Shirts and Posters were produced and disseminated to key stakeholders at the ministry of Justice and Constitutional affairs, Ministry of Health, district, subcounty, civil society organizations and marginalized communities. These were also disseminated via Individual social media platforms, twitter: @WomenWithAMiss1, tiktok and Facebook: Women With A Mission, WWMUganda.

These have been printed with different SRHR Advocacy messages as seen below;

- Family planning/ the use of contraceptives is a Shared Responsibility for Both Men and Women. So it's Up to Us to always involve Men and Boys in these Reproductive Health Discussions.
- If Vulnerable Girls and Women have Access to Sexual Reproductive Health and Rights Information. We will have a decrease in unwanted pregnancies, STIs and HIV/AIDS.
- Did You Know? Unsafe Abortions is one of the leading causes of Maternal Deaths in Uganda. It is Everyone's Responsibility to Invest in Ending Unsafe Abortions among Vulnerable Women and Girls.

Furthermore, the Key Advocacy messages on decriminalization and declassification of petty offences as highlighted below;

1. Uganda's Laws and Justice system require Alternatives for Custody for Minor Offences to Reduce Prison Over Crowding.
2. Idle and Disorderly Laws Criminalize People for Who They Are and Not for What They Do.
3. Decriminalize Petty Offences. Declassify Laws Targeting the Poor. Decongest Prisons

The aim of these advocacy messages was to increase access to SRHR information among women and girls in Mbale which will in turn increase the demand for access and utilization of SRHR services, increase male involvement in Reproductive Health conversations since the men make key decisions in reproductive health for example family planning and advocating for the decriminalization of discriminatory laws and declassification of petty offences through advocating for the use of social justice and harm reduction responses.





Figure 16: Key Advocacy Messages on Access to SRHR information and Services

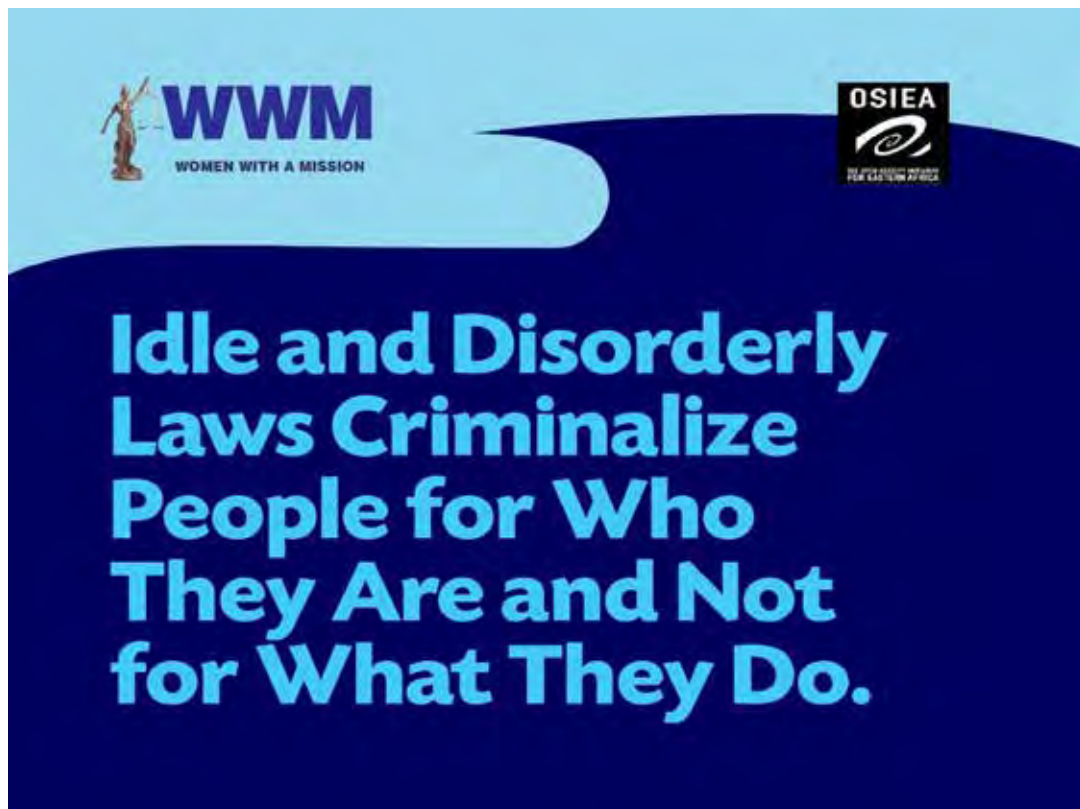


Figure 17: Some of the key messages used on our social media pages

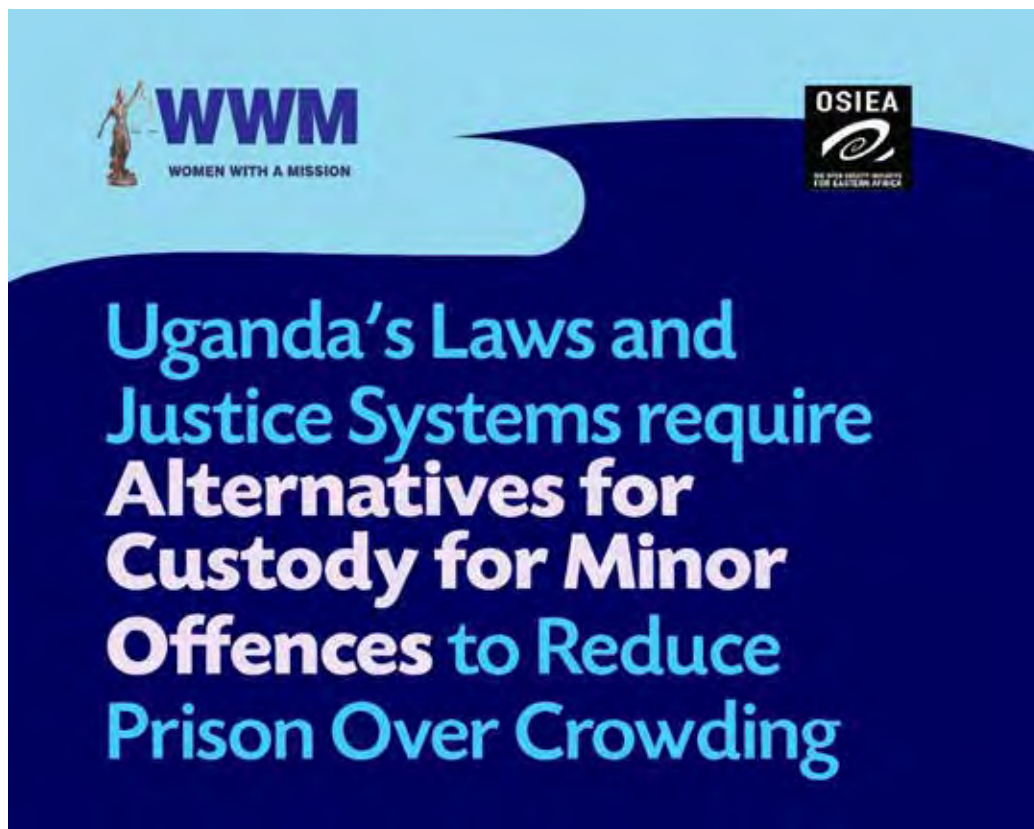




Figure 18: Key Advocacy Message on Decriminalization of Petty Offences



Figure 19: WWUDs Community Representatives posing in their T-Shirts after the validation meeting in Mbarara, Western Uganda



Figure 20: WWUDs receiving T-Shirts after the Validation Meeting at OK Hotel, Kampala

Outcomes

- WWM has jointly with other organizations increased its advocacy for the decriminalization of discriminatory laws and declassification of petty offences through advocating for the use of social justice and harm reduction responses to dealing with vagrancy and related issues, as opposed to the current punitive and reactionary criminal justice response, demanding for the repeal of discriminatory laws, challenging stereotypes about marginalized groups like People Who Use Drugs (PWUDs). This has led to immediate release of petty offenders who were arrested for minor offences hence decongestion of police cells and prisons.
- Petty Offenders who were arrested and imprisoned for lengthy periods of time while they wait for their trial were released on bail and to some cases dismissed and most of whom were given non custodian sentence for example community service.
- Community made aware of the increased prevalence of teenage pregnancy rates in Uganda and reminded of their responsibility as parents, local leaders, religious leaders and law enforcement officers to prevent teenage pregnancies.
- Increased involvement of all stake holders in the prevention and reduction of teenage pregnancy in Uganda.
- Increased knowledge of community members on access to legal and safe abortion services as a human right and promotion of women and girl's Sexual Reproductive Health and Rights and Bodily Autonomy.
- Reduced Abortion Stigma among community members. This is as seen from our posts on social media pages, there was no cyber harassment on Facebook (Women With A Mission) and on Twitter (@WomenWithAMiss1).
- Increased knowledge of community members on access to legal and safe abortion services as a human right and promotion of women and girl's Sexual Reproductive Health and Rights and Bodily Autonomy.

3.3.7. Conduct a Comprehensive Legal Analysis of the HIV Prevention and Control Act and other Laws impacting on Adolescent Girls and Young Women (AGYW) in Uganda.

Target: To Conduct a Comprehensive Legal Analysis of the HIV Prevention and Control Act and other Laws Impacting on Adolescent Girls and Young Women in Uganda

WWM conducted a comprehensive legal analysis of the HIV Prevention and Control Act and other laws impacting on AGYWs in Uganda. The legal analysis was done on the various laws and policies that affect AGYW's access to SRHR/HIV related information and services and these are highlighted herein below; i) **The 1995 Ugandan Constitution**, which discusses the right to health as not explicitly protected under the Constitution. However, the National Objectives and Directive Principles of State Policy contains social and economic objectives which include the right to social justice and economic development and a State obligation to ensure that 'all Ugandans enjoy rights and opportunities and access to education, health services ...'.¹ The NODPSPs also require of the State to take all practical measures to ensure the provision of basic medical services.² In this way, the Constitution creates an enabling environment for the enforcement of the right to health, which extends to HIV prevention and treatment services, ii) **The HIV Prevention and Control Act, 2014**. According to its long title, the HIV Prevention and Control Act, 2014 was adopted to provide for the protection and care of people living with HIV and AIDS; testing and counselling and the establishment of the HIV and AIDS Trust Fund.³ It is the most important law regulating access to HIV services in Uganda. The Act create an enabling environment for HIV prevention and treatment. Unfortunately, the Act in its current form puts stringent punishments for HIV nondisclosure, exposure, and transmission, which the community of people living with HIV and CSO HIV law coalition find unfair and if not addressed by the court, will hinder people from accessing HIV related services.

Some of the policies analyzed were; Ministry of Health *National HIV Testing Services Policy and implementation guidelines in Uganda* 4th edition (2016), Ministry of Health *National Comprehensive Condom Programming Strategy & Implementation Plan 2020 – 2025* (2020), Ministry of Health *National Policy Guidelines on Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C* (2007), Uganda AIDS Commission *Presidential Fast Track Initiative on ending AIDS in Uganda: A Presidential Handbook – Revised Edition* (2020), Health *Consolidated Guidelines for Prevention and Treatment of HIV and AIDS in Uganda* (2020), Ministry of Health *Leave no-one behind: A National Plan for achieving equity in access to HIV, TB and Malaria services in Uganda 2020-2024* (2019), Ministry of Health *National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights* (2012) and Ministry of Health *National Adolescent Health Policy for Uganda* (2004) among others.

This legal analysis will be used by WWM and its partners in advocating for a safe legal and policy environment that will enable and also accelerate demand, access and utilization of SRHR/HIV services among AGYWs both at the National and District level.

Outcome

- WWM developed evidence-based policy advocacy and practices on SRHR/HIV for AGYW.

¹ Objective XIV(ii).

² Objective XX.

³ Long title of HIV and AIDS Prevention and Control Act, 2014.

3.3.8. Celebration of the 16 Days of Activism Against Gender Based Violence (GBV).

Target: To Celebrate the 16 Days of Activism Against Gender Based Violence (GBV).

During this reporting period, we developed advocacy messages with the help of an independent consultant that they shared on their social media platforms like the website, twitter, face book WhatsApp and tiktok in order to advance our advocacy on prevention and response to Gender Based Violence and other harmful practices against women and girls, calling out to key stakeholders to take action on response to GBV, increase male involvement in GBV conversations since most of the men are the decision makers and access to SRHR and bodily autonomy among women and girls.

Some of the advocacy messages during the 16 days of Activism against GBV included;

- There is Need for Effective Enforcement and Implementation of Laws and Policies to Address Violence Against Women and Girls.
- Nothing Can Be An EXCUSE for Violence Against Women and Girls. Many times the offenders give excuses as to why they get violent with women. However, Nothing should justify violence against Women and Girls.
- The Government in collaboration with Key Stakeholders, Partners and Civil Society Organisations (CSOs) should work jointly to Prevent and Eliminate GBV and Harmful Practices against Women and Girls.
- We must Ensure Women's Participation in Planning, Budgeting and Decision Making Processes to Prevent and Respond to GBV against Women and Girls.
- Stand Up ! Speak Out Woman ! Your Life Matters. Report Any Kind of Human Rights Abuse Against Women and Girls.
- There is Need for Male Engagement (men and boys) to Understand How Violence Unfolds and How to Prevent and Respond to It



3.4. To enhance the capacity of its community and key stakeholders.

3.4.1. Conduct Project Inception meeting with the District Local Government Officials in Mbale District.

Target: To Conduct One (1) Project Inception Meeting with the District Local Government Officials in Mbale District.

The Improved COVID 19 Vaccine Acceptance and Uptake Amongst the Rural and Urban Poor Communities in Uganda (COVAP) Project Inception with Key Stakeholders and Partners was conducted on the 23rd May 2022, at Wash and Wills Hotel, Mbale City. The inception meeting was attended by 20 participants. Out of the 20 participants, 12 were women and 8 were men. The inception meeting targeted District Government Officials, key stakeholders and partners.

The objective of the meeting is to introduce the project to the Mbale City and District local Government Officials, different key stakeholders and key partners and to agree on the specific sub-counties in Mbale where they has been a low COVID 19 Vaccine Acceptance and Uptake and where the project activities should be implemented.



Figure 21: Resident City Commissioner (RCC) giving his closing remarks during the COVAP Project



3.4.2. Conduct Two (2) Targeted Awareness Campaign with Community Structures (religious leaders, opinion leaders and cultural leaders) about the COVID 19 Vaccines.

Target: To Conduct Two (2) Targeted Awareness Campaign with Community Structures (religious leaders, opinion leaders and cultural leaders) about the COVID 19 Vaccines.

The Targeted Awareness Campaigns were attended by 40 participants. Out of the 40 participants, 11 were women and 29 were men. The Awareness Campaign targeted religious leaders who were from both the Christian and Islamic faith, cultural leaders, local leaders, Village Health Teams (VHTs) and teachers.



Figure 22: Agnes Masagwayi, Health Educator, facilitating about the importance of the COVID 19 Vaccine during the Targeted Awareness Session.



Figure 23: Reverends posing for a photo after the Targeted Awareness Session

3.4.3. Conduct Three (3) Community Barazas and Forums to provide Platform for Community Members to engage with duty bearers on uptake issues.

Target: To Conduct Three (3) Community Barazas and Forums to provide Platform for Community Members to Engage with Duty Bearers on uptake issues.

The Community Baraza was attended by 327 participants. Out of the 327 participants, 250 were women and 77 were men.

The 1st Community Baraza was conducted on the 5th July 2022 at Epic Centre, Busoba Sub-County in Mbale District.

The 2nd Community Baraza was conducted on the 14th October 2022 at Magada Playground, Lwasso Sub-County in Mbale.

And the 3rd Community Baraza was conducted on the 29th November 2022 at Bungokho Sub-County Head-Quarters, Bungokho Sub-County in Mbale.

During the Baraza, the community members engaged various duty bearers who included; the District Health Educator and LC III and Deputy Resident District Commissioner (RDC), Gombolola Internal Security Office, Religious Leaders and Local Council leaders. The duty bearers were engaged on issues mainly on safety of the COVID 19 Vaccination.



Figure 24: Sheik Twaha Munyosi asking the Community in Lwasso Sub-County, Mbale about the Myths and Misconceptions about the COVID Vaccine





Figure 25: Obedi Mwiri, LC III, giving his welcome remarks during the community baraza in Busoba Sub-County, Mbale

3.4.4. Conduct Two (2) Public Opinion Polls on perceptions on COVID 19 Vaccines

Target: To Conduct Two (2) Public Opinion Polls on Perceptions on COVID 19 Vaccines.

WWM conducted 2 public opinion polls on perceptions on covid 19 Vaccines at Lwasso Health Centre III, Lwasso Sub-County, Mbale on the 15th August 2022. where a total of 41 participants attended, 35 women and 6 Men.

The 2nd Public Opinion Poll was conducted at Bunapongo Health Centre III, Bungokho Sub-County, Mbale on the 3rd November 2022. During the Public Opinion poll, we had a total of 40 participants, 35 women and 5 Men. During the opinion poll, we released that after a meaningful engagement with the community members by the Ministry of Health through the District Health Office in Mbale and partners including WWM. Community perceptions had really tremendously changed as many of them are accepting and taking up the vaccine.

However, it has also been further noted that women are taking up the vaccine compared to their male counterparts. A set of questions were designed and used during the public opinion poll to assess community's perception about the COVID 19 Vaccine annexed as "A"



Figure 26: Wanzira Banzira, Executive Director, Poverty Alleviation and Community Development Foundation (PACODEF) asking community perceptions about the COVID 19 Vaccine



3.4.5. Conduct Eight (8) Radio Talk shows on SRHR and COVID 19 Vaccine Acceptance and Uptake.

Target: To Conduct Eight (8) Radio Talk Shows on SRHR and COVID 19 Vaccine Acceptance and Uptake.

WWM conducted Eight (8) radio talk shows. Two (2) radio talk shows were organized and held at 95.0 Time FM and 101.4 Elgon FM in Mbale District on the 23rd September 2022 and 30th September 2022 consecutively on Maternal Mortality and Morbidity Due to Un Safe Abortion. This particular topic was chosen because as WWM, we were still celebrating the International Day of Safe Abortion that usually happens every year on the 28th September 2022 and the other two (2) radio talk shows were organized and both held on 95.0 Time FM in Mbale District on the 12th of November 2022 and 26th November 2022 consecutively.

Lastly, WWM conducted more four (4) talk shows which were conducted on three (3) radio stations. These were held on 101.4, Elgon FM, 95.0 Time FM and 103.3, Open Gate FM. During the talk shows, WWM staff, Assistant District Health Officer, District Education Officer and partners who discussed topics; about the COVAP Project, myths and misconceptions about the COVID 19 Vaccine, history of COVID 19, current situation of COVID 19 in Uganda, steps Government of Uganda through the Ministry of Health has taken to mitigate the spread of COVID 19 for example preventive measures of COVID 19 especially the Standard Operating Procedures (SOPs) and Vaccination of Citizens especially the elderly, the health workers, teachers among others, importance, safety, and effectiveness of the COVID 19 Vaccine and the role of the key stakeholders to ensure covid 19 vaccine acceptance and uptake among rural and urban poor communities..

A total of 65 persons called and other people were following the discussion through Facebook and twitter. All their issues were responded to.



Figure 27: Betty Balisalamu, Executive Director, WWM giving a brief about the COVAP Project



Figure 28: Betty Balisalamu, Executive Director, WWM discussing the Legal and Policy Framework on Abortion in Uganda



Table 13: Number of Radio Talk Shows Conducted

No.	Topic	Radio Station	Date of the Talk Show
1	Maternal Mortality and Mortality Due to Unsafe Abortion	95.0 Time FM	23 rd September 2022
2		101.4 Elgon FM	30 th September 2022
3	Family Planning: As A Public Health Issue	95:0 Time FM	12 th November 2022
4	Gender Based Violence	95.0 Time FM	26 th November 2022
5	COVID 19 Vaccine Acceptance and Uptake	101.4 Elgon FM	5 th October 2022
6		95.0 Time FM	
7		95.0 Time FM	21 st October 2022
8		103.3 Open Gate FM	8 th June 2022

Outcomes

- Enhanced knowledge of community members of prevention and response to Gender Based Violence, importance of use of contraceptives, safe abortion in reducing maternal mortality.
- Increased number of GBV and other human rights violation cases reported to the WWM legal aid clinic
- Increased knowledge of community members especially adolescent girls and young women on access to safe abortion care services in order to prevent maternal mortality and morbidity in Uganda.
- Reduced of abortion stigma from sections of the community.
- Increased demand for safe abortion and family planning services among vulnerable women and girls.
- Increased uptake of the COVID 19 Vaccines among the community especially among the women and the elderly persons
- Reduced stigma against the COVID 19 Vaccine leading to raising number of acceptance and uptake.

3.4.6. Produce and Air Spots Messages on issues of Importance, Safety, Access and Effectiveness of COVID 19 Vaccination.

Target: To Produce and Air Two (2) Spots Messages on issues of Importance, Safety, Access and Effectiveness of COVID 19 Vaccination

Additionally, WWM produced 2 Spots Messages informing the General Public on safety and effectiveness of the COVID 19 Vaccine and urging the public to accept and take up the vaccine to protect themselves from COVID 19 Virus. These were produced in 2 languages both in Luganda and English.

There were aired Two Hundred Fifty (250) times at different times. 125 Spots messages were aired 6:00am -10:00am in English and 125 messages were aired from 6:00pm-9:00pm. These aired on Open Gate FM and Time FM.

There were One Hundred Twenty (120) DJ Mentions. These were 4 DJ Mentions that were made daily for 30 days on 95 Time FM, Mbale.

Kindly find the different link for the aired spots messages

<https://photos.app.goo.gl/TtnmVwQEjrbRxep7>

3.4.7. Launch and Conduct Four (4) Quarterly “Get Shots into Arms” Campaign to create demand for COVID 19 Vaccine among rural women, the elderly and the urban poor

Target: To Launch and Conduct Four (4) Quarterly “Get Shots into Arms” Campaign to create demand for COVID 19 Vaccine among rural women, the elderly and the urban poor.

The “Get Shots into Arms Campaign “was launched and conducted in three (3) sub-counties which were Lwasso, Bungokho and Busoba in Mbale. The main objective of launching and conducting this campaign was to increase knowledge among community members about the safety, access and effectiveness of COVID 19 Vaccination hence creating demand for the Vaccine among rural women, the elderly and the urban poor.

The 1st Launch of the campaign in Lwasso Sub-County was conducted on the 14th July 2022 at Magada Playground, Lwasso Sub-County. The launch was attended by 461 participants. Out of the 461 participants, 258 were female and 203 were male.

The 2nd Launch in Bungokho Sub-County was conducted on the 14th August 2022, at Bugokho Headquarters, Bungokho Sub-County in Mbale District. The 2nd launch was attended by 100 participants. Out of the 100 participants, 58 were female and 42 were male

The 3rd Launch of the campaign in Busoba Sub-County was attended by 303 participants. Out of the 303 participants, 149 were female and 154 were male.

While the 4th Launch in Lwasso Sub-County, at the Lwasso Health Centre IV was attended by 91 participants. Out of the 91 participants, 58 were female and 33 were male.

During the “Get Shots into Arms Campaigns”, there four (4) were health camps, where 177 were vaccinated, 122 were women and 55 were men.





Figure 29: A health worker giving a COVID 19 Vaccine shot to a participant at Lwasso Play Ground

3.4.8. Conduct One (1) Engagement Meeting with stakeholders at all levels to discuss community issues in regard to information, safety, access, demand and utilization of the COVID 19 Vaccines

Target: To Conduct One (1) Engagement Meeting with Stakeholders at all Levels to Discuss Community Issues in regard to information, safety, access, demand and utilization of the COVID 19 Vaccines.

During the reporting period, WWM conducted an engagement meeting with stakeholders for example; local community leaders, media, partners, VHTs, Sub- County Chiefs, religious and opinion leaders. During the stakeholders' engagement, we had 22 participants. Out of the 22 participants, 3 were women and 19 were men.

A number of issues were discussed during the engagement meeting for example introducing the COVAP Project, myth and misconceptions about the COVID 19 Vaccine, safety, effectiveness and importance of the COVID 19 Vaccine and the role of stakeholders in ensuring that communities accept and take up COVID 19 Vaccination.



Figure 30: Agnes Masagwayi, DHE, facilitating about the benefits of the COVID 19 Vaccine at a Stakeholders' meeting



Figure 31: Enoch Kimanswa, Project Coordinator, WWM showing a video debunking some of the fake news about the COVID 19 Vaccine

Outcomes

- Increased uptake of the COVID 19 Vaccines among the community especially among the women and the elderly persons
- Reduced stigma against the COVID 19 Vaccine leading to raising number of acceptance and uptake.

3.4.9. Conduct One (1) day Inception Meeting with District and Community Structures in Mbale district such as District Health and DCDO representatives, VHTs, district youth leaders and PWUD community peers for their meaningful engagement in supporting to addressing HIV/TB related stigma and discrimination and access to HIV/TB information and services in Mbale.

Target: To conduct a One (1) day (1) Inception Meeting with district and community structures and PWUD community peers for their meaningful engagement in supporting to addressing HIV/TB related stigma and discrimination and access to HIV/TB information and services in Mbale.

WWM conducted a project inception meeting with District and Community structures such as District Health and DCDO representatives, VHTs District Youth Leaders and PWUDs community peers for their meaningful engagement in addressing HIV and TB related stigma and discrimination and access HIV/TB information and services in Mbale. The project inception was attended by 20 participants. Out of 20 participants, 12 were men and 8 women. The

meeting was scheduled on the 1st September 2022 at Bukobo Hall Mbale District Head Quarters.

This meeting was seeking clarity on the roles of the different stakeholders in supporting to address HIV/TB related stigma and discrimination and access to HIV/TB information and services among PWUDs.



Figure 32: District Planner, Mbale emphasizing the need for a multi-sectoral approach to end HIV/TB among PWUDs



Figure 33: Kintu Shaban, PWUDs making outcry about the increasing number of HIV/TB infections among PWUDs

Table 6: Number of Participants during the Project Inception Meeting

Place	Date for the session	TOPICS	Women	Men	Total Participants
Bukobo Hall, District Head Quarters	1 st September 2022	Meaningful Engagement to address HIV/TB stigma and discrimination and access to HIV/TB services among PWUDs	8	12	20

3.4.10. Conduct One (1) Engagement Meeting with Key Stakeholder on Influencing and Shaping Policy Discussions around HIV/AIDS at National and District Levels on Various Policy Processes affecting AGYW.

Target: To Conduct One (1) Engagement Meeting with Key Stakeholders on Influencing and Shaping Policy Discussions around HIV/AIDS at National and District Levels on Various Policy Processes Affecting AGYW.

WWM conducted an engagement meeting with key stakeholders from Mbale City and District on influencing and shaping policy discussions around HIV/AIDS at district levels on various policy processes affecting AGYW. The engagement meeting was held on the 16th December 2022 at Wash and Wills Hotel, Mbale. It was attended by 20 participants and out of 20 participants, 3 were Adolescent Girls, 2 Young Women, 9 Adult Women and 6 Men. During the engagement meeting with stakeholders, WWM discussed issues of access to PrEP among AGYW highlighting the need of PrEP technical guidelines guiding the roll out and implementation of PrEP.

Some of the commitments made the key stakeholders were; i) PrEP for adolescent girls and young women (AGYW) must be considered as an HIV Prevention Intervention, ii) consider a targeted delivery of PrEP within the already established systems of access like KP facilities and youth facilities and equip providers with skills in PrEP provision for the specific target group, iii) integrating services into a one-stop market place for SRH and HIV services, iv) Mbale City and District Health Office Should develop guidelines on PrEP that clearly give a strategic roadmap to implementation and delivery of adolescent health services inclusive of PrEP and other HIV prevention related services and v) there is also a need to build the capacity of health workers to support integrated adolescent health services through training and mentorships. After the engagement meeting with stakeholders, the Mbale City and District Health Office are in the process of developing PrEP Guidelines and have prioritized the distribution of PrEP at the different youth health centre points and Drop-in Centers in order to ensure availability, accessibility and utilization of access to PrEP among AGYW.

Outcome

- There was commitment from Mbale City and District Health Offices to develop technical guidelines on PrEP to guide the roll out and implementation of PrEP in Mbale City and District and prioritize availability and access to PrEP among AGYW.
- Increased access to PrEP among AGYW



Figure 34: Mercy Ikoona, Vice Chairperson, B.O.D engaging stakeholders on PrEP distribution among Young People

3.4.11. Conduct One (1) Consultative Meeting with Adolescent Girls and Young Women (AGYW) on issues of their Access to HIV Related Services

Target: To Conduct One (1) Consultative Meeting with AGYWs on issues of their Access to HIV Related Services

WWM conducted a consultative meeting with AGYW on the barriers affecting their access to SRHR/HIV Information and Services. During the Consultative Meeting, WWM engaged 20 AGYW, out of the 20 AGYW, 7 Adolescent Girls and 13 Young Women.

The consultative meeting was held on 15th October 2022 at Wash and Wills Hotel, Mbale. The topics of discussion were HIV Prevention strategies for AGYWs (HIV Education, barriers that affect AGYW's access to SRHR/HIV related Services which included; **a)** Most of the health service points are located from so far from the community members hence making it harder for AGYW to walk distances to access SRHR/HIV related services, **b)** Lack of SRHR/HIV related information has limited AGYW's access to SRHR/HIV related services, **c)** Stigma and discrimination by health service providers and community members against AGYW in accessing some of SRHR/HIV related services like use of contraceptives, condoms, **d)** Poor Attitude of some health workers especially female health workers being rude to AGYW thus hindering their access the services, **e)** Stock Out of health commodities at the different service points like STI drugs, PEP, PrEP, Self-Testing Kits and condoms, **f)** Some of these SRHR/ HIV related services are usually paid for at both public and private health facilities which limits AGYW's access because they do not have money to buy some of these commodities, **g)** Limited time for AGYWs, because one has to go to school, they find themselves failing to have time to access HIV related services and lastly **h)** Language barriers is one of the major challenges faced by AGYWs to their access HIV related services, some AGYWs do not understand the English and more comfortable in expressing themselves local languages.

Outcome

- Increased knowledge among AGYW on SRHR/HIV information.
- Increased demand, access and utilization of SRHR/HIV among AGYW in Mbale City and District.



Figure 35: Peter Mweru, Executive Directive, Mbale Young People Living with HIV/AIDS facilitating on HIV Prevention Strategies



Figure 36: AGYWs posing for a photo after the Consultative Meeting

3.4.12. Conduct One (1) Awareness Workshop on Laws and Policies that Affect their Access to HIV Related Services and Advocacy in Uganda

Target: To Conduct One (1) Awareness Workshop on Laws and Policies that Affect their Access to HIV Related Services and Advocacy in Uganda.

During the Awareness Workshop, WWM sensitized 20 AGYW on laws and policies affecting their access to SRHR/HIV related information and services which was held on the 13th December 2022 at Wash and Wills Hotel. Out of the 20 AGYW, we had 13 Adolescent Girls and 7 Young Women. During the awareness session, we discussed various laws and policies that affect AGYW's access to SRHR/HIV related information and services and these are highlighted herein below;

Firstly, **the 1995 Ugandan Constitution**, the right to health is not explicitly protected under the Constitution. However, the National Objectives and Directive Principles of State Policy contains social and economic objectives which include the right to social justice and economic development and a State obligation to ensure that 'all Ugandans enjoy rights and opportunities and access to education, health services ...'.⁴ The NODPSPs also require of the State to take all practical measures to ensure the provision of basic medical services.⁵ In this way, the Constitution creates an enabling environment for the enforcement of the right to health, which extends to HIV prevention and treatment services.

Further, **the HIV Prevention and Control Act, 2014**. According to its long title, the HIV Prevention and Control Act, 2014 was adopted to provide for the protection and care of people living with HIV and AIDS; testing and counselling and the establishment of the HIV and

⁴ Objective XIV(ii).

⁵ Objective XX.

AIDS Trust Fund.⁶ It is the most important law regulating access to HIV services in Uganda. The Act create an enabling environment for HIV prevention and treatment access.

Unfortunately, the Act in its current form puts stringent punishments for HIV nondisclosure, exposure, and transmission, which the community of people living with HIV and CSO HIV law coalition find unfair and if not addressed by the court, will hinder people from accessing HIV related services

And some of the policies discussed were; Ministry of Health *National HIV Testing Services Policy and implementation guidelines in Uganda* 4th edition (2016), Ministry of Health *National Comprehensive Condom Programming Strategy & Implementation Plan 2020 – 2025* (2020), Ministry of Health *National Policy Guidelines on Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C* (2007), Uganda AIDS Commission *Presidential Fast Track Initiative on ending AIDS in Uganda: A Presidential Handbook – Revised Edition* (2020), Health *Consolidated Guidelines for Prevention and Treatment of HIV and AIDS in Uganda* (2020), Ministry of Health *Leave no-one behind: A National Plan for achieving equity in access to HIV, TB and Malaria services in Uganda 2020-2024* (2019), Ministry of Health *National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights* (2012) and Ministry of Health *National Adolescent Health Policy for Uganda* (2004) among others.

Outcome

- There was Increased knowledge on laws and polices relating to SRHR/HIV services and advocacy among AGYW.
- Increased Access to SRHR/HIV information and services among AGYW because of sensitization during the awareness workshop on Laws and Policies affecting AGYW's access to SRHR/HIV Services.



⁶ Long title of HIV and AIDS Prevention and Control Act, 2014.



Figure 37: AGYWs discussing some of the Policies affecting their access to SRHR/HIV related services

3.4.13. Conduct a Twitter Space on Overturning Roe Vs Wade and Effect on Women's Sexual Reproductive Health and Rights.

Target: To Conduct One (1) Twitter Space on Overturning Roe Vs Wade and Effect on Women's Sexual Reproductive Health and Rights.

A Twitter space on Overturning Roe Vs Wade and Its Effect on Women's Reproductive Health and Rights was conducted on the 15th November 2022, from 2:30PM to 4:00 PM. The space was hosted via our twitter handle @WomenWithAMiss1 with 3 speakers and moderators. The twitter was attended to by 48 participants and also too by over 279 people.

The purpose of the Twitter Space was to popularize the ruling of the supreme court overturning ROE V WADE and to analyze the effect of overturning Roe V Wade on Women Sexual and Reproductive Health and Rights in Uganda.



Figure 38: Twitter Space on Roe Vs Wade

Outcomes

- Popularised the ruling of the supreme court overturning ROE V WADE.
- Analysed the effect of overturning Roe V Wade on Women Sexual and Reproductive Health and Rights in Uganda.

3.4.14. Conduct a Five (5) days training of 20 SRHR/GBV Change Agents among FSWS' in Mbale District.

Target: To Conduct a Five (5) days training for 20 SRHR/GBV Change Agents among FSWS' in Mbale District.

WWM identified and conducted a five (5) days SRHR/GBV Champions training among 20 FSWS' in Mbale. The participants were trained on different topics which included; Day One- participants were trained on Definition of Human Rights, Principles of Human rights, legal framework on Human Rights, the understanding SRHR, Visible and Invisible SRHR Issues, unique SRHR needs of Sex Workers, legal and policy on SRHR, integration of SRHR services and linkage to Key Population Programming, Comprehensive Sexuality Education (CSE) understanding Sexuality, SRHR Advocacy, Barriers of Sex Workers' access to SRHR information and Services. Day Two- Participants were trained on Gender Based Violence (GBV), forms of GBV, causes and effects of GBV, overview of the legal framework on GBV, GBV referral and referral pathway.

Day Three- Participants were trained on Abortion, key concepts like Post Abortion Care (PAC), Safe Abortion Care (SAC), Comprehensive Abortion Care (CAC), difference between Safe and Unsafe Abortion, Medical and Surgical Abortion, Legal and Policy framework related to Abortion and Barriers to Post Abortion Care. Day Four- Participants were trained on Family planning, commonly available family planning methods, importance of family planning, causes

of contraceptive failure, HIV Prevention, Care and Treatment and Adherence to ART. Lastly, Day Five-Participants were trained on Documentation and Reporting of GBV and SRHR Violation Cases.

The SRHR/GBV Change Agents Training was attended by 20 Participants. Out of the 20 participants, 2 were Trans gender Women and 18 were Women. One of the participants was a Woman with a disability. The SRHR/GBV Change Agents Training for FSWs was conducted at Court View Hotel, Mbale held on the 17th -21st October 2022.

The main objectives of this training was to identify and train 20 FSWs with in-depth knowledge and information on SRHR/ HIV, GBV and documentation, reporting and responding to GBV cases and SRHR Violation cases, to strengthen the capacity of grassroots sex worker movement and advocates to demand for accessibility of SRHR information and services in Mbale, and lastly to contribute to joint SRHR Movement in Uganda through passing out of 20 SRHR/GBV trained Change Agents to enable access to SRHR/GBV information and services among fellow FSWs in Mbale



Figure 39: Beatrice Kayaga, Programme Manager, Women Probono Initiative facilitating on SRHR during the SRHR/GBV Change Agents Training



Figure 40: Monicah Kurwenza facilitating on the Legal and Policy Framework on Abortion







Figure 41: Participants receiving Certificates after Completion of the 5 days SRHR/GBV Change Agents Training at Court View Hotel, Mbale

Outcome

- FSWs empowered as SRHR/GBV Change Agents that can be able to advocate and demand for availability, affordability, accessibility and utilization of SRHR/HIV information and services among FSWs.

3.4.15. Conduct Six (6) Peer Led HIV Community Outreaches HIV Testing and Counselling, HIV self-testing, PEP and PrEP in Mbale and Tororo

Target: To Conduct Six (6) Peer Led HIV Community Outreaches HIV Testing and Counselling, HIV self-testing, PEP and PrEP in Mbale and Tororo

WWM conducted Six (6) Peer Led HIV Community Outreaches for HIV Testing and Counselling, HIV Self-Testing, distribution of PEP and PrEP in Aguba hotspot in Namatala, Kikamba hotspot in Mooni and railway hotspot in Doko in Mbale District and in Kasoli hotspot in Tororo Municipality, Santana hotspot in Tororo Municipality and Eden hotspot in Malaba, all in Tororo District.

During the Peer Led HIV Community Outreaches, a total of 151 WWUDs participated in the Peer Led HIV Community Outreaches, 145 were Female and 6 were Transgender Women. Out of the 151 participants, 116 were negative and 35 were found to be positive. The 35 WWUDs who were found Positive, referred and linked to a Health Centre which included Namatala Health Centre IV and Malukhu Health Centre III in Mbale and Malaba Health Centre III and Osukuru Health Centre III in Tororo district. All enrolled on ART.

A number of health Consumables were distributed during the Community Outreach Sessions which included; 185 self-testing kits, 156 boxes of condoms, 159 boxes of lubricants and 62 Tins of PrEP. We also distributed 215 boxes of male condoms, 115 lubricants and 70 female condoms to WWUDs in the different hotspots which included; Chimana zone, Aguba, White house, Centre restaurant, El-tanja, Wana Guest house, Soweto, Kikamba and the Garage.

Outcomes

1. Reduced number of HIV new infections and re-infections among WWUDs in Mbale Districts.
2. Increased number of WWUDs accessing HIV related services e.g. Self-testing kits, condoms, lubricants, PEP and PrEP.
3. Increased number of HIV Positive WWUDs, referred, linked and enrolled on ART.
4. Increased access to HIV/SRHR services to PWUDs in Mbale.
5. Increased knowledge on HIV Prevention, Treatment and Care among WWUDs.
6. Increased number of WWUDs accessing HIV services like self-testing kits, condoms, lubricants, PEP and PrEP.
7. Increased number of WWUDs were able to know their HIV Status and those were found HIV negative pledged to keep safe and engage in safer sex





Figure 42: Kisame Andrew, KP Focal Person, TASO, sensitisng community members at Kikamba Hotspot, Mooni, Mbale



Figure 43: Khalid Mumbya, KP Peer Leader conducting HIV Testing and Counselling at Aguba, Nylon, Namatala, Mbale

- 3.4.16. Conduct Six (6) community dialogue meetings for PWUDs on HIV/TB prevention, screening, testing, care and treatment in PWUDs hot spot communities in Mbale district.

Target: To conduct Six (6) community dialogue meetings for PWUIDs on HIV/TB prevention, screening, testing, care and treatment in PWUIDs hot spot communities in Mbale district.

WWM conducted 6 community dialogue meetings for PWUDs where health workers sensitized PWUDs on HIV/TB Prevention, care and treatment, HIV/TB and screening, family planning and use of contraceptives interalia. A number of HIV/SRHR services were offered the dialogue meetings and these included; HIV/STI testing and treatment, HIV/TB and GBV screening, HIV counselling, condom and lubricant distribution and harm reduction services. Those found HIV Positive, were referred and linked into care and immediately initiated on antiretroviral therapy (ART) and the HIV negative PWUDs were initiated on PrEP in hopes that they will remain negative.

Table 7: Number of Health Consumables distributed

Hotspot	No: of Boxes Condoms	No: of Tins for PrEP Distributed	No: of Boxes Lubricants
Musoto	7	12	6
Wakanda	6	8	8
Kikamba	4	11	8
Shaaba	8	9	6
Kiteso	4	6	4
Soweto	3	6	4
Total:	32	52	36



Figure 44: Community Dialogue Meeting on HIV, STI and TB Prevention being conducted in Musoto Hotspot



Figure 45: John Muganda, Peer Leader sensitizing PWUDs on PrEP and PEP



Figure 46: Musawo Ema, Mbale Main Hospital conducting an HIV Screening for a WWUD at Wakanda hotspot, club Eltanja



Figure 47: PWUDs being screwed for HIV in Soweto Hotspot in Nkoma, Mbale

Table 8: Table Showing the Number of PWUDs Screened during the Dialogue Meetings in Different Hot Spots in Mbale

Place	Dates for the session	Women	Men	No: Positive	Total Participants
Musoto Hotspot Malukhu	27 th September 2022	6	14	1	20
Club Eltangia Wakanda Hotspot	28 th September 2022	1	19	2	20
Kikamba Hotspot Mooni	30 th September 2022	6	14	0	20
Shaaba Hotspot Malukhu	2 nd November 2022	3	17	0	20
Kiteso Hotspot Namakwekwe	3 rd November 2022	4	16	1	20
Soweto Hotspot Nkoma	4 th November 2022	2	18	0	20
Total:		22	98	4	120

3.4.17. Support PWUD Community peers to conduct contact tracing of all new and lost HIV Positive PWUDs clients.

Target: To support PWUD community peers to conduct contact tracing of all new and lost HIV Positive PWUD clients.

Through its peer leaders, WWM conducted contact tracing of HIV/TB PWUD new and lost clients and referred them to Mbale Regional Referral Hospital, Malukhu Health Center III and Namakwekwe Health Center III for further management as well as making follow ups for HIV positive clients for treatment adherence as well as those PWUD eligible for PrEP and ART to link them back into care.

Table 9: Community Track Follow-up and Linkage of HIV PWUDs Positive Clients into Care

Name of Facility	No: lost to care HIV clients traced	No: of TB Clients traced	No: HIV/TB clients linked back into care
Namakwekwe HC III	24	3	27
Mbale Regional Hospital	9	2	11
Malukhu HC III	63	1	65
Total:	96	6	102

- 3.4.18. Conduct an orientation training for expert clients and PWUD community peers on basic facts on HIV treatment.

Target: To conduct a one (1) day orientation meeting with expert clients and PWUDs on basic facts on HIV in Mbale.

WWM conducted a one (1) day orientation meeting with expert clients and PWUDs on basic facts of HIV, TB and treatment, stigma, discrimination, gender, Human rights and HIV/ Human Rights Advocacy in Mbale which was scheduled on the 19th August 2022 at Shine On Hotel Mbale. During the orientation training, 20 participants attended. Out of the 20 participants, 14 were women and 6 were men.



Figure 48: Expert Clients and PWUDs clients posing for a photo after the Orientation Meeting

Table 10: Number of Participants who attended the Orientation Training

Place	Date for the session	TOPICS	Women	Men	Total Participants
Shine On Hotel	19 th August 2022	Basic facts on HIV, GBV, human rights and Advocacy.	14	6	20

Outcome

- Increased knowledge among expert clients and PWUD community peers on the basic facts of HIV and TB treatment, stigma and discrimination, gender, human rights and advocacy.

3.4.19. Conduct Adherence Meetings with WWM Positive Members from the WWM Positive Club both in Mbale and Tororo Districts.

Target: To Conduct Four (4) Adherence Meetings with WWM Positive Members from the WWM Positive Club in Mbale and Tororo districts.

WWM conducted four (4) adherence meetings with WWM Positive members from the WWM Positive club both in Mbale and Tororo districts. Two (2) adherence meetings in Mbale and two (2) adherence meetings in Tororo. 80 participants attended the four adherence meetings. Each meeting was attended by 20 participants.

Outcomes

- Increased adherence to ART among the HIV Positive Women Who Use Drugs (WWUDs) both in Mbale and Tororo districts.
- Suppressed of viral load among HIV positive WWUDs because of adherence to ART.
- Undetected HIV among WWUDs because of adherence to ART by HIV Positive clients.
- Decrease in new HIV infections and re-infections among Women Who Use Drugs communities.



Figure 49: Noah Wodimba, Health Worker, Namatala Health Centre IV facilitating during the Adherence meeting in Mbale



Figure 50: WWUDs discussing barriers that hinder their Adherence to ART



Figure 51: Ouma Keneth, Health Work, Osukuru Health III facilitating during the Adherence Meeting in Tororo

3.4.20. Conduct Consultative Meetings with Female Sex Workers on Issues of Access to Justice.

Target: To Conduct Two (2) Consultative Meetings with Female Sex Workers on Issues of Access to Justice in Mbale and Tororo.

WWM conducted 2 consultative meetings with Female Sex Workers on issues of access to justice in Mbale and Tororo Districts. During the 2 consultative meetings, 40 participants attended. The consultative meetings were held in Wash and Wills Country, Hotel, Mbale and Green Meadows Resort Hotel, Tororo

During the meetings, the FSWs were sensitized on the human rights of FSWs, laws and bills affecting FSWs and avenues for access to justice and also issues/ challenges affecting their access to justice

Outcomes

- There was increased access justice among FSWs from Mbale and Tororo districts whose rights were violated through legal aid service provision by WWM legal aid clinic.
- It has led to increased improvement in the livelihood of the Female Sex Workers in Mbale and Tororo Districts as a result of improved access to justice.
- Strengthened capacity of paralegals to handle cases of human rights violations of Female Sex Workers and to demand for essential legal and health services for Female Sex Workers.
- There has been increased visibility of organizational activities among target population (FSWs) due to legal aid service provision.





Figure 52: Irene Khakasa discussing human rights violations against FSWs in Tororo District





Figure 53: Martha Agaro, Legal Associate, facilitating on the Rights of Sex Workers at Wash and Wills, Hotel

3.4.21. Conduct Health Workers' Workshop on Marginalization and Rights of Sex Workers.

Target: To Conduct Two (2) Health Workers' Workshop on Marginalization and Rights of Sex Workers in Mbale and Tororo.

During the reporting period, WWM conducted one (1) health workers' workshop on marginalization and rights of sex workers in Mbale District. During the health workers' workshops, 40 participants attended from health facilities with in Mbale and Tororo districts. The health workers' workshop was held in Wash and Wills Country Resort, Hotel, Mbale and 15th July 2022 at Green Meadows, Hotel, Tororo.

During the health workers' workshops, 40 participants attended from health facilities with in Tororo district. Out of the 40 participants, 15 were Women and 5 were Men.

During the health workers' workshop, the health workers were enlightened on human rights of Sex Workers especially the right to health, patients' charter, the barriers to sex workers' access to health services, call to action (steps to be taken by health workers to enable increase to sex workers' access to health services).

Outcome

- There has been an increase in knowledge among the health workers in Mbale and Tororo districts on the rights of sex workers especially their right to health.
- There has been a change in attitude among health workers towards sex workers.

- There is reduced stigma and discrimination against sex workers by health workers leading to increase in access to health services especially HIV/SRHR services among FSWs.
- There has been increased access to health services especially HIV/SRHR services among sex workers because of the change of attitude and reduced stigma and discrimination among health workers.
- Health Workers are more KP friendly as a result of attending the meetings



Figure 54: Counsel Sean Awali Shibolo facilitating on the Right to Health at the Health Workers' Workshop at Wash and Will Hotel, Mbale



Figure 55: Health Workers for a photo after a workshop in Mbale



Figure 56: Monicah Kurwenza facilitating on Patient's Rights in Health Workers' Workshop in Tororo



Figure 57: Nurse Abigail, Mukujju Health Centre IV, Tororo, talking about the Un Safe Abortions among FSWs.

3.4.22. Conduct Two (2) Orientation Meetings with Law Enforcement Officers on Rights of Sex Workers in Mbale and Tororo Districts

Target: To Conduct Two (2) Orientation Meetings with Law Enforcement Officers on Rights of Sex Workers in Mbale and Tororo Districts.

WWM conducted 2 Orientation Meetings with Law Enforcement Officers on rights of Sex Workers in Mbale and Tororo Districts. During the 2 orientation meetings, 40 participants attended. Out of the 40 participants, 16 were Women and 24 were Men. The orientation meetings were held in Wash and Wills Country, Hotel, Mbale on the 22nd July 2022 and Green Meadows Resort Hotel, Tororo on the 12th August 2022.

During the meetings, the FSWs were sensitised on the human rights of FSWs, barriers of Access to Justice by FSWs under the current criminal justice system and avenues to improve access to justice under the criminal justice system.

Outcomes

- There has been an increase in knowledge among law enforcement officers in Mbale and Tororo districts on the rights of sex workers especially their right to liberty (Freedom from arbitrary arrests, 48-hour rule, right to a lawyer, medical doctor and a next of kin) among others.
- Reduced human rights violations perpetrated by law enforcement officers. This is clearly seen from the 2022 violations report where they came fourth and yet in 2021 were the first.
- Increased Access to Justice among Female Sex Workers especially when FSWs are victims of human rights violations through investigating cases to their logical conclusion and perpetrators have been brought to book.
- Protection and promotion of the rights of sex workers during arrest, detention and custody.



Figure 58: Police Officers doing an energizer during the Law Enforcement Officers' Training



Figure 59: Police Officers pose for a photo after the training at Wash and Wills Hotel, Mbale

3.4.23. Support PWUD Community peers to conduct contact tracing of all new and lost HIV Positive PWUDs clients.

Target: To support PWUID Community peers to conduct contact tracing of all new and lost HIV Positive PWUDs Clients.

Through its peer leaders, WWM conducted contact tracing of all new and lost HIV/TB Positive PWUD clients and referred them to Mbale Regional Referral Hospital, Malukhu Health Center III and Namakwekwe Health Center III and linked them into care for further management.

Table 12: Community Track Follow up and Linkage of HIV Positive PWUDs into Care

Name of Facility	No: lost to care HIV clients traced	No: of TB Clients traced	No: HIV/TB clients linked back into care
Namakwekwe HC III	24	3	27
Mbale Regional Hospital	9	2	11
Malukhu HC III	63	1	65
Total:	96	6	102

Outcomes

- Increased access to HIV and TB related information and services among PWUD Community.
- Strengthened referrals and linkages for HIV positive PWUD clients into Care as well as PWUD eligible for PrEP.

3.4.24. Conduct a One (1) day Stakeholders' Meeting on Progress of Increasing Access to HIV/TB information and services among PWUDs in Mbale.

Target: To conduct a One (1) day Stakeholder's Meeting on Progress of Increasing Access to HIV/TB information and services among PWUDs in Mbale.

WWM conducted a stakeholder's meeting to review the progress of increasing access to HIV/TB information and services and addressing HIV/TB stigma and discrimination against PWUDs and focused on successes and challenges that were shared as well as strategies refined to improve the next project implementation. The project review meeting was attended by 20 participants and was held, 22nd November 2022, at Reliance Hotel, Mbale.



Figure 60: Stake holders posing for a photo after the project review meeting

Table 13: Number of Stakeholders that attended the Project review meeting

Place	Dates for the session	TOPICS	Women	Men	Total Participants
Reliance Hotel Mbale	22 nd November 2022	Review of the Project Progress	9	11	20

3.5. To build and strengthen networks and partnerships

3.5.1. Registration of Community Based Organizations (CBOs) of Women Who Use Drugs in Uganda.

Target: To Register 10 Community Based Organizations (CBOs) of Women Who Use Drugs in Uganda.

WWM supported the organizing and registration of women who use drugs informal groups into community-based organizations at the sub counties/ divisions, district and national level. These groups were formerly registered and received certificates of operation at their respective districts.

The activity increased the visibility of women who use drugs in these communities.

The activity supported advocacy for health and human rights for women who use drugs

These organizations include the following;

- ❖ Bugalanyi Youth Initiative for Social Works Limited.
- ❖ Pantaleo Youth Association for Social and Economic Empowerment Limited.
- ❖ Iway Community Development Network Limited
- ❖ Inspiring Women Foundation
- ❖ Inspiring Youth for Community Development and Health
- ❖ Joint Initiative for Promotion of Rights Equality and Health.
- ❖ Dream It, Achieve It.
- ❖ Youth for Tomorrow and Transformation Arena
- ❖ Rubaga Youth Association for Transformation Generation
- ❖ Anitah Foundation



Figure 62: Following up with the registration of CBOs through a zoom meeting

Outcome

- Accomplished the formal registration of loose groups of WWUDs from the different regions in Uganda that focus on specific needs of women especially access to and utilization of SRHR/ HIV information and service.

4. General out comes

1. Increased visibility of organizational activities through legal aid service provision and community capacity enhancement.
2. Increased number of victims of human rights violations and reproductive injustices seeking legal support from WWM legal aid clinic.
3. Increased demand, access and utilization for SRHR/HIV and legal services by vulnerable women and girls.
4. Increased capacity of stakeholders and partners especially health workers about the unmet SRHR needs of adolescent girls and young women and key populations especially during this COVID 19 Crisis.
5. WWM has created a strong partnership with Mbale, Busia and Tororo Local Governments due to the continuous engagement with District Health Office (DHO) and District Community Development Office (DCDO) hence leading to inclusivity in their programming directed to Key Populations especially PWUDs and Sex Workers for example SRHR/HIV Programming.
6. Further, WWM has created a strong partnership with the Uganda Police Force through our engagement with their Human Rights Office which has resulted into an approach of arrest and referral to WWM Legal aid clinic.
7. WWM has been trained additional 20 SRHR/GBV Change Agents from the female sex worker who use drugs community making a total of 40 SRHR Change Agents. These have been trained on visible and invisible SRHR issues, SRHR needs and comprehensive sexuality education. By empowering SRHR/GBV Change Agents, WWM aims at empowering the female sex worker who use drugs community to be able to advocate and demand for availability, affordability, accessibility and utilisation of SRHR/HIV information and services among the women who use drugs.
8. WWM has also developed a Key Population tracking tool where we document new HIV and TB Patients or the lost contacts, whom we have referred and linked into care.
9. WWM has also extended its partnership and network through joining the SRHR Movement coordinated by Centre for Health Human Rights and Development (CEHURD) and the East African Abortion Rights Movement coordinated by Global Fund for Women where WWM is able to forefront the women who use drugs community agenda of access to SRHR services including safe and legal abortion and the harm reduction model.
10. WWM has jointly with Uganda Harm Reduction Network (UHRN) and Mbale Youth Community Empowerment Group (MYCEG) advocated for the Medically Assisted Therapy (MAT) Clinic in Eastern Uganda in order for harm reduction services to be brought closer to the drug user community and we are happy to say that this is process is under way by the ministry of health. This MAT Clinic is to be installed at the Mbale Referral Hospital
11. There has been a reduction of violations against FSWs in Mbale and Tororo due to engagement with the Commssioner, Community Department, the Uganda Police, District Police Commanders (DPCs) in Mbale and Tororo where we identified individual police officers who have serious burden to the Sex Worker Community and had perpetrated a lot of violence against FSWs. These were handled at the Police Administrative level and have been seriously cautioned from violating rights of sex workers.

5. Challenges

- ✦ Notably, there was a lot of homophobia, stigma and discrimination by the different partner, stakeholders and duty bearers against sex workers. We responded to through spreading the message of love and also using the human rights approach in all our engagements.
- ✦ Late disbursement of funds by funders, which made it difficult for WWM to implement activities per the work plan.
- ✦ There is a lot of self-stigma from the WWUDs who were found positive and were not receptive on enrolling on ART.
- ✦ There is a weak follow up system by health centres between HTC and other HIV/SRHR services due to inadequate human resource at the health centres.
- ✦ Most of the HIV Positive WWUDs are mobile and are very hard to follow them up to make sure that they take their ARVs. They move from one district to another depending on the availability of clients. WWM has tried as much as possible to take their contacts such that they could follow them up but also referred and linked them to certain health service points in whichever particular district they are in such that they remain taking their ARVs in a consistent manner.
- ✦ Some health facilities especially Namatala Health Centre IV, Malukhu Health Centre III, Joint Clinical Research Centre (JCRC), Osukuru Health Centre III and Malaba Health Centre III with whom WWM was working closely with had shortages of health consumables like self-testing kits, condoms and lubricants yet the demand was high for these commodities among sex workers and drug user community. WWM was able to reach out to the District Health Office (DHO), TASO and AIDs information centre to access some of the health commodities.
- ✦ Firstly, the mobility of vulnerable women and girls makes it difficult to conclude cases. Victims report cases to WWM legal aid clinic and when a lawyer starts following up. There have moved to a different place and nowhere to be found.
- ✦ Victims of human rights violations wanted quick solutions like compensation to their cases even when there are capital offences like rape cases which is not allowed with in the laws of Uganda hence became less interested in following their cases.
- ✦ Additionally, reluctance by police to investigate cases reported to them by sex workers leading to frustration of our clients because they failed to access justice and also frustration to the WWM peers and lawyers. There is need to engage police especially police officers from the Criminal Investigation Department (CID)
- ✦ Suffice to note, is there were many overwhelming numbers of cases from other districts like Busia which is not a project targeted area. WWM will continue to fundraise to be able to offer legal aid services to FSWs from other districts other than Mbale and Tororo districts.

6. Recommendations



- i) WWM should conduct more trainings of Health workers and other key stakeholders on Marginalisation, sex worker rights and Key Population friendly services for those who have never been trained on KP Programming in order to increase access to SRHR services among FSWs.
- ii) Further, WWM should Map out the different health facilities that offer Safe Abortion Care (SAC) Services and Post Abortion Care (PAC) Services for referral of FSWs that may want to terminate their unwanted pregnancies.
- iii) WWM should train community paralegals to respond to cases of their fellow sex worker community members within Busia District.
- iv) WWM should partner with different CSOs that offer skills training and economic support to adolescent female sex workers to be able to sustain their livelihood than to engage in sex work at a very tender age.
- v) The organization will fundraise for funds for in order to provide legal aid services to vulnerable women and girls beyond the current project areas of Mbale, Tororo and Butaleja.
- vi) Donors should try to disburse funds within the stipulated time in order to help the team to implement activities as planned.

7. Conclusion

We would like to thank the staff for working tirelessly to ensure all the planned activities are implemented and also WWM Board for their overwhelming support to WWM staff to ensure all this was a success.

Most importantly, we want to thank funders OSIEA, UHAI, GIZ and CEHURD for the financial support and if it was not for them, we would not have implemented the above activities.



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