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## **CLINICAL ANNUAL REPORT 2017**



**WE-ACTx for Hope Staff**

## **Acronyms and abbreviations**

WE-ACTx	:	Women Equity in Access to Care and Treatment
PMTCT	:	Prevention mother to child transmission of HIV
DOT	:	Direct Observation Treatment
EMR	:	National Electronic Medical Records
HMIS	:	Health Management Information System
DSDM	:	Differentiated Service Delivery Model
ARTs	:	Anti retroviral treatment
VL	:	Viral load
MwB	:	Musician without Borders
KIP	:	Kigali Imbereheza Project
KCA	:	Keep a Child Alive
TI-CBTe	:	Trauma Informed Cognitive Behavioral Therapy
NICHD	:	National Institute for Child Health and Human Development
DCS	:	Director of Clinics Systems
DAF	:	Director of Administration and Finances
MHU	:	Mental Health Unit
IGA	:	Income Generating Activities



## **Introduction**

WE-ACTx For Hope is a local NGO legally registered by Rwanda Governance Board; WE-ACTx For Hope then signed a memo of understanding with the Ministry of Health for running the medical clinic with 2500 patients HIV+ including support HIV patients from Nyacyonga Health Center in partnership with WE-ACTx US. Keep a Child Alive and individual donors. WE-ACTx for HOPE was granted a legal status by a Ministerial order No. 106/11 of 11/08/2008.

## **Mission**

WE-ACTx for HOPE's mission is to empower vulnerable communities to live healthier and productive lives. We help people living with and affected by HIV acquire the skills and capacity they need to fight disease and poverty and live happier and more productive lives.

## **Vision**

We help Rwandan vulnerable families enjoy healthier and productive lives through supporting Orphans and Vulnerable children to get basic education and marketable skills. We empower vulnerable families to join their efforts and engage in sustainable economic activities for improvement of their livelihoods.

This Report show in details activities done in different programs in 2017. It is presented in 2 sections.



**I. SECTION 1: Clinical activities with different programs**

1. Clinic care
2. Mental Health activities
3. Youth Program (>12-24 years)
4. Kids program (< 12 years)
5. Kigali Imbereheza Project (KIP)
6. Yoga program
7. Music program
8. Volunteerism
9. Income generating activities
10. Nutrition program
11. Education program
12. Internship
13. Conferences and meetings
14. Data management

**II. SECTION 2: Annexes**

1. MoU with the Ministry of Health
2. Accreditation letter from RBC/HIV Division
3. RGB Certificate

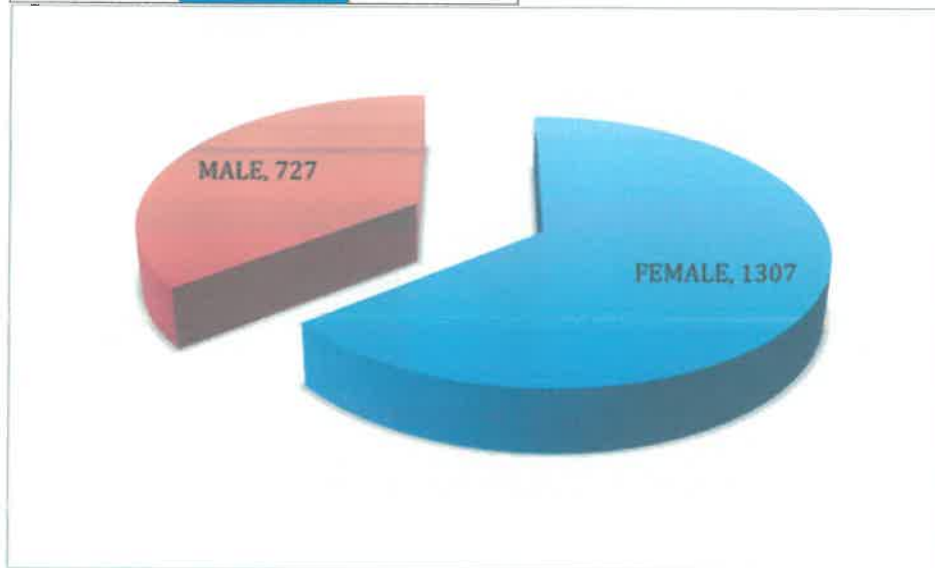


## CLINICAL ACTIVITIES

### I. OVERVIEW OF THE CLINIC \_CENTRE VILLE

#### I.1 REPARTITION ACCORDING TO SEX

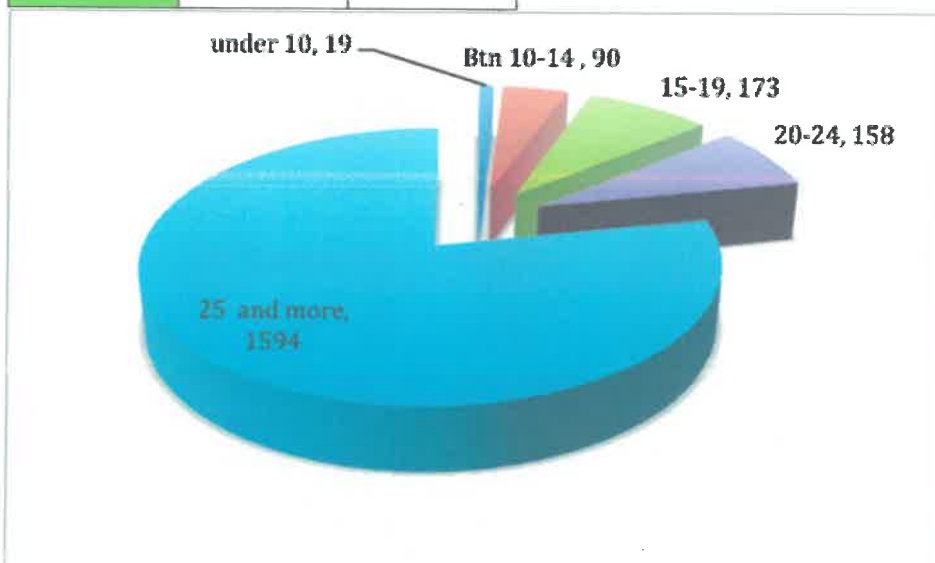
FEMALE	1307	64%
MALE	727	36%
TOTAL	2034	100%



In general, at the end of December 2017, 2034 clients were enrolled and 1307(64%) were female while 727(36%) were male. Number of clients 1951 in 2016 to 2034 in 2017 because of the following strategies: taking ART in family meaning that we are encouraging HIV positive clients who have at least one family members in our clinic to come here in order to take ART in family, all clients newly tested HIV positive in VCT are enrolled the same day, conducting mobile VCT in hot spots area in Kigali city, Index contact testing with focus on sex workers group and family members testing of all our clients

## I.2 REPARTITION ACCORDING TO AGE

Age range	Number	%
under 10	19	1%
Between 10-14	90	4%
15-19	173	9%
20-24	158	8%
25 and more	1594	78%
<b>TOTAL</b>	<b>2034</b>	<b>100%</b>

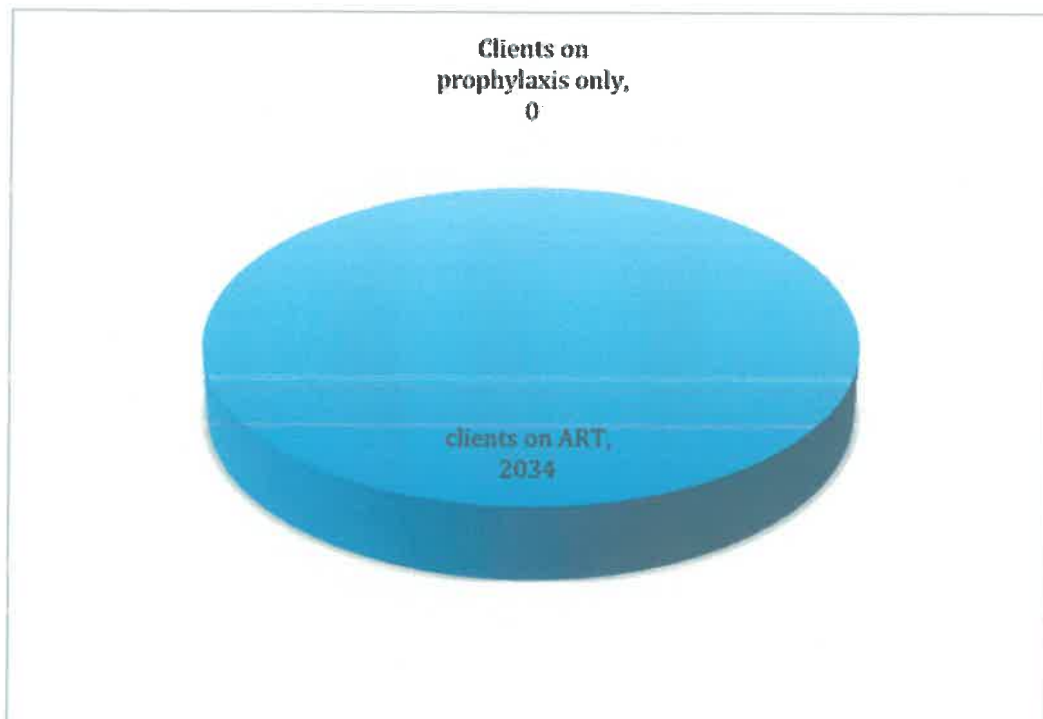


As shown by this table, at the end of 2017, 19 (1%) were children under 10 years old, 263 (13%) were adolescents between 10 - 19 years , 158(8%) were young people from 20 to 24 years old and 1594 (78%) adults with age ranging from 25 and more.

## I.3 CLIENTS ON ART

clients on ART	2034
Clients on prophylaxis only	0
<b>Total</b>	<b>2034</b>

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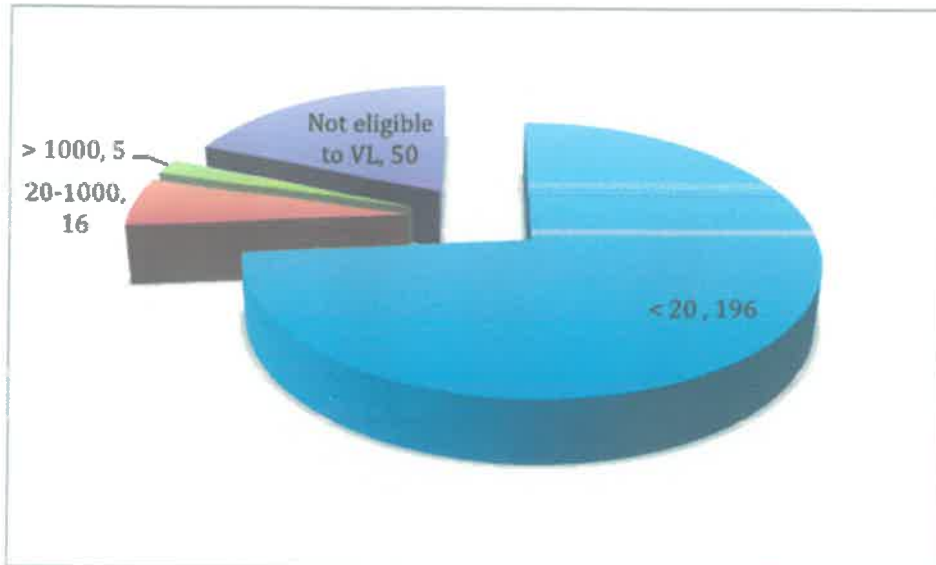
By December 2017, All 2034 clients were on ART. This is was possible because of the Test and Treat strategy introduced since July 2016.

## II. UPDATES ON “ TEST & TREAT STRATEGY “ IN WE ACTX FOR HOPE CLINIC

The “ TEST & TREAT STRATEGY” is launched in Rwanda since July,1<sup>st</sup> 2016 and this strategy . In this context we have 267 active clients ( 152 female and 115 male ) who came in our clinic and started ART as recommended .

VL in copies/ml	number of clients	%
< 20	196	73%
20-1000	16	6%
> 1000	5	2%
Not eligible to VL	50	19%
<b>Total</b>	<b>267</b>	<b>100%</b>

*Jan*



As shown by this table, among clients who started ART since the introduction of the Test & Treat strategy, 196 ( 73 % ) have suppressed viral load which is lower in comparison other clients who started ART before this strategy . 5 clients have already virologic failure.

Challenges who must be addressed are: clients have fear of ART, clients are not convinced with the ART benefits, any ART side effects can be a reason of stopping definitely ART drugs.

### III. CLIENTS TESTED IN VCT SERVICE ( AT THE CLINIC & OUTREACH) in 2017

MONTH/17	NUMBER OF CLIENTS TESTED	CLIENTS WHO BECAME HIV POSITIVE
JANUARY	298	36
FEBRUARY	329	16
MARCH	474	13
APRIL	345	16
MAY	461	0
JUNE	316	16
JULY	20	9
AUGUST	403	6
SEPTEMBER	805	22



OCTOBER	116	13%
November	410	9
December	545	0
Total	4522	156

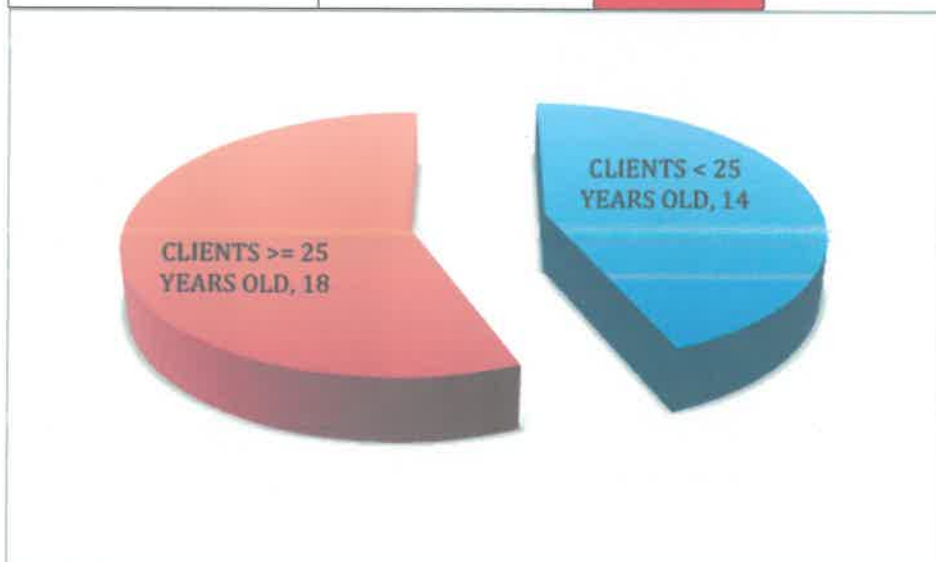
As shown by this table , we tested 4522 clients in 2017 and 156 clients

( 3.45 %) were HIV positive. In 2017 we did outreach in hot spots in Kigali city and we kept doing VCT everyday in working hours

Among those 156 clients HIV positive , 124 ( 80%) were enrolled in our clinic while others were enrolled in health facilities near their homes especially those tested positive in outreach

#### IV. CLIENTS WHO WERE TRANSFERRED FOR FOLLOW UP IN PMTCT IN 2017

AGE	NUMBER	%
CLIENTS < 25 YEARS OLD	14	44%
CLIENTS >= 25 YEARS OLD	18	56%
TOTAL	32	100%



*[Handwritten signature]*

In 2017 , 32 clients got pregnant and 14 ( 44%) among them were under 25 years .This means that FP must be strengthened at all levels especially in the morning health education , support groups as CDC provided means for every client to participate in support group once in quarter and in youth forum . Also we decided to do FP assessments as QI project in order to shape real and specific strategies for the better FP -HIV integration . Another issue which has a positive impact is to look how to start providing long term FP methods like Jadelle, Implanon , IUD and Non invasive vasectomy for men.

In this context we decided to start PMTCT/EMTCT in order to contribute in reduction of new HIV infections in new born , so we got the permission from RBC and all requirements are available and the service will be fully provided from January 2018

#### V. CLIENTS WHO DIED IN 2017

TRACNET	DOB	CAUSE OF DEATH	DATE OF DEATH
223758	1965	Suspicion of Pulmonary Embolism	15/02/17
234795	1957	Suspicion of stroke	20/02/17
222852	1954	Suspicion of liver cirrhosis	27/03/17
224744	1969	Suspicion of stroke	13/06/17
693537	1971	Suspicion of septic shock	23/08/17
222880	1975	septicaemia for bed sores	23/08/17
693675	1983	cryptococcal meningitis and/or cerebral toxoplasmosis on history of treatment failure	31/08/17
223891	1965	She died at home so cause is unknown	18/09/17

This table is showing that we lost 8 clients in 2017 . Among them 1 client had an AIDS related death

#### VI. UPDATES ON HEPATITIS B & C AT WE ACTX FOR HOPE CLINIC in 2017

In 2017, we screened 301 clients for Hepatitis B & C. 8 were having Hepatitis B and they started TDF except one child with weight under 35 KG who need entecavir or adefovir

which is not available in Rwanda. In this context we have 2 female clients with HIV - Hepatitis C Coinfection who started DAAs in November 2017 and the treatment will be completed in February 2017 but currently they are stable with no side effects.

#### VII. UPDATES ON INPATIENTS vs OUT PATIENTS IN 2017

MONTH/17	INPATIENTS	OUTPATIENTS
JANUARY	17	11
FERUARY	19	11
MARCH	9	4
APRIL	14	8
MAY	17	8
JUNE	15	7
JULY	17	2
AUGUST	20	13
SEPTEMBER	24	17
OCTOBER	28	14
NOVEMBER	18	17
DECEMBER	8	7
TOTAL	206	119

IN 2017, 119 went out of our clinic for different reasons ( death, changing where they live, PMTCT, clients who had Tuberculosis and clients who refused to keep taking ARVs) while 206 clients came in ( Transfer In, new clients from VCT).

As shown by this table , average of 10 clients went out of the clinic every month while 17 clients come in so that`s why we want reduce the number clients who are going out by starting PMTCT/EMTCT

### VIII . CLIENTS WHO REFUSED ART

TRACNET	DOB	REGIMEN	LAST CD4	LAST VL
234737	1990	2ND LINE	255	29500
693850	1975	1ST LINE	215	N/A
693232	1993	1ST LINE	244	<20
693819	1974	1ST LINE	248	N/A

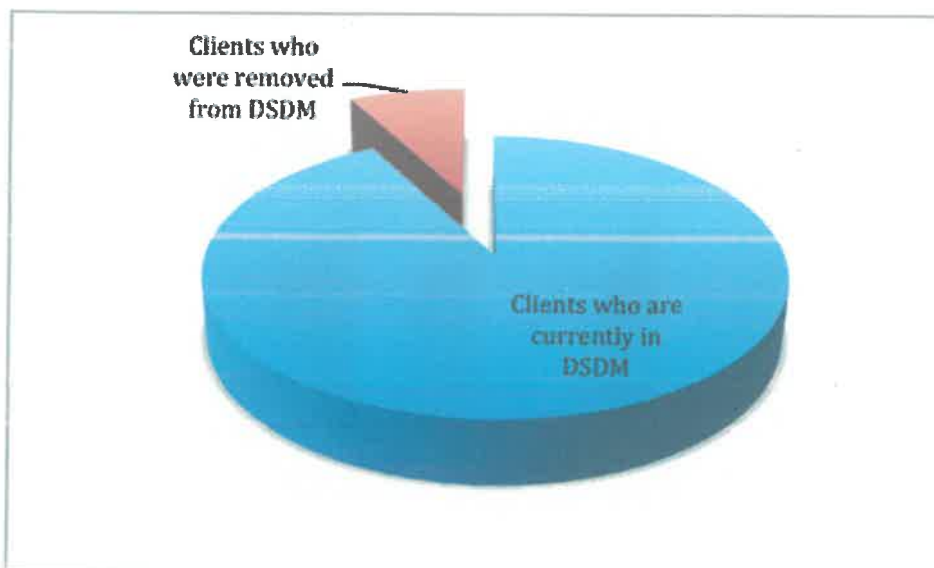
These 4 clients refused to keep taking ART drugs and the psychosocial team is working with them in order to find out reasons behind this refusal of ARVs and find the specific solutions

### IX. UPDATES ON DSDM

- With “Treat All strategy” recommendations and expanding availability of ART, people are presenting to care earlier and require less intensive clinical care. This increase number of patients taking ART and tend to increase the burden on health systems, particular at sites with high number of patients on ART and also unnecessarily clinical visits.
- To reflect the preferences and expectations of various groups of PLHIV and to reduce unnecessarily burdens on the health system and multiple clinical visits for patients, HIV national program has adopted a *Differentiated Service Delivery Model of ART (DSDM)*.

Clients	Number	%
Clients who are currently in DSDM	679	92%
Clients who were removed from DSDM	58	8%
Total clients enrolled in DSDM model	737	100%





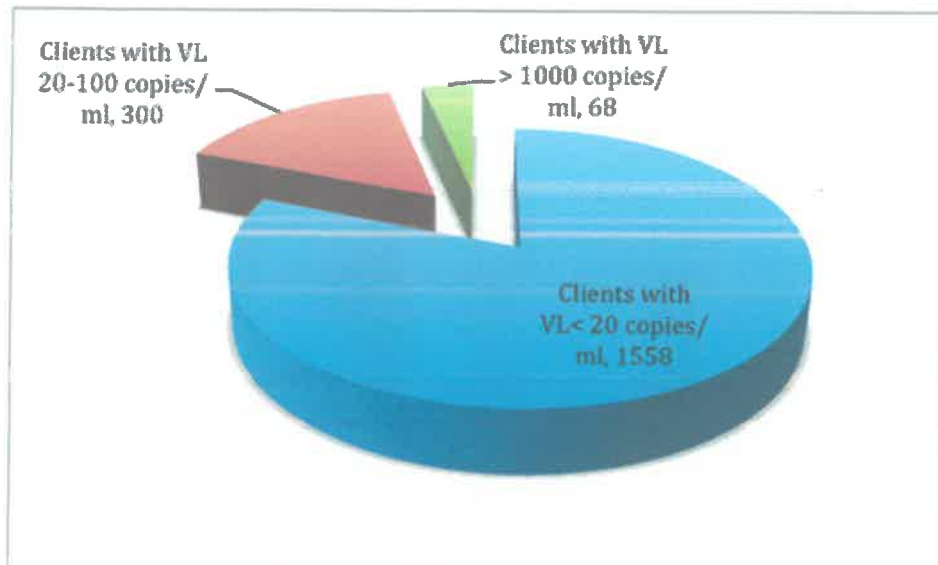
737 clients who fulfilled all requirements were enrolled in this model since 5<sup>th</sup> January 2017 but we still have 679 (92%) in DSDM while 58 (8) clients were removed because the following reasons:

- ✓ Clients transferred out ( PMTCT, Pulmonary TB, clients in jail) :8
- ✓ Viral load became > 20 copies/ml: 24 clients
- ✓ Loss of ART drugs : 1 client
- ✓ Not respecting their appointment : 24 clients

In general these clients in this model are happy; it allows them to achieve the goal of being healthy

#### X. UPDATES ON TREATMENT FAILURE

CLIENTS	Number	%
Clients with VL < 20 copies/ml	1558	81%
Clients with VL 20-100 copies/ml	300	15%
Clients with VL > 1000 copies/ml	68	4%
Clients with VL by December 2017	1926	100%



As shown by this table, 1558 ( 81%) clients have suppressed viral load , 300 ( 15%) have viral load between 20 -1000 copies/ml while 133 clients ( 4%) have treatment failure

Around 2/3 of all clients with treatment failure are young people under 24 years. We still have adherence challenges in clients who are in boarding schools as special class of clients with treatment

The following are some causes of the treatment failure:

- Extreme poverty/Lack of food**
- Depression and/or other psychological problems**
- Familial conflicts**
- Negligence**
- Not accepting his/her HIV status**
- Fear of ART side effects**
- Taking many ART tablets**
- Stress due to the profession**
- Poor socioeconomic conditions / orphans**
- Child who is taking ART his/herself**
- Living in street/ dugs abuse**
- Stigma & discrimination**
- Not aware of consequences of missing ART**

## **Not convinced on ART benefits**

**Religious/belief barriers**

**Lack of knowledge on HIV**

**To be sex worker**

**To be in boarding school**

On this issue we have also different activities planned in order to reduce number of clients who have treatment failure. These are:

- ✓ Viral load campaign : 1 month every quarter
- ✓ Adherence support groups for those who have treatment failure: we initiated the special days for follow up of all clients with treatment failure: 2 days every month ( 1 for adult > 20 years and another day for young people under 20 years old)
- ✓ Music therapy for adolescents in the age range of 14-18 years old
- ✓ Educate specific category on the importance of ART and impact of high viral load ( youth, young mothers )
- ✓ One -on- one teaching for all clients who are picking their drugs
- ✓ We started the "family centered taking ART strategy" where we teach all HIV positive clients of the same family to take drugs at the same time
- ✓ Using testimonies of clients who used to have high viral load who have suppressed viral currently
- ✓ Using DOT in extreme conditions
- ✓ Home visits in order to have clear idea on their lives of our clinic
- ✓ We provided nutrition support to those in need
- ✓ Psychotherapy





**XI. CLIENTS WITH CRITICAL CONDITION**

TRACNET	AGE	SEX	ART LINE	LAST CD4	DATE	LAST VL	DATE
1576-234811	31	F	1st line	5	9/7/17	94000	9/7/17
1576-223592	25	M	2nd line	8	7/6/17	127000	7/6/17
1576-693868	37	F	1st line	10	3/9/17	13900	3/9/17
0003-110404	23	F	1st line	32	10/11/17	107000	10/11/17
1576-222701	44	M	2nd line	48	2/7/17	74100	2/7/17
1576-234614	17	F	2nd line	56	8/22/17	2840	8/22/17
1576-693299	37	F	1st line	75	12/8/16	8400	12/8/16
1576-120090	40	F	1st line	76	4/25/17	48700	4/25/17
1576-693821	52	M	1st line	99	5/8/17	47500	5/8/17
1576-693258	22	M	2nd line	133	3/22/17	8200	3/22/17
1576-224867	19	F	1st line	143	4/12/17	37900	4/12/17
1576-223889	21	F	2nd line	147	4/5/17	26300	4/5/17
1576-223653	74	M	2nd line	148	8/31/15	52300	8/31/15
1576-223947	22	F	1st line	151	5/4/17	11100	5/4/17
0011-494267	43	F	2nd line	157	6/23/16	6240	6/23/16
1576-224694	14	M	1st line	159	8/2/17	67500	8/2/17
1576-693526	15	M	2nd line	166	2/22/17	1810	2/22/17
0008-105627	23	F	1st line	174	11/19/14	62300	11/19/14
1576-693038	42	F	2nd line	174	1/5/15	38700	1/5/15
1576-224594	43	M	2nd line	175	5/9/17	6770	5/9/17
1576-234745	25	M	1st line	178	7/27/17	4270	7/27/17
1576-224555	57	F	1st line	181	5/30/17	116000	5/30/17
1576-222729	24	M	1st line	188	5/3/17	49600	5/3/17
1576-215128	53	M	2nd line	197	1/4/17	21700	1/4/17



These 24 clients have virological & immunological failure which means if nothing is done they can die from opportunistic infections (Aids related death). Home visits, psychotherapy, nutrition support, ART substitution, strategies to carry ARVs everywhere using small and smart containers and parents/tutors involved in care of their relatives/children /parents have been done and all of them are followed on special day for clients with treatment failure and we hope good results in 6 months

## XII. CHILDREN & YOUTH `S DAY (WEDNESDAY)

Normally 30-35 children under 15 years old are received at the clinic every week. On this day, here at clinic we start with a psycho education then children join the different services, (medical, counseling, laboratory and pharmacy).

We took time to discuss with every child in order to know his situation and also to know how he takes medicines.

Every child under 15 years old must go in psychosocial service every month to receive counseling. In order to harmonize and make fruitful this day, we`re planning the following schedule which will be in practice from February 2018:

Week 1	All children under 15 years
WEEK 2	children and youth with treatment failure
WEEK 3	Youth 15-19 years old
WEEK 4	Youth 15-19 years old

This plan has the following benefits:

- ✓ Clinical staff will have time to focus on specific issue like nutritional assessment of children under 15 years old , psychosocial follow up, pediatric dosage , SRH for adolescents 15-19 years
- ✓ Morning and afternoon debrief will be easy to conduct. This will harmonize the comprehensive management especially for children under 15 years old
- ✓ Weekly self evaluation will be conducted with purpose of improving the quality of care given to children and youth



- ✓ FP and SRH will integrated easily in weeks of adolescents and this will help us in reduction unpretended pregnancies in youth
- ✓ The harmonization schedule will help us in reducing bad behaviors remarked in adolescents and youth over 15 years old

### XIII. KEY INDICATORS IN 2017

#	Activity	Baseline data (%)
1	Proportion of Children with updated weight and height	101/109 =92.6%
2	Proportion of files with Adjusted pediatric dosage	101/109=92.6%
3	Proportion of well completed Pediatric growth charts	92/109=84.4%
4	Proportion of files of clients on ART with updated Viral load	1926/1959= 98.3%
7	Proportion of clients followed up in new version of charts	2034/2034= 100%
8	Proportion of files with updated psychosocial follow up	1731/2034=85.1%
9	Proportion of clients in pre-ART but eligible at ART	0%
10	Proportion of files with VL>1000 copies with documented action	133/133= 100%
11	Proportion of clients(Peds/Adults)with updated clinical consultation	1951/2034= 95.9 %

As shown by this table there is an improvement in all indicators in comparison with last year . We will keep team work , CME and mentorship as cornerstone of all activities in our clinic



#### **XIV. UPDATES ON CLIENTS ON THIRD LINE**

In 2015, 2 clients started third line regimen and we still have 2 clients up to now. They are stable but we still reinforce adherence

#### **XV. OTHER ACTIVITIES**

- 🚩 We initiated the quality improvement activities: QI committee is functional and QI plan is available

### **PSYCHO-SOCIAL PROGRAM**

#### **1. Introduction**

This annual report gives an overview of activities of Psycho-Social Program at WE -ACTx for the period of 3<sup>rd</sup> January to 21<sup>st</sup> December 2017

Apart service mission and objectives, activities described in this report are only related to daily services provided to patients which are; patients assessment, diagnosis, drug prescription and psychotherapy, routine mental health and second line cases follow ups, annual statistics, adherence support groups, morning education sessions, programs support (support groups, youth assessment and clinical supervision), trainings and supervision, internal meetings and partnerships.

##### **1.1. Service mission**

Psycho-Social Program at WE -ACTx aims at providing an integrated high quality mental health care to all beneficiaries of WE -ACTx services.

##### **1.2 Service objectives**

Provide an integrated Psycho-Social care to women and children enrolled at WE- ACTx clinic as well as their families at large,

Assess and diagnose patient on individual basis for appropriate treatment and follow up and/or referee if needed,



Facilitate through continuous training sessions WE -ACTx clinic health care providers in recognizing patients that may suffer from psychiatric conditions for easy referrer,

Sensitize patients followed up at WE -ACTx clinic in matters related to mental health and the importance of seeking early treatment,

Provide supervision to psycho-social team,

Ensure follow up of patients, who miss their appointments,

Interact with partners operating in the mental health field for optimum care, support and follow up of patients,

Advocate for stigma bursting towards people suffering from mental problems as well as HIV/AIDS,

Contribute to the continuous improvement of services provided to people suffering from HIV and mental disorders

Service's achievement during 2017

Patient's assessment, diagnosis, drug prescription, psychotherapy and other assistance

#### **2.1.1. Patients' assessment:**

During the year 2017, the total number of individual therapies, Psycho-Social Assessment, DSDM and new cases assessment consultations done by four therapists is 3973 assessments and therapies. The psychiatric nurse conducted 1408 assessment and therapies, which constitutes 35, 4% of all assessment and therapies done during 2017. Among these visits, 94 patients conducted their first visit and 209 had visited the service previously during the previous and current year. This means that a total number of patients who consulted the Psycho Social Program for this period is 303 patients. Some of clients referred for adherence issues were found to have other issues that impede their adherence. By discussing their living conditions, life stressful events, depression's signs in an empathic manner, cases that were judged to be difficult to adhere were improved.



**Patients' diagnosis:**

Pre-assumed and confirmed diagnosis for patients who consulted PSP for the period of January to December 2017 is summarized in the table below;



Diagnosis	Quantity of patients	percentage
Individual therapies	550	13,8%
Psychosocial and adherence assessment	3423	86,1%
<b>Total</b>	<b>3973</b>	<b>100%</b>

Individual therapies														
Psycho-Social Staff	Month													Annual total
	January	February	March	April	May	June	July	August	September	October	November	December		
Odile	15	10	0	8	10	5	8	2	4	14	22	3	101	
Laetitia	6	6	0	2	6	4	0	2	2	2	0	0	30	
Hennette	3	8	9	9	8	6	8	5	5	0	0	0	61	
Edmond	33	25	44	40	45	23	28	15	22	43	18	22	358	
Odette	Josette	0	1	0	0	0	2	1	1	3	4	2	0	14
<b>General total</b>													<b>550</b>	

Psycho-Social Assessment and DSDM														
Psycho-Social Staff	Month													Annual total
	January	February	March	April	May	June	July	August	September	October	November	December		
Odile	28	15	9	53	56	28	40	17	60	58	53	15	488	
Laetitia	98	10	8	54	51	1	30	24	43	55	34	38	446	
Hennette	16	24	38	125	52	8	21	24	25	0	0	0	333	
Edmond	276	31	122	136	71	12	65	0	23	103	120	91	1050	
Odette	Josette	103	69	103	17	35	37	90	22	68	285	168	109	1106
<b>General total</b>													<b>3423</b>	

health education													
	January	February	March	April	May	June	July	August	September	October	November	December	Annual total
Number of clients	643	485	397	386	442	260	361	251	433	796	405	278	5137

*Signature*

Number of sessions	18	16	16	12	18	13	12	8	15	19	13	7	167
Support group													
	January	February	March	April	May	June	July	August	September	October	November	December	Annual total
number of participants	180	35	128	32	63	30	29	31	22	24	22	0	596
Social assistance													
	January	February	March	April	May	June	July	August	September	October	November	December	Annual total
Number of patients	0	0	2	3	3	1	1	2	3	1	1	0	17
Amount of money	0	0	34000	60000	60000	20000	20000	40000	120000	20000	20000	0	394000

### Patients follow up

Patients' follow up is organized by considering each individual problem. For more details on patients follow up, please check our monthly reports.

### **Morning health education sessions**

This year, the number of all clients who attended these sessions from January to December 2017 is 5137 clients for 167 sessions. This gives an average of 30.7 participation for each session. We consider this as an important part of disease prevention as knowing your illness has been proven as important for a healthy lifestyle for people living with chronic disease. The topics covered were related to

1. Family planning,
2. ART education and adherence,
3. Self care,
4. Nutrition,
5. Importance of lab test,
6. Health insurance,
7. Hygiene
8. Depression
9. Mental health
10. Status disclosure and stigma
11. Medical appointments
12. STIs
13. Adolescence
14. Immune system functioning,
15. Child care in families,





16. Opportunistic infections

17. ART new protocol

18. Importance of Virus load testing,

19. Differentiated Service Delivery Module (DSDM).

Health education	Participants	Session	Planned sessions
January	643	18	22
February	485	16	20
March	397	16	22
April	386	12	17
May	442	18	23
June	260	13	21
July	361	12	19
August	251	8	19
September	433	15	19
October	796	19	22
November	405	13	22
December	278	7	15
<b>Total</b>	<b>5137</b>	<b>167</b>	<b>231</b>
<b>Percentage</b>		<b>72,2%</b>	<b>100%</b>



### 3. Programs support

#### 3.1. Youth program

I participated in all sessions of Youth Program meetings on a basis of two sessions per month. We continued to work together with the team to improve adherence of youth with higher virus load through adherence support group and music therapy.

#### 3.2. Support group

Concerning support groups we continued to put emphasis on improving adherence through support groups. This method targets only patients with adherence issues as indicated primarily by virus load. The reference number to be eligible is virus load above 1,000 copies per  $\mu\text{l}$ . The below figures indicates support group participation for adherence and discordant couple.

Month	Number of participation	Comments
January	180	
February	35	
March	128	
April	32	
May	63	
June	30	
July	29	
August	31	
September	22	
October	24	



November	22	
December	0	
<b>Total</b>	<b>596</b>	

#### 4. Training and supervision

I have participated in various trainings in the course of the year 2017 but the most important one is of Group Analysis which I participated two times in June and November 2017. We completed this training as the foundation course in Group Analysis. I have participated in a Symposium of Group Analyst in Berlin, Germany in August 2017. I have not been participating in supervision held at Ndera in the course of year 2017.

#### Challenges

Poverty remains among challenges faced by PSP clients. As health care provider, we are also affected by the living conditions of our clients as it is somehow difficult to understand how some do take their medication on empty stomach.

#### Service plan for 2018

- Assess and diagnose patient on individual basis for appropriate treatment and follow up and/or referee if needed,
- Sensitize patients followed up at WE ACTx clinic in matters related to mental health and the importance of seeking early treatment,
- Ensure follow up of patients, who miss their appointments,
- Interact with partners operating in the mental health field for optimum care, support and follow up of patients,
- Contribute to the continuous improvement of services provided to people suffering from HIV and mental disorders,



- Ensure follow up of support groups optimal functioning to address issue of adherence,
- Provide continuous support to youth who are on second line treatment.
- Increase efforts and partner with clinic staffs for referee of all clients whose CD4 count decline and/or with increase in virus load.
- Establish partnerships with organization that intervene on issues related to youth vulnerability
- Establish a database system for Psycho-Social Program

### **Conclusion**

This report gives an overview of activities performed with the PSP at WE ACTx for Hope clinic for the period of January to December 2017. It gives also plan for 2018.

The major mental health consultation activity was Psychosocial and adherence assessment that constituted 3423 cases out of 3973. This was counted for 86,1%. The major diagnosis was again Depression and Depression associated with other illnesses (co-morbidity). Depression and associated disorders are still the leading causes of consultation for the year 2017.

### **12. Recommendations**

We recommend the Psychosocial team to regularly record the assessment done for each patient as this will help us in knowing the most and common issues faced by our patients and plan proper interventions.



## **YOUTH PROGRAM**

### **1. Sunday support group at Ste Famille**

The Sunday support groups continue and going well as usual, but since March we start the new program as planned and prepared since February 2017 Now Ste famille, we receive only youth between 16-18 Years old but some youth under 16 stayed because it is easy for them to come at Ste Famille than Kadafi. Their parents ask a favor to let them stay there. Also some youth over 19 years old are still there especially those who are still in school and normally we change the groups after African Child Day. The groups are mixed, before we had the groups by age and by gender now it is different.

### **2. Monday support group**

Monday group meet continue to meet and discuss about different topics. The number of participants is increased because some youth over 19 moved from Ste Famille. They are interesting to meet as young adults and plan their future. They need entrepreneurship training as suggesting in several meetings. As some of them are in *TWIYUBAKE cooperative*, others also are need to create the cooperatives in order to make their own income. We promised them to continue doing the advocacy for the entrepreneurship training as required, next time we will invite Yvonne to orient and help them to make a good plan of their vision .

### **3. Summer camp 2017**

Every year as usual, during the second term school holiday, WE-ACTxFor Hope organize the summer camp program among the young patients from the WE-ACTx clinic in town and Nyacyonga site. As Nyacyonga is no longer partners of WE-ACTx, thi s year is the last summer camp there. This program sponsored by Ingrid Idorer with the Latin students from Chicago. 7 Latin students accompanied by Ingrid and Jhon arrived in Rwanda 27th July 2017

**Responsible of summer camp are the following:**

3 summer coordinators, Elyse, Sandra ,Christian, and 18 Peer parents.



4weeks before starting the real the summer camp, those young people as responsible of SC, they did a training of those amazing activities and organizing everything related to.

The participants were; 45 kids from WE-ACTx clinic in town appropriate age to be a part of this group is 11-14 years old, and 30 kids from Nyacyonga site aged between 11-15 years old and each site spent one week in summer camp and enjoyed much this opportunity. The first week started Sunday 30h July 2017 up to 3<sup>rd</sup> August at Nyacyonga site with 30 children. Thursday 3<sup>rd</sup> August, both sites Town group and Nyacyonga did a trip together in Akagera national park which made them very happy. The second week since August 1<sup>st</sup> up to 5<sup>th</sup> August 2016, the Nyacyonga site started the camp there. The last day in both sites the kids and youth leaders prepared the final party and invited the staff and parents to join them to cerebrate together and show them what they did the whole week in camp. The summer camp is important and helpful in our program; it changes the kids and helps them to be stronger as kids

**Pictures:**





#### 4. Tutoring activity

Since last year 2016 we started the tutoring program among the youth because we have a big number of youth who are illiterate, some of them stopped their school because of different reasons, and others are completed the primary school but not able to read and write. We start with 10 youth as a pilot project, and 3 peer parents as volunteer to be tutors. The tutoring is for 6 months for each group, then will do the evaluation and see

if they need more time to continue this service. Among 10 students, only 2 performed well, others continue for more 6 months.

#### **5. Youth capacity building**

As WE-ACTx Collaborate with UNAIDS in implementing a one-month project on initiating the DSDM program among the youth in WE-ACTx For Hope, we did a training with 30 youth peer leaders to be the community peer educators in order to sensitize the adolescent's people in DSDM and fighting against the bad adherence with adolescent people. Those Peer leaders will be responsible to make a follow up of bad adherent's youth and try to encourage them to take their medicine correctly in order to be in DSDM program. This program helps the people to reduce the frequency to come at clinic every month.

#### **6. Music program workshop and leadership**

The musician without borders continues the partnership with WE-ACTx, and increases the partnership with other organizations.

The graduated peer parents in Music are capable to train others. They continue the outreach program in different organizations and in Sunday support group the music is helpful, it makes youth happy and creates the friendship among them. It stimulates also the youth to find out their talents. Some of youth leaders are going to train other youth in other countries like Tanzania, Uganda. It was a good opportunity for them and practice their skills which increasing in them the self-confidence and also it is an income for them because they are paid when they are training especially outside WE-ACTx.

All music activities are a success to WE-ACTx youth leadership. Chris as a staff who did the daily follow up of the music program his contract was over end of September, but now Shyaka Ally stay in his position to continue this program. WE-ACTx thanked very much Chris for a great job he did for WE-ACTx Music program. It was amazing to work with him.





## **7. Quarterly Parent meeting.**

Every quarter we take time for the meeting with the parents of our kids/youth in our programs. 4 quarterly parent meetings are heeled as planned

Some parents have the conflict with their children, we identified those who have the big problems and we give them the special appointment at clinic. We discussed about the adolescent issue and relationship between parent and kids.

After the group discussion, the following are suggestion:

- Take more time with their kids.
- Supporting them even if they are not able to give all needs to them but they have to explain what they are able to do and show them the good way to follow in order to achieve their objectives.
- Help them to be on time for their medicine to improve the good adherence.
- Create the good relationship and change the behavior for some parents which will change also the behaviors of kids.
- Think about the new strategies to educate their kids and how to give the good discipline to them.

### **Challenges**

- Lack of job opportunities for the youth who are over 18 years old, some of them have to take care themselves.
- **Bad behavior among the youth especially the young girls to become prostitute** in order to get what they need.
- Dropping out of school among the youth
- Bad adherence



## **KIDS & SEX WORKERS PROGRAM**

### **Activities**

#### **A. Sunday support group**

We have 120 children in this program, from 0-15.

All children are in 4 groups depending on their age and the activities are

<b>AGE</b>	<b>ACTIVITIES</b>	<b>GENDER</b>
5-6	Games, yoga, Music, dance	Boys and Girls
7-8	Games, psycho education, yoga	Boys and Girls
9-10	Games, psycho education, yoga, Music, traditional dance and modern dance	Boys and girls
11-13	Games, psycho education, yoga, Music, traditional and modern dance and drumming	Girls
11-13	Yoga, games, psycho education, Traditional and modern dance	Boys
14-15	Psycho education, games, traditional and modern dance and drumming	Girls



14-15	Psycho education, games, traditional and modern dance and drumming	Boys
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In this year 2017, we started to meet two times a month and all children less than 15 years old are now at kadaffi.

This good way to have a site for children and another one for youth and it's more helpful for children.

We have a new group for traditional dance and modern one.

We discuss on a given topic in groups for 11-13 and 14-15 because they are mature enough.

#### **CHILDREN IN SUPPORT GROUP**



#### **AFRICAN CHILD DAY**

On 16th June 2017, we celebrated African child day as usual. Children were excited and their parents also. Everyone was happy even our staff.

**Distribution of T- shirts by interns.**

A handwritten signature in blue ink, appearing to be 'Dua', is located at the bottom left of the page.



In July, kid & youth program had two visitors from USA and we had good moments with them.

#### **World Aids Day 2017**

On december 1<sup>st</sup> , 2017, WE -ACT for hope was selected by RBC to perform in world Aids day. We prepared a song with youth and it was nice, our youth performed very well.

This event was at national level and many people were presents.



#### **a. Wednesday program**

Every Wednesday, at clinic, we receive children who come for different reasons because it's a special day for them. We receive between 25-235 children under 15years every Wednesday.

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We discuss with them on their problems and many times with their parents if needed.

We have one intern who helps in this activity. They take time to discuss on a topic in the morning

All children under 15 passes in counseling every month according to national protocol so we do it for them

**b. Supervision for peer parent**

Every first week of a month, we do supervision with peer parents. In this year we change how we do it because support group is done on first week and the third one, our supervision is done before support group on the first week. Our goal is to share with them the challenges and successes for last month and plan for next month.

**c. Quarterly meeting with parents**

In children program, we have program of meeting with caregiver in order to discuss how we can help children. All parents and caregivers appreciate this meeting because it's a good time for them to learn how to help their children especially those who have youth. In 2017 we had 4 meetings.

**CAREGIVERS IN MEETING**



*July*

## **B. Disclosure program**

Everyone has to know his status; this is to support caregivers addressing their kids because it's hard for them.

This year we had 3 groups of children in disclosure. The first group has 5 kids, the second one had 8 kids and the last one had 6 children.

We do 4 sessions with kids and parents. All of children are 19.

Remember that disclosure is between 8 years old and 11 years old, this time

### **Challenges**

As you know, our kids are from poor families and some of them are orphan and they live in adoptive families there they meet many problems.

Many families are unable to pay school fees for their kids; this is a big challenge we meet in this program.

We have a big problem of children who live in adoptive families and they can't provide school fees and other materials.

### **SEX WORKERS GROUP**

This program started in June 2017 after discussing with Dr. Mardge how we can help our patients who are sex workers.

In July, we started their identification and then after, we did focus groups for them in order to know them and to know what they need.

We had 65 women, but now they are 70 because we added 5.

They are in 3 groups according to their age.

In August, we did voluntary testing for their friends who do this job. We enrolled 5 women in our clinic after this activity.

All women appreciated this voluntary testing.

In September, we started support group for them and every Thursday there is a support. Each group comes once a month sometimes one of the groups comes twice.







In November, hands of mother and we act for hope, discussed on how they can work together and help sex workers who want to leave this bad job.



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All of women accepted to fulfill a form with hands of mother. This form will help in having enough information about their level in literacy and also their capacity in business.

50 of them finished this activity and we will continue in January.

Hope that hands of mother will find a good way to help them.

There is peer advocate who is in charge of this group.





## **KIGALI IMBEREHEZA PROJECT-KIP**

**Introduction:** Kigali Imbereheza Project is a five year research study project that started in 2013. The project is funded by National Institutes for Child Health and Human Development (NICHD) and is a collaborative project between WE-ACTx For Hope, which is in charge of operations, Rwanda Bio-medical Center, University of Illinois at Chicago, and Cook County Health and Hospitals Systems. The research takes place at two sites: WE-ACTx For Hope and CHUK HIV clinic sites. The study is very likely to be no-cost extended into year six in order to collect medical records for some cohorts.

### **1. Project objectives and significance**

As Youth with HIV in sub-Saharan Africa face barriers to adherence to ART, the main aim of KIP is to improve adherence to ART among HIV+ youth in Rwanda by using Trauma Informed Cognitive Behavioral Intervention. The specific objectives of the project are: Conduct a 2-arm Randomized Clinical Trial to evaluate the impact of TI-CBTe vs usual care among HIV+ youth, Build in-country capacity by training HIV+ youth leaders (YL) to deliver TI-CBTe, and Evaluate impact of delivering TI-CBTe on youth leaders

### **2. Activities and approach**

At this time, the project consists of two main activities: Assessment and intervention. The study consists of 9 cohorts and each cohort consists of 20 youth and 20 caregivers enrolled at each site in Y2,Y3, and Y4 and all follow up assessments will were completed during the study time till December 2017. Each cohort consists of recruitment, informed consent, baseline assessment, and randomization to 6 weekly 2-hour HIV+ youth leader led TI-CBTe group sessions or usual care, follow up assessments at 6 and 12 months, Booster TI-CBTe group session at 12 months and 18 month follow up assessment. Their caregivers complete caregiver self reports and reports on their children four times too and participate to 2 caregiver session on the 3rd and 6th youth session.



### **3. Ethics, assessment& intervention activities in 2017**

Renewal and amendment approvals have been obtained from the 4 IRBs involved in KIP study in order to continue the study (RNEC, CHUK, UIC, CCHHS),

2 cohorts have completed 12 month follow up assessment and booster session

3 cohorts have completed 18-month assessment, which is the final assessment. This makes a total of 9 cohorts that have fully completed all required assessments.

Medical records for youth participants from cohort 1 to cohort 9 were collected and entered at different data collection time points. Medical records for all cohorts have been collected from baseline to the second time point (around 12 month). The third round (last round) of medical records data collection is done up to cohort 5. The last round of medical records data collection for the last 4 cohorts will be collected during 2018.

### **4. Quality improvement**

For data quality purpose, every paper-based questionnaire has been checked to ensure the accuracy and completeness of recorded information. Over 1500 intervention evaluations and demographic copies for both youth and caregivers have been verified.

Refresher discussion on assessment protocol has taken place before each cohort enrollment and during assessments and constructive feedback was given to assessment facilitators.

All current paper based data entered into a computer software were double checked to make sure that all manually entered data are accurate, the data included all intervention data from 2014.

### **5. Capacity building**

2 refresher training related to booster session were organized for Youth Leaders,

A workshop on writing scientific paper was organized for KIP staff and co-investigators.

The workshop resulted in 5 topics to be developed into 5 scientific papers. 5 teams are still working on 5 papers which will be very likely published in 2018.

### **6. Study results dissemination**

A KIP team member attended and presented at IAS2017 in Paris, France



Different team members have been working on 5 different scientific papers and are supposed to finish them next year and write more papers

### **7. Data analysis**

Baseline, 6 month and 12 month data from cohort 1 to cohort 9 were analyzed and the summary of the outcome will be used during the year 2018 to write different scientific articles, which will be submitted to scientific journal for review and publication.

### **8. Way forward**

2018 activities will focus more on study results analysis and dissemination for all cohorts and time points (T1-T4). Started scientific papers will be completed; new manuscripts for scientific papers will be initiated too. The medical records data collection will be done for the last 4 cohorts in line with their appropriate time point window. Presentations at different occasions will be also done in the realm of study results dissemination.



## **YOGA PROGRAM**

### **ACHIEVEMENTS**

- Youth that practice Yoga at Saint Famille have their training according to what each of them find more interest in. in that case some of them have started to practice twice a month yoga according to service offered by We-Actx for Hope.
- Youth who regularly attend Yoga class at Saint Famille they have obviously improved their skills and some of them have long time dreams of becoming Yoga instructors.
- As usually we provided two weeks Yoga training to Youth joined in an annually youth summer camp including Latin.
- We are even pleased to have all Yoga sessions provided regularly without any of them missing.

### **CHALLENGES**

- In fact, there is a very big number of kids at Kadaffi site there all divided into many groups, according to a high number of their groups they don't regularly practice, one group might practice this week and come back after three months. This issue makes them complain of having training session each and every time we meet.
- As we touched it in last year annual Yoga report, there is an issue of old equipment that need to be replaced as soon as means are available.



### **PLAN FOR NEXT YEAR (2018)**

- Due to a higher number of groups at Kadaffi mentioned above, we will team up at least two groups of kids of the same ages, this will contribute to a reduction of three months trainings rotation issue mentioned above.
- As we touched it last year we had suggested to make a short documentary film about yoga that would help to make an advocacy to raise money for Yoga equipments including yoga matts, blocks, etc. there were some misunderstanding among decision makers about this suggestion, this year we would resume this suggestion or discuss about any other way.

**Below there are pictures for activities**





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## **MUSIC PROGRAM**

### **Summary**

In 2017 WE-ACTx for Hope (WE-ACTx for Hope) Music program had a lot of music activities that took place. WE-ACTx for Hope youth were hired in different music activities through the year, some of them traveled to Uganda to train other youth and share the approaches developed at WE-ACTx for Hope with a Ugandan HIV clinic.

Below are some areas that we accomplished:

### **Music for children at WE-ACTx for Hope**

WE-ACTx for Hope music program happens regularly on Monday, Wednesday Thursday, Saturday and Sunday. Music activities bring together a very big number of youth and create music. During WE-ACTx for Hope's Sunday support programs, 132 children at St Famile and 115 at Kaddafi participated in the music program, to create music and receive other health lessons from the peer educators. On Mondays we received 38 peer parents in on-going music training where they learn instrument of choice, compose songs and perform them. Other



programs like therapeutic music groups on Wednesday, Thursday and Saturday we received and worked with 260 children and youth.

After observing that the children enjoy and need these music activities we trained more people to help children to be more creative and enjoy music together.

### **Community Music Leadership training**

In 2017, 15 new WE-ACTx for Hope youth were trained during 8 weekends, across 8 months, training to become community music leaders. These trainings were done locally by Rwandan team. People trained now are capable of working with different people from different backgrounds, they can use anything they have and create music with children, their leadership skills increased and ways of communicating nonviolently.

### **Advanced Trainings**

23 who graduated in recent years were trained by an international trainer and these trainings aimed at keeping WE-ACTx for Hope youth leadership skills and knowledge. The trainer also worked with music teachers and WE-ACTx for Hope music coordinator to build team's capacity and support transition of MwB skills to Rwandan team.

### **Eco-Drumming Training**

24 WE-ACTx for Hope youth were trained in January by an international trainer. These training were to teach WE-ACTx for Hope youth how to make musical instruments with anything they can find in the street and also build awareness of environmental issues and increased their skill in using rhythm. These trainings were referred to as Eco-Drumming.

### **Song Recording Training**

4 WE-ACTx for Hope youth were trained to record songs. The aim of this training is to decentralize every music activity so that they can be done locally by WE-ACTx for Hope youth.



### **International Training**

The music program coordinator was invited to the Netherlands to participate in training with WE-ACTx for Hope's partner Musicians without Borders. This was aimed at further embedding skills and increasing benefits of music for young people at WE-ACTx for Hope.

### **Work opportunity**

In 2017, 16 WE-ACTx for Hope youth were employed as assistant trainers in the trainings were carried from May 2017-December 2017.

Everyone was hired at least twice in these trainings.

27 other WE-ACTx for Hope youths carried out an outreach program which made them to earn money and socialize with others.

8 WE-ACTx for Hope youth were employed in Uganda as assistant trainers and trained youth from AMS Kampala.

5 WE-ACTx for Hope youth were employed outside the program 2 at Umucyo Wejo, 1 at

Mind leaps, 1 at MEG foundation and 2 at Gitarama, 34 were employed with in the program

In total 34 WE-ACTx for Hope youth were employed and 60% were employed more than once

### **Musical events**

3<sup>rd</sup> of December 2017, 15 WE-ACTx for Hope youth graduated to become community music leaders and more than 300 children were present at the event which was an outstanding event that brought together children so that they can have fun.

On African Children's Day, 150 children and their caregivers attended a celebration, which highlighted music from all the support programs, including traditional performances, drumming, instrumental groups and singing.

### **Music Therapy international partnership**

WE-ACTx for Hope is hosting a MA Music Therapy student from University of West of England, to provide this opportunity for young patients to benefit from music therapy.



### Completing objectives

We managed to complete most of the program's objectives. Work on-going is: to have even more youth participating fully in activities; carry out outreach in other clinics to share the approaches developed at WE-ACTx for Hope; establish a staff music group for self-care; and for one youth to train to make our own musical instruments (Guitar).

### The future plan

Our future plan is to make enough notice to all youth from WE-ACTx for Hope so that the number can increase in musical activities. To ask WE-ACTx for Hope director to connect WE-ACTx for Hope music program to other clinics that this program can benefit, and therefore to spread WE-ACTx for Hope's approaches to reach more people.

### Therapeutic Music Support

<b>Therapeutic Music Group at St Famille, Saturdays 1400 - 1530</b>	
Facilitation	Lead facilitator: Espoir Rukengeza Assistant: Alexis Uwimana Supervision: Shyaka Allison and Christopher Nicholson
Objectives	Therapeutic music group for youth aged 19-26. Objectives are to provide safe opportunities for: express current or past life experience; increase sense of connection; offer appropriate access to support for youth who are too old to attend young people's support groups at WE-ACTx for Hope.  Further objectives are to build confidence and sense of value, through a positive experience of success; to grow the skills of youth, encouraging discipline, concentration, and creativity.  Community locations are aimed to transition youth away from dependency on WE-ACTx for Hope.

<p><b>Activities</b></p>	<p>Sessions begin with group drumming and vocal exercises. This connects the group and improves their rhythm and singing. Other activities included; drum circle with improvisation.</p> <p>Performance at African children day</p> <p>Performance at the graduation ceremony of Community music leaders.</p> <p>Played together guitar, piano and drums for fun and learning objective</p>
<p><b>Challenges</b></p>	<p>Playing an instrument (Guitar or piano) and sing at the same time.</p> <p>Attending music classes on time</p>
<p><b>Number of sessions</b></p>	<p>39</p>
<p><b>Number of attendees</b></p>	<p>26</p>
<p><b>Average attendance</b></p>	<p>20</p>
<p><b>Overall % attendance</b></p>	<p>76.00%</p>
<p><b>Therapeutic Music Group at Gisimba, Saturdays 1530 – 1700</b></p>	
<p><b>Facilitation</b></p>	<p>Lead facilitator: Espoir Rukengeza</p> <p>Assistant: Alexis Uwimana</p> <p>Supervision: Shyaka Allison</p>



<p><b>Objectives</b></p>	<p><b>Therapeutic music group for youth aged 19-26. Objectives</b> are to provide safe opportunities for: express current or past life experience; increase sense of connection; offer <b>appropriate access to support for youth who are too old to attend young people's support groups at WE-ACTx for Hope.</b></p> <p>Further objectives are to build confidence and sense of value, through a positive experience of success; to grow the skills of youth, encouraging discipline, concentration, and creativity.</p> <p><b>Community locations are aimed to transition youth away from dependency on WE-ACTx for Hope.</b></p>
<p><b>Activities</b></p>	<p>Sessions begin with group drumming and vocal exercises. This connects the group and improves their rhythm and singing. Other activities includes; drum improvisation, Playing key of c and G, major scale, diatonic formula and how to find chords</p> <p><b>Performance at African children day</b></p> <p>Performance at the graduation ceremony of Community music leaders.</p> <p>Recorded a song called Ihorere Rwanda(</p> <p>Played together guitar, piano and drums for fun and learning objective</p> <p>They composed other few r popular songs so that they can choose which songs to perform in different events</p>
<p><b>Challenges</b></p>	<p>Playing the whole song on guitar or piano alone in a group makes some students nervous.</p>
<p><b>Number of sessions</b></p>	<p>39</p>
<p><b>Number of attendees</b></p>	<p>22</p>

Average attendance	18
Overall % attendance	82.00%
<b>Children's drop-in group at WE-ACTx for Hope, Wednesday mornings</b>	
Facilitation	Facilitator: Uwamariya Emelyn and Martha Supervision: Shyaka Allison
Objectives	To provide a safe and enjoyable space for children to be, while waiting at the children's clinic. Children should be able to drop by when they have time before or between appointments, and spend their time creatively, having fun. The overall objective is that children engage well with clinical services, and look forward to attending WE-ACTx for Hope.
Activities	Sakwe sakwe song; playing and singing Sticks game Circle game Boby percussion Hi ,ha, hu game Zip, zap,zop game Ziraguruka game Olla song which help us closing activities Zoom zoom song ;playing and singing Muraho song ; playing and singing play simple notes on guitar and piano
Challenges	In holidays we receive a lot of children and the space is small
Number of sessions	50
Number of attendees	206



During Average attendance	4
Overall % attendance	
<b>Therapeutic music at WE-ACTx for Hope</b>	
Facilitation	Facilitator: Shyaka Allison and Martha Thompson
Objectives	To do some physical warm up, song writing, playing songs and preparations for December performance.
Activities	Playing guitar and piano leading to the performance in December 2017 in the graduation ceremony of peer parents. Physical warm up and song writing
Number of sessions	48
Number of attendees	6
Average attendance	4
Overall % attendance	67.00%
<b>Music within WE-ACTx for Hope support program: St Famille support group, Sunday morning</b>	
Facilitation	Peer parents
Objectives	Engage youth in creative, group activity, prior to support group beginning at 10am. Relationships between youth, with peer parents, and with WE-ACTx for Hope are shifted by community music-making and performance in December in the graduation Ceremony of peer parents trained by Musicians without borders



<p><b>Activities</b></p>	<p>Drumming and traditional dance play together music to support each other, guitars and piano also play in the same room so that they can feel the support of each other rather than playing as an individual.</p> <p>Performance at African children day</p> <p>Performance at the graduation ceremony of Community music leaders.</p> <p>Recorded a song</p> <p>Played together guitar, piano and drums for fun and learning objective</p>
<p><b>Challenges</b></p>	<p>Children always want to be in many activities and during the preparations of any performance it becomes hard for peer parents to know who is in which activity.</p>
<p><b>Number of sessions</b></p>	<p>Twice a month</p>
<p><b>Number of attendees</b></p>	<p>132</p>
<p><b>Average attendance</b></p>	<p>85</p>
<p><b>Overall % attendance</b></p>	<p>64.00%</p>
<p><b>Music within WE-ACTx for Hope support program: Kadaffi support group, Sunday afternoon</b></p>	
<p><b>Facilitation</b></p>	<p>Peer parents</p>
<p><b>Objectives</b></p>	<p>Engage children in fun, creative, inspiring activity.</p> <p>Relationships between youth, with peer parents, and with WE-ACTx for Hope are shifted by community music-making and performance in December in the graduation Ceremony of peer parents trained by Musicians without borders</p>





<b>Activities</b>	<p>Coming together and perform one activity as one group so that they can be able to feel that they are one group other activities include; Teaching children modern dance, traditional dances, singing and doing sports which includes foot ball and running.</p> <p>Some of these activities will lead them into performing in December on the graduation ceremony of peer parents trained by Musicians without Borders. They are practicing every Sunday so that they will perform</p>
<b>Challenges</b>	During the rainy session most children come late
<b>Number of sessions</b>	Twice a month
<b>Number of attendees</b>	115
<b>Average attendance</b>	78
<b>Overall % attendance</b>	67.00%

### **Training**

<b>On-going training for peer parents at Kigali Music School, Monday 1500 - 1800</b>	
<b>Facilitation</b>	<p><b>Music trainers:</b> Yves Kana, Rukengeza Espoir, Bunani Djuma</p> <p><b>Junior teachers:</b> Nshimiyimana Eric, Nshimiyimana Alexis, Uwamahoro Leontine and Uwimana Alexis</p> <p><b>Program management:</b> Shyaka Allison</p>

<p><b>Objectives</b></p>	<p>To build skills of leadership and musicianship that enhance the peer parents work with children and young people from WE-ACTx for Hope.</p> <p>A secondary objective is to develop employable skills.</p> <p>The junior teacher program aims to build pedagogical skills, and there for employability.</p>
<p><b>Activities</b></p>	<p>Learning musical instruments ( guitar, piano and drums) vocal training</p> <p>progressing towards piece exams on their musical materials</p> <p>Practicing community music activities that they will be doing with children in support groups.</p> <p>Supervision of junior teachers</p> <p>Focusing on the key of F for the experienced students and D Major chord to new students so that they can play all together as a group, the beginners and the experienced peer parents to play all together.</p> <p>This month everyone at Kigali music school managed to play in a group.</p> <p>Paying together before was a big challenge but this month they managed thanks to the new plan that was established, the teachers efforts and peer parents ownership of the program.</p> <p>Performance at African children day</p> <p>Performance at the graduation ceremony of Community music leaders.</p> <p>Recorded a song</p> <p>Played together guitar, piano and drums for fun and learning objective</p>



<b>Challenges</b>	During rainy session the attendance reduces. Because some students don't want to come when it's raining.
<b>Number of sessions</b>	48
<b>Number of attendees</b>	38
<b>Average attendance</b>	27
<b>Overall % attendance</b>	71%
<b>Community music leadership training</b>	
<b>Facilitation</b>	Espoir Rukengeza and Yves Kana (head trainers) Nshimiyimana Alexis, Nshimiyimana Eric and Immacule (Assistant trainers)
<b>Objectives</b>	To train 15 peer parents a broad range of musical skills so they can easily work with children in We-Act x for Hope and other places
<b>Challenges</b>	Rain was a challenge to start on time.
<b>Activities</b>	Most activities were focusing on the last day of the training. Mostly the considerations while preparing the final event. We carried out this training on the 18 <sup>th</sup> and 19 <sup>th</sup> November 2017
<b>Number of sessions</b>	4 weeks
<b>Number of attendees</b>	15
<b>Average attendance</b>	14
<b>Overall % attendance</b>	94.00%

<b>Outreach Program</b>	
<b>Facilitation</b>	Peer Parents
<b>Objectives</b>	Engage children in fun, creative, inspiring activity. Relationships between youth and other organization that WE-ACTx for Hope works with, with peer parents, and with WE-ACTx for Hope are shifted by community music-making.
<b>Activities</b>	Before starting any activity we explain what WE-ACTx for Hope is and how it engages with musical activities to its patients, Some activities we did were Physical warm up, making songs together with children and adults, play games, traditional dance and playing towards a small performance in groups these activities took place in different areas namely, Kagugu primary school, Nyamata, Kibuye, Kicukiro, Umucyo wejo and SOS Kigali These outreach were carried out by 27 WE-ACTx for Hope youth

**Number of Attendees**

628 people were reached



<b>Saturday Music group at WE-ACTx for Hope</b>	
<b>Facilitation</b>	WE-ACTx for Hope youth team
<b>Objectives</b>	<p>Engage youth in creative, group activity, prior to support group beginning at 8am.</p> <p>Relationships between youth, with peer parents, and with WE-ACTx for Hope are shifted by community music-making and performance in December in the graduation Ceremony of peer parents trained by Musicians without borders</p>
<b>Activities</b>	<p>At 8am people with more musical skills in playing instruments teaches another group with less knowledge of playing musical instrument. (guitar, piano and drums)</p> <p>10am the group starts to practice together and perform different songs. The ones who can sing teachers other students how to manage and use their voices. In this case everyone is happy and perform together,</p>
<b>Challenges</b>	Some people don't do practices at home so when they come Saturday they forget what they practiced last week!

**Number of Attendees**

**14**



## Employment in this year

Within this program of activities:

- Four WE-ACTx for Hope youth were Junior Teacher
- One WE-ACTx for Hope youth ran drum circles at Kadaffi support group
- One WE-ACTx for Hope youth ran Wednesday drop-in music support
- Sixteen WE-ACTx for Hope youth were employed as assistant trainers.
- One is employed as Assistant Music Coordinator.
- 27 WE-ACTx for Hope youth carried out an outreach

## Outside of this program:

Four WE-ACTx for Hope youth are working with other organizations, as music teachers:

Two were working at Umucyo wejo

One at MEG Foundation

One at Mind leaps

## Future Plans

Future plans	
<b>Facilitation</b>	Shyaka Allison, Music teachers and peer parents.
<b>Outreach</b>	Starting next year we are looking forward to be doing 4 outreaches every month and employ 12 WE-ACTx for Hope youth every month



<b>Future plans</b>	
<b>Employment</b>	In January we will start negotiating with private primary schools so that we can run music workshops there.
<b>M&amp;E</b>	

## **INCOME GENERATING ACTIVITIES**

The US-based nonprofit organization Hands of Mothers partners with WE-ACTX for Hope to help vulnerable women and young adults to develop and sustain small business to generate income to provide for their families.

During the year of 2017, Hands of Mothers developed the capacity of 4 cooperatives: the Baho Agricultural Cooperative which raises chickens and eggs; the Twiyubake Leather Cooperative which makes sandals and belts; EjoHazazawhich makes jewelry and just started a mushroom farm; and the INEZA Sewing Cooperative. We have helped them to register their cooperatives, secured grants for them to fund their businesses, taught them financial planning and management and connected them to markets and customers. We achieved our goals of insuring that the businesses reach more customers, are able to be profitable and sustainable through good business management practices so that members can improve their lives and those of their families.

Hands of Mothers also funds vocational training and provide entrepreneurship support and micro-lending.

This past year, we also applied and received a Peace Corps Response Volunteer who helped us in different activities such as approaching new customers, developing marketing materials for cooperatives that had a very good impact in their businesses.

Our achievements in terms of Income generation can be summarized as follows:





- **EJO HAZAZA**

EjoHazaza also attends different fairs and the monthly KFAAM with a huge success. Last year we supported their mushroom project but this year, they were able to expand the mushroom project themselves with their own funds from jewelry business.



EjoHazaza in front of their mushroom shed

- **TWIYUBAKE**

The leather sandal project has been successful. The members are able to make high quality, well-designed sandals capable of competing on the local market.

After their follow-up and evaluation, US embassy gave the last payment(20%) of the grant to Twiyubake. This payment of 1,089\$ will be used to purchase more sophisticated machine which will help them to increase the quality of their sandals.

We helped these young adults in capacity building. We trained them in business management, record keeping and marketing. With all this skills learnt, they decided to move to another working place where they will find more customers. They are able to sell themselves, to pay the rent of the house, the tax, the security and hygienic fees.



- **BAHO**

In 2017, Hands of Mothers funded and provided the technical assistance necessary for the Baho Cooperative to start a chicken/egg cooperative. In addition to helping to train the women in best practices for raising the chickens, connecting them to markets to sell the eggs, we also trained them in business management, marketing/sales and record keeping. After realizing that chicken project was a profitable business, we helped the women to increase the number of chickens from 50 chickens to 120 chickens. Unfortunately, they lost around 80 chickens due to an epidemic disaster. We did a detailed research about raising chickens and found that another type of chickens named "Brown Chickens" are more resistant to diseases, eat less food and produce more eggs. We are in the process of assisting Baho switch from Kuroiler to Brown chickens.



- **INEZA**

Like all of the cooperatives we work with, we helped Ineza to establish new markets. We helped them to attend different fairs that generated much funds. Like other cooperative we work with. Ineza attends the monthly Kigali Farmers And Artisans Market. It is a good opportunity for them because they sell their products; they make new customers and connections with others cooperatives



- **INDIVIDUAL ENTREPRENEURS**

This year we helped Nicole Ikirezi to get the training in a cosmetology school and paid 482,400 Rwf for her school fees, her transportation, materials and everything related to her training and internship. She had 6 months of training and 2 months of internship. After getting her certificate, we supported her with a pedicure/manicure supplies package to start her business. She is now working for her own in the neighborhood and she is able to satisfy her basic needs. She also gets customers for braiding.



This year, we helped 2 young ladies to be trained in tailoring by Ineza cooperative for 10 months. We paid 600,000Rwf of training, we were offering the transportation fees every day and supplies for the training. The total amount spent on this training is 1,138,400Rwf. These women have their own machine and they are still reinforcing the quality of their products with Ineza





Esperance, one of our trainees at Ineza Assumpte

### **SEX WORKERS GROUP**

This group is a new one, composed of 63 women who want to leave sex work and develop safe and legal businesses. We started by assessing the profile of the members in order to know what they need before they run the businesses. The result of our assessment shows that they need first of all the literacy and numeracy trainings. Subsequently, they will need business training that will include research into potential business opportunities in the changing Kigali marketplace.

### **PLAN FOR THE FUTURE**

This coming year, we will help Ineza to be more creative. They are popular but their business could be sustainable if they were able to create new designs regularly so that they can compete on the market.

We will also help Twiyubake cooperative, EjoHazaza and Bahobecome fully-functioning, independent and sustainable cooperatives. We are training them to do things for their own. Next year, we are also planning to work with a new group of sex workers and try to help them overcome the poverty.

A handwritten signature in blue ink, located at the bottom center of the page.

## **EDUCATION SUPPORT**

With collaboration of different good people and charities Organizations, we continue to support school fees, school materials and other stipend for eight (8) vulnerable youth. Among them 3 (three) are in University and 5 (five) in secondary school.

## **INTERNSHIP**

We offered internship to different students from USA, University of Rwanda in clinic psychology and Peace Corps volunteers.

## **CONFERENCES AND MEETINGS**

WE-ACTx for Hope has been represented in different meetings with partners and International Conferences.

## **DATA MANAGEMENT**

Data are managed by the data manager, well trained and experienced. We are using the EMR. She regularly report to RBC/HIV Division using the HMIS, health monitoring and report Pepfar's indicators.

## **PRIORITIES ACTIVITIES FOR 2018**

- Adherence for children and youth: assessment of children aged between 7-18 years
- Continue DSDM protocol
- Continue index testing protocol
- Reinforcing peer education program
- Providing care and psychosocial support to key population tested HIV+ enrolled in program



- Reinforce collaboration with other Organizations in charge of key population and female sex workers
- Conduct campaign of sensitization on HIV prevention in youth

NAMES	POST NAMES	QUALIFICATIONS
<b>1. Clinical staff</b>		
Dr MBARAGA	GILBERT	Physician
KALIMA	CHRISTINE	Pharmacy Nurse A2
KAYONGA	FLORENTINE	Pharmacy nurse A1
IYAMUNGU	GEORGINE	Nurse A1
DUSABE	CHANTAL	Nurse A1
UWABIKIRAMARIYA	MARIETTE	Nurse A1
AYINGENEYE	MARIE CLAIRE	Nurse A1
DUFATANYE	EDMOND	Psychiatric nurse
INGABIRE	CHANTAL	Nurse receptionist
MOUBARACK	DOSSA	Receptionist
MFIZI	EMILE	Data Manager
MUSANINYANGE	JACQUELINE	Data manager
NZABONIMANA	ABEL	Lab Tech
NDAGIJIMANA	TELESPHORE	Lab Tech
<b>2. Psychosocial staff</b>		
MUKANYONGA	HENRIETTE	Senior counselor/ Youth Program Coordinator
UMULISA	LAETITIA	Psychologist/ Children and key pop Coordinator
MWANGAZA	ODILE	Trauma counselor
UMUTESI	ALICE	Peer advocate
MUNGANYINKA	BEATRICE	Family peer advocate
MUKAMUSONI	JOSEE	Family peer advocate
<b>3. Research</b>		
INGABIRE	CHARLES	Director of youth adherence research project



TUYISHIME	JOSETTE	Psychologist
NDOLIMANA	AIME	Logistic Officer
UWIMANA	ODETTE	Youth leader
HABIMANA	AUGUSTIN	Youth leader
<b>4. Support staff</b>		
UMURAZA	NASSIM	Yoga Teacher
MANIRAGUHA	Joseph	Yoga Teacher
NGUTEGURE	SERAPHINE	House keeper Kiyovu
BAHIZI	MARIE	Health community workers
UWIMANA	JULIENNE	Cleaner Remera
UWAMBAZA	MATHILDE-	Cleaner clinic
MUKASE	MARI JOSEE	Cleaner Kiyovu house
MUVUNANYAMBO	JEAN	Night guard Remera
KARINGANIRE	JEAN BOSCO	Night guard Kiyovu House
BIKORIMANA	FREDERICK	Cleaner and day guard Remera
MUTUYIMANA	SHAKIRA	Cleaner Clinic
NYABYENDA	EPAPHRODITE	Cleaner Clinic
HAKIZIMANA	JOSEPH	Night guard clinic
<b>5. Administrative Staff</b>		
BENEKIGERI	CHANTAL	Director of Clinical Systems
NDAYAMBAJE	JEAN BOSCO	Director of Finance and Administration
GAJU	WILLY	Accountant/Book Keeper

- Weekly awareness meetings for young girls and female sex workers
- Direct observation (dot) to those children and youth who are not adhering well with high viral load
- Weekly sensitization on health reproductive for youth aged 14-24 years, family planning
- Provide nutrition support to children and youth under 24 years on antiretroviral treatment



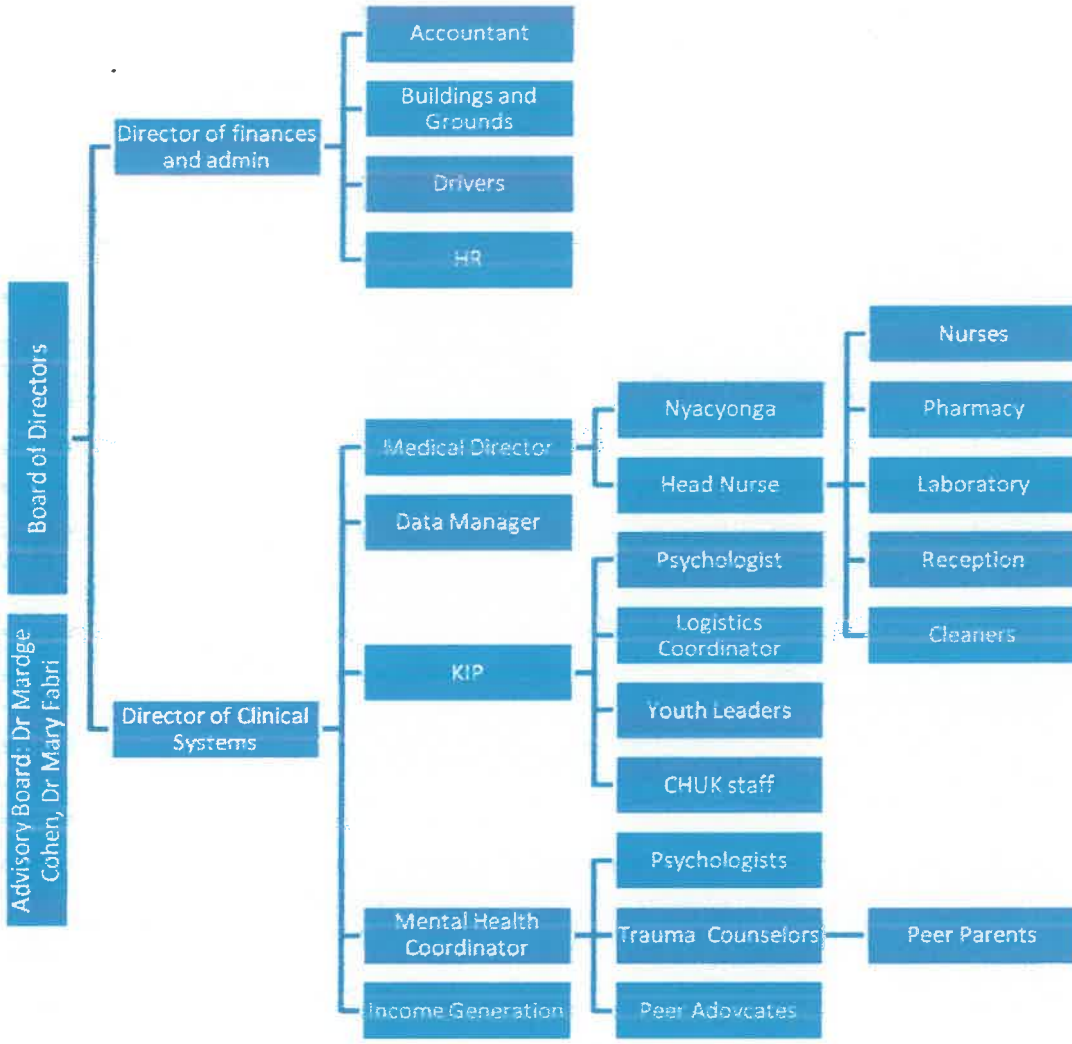
- Providing technical support to beneficiaries in income generating activities
- Writing proposals for seeking funds
- Organizing and celebrate African children day 2016
- Participate in different meetings and conferences
- Continue process to sustain WFH activities
- Reinforce home visit
- Reinforce outreach activities to encourage prevention and empowerment in youth/ adolescent and key population
- Hold public education and testing events to promote awareness about the disease and about infection status
- Bring together groups of youth (particularly young women and girls) for regular meetings with peer educators to build comprehensive knowledge of the disease and understanding of how to prevent infection

**List of staff**

In 2016, WE-ACTx for Hope employed 41 staff. Among them 14 clinical, 6 psychosocial and support staff, 13 support staff, 3 administrative staff and 5 in research program, a five year NIH grant.



## Organigram



**Prepared By:**

**Chantal DUSABE**

**Head Nurse**

**Verified and approved:**

**Chantal BENEKIGERI, Nurse Public Health**

**Director of Clinical Systems**

