AWAC
Alliance of Women Advocating for Change

2021 | ANNUAL REPORT

ZERO DRAFT

Advancing the voices and work of grassroot Female Sex Workers in an extremely challenging pandemic time

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Table of **Contents**

Our Grassroot **Members**

Only Rights & Social Economic Justice Can Stop the Wrongs. Leave No One Behind!

Message from the **Team Leader**

"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."

It is with great pleasure that I present to you the 2022 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 2022 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 47 community and stakeholder engagements; reach out to 7760 recipients of care; 441 recipients of ART services; 1,587 recipients of HIV testing services; provided family planning services to 60 recipients; screened 898 for STIs and did appropriate referrals; reached 3183 with PrEP; provided 283 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

Team Leader

Message from the **Board Chairperson**

". 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."

Dear Friends and Colleagues

I am pleased and take the honour to present to you AWAC's Annual Report, for the year 2021. This report is AWAC's 5th 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 47 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.

.....
Patricia Kimera,
Chairperson, Board of Directors

Acknowledgements.

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

Our Donors and Partners

- American Jewish World Service (AJWS)
- PEPFAR
- Population Service International
- Infectious Disease Institute (IDI)
- Centre for Disease Control (CDC)
- Count Me In under CREA
- International Community of Women Living With HIV/AIDS Eastern Africa (ICWEA)
- UNAIDS
- Uganda Key Population Consortium
- Uganda Harm Reduction Network
- Akina Mama Wa Africa
- CEHURD
- UNWOMEN
- Makerere University Joint Aids Program
- Joint Medical Stores
- Rakai Health Science Program
- Uganda Protestant Medical Bureau

- Tunaweza Foundation
- Uganda Network of Young people Living with HIV/AIDS Uganda.

Our Networks and Collaborations

- Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- Uganda Coalition on Access to Essential Medicines
- Reproductive Maternal Newborn Child and Adolescent Health Platform
- Uganda Network of Aids Service Organizations
- We Lead Programme
- Make Way Programme
- Sexual and Reproductive Health and Rights Alliance
- Petition 16 Coalition
- SRH/HIV/GBV Coalition
- Men Engage Uganda
- Policies for Equitable Access to Health |PEAH
- The Network on Equity in Health in Southern Africa |EQUINET
- South to south Learning Network
- The National Forum of People Living with HIV/AIDS Networks in Uganda
- People's Health Movement –Uganda Chapter
- The Partnership To End All Forms of Stigma and Discrimination

Government Institutions and Departments

- Ministry of health
- Uganda Aids Commission

Health Facilities

- Kampala District

Kisenyi Health Centre IV, Kiswa Health Centre III, ISS Mulago, CDC Clinic Kiruddu, Kitebi Health Centre III, Mengo Hospital, Aids Information Centre, Mende HCIII, Kakiri HCIII

- Wakiso District

  Wakiso HCIV, TASO Entebbe, Entebbe Grade B.

- Masaka District

  TASO Masaka ,Kyanamukaka Health Centre III, Lambu Health Centre III, Bukakata Health Centre III, Mpugwe Health Centre III, Kiyumba Health IV, Kamulego Health Centre II.

- **Bukomansimbi**
  Milambi Health Centre III, Butenga Health Centre IV, Kitanda Health Centre III, Bigasa Health Centre III

- **Kyotera**
  Kalisizo Hospital, Kasali Health Centre III, Kabira Health Centre III, Kakuto Health Centre IV, Mutukula Health Centre III, Kasasa Health Centre III, Kire Health Centre III, Kasensero Health Centre II.

- **Rakai**
  Lwanda Health Centre III, Rakai Hospital, Kimuli Health Centre III, Buyamba Health Centre III, Rwamagwa Health Centre III, Kakyera Health Centre III, Kibale Health Centre II, Kitanda Health Centre III

List of **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
AMwA	Akina Wa Mama Africa
AWAC	Alliance of Women Advocating for Change
AVAC	AIDS Vaccine Advocacy Coalition
CDC	Centre for Disease Control and Prevention
CDDPS	Community Drug Distribution Points
CEHURD	Centre for Health, Human Rights and Development
CFCS	Changing Faces, Changing Spaces
CHLEGs	Community Health and Livelihoods Enhancement Groups
CCLADS	Community Client ART Led Deliveries
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.
GEWE	Gender Equality and Women Empowerment
H/C	Health Centre
HIV	Human Immunodeficiency Virus
HRAPF	Human Rights Promotion and Awareness Forum
HR	Human Rights
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

About **Alliance of Women Advocating for Change**

Since our start, we have 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 as challenge discriminatory practices, policies and laws.

The Alliance of Women Advocating for Change (AWAC) is an umbrella network of grass root ermerging female sex worker (FSW) led organisations. AWAC was established in 2015 by champions of the female sex worker movement. We exist to promote the voices and work of grassroot FSWs led organisations based in rural and peri-urban settings. Our core target constituency are female sex workers including those with intersecting vulnerabilities such as FSWs using drugs; FSWs living with HIV/AIDS; refugees FSWs in urban setting; FSWs living with disability; elderly FSWs; children of sex workers and adolescents surviving in the sex work settings 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. AWAC has successfully mobilized her members to challenge stigma, discrimination and criminalization of all forms, has championed access to integrated quality HIV/SRHR/GBV and mental health services, led legislative advocacy campaigns, conducted operational research, capacity building programs on leadership and grassroot movement building in Uganda. Our geographical areas of implementation are: slum areas, Islands, landing sites, transit routes, mining, quarrying, plantations, road construction sites and boarder areas in Uganda. 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, Adjumani, Hoima, Gulu, Terego, Nakasongola, Kiryandongo, Masindi, of Kiryandongo, Lira, Arua, Kitgum, Pader, Amuria, Kaberamaido, Moroto, Soroti, Kotido, Nepak, Luwero, Kabongo, Napiripiti, Mityana, Buikwe, Iganga, Bugiri, Namayingo and Kalangala.

Our **Vision**

"An inclusive policy and social environment where grassroots FSWs and those with intersecting vulnerabilities live healthy and productive lives that are free from human rights abuse in Uganda"

Our **Mission**

"To build a resilient movement o female sex workers' that advocate for sustainable integrated univers health care, promotion of human rights and social protection, economic empowerment of FSW and those with intersecting vulnerabilities in Uganda".

Our **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 empowerment of FSWs and those with intersecting vulnerabilities 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

- To enhance access to integrated universal health care services among female sex workers and other marginalized
- women and girls.
- 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.
- To strengthen the economic security and social protection of female sex workers and other marginalized women and
- girls.
- 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.
- To strengthen the institutional capacity of AWAC and her network members to effectively deliver the strategic plan.
- To advance SRHR services so that all FSWs, including those with intersecting and compounded vulnerabilities exercise their bodily autonomy, consent and control over their choices and decisions.

Introduction

Over the last six years of our existence, the Alliance of Women Advocating for Change in Uganda has established herself as a vessel in strengthening resilient health struggle and solidarity through her intersectional approach in health promotion enhanced through service delivery programs, advocacy, and intersectional feminist grassroot movement building. As a national network of grassroot Female sex work led organizations anchoring the agenda of an inclusive policy and social enabling environment for FSWs, we are pushing frontward and steadfastly in expanding an intersectional approach in service delivery and health equity advocacy chapter. This is enhanced out of the need to build a body of evidence and knowledge into the health rights injustices shaped in discrimination deeply entrenched in diverse systemic exclusions that underpin violence, and inequalities faced by FSWs. This year, we adapted innovative approaches and designed new strategies for reaching out to our rights holders, and recipients of care –both the new and those under care as an enabler for tiding over the immediate impact of COVID19 –which enabled us to make progress despite the many COVID-19 linked Challenges. We utilized the toll-free line to register human rights violations, offer psychosocial support and counselling, established a short message service to enable us communicate to our targeted rights holders, and reminding recipients of care their refills which reduced pressure on calling multitudes of people for their refills. We managed to call 998 people and sent out 2897 messages, 891 people got their refills, and 941 received food and Sexual Reproductive Health related services. We hired more motorcycles to ease Door to Door ART and PrEP Refills since there were travel restrictions and a ban on public transport, conducted Door to door testing by peers using HIV self-testing kits, further capitalized on use of our CCLADS and CDDPs and utilized our CHLEG groups to follow up on our community members including those under care. More significantly, we went ahead to lobby for temporary travel documents from Ministry of Health which enabled our staff to move freely and offer services to the community, not forgetting the virtual ways of engaging our communities in advocacy through webinars and social media to deliver on our annual commitments. We negotiated the adjustment of program budgets with our partners to accommodate the emerging costs due to COVID-19 such as PPEs for staff and target communities where we implemented activities.

Some of the most notable changes include: integration of intersectionality into our programming. Some of the projects that have been implemented this year leaned on the notion of intersectional lens through our "Make Me Visible project", which spotlighted the critical SRHR, HIV, GBV, mental health and economic issues faced by the FSWs and AGYW living with disability in the sex work contexts. We empowered 20 AGYW living with disabilities, to set up social enterprises built on skills such as tailoring and designing. This was out of the need to enable the AGYW with disability to drift through the unprecedented socioeconomic impact of COVID-19, which include heightened destitution, violence, stigma and discrimination. Likewise, the intersectional approach elevated the organization to expand its work to the humanitarian contexts, particularly in the refugee settlements, Rhino camp, Terego district –which has impacted over 300 women and AGYW (through 10 power clubs) who were affected by displacement due to the humanitarian catestrophies in South Sudan, DRC, and Rwanda.

On the brighter end, the organization has adopted a six objective, on SRHR: which states: "*To advance SRHR services so that all FSWs, including those with intersecting and compounded vulnerabilities exercise their bodily autonomy, consent and control over their choices and decisions"*. We espoused innovative approaches in promoting SRHR service accessibility; most significant of these are the 4 SRHR Concert series in refugee settings -which enabled us to make progress in SRHR, HIV and GBV advocacy. The 4 SRMNCAH music concert series were used as a tool to combat violence, create awareness on negative norms and practices that deter women from accessing their SRHR services, combat stigma and discrimination faced by women and Adolescent Girls and Young Women, especially those living with HIV in humanitarian contexts, particularly in Bidibidi, Rhino, Magi 123 and Agojo Refugee camps.

This Annual report highlights AWAC's key interventions, achievements, performance results, challenges, and lessons this year. The report also highlights our financial performance this year.

Caption: *Our team with District officials and rights holders during the SWaSHE reflection meeting in Kitgum*

Caption: *Ms Sarah Nakayiza, our SRH-R and Livelihood officer, explaining to the different dignitories, including Hon Betty Amongi, the materials and processes of making the various products we have displayed on our stall during the #Knowledge fair at Kampala Serena Hotel.*

2021 at a Glimpse

This year, we stretched and implemented interventions in more than 24 districts in the Uganda. Some of these are: Amuria, Bukomansimbi, Kampala, Bunyangabo, Fortportal, Kakumiro, Kibale Hoima, Gulu, Kyotera, Masaka, Rakai, Kitgum, Pader, Kabarole, Kasese, Kyegegwa, Mubende, Kamwenge, Kiboga, Kaberamaido, Terego, Tororo, and Wakiso. In all these districts, through our service delivery, economic empowerment and advocacy programs, we provided HIV, SRH, GBV information and services, and empowered over 7760 grassroot rights holders on amplifying their voices, strengthening their resilience and work in an extremely challenging pandemic time as a tandem to improving access to integrated universal health care services, holding duty bearers accountable, and fortifying intersectional grassroot movement building among female sex workers and other minoritized women and girls in the sex work and humanitarian contexts. In districts such as Bukomansimbi, Kampala, Masaka, Kyotera, Terego, and Wakiso, we provided sustainable livelihood skills through economic empowerment to 796 rights holders, (25 of these were adolescent girls and young women living with disability in sex work contexts), 340 women and AGYW empowered through power clubs in humanitarian refuge contexts –particularly from Terego distrct, 137 were from fish landing sites, 74,920,000 Saved through our GHLEG rights holders economic empowerment groups. Further, we supported over 3952 FSWs and AGYWs to access SRHR services, HIV prevention (ie PrEP, condoms and lubricants) and treatment services through our Community Health and Livelihood Enhancement Group Model, and Enhanced Peer Outreach Approach, extended post abortion care services to 166 FSWs through our community based accompaniment model, supported 82 rights holders to be vaccinated against COVID-19, retained 88% of the 441 clients on ART. On the brighter note, 2021 was the first year of implementation of our Sex Workers Feminist Advocacy Agenda (SWoFAA). SWoFAA supported 150 women (FSWs, 75 AGYW, and 75 WLHIV) to develop

6 subnational intersectional grassroot advocacy strategies in 6 districts –that is Amuria, Gulu, Kitgum, Pader, Kaberamaido, and Tororo.

We worked with more than 97 partners, including our grassroot members, and those in coalitions and networks, Civil society Organizations (CSOs), health facilities, supported 19 Community Based Organizations (CBOs), Government institutions, regional and global institutions working on issues of health, human rights and intersectional progressive feminism. Internally, we continued to strengthen our institutional capacity with a focus on; infrastructure development (with completion of our Drop in Centre –Kampala, and construction of a safe space); Resource mobilization, staff capacity and welfare; We have strengthened our finance and procurement systems –conducted our Internal auditing, reviewed our Human resource policy (where we reviewed the staff contracts), started staff wellness sessions to address the issue of work stress and burnouts emanating from the workloads, and renewed our permit of operation.

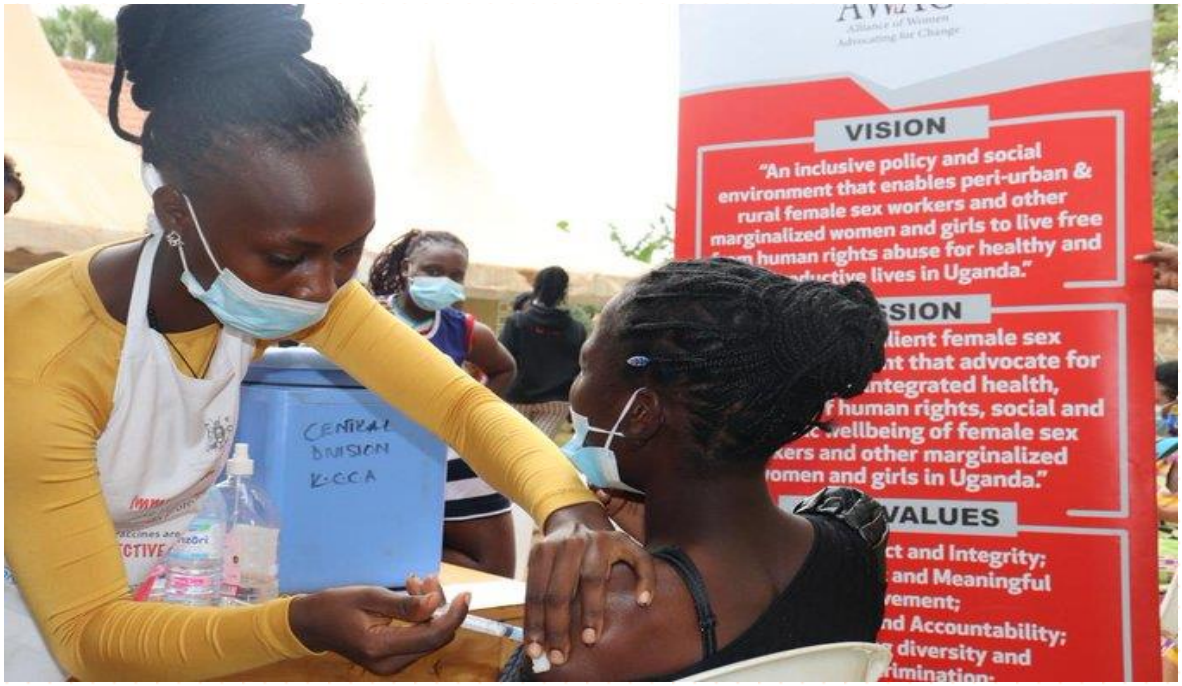
We have also supported our 21 grassroot organizations in grant application processes and building their capacity in managing their DiCs/Safe spaces, finance, and Monitoring and Evaluation systems. Not forgetting fiscal hosting for some of our network members. This year, we have proved that homegrown grassroot network of organisations can efficiently and effectively support its members to build and strengthen their capacities in bringing about community transformation. Below is a summary of our performance in 2021

Ms Lydia Namaganda giving the milestones of the SWaSHe Project in Tororo district during the EU-UN Spotlight initiative reflection meetings AWC was part of.

Mr Charles Okoth, AWAC DiC Clinician conducting a Viral Load Bleeding on one of the recipients of care.

Reached over 24 districts	**Worked with more than 97 Partners**	**Reached out and Impacted more than 776O rights holders**

A summary of **key achievements** and milestones by **Strategic Objective**



Caption taken during our Community Members' COVID-19 Vaccination where more than 82 of our members were inoculated

Strategic Objective 1:

Enhance access to integrated universal health care services among female sex workers and other marginalized women and girls

- Enrolled 3283 FSWs and AGYW in sex work settings on Pre –exposure Prophylaxis (PrEP) in Kampala, Wakiso, Masaka, Mubende, Kyotera.
- Supported 441 FSWs and AGYW in sex work settings to be initiated and retained on Antiretroviral Therapy in Kampala, Wakiso, Masaka, Mubende, Kyotera.
- Provided basic counselling services to 996 of our community members who had faced Physical, sexual and emotional violence.
- 40 AGYW were equipped with information on stigma and discrimination reduction, PrEP and ART adherence. 8 of the 40 AGYW have further passed on the stigma and discrimination information to their communities. 4 have further referred 11 of their peers/friends to the AWAC Drop-in Centre safe space for Intense Adherence Counseling and Psychosocial support.
- Supported and referred 189 of our members (to justice actors and organizations with pro-bono legal support services) who had faced Economic violance, Arbitrary arrest, Land grabbing and child abuse.
- Provided Post Exposure Prophylaxis to 58 of our community members.

- Provided emergency contraception services to 93 of our community members.
- Provided Psychosocial support services 298 of our community members.
- Management of injuries for 10 of the community members.
- Conducted Rapid HIV testing for 3720 of our community members.
- 1079 FSWs and AGYW were treated for STI and UTIs
- 120 members were reffered for other services.
- Mental health counseling to 491 members
- 684 FSW were provided with the Family planning services.
- 166 FSWs received post aborrtion care services
- Provided Viral Load Bleeding services to 21 recipients of care. This is still a new service we have integrated in our HIV response programs in Kampala and Masaka region.
- 122 Children of FSWs were tested for HIV.
- 40 FSWs with disability received HIV prevention and SRHR services
- 172 Children of FSWs were referred for OVC support programs.
- Distributed 88540 Pacs of condoms, and 10540 Sackets of Lubricants, thereby saving over 400 FSWs and 390 AGYW in sex work contexts who would have contracted HIV.
- We formed 1 CDDP with 16 members and 3 CCLADs with 32 members. This has improved ART adherence and retention for 48 recipients of care.
- For DiC and Community service continuity, we managed to secure travel permits from Ministry of Health with the assistance of Mengo hospital for 6 of our staff durig the abrupt second lockdown.
- Vaccinated over 82 of our members against COVID-19.

Strategic Objective 2:

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

- Participated in Universal Periodic Review and 6 of our recommendations related to health and Laws affecting FSWs in Uganda were taken into consideration by the hosting organizations.
- Participated in 2 global platforms where we presented our DSDM prevention models of service delivery. This was the Annual CQUIN meeting coordinated by Ministry Health and ICASA in Durban, South Africa.
- Supported the capacities of 9 Drop-in Centres. 7 of these were through DiC assessments and exchange learning visits in Kakumiro, Fortportal, Bunyangabo, Kabarole, Kasese, Kyegegwa, and Kamwenge. Two visits were conducted through hosting teams from Mildmay Mubende and KWISHI from Kabarole.

Caption: Kabarole Women Support Health Initiative on an exchange Learning visit to AWAC Drop-in Centre in Kampala

Strategic Objective 3:

Strengthen the economic security and social protection of female sex workers and other marginalized women and girls

- Empowered 7 CHLEG Groups with financial prudence skills. These have saved up to a tune of 74,200,000 Million Uganda shillings. The GHLEGS comprise of 362 members in Kampala, Masaka and Kyotera. These are: Suubi in Nakawa, We are winners in Kyisenyi (This is for the deaf), Golden Women's group –Kyotera, Nkobazambogo –Kyotera, Tukore Nnyo –Kyotera, and Zivamuntuyo – Kyotera. 3 CHLEGS are for FSWs on ART and 9 for FSWs on PrEP.
- Empowered 300 AGYWs through the Steping stone workshop series. Through this training, we equipped AGYW with Sustainable economic Skills, communication, relationship skills, financial literacy. We further 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. 241 of 300 AGYW graduated from this 3-month training with skills in hair dressing, tailoring, cooking and saving.
- 20 AGYW living with disability were trained this year with social enterprise skills (in tailoring, and designing) to enable them tide over the immediate impact of COVID19. 8 of these have started small scale businesses majoring in selling groceries.
- We empowered 25 Women Human Rights Defenders in Terego district. This was to build the capacities of Women in Vulnerable and hard to reach area of Terego (specifically in the Rhino Camp) with advocacy skills and addressing the challenges they may encounter in quest for their critical SRMNCAH rights.
- 303 women and AGYW empowered through power clubs in humanitarian refuge contexts – particularly from Terego district. 8 Women have started small grocery shops and are able to provide for the basic necessities of their children.

Strategic Objective 4:

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

- Supported 302 women (152 FSWs, 75 AGYWs, and 75 WLHIV) to develop 6 subnational intersectional grassroot advocacy strategies in 6 districts –that is Amuria, Gulu, Kitgum, Pader, Kaberamaido, and Tororo.
- Trained and Mentored over 50 WLHIV, AGYW, and FSWs affected by displacement on intersectional feminist transformative leadership, gender-responsive and human rights-based approaches to SRMNCAH services in Terego district.
- Established 10 power clubs (each constituting 30 women) and 3 male champions groups (each constituting 10 men) in Terego district.
- Empowered 307 FSWs, WLHIV and YWLIV with social accountability skills in Kitgum, Gulu, Pader, Kaberamaido, Tororo, Amuria.
- Build advocacy capacities and understanding of Community Led Monitoring for 78 of FSWs and AGYW from districts: Kampala, Wakiso, Lira, Kaberamaido, Kyotera, Ntungamo, Gulu, Kyegegwa, Tororo, Masaka, Bukomansimbi, Bushenyi, Amuru, Soroti, Butambala, Kyenjojo, Mukono, Pallisa, Mbale, Rakai, Sironko, Kapchorwa, Katakwi.
- Organised a community consultative and sensational dialogue on Dapivirine Vaginal Ring (DPV-VR) as an option to prevent HIV/AIDs transmission among vulnerable women.
- Strengthened FSW movement building in Uganda. We collaborated with more than 72 organisations, health facilities and institutions at different levels within and outside the country. 29 of these were new in our collaborations.
- To strengthen our intersectional feminist grassroot movement building, our team gave a heavy headway of support to the knowledge management department. 4 publications have been made, some have been written through collaborative efforts.
- We averted the 2 unlawful community evictions which had been proposed by community leaders in Rubaga Division. This was going to affect over 250 FSWs. We addressed this through strengthening harmony and social cohesion between FSWs and the community leaders and justice actors.

Caption: Ms Kiwanuka Afusa OC | Child & Family Affairs –Nakulabye Police station emphasizing use of behavioral change sessions as a tandem to closing the widening rift between FSWs and the community leaders during our community dialogues in Nakulabye and Kawempe.

Strategic Objective 5:

Strengthen the institutional capacity of AWAC and her network members to effectively deliver the strategic plan

- Completed the construction and refurbishment of our Kampala Drop-in Centre, and the safe space. The Drop-in Centre is now serving over 270 of our community members who come for integrated SRHR,HIV,GBV, Mental health and psychosocial support services.
- Completed the construction of our safe space at the AWAC Kampala secretariat. This has served over 476 AGYW during the economic livelihood skills trainings and the SRHR/HIV information sharing sessions.
- We have also supported our 21 grassroot organizations through letters of support for grant application and building their capacity in managing their Drop-in Centres/Safe spaces, finance, and Monitoring and Evaluation systems
- Revamped the AWAC Website to make it more interactive as a space for sharing information from our ongoing work, intersectional grassroot best practices and experiences.
- Held our Annual General Meeting with over 40 of our network members. It was another incredible time of the year to convene and reflect, learn, adopt and improve in our different intersectional thematic areas of focus. Collaborative paths were proposed by our members in the for the upcoming year and the possible ways to make the network more vibrant, and effective in strengthening intersectional grassroot movement building and connecting the global, national, and regional discourses to the grassroot realities.

- We rreviewed our human resource policy (where we reviewed the 16 of our staff contracts), started staff wellness sessions to address the issue of work stress and burnouts emanating from the workloads, and renewed our permit of operation.
- Significant growth of our social media following and visibility due to strengthened communications and media engagements.
- We have strengthened our finance and procurement systems –conducted our Internal auditing
- We reinforced our resource mobilization capacity, where our efforts and focus factored in routinal grant development during the year. We prepared and submitted proposals which enabled us to secure funding from 6 new donors –that is Uganda Protestant Medical Bureau, UNAIDS, Population service international, Make away program, CREA and We lead program.
- The Network has been able to expand to the humanitarian settings. Our interventions through the SRMNCAH sessions have engaged over 370 rights holders. 25 women human rights defenders and 10 male champions have been trained on how to sensitize communities on the toxic negative norms and barriers that deter women and AGYW from accessing SRMNCAH services.

Strategic Objective 6:

Advance SRHR services so that all Female Sex Workers, including those with intersecting and compounded vulnerabilities exercise their bodily autonomy, consent and control over their choices and decision

- Engaged over 5000 people through online campaigns on Ending Sexual Violence Against Children, and Sexual Offences Bill, 2019 through Tweet chats. This attracted the attention of partners (such as Uganda Protestant Medical Bureau and Ministry of Health) who requested for further engagements to popularize the discourse.
- Participated in validation meeting and condom national stakeholders launch. This was a Condom Strategic Initiative which will help to catalyse improvement in the quality of the AWAC condom programming.
- Improved Menstrual health Hygiene knowledge for 40 AGYW. These were also taught to sew reusable pads.
- Engaged over 88 sstakeholders on access to contraception among the minoritized women and AGYW in Uganda. This provided information on barriers that minoritized women in sex work and humanitarian contexts face to access contraception services. We managed to have 9 of our network members pledging to integrate an intersection lens in their SRHR advocacy programs.
- Engaged 229 of our rights holders during the 16 Days of activism with an aim to create awareness on the forms of violence experienced by Female Sex Workers who use drugs and those living with disability.
- Engaged over 190 stakeholders in a high-level national sensation dialogue and knowledge fare on GBV prevention and response. We created awareness through an exhibition and placards on violence against women.

- Organised community consultative and sensational dialogues on Dapivirine Vaginal Ring (DPV-VR) as an option to prevent HIV/AIDs transmission among minoritized women who are at the high risk of contracting the HIV.
- Over 820 rights holders, community leaders and duty bearers attended our SRMNCAH Cconcerts AWAC in collaboration with ICWEastern Africa , UNYPA and FAWE Uganda held SRMNCAH Concert Series in Yumbe, Terego and Ajumani districts. These SRMNCAH concert series offered various musical acts featuring renown artists who came together to use music as a tool to combat violence, create awareness on negative norms and practices on SRHR, stigma and discrimination faced by women and Adolescent Girls and Young Women, especially those living with HIV in humanitarian contexts, particularly in Bidibidi, Rhino, Maaji 1,2,3 and Agojo Refugee camps.
- We engaged 56 of our network members through a consultative engagement on our upcoming area of focus in Count Me In (CMI) in intersectional SRHR, GBV and economic justice for structurally excluded and minoritized women.
- Held 2 SRMNCAH radio talk shows on Arua one FM, 1 TV interview on the Sexual Offenses Bill, 2019 on NBS, 2 interviews on Dapivirine Vaginal Ring (DPV-VR) with the print and online media, that is New vision Uganda and Women in Media platform.

Caption: Our members expressing solidarity using placards to make bold pronouncements on GBV which some of our members have been exposed to.

Caption: Mutoni Aline | AGYW, reading our member public statement to the stakeholders on GBV during the #16DaysofActivism and #HumanRightsDay2021.

Going **Deeper** into the **Year**

Strategic Objective 1:

Enhance access to integrated universal health care services among female sex workers and other marginalized women and girls

i) Services that have been provided to our members this year.

AWAC continued integration of service delivery at the DIC by introducing weekly clinic days to identify FSWs, AGYW and their sexual partners that are eligible to access integrated SRHR, GBV, HIV related services (ie PrEP or ART/TB enrolment, Viral Load bleeding), Mental health, psychosocial support services, post abortion care and other serves, not forgetting the index client tracing at both DICs and communities. We have further continued weekly Community outreaches to improve on retention of over 680 female sex workers in care by refilling them with ART and PrEP drugs within their preferred points of care. This has enabled us to have a retention of 94% of our ART 441 FSWs and AGYW and 38% of our PrEP clients in sex work settings ie in Kampala, Wakiso, Masaka, Mubende, Kyotera and Bukomansimbi. AWAC organized the CBO meeting with the CHLEG coordinators at the facilities, as well as monthly adherence meetings at the hotspot to discuss the issues affecting the retention and also strategies to reach more sex workers with HIV prevention services, however this has been more effective in Masaka region.

AWAC continued to utilize her community models such as the Drop-In Centre, Community Health and Livelihood Enhancement Groups (CHLEGs), Outreaches and stepping stone out of the need to plummet the rate of HIV/AIDS and ease access to integrated SRH-R services among female sex workers and AGYW in sex work contexts. Through AWAC clinic days at the DiCs, our members have been provided with integrated Universal Health Care services – these include HIV screening and testing, counselling, refills for clients on ART and PrEP, mental health, psychosocial support for GBV survivors, SRH commodities for FSWs, other minoritized women and girls at our DiC safe space. In 2021, AWAC initiated *and retained 441 clients on ART and 3283 clients on PrEP*. AWAC has further donated emergency food relief to *121 of her members* to ensure their ART and PrEP adherence is not compromised by malnutrition due to a shortage in food during this extraordinarily challenging period. It is worth noting that, prevention of HIV is one of the core focus areas of our service delivery programs. Besides PrEP, this has been enhanced through the distribution of sexual reproductive health commodities (such as: condoms and lubricants) and services (such as *family planning) to over 3080 female* sex workers

Ms Jennifer Kalungi from Mengo hospital conducting HIV Counseling to one of our community members during the DiC clinic days

and other minoritized women as a tandem to promote health equity and UHC as an integral focus area of the 2030 SDG agenda.

Pre –exposure Prophylaxis (PrEP) Initiation 3283, linked and Initiated on Antiretroviral Therapy 441, Referrals 189, Post Exposure Prophylaxis 58, Provided emergency contraception 93, Psychosocial support 298, Rapid HIV testing for 3720, STI and UTIs Treatment 1079, Family planning services 684, Mental health counseling 491, Post abortion care 122, Viral Load Bleeding services 21, COVID19 Vaccination 82, formed 1 CDDP with 16 members and 3 CCLADs with 32 members.

Testimony from one of our recipients of care at Kampala Drop in centre;

"I thank AWAC so much for bringing us services nearer through the Drop-in centre. I was tired of going to government health facilities and stay there the whole day as I queued waiting for health workers to attend to us. Through a CDDP we have been able to receive comprehensive services from Mengo hospital including ART refills, STI treatment, counselling among others on time at AWAC DiC without any transport cost. I can never miss my appointment again." Those are just a few from the many obliged words from some FSW who were served at the DiC through the CDDP DMSD with Mengo hospital.

ii) Community outreaches and CHLEGs: AWAC organized CBO meetings with the CHLEG coordinators at the respective health facilities, as well as monthly adherence meetings in the hotspots to discuss the issues affecting the retention and also strategies to reach more sex workers with HIV prevention services. It's worthwhile to note that the weekly community outreaches conducted with CHLEGs improved retention of 681 famale sex workers in care by refilling them with ART and PrEP drugs within their preferred points of care. 94% of the (441) recipients who were identified under AWAC were retained in care across the 6 districts while 66% of the (3283) of our members our DiC team started them on PrEP. Whilst, some of the CHLEGs' momentum especially in Kampala has been plummeted by the inadequate funding to support their consistent monitoring and supervision.

One of the community outreaches we conducted in Buyinja-Nakiwataka with health workers from Kiswa HCIII

We continued to do linkages, referrals, and behavioural change sessions –supported by the field officers, peer educators and AWAC DICs across the 6 districts. This was instrumental in enabling access to integrated services to different health facilities, Police and other KP CSO such as UGANET, ACTION AID, CEHURD, CHEDRA and REPSSI for OVC/DREAMs program in Kampala, Wakiso, Luweero, Masaka, Rakai, Bukomansimbi, and Kyotera respectively.

iii). Improving our service delivery arm through regular monitoring and Drop in Centre Assessments;

Building a strong prowess in serving our structurally excluded and minoritized members has often taken a strongly trajectory of quality! We conducted a scorecard exercise together with our friends and partners, Iinfectious Diseases Institute (IDI) on the quality of HIV, SRH, GBV, Mental Health and psychosocial support services provided at our DiC safe space. This was an opportunity to get feedback from a sample of 49 community members and reflecting on how we can serve batter to meet our constituent's expectations.

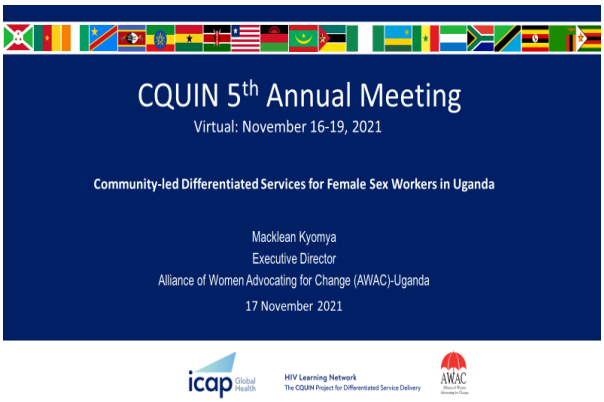
Mr Robert Bbosa from IDI with our community members during the DiC assessment

AWAC introduced **MALAIKA toll-free line 0800-333-177** which operates for 24hours. Through this toll-free line, over ***1025 FSWs*** have shared their experiences, provided with psychosocial support, sexual reproductive health commodities and services and food relief to improve their ART and PrEP adherence. Much as AWAC continues to spearhead the resilience of the FSWs movement to demand equitable health services and a free environment from discrimination and stigma of FSWs and marginalized/PLWHIV in Uganda, the government should be at the forefront in the fight against inaccessible health services, and discrimination and stigma against FSWs and other minoritized women/PLWHIV. Since the COVID-19 outbreak, the government has diverted most of its attention to COVID-19 yet HIV is still an epidemic in Uganda. The government should put in place inclusive responsive policies to address the needs of FSWs and other women/PLWHIV at the society periphery such as the inclusion of FSWs and other minoritized women and their children in national health insurance scheme –such that they can access adequate health services without being discriminated and stigmatized in health facilities.

Capacity building through exchange learning visits: We hosted Mubende Mildmay team and Kabarole Women Support Health Initiative on an exchange learning visit. The visits were a capacity enhancement mechanism for AWAC to share experiences and knowledge on the implementation of the Drop-in-Centre (DiC) model.

Caption: Exchange learning visits conducted by Mildmay Mubende and Kabarole Women Support Health Initiative

Showcasing our work at the global level: In 2021, we were committed to deliver effective and excellent advocacy, and integrated HIV/TB and SRH quality service to FSWs including prevention of Gender Based Violence (GBV) in more than 24 districts. To achieve this AWAC developed innovative models –which were showcased on global platforms. AWAC was honored to present her DSDM prevention models of service delivery during the Global and Annual CQUIN meeting coordinated by Ministry of Health-Uganda.



Strategic Objective 2:

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.

i) Universal Periodic Review Workshops: Effective and inclusive civil society engagement in the national, regional and global oversight on the implementation of human rights entails building their capacity to ably understand the processes involved. It's a critical foundation for holding the anchors-of-power accountable for the decisions they make in the policy and law enabling spaces to protect the citizenry's aspirations. AWAC participateded in a series of Universal Periodic Review (UPR) Workshops organized by Defend defenders, CEHURD and HRAPF to discuss the UPR process and its reporting requirements established by Un Human Rights Council. The focus is largely on the integration of Key Populations in the UPR and the situation of human rights in Uganda as a UN member state. We are delighted to note that three of our critical asks were considered. These include; 1) Generation of an upto date National data on HIV/AIDS, GBV, STIs and mental health for KPs, and design a robust system of tracking integrated HIV/AIDS and SRHR service indicators for KPs. 2) Increase financing for sustainable, integrated and comprehensive Universal Health Care services responsive to the unique needs of key populations. 3) Government through the Ministry of health should design guidelines on access to non-discriminative integrated HIV/AIDS and SRHR services responsive to the unique needs of the Key populations. Repeal the vagrancy laws, punitive provisions on sex work, carnal knowledge, substance use, suicide and mandatory testing and intentional transmission HIV. Our team will continue to follow up on these asks till their last submission at the UN Human Rights Council in 2022.

During our engagement in UPR

ii) Third National Health Financing conference: AWAC was part of the 3rd National Health Financing Conference, which intently aimed to galvanize the CSO efforts as a collective in advocating for increased investment in Uganda's Health sector. This enabled AWAC to show the gaps in the previous and current financial year in the funding for the Key Population's health –which has predominantly depended on the external financing for health through donors. Some of our asks encompassed: increased funding for SRHR services, SRHR commodities and services including HIV response for the Key Populations.

Mr Michael Ssemakula representing us during the conference

Strategic Objective 3:

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

We continued to empower and mentor *340 adolescent girls* on sexual reproductive health, relationships and behavioral change through a stepping stone workshop series. Most notable of this economic empowerment program has been on the integration of an intersectional focus through economically empowering ***40 adolescent girls and young women (including 13 of these with disabilities***) in tailoring and design skills to strengthen their economic risk resilience and tide over the immediate impact of COVID-19 on their livelihood sources. This has improved adherence for 13 minoritized AGYWs on ART and increased uptake of PrEP for 98 HIV negative AGYWs who benefited from the UPMB and "*Make Me Visible*" Project. Further to note, through our empowerment programs and models such as Community Health and Livelihood Enhancement Groups model, our community members have been able to establish 11 saving groups from the Masaka region, 5 from Kampala including a savings group for AGYW with hearing impairments and 1 from Wakiso. This has been an enabler to enhancing our GHLEGs' members' savings up to a tune of Seventy-four million nine hundred twenty


Some of the AGYW during learning tailoring

thousand Uganda Shillings (74,920,000/=) in 2021, thus enhancing further investment into their jointly owned economic ventures. The GHLEGS comprise of 362 members in Kampala, Masaka and Kyotera. These are: Suubi in Nakawa, We are winners in Kyisenyi (This is for the deaf), Golden Women's group –Kyotera, Nkobazambogo –Kyotera, Tukore Nnyo –Kyotera, and Zivamuntuyo –Kyotera. 3 CHLEGS are for FSWs on ART and 9 for FSWs on PrEP.

On the left: Ms Baleke Violet shares during the 2021 AGM about the saving and lending fund initiatives and support towards their livelihood ventures that have emanated from CHLEGS in Mutukula -Kyotera District.

Empowering AGYW in sex work settings with sustainable livelihood skills.

In December 2021, we graduated 241 AGYW after the completion of their DREAMS and stepping stone program that was supported by UPMB Uganda under E-FACE project. The training equipped the AGYW in female sex work contexts with alternative sustainable livelihood skills as an enabler for them to tide over the immediate impact of COVID-19 that has placed their source of livelihood in an extremely critical state due to the plummeted incomes.

Caption: Participants who completed their training

Strategic Objective 4:

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.

Grassroot feminist transformation leadership and movement building: 2021 was the first year of implementation of our Sex Workers Feminist Advocacy Agenda (SWoFAA). As our network guiding document, we managed to conduct trainings on transformative leadership and mentorship for young women in Terego district gender-responsive and human rights-based approaches to SRMNCAH services. This further enabled the establishment of 10 power clubs –each comprising 30 people and 5 male champions groups. The male champion groups and power clubs were an enabler for securing rightsholders' commitments to build intersectional synergies with the women human rights defenders in sensitizing communities on the critical importance of promoting access to SRMNCAH services in community and linking the victims of violence to justice actors and health facilities.

Ms Eve Achan conducting a training with the women leaders.

SHaSHE and Social Accountability and Reflections: AWAC embarked on grassroots to engage communities, provide feedback on the SWaSHE project scorecard and come up with community-set advocacy strategies that will strengthen women movement-building to address barriers to SRHR, VGW/G, HIV Prevention and Women empowerment. The reflection meetings provided feedback from the communities on the joint advocacy strategies that were designed by communities to build up from the previous activities. This was also out of the need to premise on a series of reviews, findings and recommendations presented by the Women advocates during the Community Scorecards and the Advocacy training workshops on EVAW/G and promoting GEWE –which were crowned with the Advocacy strategy development workshops in the different districts. These workshops attracted a total of 150 women advocates (25 per districts in the 6 districts) representing WLHIV, AGYWLHIV and FSWs. We further participated in the joint monitoring visits for the spotlight districts under the European Union-United Nations spotlight Initiative organized by MGLSD as a coordinating agency on behalf of government in partnership with United Nations Resident Coordinator's office. We were hailed by

the RDCs in Tororo and Kitgum for the impact we enhanced on EVAW through the SWaSHE Project in Acholi and Bukedi Sub-region.

Our membersm in Tororo led by Ms Lydia Namaganda participating in the SWaSHE reflection meetings with the Delegates from EU-UN Spotlight Initiative conducting monitoring visits

Our members in Kitgum participating in the SWaSHE reflection and social accountability meetings with the district duty bearers

Capacity building of grassroot of our members from the 6 regions of Uganda on Community Led Monitoring (CLM): We build strengthened the capacities of grassroot female sex worker leaders on CLM cross the 6 regions of Uganda –specifically targeting 108 districts under COP20 in Uganda. This enabled our 78 of our members to understand the CLM mode of operation, and their role in Community Led monitoring in improving quality of HIV/TB services.

Consultative dialogue on Dapivirine Vaginal Ring (DPV-VR), Organized a community consultative and sensitization dialogue on Dapivirine Vaginal Ring (DPV-VR) as an option to prevent HIV/AIDs transmission among vulnerable women. During the advocacy dialogue on the myth and facts on the Dapivirine vaginal Ring, the health practitioners demystified that the vaginal ring was made out of materials that cannot have any reaction to the female body. Most notable of the submissions was the fact that in November 2020, the DPV-VR was included on the WHO's prequalification list of medicines. This followed the positive scientific opinion from the European Medicines Agency (EMA) under Article 58 on the use of the DPV-VR for HIV prevention, which was granted in July 2020.

Women Human Rights Defenders' Trainings and empowerment: Conducted Advocacy campaigns in Terego district which enabled us to train and sensitize the 25 Women Human Rights Defenders. This was also out of the need to engage women's right defenders at sub-national level and provide a convenient ground for interaction between the local government and women human rights defenders to collaboratively work together in addressing GBV, and the negative norms and practices that deter women from accessing SRMNCAH services. After the WHRD empowerment trainings, some of our the rightsholders who has benefited from the power project rescued 4 AGYW and 8 women who had faced SGBV. They managed to report 7 cases to the justice actors (police) and some to Danish Refugee Council. The survivors of SGBV managed to get justice. Whilst, some of our right holders were ridiculed by men because of their action. They shared their experiences during the reflection meetings. Its worthwhile to note that over 200 minoritized women in the Rhino-camp

Caption: Ms Macklean Kyomya | our team leader conducting a training with the Woman Human Rights Defenders in Rhino-Camp | Terego District.

Terego, a humanitarian setting have been equipped with livelihood skills through power project to tide over the immediate impact of the displacement that affected them due to conflicts back in their home countries. Here is one of the testimonies.

Ropani Sarah (not real names) is 36year old married woman brought in 2017 from south Sudan, relocated in ocea A village in ocea zone rhino camp in Terego district. She was brought along with her five children two girls and three boys with the eldest girl being 17years and the youngest 4 years. She fled because of the conflict between the nuer and the dinka and when she reached rhino camp she was expecting to be given everything like the husband was giving her back at home in Sudan.

Being a semi-liiterate house wife with no single idea of business, she has nothing to do but to start weeping after a thought of how she was going to manage life at the camp with the children. But later her peers advised her to start doing small business with the money the husband would send her which was once in a while. She started selling pancakes"koboyo" which would not give her adequate financial support. After two-to-three months the business would collapse and wait until the husband sends another money to cater for the family's basic necessities, such as food items and other basic needs. Thankfully, the UNWOMEN Power project formed a VSLA group from which she is able to do a better business of selling mukene (silver fish), tomatoes and onions among others that raises her better income that she uses for providing for her family in moments on need. She is able feed her family even when the husband delays to send her money.

Male engagement sessions to combat GBV and the fallacies around SRMNCAH services:

We Conducted male engagement meetings on access to SRNMCAH services in Terego district (Rhino Camp). These sessions provided information on how men can support women in fighting VAW/GBV during this pandemic and access to SRMNCAH services. We established a rapport with 19 male champions who attended the meetings and some pledged to continue creating awareness on SRMNCAH services in Rhino Camp. Its worthwhile to note that some of the male champions, who won elections for RWC in 3 Rhino Camp villages have started creating awareness among the stakeholders on the toxic gender norms during community meetings.

Community Dialogues on social cohesion and harmony: Due to the recent proposed unlawful evictions of FSWs in Nakulabye and Lufula-Bwaise Three, Kawempe, our AWAC team in partnership with WOPEIN and Center for Health, Human rights and Development (CEHURD) swung into action to counter this unconstitutional act through dialogues with leaders, residents and FSWs. The community dialogues to built social cohesion, harmony, and understanding of Law and human rights to address the intensifying standoff between the FSWs, community gate keepers, and residents. We secured commitments of support from community duty bearers

Caption: Ms Kiwanuka Afusa OC | Child & Family Affairs –Nakulabye Police station during the our community dialogues in Nakulabye and Kawempe

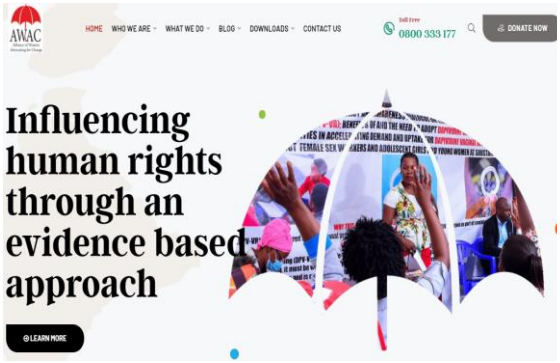
towards our members. Some of the commitments were: strengthening of security committees, economic empowerment through Emyoga, support formation of FSW leadership, combating violence, and continuous engagements to enhance strong harmony between local authorities, residents and FSWs. We are delighted to note that, we averted 2 unlawful community evictions which had been proposed by community leaders in Rubaga Division. This was going to affect over 250 FSWs in Kawempe, Nakulabye and the surrounding suburbs.

Strategic Objective 5:

Strengthen the institutional capacity of AWAC and her network members to effectively deliver the strategic plan

We wind down the year with the completion of a 12 months Kampala DiC construction. The facility was inaugurated on 25th August 2021. This created more ample space in provision of integrated UHC services to our community members by our service delivery program team. The population served increased from 60 to 200 community members per week. Further to note that the construction of the safe space was done in the same year with support from Mr Billy Pick from CDC Washington D.C.

Clinician's room: part of the DiC facility



In order to strengthen our communication vessel and quick real time response to our stakeholders, we revamped our website, and made it more interactive.

We convened our annual AGM. This was another incredible time of the year to convene and reflect, learn, adopt and improve in our different intersectional thematic areas of focus and collaborative paths that can support AWAC network the coming year.

A focus on staff wellbeing- we conducted staff wellness session. It was such a humbling experience to get together as a team to relax, reflect, share successes and lessons learned, build team capacity and freshen up our minds as the year came to an end. This enabled us to cope well with the COVID-19 pandemic as an organization. Monthly reflections, and physical activities resumed for the staff towards the end of year.

Our staff participating in the wellness session

Substantial growth of our social media platforms following and visibility due to reinforced communications and media engagement A total of 4 videos were uploaded on YouTube and the most viewed was *"The Struggles and Resilience of Sex worker Justice Movement in Uganda"* (113 views). **"Effects of COVID19 on FemaleSexWorkers working in border areas and transit routes in Uganda" Contribution to AWAC's visibility. This** attracted wide online coverage and the civil society fraternity attention. The campaign on sexual violence against children and Sexual offenses Bill tweet chats took also a center stage in the AWAC's online campaigns, especially on twitter . 4 publications and 9 blogs were uploaded on our website, credible publication networks like EQUINET and PEAH. The most downloaded publication was Risk factors and Coping mechanisms of Children and AGYW in the sex work settings.

4 Publications | 9 blogs **4 YouTube Uploads | 222 views**

Acquired new assets – AWAC acquired new assets during the year, which have enhanced the effective delivery of our work –especially during the economic empowerment programs.

AWAC's Compliance with National Guidelines on COVID 19 – In preparation for the continued work during the lock-down, we permitted only 30% of our staff to work from our offices and Drop-in centres across the country, Guidelines for health and safety at work place during COVID-19 period were developed and implemented. Staff were oriented on the organizational COVID-19 prevention measures as well as the health and safety guidelines. These also applied to our members, Board of Directors, AWAC partners, visitors and rightsholders/beneficiaries. The guidelines were in alignment with Ministry of Health (MoH) and World Health Organization (WHO) Guidelines as well as presidential directives. All staff were provided with N95 face masks and pocket sanitizers. Staff were required to wear masks and sanitize as they enter the offices and drop-in centre premises for work; temperatures were measured, sanitizers were available at every entrance and office desk. Registration was done for whoever accesses our offices and drop-in centre safe spaces. Social distancing was encouraged and staff were continuously reminded to observe Ministry of Health SOPs.

We further managed to secure travel permits from Ministry of Health for our 7 staff with the assistance of Mengo hospital.

Strategic Objective 6:

Advance SRHR services so that all Female Sex Workers, including those with intersecting and compounded vulnerabilities exercise their bodily autonomy, consent and control over their choices and decision.

Rising up against Sexual violence against Children: with support from Uganda protestant Medical Bureau (UPMB) under the E-FACE project, we conducted an online awareness campaign on Sexual Violence Against Children –with the theme, ***"Enhancing Programming On Ending Sexual Violence Against Children: Navigating the challenges and opportunities".*** This was done through the twitter online platform as a crowning event of the one-week campaign in the commemoration of the day of the African Child. We brought together diverse actors in Health, Religion, Civil society and partners in health cooperation to discuss the root causes of sexual violence against children, share experiences on their ongoing efforts to address the plight, the remedies, and commitments to take the discussion forward to end the vice.

The SVAC tweet chat campaign reached over 1117 people. We managed to have 163 active participants, had 498 tweets, 1424 people who shared the massages retweeted (with hashtag #EndSVAC), 389 replies to the messages shared, and a potential reach of 1,705,798 people.

We participated in the validation meeting and condom national stakeholders launch. This is a Condom Strategic Initiative that will help to transform the quality of AWAC condom programming by making it more differentiated, equitable, community-centred and data-driven.

Conducted a Stakeholders meeting on addressing sexual violence against women, adolescents, and children with multiple and intersecting vulnerabilities. This engagement was a multi-stakeholder sharing session that demystified and created awareness on Sexual Violence Against Women and Children, and the challenges faced in progressive realization of generation equality and body autonomy for the young girls and women in Uganda. The meeting further brought together key actors in ending SVAC and VAW such as Ministry of Health, Religious leaders, Researchers, Civil society, and Partners in health Aid. The duty bearers in this meeting established that although children aren't considered most at risk of contracting COVID-19, they are among the most vulnerable to the 'secondary' social and economic impacts. These impacts could affect children and AGYW for the rest of their lives. The discussion attracted a presence of 149 participants from different advocacy work contexts and professional disciplines.

We were represented by Ms Sarah Nakayiza our SRHR & Livelihood officer

Participated in a series of the CSSMUA workshops on key emerging issues that inform the coalition's campaign strategy in the coming years –with the prime focus on the poor indications of the SRH situation in Uganda and how unsafe abortion is contributing to high maternal mortality rates in Uganda.

Stakeholders' dialogue on addressing barriers underneath, the continuous complexity cycle of contraceptive inaccessibility and utilization among the minoritized women and AGYW in Uganda. This virtual engagement attracted over 112 participants –with experiences shared by grassroot members and national feminist SRH rights activists, SRHR movement representatives and gender-expansive persons. It created a space for sharing grassroot experiences and forge a way forward for improved access to contraception services in this extraordinarily challenging period, and build a moment to spur pursuance for bodily autonomy and integrity to achieve generation equality. We managed to identify actionable concrete solutions to the spotlighted challenges faced in improving integrated SRH equity, and effective contraceptives access and uptake for the women, Adolescent girls and young women at the extreme society periphery.

Commemoration of Sixteen days of Activism -2021. We joined the rest of the world as a female sex workers' rights activists' community to commemorate the 2021 edition of the 16 days of activism against gender based violence –with a double strand theme "***Reducing Inequalities, ending structural violence and Advancing Human rights of female sex workers***". This encompassed a series of activities such as online social media campaigns to share messages, experiences and disseminating online documentaries and rapid assessments for and by sex workers. This year we focused predomintly on female sex workers who use drugs, and those with disabilities since this is one of the most margalized community within the minoritized women communit.

Submission from some of our grassroot community members who attended the awareness session during the sixteen days of activism.

National sensation dialogue and knowledge fare on GBV prevention and response: In the fight to end Gender based violence, we joined Ministry of Gender and other CSO partners in the National sensation dialogue and knowledge fare on GBV prevention and response to create awareness through an exhibition and placards on violence against women. We were further recognized with other organizations by Hon Betty Amongi, Minister of Gender Labour and social development on the several information awareness creations we have used in combating gender-based violence and empowerment issues through skilling women and girls who are at extreme minoritization and society periphery.

Above is Our team with Ms Angella Nakafeero | Commissioner, Women Children's affairs, MoGLSD, Uganda during the Knowledge fare on GBV prevention and response at Kampala Serena Hotel

Stakeholders attending the Dapivirine Vaginal Ring consultative meeting

Continued to promote innovations that are critical in combating the HIV epidemic through statkeholder consultative meetings. Most notable of these innovations include; the Dapivirine Vaginal Ring (DPV-VR) as an option to prevent HIV/AIDs transmission among vulnerable women.

SRMNCAH Music Concerts: AWAC in collaboration with ICWEastern Africa , UNYPA and FAWEUganda held SRMNCAH Concert Series (supported by UN Women through Power project) in Yumbe, Terego and Ajumani districts. These SRMNCAH concert series offered various musical acts featuring renown artists who came together to use music as a tool to combat violence, create awareness on negative norms and practices on SRHR, stigma and discrimination faced by women and Adolescent Girls and Young Women, especially those living with HIV in humanitarian contexts, particularly in Bidibidi, Rhino, Maaji 1,2,3 and Agojo Refugee camps. We managed to reach over 820 people in attendance and over 15 commitments from the duty bearers and the camp commandants in regards to supporting the community and power project partners to fight GBV and sigma faced by WLHIV and AGYW.

Captions taken during the live events in Bidibidi camp | Yumbe, and Agojo camp | Ajumani

Intersectionality Program consultative meeting. Community inclusiveness and participation quite often has propelled us to move towards impact centric and community driven change. We engaged our members through a consultative engagement on our upcoming area of focus in Count Me In (CMI 2.0) in intersectional SRHR, GBV and economic justice for structurally excluded and minoritized women.

Group discussions on the key activities to be prioritized in the suggested objectives

Main Challenges and how we **addressed them**

- Unlawful community evictions: The community justice actors ie the LCIs in Nakulabye and Kawempe wrote directives that threatened to chase away sex workers on accusations of accommodating thieves and iron hitters, Difficulty in Coordinating with facilities on data entry hence delaying entries in the tracker. This was due to the restricted transport especially in early August and September. We addressed this by organizing community dialogues with community gate keepers and our members on social cohesion and harmony.
- Opposition towards some SRMNCAH services ie family planning in humanitarian settings. We have managed to address this by establishing and training male champion groups which are critical in countering opposition in SRMNCAH advocacy.
- Inadequate funds to fully implement all programs ie intersectionality. Whilst, have tried to reach out to more partners who can support our intersectionality programs like CREA, Akina Mama Wa Africa.
- There was slow progress in the period of the June-July months due to the recent unprecedented lockdown. We were unable to make progress with some of our planned community activities due to the ban on public transport, and out of the need to comply with the lock down restrictions, national guidelines and SOPs. We addressed this by securing travel permits (for seven of our staff) from Ministry of Health.
- Heavy workloads later in the year due to lock-down - we clogged most of our activities and interventions in the last five months of the year due to implementation delays caused by the Covid-19 lock-down. This came with a potential burn out for our Drop-in Centre staff. However, we started wellness sessions for the staff to address the overwhelming stress and burnout emanating from the heavy workloads.
- Unanticipated cost of Personal Protective Equipment (PPE) during the second wave of COVID-19 – PPEs became part of the new normal and needed to be procured for DiC staff and clients during our activities. We experienced high costs associated with PPEs which were not anticipated in drawing the fourth quarter budget for 2021. We managed this by negotiating for budget redirections from our partners to support the critical areas that had emanated from the pandemic ie PPEs.

A Summary Of **Key Lessons**

- Adapting to new ways of work ie virtual working – an approach where much can be delivered – awareness creation activities; capacity building and advocacy. The need to be flexible in a changing working environment was unavoidable amidst COVID-19.
- Importance of planning for risk management, as we have had to deal with health and safety risks that have come with COVID-19 pandemic.
- Embracing intersectionality is a leeway have a comprehensive approach to addressing needs of FSWs and AGYW with multiple and compounded vulnerabilities
- Establishment of safe spaces is critical promoting SRMNCAH services and information accessibility, including humanitarian settings.
- Social cohesion and harmony, Behavioural Change Communication and engaging community justice actors is central in plummeting the looming illegitimate community evictions FSWs are exposed to of late.

- We need to involve role model men in the Woman Human Rights Defenders (WHRD) engagements to be champions for combating violence women are exposed to –and countering opposition towards promotion critical SRMNCAH services like family planning.
- Subnational leaders are imperative in ending violence against WHRDs, this is because, they can easily integrate this during their district meetings like district barazzas.

Annual Overview

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AWAC
Alliance of Women
Advocating for Change

2021 in Numbers

PrEP_Enrolment:	3183
ART_Enrollment:	441
Physical violence:	424
Sexual violence:	395
Emotional violence:	177
Other(s)- Specify: Economic violance, Arbitrary arrest, Land grabbing and child abuse.	87
Post Exposure Prophylaxis:	58
Emergency contraception:	93
Psychosocial support:	298
Legal support referrals:	102
Management of injuries:	10
Rapid HIV testing:	3720
STI screening and treatment:	898
Referral services:	120
Mental health	491
Family planning	684
Post Abortion Care	122
Viral Load Bleeding	21
Children of FSWs	122
FSWs with disability received HIV prevention and SRHR services	

UTI 181	
OVC	172
Power Clubs and CHLEGs	12 groups (30 members each)
Male champions	30 men
Capacity strengthening in movement building GEWE, EVAW/G and Feminist transformational leadership(FTL)	174 Women Advocates in 6 districts
Designed advocacy strategies for FSWs, WLHIV, & Young Positives	6 Advocacy strategies for 6 districts
Commodities	
Male condoms:	88540 Pacs
Lubricants	10540 sackets

Media and Community Engagement Analytics

24 Districts reached

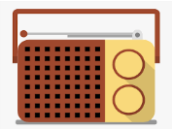
98 Community outreaches

44 Stakeholder engagements

16 Trainings Workshops

28 Advocacy campaigns

1,775,798 people reached



6 Radio talk shows

29 digital campaigns

2598 Social media posts

4 Documentaries

5 TV News & Print media Features

9 Blogs

Oversight

In 2021, AWAC and influencing policy from a human rights-based approach enjoyed a remarkable coverage in community, mainstream and online media spaces. In the backwash of the pandemic and abrupt lockdowns, we leveraged on more scientific strategies that would enhance continuity of our work. We also tried out new concepts, stratagems and spaces. This enabled us reach more rights holders and do greater impact which improved our online presence.

We had 5 TV news and print media features, 6 RadioTalk Shows, 29 digital campaigns. During the same year, we made over 2598 social media posts, documented 4 documentaries, wrote 9 blogs among others. We recorded a massive online audience growth of up to 1479 followers.

Social Media Growth

27 Followers

1404 Followers

1349 Followers

352 followers

29

Online Campaigns

#EndSVAC #SexualViolence #SRHRConcerts #SOB #PowerProject #UHC #Tumbula_Eddembe #Stigmaless_Band #EndViolenceAgainstSexWorkers #WeLeadUg #WeLeadOurSRHR #LegalAid #CommunityDialogues #MakeMeVisible #CHLEGS #16DaysOfActivism #OrangeTheWorld #InternationalHumanRightsDay #UDHR #EndGBV #EndAIDS #WorldAidsDay #PhillyLutaaaAwards2021 #KnowledgeFare #SOB19 #Getyourjab #GetVaccinated #HealthFinancingUg21 #financinghealthug21 #SRMNCAH #WHRDs #InternationalDayOfTheGirlChild #TestTreatAndRetain #WorldConceptionDay2021 #FeministForeignPolicy #GenerationEquality #SelfCare #SexualViolenceAgainstChildren #GBV #EndingSexualViolenceAgainstChildren #SexworkersDay #EndInequalityPandemic #WomenHealthMatters #SRHRisEssential #EndStigmaUG #EndHIVDiscrimination #womeninGH #DapivirineRing #SexualOffensesBill2019 #PeoplesVoice #SexualOffensesBill2021 #SWaSHE #Universal_Periodic_Review #Dapivirine_Vaginal_Ring #EU_UNSpotlight_Initiative #ChooseToChallenge2021 #UPR

AWAC MEDIA APPEARANCES

Macklean Kyomya, the Executive Director Alliance of Women Advocating for Change speaking to the press after a meeting on the myth and facts on Dapivirine vaginal Ring.

FINANCIALS

Consolidated Statement of Financial Position

AWAC Board Members

PATRICIA KIMERA
Board chairperson

SANYU PENLOPE
Board Member

KENNETH MWEHONGE
Board Member

PETER MUDIOPE
Board Member

ASERAIT AGNES
Board Member

FLAVIA KYOMUKAMA
Board Member

NYAMWIJA IMMACULATE
Board Member

STAFF MEMBERS IN 2021

MACKLEAN KYOMYA
Team Leader

MICHAEL SSEMAKULA
Programme Manager

LORNA NAKIGULI
Finance & Admin Manager

ROBERT MUKWAYA
Coordinator -KM

NATUKUNDA JENEFER .T
Senior Programme Officer -ESR

BOSCO MUKUBBA
Manager -Masaka Region

CHRISPUS MUZAHURA
Logisics, IT & Comms Officer

MELB SIMIYU
HIV Prevention Officer -AIUHC

RITA NTALE OLIVE
Finance &Admin Officer

FARIDAH NAMUKOSE
Intersectionality & Economic Empowerment Officer

JOAN MUGIDDE
Programme Officer -AIUHC | Luweero

JANAT NABWIRE
Tollfree and psychosocial support officer

HADIJA NAKIMERA
Finance Assistant

STAFF MEMBERS IN 2021

ALINDA BRIAN
M&E Officer

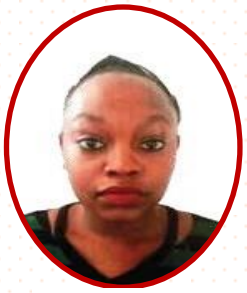
ANNET IRANKUNDA
Data Officer

NANCY DRAKURU
Programme Officer -GMBSD |

CHARLES OKOTH
Clinical Officer -Kampala Region

ASIA NAKANWAGI
Clinical Officer -Masaka

RECHEAL KIRABO
Clinical Officer -Kyotera



SARAH NAKAYIZA
Program Associate -GMBSD

JOYCE AMURON
Advocacy & Comms Associate

DOREEN MUTONI
DiC Coordinator -Kampala

KAWU BILLY
Field Officer -Kyotera

BONGOLE FRED
Field Officer -Masaka

ANDREW MITALA
Field Officer -Rakai

MUKANDIYIRO ROSE
Office Assistant -Kampala

FORTUNATE AINEMBABAZI
DiC Expert Client -Masaka

MILLY NANSIKOMBI
DiC Expert Client -Kyotera

JOSEPH OKELLO
Security Officer -Kampala

Located Off Balintuma Road | On Nabulagala Road

Plot 10; 1stBlack Gate on your left

Mengo-Rubaga Division | Kampala City.

P O BOX 31762, Uganda

Tel Contacts: +256 392 881 454 | Mob-+256 774 603 754 | Malaika
Toll-Free 0800333177

Emails: info@awacuganda.org

Toll-Free 0800333177 Twitter: @awacuganda

Instagram: @awacug

LinkedIn: Alliance of Women Advocating for Change

Facebook: Alliance of Women Advocating for Change

Website: www.awacuganda.org.
