



# Better HAG Uganda

(Better Health Action Group Uganda)

*“Strengthening Synergies for Improved MNCH,  
SRHR, HIV Prevention and OVC Support”*

*Annual Report 2011*





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## Introduction

### *Better HAG Uganda (Better Health Action Group Uganda)*

Better HAG Uganda is a Not for Profit, National Non Governmental Organization that was founded in 2008 by a group of human rights and development activists to act in response to the skyrocketing maternal, neonatal and child mortality ratios, poor sexual and reproductive health and rights especially among women and girls; high HIV incidence and prevalence rates as well as the general inadequacy in the support availed to the ever growing number of disadvantaged children.

Our mission is to promote better health with specific regard to maternal, neonatal and child health (MNCH), HIV/AIDS, sexual reproductive health and rights (SRHR) and support to orphans and other vulnerable children (OVC) through partnership, advocacy, networking, capacity building and meaningful involvement of all people irrespective of age, sex, race, level of education, religious affiliation, political affiliation, marital, health as well as socio-economic status. We are guided by our sparkling slogan “*Strengthening Synergies for Improved MNCH, SRHR, HIV Prevention and OVC Support*”

## Executive Summary

### Letter from the Executive Director

By the end of 2011, Better HAG Uganda (Better Health Action Group Uganda) had made remarkable strides in achieving her goals, particularly in the fields of women and girls’ human rights, SRHR, HIV and AIDS and OVC; in the districts of Mbale and Manafwa (Eastern Region), Kampala (Central region) and Ntungamo (western region). These were realized principally on account of the partnerships with other NGOs, grassroots Community based Organizations, women groups and networks in the respective areas of intervention. It is indisputable that these partnerships underline the magnitude and complexity required to realize concrete outcomes in our programs.

Each relationship we created and nurtured was tailored to the specific needs of the community receiving the services, the strength and capacity our partners as well as the financial and human resources available.

This report provides a detailed overview of the achievements accruing from implementation of projects and other programs in partnership with other stakeholders in 2011. Better HAG Uganda has and will continue to endeavor to be the best partner that it can.

A lot of success stories remain untold and credit for especially grassroots partnerships is often understated. Nevertheless, Better HAG Uganda has long recognized it could not operate without the devotion and commitment of such, regardless of their size and origin. We entered into this year with incredible plans and—thanks to the support of tens of thousands—were able to translate those plans into groundbreaking initiatives and tangible results. Our ambitious goals were met with tremendous response.

We are now member to Petition 16 Google group, a coalition of over 40 CSOs advocating for increased financing for maternal health in the country. Our efforts were not only enhanced to facilitate *reduction of gender disparity in various communities and homes through capacity building and advocacy* but also improve *the social and health status of OVC*.

We also wish to unreservedly thank the generosity of our dear donors, particularly UNFPA, American Refugee Committee International-Uganda and The African Women’s Development Fund (AWDF) without whose support, we would not be where and what we are today.

Scores of appreciation further go to; the BoD of Better HAG Uganda for the guidance and oversight role well played. The ardency, enthusiasm and dedication of our dear Secretariat staffs can not also go unrecognized and appreciated. Thank you all, thank you so much.



There is still a lot to be done, and I am confident that if we continue to invest time and energy, we will continue to make a difference in the lives of the people we aim to serve.

Most Sincerely,



A handwritten signature in black ink, consisting of a series of loops and a long, sweeping line extending upwards and to the right.

*Arnold Josephs Kituyi,*  
**Executive Director**  
Better HAG Uganda  
(Better Health Action Group Uganda)

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## List of Abbreviations and Acronyms

<b>ABC</b>	Abstinence, Being faithful and Condom Use
<b>AIC</b>	AIDS Information Center
<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>ART</b>	Anti-Retroviral Therapy
<b>BACI</b>	Bunambale AIDS Community Initiative
<b>Better HAG Uganda</b>	Better Health Action Group Uganda
<b>CBO</b>	Community Based Organization
<b>CD4</b>	Cluster of Differentiation 4
<b>CHAIN Uganda</b>	Community Health and Information Network-Uganda
<b>CHAU</b>	Community Health Alliance Uganda
<b>CSO</b>	Civil Society Organization
<b>COREPs</b>	Community Referral and Protection Systems
<b>GCOWAU</b>	Global Coalition of Women Living with HIV and AIDS in Uganda
<b>HIV</b>	Human Immune Virus
<b>HCT</b>	HIV Counseling and Testing
<b>IEC</b>	Information, Education and Communication
<b>IHAA</b>	International HIV and AIDS Alliance
<b>IWRM</b>	International Workshop on Resource Mobilization
<b>LC</b>	Local Council
<b>MNCH</b>	Maternal, Neo-natal (New born) and Child Health
<b>MWAA</b>	Magale Women Alliance against HIV and AIDS
<b>NAFOPHANU</b>	National Forum of People Living with HIV and AIDS Networks in Uganda
<b>OC</b>	Officer in Charge
<b>OPG</b>	Open Gate
<b>OVC</b>	Orphans and other Vulnerable Children
<b>PMTCT</b>	Prevention of Mother To Child Transmission
<b>SAIL Uganda</b>	Spread Awareness Information and Learning in Uganda
<b>SALT</b>	Support on AIDS and Life through Telephone Helpline
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UNFPA</b>	United Nations Population Fund
<b>VAW</b>	Violence Against Women
<b>VAWG</b>	Violence Against Women and Girls
<b>VCT</b>	Voluntary Counseling and Testing
<b>WAD</b>	World AIDS Day
<b>YEAH</b>	Young Empowered And Healthy



## 2011 Projects

### Project 1:

#### Background

### **“A Road Map to National Development: Ending Violence against women”**

The legal and policy framework including the Domestic Relations Bill as well as the Government of Uganda’s ratification of International treaties to combat Gender Based Violence (GBV) are existent but have only not been fully enforced. As a result there are overwhelming cases of GBV such as wife battering, forced and early marriages, widow inheritance, forced and excessive labor especially among women and girls, sexual coercion including marital rape and defilement, women’s inability to negotiate safe sex, non spousal violence, female genital mutilation, denial of female ownership of property, widow expulsion; among others; most of which have now been unearthed by several media and/or research reports.

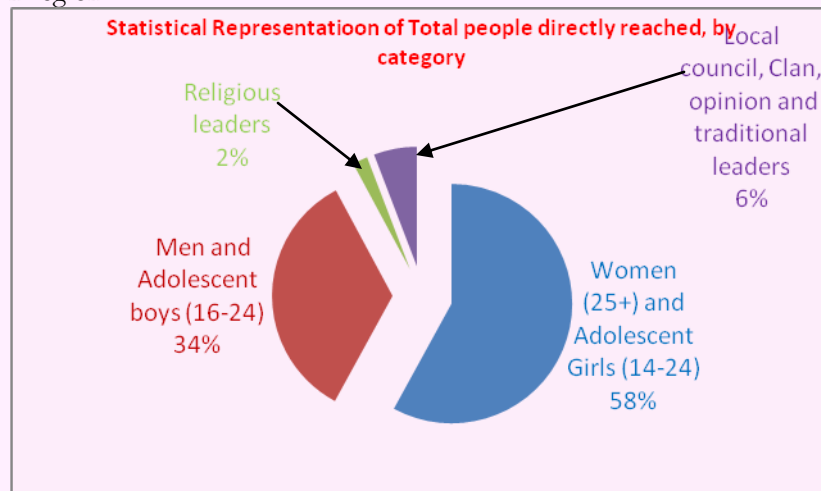
Through the generous support of UNFPA through American Refugee Committee International, Uganda, Better HAG Uganda successfully implemented a project titled *”A Road Map to National Development: Ending Violence against women”* that was implemented in Bubulo East Constituency, Manafwa district-Eastern Uganda; in commemoration of the 16 Days of Activism against GBV. The overall objective of the project was to contribute towards reducing social tolerance for GBV and advocating for implementation of greater protective laws and policies for elimination of GBV.

Key specific objectives of the project were:

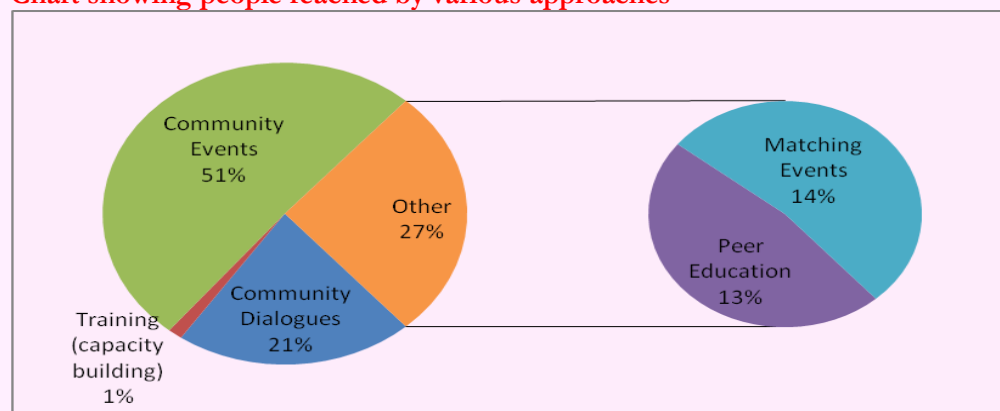
1. Increasing awareness on gender based violence with specific regard to women and girls’ rights.
2. Building and strengthening capacity for GBV prevention, response and advocacy.

#### Key Accomplishments

Better HAG Uganda successfully held integrated multi-faceted awareness raising community events on GBV that included use of performing arts (music, dance & drama), sports events, public educational talks on GBV, HCT, and cinema projections on GBV. In addition, we organized community dialogues, aired a radio series on GBV, conducted capacity building (training workshop on GBV) for grassroots women CBOs, networks and groups in an effort to strengthen capacity for GBV prevention, response and advocacy. Strategic partnerships with other national civil society organizations as well as CBOs, local Government and religious institutions were instrumental in fueling success of this project. A total of **151,951 people were reached; 64% of whom women and girls. 3,951 people i.e. 2,291 women and girls, 1,350 adolescent boys and men, 80 religious leaders of different faiths and 230 Local Council, Clan, cultural, opinion and traditional leaders** were directly reached by the project. Over **150,000** are estimated to have been indirectly reached by the radio series which was aired on Open Gate FM. This radio station has coverage of the entire Eastern region.

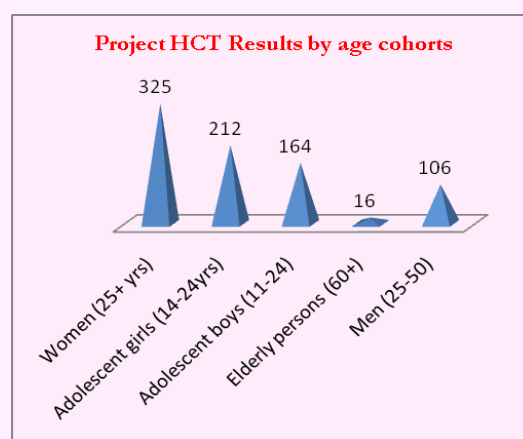


### Chart showing people reached by various approaches



### HIV Counseling and Testing (HCT)

In close collaboration with Magale Health Center IV who provided test kits, lab technicians and VCT counselors, a total of 823 people were counseled, tested and given results free of charge, majority of whom being women and girls as illustrated in the graph below. 71 were HIV positive, representing area prevalence of 8.6% which is high and above the national average of 6.4%. This demonstrates the amount of effort required to quell the situation.



Referrals made		
Category	#	Referral Services
Women (24+)	29	ART, PMTCT, Family planning
Girls (12-24)	15	ART, PMTCT, Family planning
Men	16	ART, STD management
Boys	11	ART, STD management
Referral Follow-up Results		
Follow-up efforts made at the beginning of January 2012 indicated that 18 women, 9 girls 7 men and 8 boys had sought referral services, all representing 59% response of total referrals made.		



**Left:** A lab technician from Magale Health Center IV during one of the HCT outreaches

**Right:** People crowd the HCT registration table



**Community Awareness Raising and Sensitization campaigns on VAW and Girls**

4 community awareness raising and sensitization events were organised in key magnetic centres identified by beneficiaries and other stakeholders in the project coverage area. These included Mufutu, Bumwoni, Magale and Bumbo. Efforts were made to mobilise several stakeholders including women and girls (who are primary beneficiaries of the project), selected religious leaders, local council heads (LC1-3 including women councillors), opinion and traditional leaders, as well as men (who are in most cases the perpetrators of violence against women and girls); among others. The 4 community events reached an estimated total of 1600 people (about 2/3 of whom women and girls).

Educational talks by notable human rights defenders were made by several stakeholders from the legal fraternity, women councillors, police as well as health workers. 8 religious leaders were also involved in these events.

To scale up participation Better HAG Uganda innovatively arranged for 4 'Bicycle races' with bicycle decorated with 4 flags each bearing a different message against VAW. A cross section of girls and women participated in these races. In an effort to enjoy the race, many people stood by the road sides and as a result were able to read the different messages on flags that decorated the bicycles. This was one of the unique mobilization strategies in this particular project.

Effective IEC materials including 400 t-shirts, 300 calendars for the year 2012 as well as 300 bandanas that were selectively distributed to active primary beneficiaries throughout the project.



*Different stakeholders expound on the effects on VAW and girls in the context of community empowerment and development.*

### Capacity Building

Better HAG Uganda outsourced a Consultant to conduct 3 day training for 20 participants on Gender Based Violence at St. John Baptist Parish Hall, Magale-Bubulo East Constituency, Manafwa district. Participants in this training included members of our partner CBOs i.e. Bunambale AIDS Community Initiative (BACI) and Magale Women Alliance against HIV and AIDS (MWAA). Other participants in the training included religious leaders (Christian and Muslim faith), selected LC I chairpersons, clan elders and opinion leaders, representatives of women groups and networks as well as selected women and girls.

Having attained knowledge and skills, trainees were required to roll out to communities to sensitize them on GBV matters in an effort to improve women's legal literacy and knowledge about their human rights in the VAW spectrum. Better HAG Uganda organized some monitoring visit to BACI and MWAA to establish how they conduct their activities and how they have integrated activities on elimination of GBV in their programs. Some of the beneficiaries of the training were occasionally invited to facilitate community dialogues.



**Left:** Participants in group work. **Right:** A clan elder makes a presentation on the effects of VAW and girls



**Above:** A woman makes a presentation on women and girls' rights. **Right:** Religion aside: Religious leaders share a joke after the training

### Integrating Performing Arts in elimination of VAW and Girls

The power and influence of this strategy can never be underestimated. Performing arts (or music, dance and drama as widely known) not only has a blend of education and entertainment (edutainment) and therefore eliminates mental fatigue but also communicates beyond language barriers, reaches larger audiences, has lasting visual impressions in the minds of spectators and fosters on-spot evaluation of an intervention.



Better HAG Uganda hired services of a Consultant to develop 2 master art pieces on the need to eliminate violence against women and girls. These include a radio series i.e. a 5 minutes episodic play which was aired on OPG 103.2 Fm, stationed in Mbale district for 16 days to commensurate the 16 days of activism against GBV. This leveraged project coverage as the radio's listenership covers the entire Bugisu region (Mbale, Manafwa, Bududa, Sironko, and Bulambuli districts) as well as the neighbouring districts like Tororo, Budaka, Kumi, Soroti, parts of Namutumba, Kwen, Kapchorwa, Bukwo. Its coverage also goes as far as western Kenya. This radio series has reached an estimated total of 150,000 people.

The other art piece was a stage play (20-25 minutes) that was performed live in all the four (4) community events at Mufutu, Bumwoni, Magale and Bumbo. With an estimated 400 people turning up for community events, the stage play reached over 1,600 people in all the four community events conducted.

Both skits highlighted the different forms of gender based violence at the beginning and climaxed with the way forward i.e. what victims of GBV can do and generally where to seek legal redress.



*Above: The approach proved worthwhile as people were able to pick the artistic expression of GBV, possible remedial measures and way forward. The play elicited the different rights of women and girls, sensitized perpetrators of VAWG on different laws, policies and action plans against the vice.*

### Community dialogues

It is an undisputable fact that deep-rooted cultural norms, customs and traditions which are under the custodianship of traditional, cultural and clan leaders in every locality; continue to constitute serious obstacles to the realization of a violence free environment for women and girls due to their permissiveness towards GBV and as a result, increase the risk of HIV infection among mainly women and girls.

In that respect therefore, Better HAG Uganda planned for dialogues in selected communities in the sub county. Every dialogue was made up of 30 people 50% of whom traditional, cultural and clan leaders. Other participants included LC 1 Chairpersons, opinion and religious leaders as well as selected women, girls, men and boys.

The purpose was to influence a change in perception of cultural values, norms and customs in the context of women and girls' human rights. A total of 17 dialogues were successfully held reaching over 500 people.

It was established that GBV issues are crosscutting cross cutting in the communities visited. Cases of domestic sexual violence including marital rape, battering, excessive labour, unreported defilement, forced and early marriages, widow inheritance, expulsion of widows and children upon the demise of husband/father, violence as a result of one sex babies, denial of women and girls to own property, polygamy, emotional violence; among others, were rampant in the communities. Worse to note is that victims of all the above forms of GBV have adopted them as normal “...*abe khwakhakhola khurye, mbawo nga khunyala khwabyakamisa tta....ari ifve balala khwanala....*” (“...even if we do what, there is no way we can stop it....now some of us are used....”) said one woman in mid 30s in one of the dialogues at Matuwa, Bupoto sub county.



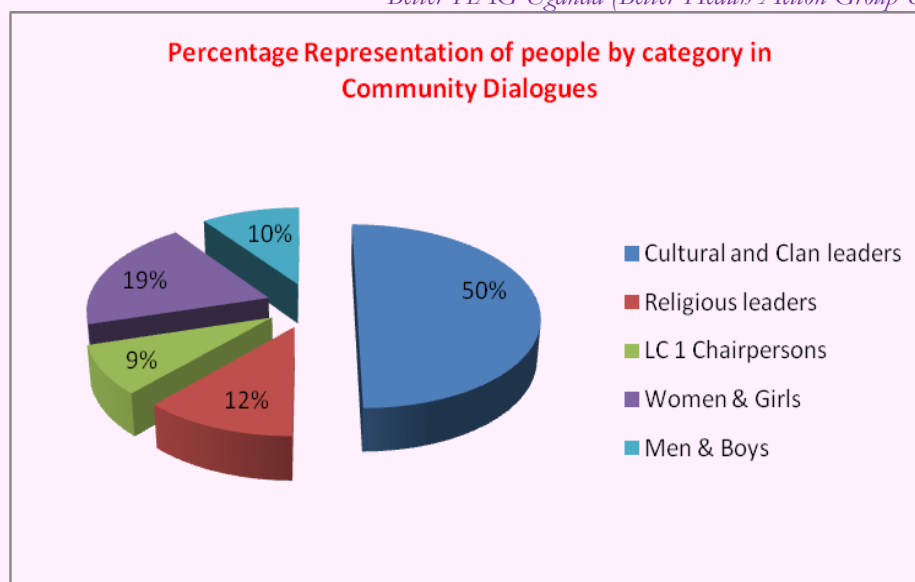
**Above:** Holders of customary law, customs and beliefs during some of the community dialogues

Less than 10% of the total people reached were knowledgeable of at least one institution that offers support in the event of GBV. Less than 2% had heard of the domestic relations bill, a situation worth worrying about. This explains why GBV is well pronounced in the Bugisu region. Even the perpetrators of VAW (men) are less knowledgeable about the consequences of abusing women and girls, hence they commit this vice without hesitation. At times, some Police Officers reached also showed knowledge gaps on women and girls' rights as provided for by the constitution.

Against that background therefore, efforts were made to bridge the knowledge gaps for participants. Post dialogue evaluations conducted indicated a remarkable increase in knowledge on GBV matters. About 95% were aware of the right course to take in pursuit of a violence free home/community. Responses from both men and women were collected and by sample, one woman noted “...*abe siba silayi kbukhubolela bino byoosi nga ndi n'omukoosi wose....kbal naye amanyile ari likambila lilimo lilyakamisa sisayumba mungo*” (“...I wish I was here with my husband to learn all these...he would know that there is a new law against GBV”).

255 cultural and clan leaders, 60 religious leaders, 44 LC 1 Chairpersons, about 100 women and girls and 51 men and boys constituted dialogues conducted.





### Highlight of Key Project Outcomes

- ▶ Improved women's legal literacy and knowledge about their human rights
- ▶ Increased demand for women and girls' rights in the GBV lens.
- ▶ Increased support from village and community elders, men, religious and traditional opinion leaders and "holders" of customary law
- ▶ Improved community perception of women and girls in the GBV spectrum.
- ▶ Improved and therefore well coordinated anti VAW efforts at village, community, district and national levels.
- ▶ Increased community engagement in addressing VAW

In a community dialogue held in Bumwoni, one Namulele Peter confessed "...ise umukhasi abe seanzilamo nga nakhalale tta...abe atsa kbuloma arisiina, namupile kbale luyi.....abe inyala nakhalawo natsa namunywela kamalwa nakobola namukbandaka biboko, namuboela ne bikuku byene namuwona....Ne sayi neyikile ndi khubonabonesa umukelema sirela busa khuta khutsoatsoana mungo ....., neyikile bikali nabi...era indi khemuyilila khatambala khano khakhaloma khali your partner is'nt your kickboxing opponent..." ("...for me, my wife wouldn't answer me when am annoyed...by the time she says something I will have slapped her already...I would even decide to go and booze just to charge and come back and beat her up, tie up her belongings and send her off...But now I have learnt that violating a woman just brings about underdevelopment in our family...I have learnt a lot...and I am even taking for her this bandana whose message reads 'your partner isn't your kickboxing opponent'...")

Such statements highlight the level of change in norms, customs and attitudes impacted in the context of women and girls' rights. In Matuwa, Bupoto Sub county, Local Council leaders publicly warned against men who abuse women. They appealed to women to report all cases of injustices inflicted upon them. The Priest at Buwambwa Church of Uganda (Anglican) organized women and girls' wings in the church, preached against men who batter their wives and encouraged them to exercise restraint. The Programs Coordinator was privileged to witness domestic violence case solved at Mufutu, on invitation by area Local Council Chairperson. Several OCs of Police stations and posts offered to scale up support for GBV cases, called upon women and girls to open up and share such abuses with different rights-based enforcing bodies.

## Project 2:

### *“Sexual Reproductive Health (SRH) and HIV/AIDS knowledge contest for women and girls”*

#### Background

Better HAG Uganda planned for a project to unearth gaps in sexual and reproductive health (including HIV and AIDS) and rights among primarily women and girls in Magale Sub County, Manafwa district. The gaps were to be instantly addressed by Better HAG Uganda staffs and invited technical people in SRHR. The purpose of the project was to hold an HIV/AIDS quiz contest for women and girls living with HIV and AIDS, complimented by a football match and a film show.

#### Project Objective

To create awareness on sexual and reproductive health and rights including HIV and AIDS among women and girls

#### Key Accomplishments

3 Knowledge contests on SRH and comprehensive HIV and AIDS package were held for women and girls. Knowledge gaps on SRHR and HIV and AIDS from women and girls addressed/filled, 1 Public educational talk on SRHR HIV/AIDS conducted, Men and boys actively involved, Effective IEC materials designed produced and distributed. 1 football match successfully organized and 1 Cinema show was projected. Free HIV Counseling and testing services were provided to a total of 492 people on World AIDS Day 2011.

Better HAG Uganda organized two community dialogues for women and girls on sexual reproductive health and rights in the parishes of Magale and Buwambwa. The purpose for holding dialogues in the first place was to have key issues and experiences from beneficiaries themselves that would form the basis for public educational talks. Consequently, a lot of issues were raised by women and girls including domestic violence (VAW); as one of the leading causes of HIV infections among women and girls. Women and girls pointed to the fact that they have no say in their respective families. They live under intimidation and abuse from husbands and parents. As a result, they are unable to negotiate for safe sex, access family planning, and reject forceful marriages for the case of young girls.



*A woman tries to answer a question on HIV/AIDS raised by a fellow participant during a community dialogue on SRH at Buwambwa, Manafwa district.*



On WAD 2011, Better HAG Uganda organized a massive SHR and HIV/AIDS knowledge contest for women and girls at Magale town council, reaching approximately 700 people. Out of these, about 450 were women and girls.

**Gigantic** knowledge gaps on SRHR and comprehensive HIV and AIDS services among women and girls were observed in this rural community. Myths and misconceptions that have long been thought to be on the brink of extinction still exist in this particular part of the world. Complacency is yet another issue to address among people here, as it is fuelling HIV infections. Poverty, particularly low income levels drive not only adolescent girls but also married women into having extra marital sexual intercourse which continues to pose dangers for HIV infections.

The above notwithstanding, not only women and girls but also men and boys are aware of the existence of rights with regard to sexual and reproductive health. Against that background therefore, Better HAG Uganda team made efforts to, through public educational talks, expound on different SRHR and HIV issues in line with the gaps established during the contests and dialogues conducted. Deliberate efforts were made to bring on board the area LC 1 and LC III Chairpersons to natter on the same and assure victims of sexual rights violations and VAW of availability of assistance from their entities. 2 women were invited to give a testimony on HIV/AIDS most especially in regard to the need to know one's HIV status and seek ART on time in the event of reactive results.



*A woman living with HIV shares her testimony with people during WAD 2011 celebrations. Key messages in her testimony included the need to know one's HIV status and if positive seek ART on time. Other messages centered on the importance of disclosure, PMTCT and drug adherence.*

IEC materials procured and purposefully distributed to active members during the contest and the 2 community dialogues; included 200 calendars for the year 2012 and 100 calendars. Efforts were also made to solicit for additional IEC materials from partner organizations in whose regard we secured 1000 pieces of comic books on violence against women from Young Empowered and Healthy (YEAH), 50 stickers from Support on Life through Telephone Helpline (SALT), 100 pieces of posters from the AIDS Information Center (AIC) and 200 posters from International HIV/AIDS Alliance in Uganda (IHAA).

Additionally, we sought partnership with Magale Health Centre IV (Sub Hospital) to provide free HIV Counseling and Testing (HCT) services to people alongside the contest. A total of 492 persons, 319 of whom (64.8%) women (20-40) and girls (12-19); were successfully counseled, tested and received results. Among these, only 2 couples emerged for the exercise. 44 people were found to be HIV positive and were referred to Magale Sub Hospital for CD4/TB diagnosis, Anti Retroviral Therapy (ART) as well as ongoing care and counseling. Note that the 44 reactive cases represent 9% of the

prevalence in the area which is far high above the stagnant national prevalence of 6.4%.

A football match was organized for young girls and women as opposed to the initially proposed women against men match. The purpose was to elicit the potential of women and girls as revealed by their movements on the pitch. The match attracted a large number of spectators. Important to note during the match was the fact that commentary was in line with SRHR and the need to stamp out HIV through collective efforts and responsibility from all people irrespective of age, sex, level of education, religious affiliation, political affiliation, marital as well as socio-economic status. We were also able to promote healthy living, youth development, HIV and AIDS prevention, gender equality and child protection rights. We have also been able to promote the best values of sport such as team work, co-operation and respect; which are cardinal in responding to a spectrum of complex social problems.



**Left:** A woman battles for the ball with tussling girls. **Right:** A young girl displays her abilities and rights by dribbling the ball.



There was good turn-up, hence many benefitted from the commentary which was tailored towards SRH & rights for W&G



A film show titled “The Silent Epidemic” was projected to a crowd of approximately 300 people. Important messages in the film included;

- ✚ The need to know one’s HIV Sero status
- ✚ The need to know your partner’s HIV status
- ✚ Importance of couple testing
- ✚ Discordance and disclosure
- ✚ Sexually Transmitted Infections (STIs) and the mitigation measures
- ✚ Seeking ART early enough
- ✚ The need to embrace the ABC strategy towards HIV prevention

### Exceptional Successes in the Project

The fact that we were able to mobilise over 700 people for the contest and its sub activities in itself was a success. Note that we conducted a pre-dialogue evaluation on the knowledge levels on SRHR and HIV/AIDS which was tallied against the post dialogue evaluation. The latter evaluation indicated that people’s knowledge on the SRH and HIV/AIDS was improved. Women and girls knew what to do in the event of violation of their sexual rights. “...saayi namanyile ndi semwene nikhalilawo khu namba ye babana beesi isaala....ate nalundi nga nalwalile sengana ifukilise khukona ninaye tta...” (“...now I know that I have a saying on the number of children I should produce in the interest of my life and wellbeing....and again, I wont allow him force me into sex if I am not feeling well...”) said a mother of 3 in her early 20s.

An adolescent girl had this to say: “Ise abe nambaasa ndi akhaba bukunzu burela silimu,...n’ari namanyile tsingila tsinduufu isi silimu abirilamo.....” (“For me I thought that even mosquitoes can transmit HIV,... but now am certain of the virus’ true modes of transmission...”).

These quotations and many other point to the fact that our objective was achieved. Additionally, people were freely counseled, tested and some referred for specialized treatment and care.

The football match was yet another successful activity conducted. The people it attracted let alone the nature of commentary which was in line with SRHR, HIV/AIDS and the need to stop violence against women and girls was smoothly done.

## Project 3

### Background

#### Orphans & Other Vulnerable Children (OVC)

##### **Background Statistics**

- 56% of Uganda’s population (28.6 million) are children
- 7.5 million children are OVC (46% of total children population)
- 2.3 million children are orphans (15% of total children population)
- 63% of orphans live with a caregiver other than a natural parent
- More than 3 million children are living below poverty line
- Approximately 105,000 children aged 0-14 are HIV positive





### **Categories of Vulnerable Children supported by the organization**

- Orphans
- Children Heading Households
- Street children
- Children with HIV/AIDS

### **Our Interventions**

Through members' and well-wishers' contributions, Better HAG Uganda has been able to give basic support to selected OVC in the district of Manafwa. This includes supply of basic scholastic materials like books, pens, geometry sets, washing soap, basins and contribution to school uniform.

We also do group and individual (one-to-one) HIV counseling and career guidance. It is important to note that OVC are some of the vulnerable populations to HIV in the country. Better HAG Uganda has since February 2011 supported 127 OVC.

### **Condom Programming**

Condom distribution is now an integral activity in all Better HAG Uganda interventions. These are distributed during community outreaches, dialogues, sports and events and at respective organizational branch offices. We mainly target young people in and out of school in an attempt to satisfy their ever increasing demand.

In the above respect, the organizational secured several boxes of condoms from our partner organizations like National Forum of People Living with HIV and AIDS (NAFOPHANU), Spread Awareness Information and Learning in Uganda (SAIL Uganda) and the AIDS Information Center (AIC). Condom sensitization which involves both verbal and live demonstration use using dildos and bananas; was and is still being done at individual and group level, at times disaggregating beneficiaries by sex and age with emphasis on its proper and consistent use. We however encourage condom users to always test with their partners at least twice before any sexual encounter. Overall, a total of 193,780 pieces of condoms were distributed by the end of last year.



*An adolescent girl (Peer Educator) demonstrates proper condom use in one of the community dialogues*

The organization is now part of the coalition of 40 Civil Society organizations petitioning Government to increase health financing in an effort to counter the skyrocketing maternal and child deaths in the country.



*A coalition banner to petition the Ugandan Government to reduce maternal mortality by increasing health financing. **Note:** Better HAG Uganda is on the bottom row, third from left.*

In addition, a lot of community sensitization efforts for pregnant women and those planning to conceive were done in the districts of Kampala and Manafwa. Through integration, Better HAG Uganda conducted education, counseling and testing on HIV and family planning; referrals were made to this effect. Our Maternal & Child Health Officer also sensitized on pregnancy complications and the need for one to seek antenatal and post natal care and well as delivery under skilled care. We discouraged harmful traditional practices like forced and early marriages, wife battering, forced labor as well as prevention and surveillance of other forms of violence against women and girls.

Efforts were made to provide these MNCH services to all pregnant women who turned up for free HIV counseling and testing (HCT) services. We encouraged our counselors to take advantage of the high level contact with pregnant women to counsel and encourage them to access formal health care delivery system through Antenatal care. Counselors were also tasked to ensure that each contact opportunity is utilized to provide women and their children, born or unborn; with all the necessary interventions including those for HIV prevention and treatment to ensure the well being and survival of both mother and child. Pregnant women were also encouraged to sleep under treated mosquito nets to avoid acquiring malaria.

Better HAG Uganda reached out the Local Governments of Manafwa and Kampala prior to conducting its activities. On WAD commemorations, a number from stakeholders from Manafwa district Local Government were invited, some of whom failed to run up due to their busy schedules. The ceremony went ahead in the presence of a representative from LC III. We have however always shared our project progress reports with the districts.

In implementing the above projects in Manafwa district, the organization worked closely with Magale Women Alliance against HIV and AIDS (MWAA) and Bunambale AIDS Community Initiative (BACI) who were central in mobilizing communities. Magale Health Center IV was central in HCT. Representatives of these organization also benefited from a training on gender based violence and have since then been pivotal on sensitizing their respective communities on VAWG. Other implementation partners include religious leaders, clan heads and opinion leaders.

Key Partner CSOs include Community Health and Information Network (CHAIN) Uganda, NAFOPHANU, SALT, SAIL Uganda, IHAA (Community Health Alliance Uganda-CHAU), Youth Caravan, Global Coalition of Women against HIV and AIDS (GCOWAU), Young Empowered and Healthy (YEAH), AIC, among others.



## Institutional Capacity Building

### *Better HAG Uganda (Better Health Action Group Uganda)*

The year 2011 saw Better HAG Uganda secure grants that had significant impact on its capacity in two folds i.e. in the contexts of organizational competencies in implementing social and development projects and also in terms of a wealth of experience built further by our staffs.

Better HAG Uganda was also privileged to be represented in the International Workshop on Resource Mobilization that happened in Kampala between 29<sup>th</sup> November and 2<sup>nd</sup> December 2011. Our Finance & Administration Manager was beneficiary to this training from where sufficient resource mobilization skills and knowledge were attained. These skills and knowledge are already being put into use inform of proposal development. The training was sponsored by African Women's Development Fund (AWDF).

The organization was also invited by CHAIN Uganda (Community Health and Information Network) to participate for "Community Safe Medicine Advocates" whose aim was to raise awareness on substandard and counterfeit medicine, train and equip community safe medicine advocates with the necessary skills in addressing unsafe use of medicine in the communities as well as develop action plans to promote safe use of medicines in the community. 3 staffs benefited from this training.

## Management & Operations

During the year, the Board of Directors of Better HAG Uganda sat only twice as opposed to planned quarterly meetings; to have a look at the quarterly technical and financial reports and ensure feedback on areas of improvement. Staff meetings were however done on a monthly basis to reflect on organizational targets and projects. We shared on emerging issues and challenges for discussion on possible improvement mechanisms.

We were also able to get our website ready for public consumption, although a few sections are still under construction. We can be reached on [www.betterhaguganda.org](http://www.betterhaguganda.org) and our official web mails are: [health@betterhaguganda.org](mailto:health@betterhaguganda.org), [info@betterhaguganda.org](mailto:info@betterhaguganda.org), and [info.betterhaguganda@gmail.com](mailto:info.betterhaguganda@gmail.com). We can also be tweeted at 'BetterHAGUganda', reached by face book on 'Better HAG Uganda' as well as Skype on 'betterhaguganda'.

## Key Organizational Challenges

- ✚ Lack of core funding. All the projects we have implemented have been short term with insignificant or no staff salaries at all. The organization therefore still survives on voluntarism which is risky since staffs can look for greener pastures elsewhere at any time. This also impacts on organization's operational costs including but not limited to staff meals, utilities, internet, rent and fuel.
- ✚ Inadequate office equipment at Head Offices and district branches. There is growing need for additional computers, stationery, furniture and multi-function printers and photocopiers at all Better HAG Uganda's offices.
- ✚ Inadequate funding base to realize our strategic objectives on time. The organization has a strategic plan whose timeframe is defined. There are so many underserved parts of Uganda we wish to take our services, the demand there is visibly overwhelming, myths & misconceptions still exist in such places. Unfortunately, securing funding nowadays has been ulcerous.
- ✚ Transport up country requires a stronger vehicle given in hilly terrains (Manafwa district) and bad road network. The organization has always depended on the Director's saloon car which can only work in a dry season. At times we are forced to hire at not only exorbitant daily rates but also have to cater for fuel and driver's per diem. All these costs are unallowable in most project budgets and therefore have to be met by contributions from staffs. We need a 4x4 vehicle to counter this problem.
- ✚ Inflation which grossly affects our static budgets. At times we are forced to scale down on certain activities due to high prices of goods and services.

## Future Plans

We are looking forward to leaving an indelible mark in the lives and societies of primarily women, girls and OVC. We aim to touch several issues like SRHR including HIV and AIDS, women's unemployment, poverty and Violation of Women's Rights. Precisely, our key future plans include the following;

- i. Scale up women's rights and their empowerment. Women and girls' rights in many Ugandan societies are being infringed upon, and this coupled with high levels of illiteracy is making the situation worse. One of our cardinal future plans is to uplift the standards of women and girls socially, economically and psychologically so as to empower them to respond to a multiplicity of human rights abuses against them.
- ii. In the above regard, we plan to establish Community Referral and Protection Systems (CoREPS) or networks to see off violence against women and girls in various communities in Uganda. We plan to establish a Medico-Legal system/network of Paralegals for the collection and processing of forensic evidence on violence against women and girls.
- iii. We also plan to expand our Orphanage operations to cater for destitute and therefore vulnerable young women. In this respect, we plan to scale up our orphanage operations by advancing our help to many other OVC in the districts of our operation.
- iv. We also plan to leverage on economic empowerment for women, girls and OVC in a bid to foster their economic independence. Given funding, we intend to set up feasible income generating activities for these categories of people.

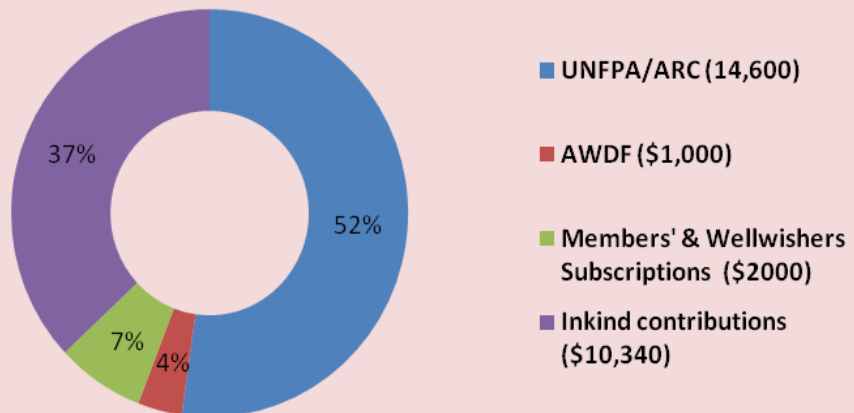
## Conclusion

We are dedicated towards serving Ugandans in the context of humanitarian programs and aid. With our passion for excellence vested in results, we wish to scale up our efforts on human rights, HIV and AIDS, SRHR and OVC.

We wish to thank our previous donors for their financial and technical support well delivered, and in the same spirit encourage many others to come on board and partner with Better HAG Uganda in reaching out to and transforming the lives of many Ugandans in the public health realm through a spectrum of interventions. We have proven our commitment and result-oriented nature with our previous development partners, and we will always do that in pursuit of realizing our goals and objectives. Given funding therefore, the sky is the limit for Better HAG Uganda.



### Breakdown of Income



### Breakdown of Expenditure

