ALLIANCE OF WOMEN ADVOCATING FOR CHANGE

ANNUAL REPORT 2020

Inspire & Make A Difference, Leave No One Behind!

About AWAC

Since inception, the Alliance of Women Advocating for Change has passionately advocated for gender justice and implemented programs in quest for a supportive Policy and Social environment, where rural and peri-urban grass root female sex workers live free from human rights abuse in order live healthy and productive lives in Uganda.

AWAC has done this through; empowering grassroots female sex workers to organize, understand their rights and responsibilities, seek and demand access to health, legal, socio-economic services, hold leaders accountable and as well challenge discriminatory practices, policies and laws.

The Alliance of Women Advocating for Change (AWAC) is an umbrella network of over 10,000 individual members and 47 grass root female sex worker organisations in 47 districts cutting across the 6 regions of Uganda. Established in 2015 by female sex workers (FSWs) to advance health rights, human rights, socio-economic rights & social protection for FSWs and other marginalized women and girls and their children. Our core target constituency includes: Female Sex Workers; Women Using/Injecting Drugs; FSWs Living with HIV/AIDS and TB (PLHIV/TB); Female Urban Refugees; Female Sex Workers Living with Disability; Children of Sex Workers and Women Who Use/Inject Drugs; Adolescent Girls and Young Women (AGYW) survivors of violence, torture, exploitation & conflict in peri-urban & rural areas. Our geographical areas of implementation are: slum areas, Islands, landing sites, transit routes, mining, quarrying, plantations, road construction sites and boarder areas in Uganda.

AWAC is registered with the NGO Board under Reg. No. INDR140811523NB and has a permit of operation across the country as an NGO under File No. MIA/NB/2018/10/1523. Our work is implemented at grass-root, district, national level in Uganda, and seeks to impact practices, processes and policies at all levels. We work collaboratively with grass root communities, health and human rights organizations and professional and associations as well as relevant government ministries and departments. AWAC geographic areas of implementation include; Kampala, Wakiso, Mukono, Busia, Tororo, Kabale, Isingiro, Kyotera, Masaka, Rakai, Lyantonde, Mbarara, Kasese, Kabarole, Kyegegwa, Kamwenge, Kyegegwa, Bundibugyo, Mbale, Jinja, Arua, Yumbe, Adjuman, Hoima, Gulu, Nakasongola, Kiryandongo, Masindi, of Kiryandongo, Lira, Arua, Kitgum, Pader, Amuria, Kaberamaido, Moroto, Soroti, Kotido, Nepak, Luwero, Kabongo, Napiripiti, Mityana, Buikwe, Iganga, Bugiri, Namayingo, Terego and Kalangala.

Vision Statement

An inclusive policy and social environment that enables peri-urban & rural female sex workers and other marginalized women and girls to live free from human rights abuse for healthy and productive lives in Uganda"

Mission Statement

To build a resilient female sex workers' movement that advocate for sustainable integrated health, promotion of human rights, social and economic wellbeing of female sex workers and other marginalized women and girls in Uganda"

Overarching Goal

To promote human rights and access to affordable, responsive and quality health and socio-economic services among female sex workers and other marginalized women and girls in Uganda

Our Core Values

- Mutual Respect and Integrity;
- Empowerment and Meaningful involvement;
- Transparency and Accountability;
- Appreciating diversity and non-discrimination and Innovation,
- Excellence and Team Work.

Strategic objectives

1. To enhance access to integrated universal health care services among female sex workers and other marginalized women and girls.
2. To contribute to attainment of Sustainable Development Goals (SDGs)- 1, 2, 3, 4, 5, 6. 8,10, 16, 17 by enhancing social mobilization and promotion of human rights among female sex workers and other marginalized women and girls.
3. To strengthen the economic security and social protection of female sex workers and other marginalized women and girls.
4. To strengthen a resilient female sex workers' movement to leverage on their capacities to demand for an enabling environment, equitable services and hold duty bearers accountable on existing development programmes.
5. To strengthen the institutional capacity of AWAC and her network members to effectively deliver the strategic plan.

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Dear Friends and Colleagues

I am pleased and take the honour to present to you AWAC's Annual Report, for the year 2020. This report is AWAC's 4th annual report that yet profiles our remarkable journey, documenting the milestones we have thus far achieved as a rapidly growing organization, that has demonstrated resilience and growth both in size and maturity.

Despite being a tense year, where the world has been battling with the COVID- 19 Pandemic, this report profiles the incredible developments and achievements registered in the past months. The report also espouses the various ways in our partners have supported our efforts to make difference in regard to improving health social and economic wellbeing of female sex workers, especially during the greater part of the year, where without a doubt, sex workers have been disproportionately affected sex workers across the country due to the COVID-19 Pandemic. I am happy to report that all the activities under AWAC's 2017-2019 Strategic plan were successfully finalized, with great lessons that shaped the ideas of a new ideal strategic plan 2020- 2024, that we believe tremendously contributed in achieving the mission and vision of AWAC. I am happy to inform you that the process of developing this work plan was well thought and highly consultative process and without a doubt, we firmly believe that the new strategic plan will also fill the sustainability gap amidst the shifting resource mobilization dynamics, especially post the COVID- 19 Pandemic. During the period, AWAC, continued with its niche of strengthening grassroots women movements in peri-urban settings, these swell with pride and can attest to the capacity strengthening provided by AWAC. AWAC also registered a tremendous growth in terms of membership, geographical coverage and range of services provided to the target communities. AWAC's presence continued to be manifested in 42 districts. This growth came with opportunities and challenges relating to addressing the unique needs of different female sex workers' sub-populations (including FSWs who use drugs, FSWs with disabilities, FSW urban refugees, FSW living with HIV/AIDS), and other marginalized women and girls such as; Adolescent girls and young women (AGYW), survivors of violence, conflict and exploitation.

The Board of Directors continued to play a tremendous role of policy development and played an oversight role to the Secretariat and the organization as a whole. The Board sat 4 times during the year, to review organizational policies, work plans for the better management of the organization, as well as spearheaded the process of finalization of the strategic plan 2020-2024, that is currently being implemented. We thank all the members, partners that were part of this journey. AWAC continued to grow, as we acquired more spacious premises to be able to comfortably provide services to our clients. Although early in the year, the office was broken into, Security has been beefed up at the offices which are now secure. I am also happy to report that for further sustainability and security, AWAC was able to secure its own land and plans to have our own home shall be unveiled in due course.

We are grateful and indebted to our generous development partners, for continuously supporting our work. I also extend my appreciation to my fellow board members for the resilience and oversight to the organization, the Executive Director for her stewardship and every staff member of AWAC. Without their support, cooperation and dedication of all of you, our work and success would simply not be possible. We look forward to winning more ground in securing a supportive policy and social environment that enables peri-urban & rural female sex workers to live free from human rights abuses for healthy and productive lives in Uganda as we realize our vision.

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Patricia Kimera,

Chairperson, Board of Directors

Remarks from the Executive Director

It is with great pleasure that I present to you the 2020 Annual Report of the Alliance of Women Advocating for Change (AWAC). As you read each page of this report, I hope you will find it inspiring and that it will give you a greater insight into the work undertaken by AWAC. More importantly, I hope that you will gain a clear understanding of the situation of our community, all of whom face some form of challenge in their lives, whether they be financial difficulties, psychosocial or the difficulties associated with being a Female Sex Worker in a third World country like ours.

The 2020 report provides statistics, achievements, Challenges and stories which demonstrate that indeed AWAC has been a voice for countless Female Sex Workers including those with intersecting vulnerabilities, adolescent girls and young women across the country. Considering our work, there is no doubt that our beneficiaries have found it useful to them. Ultimately our work is directed towards changing lives and helping the Female Sex Workers in this country to achieve their full potential. During this entire year, we were able to hold 86 community and stakeholder engagements; reach out to 7,108 recipients of care; 206 recipients of ART services; 1,587 recipients of HIV testing services; provided family planning services to 60 recipients; screened 648 for STIs and did appropriate referrals; reached 1,227 with PrEP; provided 83 FSWs with HIV self-testing services; 617 recipients of GBV related services and 1,030 received Mental Health Screening and services.

It is important to note that this report is a collaborative achievement and that we express here our appreciation to all those who have contributed to the achievements. In particular, this report is only possible because of the passion, hard work and commitment of our partners including American Jewish World Service (AJWS); PEPFAR; Infectious Disease Institute (IDI); Centre for Disease Control (CDC); Urgent Action Fund (UAF); Frontline Aids; TASO Uganda; International Community of Women Living With HIV/AIDS Eastern Africa (ICWEA); UNAIDS; Ministry of Health; Uganda Key Population Consortium; Uganda Harm Reduction Network; Uganda Aids Commission; CEHURD/OSIEA; UHAI; African Women Development Foundation; Aids Information Centre; UNWOMEN; Makerere University Joint Aids Program

As AWAC, prioritized and dedicated resource allocation and investment for our beneficiary communities are urgent imperatives. We will continue fundraising for our work. Furthermore, we will promote partnerships as key to ensuring comprehensive and quality service delivery.

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Macklean Kyomya
Executive Director

ACRONYMS

AGHA	Action Group for Health, Human Rights and HIV/AIDS
AGYW	Adolescent Girls and Young Women
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
AJWS	American Jewish World Services.
ART	Antiretroviral Therapy
AWAC	Alliance of Women Advocating for Change
AWDF	African Women Development Fund
AVAC	AIDS Vaccine Advocacy Coalition
CDC	Centre for Disease Control and Prevention
CEHURD	Centre for Health, Human Rights and Development
CFCS	Changing Faces, Changing Spaces
CHLEGs	Community Health and Livelihoods Enhancement Groups
CSOs	Civil Society Organizations
DiC	Drop in Center
DPs	Development Partners
EDWA	Empowered at Dusk Women Association
EVAW/G	Ending Violence against Women and Girls
FAL	Functional Adult Literacy
FSWs	Female Sex workers
GACs	Girls Action Clubs
GBV	Gender Based Violence
GCWR	Golden Centre for Women Rights.
GE WE	Gender Equality and Women Empowerment
H/C	Health Centre
HIV	Human Immunodeficiency Virus
HRAPF	Human Rights Promotion and Awareness Forum
HR	Human Rights
HRI	Health Rights Initiative
HTS	HIV Testing Services
ICWEA	International Community of Women Living with HIV Eastern Africa
IDI	Infectious Diseases Institute
IOM	International Organization for Migration
JAR	Joint AIDS Review
IPs/	Implementing Partners
IEC	Information Education and Communication
KPIF	Key Populations Investment Fund
KWHSI	Kabarole Women Health Support Initiative

LBQ	Lesbians, Bisexual and Queer
MoH	Ministry of Health
OVC	Orphans and Vulnerable Children
PEP	Post exposure Prophylaxis
PEPFAR	Presidential Emergence Fund for AIDS Relief
PLHIV	People Living With HIV
PrEP	Pre –exposure Prophylaxis
PSS	Psychosocial Support
PTSD	Post Traumatic Stress Disorder
PVYA	Platform for Vulnerable Youth and Adults
PWUID	People Who Use and Inject Drugs
RHSP	Rakai Health Science Program
SDGs	Sustainable Development Goals
SNS	Social network Strategy
SOB	Sexual Offenses Bill
SOPs	Standard Operating Procedures
SRHR	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAF	Urgent action Fund Africa
UFF	Uganda Feminist Forum
UGANET	Uganet Network on Law Ethics and HIV/AIDS
UHMG	Uganda Health Marketing Group
UHRN	Uganda Harm Reduction Network
UKPC	Uganda Key Populations Consortium
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNYPA	Uganda Network of Young People Living with HIV/AIDS
UN Women	United Nations Entity for Gender Equality & the Empowerment of Women
UPF	Uganda Police Force
WOPEIN	Women Positive Empowerment Initiative
FOME	Foundation For Male Engagement Uganda
DMSD	Differentiated Models of Service Delivery
SWaSHe	**S**trengthening the **W**omen's Movement Building to **a**ddress barriers to **S**RHR **H**IV prevention and Women **e**mpowerment in Uganda

Acknowledgement

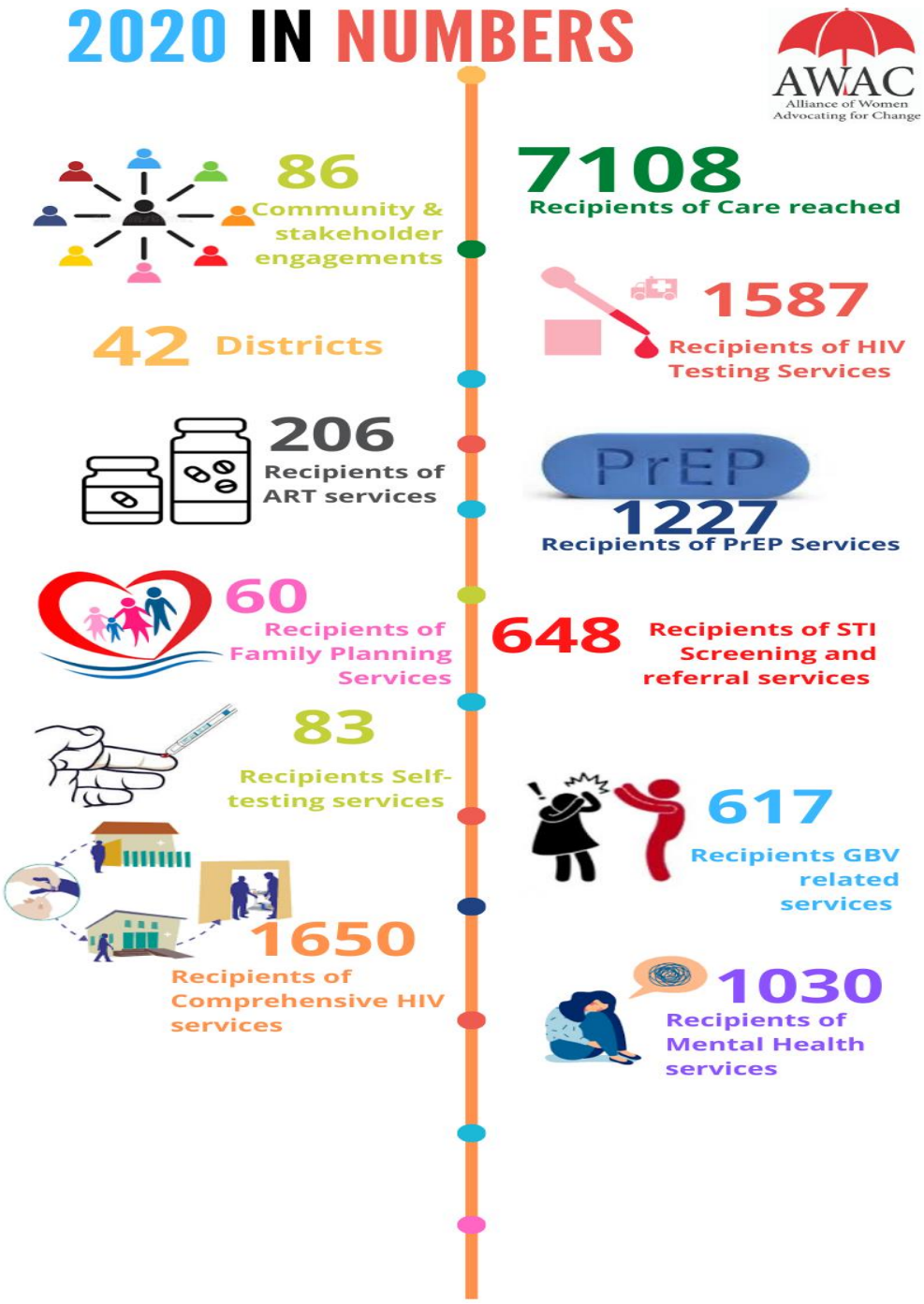
The Alliance of Women Advocating for Change (AWAC) is grateful to its partners both at individual and organizational levels for the financial, technical and moral support they offered towards the success of this year's

program activities. AWAC is greatly grateful to the support from partners below and more:

- American Jewish World Service (AJWS)
- PEPFAR
- Infectious Disease Institute (IDI)
- Centre for Disease Control (CDC)
- Urgent Action Fund (UAF)
- Frontline Aids
- TASO Uganda
- International Community of Women Living With HIV/AIDS Eastern Africa (ICWEA)
- UNAIDS
- Ministry of Health
- Uganda Key Population Consortium
- Uganda Harm Reduction Network
- Uganda Aids Commission
- CEHURD/OSIEA
- UHAI
- African Women Development Foundation
- Aids Information Centre
- UNWOMEN
- Makerere University Joint Aids Program

Our performance in 2020

Promoting human rights and access to affordable, responsive and quality health and socio-economic services among female sex workers and other marginalized women and girls in Uganda



1.0 Introduction

AWAC in the past years has been consistent in its goal of promoting human rights and access to affordable, responsive and quality health and socio-economic services among female sex workers and other marginalized women and girls in Uganda. This has been enhanced through advocacy, innovative community engagement models, and organizing dedicated safe spaces to discuss best ways possible to address the rights violations, health, social, and economic rights of FSWs and other marginalized AGYW. AWAC acknowledges that using policy and legal analysis, policy influence, advocacy engagements, sexual and reproductive health engagements, tactical communications, capacity building, grassroot to national movement building and supporting strategic alliances, networks, partnerships and collaborations have significantly enabled it to promote and advance FSWs' and AGYW's human rights, social protection, economic resilience and health rights. This a strategy to ensure that no one is left behind due to the prevailing socioeconomic, policy and legal, and cultural barriers strongly rooted and ingrained in the society's structures that perpetuate violence and service access barriers for the rights holders. We have applied an evidence-based research and human rights-based approach to enhance gender transformation from grassroots-to-subnational, from national-to-global space –through our community centric models, feminist transformational leadership, mentorship, advocacy and research including documenting FSWs resilience and movement building. This has caught the attention of the public leading to an appreciation of the FSWs rights, reporting of health rights violations against FSW and AGYW, and holding the responsible duty bearers accountable to improve access to justice, egalitarian treatment, development programs, and integrated universal health care services. All this is attributed to our consistency in advocating for an inclusive policy and social environment that enables peri-urban and rural female sex workers and other marginalized women and girls to live free from human rights abuse for healthy and productive lives in Uganda thus gathering and gaining trust from the public and development partners.

The report is part of the requirement intended to give AWAC stakeholders information about the program activities, income, financial performance and position of the organization during the period January 2020 to December 2020. The projects implemented during this reporting period were packed with series of crowning events and phenomenal activities which saw AWAC steered on an upward trajectory in two profound respects. In the first place, as part of the activities organized to mark 16 days of activism, AWAC published and produced her second Female Sex Workers social justice movement magazine dubbed as Sex Workers' Advocacy Resilient Magazine (SWARM), two documentaries, and three rapid assessments. Secondly, the activities implemented constituted a start of the new phase of AWAC's 2020-2024 strategic plan.

The new strategic plan introduces and demystifies strategies employed by each of its five objectives to contribute to the overall institutional vision and goal. AWAC's new strategic plan maintains its old thematic areas, these are; 1) Community and Institutional Capacity Development, 2) access to comprehensive sexual health rights (SRHR) services & acceleration of sustainable development goals, and 3) Advocacy, research and knowledge management) and her models, which include; Peer Strengths Footsteps (PSF) Model, The Community Health and Livelihoods Enhancement Groups (CHLEGs) & Drop in Centre (DiC), Community Human rights & Sustainable Development Goals Accelerators (CHuSA); Girls Action Clubs (GACs), the HerLegacy Initiative, but also Kitobero Holistic Literacy Programme (KHLIPs) which was introduced this year, and feeds into the strategic objective four of the strategic plan –purposely to equip FSWs with basic Reading, Writing, arithmetic, human rights, digital literacy, first aid, life skills, journaling, reflection, creative self-express and social mobilization. In addition, each of these models is aligned to a strategic objective goal of the strategic plan, specific approaches and game changers.

This report acknowledges and provides a detailed account of the progress of the implemented AWAC program activities of 2020 that are informed by the five-year strategic plan anchored on the following strategic objectives;

2.0 Objectives

1. To enhance access to integrated universal health care services among female sex workers and other marginalized women and girls.
2. To contribute to attainment of Sustainable Development Goals (SDGs)- 1, 2, 3, 4, 5, 6. 8,10, 16, 17 by enhancing social mobilization and promotion of human rights among female sex workers and other marginalized women and girls.
3. To strengthen the economic security and social protection of female sex workers and other marginalized women and girls.
4. To strengthen a resilient female sex workers' movement to leverage on their capacities to demand for an enabling environment, equitable services and hold duty bearers accountable on existing development programmes.
5. To strengthen the institutional capacity of AWAC and her network members to effectively deliver the strategic plan.

The above objectives were achieved using the strategies and game changers below

3.0 AWAC Strategies and game changers

Strategies

1. Access to integrated universal health, through;

- Enhancing stigma reduction & access to HIV, SRHR and GBV services DIC & safe spaces.
- Providing mental health and Psycho social support services
- Decriminalization of sex work.
- Trainings for capacity development for community structures (GACs, DiCs, CHLEGS, GACs) in differentiated service delivery models to provide quality services.

2.Enhance attainment of health, equality and economic related Sustainable Development Goals (SDGs), through;

- Strengthen documentation of best practices and experiences Female sex workers and other marginalized women and girls to inform advocacy and programming.
- Policy reviews and analysis to identify relevant issues affecting the FSWs.
- Monitor international human rights treaties to which the government is a signatory and prepare shadow reports
- Extend training to police, other law enforcement agents, lawyers and/or judges on related human rights issues
- Facilitate and fire-up potential grassroots leaders to accelerate the trajectory towards a unified, vibrant, resilient and sustainable female sex workers' movement in Uganda.

3.Strengthen the economic security and social protection of female sex workers and other marginalized women and girls, through;

- Economic empowerment through the GAC and CHLEGs safe spaces,
- Conduct tailored and age appropriate social enterprise trainings to diversify livelihood skilling and value addition
- Advocate for empowerment programmes of government and development partners to prioritize the needs of FSW and AGYW.
- Carry out functional adult literacy and financial education for our members to promote market-led/ demand driven services and enterprises
- Support constituency members to access markets for their produce including fairs and exhibitions
- Support strengthening and establishment of functional community social insurance and social safety mechanisms for female sex wo other marginalized women and girls
- Support establishment of SACCOs to improve access to financial resources to catalyze business opportunities

4. strengthening the female sex workers' movement resilience.

- Policy engagement, Networking and Partnership.
- Develop and rollout Kitobero Holistic Literacy Programme (KHLIPs) sessions for grass root female sex workers
- Community level safe space advocacy dialogues
- Research and Documentation
- Resource Mobilization
- Conduct GBV, stigma and discrimination eradication campaigns.
- Advocate for development and enforcement of bylaws and ordinances to protect the target constituency members at district and national level.
- Train emerging grass-root female sex worker leaders in grass-root advocacy, movement building, resource mobilization and negotiation skills.
- Train and strengthen community model allies or bystander efficacy ambassadors in GBV prevention and response in the community.
- Support establishment and strengthening of rapid response teams in community.

5.Institutional strengthening and Capacity Building.

- Develop and implement a robust AWAC partnership and networking strategy that fosters effective coordination and female sex worker movement building.
- Develop and implement tailored leadership capacity development and mentorship manual for rural and peri-urban grass root female sex workers at all levels
- Facilitate the target constituency members to participate in the key national and international events and funding mechanisms processes.
- Capacity building trainings for AWAC secretariat and her grass root members in resource mobilization and fundraising.
- Develop and implement robust membership drive and strategy for the target constituency targeting organized networks and groups
- Build capacity and facilitate AWAC governance and leadership structures to effectively execute their oversight and management responsibilities
- Develop and implement Board Governance manual (policy) that includes the criteria for assessing Board performance, senior management performance and the transition/succession plan for both the Board and staff
- Review and update AWAC constitution to match the current status and scope of AWAC
- Conduct institutional annual audits and publish financial and audit reports every year.
- Strengthen AWAC institutional capacity for effective accountability and sustainability in governance, advocacy and service delivery countrywide

Game changers

1. Influencing through applying a human rights-based approach, campaigns and policy briefs among others;
2. Strengthening digital technologies, research, documentation and knowledge management;
3. Strategic positioning, repositioning and alignment;
4. Exploring new partnerships, alliances and coalitions and;
5. Emerging/ young leaders' capacity building and mindset change for long-term benefits and sustainability

3.1. Institutional strengthening and Capacity Building.

During this reporting period, the following gains were registered in the domain of capacity strengthening:

Figure 1: Panel session in NASWD moderated by Dr. Dennis Bwanika (Ph'D)

3.1.1. National Annual Sex Workers Dialogue 2020 (NASWD)

The 2020 NASWD was another successful space through which AWAC provided a platform to amplify voices, efforts, solidarity and cooperation – by engaging diverse stakeholders in health and human rights promotion to forge way forward to address the issues affecting the FSWs, other marginalized women and girls –which include; Women Using/Injecting Drugs, FSWs Living with HIV/AIDS and TB (PLHIV/TB), Refugee & Migrant FSWs, FSWs Living with disability, and Children of FSWs. The theme of this year was "Mental health effects of violence on FSWs and AGYW." The dialogue gathered over 190 participants, from FSW community, key populations, AGYWs living with HIV and a multidisciplinary team of stakeholders from CSOs fraternity, health, government and health cooperation. The objectives of the dialogue were to showcase evidence, experiences and gain collective understanding on the mental health effect of GBV among female sex workers and marginalized communities, share innovative approaches, best practices, referral strategy and emerging issues on responsive mental health programming. Through this platform, AWAC managed to launch the Sex Workers' Feminist Advocacy Agenda (SWoFAA) on which 2020 NASWD was anchored.

Gains from NASWD

- Participants recognized Integration of GBV in HIV response as an indispensable and essential approach in addressing violence.
- Stakeholders acknowledged the need to commission deeper studies or research on children under the care of female sex workers and adolescent girls surviving in the hotspots and surrounding areas to further have better responsive programming.
- We recognized the need to build strategic alliances with other coalitions outside the sex workers' community as an imperative mechanism in strengthening mental health interventions through a multiplayer centered approach,
- FSWs who use drugs and substances and street adolescent girls engaged in sex work bear a compounded burden of vulnerabilities to abuse and life- threatening conditions,
- Participants acknowledged the strength of using community distribution points through DMSDs and use family centered approaches to identify and address the issues of children of sex workers, but also to create safe spaces for FSWs to share their experiences, and address GBV and SRHR Violations which are at the heart of HIV&AIDS epidemic,

Figure 4: This skit was presented by Sophie Caroline Wanyenze from FEM Alliance,

Figure 5: Some of the participants at NASWD

- CSOs plea to the government to Develop Standard Operating Procedures (SOPs) to guide organizations and entities working with children under the care of female sex workers and adolescent girls was considered and taken by the Ministry of Health Officials present in the dialogue.
- Civil Society organizations and partners implementing HIV and mental health programs emphasized the involvement of sex workers in their programming and integrate PANEL principles of human rights-based approach at all levels, that is; participation, accountability, non-discrimination and equality, empowerment and legality. This will foster meaningful involvement and participation of FSWs in spaces where power lies in order to get their needs incorporated into different health and development agendas/programs.

3.1.2 Strengthening grass root Women Movement in peri-urban and rural setting

Through the SWaSHE consortium, AWAC strengthened the women movement by equipping women leaders belonging to the Female Sex workers community, Women living with HIV and Young People Living with HIV fraternities of Amuria, Kaberamaido, Gulu, Kitgum, Pader and Tororo districts with knowledge, skills and tools of transformational leadership, promoting Gender Equality and women empowerment and ending violence against women and girls. This incorporated further the use of feminist transformational leadership and movement building, rapid_assessments, and documentaries to enhance reporting of human rights violations (especially those exacerbated by the COVID19 Pandemic) and the state of access to integrated health care services such as the HIV, GBV and SRH services for FSWs and other marginalized AGYW.

In the bid to improve ART and PrEP refills, and access to other comprehensive HIV/GBV/SRH services/commodities as well as Psychosocial support services, with support from UNWOMEN we strengthened our community peer-to-peer model through distribution of bicycles to 18 peer coordinators in the 6 districts of implementation, that is; Tororo, Amuria, Kaberamadio, Pader, Kitgum and Gulu. This scaled up our peer educators' home visits to the HIV and PrEP recipients-of-care thereby solving the issue of long-distance travels while offering support to their fellow peers.

Gains from the project:

Female Sex workers are able to engage in the district advocacy platforms. This provides them an opportunity to front their key asks to the duty bearers, policy influencers and power holders in power spaces, a safe space a subnational level and address their fundamental health and social-economic needs.

Through continued grassroots advocacy by the different peer coordinators in the districts of implementation, gradual attitude change towards FSWs by the district leaders has been enhanced. This is evident through the commitments we have secured from district leaders such as DHOs and HV focal persons who link FSWs to health centers, empowerment programs and IPS like AIC to access SRHR commodities (like Condoms) thereby improving access to integrated universal health care services as our number one strategic objective.

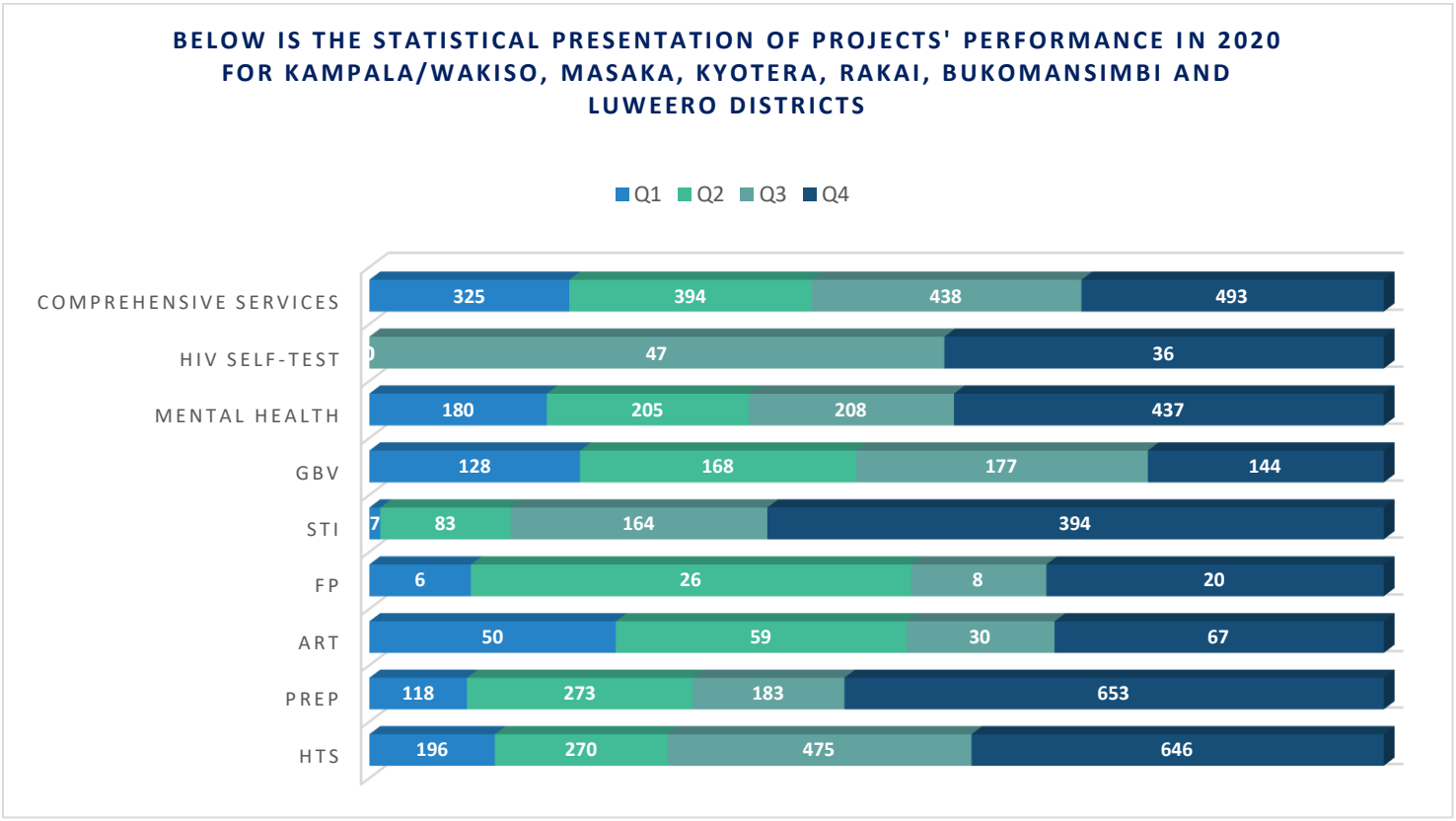
3.1.7 Supported GCWR.

AWAC supported GCWR by providing them with mentorship in movement building and Fiscal hosting of project funds. Additionally, GCWR is our diligent co-implementing partner in the Key Population Investment Fund project.

3.2 Enhancing stigma reduction & access to HIV, SRHR and GBV services DIC &safe spaces

3.2.1 Strengthen our existing DIC interventions is one of the key achievements we have realized this year. AWAC has two functional DICs in Nyendo and Mengo-Kampala. However, we also take note of the third DIC which has been established in Kyotera district. As renowned during the COIVD-19 lockdown, like other DICs countrywide, the AWAC DIC in Nyendo, Masaka did not meet required MoH standards. Available space was inadequate and services offered limited to counseling, condoms, self-testing kits, referrals and provision of information. We acknowledge the need to recruit more staff with professional training and expertise to offer more specialized services to DIC clients. Additionally, providing entertainment and increasing a range of services and SRH commodities available at the DIC will be a catalyst to improving attendance and uptake of services. The office recognizes the need to include STI screening and treatment, psychosocial support for ART and PrEP adherence, and counselling to FSWs struggling with stress due to substance abuse.

Figure 4: DIC Kampala



3.2.2. Partnership meetings with health facilities that offer KP services in Kampala/Wakiso, Masaka region and Luweero region.

Partnership meetings were held aimed at strengthening partnership and networking in delivery of HTS kits and strengthening referral and linkages for KPs to HIV services.

Figure 5: Partnership meeting with Health Facilities in Kampala Central

3.2.3. GBV, psychosocial support, adherence support meetings, legal support and crisis management.

This is an another area of emphasis we have steadfastly strengthened our organization focus towards. This intervention empowered sex workers on ART through experience sharing by those who have adhered on ART, contributed to improved uptake of PEP and other HTS comprehensive services among sex workers and increased knowledge and access to information on ART adherence for better treatment outcomes. The peer educators further provided support to their fellow FSWs by intervening in GBV and crisis management cases and provided legal referrals to the nearest police station or local council leaders (such as LC1s) for FSW who were harassed and beaten by their clients. These were arrested and fined by the police. Besides providing psychosocial support, we acknowledge the considerable role the peer educators played in intervening in the illegal eviction of FSWs during the COVID-19 lock down. They provided paralegal support and legal referral (for FSWs who were arrested, tortured and harassed) to our HRAPF partners.

Figure4: Human rights and advocacy meeting in Masaka.

3.2.4. Mentorship trainings for the peer educators;

The main objective of the trainings was to equip peer educators with knowledge on Gender based violence, how to use self-test kits, skills to step up demand creation for increased uptake of HTS, PrEP/PEP and other services. The main achievements included enhanced knowledge about HIV services and HIV prevention services like PrEP and PEP, participants understanding their roles as peer educators with more emphasis on keeping confidentiality, enhancement of knowledge and skills on the ongoing projects, and how to implement activities to meet timelines, improve application and use of the available tools during service delivery in the field, and enhance team work as a way to achieve the set goals of the projects.

3.2.5. Community outreaches; Outreaches were conducted at hotspots to bring services close to the FSWs and other marginalized AGYW engaged in sex. We provided the following services; HIV testing, TB screening, GBV screening and STIs screening and treatment. We were able to identify new HIV clients who were initiated on ART immediately and Referrals to health facilities were made for further management of other conditions for example providing post GBV care, TB testing etc. Due to the outbreak of COVID19 in Uganda, we temporary suspended the outreaches which were key to achieving project targets. This was also done to enhance our projects teams' compliance with COVID-19 presidential directives and MoH guidelines.

Figure 6: Community outreach in Luwero for Peer training on how to use self-testing kit

3.2.6 Community Dialogues

Figure 7: Police officer from Nakawa Division sensitizing the participants on Law and GBV reporting pathways

At AWAC we recognize the value of multistakeholderism in enhancing a holistic approach to addressing human rights violations the rights holders are predisposed to. This has been demonstrated through the multiple dialogues we have held this year to engage different stakeholders (such as FSWs, police, division probation officers, LCI Chairmen, LCI defense, Bar managers, CHLEG coordinator, venue managers and members from the human rights clinic) to address injustices especially the Gender Based Violence the FSWs and other marginalized AGYW have faced. The dialogues have been held in various divisions of Kampala that is; Central, Rubaga, Nakawa and Makindye. This enabled us to discuss FSWs' rights and GBV issues as well as have the duty bearers commit and develop measures on how to mitigate and reduce GBV against the FSWs and other marginalized AGYW.

3.4.7. We further strengthened SNS to improve access to HIV services, in compliance with government guidelines on COVID-19, we placed emphasis on strengthening the Social Networking Strategy (SNS) to increase access to HIV prevention services for female sex workers, AGYWs and their clients. In particular, efforts were channeled to increasing HTS and enrolment to PrEP and ART. Mobilization was done by peer educators. HTS and enrolment services were offered by health workers from different health facilities across our districts of coverage.

Figure 8: Our field officers training peers on SNS Strategy in Luwero District

3.4.8. We strengthened our peer educator engagements**, t**hroughout the projects' implementation, peer educators were central to achieving our objectives especially in mobilizing for community outreaches and engagements, adherence, and supporting community-health facility-community linkages. In 2020, peer educators have been supported to coordinate health facilities with various hotspots and enhance ART and PrEP refills at health centres, escort clients to the nearest health facilities, do door to door or one-on-one service HIV treatment and prevention service delivery, pick and distribute prevention commodities and self-test kits, use of the Drop-in Centers (DiC) to provide effective linkages and referrals between the community and health centres, escorting FSWs to health centres, supporting refills, distributing SRH commodities like condoms and lubricants during the COVID-19 lockdown

Figure 9: Our Clinical officers training the peers on the ART and PrEP medicines offered to recipients of care

In line with the objective one of our strategic plan 2020-2025 on promoting integrated universal health care for the FSWs and other marginalized AGYW, through this project, we provided Sexual Reproductive Health commodities such as condoms, OraQuick self-test kits, and lubricants as indicated in the table below.

3.3. Providing mental health, Psycho social support services

3.3.1 Mental health.

As a means of addressing the mental health needs of FSWs, we have provided an integrated package of mental health and HIV testing services to them.

This has been enhanced through our DIC services, outreaches and Toll-free helpline services. However, most of the mental health challenges recorded have been attributed to GBV which have escalated the mental health challenges among the FSWs. In 2020, we recorded 212 GBV cases, majority related to Physical assault and Sexual violence. We managed to address 196 through police intervention and counsellors. 16 were referred to our partners –UGANET and CEHURD for legal redress. We have further strengthened incorporation of mental health in our programs, and recruiting a mental health specialist.

3.3.1.1 Staff Self-care program

Figure 10: Some of the Staff during the Self-care session

Figure 11: Some of the Staff during the Self-care session

In order to improve the wellbeing of our staff, we have established a care for caregivers' program as a mechanism to promote staff self-care which consequently improves on staff health thus promoting productivity.

3.3.2. Legal Aid Services.

With support from our CEHURD partners we hosted a legal clinic to provide legal assistance to the activists, sex workers and other members of the public. During the discussion the female sex workers pointed out the different legal barriers they face which deny them access to justice as a fundamental human right and one of the contributing factors of the right to health. We sensitized the FSWs on the on their rights, the pathways to address the legal issues they face and empowered participants on the key aspects of human rights, social accountability and how to access services or Justice.

Figure 12: Participants in the legal clinic during the 2020 16 days of Activism

3.4. Economic empowerment through the CHLEGs, Stepping stone and GAC safe spaces

3.4.1 CHLEGs.

AWAC further supported the Community Health and Livelihood Enhancement Groups (CHLEGs) in Masaka region and Kampala divisions to strengthen the economic security and social protection of female sex workers and other marginalized women and girls. By October 2020, 11 CHLEGs had been established and functionalized across the four districts of Bukomansimbi, Kyotera, Masaka and Bukomansimbi. Although they have made a contribution to adherence support and case finding, their full potential has not been realized as members closed their savings and groups, dispersed and relocated to other places due to COVID-19 restrictions. Even when restrictions were eased, the few members that were left had no reliable incomes to contribute to the savings.

Figure 13: Recently formed CHLEGs

3.4.2. Life skills, and sexual health through stepping stone.

Figure 14: Participants during the workshop

Stepping stone was a workshop series designed as a tool to help promote sexual health, improve psychological well-being, HIV/AIDS and economic empowerment of FSWs and other marginalized AGYW. This further integrated holistic participatory learning through which we addressed the questions of gender, sexual health, family planning, HIV/AIDS, gender-based violence, power and status between men and women in patriarchal and misogynistic society, communication, relationship skills and financial literacy. In doing so the participants recognized that our sexual lives are embedded in a broader context of their relationships with their partners, families and the community in which they live. This presented an opportunity for them to understand these relationships strongly and how they influence the way we act, the possibilities open to us and our ability to make safe and healthy choices. The workshop provided opportunities for participants to examine their values and attitudes towards gender and relationships, to build on their knowledge on aspects of sexuality and HIV/AIDS that will enable them to develop skills. We further incorporated financial literacy training –in particular how to develop a good saving culture as well as financial prudence and how they can utilize the AWAC Community Health and Livelihood Enhancement Groups (CHLEGs) model in their communities. The participants in different CHLEGs across Kampala shared their experiences with CHLEGs as a Village Loans and Savings model. Consequently, the training was a precursor and an enabling vessel for behavioral change to FSWs and AGYW through a calculated empowerment set-of-steps as highlighted in the workshop theme “stepping stones”.

Gains from the training:

23 participants understood how to use the different family planning methods especially the female condoms, learnt how to handle the teenagers with early pregnancies and FSWs with unwanted pregnancies, how and when to use the emergency contraceptives and how to save money to invest in small scale businesses using their skills and talents. After the training, several participants flagged interest to join the CHLEG program after the financial literacy session. These were from Kajansi, Bulenga and Natete. The organization plans to incorporate CHLEG with the different themes under stepping stones such as communication, sexual health, relationships, conflict resolution and financial literacy.

Figure 15: Participants in Stepping Stone Workshop series

3.4.3. GACs savings and livelihoods initiatives

Several members of GAC have benefited from the IOM supported business startup projects like tailoring. AWAC identifies platforms where they exhibit their products such as craft bags, ties, wrist bands, and cakes. Others have been hired to entertain guests

3.4.4. Rapid response to address the legal and psychosocial impact of COVID-19 pandemic on Female Sex Workers (FSWs) in Uganda. Due to the devastating impact of the COVID19 pandemic on the wellbeing of FSWs, we conducted a rapid response to address the legal and psychosocial impact of COVID-19 pandemic on Female Sex Workers in Masaka, Kyotera and Isingiro Districts. This response incorporated entry dialogues and sensitization sessions which targeted rights holders, district duty bearers (where subnational power lies) and other key stakeholders such as district officials; who included the DISOs, CAOs, DHOs, CDOs, ADHOs, and Secretaries for Health. We further conducted reflection meetings with different district community champions. From the engagements –which were predominantly cellphone and whatsapp-based, a multiplicity of issues affecting female sex workers underpinned by the COVID 19 pandemic lock down was raised; such as starvation due to inadequate food, difficulty in accessing ART and PREP refills, increasing incidences of Gender based Violence, aggression due to distress, depression, lack of access to COVID19 personal protective equipment (like sanitizers, medicated soap and masks), stigma and discrimination, poor adherence to ART treatment, and lack of Information on how to prevent the COVID 19 Pandemic.

We were strongly concerned with such underlying challenges that were being fronted during the reflection meetings –which would deny our vulnerable members the right to life as fundamental human entitlement. We managed to address most, through; engaging district duty bearers to expedite the distribution of ART and PrEP refills to FSWs in hard-to-reach areas with the assistance of our district community champions, we provided counseling to FSWs who were distressed and depressed. With support from our partners in development, humanitarian and health cooperation, we distributed masks, sanitizers, soap, and IEC materials (Posters) on COVID 19 prevention to FSWs as a means to protect them from contracting and spreading the COVID19 virus. In order to prevent HIV and STI new infections, we distributed SRHR and HIV commodities like Condoms and Lubricants to Female Sex Workers. Additionally, we provided food relief which included sugar, rice and beans to 100 female sex workers in Masaka, Kyotera and Isingiro Districts. As a result, the issue of starvation and hunger was resolved which considerably improved ART and PrEP adherence among the female sex workers –who majority were longer taking their medication due to a deficiency in adequate food availability to cater for their nutrition needs.

Caption: Food relief given to AWAC members in Masaka as part of our COVID19 response programs

3.5. Policy engagement, Networking and Partnership

3.5.1 Petition against problematic provision of the Sexual offenses Bill 2015.

AWAC has conducted substantial analysis on highly contested issues within our society. These usually lead to heated discussions on issues of values, dignity and human rights. Most notable of these is the Sexual Offences Bill, 2015. The object of the Bill is to enact a specific law on sexual offenses for the effective prevention of sexual violence; enhance punishment of sexual offenses; provide for the protection of victim during sexual offenses trails; provide for extraterritorial application of the law; and repeal some provisions of the Penal Code Act, Cap 120 and for other related matter. AWAC as a human rights and health centric organization, we acknowledge the new provisions in the sexual Offenses Bill which may significantly contribute to addressing the violence the FSWs and AGYW are predisposed to, however, we are concerned with the following provisions which we find problematic in the Bill; whereas the Penal Code Act, Cap 120 provides for several sexual offenses, the provisions are outdated, and the ingredients constituting the offenses are narrow given the fact that they do not reflect the evolving trends in social attitudes, value, and sexual practices. New forms of sexual violence and exploitation have emerged and are currently not provided for posing a challenge while dealing with them. The application of the Penal Code Act, Cap 120, is also limited in as far as combating sexual violence on Ugandan citizenry by Uganda citizenry and residents while outside the country is concerned. It is, therefore, necessary that a specific law on sexual offenses be enacted to provide for the effectual and prevention of sexual violence

3.5.2 The Sex Workers' Feminist Advocacy Agenda.

AWAC has continuously worked to resourcefully promote, advocate and shift the normative discourse around the health and human rights of FSW, and other marginalized AGYW. With support from Urgent Action Fund Africa AWAC developed the long-awaited Sex workers' Feminist Advocacy agenda (SWoFAA 2020-2024). The sex workers Feminist Advocacy Agenda 2020-2024 is a product of series of discussions, dialogues, participatory consultations, rapid assessments, feedback and recommendations attracted from 1250 participants who included female sex workers, gatekeepers, duty bearers, health workers, police officers and representatives from mainstream women movement organizations, the media, local government administration, Ministry of health, implementing partners, religious and cultural leaders, and Key populations civil society organizations. Two exclusive participatory consultative and validation meetings were convened with deliberate focus on identifying the sex workers' gender and equality challenges and priorities that generate strategic input in the Sex Workers Feminist Advocacy Agenda. The final draft of the SWoFAA was presented during the AWAC 4th National Annual Sex Workers' Dialogue at Hotel Africana where additional inputs were incorporated. The 2020-2024 SWoFAA development exercise aimed at gaining firsthand information on the key priorities, asks, challenges and recommendations that will fast-track the quest for an inclusive policy and social environment that enables rural and peri-urban female sex workers and other marginalized women and girls to live free from human rights abuse for healthy and productive lives in Uganda

The SWoFAA is framed with the following five key priority areas derived from the challenges raised.; these encompass:- 1) Decriminalization, 2) Generation of evidence through documentation, research, innovation and development, 3) Responsive integration GBV, SDGs and mental health in sex workers programming and systemic exclusion, Human rights violations stigma and discrimination reduction, 4) Community organizing, strategic leadership and partnerships and movement building and 5) Social protection and socio-economic resilience

Gains so far from SWoFAA.

- We acknowledge the most recent contribution of SWoFAA towards providing guidance to the provision of the integrated Universal Health Care to the Female Sex Workers in Uganda, this is evident through the application of the agenda during the stakeholder validation meeting that took place on November 11th, 2020 to guide the designing of the Kampala Capital City Authority (KCCA) Key Population Priority Action Plan 2020-2024.

3.5.2 Development, Review & Validation of In-country/ international Plans, Policies Reports

AWAC contributed to the Key Population Priority Action Plan 2020-2024 which is anchored on the KCCA HIV and AIDS Plan 2017/2018-2022/2023. We inputted the following in the plan:- Integration of the GBV and mental health into HIV response in the KP Priority Action Plan, Disaggregation of the KP data in the GBV database as a means to strengthen the Monitoring and Evaluation, and quality assurance for effective program response for the FSWs and KPs left behind, Livelihood and economic empowerment programs into the HIV response, Financing for the Health of the Key populations through supported community responses i.e. supported community-based insurance schemes. KPs are always left out i.e. in the current National Health Insurance Scheme (NHIS), but Health is a human right, therefore, dependence on the external financing for health through Development partners, Private sector, CSOs is not sustainable.

3.5.3. Media Engagement

Figure 15: Ms Rio Babirye part of the team that represented us at the SRH/HIV/GBV Media cafe

AWAC recognizes the fundamental role of the media in the prevention of new HIV infections and reinfections among the FSWs, AGYW and other positive living people. In collaboration with SRHR/HIV/GBV coalition, FOME and AIC, we organized a media café for health journalists and Civil society activists. The media café offered a platform for learning for 55 health journalists from both Print Media (New Vision, Daily Monitor, Observer, Bukedde, Orumuli and Red Pepper etc) and Electronic Media (UBC Radio/TV, NTV, NBS TV and Record TV, Star, Capital FM, Sanyu FM, K-FM, Simba FM and CBS FM and individual health bloggers etc). Clearly, media organizations have an enormous influence in educating and empowering individuals to avoid contracting HIV, perpetuating GBV and increasing access to SRHR services. However, this requires a clear understanding of the challenges and the obstacles to widespread and effective HIV and GBV prevention and response education. Despite the mass media's exceptional role in promoting good SRHR, HIV and Gender outcomes in Uganda, it quite often fails to comprehend and prioritize SRHR/HIV/GBV issues for FSWs or report them in a comprehensive and accurate manner. Uganda media coverage of SRHR/HIV/GBV issues is poor due to the weak capacity to understand SRHR/HIV/GBV issues, and the low motivation for reporting these issues by media practitioners. Therefore, the Media Café was crucial in creating a learning space to sensitize and form a pool of media practitioners that report on SRH/HIV/GBV integrated issues in Uganda.

Figure 16: Mr Michael Ssemakula, part of the team that represented us at the SRH/HIV/GBV Media cafe

Gains from the Media Café,

- Presented an opportunity for AWAC to share the findings and facts from the Rapid Assessment on the impact of COVID19 on the wellbeing of FSWs. This increased the knowledge and understanding of media practitioners and CSO stakeholders of strategies to address the impact of COVID19 on access to HIV/AIDS and GBV services especially for the marginalized communities such as FSWs, AGYW, Mainstream WLHIV, and children –including children of female sex workers.
- We identified mechanisms and development strategies to strengthen the collaboration between media and CSOs in increasing the awareness of SRHR/HIV/GBV amongst the general public and other key audiences reached by media houses.

3.5.4. Launch of the Universal Health Coverage (UHC)

In September 2019, world leaders endorsed the most ambitious and comprehensive political declaration on health in history at the United Nations High-Level Meeting (UN HLM) on Universal Health Coverage (UHC). Uganda was among the UN member states that signed the Declaration. As a health and rights based-institution, AWAC has a critical role to play in ensuring that our national leaders are held accountable to their promises and the commitments to health, and that their words translate into action. We joined the rest of the civil society organizations in Uganda, that is; PITCH, RHU, Aidsfonts, Frontline aids and others to launch UHC in Uganda. In the context of our populations at the margin, we petitioned the government to commit to scale up its efforts to further increase resource mobilization and domestic public health spending on SRH, and HIV in line with the normative guidance of the UN political declaration on UHC and the 15% GDP expenditure benchmark stipulated in the 2001 Abuja Declaration, and increase access and financial risk protection (for FSWs and other Marginalized AGYW) through the National Health Insurance Scheme.

Figure 17: Ms Rio Babirye representing us at the UHC Launch

3.5.5. 16 Days of Activism

3.5.5.1. Legal Aid, mental health and HIV testing services

As part of the 2020 edition of 16 days of Activism, AWAC in partnership with CEHURD provided an integrated package of Services including HIV testing services, mental health, and Legal aid services to female sex workers in a bid to enhance their coping and resilience in context of GBV prevention and response. During the engagement the female sex workers pointed out the different legal barriers they face which deny them access to justice as a fundamental human right and one of the contributing factors of the right to health. We sensitized the FSWs on the on their rights and the pathways to address the legal issues they face.

Figure 18: AWAC members in the mental health and legal clinic

3.5.5.2. Celebrating Women Human Rights Defenders Network

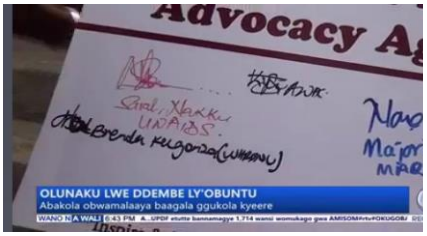
AWAC in partnership with Women Human Rights Defenders Network-Uganda, we celebrated the work of Women Human Rights Defenders in Uganda to commemorate the 16Days of activism. We recognized that all human rights defenders are exposed to risks but Women Human Rights Defenders (WHRDs) are particularly more vulnerable to gender specific threats and gender-specific violence. Often, the work of WHRDs is seen as challenging traditional notions of family and gender roles in the society, which can lead to hostility by the general population and authorities. Due to this, WHRDs are subjected to stigmatization and ostracism by community leaders, faith-based groups, families and communities who consider them to be threatening religion, honour or culture through their work. We there celebrated all women human rights defenders in Uganda for their bravery, much-needed and legitimate work.

Figure 19: Participants during the celebration women defenders

Our media engagement during the 16 days of activism and the launch of the SoFAA.

Caption: Sarah Nakku from UNAIDS

Caption: Ms Macklean Kyomia and Sarah Nakku explaining to the press and AWAC members the need to decriminalize sex work in Uganda



Presenting the SoFAA to the press

3.5.6 Advocacy mentorship at Health and Rights Initiative Lira District.

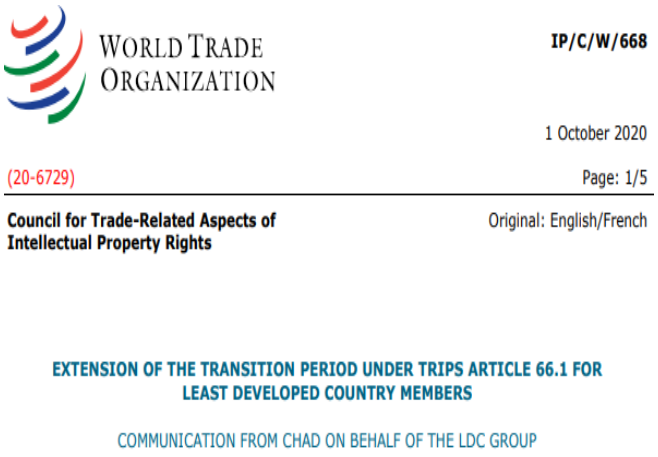
This year, we had staff's capacities greatly enhanced through an exchange learning visit at Health and Rights Initiative Lira. With support from Global Fund – TASO through Human Rights Awareness and Promotion Forum (HRAPF), our community engagement officer managed to receive a holistic training and learnt the unique advocacy models and strategies used at Health and Rights Initiative for the Key populations. She further shared with HRI Lira health and human rights activists the innovative models and best practices used at AWAC on delivering KP services at the different DICs.

Figure 20: Ms Jenifer Tushabe meeting peers to follow up on the progress of CHLEGs groups at HRI resource center

3.5.6 Networking and collaboration

Over the past 5-years AWAC has appreciated the substantial power of collaborations to achieve a common goal. We acknowledge the role of access to medicines as one of the significant building blocks of any health system. On the brighter note, we joined the rest of the global civil society and Third World Network to back the sign-on a letter supporting the Least Developed Countries (LDC) Group request to the WTO for an extension of the Trade Related Aspects of Intellectual Property Rights (TRIPS) transition period that is set to expire on 1 July 2021.

Article 66.1 of the TRIPS Agreement accorded LDC Members of the WTO an initial ten-year transition period, with an automatic right of further extensions, that grants LDCs exemption from implementing most TRIPS obligations in view of the special needs and requirements of the LDC Members, including their economic, financial and administrative constraints and their need for flexibility to create a viable technological base.



WORLD TRADE ORGANIZATION

IP/C/W/668

1 October 2020

(20-6729) Page: 1/5

Council for Trade-Related Aspects of Intellectual Property Rights

Original: English/French

EXTENSION OF THE TRANSITION PERIOD UNDER TRIPS ARTICLE 66.1 FOR LEAST DEVELOPED COUNTRY MEMBERS

COMMUNICATION FROM CHAD ON BEHALF OF THE LDC GROUP

Figure 21: Caption of the petition AWAC supported with the rest of the Global Civil Society in Global North and South

This transition period is especially important, given the significant development challenges facing LDCs, in terms of access to knowledge, access to medical products and devices, access to climate technologies etc.

As an institution working with female sex workers –a marginalized population with limited access to adequate quality essential medicines (like STI medicines, Bedaquiline for the Multi Drug Resistant Tuberculosis and other SRH commodities) due to the multiple social and economic barriers, we acknowledge the impeding dangers of the TRIPS that may exacerbate the gap in the availability of essential medicines in Uganda and throughout sub-Saharan Africa. This comes at the time when the Uganda's health system is overwhelmed by the COVID-19 pandemic. We recognize and appreciate the milestones that have been realized in the discovery of the vaccines and inventing new technologies to scale up production of SRH medicines and commodities, COVID-19 diagnostics, and other related therapeutics, however, these maybe patented through the TRIPS meaning poor countries like Uganda may not be permitted to produce their own cheap generic vaccines and medicines amidst the existing unmet financing need for their health systems.

3.5.7. JAP Program reflection meeting.

We joined the JAS Programme members and other SRHR advocates for a day of wellness and reflection. It is important as activists to remember why we are in a sexual and reproductive health and rights (SRHR) movement, and what that actually means. The session's reflections included the need for a movement to have clear leadership, a clear political agenda and a defined constituency for the SRHR.

Caption: SRHR activists members meeting during the reflection meeting

3.6. Research and Documentation

3.6.1. We conducted a Rapid assessment on the impact of covid-19 among FSWS, AGYW and women living with HIV & AIDS in Uganda. On 28th March to 20th May 2020, AWAC team conducted an assessment to examine the level of awareness of COVID-19 and its lockdown impact on the access and adherence to HIV treatment and preventive care, psychological and socioeconomic wellbeing of o FSWs, MWLHIV and AGYWs in Uganda. 1124 respondents were sampled from 30 districts Abim, Amuria, Arua, Bukomansimbi, Bundibugyo, Busia, Gulu, Hoima,

Isingiro, Kaberamaido, Kaabong, Kampala, Kitgum, Kyotera, Lira, Luwero, Lyantonde, Masaka, Mbale, Moroto, Mbarara, Abim, Nakasongola, Kotido, Pader, Rakai, Soroti, Tororo, Wakiso and Yumbe districts

The findings indicated that while 65% had adequate information on prevention of Covid-19 pandemic, 60% could not afford sanitizers and soap to wash their hands regularly. Only 20% could practice social distancing given that food was a more hard-pressed priority. 80% had failed to access their ART/PrEP refills or clinical appointments due to lock down and travel restrictions. 20% were no longer adhering ART/PrEP due to lack food. 22% did not have shelter, while 62% were able to survive on a cup of porridge a day and 11 % had been going without a meal for a couple of days. 80% had faced heightened levels of stigma and discrimination following the onset of Covid-19, 199 had experienced individual and group violence. 65% had experienced physical violence, 38% had experienced sexual violence. 72% had experienced psychological violence. All the respondents were experiencing distress due the Covid-19 pandemic. 80% rated their level of distress as result of Covid-19 lock down at 8 and above. 50% of the respondents were using substances such as marijuana, cigarette and alcohol to cope with the distress. 60% self - reported to be aggressive due to the distress and 65% were experiencing depressed and anxious moods. We discovered that (FSWs, AGWY and MWLHIV) bear the burden of the adverse effects of Covid-19, FSWs lack social safety enablers, face stigma and discrimination which compromises FSWs ability to comply with Covid-19 preventive measures such as social distancing, hand washing and observing good nutrition. Most devastating, Covid-19 has induced adverse effects on the mental health and wellbeing of FSWs and MWLHIV; exposed them to extreme deprivation, starvation, and psychological distress.

Gains from the rapid assessment

The assessment strengthened our evidence-based advocacy which informed our strategies to engage the power holders especially at the district level to address the challenges the FSWs, AGWY and MWLHIV are predisposed to due to the COVID19 outbreak. This emanated into securing duty bearers' commitments towards addressing the FSWs' most pressing challenges especially nutrition and health needs.

This assessment is available on PEAH | Policies for Equitable Access to Health Website; link http://www.peah.it/2020/10/8886/ and EQUINET | The Network on Equity in Health in Southern Africa.

3.6.2. A rapid psychosocial risks and needs assessment of children, adolescent girls, young women street and female sex workers survivors of violence in Gulu. In June 2020, a team of Alliance of Women Advocating for Change staff with support from UN Women conducted an assessment with the aim of identifying the risks factors, resources, needs and coping strategies of children, AGYW and sex worker's street violence survivors who are residents of in Generation in Action and Hashtag shelters in Gulu. A total of 26 female violence survivors with an age range of 7 to 22 were assessed.

The key findings: poverty, loss of their parents, dropping out of school, peer influence, neglect, abuse and violence in the home as some of the major factors that drove them to the streets.

The problems and risks associated with street life were; being subjected to cruel treatment, beatings, rape, sex without pay, overworked by older peers and other adults often without pay, victimized as criminals, police raids, harassment, arrests and extortions. Other problems; sleeping in the open, lack of adequate clothing, substance use, starvation, societal stigma and discrimination, and living with their children on the streets in unhygienic conditions. The health problems were; inadequate information, poor health seeking behaviors, frequent STIs, colds, diarrhea, depressed moods, anxiety, psychological trauma, and lack of FP services. Being single mothers also increases their risk to sexual abuse and violence. Other factors were; lack of emotional care, love guidance, leisure time and protection from harm and exploitation. The survival strategies were; selling sexual services, selling edibles, having a supportive peer, befriending police and youth street gangs' leaders and also embracing NGOs.

The needs and gaps at the shelter homes were; food, mental health support, transportation, medical bills, education, livelihoods, vocation and economic empowerment opportunities, integration of services, separate both boys and girls in from one shelter at Hashtag and lack of a fundraising plan. The key lessons learned were; COVID 19 worsened pre-existing gender inequalities and vulnerabilities of sex workers, their children and AGYW surviving on the streets; SGBV comes with adverse metal health effects;

Resource constraints, poverty and disrupted family structure are among the reason that drive children AGYW and women to street life including sex work.

Gains were:

We identified a need to develop a fundraising plan for both shelters; acknowledged a need to encourage a multi-sectoral response to violence, mobilize food relief for the survivors; need for a helpline to support emergencies and linkages; recognized the gap in the available shelters, they are so few; districts and partners need to prioritize funding for shelter facilities

3.6.3. AWAC also conducted a rapid assessment on the risk factors, mental health and psychosocial needs and coping mechanisms among the children of FSWs and AGs surviving in sex work settings. This rapid assessment explored the risk factors, mental health and psychosocial needs and coping mechanisms of children and adolescent girls surviving in sex work settings of Kampala, Gulu, Mbarara Wakiso, and Busia in Uganda.

According to the Rapid assessment that was conducted, it was discovered that; 47.8% of the children of FSWs had dropped out of school, 36.2% engaged in Tobacco use for age group 15-19years & 14.5% for age group 10-14years, Alcohol use was at 46.9% for age group 15-19years & 23.2% for age group 10-14years, substance use was at 16.3% for age group 15-19years & 5.5% for age group 10-14years. The assessment further showed the magnitude of the mental health problem as follows: - suicide thoughts among female adolescents were as high as 75%, males 25%, post-traumatic stress symptoms, females 72.9% and males 27.1%, Depression, females 71.2, males 28.6%, Generalized Anxiety Disorder, females 71.4%, males 28.6%.

Gains:

- With the prevailing challenges affecting the mental health of FSWs and AGYW and children in the FSW settings perpetuated by violence and exacerbated by the COVID-19 pandemic, the participants identified the following risk factors affecting the children of FSWs and AGYW engaged in sex work:- Stigma and discrimination, poor accommodation facilities, sexual assault, substance use, GBV, limited access to education, mental health challenges, family neglect (60% of the children of FSWs don't receive support from their fathers) and exposure to vices and risky behaviors.
- We identified the urgent need to develop a referral directory with functional referral helpline centres,
- We recognized that FSWs and their children, and AGYW have a lot of mental stress that needs to be taken care of. We need to look into the difficulties of accessing mental health services among the FSWs and their children.
- Acknowledged the need to commission deeper studies or research on children under the care of female sex workers and adolescent girls surviving in the hotspots and surrounding areas to further have better responsive program
- Street adolescent girls engaged in sex work bear a compounded burden of vulnerabilities to abuse and life-threatening conditions.
- We acknowledged the significance of family centered approaches in addressing the issues of children of sex workers.

3.6.4. AWAC continued documenting human rights violations against Sex workers through Malaika toll free line. The AWAC Malaika Toll Free Line was established in July 2020 to provide psychosocial support counselling and guidance, referrals for Female Sex Workers and their children, as well as vulnerable and at risk adolescent girls and young women. AWAC was able to respond to the varied needs of callers largely due to the cooperation and generosity of our partner networks which enabled us to provide assistance where resources were limited.

Gains

- Through the Toll-free, we have been able to identify our most vulnerable members and provide emergency sheltering solutions.
- We acknowledge the support from our partners inform of sheltering and legal services which have been given to our GBV victims.

- Through the Toll Free call services, we have learnt that peer to peer dissemination of the Toll Free number as well as dissemination at points of access to care, have proven highly effective in ensuring that the FSW during lockdown as traditional converging places remain closed down.

Figure22. The documentary that was shot. Available on this link below https://www.youtube.com/watch?v=IDQoLJhs6Po

- We have also acknowledged the importance of peer networks in supporting the dissemination the toll-free number in their communities as they stimulate trust in the community members.

However we recognize the challenges that have been experienced by the organization in the provision of the Toll Free services as highlighted:-

1)Due to lockdown restrictions, traditional converging points where FSWs could previously be approached without causing them prejudice remain closed, 2) limited distribution of the toll free line, 3) public suspicion is raised where assistance is offered but not availed, 4) current system does not allow for the toll free centre to have multiple respondents which risks overwhelming the current operator, and 5) the volume and diversity of needs presented by the callers extremely exceed the available resources.

3.6.5. The institution started to publish its work with the latest publication on the "*Rapid assessment on the impact of COVID-19 among FSWS, AGYW and women living with HIV & AIDS in Uganda"* available on PEAH | Policies for Equitable Access to Health Website; link http://www.peah.it/2020/10/8886/ and EQUINET | The Network on Equity in Health in Southern Africa.

3.6.6. Sex Workers' Advocacy Resilient Magazine (SWARM)

As part of the activities organized to mark the 2020 16 days of activism and the four years of the National Annual Sex Workers' Dialogue, with support from AWDF, AWAC produced and published the Second female Sex Workers Advocacy Resilient Magazine. Over the subsequent years, several sex workers have come out and shared their stories with media houses. Unfortunately, many media houses have published stories of sex workers in a sensational and dehumanizing manner often with distorted facts. It's this kind of environment that craving for a sex worker led publication platform where sex workers can share stories of their struggles, resilience and milestones that shape the trajectory of the Female sex workers Social Justice Movement in Uganda. The SWARM has come to fill this gap. This Magazine intends to inspire Sex workers to tell more of their stories and leverage on the shared experiences to enhance their personal and organizational GBV Prevention and response plans in spotlighting their experiences, plight and resilience in the face of violence perpetrated against them.

Magazine is available on this link https://online.fliphtml5.com/pvfxg/updn/#p=18

3.6.7. The Documentary on the impact of COVID-19 On FSWs, AGYWs and MWLIV. The Covid-19 pandemic exposed and aggravated the pre-existing vulnerabilities of women and populations living at the margins of society such as; sex workers, women living with HIV and the adolescent girls and young women. The harsh environment in which marginalized women groups operate not only makes them prone to violence linked to criminalization during enforcement of Covid-19 Regulations; but also exposed them to starvation and deprivation of livelihood which pushed them to seek survival at the risk of their own health and safety. With support from AJWS and UNWOMEN under the SWASHE project, we conducted two short film documentaries to record and document the impact of COVID 19 on Female Sex Workers and other marginalized communities and increase awareness on legal rights and

responsibilities for FSW and marginalized in the context of COVID-19. The districts were, Isingiro, Lyantonde, Masaka, and Kyotera and SWASWE districts (Gulu, Amuria, Padar and Kitgum)

3.6.7.1. Gains from Magazine and Documentaries

- Through the magazine, we identified that the common perpetrators of violence included; law enforcement officers i.e the Police, Military and Private security personnel; Clients; Media personnel, Venue managers, Community members, religious officials and intimate partners of sex workers among others; the common forms of violence included; rape, beatings, arbitrary arrests, denial of access to justice, denial of access to medication and systemic exclusion from Socio-economic opportunities. Effects of violence shared include; Psychological and emotional trauma, economic vulnerabilities and setbacks, suicidal ideation, drug and substance use, and interruption of treatment. This laid a foundation for organizing NASWD 2020, a safe space where FSWs and other marginalized AGYW shared the mental health effects of violence on them.
- The documentaries enabled us to integrate mechanisms and strategies in SWoFAA to address challenges affecting FSWs. SWoFAA will be a guiding instrument for FSW community activists, feminists and other AGYW to reclaim their rights, build a resilient movement, promote gender equality and gender transformation, establish strategies to address challenges to their social economic security, access to justice and health rights.
- The Common Resilience Strategies identified were; collective effort in demanding access to justice, documentation of human rights violations, dialogues with stakeholders, utilizing sex workers community savings associations to support bails and Police bribes, training and befriending Police officers, warning each other about dangerous clients, training sex workers on safety and security, working with other coalitions and Human rights Advocates especially those that provide legal aid and paralegal training.
- AWAC managed to get the district officials, sex work advocates, Women living with HIV advocates and young positives from the districts to participate in the documentaries and share their experiences on the impact of COVID19, challenges and interventions. This presented an opportunity to secure commitments from district officials after the documentaries, for instance the CAO, DPC, DISO and DHO of Isingiro district pledged to provide food to FSWs and others connect them to the economic empowerment programs in the district such as the ongoing youth and women program dubbed as Emyoga.
- We also acknowledge the role of the documentary in enabling us to get a health workers who are key population focal persons and GBV focal persons from regional referrals like in Gulu district –who provided us with the information on service delivery among key populations.
- FSWs shared that they felt a renewed sense of hope, Sisterhood, healing and courage as they shared, read, watched and listened to untold stories of exceedingly great trauma and courage from their peers in the documentaries which were presented in the 2020 National Annual Sex Workers' Dialogue.
- FSWs shared that after reading and listening to the experiences of their colleagues, they were inclined to tell more of these experiences to improve their GBV prevention and response plans.

3.7. Resource Mobilization

In the 2020 financial year, in a bid to consolidate and mobilize resources for the organization, AWAC not only prepared concepts and proposal as a sole bidder but also teamed up with several partners and developed winning proposals which were submitted to funding agencies. In effect then, the following funding was secured:

3.7.1 *KPIF* -KPIF which seeks to contribute to reduced HIV incidence through targeted tailored evidence based interventions that improve access to PrEP; HIV case identification and linkage; HIV treatment retention and viral load suppression among key populations.

- In consortium with UHRN, AWAC secured funding from Mild May –Uganda to implement in Luweero.
- In partnership with GCWR, AWAC received a grant from IDI to implement in Kampala and Wakiso.
- AWAC also submitted a proposal as a sole applicant to RHSP which was granted to implement in Bukomansimbi, Kyotera, Rakai and Masaka districts.

3.7.2 UN WOMEN SWaSHE project fund was secured in consortium with ICWEA and UNYPA this project aims at Strengthening Women's Movement building to address barriers to SRHR (including Child marriage), HIV prevention & Women empowerment in 18 districts of Uganda. AWAC is implementing the project in Amuria, Kaberamaido, Gulu, Kitgum, Pader and Tororo districts.

3.7.3 AJWS

AWAC continued strengthening relationships with existing funders as a result funding towards institutional support was extended by AJWS.

3.7.4 CEHURD/OSIEA: The institution managed to secure assistance from OSIEA through CEHURD to support its COVID-19 rapid response for her population constituencies.

3.7.5 UHAI, UKPC and AIC; We managed to secure funding from three partners to support our Toll-free line services which enabled us to provide psychosocial support, referrals, counselling and guidance for Female Sex Workers and their children, as well as vulnerable and most at risk adolescent girls and young women

3.7.6 Urgent Action Fund; AWAC secured funding from UAF to support the completion of the Sex Workers' Feminist Advocacy Agenda.

3.7.3 Events and campaign-based funding was also secured from;

Frontline Aids, TASO and ICWEA: Managed to secure funding from Frontline Aids and ICWEA to support 2020 NASWD a convening which attracted over 150 grass root FSWs leaders from across the six regions of Uganda to provide a platform to amplify voices, efforts, solidarity and cooperation –by engaging diverse stakeholders in health and human rights promotion to forge way forward to address the issues affecting the FSWs, other marginalized women and girls.

Infectious Disease Institute; facilitated the 16 days of activism campaign events which included; Community engagement, engaging FSWs in talks about GBV during the DIC clinic day, sharing experiences from GBV survivors (FSWs) during both PrEP and ART adherence meeting at the DIC and the hotspots, screening for GBV and mental health of FSWs, Online Participation through virtual dialogue and legal pro-bono service.

4.0 Lessons Learned

- Through our community and peer engagements, we acknowledged that organized peer support groups are crucial in mental health which easily facilitate the process of healing from depression and anxiety associated with starting HIV treatment and the side effects that come with it.
- Through our rapid assessment on the Children and Adolescents under the care of FSWs, we recognized that the quality of the emotional relationship between a parent and child is paramount in supporting optimal child development
- Through 2020 NASWD, participants acknowledged the importance of Integrating SRH, HIV and GBV in service delivery, building skills and understanding of mental health as a substantial tool in addressing violence against FSWs.
- The capacity of journalists to undertake balanced, objective and responsive reporting of FSWs GBV stories needs to be enhanced through a systematic media campaign.
- Women movement building presents an opportunity for groups and institutions of women living with HIV, AGYW living with HIV and FSW to establish grounds for a shared vision upon which strong, substantive and meaningful alliances can be built for collective action in any situation that impacts on the physical and mental well-being of the women, girls and sex workers living with HIV.
- Equipping the AGYW and Sex workers using drugs with social accountability skills is fundamental in empowering them.

- The is need to train all service providers on trauma informed approaches of care for effective psychosocial health provision in health facilities.
- Strengthening linkage and referral networks, and DiCs with comprehensive packages of care and services is central in providing comprehensive services for FSWs.
- Alongside work, mental health support supervision to those at the frontline cannot be left out due to the challenges that comes with the work its self, this justifies the introduction of the monthly staff self-care sessions at AWAC secretariat.
- We should strongly stand for prevention and treatment for the drug dependent parents other than incarceration.
- Many FSWs don't know how to read and write which compromises their competence to understand safety precautions, document report violations, understand statements recorded for them while in police custody, access financial opportunities and participate in viable saving and investment ventures.
- Post violence trauma, depression and psychological distress compromises FSWs violence survivors' ability to report and successfully follow up on their cases and adherence to ART and PrEP.
- A key take home lesson from the SOB 2015 revealed that building strategic alliances with other coalitions outside the sex workers coalitions is crucial in hastening the move to challenge punitive laws that target sex workers and other marginalized groups. It is, therefore, essential that a specific law on sexual offenses be enacted to provide for the effectual and prevention of sexual violence, but not laws that will instead continue to perpetuate systemic and social-structural exclusion.
- Another key lesson that emerged during the AWAC 2020 edition of 16 days of Activism mental health and legal clinic was; building the capacity of the paralegals and strengthening sensitization on law and GBV among the FSWs, activists and other marginalized AGYW is key in preventing violence but also promoting rights awareness and pathways available to address barriers to access to justice as a fundamental human right and one of the contributing factors of the right to health.
- Storytelling is a powerful healing, movement building and advocacy resource in the quest to end violence against female sex workers.
- Criminalization of sex work fuels stigma and violence against female sex workers and vulnerability to HIV infection and other life-threatening situations.
- FSWs who use drugs and substances and street adolescent girls engaged in sex work bear a compounded brunt of vulnerability to abuse and life- threatening conditions.
- Building skills and understanding of mental health is crucial in addressing violence against FSWs and AGYW.

5.0 Key Challenges, opportunities and Plans for 2020

5.1. Sex Workers Feminist Advocacy Agenda -

During the 4th NASWD, we presented the SWoFAA to allow different stakeholders to input in the agenda. This was after acknowledging the gap in 3rd NASWD that the Uganda Female sex workers' fraternity lacked a feminist advocacy agenda which made lobbying a challenging task especially when engaging the mainstream women movement and government agencies. Therefore, we have started to expedite the process of operationalizing the Uganda Female Sex Workers' Feminist advocacy agenda. This will be applied in influencing national policies, strategic plans and gender mainstreaming policies of ministries, agencies and departments on the health and wellbeing of FSWs and other AGYW as a tandem to provide a holistic guidance to the outcomes of the global normative guiding instruments and Gender Equality Forums, such as Beijing 25+ Agenda, Health and Gender Equality related Sustainable Development Goals, and the Uganda's National Development Plans which feeds into Vison 2040.

5.2. Expanding and furnishing safe space for the DiC and GAC

After shifting to our new premises in Nabulagala road off Balintuma Mengo, we recognized the gap in having a safe space for Girls Action Club (resting, refreshing, recreation, display area, study resource centre) and the DiC as well as catering for security guarding services which had been catered for as part of the rent package. We addressed this challenge through lobbying funds for the expansion of facility to house the DiC and GAC safe space in a temporary shelter in form of a container. However, we intend to lobby for more resources for the completion of the DiC and the GAC safe space.

5.4. Five Year Strategic Plan 2020-2024

We acknowledge the guidance role that was accorded by the previous three-year strategic plan 2016-2019, which ended last year. This presented a challenge to us to develop a new organization's 5-year strategic plan 2020-2024. The organization discovered the new areas of integration but also revise its theory-of-change tailored to towards addressing the changing needs and multiple compounding and intersecting vulnerabilities of the FSWs and other marginalized AGYW.

5.5. A phased Roadmap for the AWAC Institute of Holistic transformation through Her Legacy Fund.

Towards the end of 2019, one of the grass root FSWs led organizations challenged AWAC to come up with a phased roadmap to AWAC institute of Holistic transformation through her legacy fund which document was not available at the time. In 2020, AWAC started on a phased road map to AWAC Institute of Holistic of Transformation through the Her Legacy Fund. The organization will launch the initiative's fundraising campaign in 2021.

Other challenges/opportunities and Plans

- We acknowledge that the lack of drop in centers in the hotspots affected linkage for HIV services. To address this, we have resorted to lobbying for more funds to establish more DiCs in 2021. This year we established another DiC in Masaka region based in Kyotera.
- Presidential and M.o.H guidelines relating to COVID-19 delayed project implementation as hotspots were closed, most FSWs relocated and transport restriction hindered our ability to serve clients and achieve targets; but this is being addressed by strengthening the use of our peer-to-peer model in the hotspots.
- During the implementation of some projects, we halted some activities due to the COVID19 Pandemic which detrimentally affected our performance targets. We resorted to making phone calls and referrals instead of physical escorts, but this limited psychosocial support services.
- Thieves broke into AWAC offices in Mengo in March and a lot of items were stolen including laptops, desktops, which were newly bought for AWAC by IDI, AJWS among other partners, which disorganized the institution's operations since most of the data on computers had been taken, but this has been addressed by setting up a backup system.
- We recognize that the limited functionality of DIC in some districts like Masaka is due to the limited space, services and commodities, the inadequate staffing, as well as the delayed disbursement of funds from our supporting partners throughout the projects. This substantially delayed execution of activities and negatively affected achievement of targets.
- We take note of the MoH and presidential guidelines relating to COVID-19 which considerably delayed the projects' implementation. This is justified by the closure of hotspots, relocation of the FSWs and transport restrictions which impeded AWAC's ability to serve clients and achieve targets. AWAC has embarked on effective use of the CHLEG+, CHLEG PrEP and GAC CHLEG to strengthen service uptake and utilization. The strengthening of these groups' functionality has enabled us to trace the lost recipients of care and linking them to the closest health facilities where they have shifted.
- We acknowledge that the disbandment of CHLEGs due to COVID-19 restrictions profoundly disrupted gains initially achieved by the projects. We have resorted strengthening financial literacy among the FSWs and establishing 11 new CHLEGs as the initial ones closed after members shared their savings and relocated to other parts of the country.
- We recognize the inadequacy in the key population focal persons at the health centers which do not speed up access to HIV services for key population. This has been addressed through employing qualified field officers who can assist the peers but also link the patients easily to the facilities and the health workers.
- We acknowledge the existence of the inadequate commodities such as lubricants (they were 250 pieces for Masaka region), condom dispensers at hotspots and STI medicine for FSWs which limited them to get a complete package of integrated health services.

6.0 Factors that explain AWAC`S performance in 2020

Several factors influenced AWAC's performance for 2020;

6.1 Consolidation of relationships with existing member groups and organizations as well as scaling up geographical reach to bring new grassroots groups and organization on board helped AWAC in coordination, advocacy and mobilisation of fellow FSWs and AGYW for the implementation of its activities in the communities.

6.2 Availability of funds from different donors: AWAC strengthened relationships with existing donors including AJWS, Urgent Action Fund Africa, UHAI, AIC, but also lobbied new funding from donors including UN Women, IDI-KPIF Kampala Region, RHSP- KPIF Masaka Region, Mild may KPIF Mubende Region, Frontline Aids and technical support from these donors enabled AWAC to achieve its goal and objectives. This has enabled us to strengthen and expand our safe space infrastructure to enhance her weekly adherence and stigma reduction sessions, Psychosocial support and therapy sessions especially for FSWs sex workers using/injecting drugs and livelihoods trainings especially for AGYW.

6.3 Governance: AWAC is governed by a Five-Board Member team all females selected and approved by the general assembly serving for a 3yr renewable tenure. With their wide experience in corporate governance coming professional backgrounds ranging from human rights, medicine, financial management, gender and HIV programming and a sex worker community representative with a wealth of lived experiences in grassroots advocacy the board have been able to give the requisite oversight and guidance to the organization. The board has been key in developing, reviewing and approving appropriate policies that govern the organization. At the policy level, Board has a finance and an audit subcommittee that is responsible for monitoring the financial operations of the secretariat to ensure adherence to the policy guidelines and standards. The board convenes on a quarterly basis to review and approve financial budgets and reports.

6.4 Leadership: AWAC is headed by the Executive Director and directly supported by five marshalled and indigenous staff including Director of Programs, Advocacy and communication Manager, Research and knowledge management Manager, Programs Manager, Monitoring, evaluation & Learning (MEL) and Business Development Manager and the Finance and Administrative Manager. The above staff have impeccable experience in leadership, resource mobilization, strategic planning, policy and advocacy, collaboration, networking and partnerships building, economic empowerment, mental health management (Counselling and psychotherapy), OVC case management/ child protection), Gender-Based Violence prevention and management, HIV and sexual reproductive health and rights programming, documentation, research and learning.

Our Staff team

6.5 Financial management capacity: AWAC has an effective finance management system and internal control mechanisms, guidelines and policies to ensure efficient and effective programme delivery. AWAC financial operation at the secretariat is guided by financial, procurement and human resource policy manuals that are aligned to the national and international policy standards and principals. The department also has fully functional financial accounting system (Quick books) that helps in keeping financial records and reporting. AWAC also carries out regular value for money audits conducted both internally and by external independent audit firms. AWAC has a well-established

financial approval structure/levels that ranges from the user department, programme manager, finance and administration manager to the Executive Director.

6.6 Documentation of program activities; AWAC developed tools in collaboration with its grass root member organisations and partner organisations. The tools include KP/PP HIV prevention service provision form, KP/PP classification tool, peer dairy, GBV screening tools, and follow up assessment form, referral form, OVC assessment forms, passbook to capture savings and KP register (HMIS KP register). These tools captured all information in regards to AWAC annual work plan. This has been supported by physical triangulation of data at facilities and peers' records which has minimized forgery and inconsistence in data submitted by peers.

6.7 Existence of robust and functional multi-health DiC service centres in Kampala, Masaka, Kyotera and Luweero which have eased access to integrated package of Services including HIV prevention services, mental health and GBV services to FSWs and other marginalized AGYW as a tandem to expedite our interventions and contribution to the fight against the HIV epidemic in Uganda. We recognize the following activities and achievements from our DiC services which have been attained in 2020 as enabling vessel in bringing services and linkages close as explained hereunder:

- We acknowledge that the strengthening of the social networking strategy (SNS) increased the uptake of HIV prevention services (especially HTS and PrEP) considering challenges that were posed by COVID-19 restrictions.
- We take note of the substantial contribution from the peer educators who were predominantly useful in escorting FSWs to health facilities, conducting home/one-on-one visits, supporting refills, and distributing commodities during the COVID-19 lockdown.
- The multi-month drug refills adopted by health facilities in the regions were very instrumental in promoting adherence on ART especially during the COVID-19 lockdown.
- We recognize the phenomenal role of social media – especially the AWAC WhatsApp groups which were essentially effective in raising and addressing GBV/IPV and other crisis management cases.
- We acknowledge and appreciate the profound support from our HRAPF and CEHURD partners who provided legal support especially when FSWs were in detention, tortured or harassed.
- We also acknowledge that the provision of food relief and empowerment of the peer educators to mobilize food and resources in their local communities was a noteworthy input in supporting the FSWs during the COVID-19 lockdown.
- We recognize that working with local leaders such as LC1s and police has promoted a good working relationship to provide legal support to sex workers who have been subjected to torture and harassment from clients.
- We take note of the documentation of follow-up, mobilization, preventive commodity pick-ups and distribution such as condoms, ART refills, linkage and referral activities by peer educators promoted up take of services during the project
- Lobbying for food for FSW from different partners and government food taskforce. This has improved on adherence of FSWs both on PrEP and ART. Over 185 FSWs benefited in this arrangement especially those on ART and PrEP during COVID19 lockdown in Kampala/Wakiso district, Isingiro, Masaka and Kyotera.
- Mentorship of peers in peer meetings and through phone calls has improved our documentation and provision of GBV referral pathways hence enabling us report more GBV cases and recording more GBV survivors. Over 300 GBV cases have been documented in this period and continuous follow up made for justice to prevail including psychosocial support.
- Routine data verification at facilities with facility focal persons has enabled AWAC to get fewer challenges in entering data in the KPIF tracker.
- Monitoring and technical support visit by CDC in March greatly helped us to improve on the gaps they identified. Documentation at departmental level greatly improved as AWAC was advised, for anything not documented is not recognized, many files have been opened up since then in different departments like DiC, Finance, programs etc. and many reports like activity reports, meeting minutes, have been filed.
- A good rapport with the health workers and data persons at the facilities we're operating, has helped the progress of updating the data into the KP tracker and also the FSWs are attended too without hesitation.

- Toll free line has helped to identify more GBV cases which have been documented. FSWs with disabilities has been identified and helped out, prevention services have been offered through the calls that have been received.
- PrEP and ART adherence meetings has also boosted retention of clients. Most of them have been encouraged to take their medication.

6.8. Partnerships, Networking and Coalition;

i) As a health rights promotion centric organization, we stood in solidarity and supported the rest of the Civil society organizations in Uganda Coalition on Access to Essential Medicines (UCAEM) and petitioned the Ministry of Health to immediately reverse the policy to charge user Fees of 240,000/= Uganda Shillings for COVID-19 Tests –which would have disastrous effects on the national COVID-19 response. AWAC acknowledged that charging exorbitant fees will only drive communities –including communities with high COVID-19 prevalence and transmission risk (such as truck drivers and female sex workers) away from testing at the moment when more tests are needed in order to ensure effective deployment of contact tracing and isolation to minimize COVID-19 spread. Moreover, this policy was contravening the World Health Organization's own technical normative guidance and the COVID-19 Proposal/resolution guidelines presented at the abridged 73rd virtual World Health Assembly in Geneva. User fees have no role in an effective COVID-19 response. On the brighter note, this fee was eventually reduced to 184,000/=, though still relatively high for an ordinary Ugandan and our underserved population constituency.

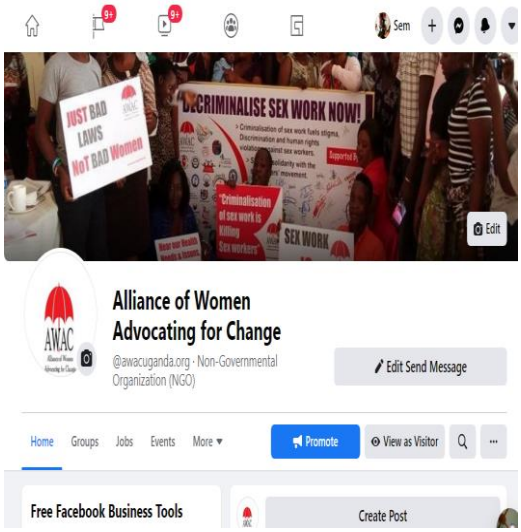
ii) AWAC is member and has contributed to Coalition to Stop Maternal Mortality and Unsafe Abortion (CSMMUA) hosted by CEHURD.

6.9 Support supervision and mentorship to all districts' and regions' teams to improve on collection data and entry into organization and partners' databases. We conducted Data Quality Assessments in Kampala and Masaka Region DiCs and held quarterly performance reviews and support supervision meetings at DiC level.

6.10 AWAC was able to develop a new strategic plan 2020-2024 and Activity Monitoring, Evaluation and Learning Plan (AMELP). The purpose of the strategic plan is to guide the institution in the implementation of its program activities to enrich its goal and objectives. The AMELP is to provide guidance on the activity monitoring, evaluation and learning through tracking AWAC performance and impact at grassroot and national level. AMELP further describes how AWAC and her partners will know whether the interventions and programs being implemented are making progress towards the realization of her strategic plan, 2020-2024.

6.11 Online and Social Media engagements**,** we have revitalized our website; found on this link https://www.awacuganda.org/ . Strengthened our engagements on facebook, twitter, Instagram and whatsApp. A whatsapp group was set up for the AWAC members that includes FSWs, project staff and health workers in all districts and regions. This platform is effective in communication, raising GBV/IPV and other emergencies, as well as finding timely solutions in collaboration with various partners. However, we acknowledge the challenge of limited mobilization and engagement using the platform because some peer leaders and many FSWs do not have smart cellphones.

Our Social Media platforms



7.0 AWAC's Innovative Models

AWAC's Innovative Models

1) Peer Strengths Footsteps (PSF) Model: This taps into a peer's latent strengths and challenge her to mobilize, lead, mentor, breathe faith and radiate the same competence to those who come to walk in her footsteps. With AWAC's support, these peers evolve from emerging peer leaders to group leaders to CBO leaders who later strengthen other groups to become CBOs.

2) The Community Health and Livelihoods Enhancement Groups (CHLEGs) & Drop in Centre (DiC) Model is instrumental in increasing targeted HIV/AIDS testing yield, supporting linkages, adherence, disclosure, index contact tracing as well as reducing stigma and discrimination against Female Sex Workers (FSWs) at individual, community and national levels.

This is also a cocktail of health, socio- economic support in one safe space network in the community or hotspot level. They are useful in demand creation for HTS, supporting adherence, index contact tracing, disclosure, retention into care and saving through CoSLAs (Community Saving and Loans associations). The Drop-in Centre: This is a responsive friendly services facility located in the community where female sex workers drop by to relax, share personal stories/experiences access basic health information including PrEP, PEP, Family Planning, and commodities such as HTS, SRH services, condoms, lubricants and ART.

3) Community Human rights & Sustainable Development Goals Accelerators (CHuSA); The model seeks to empower grass root Rural and Peri-urban FSWs as Champions of Human Rights & SDGs Acceleration to initiate & implement well-coordinated, innovative rights-based interventions that fast-track SDGs in their respective communities, using the SDG Squeeze Dance concept. The 'Squeeze Dance' evokes visions of partners dancing in perfect synchronization, their bodies moving together every step of the way, in harmony with the music.

The "SDGs Squeeze Dance Campaign" through the CHuSAs spreads the vibe of working in unison cross all levels leaving no one behind in quest for hastening of the SDGs. CHuSAs are challenged to contribute to acceleration of 2030 targets including Good Health and Wellbeing, reduced poverty, hunger and inequalities, quality education, peaceful and inclusive societies, sustainable and resilient environment. The above are achieved through the following; mentorship and feminist transformation leadership trainings for emerging & grass root for FSW leaders; National Annual Sex Workers Dialogue (NASWD) and National SDGs Squeeze Dance Campaigns Review Meetings; Safe Space dialogues or inception meetings with strategic stakeholders; research & documentation, policy briefs, developing and disseminating assorted IEC materials. Aware that creating an enabling environment is critical to acceleration of SDGs, priority is equally given to challenging criminalization which fuel stigma, discrimination and human rights violations among female sex workers, sexual partners and third parties; tackle gender inequalities and all forms of gender-based violence; advocate for comprehensive sexuality educations and decriminalization of Sex Work in Uganda.

4) Kitobero Holistic Literacy Programme (KHLIPs) model target grass root female sex workers to equip them with basic Reading, Writing, arithmetic, human rights, digital literacy, first aid, life skills, journaling, reflection, creative self-express and social mobilization and social mobilization.

5) Girls Action Clubs (GACs) are tailored safe spaces where adolescent girls and young women at high risk living in high burden areas such as slums, landing sites, transit routes and boarder areas commune to share challenges, opportunities and positive behavior change practices to reduce health and socio-economic risks and vulnerabilities. In the GACs safe spaces, marginalized AGYW are able to expand their range of choices through socio-economic empowerment schemes including life skills, business startup, life and entrepreneurship, talent development, innovation and creative arts, apprenticeship, leadership and advocacy movement building initiative and human rights trainings. These spaces also provide them with peer led psychosocial support and counseling services.

6) The HerLegacy Initiative: In a bid to strategically sustain and accelerate investments towards fulfilling AWAC's mandate even after donor funding is no more, AWAC established the HerLegacy Fund (HLF) initiative. HLF initiative is aimed at financing the construction and furnishing of AWAC Institute of Holistic Transformation (IHT)–Heritage that will be comprised of a Mental Health Wellness Centre; Economic Empowerment Centre; Research and Innovation Centre of Excellency, facilities for Trainees & Volunteers, Conference/training halls and Shelter for survivors of Gender Based Violence (GBV) in Uganda

The initiative sets to champion innovation and to economically empower FSWs to diversify their income, since female sex workers do not have opportunities to access Government social protection benefits such as National Social Security Funds (NSSF)-therefore these savings can help female sex workers cater for their basic needs after retirement. Among the avenues for raising resources to

this initiative include; staff contribution, consultancy services, donor contribution, membership fees and Donations both on line and in-kind contributions, Car washing, expos/exhibitions, Dinners, Marathons and Research.

CONSOLIDATED SUMMARY ANNUAL FINANCIAL REPORT FOR THE PERIOD OF 1ST JANUARY TO 31ST DECEMBER 2020

Project Name	Project Duration	Budget Amount	Income Recieved	Actual Expenditure	Variance (Amount)	Variance (%)	comment
IDI-KPIF	October 2019-September 2020	475.338.000	138.820.100	131.950.100	6.870.000	95%	
RHSP -KPIF	October 2019-September 2020	379.820.100	214.878.912	161.878.912	53.000.000	75%	
UN Women	July 2019-December 2020	319.173.999	107.100.833	76.100.833	31.000.000	71%	
AJWS	June 2020 -May 2022	237.989.800	240.977.543	122.960.518	118.017.025	51%	
Urgent Action Fund (UAF)	May 2020-December 2020	43.198.800	42.677.280	32.400.000	10.277.280	76%	
CEHURD	August 2020-November 2020	28.637.900	28.637.900	18.104.784	10.533.116	63%	
Mild May	October 2019-September 2020	61.988.600	30.818.600	30.818.600	-	100%	
Total		**1.546.147.199**	**803.911.168**	**543.395.147**	**260.516.021**	**68%**	

Achievements	Challenges	Recommendations
Have imigrated from cash payment to online banking system which has smoothened finance operations	Delays in staff salary payments due to insufficient funds	Mobilise for additional funding.
Finance and procurement policies have been updated	Last minute procurements and Activity funds requests leading to pressure for the finance team	Planning for Activity implementation early enough to allow time for processing the payments
Timely funds disbursment for project activity implementation	Insufficient funds to run all operations of the organisation	Solicit for additional funding from different sources and donnors.
Timely finacncial reporting for different projects to donors		
there has been a tremendous Improvement in organisational reporting using a computerised financial reporting system (Quick books)		