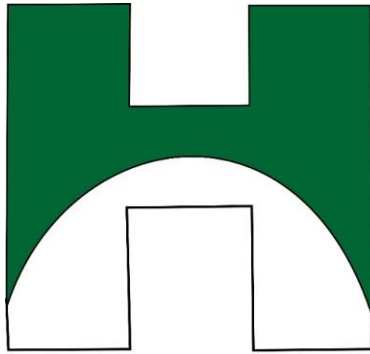


Hope After Rape (HAR) Annual Report 2022.



HOPE AFTER RAPE

"Amidst Despair, Counseling
Restores Hope"



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Message from the Executive Director:

I am profoundly honoured to present this report for the financial year 2022. The report gives insights on Hope After Rape’s key accomplishments during the reporting year. The achievements highlighted herein, are a manifestation of the commitment of local and international partners, staff, volunteers and other key stakeholders whose relentless efforts have culminated into effective mobilization and subsequent socio-economic transformation of the most vulnerable.

The COVID-19 pandemic that led to a lockdown till January 2022 caused a lot of socio-economic disruptions. However, Hope After Rape has been responsive to the needs of the most vulnerable children in the targeted communities. It can’t pass without mention of the upbeat leadership of the HAR management and Board of governors. Hope After Rape envisions “A Resilient, Dignified and Safe Society”, and I am certain that we are making great strides towards assuring the most vulnerable of a better future.

At the beginning of 2022, the effects of COVID-19 lockdown such as domestic violence had peaked, and socio-economic uncertainty hovered all over the communities that we serve. In the most vulnerable communities where we operate, the after-effects of the pandemic had exacerbated the hitherto known effects of ill-being and isolation. The lives of the most disproportionately affected by pandemics such as women, youth and the children living in abject poverty were made even more uncertain.

Thank God, here we are celebrating success in the financial year 2022. This report gives a glimpse of what HAR and other key stakeholders have been able to accomplish in a concerted effort. It is about bringing about transformation in the lives of the most vulnerable; children, women, youths and abject poor families we have reached through our stewardship.

Our efforts could not have yielded much, without the unrelenting funding hand from our generous donors that have continued to entrust us with the precious finances. We thank God that in a time when all is not well in the global economy, we managed to meet our fundraising targets and even exceeded our expectations in some programmes. In the same vein, I recognize the competent and committed workforce that ensured excellent programme delivery in the different districts and locations where we are called to serve. Through our varied programmes, we have built the capacity of different stakeholders not only to be resilient, but to also appropriately respond to the needs of their communities and be at the frontline in the fight against; poverty, SGBV, ill health and child abuse.

In this reporting year, HAR embarked on writing the 2022-2026 Strategic Planning Document. This has been done in a bid to: Ready our team to be solution focused to address enormous population development and wellbeing challenges enhance collaborations in social research, advocacy and knowledge management and seek effective partnerships to expand and grow. In the same period, HAR started the rebranding process in order to entirely exploit our diverse but integrated expertise in order to deliver on these commitments in a bid to support communities become, safe, peaceful, protected, health, informed, capable, self-reliant and resilient enough to salvage themselves out of the vicious cycle of poverty.



Who We are.

Hope After Rape (HAR), is a humanitarian organisation devoted to working with children, women, and their communities to become Resilient, Dignified and Safe. In Uganda, HAR is currently operating in the Eastern, western and Central regions of Uganda, working in the following district; Kampala, Wakiso, Kamuli, Kassanda, Kyegegwa, Serere, Soroti, Sironko and Mbale with long-term developmental support in health and nutrition, Family Planning (FP), HIV/AIDS prevention and livelihoods, Hope After Rape works with communities, donors, corporate organizations and the Government to reach the most vulnerable in society, because we believe in building their resilience, dignity and safety hence their full participation in development. Hope after Rape is committed to serve all people, regardless of religion, race, ethnicity or gender.

HAR's VISION: "A Resilient, Dignified and Safe Society".

OUR MISSION: To work with the most vulnerable, government and other development partners, in promoting sustainable development, safety and equity.

HAR CORE VALUES: Love, Equality, Respect, Responsiveness, Integrity.

Accelerating Epidemic Control :

Hope After Rape (HAR) in partnership with Mildmay Uganda (MUg) and TASO Uganda in Mubende and Serere respectively, to ensure that communities gain epidemic control through, HIV prevention, care and Treatment and social economic empowerment. The project funding is from PEPFAR through CDC in collaboration with the Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of Gender Labour and Social Development (MoGLSD), communities in the targeted areas, Adolescent Girls and Young Women (AGYW) and other implementing partners in the respective districts.

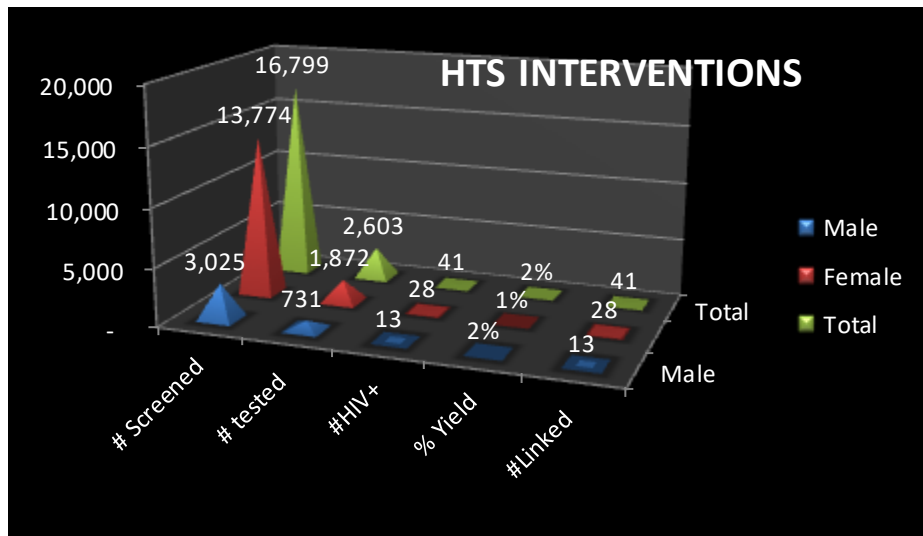
Our Approaches/Models:

Combination Prevention Model (Biomedical, Behavioral and Structural interventions), Bi-directional Linkages and referrals, coupled with community models of care such as; Family Support Groups, psychosocial support groups, Drop In Centres (PP/KP), Stepping Stones, SINOVUYO, SASA, Journeys Plus, Aflateen, Vocational Skills training and follow up, WINGS Plus (Market assessment/ resource mapping, Apprenticeship/ short term business skilling, start-up/asset transfer, Financial Literacy, education subsidy, Village saving and loan association (VSLA) Methodology, Model Village, Community Led Total Sanitation (CLTS), Citizen Voice and Action (CVA).

HIV Testing Services (HTS).

In this reporting period, HAR teams worked with Health facility workers in the respective districts, to ensure that targeted most vulnerable groups access HIV/TB prevention, care and treatment services. HAR contributed towards the community based HTS/prevention interventions in the context of the current UNAIDS 95-95-95 targets.

HAR contributed to the scaling up of community-based risk /targeted HTS for all KP/PP and men dwelling in hot spots using the HTS screening tool. This is intended to improve HIV case identification, HIV



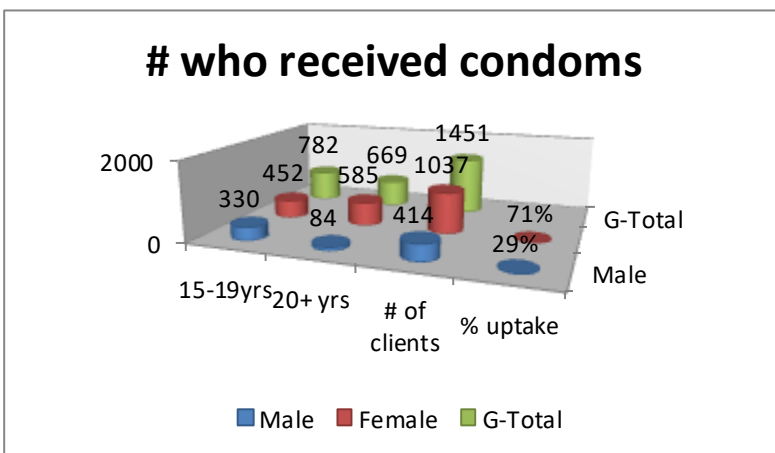
yield and HIV positivity in supported districts. The HAR teams also worked closely with other key stakeholders to strengthen facility community referrals and linkages in the districts of operation and followed up of lost or missed appointment clients across the continuum of HIV/AID response so, as to achieve 2nd and 3rd 95. The teams ensured complete mop up of all pre-ART clients in the community and ensured not only linkage to ART, but also create demand for HIV services including viral load bleeding, monitored adherence and ensured that all PLHIV achieve viral suppression. HAR field teams worked closely with ART sites to ensure that all unsuppressed clients are timely identified referred and provided intensified adherence counseling.



AGYW HTS outreach in Manyogasekka- Kassanda.



AGYW Male partners' HTS in Myanzi- Kassanda.



Condom Promotion:

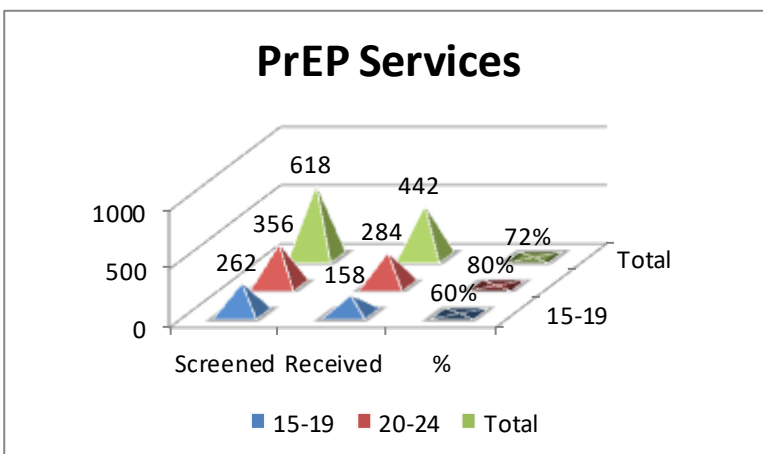
To ensure effective condom promotion, our programmes targeted not only the general population, but also people at higher risk of HIV exposure; especially women, young people and sex workers amongst others.

In our HIV prevention education and condom promotion, we ensured that the targeted subgroups overcome the challenges of complex gender and cultural factors. Our teams in the respective Districts made efforts to

have; Young girls and women regularly and repeatedly imparted with information about and access to condoms. This was bolstered with SBCC sessions and curriculum based interventions, to equip them with skills and power to negotiate the use of condoms.

In an effort to bolster condom usage, HAR placed condom dispensers at vantage points in hotspots to ensure access by all the sexually active. A total of 19 dispensers were placed in different sub counties and each with a distribution coordinator, to ensure restocking as and when required.

ARV based prevention.



Every two minutes in 2021, an AGYW was newly infected with HIV. AGYW accounted for almost four in five new infections among young people in sub-Saharan Africa. While several countries, including Lesotho and Zimbabwe cut new HIV infections by more than 45% between 2015 and 2021, the AIDS World AIDS report states that combination prevention programmes for this group were only operating in

40% of high HIV incidence location in 19 of the high HIV burden countries in Africa.

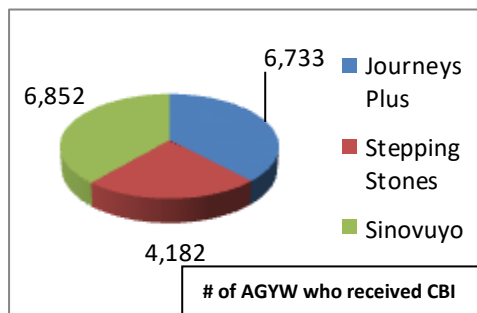
Cognizant of the fact that; ARV based HIV prevention technologies, such as the vaginal ring and long-acting PrEP have been shown to have the potential to reduce the risk of sexual HIV acquisition significantly and should therefore be a game changer in the HIV response when used consistently and correctly, Under MUG/CDC support, HAR implemented community-based approaches for the rapid introduction of ARV-based HIV prevention technologies and programme innovations for adolescent girls and young women (10-24) in their diversity in Kassanda District.



PrEP Orientation in Myanzi Kassanda District

Structural and Behavioural Interventions

In 2022, HAR implemented a behavioural interventions and Young Women (AGYW), partners. These included interventions (CBI) like; Plus and Sinovuyo.

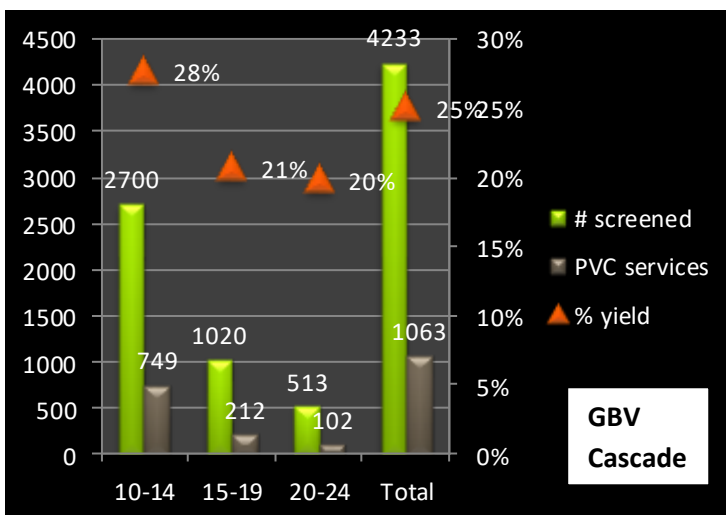


number of structural and targeted at Adolescent Girls their guardians and male curriculum based Stepping Stones, Journeys

In addition, cognizant of the fact based violence is one of the care, treatment and support young women, HAR therefore, integrated provision of post violence care in all community interventions.

that, Sexual and gender-barriers to HIV prevention, among adolescent girls and

The teams worked with stakeholders to build a robust community SGBV prevention and response program



and strengthened the referral system to the facility and ensured that survivors identified from the community are linked to the facility to receive the minimum package of post violence care. The teams also received SGBV survivors from the health facilities and other sources and provided or linked them to social support services, including; psychosocial support, economic empowerment, legal support, child and family protection among others. Other interventions included the following:

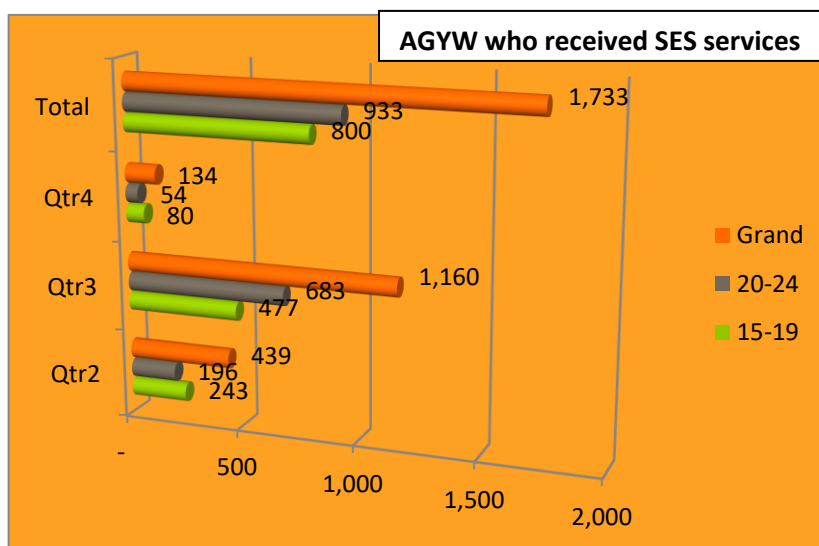
1. Strengthening the capacity of community of community structures to manage and respond to GBV.
2. Counseling youth and adolescents and link them to the facilities for youth and adolescent responsive Sexual and Reproductive Health (SRH) services.

3. Supporting adolescent girls and young women to identify safe spaces for peer friendly services at community level.
4. Conducting community sensitization for youth and adolescents on GBV prevention and post-violence care.

In the above graph, it is evident that GBV prevalence was highest (28%) among the age group 10-14 and kept reducing with gain in age with the lowest (20%) yield, being recorded among the age group 20-24 years. Perhaps this alludes to the known fact that ; the younger one is, the more vulnerable especially to GBV.

Socio-Economic Support (SES) Services:

The key programme interventions under this included (a) Adolescent empowerment program with life skilling component and non-formal technical vocational skills training; (b) savings and credit groups integrated with skills training; and (c) Income and job creation with a major focus on; Adolescent Girls and Young Women aged 15-24 years (AGYW).



In particular the SES interventions in 2022 entailed the following:

- ✚ VSLA.
- ✚ Matching grants (for AGYW aged 18 years and above).
- ✚ Asset financing: Startup kit for moderately vulnerable AGYW, linkage to micro finance, Linkage to IGA support.
- ✚ Basic socio-economic approaches (financial literacy for all and short-term trade skilling for out of school)
- ✚ Social Asset Building.

VSLA METHODOLOGY.

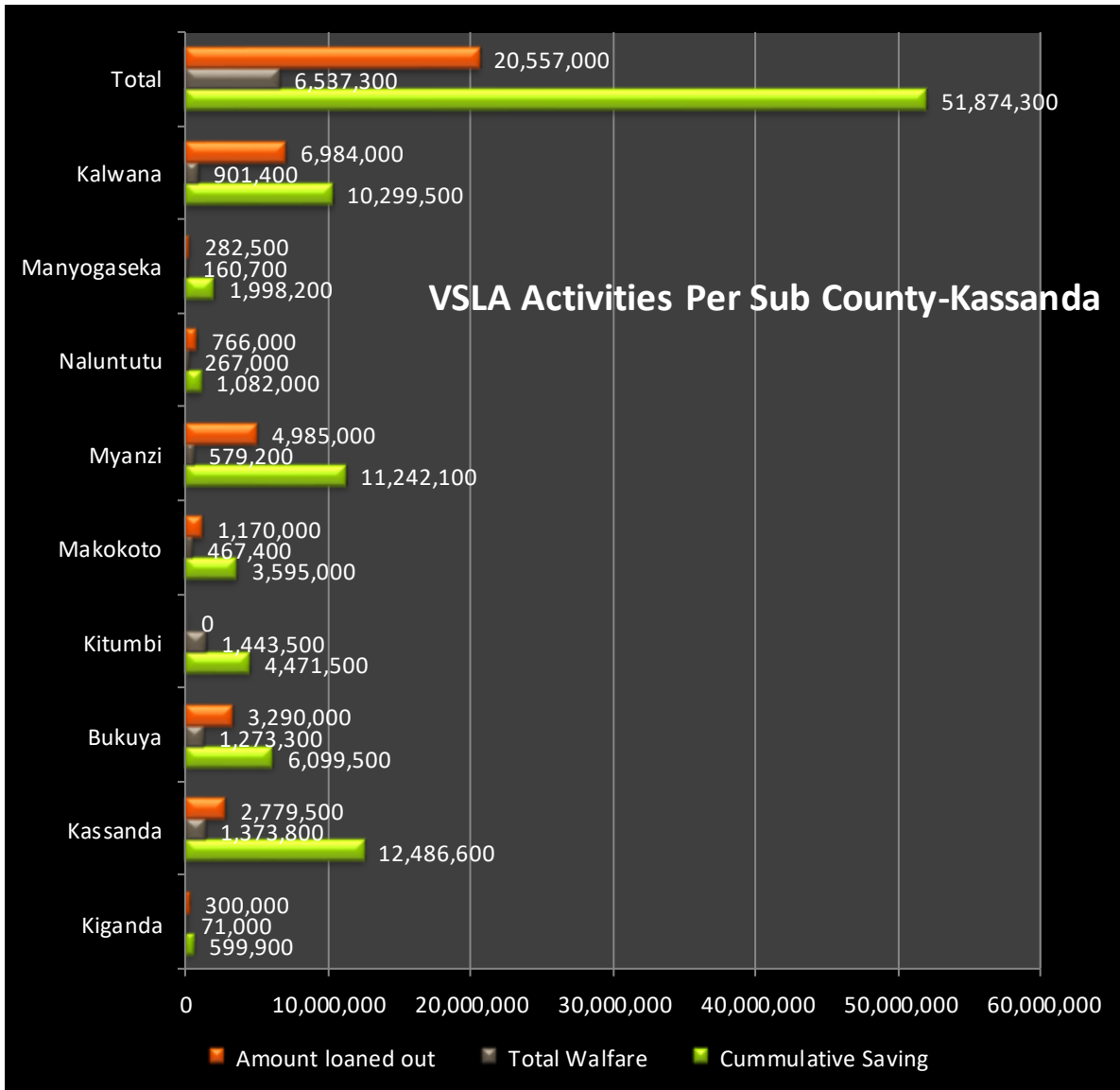
Under DREAMS project, HAR promoted a saving culture amongst the AGYW in the community, where the DREAMS project operates. The main objective is to support the AGYW to understand the VSLA concept, principles and best practices. It has also been used to build the capacity and educate the AGYW, caregivers



and partners on; economic strengthening and VSLA functioning. In the reporting period, this support was offered to both the AGYW out of school aged 15-24years at the model safe space and community, plus the care givers of AGYW aged 9-14 years.

In the reporting period, the field teams managed to monitor 74 VSLA groups, with a total of 1,205 AGYW in VSLA groups actively saving. Through these saving groups, participants have been able to access micro loans and are now managing their own small Income Generating Activities (IGAs), as hard from the following voice:

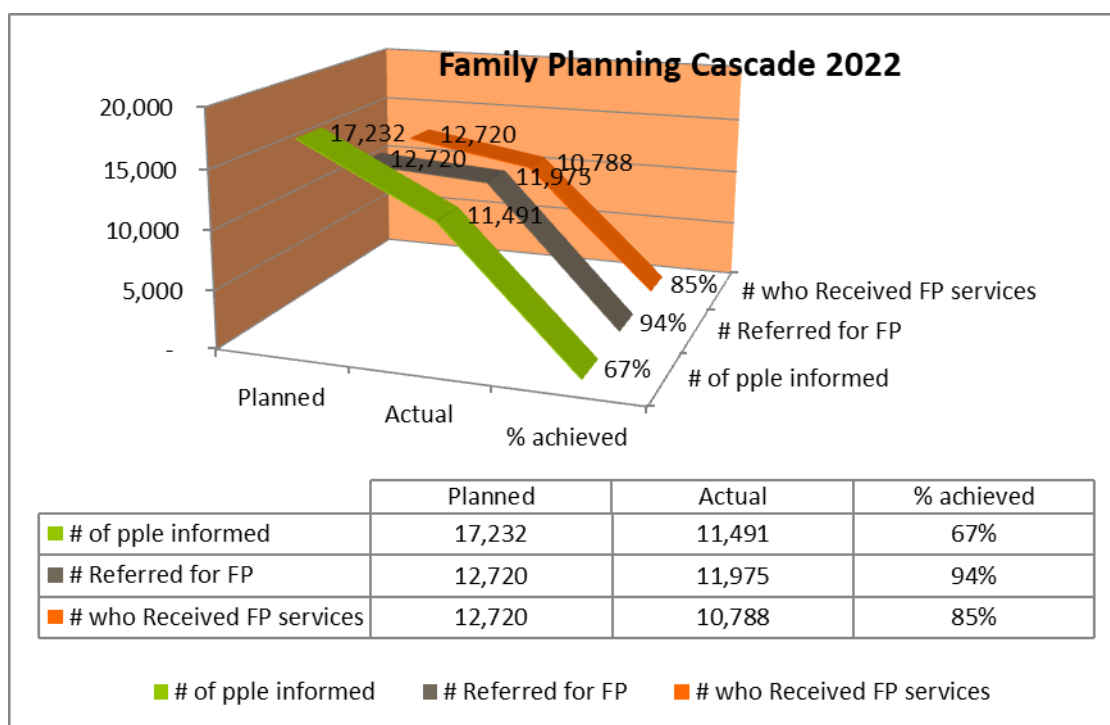
“Before joining DREAMS, I used not to save at all. The money that I could get, I would use it instantly and finish it all. I would even buy things that I did not need (not budgeted for) at that particular time. But on joining, DREAMS, I was taught about financial literacy especially the topic of ‘saving’ where we learnt the value of money and the importance of saving. I then joined a saving group and started saving. After some weeks of saving, I decided to borrow part of my savings from my saving group to boost my snacks business. My customer base has also increased because; I now sell fried cassava to my fellow AGYW, thank you DREAMS”. Namulondo Alice Kiganda Sub county-Kassanda District.



Family Planning Activity (UFPA):

Under this program, HAR worked with; USIAD/Pathfinder, the Government of Uganda and other stakeholders to strengthen the capacity of Ugandan institutions and communities to deliver sustainable, high quality FP services that improve the health status of young people, men and women. The program goal is “To contribute to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term demographic shifts in Uganda’s CPR and fertility rate”. This programme targets women and men of reproductive age with an explicit focus on impacting adolescents (10-19) and youth (20-24) in Kyegegwa.

In this regard, HAR is charged with ensuring that the activity meets the following objectives: Cultural and religious leaders promote positive social norms, Leverage existing structures/activities to increase awareness of FP, Increase awareness of positive social cultural norms in community and among high risk groups, Increase uptake of family planning services, Create a supportive environment for behavioral adoption, Raise top of mind awareness on FP, Share experiences of young people in their pursuit of accessing SRHS, Motivate males to actively participate in SRH matters, Motivate male partners to actively participate in SRH matters and Increase access to FP services among key and priority underserved populations.



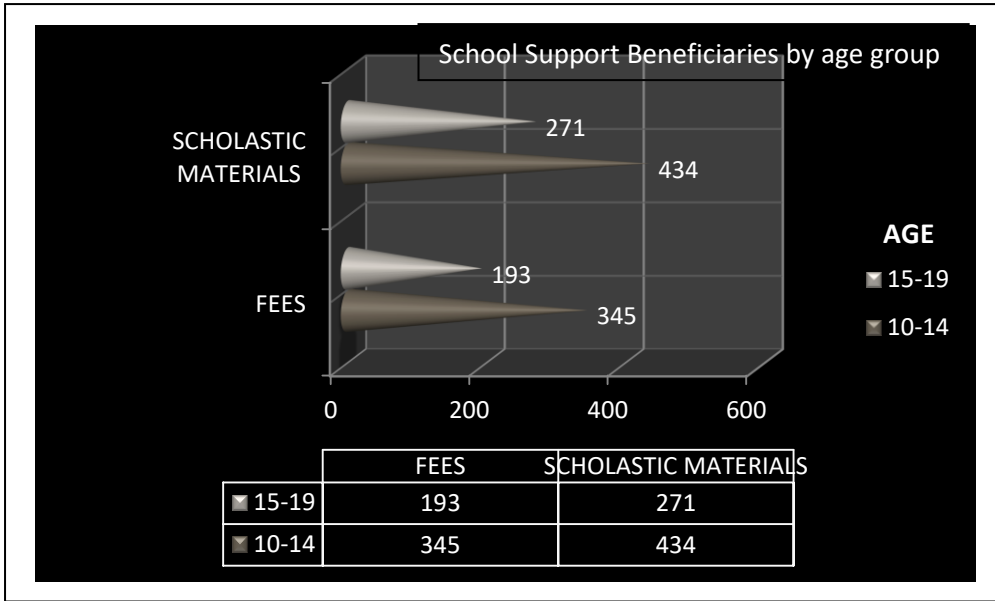
Policy Advocacy, Citizen Voice and Action (CVA), Capacity building of health service providers in SRH/FP, Mobilization for outreaches, SBCC, mass-media campaigns, peer education/dialogues, counseling and referrals, integration of FP into other health and non-health services and mobilization of both private and public players in FP services provision.

Educational Support to OVC.

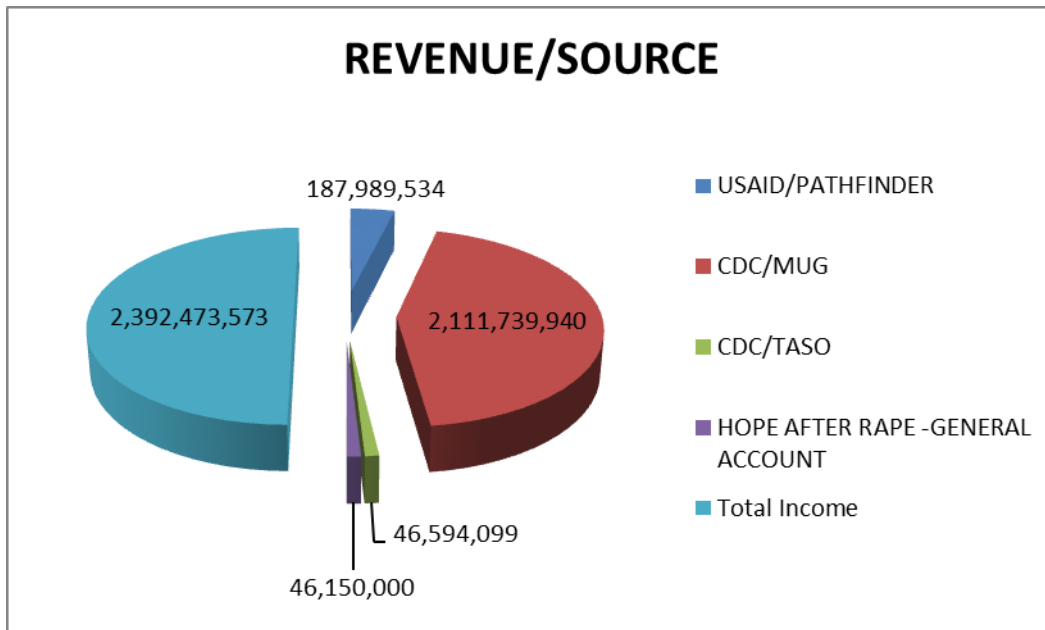
Hope After Rape partnered with community leadership, schools and donors to support children (AGYW) to stay in school. This support provided children from the poorest households the chance to continue their schooling. The beneficiaries of the school support, went through a rigorous screening exercise-by use of the Household Vulnerability Assessment Tool (HVAT), to ensure that the most deserving (children with early warning signs) actually get the opportunity to continue with school. Therefore, our teams ensured that such children studied in peace, without having to worry about their poverty situation back home.

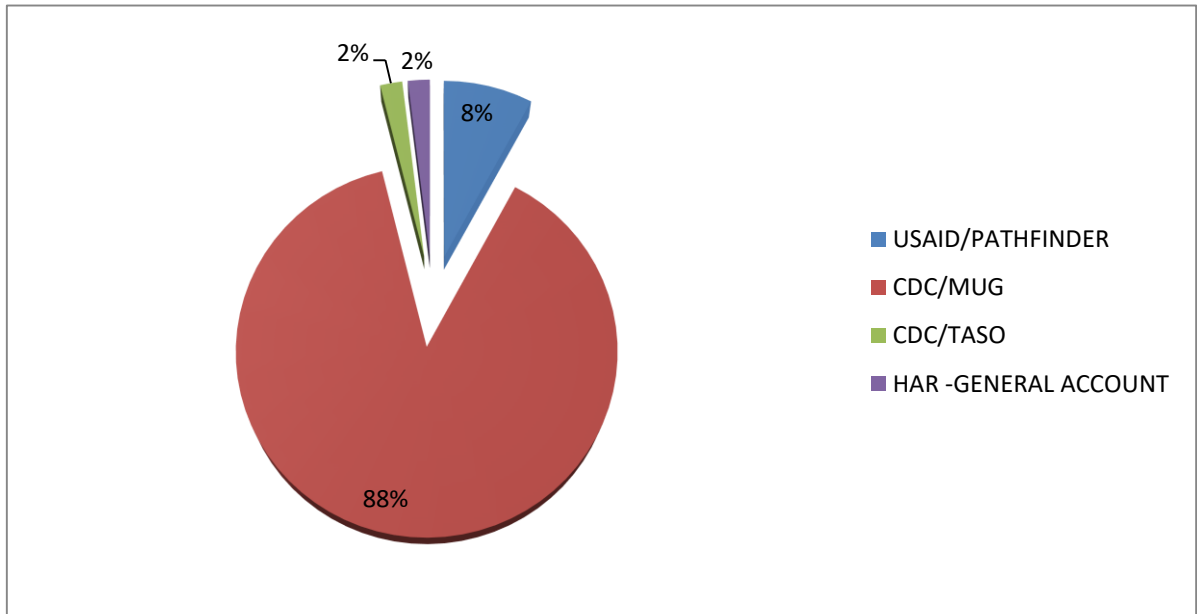
The statistics show that women are much less well educated than men, often subject to discrimination and considered to be a burden, hence women are more vulnerable. Their relative poverty is another factor; girls often marry early, have children young and are weighed down by domestic chores.

At HAR, we know that an educated woman will pass on to her children the knowledge that she has acquired and fight harder to ensure that they get an education of their own. We believe that giving girls access to education and employment is an important development tool. That is why, 100% of the children supported by HAR in 2022, were girls. However, the opportunity was limited to girls aged between 10 and 19 years.



Revenues by Source:

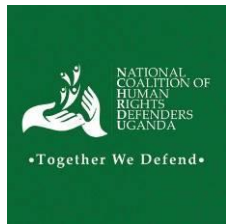




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Uganda Network of AIDS Service Organisations



ACRONYMS

AGYW	Adolescent Girls and Young Women.
ART	Antiretroviral Therapy/Treatment.
ARV	Antiretroviral.
CBI	Curriculum Based Interventions.
CDC	Centre for Disease Control.
CVA	Citizen Voice and Action.
GBV	Gender Based Violence.
HIV	Human Immune Virus.
HTS	HIV Testing Services.
KP	Key Populations.
MoES	Ministry of Education and Sports.
MoGLSD	Ministry of Gender Labour and Social Development.
MUG	Mildmay Uganda.
PP	Priority Population.
OVC	Orphaned and Vulnerable Children.
PEPFAR	Presidential Emergency Plan for Aids Relief.
PrEP	Pre exposure prophylaxis.
SBCC	Social Behavioral Change Communication.
SES	Social Economic Support.
SRH	Sexual Reproductive Health.
TASO	The AIDS Support Organization.
UFPA	Uganda Family Planning Activity.
USAID	United States Agency for International Development.
VSLA	Village Savings and Loans Association.