

Annual Report



FY [2023]

[Hope After Rape- HAR]

[Striving for a Better Future]



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Message from the Chairperson:



I would like to thank you for your unwavering support and passion for the most vulnerable in society. Your magnanimity motivates Hope After Rape to strive for our society's better future through even the most challenging times.

The past few years have been tough. 2020-2022 were majorly affected by the total lockdown due to COVID-19 pandemic. Year 2023 saw another lockdown due to Ebola outbreak in the DREAMS project implementation areas, particularly Kassanda

district and this slowed down activity implementation.

In alignment with the organizational Strategic Plan 2022-2026, I am happy to report that HAR made tremendous progress in ensuring; safety, resilience and dignified society. Despite our collective challenges, we still have many reasons to celebrate and we have you to thank for every one of them.

I have witnessed the work done in empowering especially Adolescent Girls and Young Women (AGYW) in Kassanda in collaboration with Mildmay under the auspices of Centre for Disease Control/PEPFAR. AGYW were supported to sustain themselves in the face of endemic unemployment and socio-economic uncertainties. These norms changing and socio-economic services have indeed led to; Determination, Resilience, Empowered, AIDS free, Mentored and safe adolescents and youth in the targeted area.

Thank you for everything you are doing to save the most vulnerable and to reach our vision of; a Resilient, Dignified and Safe society by 2026. Together, we have the power to create a brighter future for the most vulnerable by giving them the; love, protection, dignity and opportunity they deserve.


Mbamanya Frankline Nsubuga
Chairperson



Message from the Executive Director:

As the donor world becomes economically constrained and threatens to crater an already strained funding system, Hope After Rape remains steadfast in our commitment to ensure safety, dignity and safety for the most vulnerable in society. In the past year, our agency navigated uncertainty, grief and myriad challenges as kassanda became the epicentre of Ebola outbreak and the subsequent socio-economic disruptions. With your support, we refined and adapted our policies and procedures to prioritize the health and safety of our program participants and staff, while ensuring that service delivery remained uninterrupted across our programs. Our dedicated staffs remain on the frontlines, responding to the ever-growing needs of our most vulnerable with determination and compassion. Thanks to you, our generous friends and supporters, the challenges we faced strengthened our values, affirmed the resilience of our community and underscored the urgency of our mission.

We all know that we are operating within a fundamentally broken system with; decades of underinvestment in affordable health care services, education and agricultural sector coupled with systemic, institutionalized corruption and policy failures at the local and national levels, which have compounded the human suffering in our societies. The societal socio-economic issues on our doorstep demands bold responses that hinge around, advocacy and support for; human safety, dignity and equity .As we link our most vulnerable to; services, opportunities and resources, it is critically important that we continue to prioritize sustainability. It is our prayer, that at least 90% of people receiving supportive services from Hope After Rape never experience vulnerability again!

We know that the solution to ending vulnerability is empowerment paired with individually tailored supportive services. Many of our program participants have experienced trauma and live with persistent mental and physical health challenges and yet, they succeed in moving from the state of hopelessness to hope, with our support. Hope After Rape is committed to acting with urgency to build on the progress we have so far made, advocating for policy reform to increase and improve service delivery, increase community participation, ensuring service providers are fully accountable and prioritizing systems change efforts to spur the financing and scaling of innovative solutions to ending poverty and vulnerability. Your generosity sustains our work and enables us to lead the charge for long-term socio-economic solutions that uplift the needs of our most vulnerable and improve the quality of life for all in our communities. With you by our side, Hope After Rape, in partnership with our targeted communities, will advance our strategic mission of promoting sustainable development, equity and safety. Together, we can revolutionize the services delivery system so that all people are; resilient, dignified and safe.

Thank you for your partnership with Hope After Rape and for standing with our most vulnerable in society.

A handwritten signature in blue ink, appearing to read 'Kifubangabo Gandhi Fred'.

Kifubangabo Gandhi Fred.

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.

HIGHLIGHTS FOR FINANCIAL YEAR 2023

1.0: Capacity Building:

Contribution to; SDG #:



Cognizant of the fact that Violence Against Women (VAW) is a serious problem that occurs in every culture and social group; devastating physical, emotional, financial and social effects on women, children, families and communities around the world and that studies worldwide show that between one quarter and one half of all women have been abused by intimate partners

and 40-70 percent of all female murder victims are killed by an intimate partner, HAR trained a total of 152 (82 F,70M) in; Prevention of Violence Against Women and Children (VAW/C) and Child participation. The targeted trainees included; Probation Officers, Community Development Officers (CDOs), head teachers, religious leaders and CSO representatives.

The specific areas covered under prevention of (VAW/C) included; Understanding Gender, Gender Based Violence, Gender stereotypes, Letter Link Communication in fighting (VAC), counselling, referral pathway and interpersonal communication. The key outputs here included; Resource persons equipped with skills to respond to GBV situations among adolescent girls and young women (AGYW) and the community. Resource persons able identify GBV occurrences on the ground and respond appropriately and resource persons equipped with letter link communication skills.

Under child participation, the areas covered included; understanding child participation, forms of child participation, barriers to child participation, human rights, sexual abuse, child abuse, referral pathway and the legal framework. This trained was aimed at empowering participants in; Identifying and raising suspicion of cases of suspected abuse and neglect. Ensuring the child is receiving optimal treatment by treating physician through follow up. Referring cases when necessary through the referral pathway. Registering cases at the local level and Educating other people including health professionals and police/ law enforcement about child abuse.

2.0: Quality Health and Nutrition:

Contribution to SDG #:



In this reporting period, HAR made efforts to respond to the health needs, through promotion of increased access to and utilization of basic, Malaria, FP/SRHR, RMNCH and HIV/TB services in targeted communities.

Accelerating HIV 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.



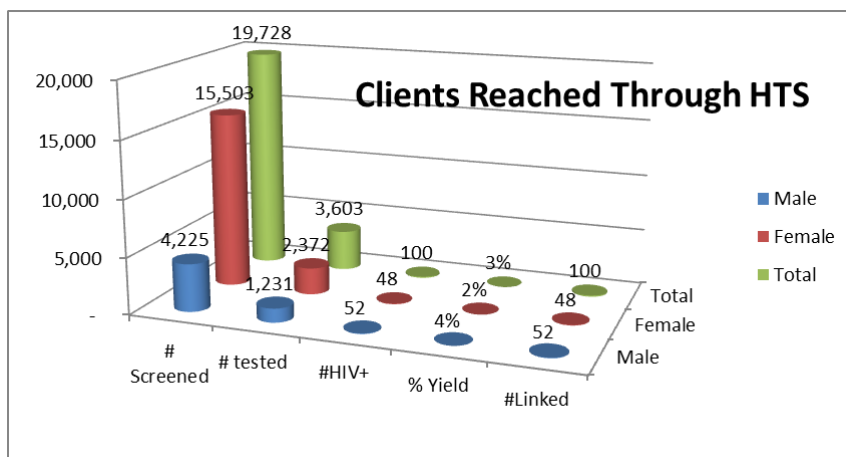
2.1: HIV Testing Services (HTS).

Above Right: school Based HTS in Nalutuntu-Kassanda.

In this reporting period HAR team worked with other stakeholders to ensure that HTS were accessible the targeted population. Efforts were made to reach marginalized or high-risk groups, such as, sex workers, injection drug users, AGYW/ABYW, prisoners, fisher folks, amongst others. In this reporting period **19,728** individuals were screened, **3,603** tested, **100 (3%)** found positive and **100** clients were linked during the reporting period. This year's coverage revealed a 144% increase in the individuals found HIV+ and 50% increase in yields achieved, compared to previous year 2022.

Modality	Male	Female	Total	%ge
Rapid Test	633	1535	2168	60%
Self-Test	154	265	419	12%
HFB-Test	444	572	1016	28%
G. Total	1231	2372	3603	100%

The different **Testing Modalities** offered included; use of community based rapid tests (60%), self-



testing kits (12%), and Health Facility-Based testing (28%), to ensure effectiveness in reaching different targeted populations. **Linkage to Care:** The team made efforts to ensure that all individuals who tested positive were promptly linked to care and treatment services within facilities of their choice. HAR worked with health professionals

to employ strategies such as; Peer support groups, Intensive Adherence Counselling (IAC) for improving linkage rates and reducing loss to follow-up hence contribution to the 2nd UNAIDS-95.

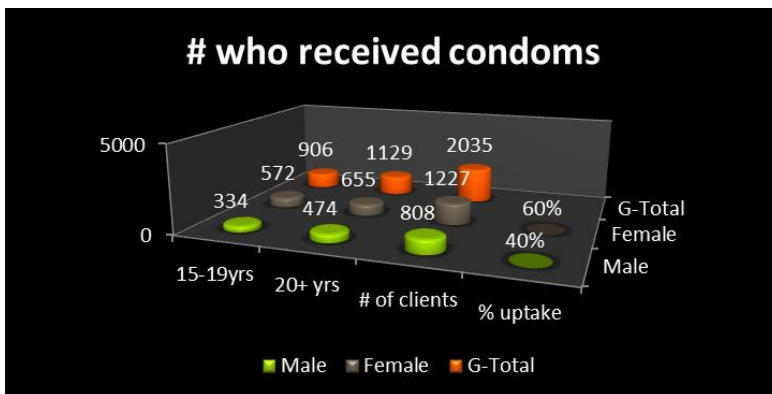
The success in HTS was due to a number of good practices such as; **Community Engagement** to promote HIV testing awareness and reduction in stigma surrounding HIV. The teams leveraged partnerships with community-based organizations, local leaders, and influencers. **Integration with Other Services**, integration of HIV testing services with other healthcare services, such as sexual and reproductive health services (including Family Planning), tuberculosis screening, and substance abuse treatment, to improve access and uptake. HAR and other community resource persons applied innovative approaches to HIV testing, such as; House-to-House/mobile testing, media (including social media campaigns), school based, work place and peer-led testing initiatives.

2.2: Condom Promotion:

Cognizant of the significance of condom promotion in preventing unwanted pregnancies, sexually transmitted infections (STIs), and HIV/AIDS, HAR put much emphasis on condom promotion in this reporting year. The main objectives included; increasing awareness, accessibility, and consistent use of condoms among AGYW/ ABYM and other most at risk groups. 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.

HAR used a multifaceted approach that addresses the specific needs, challenges, and cultural contexts of the targeted groups.



We sought partnerships with local community leaders, influencers, and other organizations to embrace condom use and advocate for its acceptance within the community. The team also used **targeted campaigns** that are culturally sensitive and address the unique concerns and barriers to condom use among different at-risk groups such as adolescents, sex workers, men who have sex with men (MSM), transgender individuals, and people living with HIV/AIDS. We trained and used **peer educators** for different groups. Ensured easy **access to condoms** by distributing them for free in places frequented by at-risk groups such as; community centres, health clinics, bars, clubs, and education institutions. There was **integration** of condom promotion and distribution into existing healthcare services such as; HIV testing and counselling, STI treatment, and reproductive health services and immunization. The team also conducted interactive



workshops that imparted proper condom use, negotiation skills for condom use, and strategies for overcoming barriers to condom use such as; stigma, embarrassment, and partner resistance/SGBV.

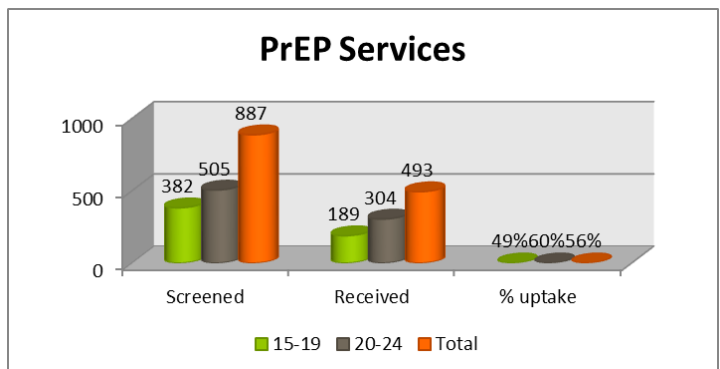
In our HIV prevention education and condom promotion, we ensured that the targeted subgroups overcome the challenges of complex gender and cultural factors. Our teams in the respective Districts made efforts to have; Young girls and women regularly and repeatedly imparted with information about and access 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.

Above Right: Condom use demonstration by a trained Health Worker in Olio-Serere District.

2.3: ARV based prevention.

The 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.

Under MUG/CDC and TASO/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 and Serere District. As seen from the graph above, there was an increase in uptake from 442 individuals who received PrEP in 2022 to the current 493, hence a **10%** increment in uptake.



PrEP Orientation in Bukuya Kassanda District

According to available research, Pre-Exposure Prophylaxis (PrEP) has been shown to have the potential to reduce the risk of sexual HIV acquisition significantly. Therefore, HAR just like other key stakeholders consider it a game changer in the HIV response when used consistently and correctly. In that regard, HAR worked with health workers and community leadership, to expand PrEP services into

new areas/populations, through successful outreach initiatives and partnerships purposely to:

- Increase the number of individuals reached or served through PrEP programs.
- Increase PrEP uptake and adherence rates.

To ensure achievement of the above, PrEP services were offered using different models that included; Health Facility/ clinics, community centres, AGYW safe spaces , home visits and online, amongst others. The Range of services offered included; orientation/mentoring, counselling (including Tele-counselling), HIV-testing, medication provision, and follow-up care to ensure adherence.

Challenges and Solutions: A number of challenges were encountered in promotion/ providing PrEP services and included:

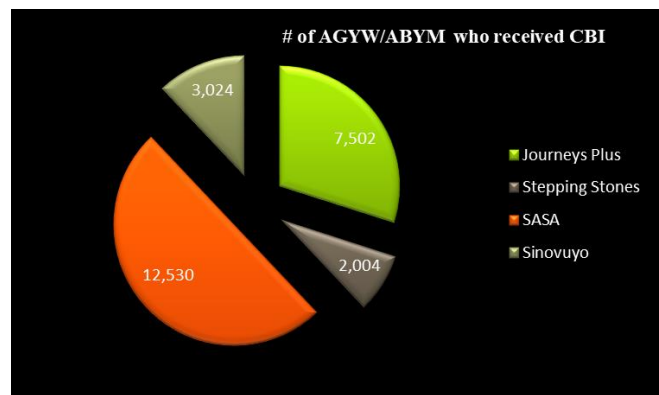
- Stigma surrounding PrEP use in the community due its association with HIV infection.
- Access barriers, such as cost or transportation to service centres especially for AGYW.
- Adherence and retention issues among PrEP users due to myths and SGBV.

Proposed solutions include:

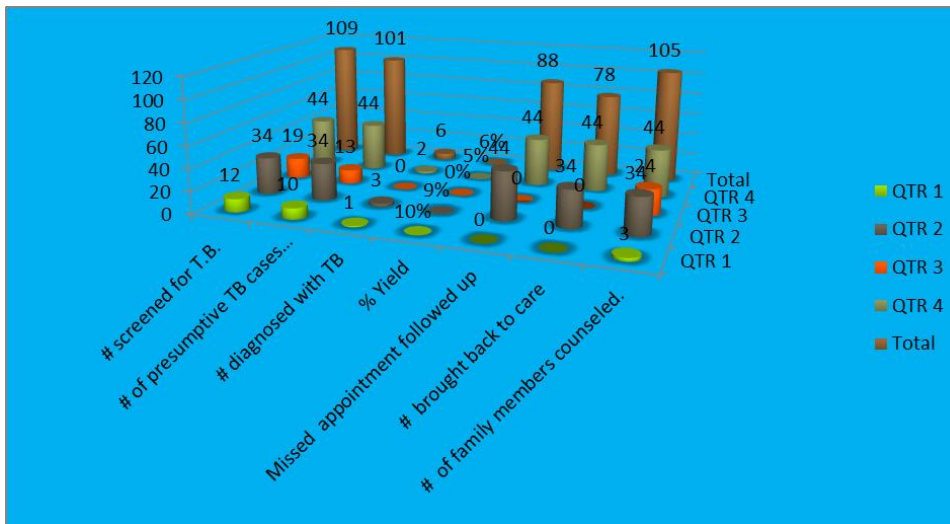
- Stakeholders to intensify awareness outreaches in the community.
- Scaling up of PrEP services provision in areas close to the targeted populations.
- Adherence required intensive counselling, peer support and addressing power relations in the community through approaches such as; SASA.

2.4: HIV Structural and Behavioural Interventions

In 2023, HAR worked with key stakeholders such as; teachers, religious, cultural, community leaders, health workers, AGYW and their care givers, to implement a number of structural and behavioural interventions targeted at Adolescent Girls and Young Women (AGYW), their guardians and male partners. These included curriculum based interventions (CBI) like; Stepping Stones, Journeys Plus, SASA and Sinovuyo.



2.5: TB Cascade:



In this reporting year, HAR worked with community leadership and Health Workers in Kassanda and Serere District to; identify cases and track the various stages of TB care from diagnosis to treatment completion and identified drop-off points, where patients could have disengaged from care. All the above was done with the aim

of; reductions in TB incidence, mortality, and transmission, as well as improvements in treatment outcomes and patient satisfaction.

Below is the detailed breakdown of each stage of the TB cascade in the reporting period. This typically included:

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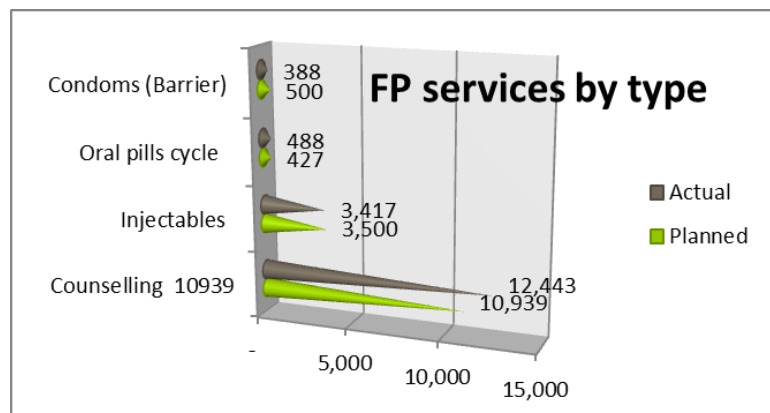
- **TB Screening:** Our team ensured that presumptive TB individuals were screened for TB, through symptom screening, testing, and community contact tracing.
- **TB Diagnosis:** The TB diagnoses were confirmed, either through laboratory testing, imaging (Chest X-ray (CXR), or clinical evaluation.
- **Initiation of Treatment:** The patients were linked to free TB treatment services through public healthcare facilities, following the directly observed treatment, short-course (DOTS) strategy recommended by the World Health Organization (WHO).
- **Retention in Care:** The team also worked with community health workers and caregivers to ensure that patients remain engaged in treatment throughout its duration, through regular follow-up appointments, counselling (including family members) and monitoring for side effects.

To ensure scale up and easy access, TB screening was integrated into existing healthcare services, such as; maternal and child health clinics, HIV/AIDS programs, and general outpatient departments. This approach helped to reach a broader population and early identification of TB cases.

2.6: 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.



The key approaches used here include: 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.

3.0: Research, Advocacy and Knowledge Management:

Contribution to; SDG #:



In this reporting year, HAR worked in collaboration with; government institutions, CSOs, media and the private sector, to carry out advocacy activities with the following objectives:



1. **Awareness and Education:** HAR carried out advocacy campaigns to raise awareness about barriers to access and uptake of health services (including Family Planning) and to educate the target communities about significance, impact, and potential solutions on elimination.
2. **Resource Allocation:** We pushed for increased funding or resources to be allocated towards addressing the barriers, such as youth friendly services, commodity stock outs and response to GBV and relevant infrastructure.
3. **Behaviour Change:** The campaigns were also aimed at changing public attitudes, behaviors, or social norms related to the health services uptake, in order to create a more supportive environment for addressing the negative social norms.

3.1: Media advocacy campaigns on SRHR (including Family Planning):

During the course of 2023, HAR worked with health workers and Kyegegwa community Radio, to campaign against barriers to uptake of SRHR services. The particular issues addressed included; Sexual and Gender Based Violence (SGBV), Youth friendly SRHR services, commodity stock outs and accessibility especially for the hard to reach communities and the Adolescent Girls and Young Women (AGYW). A total of 9 Radio talk shows were held targeted at 25,000 listeners. These campaigns resulted in; reduction in family planning commodity stock outs (especially long term), male support for SRH services uptake and reduction in reported SGBV. The campaigns also led to community acceptance and active participation in all community outreaches including dialogues.



3.2: Women's Day Celebrations:

In the reporting year, HAR team participated in the Women's Day Celebrations in Kassanda District in partnership with Kassanda Local Government structures. The objectives of the celebrations included among others: - To celebrate the social, economic, cultural and political achievements of women and also to promote actions for increasing gender equality and women's empowerment in the context of climate change environment and other disaster risk reduction programmes in Kassanda district.





AGYW Exhibitions on (IWD)

The national theme of the year was “ *Equal opportunity in Education Science and Technology for innovations for Gender equal future*” the celebrations were earmarked with a number of activities which included among others:- AGYW, Women representatives and invited guests matching around Kalamba Trading Centre and play ground- Kiganda Town Council,. The climax of the event was at Kawungeera playground where we had different speeches made by;

political, local Government leaders at different levels and the invited guests. The Guest of Honor was the **Hon. Prime Minister of the Republic of Uganda.**

3.3: Participation in the 16 days of Activism:

The 16 days of activism, is an annual international campaign that kicks off on 25 November, the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day. At HAR, the 16 Days are an opportunity to unite with partners and reflect on what we can each do in our targeted communities and in our own lives to eliminate the disproportionate violence faced by women, girls and other gender based most vulnerable individuals.



School activism dialogue in Kalwana-Kassanda

In November 2023, HAR joined the rest of the world in observing 16 days of activism against violence on women and girls under the 2023, UNiTE campaign theme “**Invest to Prevent Violence against Women & Girls**”. The HAR programmes team directly **reached** a total of 556 individuals (AGYW/ABYW, men and women) through community dialogue aimed at discussing issues of SGBV in Kassanda, Kyegegwa and Serere district. The team also indirectly reached 41,000 individuals through Local Radio programmes (talk shows, spot messages and DJ mentions).

This event also brought together 64 duty bearers in the targeted districts who included; Women leaders, PWD leaders, police, PLHIV, Local council leaders, Youth leaders, cultural leaders, health workers, District Local Government officials, sub county chiefs, Community development Officers, Probation officers, Magistrates and religious leaders, amongst others.



Community activism dialogue in Kyere-Serere

Our main role as a CSO and key partners was to:

- ✚ Challenge people to reflect on own biases and challenge gender stereotypes.
- ✚ Educate adolescents and youth about healthy relationships and consent (informed & tacit).
- ✚ Be receptive, believe and support survivors who come forward. Here we popularized the

Safe Space Model under DREAMS, Post Violence Care and the Referral Pathway.

- ✚ Promote policies and practices that foster a safe school climate. Here we popularized the Journeys plus, Aflateen and Aflatoun curricula etc.
- ✚ Encourage youth participation in leadership and change.
- ✚ Challenge the use of words and actions that demean women and girls.
- ✚ Take Action - Be an “upstander” and intervene to prevent harm.

During the aforementioned dialogues, the community members raised many barriers responsible for inadequate access to SRHR and SGBV services. These included: Failed court cases due to lack of witnesses stemming from fear of appearing in court; lack of youth-friendly corners; the high number of teenage pregnancies; health worker absenteeism; lack of professional health service providers in the health centres to handle SRH-related issues; long distances in accessing health facilities; Family Planning commodities stock outs and the lack of information on sexual reproductive health that impeded access to services and led to unsafe abortions, maternal mortality, and infant mortality; and lack of skills in examination and filling out legal medical forms.

3.4: Strategic Partnerships and Networks:



In 2023, HAR worked with National Coalition of Human Rights Defenders (NCHRD-U) to improve the protection, safety and security of human rights defenders (HRDs) at an Individual and organizational level. In this reporting period, 50 referrals to service providers including; legal aid, psycho-social, security, financial and healthcare providers with in; Serere, Kassanda, Kamuli and Kyegegwa. A total of 123 human rights defenders have been trained in Case

Handling and management. A 24 hour Toll free Help Line, has been popularized in all our areas operation.

HAR participated in the commemoration of the International Human Rights Defenders Day organized by National Coalition of Human Rights Defenders-Uganda (NCHRD-U) at Nile resort Jinja City. Here, the different coalition members came together to discuss challenges faced by human rights defenders, and forge workable solutions to the ever increasing challenges.



In the same reporting year, HAR partnered with WESDO an indigenous CBO in Kassanda District to; create awareness among AGYW on financial services in form of low interest loans and management of Income Generating Activities (IGA). A total of 6 AGYW-IGA groups from Kassanda District were supported with loans totaling to 18 million at 3.3% monthly interest rate.



Between January and December 2023, HAR partnered with Nabagerekka Development Foundation (NDF), to; promote social norms change 12,574 AGYW, male partners and their care givers through (SASA) using HAR safe spaces in 9 Sub counties of Kassanda District. This effort helped improve power relations between AGYW and their male partners. NDF also established Model village committees, promoted WASH and energy saving stoves. The key results included; construction of 22 VIP latrines and 52 energy saving stoves.

4.0: Livelihoods:

Contribution to; SDG #:

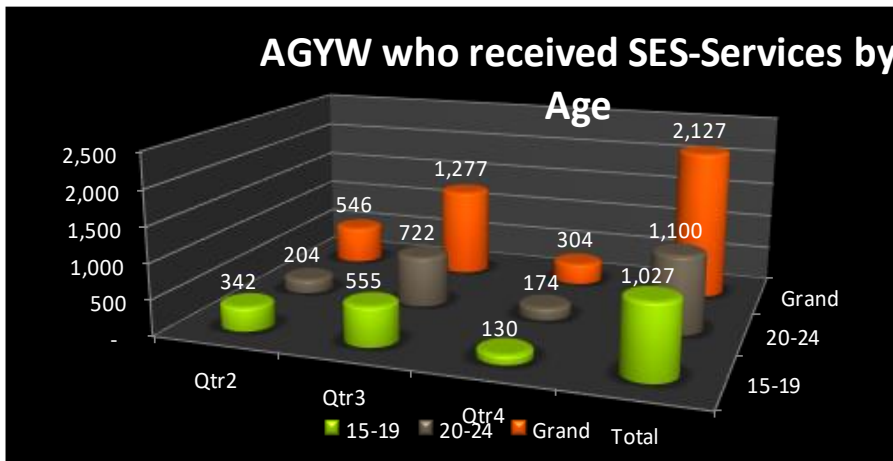


At HAR we recognize the very close link between; peace, respect of human rights, quality health and livelihoods. Research has shown that vulnerable households accelerate the rate of human rights abuse and ill health. In the period 2022-2026, HAR’s aim is to strengthen community livelihood programs with participatory approaches. The livelihoods programming is tailored on specific community socio-economic needs.



4.1: Socio-Economic Support (SES) Services:

Our 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).



Below: Left AGYW placed for Motorcycle repair-Bukuya; Right-Bakery Training in Kiganda-Kassanda



4.1.1: 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.

AGYW in saving session-Kamuli-Kassanda



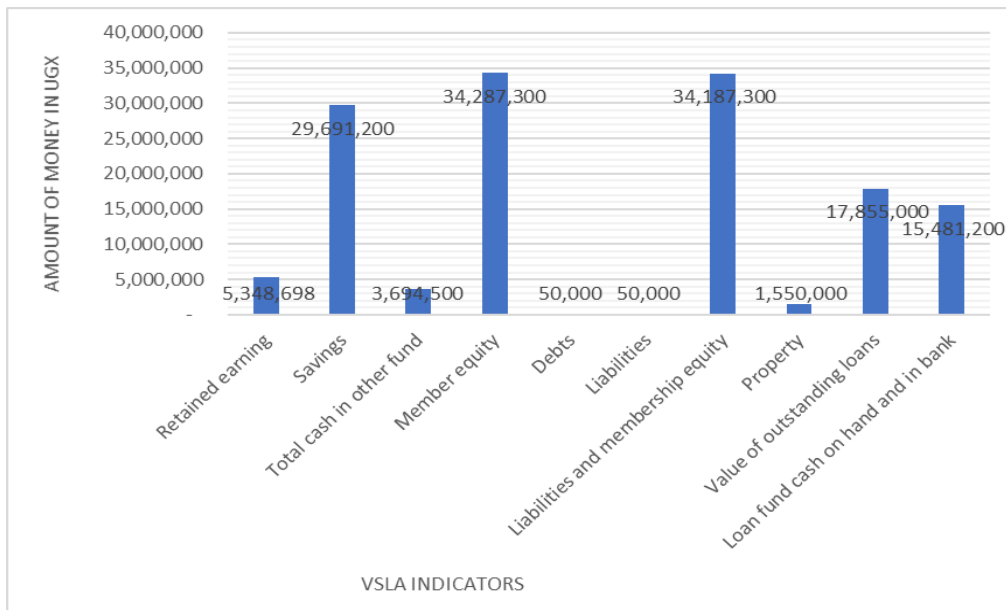
The VSLA methodology was also aimed at addressing; financial inclusion, economic empowerment, and social capital/cohesion; by providing a platform for AGYW to pool their savings, which are then used to provide loans to members in need. VSLAs enabled members to invest in income-generating activities, smooth consumption, and cope with emergencies without resorting to high-interest loans from informal lenders.

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. The VSLAs typically consisted of 25 to 30 members, predominantly AGYW, who met regularly to save money, discuss financial matters, and make decisions collectively. Each member contributed a fixed amount to the savings pool during meetings, which were held at least monthly. Loans were issued from this pool, and members paid back with interest, which contributed to the growth of the fund. In the reporting period, the field teams managed to monitor 174 VSLA groups, with a total of 4,350 AGYW in VSLA groups actively saving. The groups increased by 100 (135%) from (74) last reporting period. Through these saving groups, participants have been able to access micro loans and are now managing their own small Income Generating Activities (IGAs).

The groups have remained autonomous and HAR's role was limited to:

- ✚ Availing skilled Community Based Trainers (CBTs).
- ✚ Technical Support Supervision, hence promoting good governance practices, building internal controls, and fostering leadership within the groups.
- ✚ Linking VSLA groups to; other support services such as the Parish Development model (PDM), financial institutions and the district community services department.

A Bar chart showing VSLA performance as of 20th/12/ 2023.



4.1.2: Matching grants (for AGYW aged 18 years and above).

In this reporting year, HAR supported 35 groups formed by **225** critically vulnerable AGYW who completed non-formal vocational training with matching grants (6,000,000=) each, with the purpose to provide financial support to initiatives that address the unique challenges faced by this vulnerable



group. These challenges amongst others include; limited access to education, quality healthcare, limited economic opportunities, limited access to credit facilities, limited access to resources and protection from Gender-Based Violence (GBV). The grant aims to empower AGYW by enabling them to access essential services, develop skills, and become agents of change in their communities.

To ensure sustainability, the matching grant program also offered capacity-building support, including training, mentorship, and technical assistance, coupled with linkage to other support services. This helped AGYW groups to enhance their organizational skills, leadership abilities, and project management capabilities, enabling them to effectively implement and sustain their initiatives (IGAs).

HAR also worked with partners to bolster initiatives aimed to empower AGYW economically by providing them with productive assets (start-up kits), such as; saloon equipment, shoe making kits/tools, tailoring equipment, soap making equipment and materials, book making equipment, and confectionery equipment; which they now use to generate income and improve their livelihoods. The kits served multiple purposes, primarily aimed at empowering them socioeconomically and enhancing their well-being. This meant equipping AGYW with the means to generate income, reduce their vulnerability to poverty and enhance their ability to support themselves and their families.

Our teams also worked with other stakeholders to ensure AGYW/ABYM Financial literacy in order to equip AGYW/ABYM with the knowledge, skills, and confidence to make informed financial decisions, manage money effectively, and work towards financial security and independence. The components entailed; Basic Financial Concepts, Budgeting, Saving, Banking Services, Understanding Credit, Debt Management, Financial Goal Setting, Consumer Skills, Teaching AGYW how to be savvy consumers, including; comparing prices, understanding advertising and marketing tactics, and making informed purchasing decisions, Entrepreneurship, Financial Risk Management, Digital Financial Literacy and Building confidence and empowerment around financial decision-making, encouraging AGYW to take control of their finances and advocate for themselves in financial matters.

5.0: Safety, Peace and Protection.

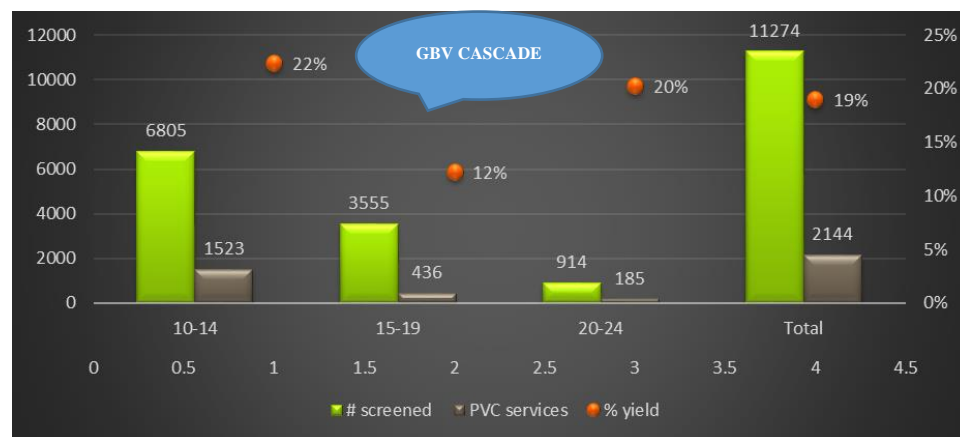
Contribution to; SDG #:



5.1: Prevention and Response to SGBV. In the reporting period, HAR teams tackled Sexual and gender-based violence as one of the barriers to HIV prevention, care, treatment and support among adolescent girls and young women, HAR therefore, integrated provision of post violence care in all community interventions.



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. Our

interventions included the following:

- Educational workshops and training sessions on SGBV awareness and prevention.
- Distribution of informational materials or resources.
- Capacity building for community members, leaders, and service providers.
- Establishment of support mechanisms such as hotlines; Counter referrals, model and community safe spaces, and mental health interventions (psychosocial support or counselling services).



Above, right- SRHR-IEC material approval-Serere District

Our innovative approaches used to ensure success of the program, included: Training resource persons in, Letter link communication; a system where letter link counselors provide counseling through writing letters to and from the children especially those in schools. The major target groups of letter link communication are; orphans, vulnerable children, teachers, care givers and Local leaders. There was also training in; community mobilization, communication and counselling.

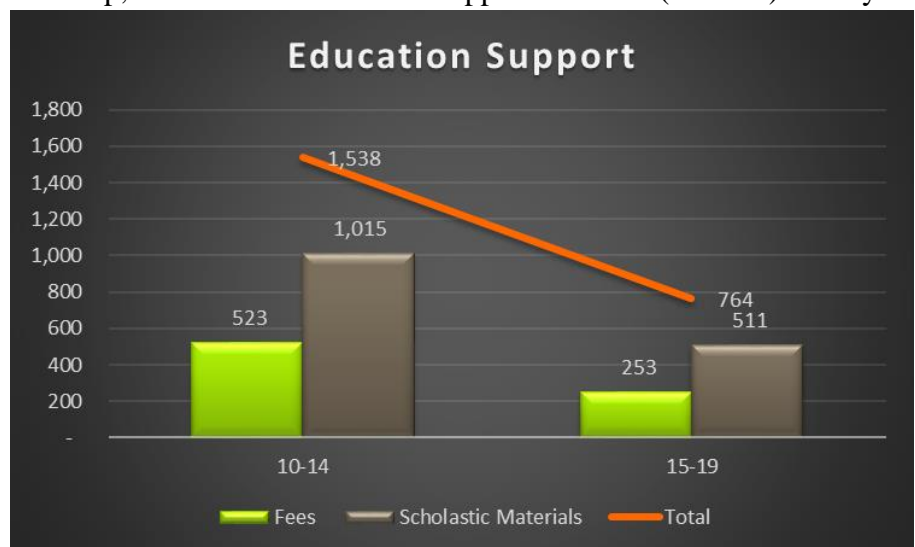
In the above graph (opposite page), it is evident that GBV prevalence was highest (22%) among the age group 10-14 and kept reducing with gain in age (20%-15-19 years), with the lowest (12%) yield, being recorded among the age group 20-24 years. Perhaps this alludes to the known fact that; the younger one is, the more vulnerable especially to GBV. The age category 20-24, mainly suffered intimate Partner Violence (IPV).



5.2: Educational Support to OVC.

Educational support to AGYW contributes to their empowerment, socio-economic development, and ability to make informed decisions about their lives, hence reduction in vulnerability and risky behaviours .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 2023, were girls aged 10-19 years.

Our future plans include; scaling up existing education subsidy programmes, exploring new partnerships for funding, and incorporating innovative approaches to reduce girl child school dropout rate. These will include;

- ✚ **Address Gender biases in educational institutions:** We shall encourage implementation of policies and programs to promote gender equality in schools, through providing training for teachers and staff on gender sensitivity, and create safe spaces/ environments for girls to express themselves without fear of judgment.
- ✚ **Community Engagement and Parental Involvement;** HAR will engage with parents, guardians, and the wider community to raise awareness about the importance of vulnerable girls' education. We shall encourage parents to support their daughters' (including children with disability) education and involve them in decision-making processes related to schooling.
- ✚ **Peer Support Groups:** HAR will work with schools to establish peer support groups where supported AGYW can come together to discuss challenges, share experiences, and provide emotional support to one another. Peer support groups are envisaged to create a sense of belonging and solidarity, reducing feelings of isolation and dropout rates.
- ✚ **Mentorship Programs:** Our teams will establish mentorship programs, where older female students, senior women teachers or women from the community mentor AGYW. These mentors shall provide guidance, support, and role modelling, helping AGYW navigate challenges and stay motivated in their education.
- ✚ **Addressing Menstrual Health Needs:** HAR plans to popularize menstrual health management programmes in order to provide supported AGYW with access to menstrual hygiene products, private sanitation facilities, and education on menstrual health and hygiene. By addressing menstrual health needs, we hope to reduce absenteeism and dropout among AGYW.



5.3: VIOLENCE REDUCTION THROUGH:

5.3.1: Rehabilitation.

In this reporting year, HAR in liaison with the established partnership with Kampala City Council Authority and Uganda Police reached/rescued a total of 121 (101F – 20M). The children were rescued from areas that include; Nakulabye, Jinja Road traffic lights, Wandegeya, Queens Way, Kisenyi and Katwe parishes. After being rescued, all the children received age-appropriate Socio-Economic Support (SES) services including; vocational training in; Soap making, Shoe making, Book making, fashion and design, bakery, tailoring motor mechanics, hairdressing among others. All the children received rehabilitation services including; GBV screening, Post Violence Care, mental health/psychosocial support, HIV Risk based testing, medical care, feeding, group and individual counselling, games and sports, life skills sessions, SASA, and backyard gardening.



5.3.2 Reintegration

In this reporting period, 120 children (20 boys and 101 girls) were assessed and their data documented to facilitate family tracing and reunification with their families. HAR team conducted child assessments using the case management tool. The screening revealed that most of the children were trafficked from Karamoja region hotspot for child trafficking activities, particularly in areas close to the borders and rural and isolated sub-counties where monitoring and enforcement are challenging. These children had been trafficked to urban centres in Uganda and beyond for labour and other forms of exploitation like; sexual slavery, begging, criminal activities and forced marriage amongst others.

The table below shows the statistics for children reintegrated per District.

No.	DISTRICT	MALE	FEMALE	TOTAL	Percentage
1	Kaabong	8	12	20	17%
2	Kotido	9	15	24	20%
3	Moroto	9	11	20	17%
4	Napak	2	8	10	8%
5	Amudat	13	33	46	38%
Grand Total		41	79	120	100%

The graph below shows that 38% of the children came from Amudat, followed by Kotido with 20%, Kaabong & Moroto at 17%, and Napak had the least at 8%.

5.3.3: Public Awareness Campaigns.

To create **Public Awareness**, HAR leveraged Media and Technology, where we collaborated with; local Influencers/local celebrities, social media influencers, and activists to amplify our message about child trafficking in Karamoja region. HAR liaised with respective police (Child and Family) and probation officers, to participate in; Talk Shows and Interviews on local radio/traditional media to discuss child trafficking and partners/concerted efforts to combat it.

HAR team supported Community Engagement through; Public Events such as community meetings to draw attention to the issue of child trafficking in all the five districts where reintegration was facilitated. HAR teams also used these events to distribute educational (IEC) materials and engage with the gatekeepers in their respective community. In the same vein, five training events for teachers, social workers, political leaders, CSOs, healthcare professionals, and law enforcement on how to identify and respond to child trafficking cases were held in the reporting period.



6.0: Expand operations and growth of HAR.

HAR's programming success is dependent on; sustainable and sufficient resources. Therefore, resources acquisition and frugality has been at the core in our endeavor to grow as an organization. HAR instituted strategies to increase her visibility, competitiveness in provision of services in the priority programming areas.

6.1: Improve Data/Service Quality (D/SQA) and Quality Improvement (QI) projects.

HAR conducted data quality assessments for FY2023 projects aimed to evaluate the accuracy, completeness, and consistency of our clients' data.



Methodology:

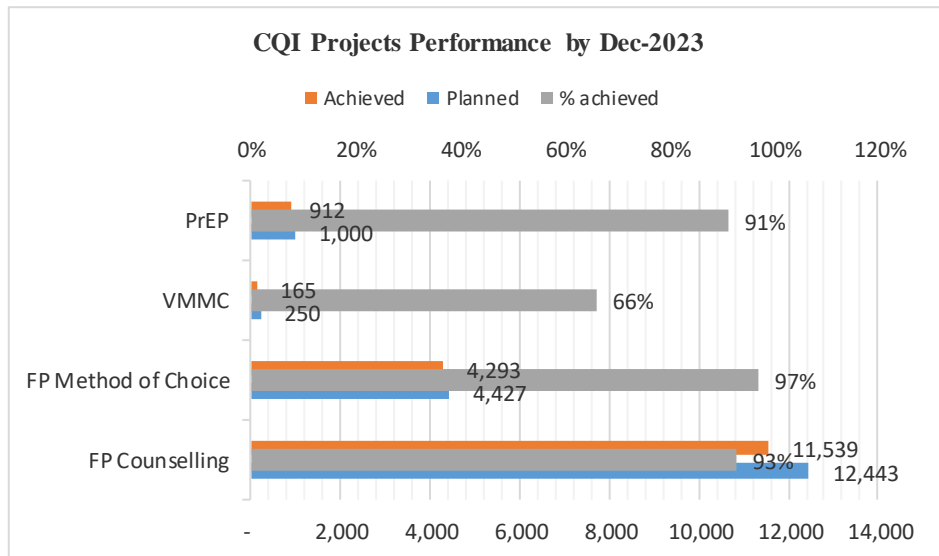
Our teams used data profiling tools to analyze the data quality across five dimensions: **accuracy, completeness, consistency, timeliness, and validity**. The assessment involved automated data quality checks and manual reviews.

Data Quality Dimensions:

- ✦ **Accuracy:** 97% of the data accurately represented targeted clients' information.
- ✦ **Completeness:** 90% of the records were complete, with few clients especially AGYW Screening tools in Kassanda missing contact details. This significantly impacted our ability to reach our clients in record time.
- ✦ **Consistency:** Data inconsistencies were found in 5% of the records, mainly due to system data mismatch with data in primary tools. This caused inefficiencies in service and reporting.
- ✦ **Timeliness:** 96% of the data was updated within the required time frame.
- ✦ **Validity:** 95 % of the data conformed to the required formats and standards.

Progress and Future Plans:

Since the last financial year, HAR improved data accuracy by 7%, data completeness by 10%, data consistency by 15%, update timeliness by 16% and validity by 5%. Our plans include; routine real-time data quality monitoring, allocating enough budget for data quality improvement tools and adopting techniques for predictive data quality management.



During the year, Continuous Quality Improvement was carried out targeted at the poorly performing indicators, that included; Family Planning methods of choice, Family Planning Counselling, VMMC and PrEP eligibility screening.

The following strategies were used to improve the gaps identified by the QI team;

- Conducting integrated outreaches to initiate AGYW on PrEP to address the poor performance of PrEP initiation from 18% (Mar-2023) to 91% in Kassanda district by December 2023. This was coupled with continuous mobilization and sensitization in communities and utilizing all Key stake holders in the mobilization exercise to ensure that all AGYW who are eligible are initiated on PrEP.
- Engaging the Health Facility in-charge to liaise with the office of the DHO and Kyegegwa district leadership to lobby for family planning commodities restock and steady supply. This was augmented by; Client-Centred Approach, Provided Accurate Information, Offered a Range of Options, Sensitivity to Cultural and Religious Beliefs, Involved male Partners and Family Members, Promote Dual Protection, Address Barriers to FP services Access, Follow-Up and Support, Counsel on Reproductive Health and Life Goals, Use of Technology: such as mobile apps for tracking fertility, sending reminders for contraceptive use, providing telemedicine options for counselling sessions especially in heard to reach areas.
- Engaged local communities to raise awareness about the benefits of VMMC in preventing HIV transmission. Ensured that VMMC services are readily available and accessible to the target population. Offered VMMC services free of charge. Addressed Myths and Misconceptions. Involvement of Female Partners. Ensured privacy and confidentiality for individuals seeking VMMC services. Provided pre- and post-VMMC counselling. Integrated VMMC services with other healthcare services, such as HIV testing and counselling, to reach a broader population and facilitate uptake.

6.2: Improving Resource Mobilization;

In an effort to improve resource mobilization, HAR sought to increase the number of donors and agency membership. HAR resource mobilization team wrote four (4) proposals in response to Calls For Proposals (CFP) posted by granting agencies. All the applications were in response to calls that share similar objectives in line with HAR strategic plan 2022-2026. Out of the 4 applications, 3 reached pre-award assessment level (75%) and yet one (25%), was successfully funded and this led to our geographical expansion to Kumi District.

To ensure Financial sustainability, HAR plans the intensification and diversification of resource mobilization, and financial efficiency. The following are the ongoing and planned resource mobilization strategies.

- ✚ Strengthen the Program office with more competent staff to engage in resources mobilization.
- ✚ Have strong multi-skilled and experience Board of Governors who can lead in strategic partnerships and resources mobilization, offer insights and influence to critical information and donors
- ✚ Leverage Volunteer support, where volunteers provide their time and resources to support the work of our organization.
- ✚ Create internal revenue projects such as community agribusiness with social enterprise approach.
- ✚ Build strong collaboration with national and regional implementing partners and donors.

6.3: Instituting Robust Risk Management and Fraud Detection Mechanisms.

To bolster HAR expansion and growth, the Senior Leadership Team, has continued to improve mechanisms for; effectively identifying, assessing, and mitigating risks. The main objectives for robust risk management programme, include;

- ✚ Protecting HAR shareholder.
- ✚ Ensuring regulatory compliance.
- ✚ Safeguarding company assets.
- ✚ Promoting sustainable growth.



HAR staff- risk management training

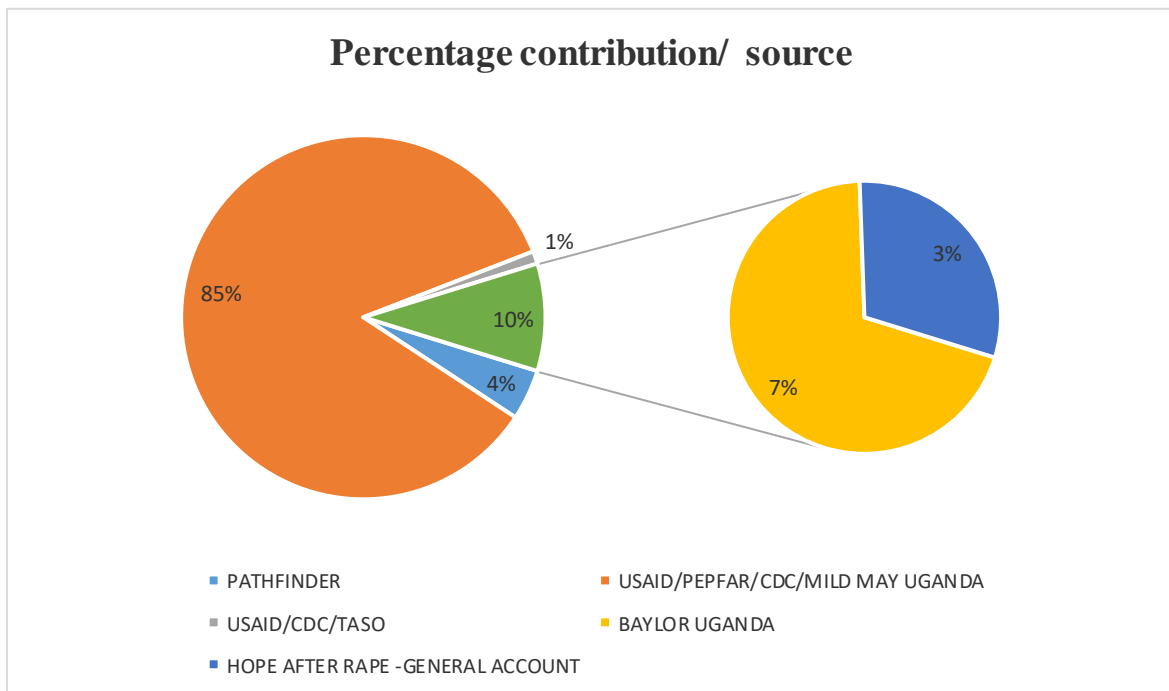
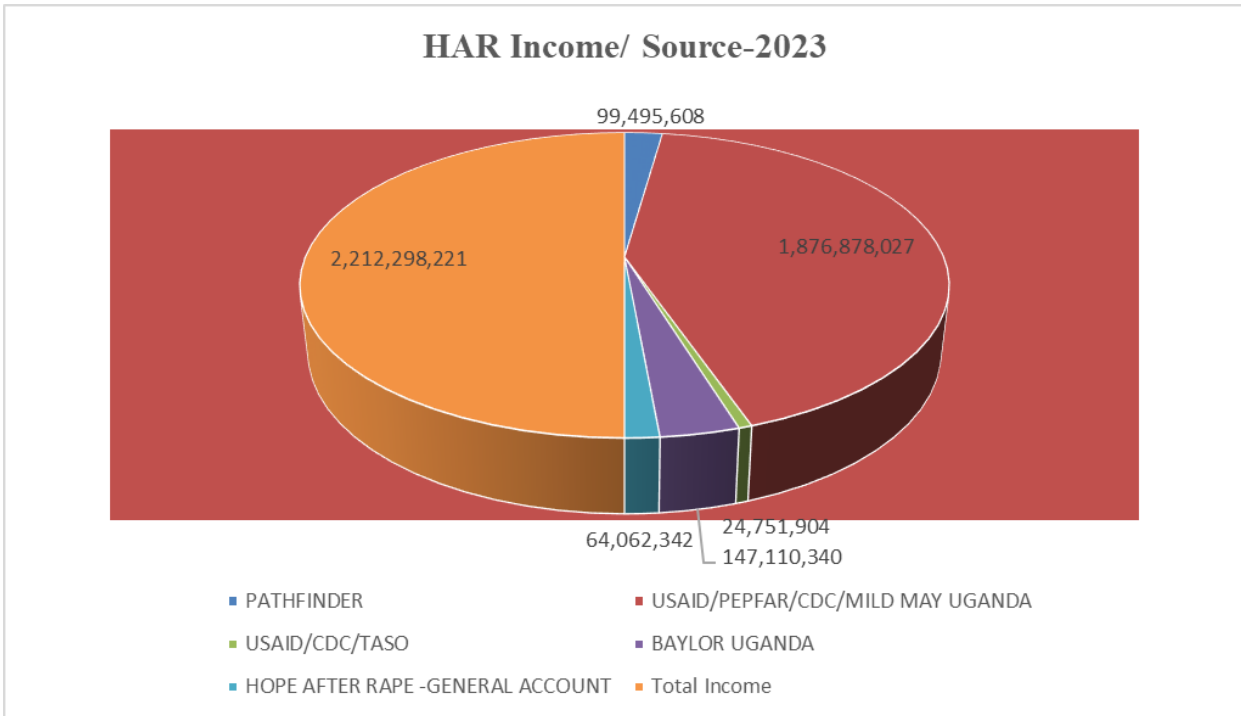
In this reporting year. HAR improved on the organizational Risk Management Framework, by instituting more **Risk Management Policies**; including, communication policy, Conflict of Interest policy, Whistle-blowers' policy, Anti-corruption policy, Data protection policy and Security policy.

HAR management has also made efforts to promote a strong risk culture, through; Risk management training initiatives for employees at all levels, creating risk awareness on how risks are communicated across the organization and encouraging staff behaviors that align with effective risk management practices. The key achievements include: Implementation of new risk management tools and guidelines, Successful mitigation of specific risks, and Enhancements in risk reporting and monitoring.

Our future Risk Management plans include:

- ✚ Appropriately and timely handle anticipated emerging risks.
- ✚ Continuous improvements/ updates to the risk management framework.
- ✚ Promotion of initiatives to enhance staff risk resilience.
- ✚ Ensure compliance with relevant risk management regulations and standards, that will include occasional assessments and audits.

7.0: Revenues by Source:



Partnerships



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.
IWD	International Women's Day
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.