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CLINICAL ANNUAL REPORT 2020



WE-ACTx for Hope Staff with the Advisory Board Members

Acronyms and abbreviations

| | | |
|---------------------|---|---|
| WE-ACTx | : | Women Equity in Access to Care and Treatment |
| WFH | : | We-Actx For Hope |
| 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-CBT _e | : | Trauma Informed Cognitive Behavioral Therapy |
| NICHD | : | National Institute for Child Health and Human Development |
| DCS | : | Director of Clinical Systems |
| DAF | : | Director of Administration and Finances |
| MHU | : | Mental Health Unit |
| IGA | : | Income Generating Activities |

Acknowledgement

We-Actx For Hope thanks very much the following esteemed partners for their technical and financial supports especially during the COVID-19 period:

- The Ministry of Health
- Rwanda Biomedical Center
- UNAIDS Country Office
- MoH/CDC/COAG
- Global Fund
- Aids Health Care Foundation
- WE-ACTx USA
- Keep a Child Alive/United Purpose
- Musician Without Borders
- Elma Philanthropy
- Coalition Plus
- 1000 Hugel e.v
- Penny Appeal
- Comic Relief

INTRODUCTION

WE-ACTx For Hope is a local nongovernmental organization legally registered with Rwanda Governance Board. It is located in Nyarugenge District, one of the 3 districts of Kigali city. It is providing medical care services, hospital referrals, and HIV counseling and testing for tens of thousands of Rwandans and their families. Currently, our clinical in Rwanda (clinic located in centre ville Nyarugenge) offers comprehensive care.

WE-ACTx For Hope's medical services include confidential HIV testing, clinical evaluation, HIV prophylaxis, antiretroviral treatment (ART), as well as care for opportunistic infections and other medical problems. As part of our efforts to support our patients' overall health and adherence to ART, our nutritional support program distributes sosoma (a highly nutritional, locally sourced porridge) each month to the families of 500 youth and 500 adults who are in extreme poverty & who are currently on ART.

WE-ACTx's medical care programs are highly integrated with our extensive psychosocial support services, income-generation initiatives and index testing services. We believe that working with our patients to overcome the many obstacles that can interfere with continued self-care is essential to help the communities we serve to live well with HIV

WE ACTx for hope clinic children, adolescents and young adults have their specific day for comprehensive care as well as Sunday support where peer educators are playing a big role by becoming role model regarding adherence

We are providing ARVs for 1 month, 3 ART to all stable clients and CURRENTLY 1663 are on 3MMP (72%) since October 2020 we started providing 6 multi month prescription (6 MMP) for clients on TDF/3TC/DTG and currently 300 clients are receiving 6MMP.

We still put an emphasis on key populations: sex workers, serodiscordant couples, People who inject drugs (PWID), mobile people like lorry drivers and LGBT.

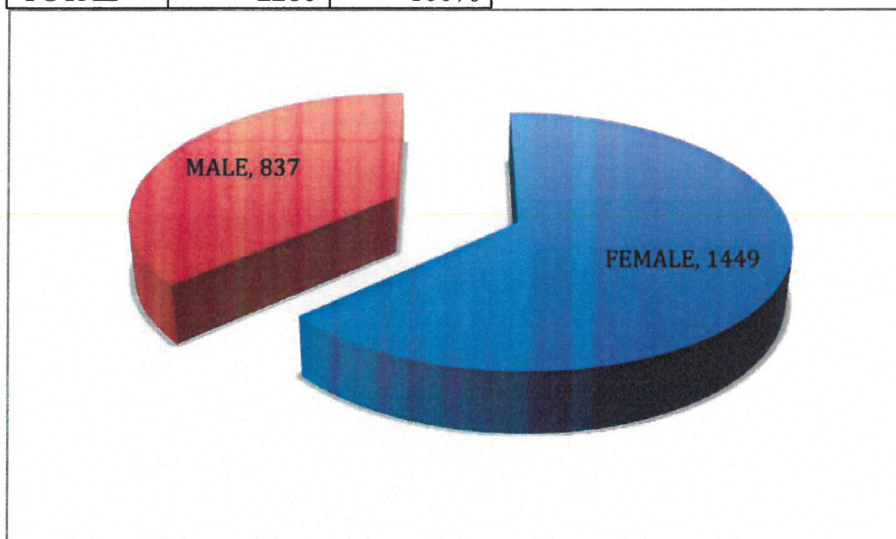
We keep doing active case tracing which has 3 components: Family testing, partners notification and social network.

From March 15th, 2020, all activities were restructured due to coronavirus pandemic. Preventive measures are now in place: hand washing with soap, controlling body temperature using thermoscan, wearing facial masks, social distancing in providing care to clients and registering all people coming at the clinic for any reason. Until now, WE ACTx FOR HOPE family members registered 11 cases of COVID 19 infection (all these 11 people were clients) but all these people are safe.

I. OVERVIEW OF THE CLINIC _CENTRE VILLE

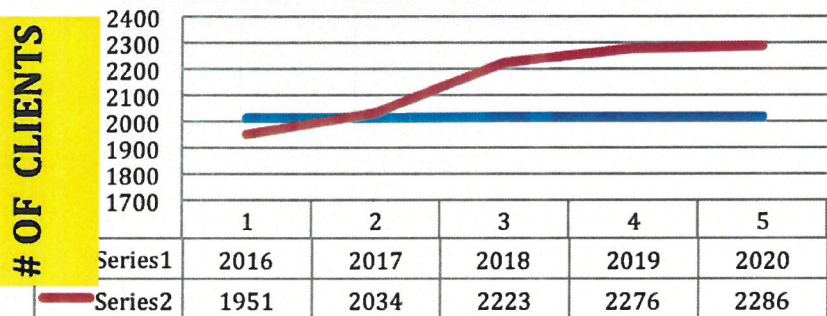
I.1 REPARTITION ACCORDING TO SEX

| SEX | NUMBER | % |
|--------|--------|------|
| FEMALE | 1449 | 63% |
| MALE | 837 | 37% |
| TOTAL | 2286 | 100% |



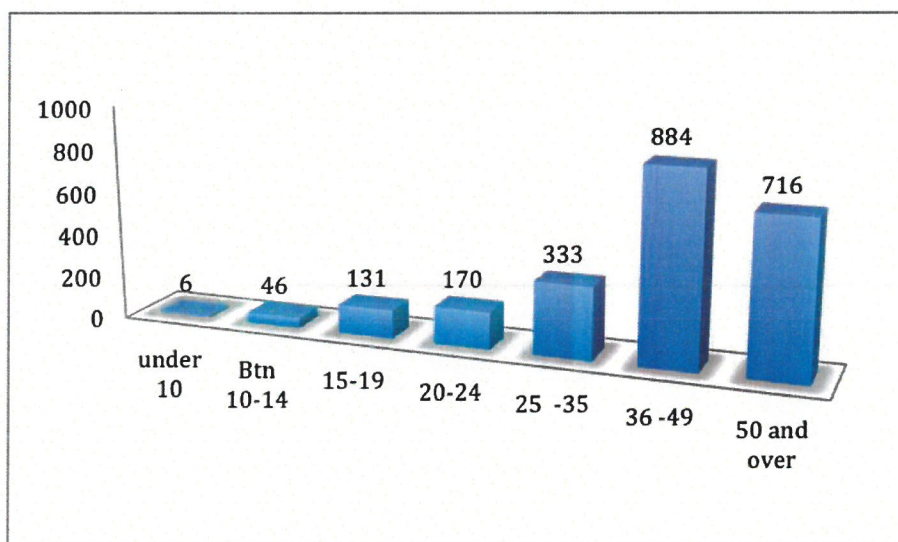
| YEARS | NUMBER OF CLIENTS |
|-------|-------------------|
| 2016 | 1951 |
| 2017 | 2034 |
| 2018 | 2223 |
| 2019 | 2276 |
| 2020 | 2286 |

WE ACTX FOR HOPE CLINIC GROWTH



Number of clients increased from 1951 in 2016 to 2286 in 2020 because of the new program introduced at the end of 2017 named HIV ACTIVE CASE TRACING or index testing which has 3 components: family testing, partners notification and social network with focus on sex workers group, youth and family members testing of all our clients but we still have many clients who went out of the clinic because we don't have PMTCT full package, TB services and Family planning service offering long term method

I.2 REPARTITION ACCORDING TO AGE



According to this graph, we have few children under 10 years meaning that PMTCT/EMTCT services are successful. Adolescents between 10-19 years old and young adults 20-35 are representing 8% and 22% respectively. 31% of all clients in our clinic have 50 years and over. It means that we must strengthening NCD program in our clinic.

I.3 CLIENTS ON ART

| | |
|-----------------------------|------|
| clients on ART | 2286 |
| Clients on prophylaxis only | 0 |
| Total | 2286 |

At the end of December 2020, all 2286 clients were on ART.

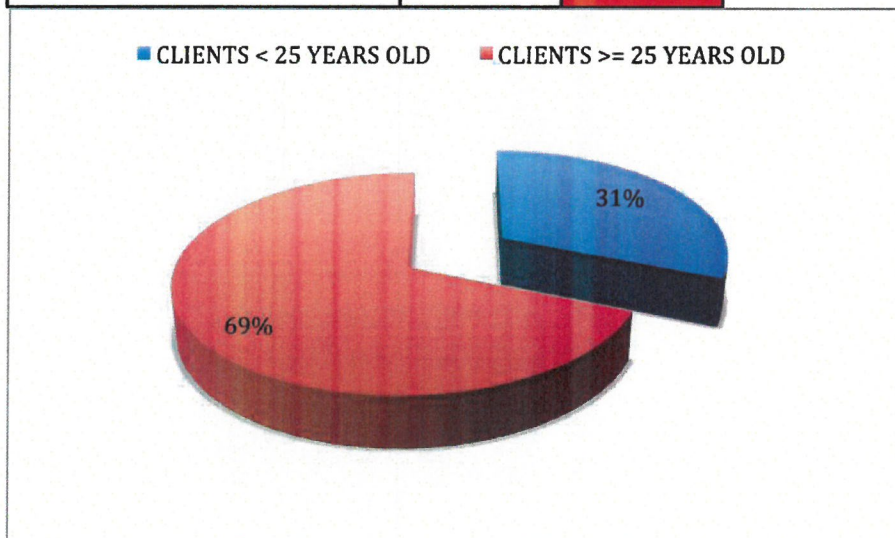
I.4 REPARTITION ACCORDING TO REGIMEN

| CHARACTERISTICS | NUMBER |
|----------------------|--------|
| 1ST LINE REGIMEN | 2094 |
| 2ND LINE REGIMEN | 190 |
| 3 THIRD LINE REGIMEN | 2 |
| TOTAL | 2286 |

This table is showing that among 2286 clients followed in our clinic, 2094 (92%) are on first line regimen , 190 (8%) are on 2nd line regimen and ONLY 2 clients are on 3rd line regimen

II. PMTCT UPDATES IN 2020

| AGE | NUMBER | % |
|-------------------------|--------|------|
| CLIENTS < 25 YEARS OLD | 5 | 31% |
| CLIENTS >= 25 YEARS OLD | 11 | 69% |
| TOTAL | 16 | 100% |



In 2020, 16 clients got pregnant and 5 (31 %) among them were under 25 years .This number DECREASED from 28 in 2019 to 16 in 2020 BECAUSE we integrated SRH sessions on the youth / adolescents' day at the clinic.

| YEAR | CLIENTS <25 YEARS OLD | CLIENTS >=25 YEARS OLD | TOTAL |
|------|-----------------------|------------------------|-------|
| 2016 | 6 | 8 | 14 |
| 2017 | 14 | 18 | 32 |
| 2018 | 4 | 26 | 30 |
| 2019 | 9 | 18 | 28 |
| 2020 | 5 | 11 | 16 |

Clients under 25 years old who got pregnant are slightly decreased when we compared the year 2018 & 2019

III.HIV ACTIVE CASE TRACING PROGRAM (INDEX TESTING PROGRAM)

| Indicator | Sex | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov/Dec-20 | Total |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|-------|
| Clients offered index testing services | Female | 41 | 33 | 31 | 0 | 0 | 68 | 48 | 29 | 68 | 45 | 39 | 402 |
| | Male | 19 | 22 | 15 | 1 | 0 | 57 | 35 | 23 | 39 | 34 | 33 | 278 |
| | Total | 60 | 55 | 46 | 1 | 0 | 125 | 83 | 52 | 107 | 79 | 72 | 680 |
| Clients that accepted index testing services | Female | 27 | 22 | 16 | 0 | 0 | 48 | 25 | 21 | 30 | 19 | 28 | 236 |
| | Male | 17 | 11 | 13 | 1 | 0 | 39 | 17 | 23 | 27 | 17 | 21 | 186 |
| | Total | 44 | 33 | 29 | 1 | 0 | 87 | 42 | 44 | 57 | 36 | 49 | 422 |
| Number of contacts elicited | Female | 43 | 41 | 33 | 1 | 0 | 74 | 29 | 35 | 64 | 42 | 39 | 401 |
| | Male | 54 | 42 | 38 | 0 | 0 | 81 | 33 | 28 | 62 | 21 | 24 | 383 |
| | Total | 97 | 83 | 71 | 1 | 0 | 155 | 62 | 63 | 126 | 63 | 63 | 784 |
| Newly Tested HIV positive | Female | 8 | 5 | 2 | 3 | 0 | 6 | 3 | 4 | 4 | 1 | 7 | 41 |
| | Male | 2 | 2 | 4 | 0 | 0 | 3 | 3 | 1 | 2 | 2 | 5 | 22 |
| | Total | 10 | 7 | 6 | 3 | 0 | 9 | 6 | 5 | 6 | 3 | 12 | 67 |

In the year of 2020, 680 clients representing 30% of all clients were offered index-testing services. Among them 422 clients accepted this service by giving sexual partners and/or biological children, which means that the acceptance rate of index testing services in our clinic is 62%. 784 people (sexual partners and biological children) came at the clinic for HIV testing and counseling. Of 784, 67 people became HIV positive at the first time (HIV new cases) . All these 67 clients were enrolled in our clinic. It means that we found 67 HIV new cases, which represent the prevalence of 8.03 % (more than 2.5 times higher compared with the HIV prevalence in general population in Rwanda). So Index testing remains the only strategy which can help HIV program to reach the first 90 of the 2020 UNAIDS targets (at the 1st 90 we are at 84% in Rwanda while other two 90's are achieved in our country). Now index testing is used in all health facilities in order to reach UNAIDS targets.

IV. HIV TESTING SERVICES IN 2020

| Months /2020 | Total Tested | Total Tested Positive | Total enrolled in Care This month | TOTAL TX_new(NEW INITIATED ON ART) | TX_new (among those tested positive at site at this month) |
|--------------|--------------|-----------------------|-----------------------------------|------------------------------------|--|
| JANUARY | 706 | 20 | 20 | 20 | 20 |
| FEBRUARY | 62 | 8 | 8 | 8 | 8 |
| MARCH | 168 | 8 | 8 | 8 | 8 |
| APRIL | 8 | 4 | 4 | 4 | 4 |
| MAY | 0 | 0 | 0 | 0 | 0 |
| JUNE | 105 | 9 | 9 | 9 | 9 |
| JULY | 44 | 6 | 6 | 6 | 6 |
| AUGUST | 56 | 5 | 5 | 5 | 5 |
| SEPTEMBER | 88 | 6 | 6 | 6 | 6 |
| OCTOBER | 46 | 3 | 3 | 3 | 3 |
| NOVEMBER | 37 | 8 | 8 | 8 | 8 |
| DECEMBER | 41 | 4 | 4 | 4 | 3 |
| TOTAL | 1361 | 81 | 81 | 81 | 81 |

| CHARACTERISTICS | NUMBER | % |
|----------------------------|--------|--------|
| HIV POSITIVE | 81 | 5.88% |
| HIV NEGATIVE | 1281 | 94.12% |
| TOTAL PEOPLE TESTED IN VCT | 1362 | 100% |

As shown by these tables , we tested 1361 people in 2020 and 81 clients (5.88%) were HIV positive(HIV new cases) . We did outreach (january & february 2020) in hot spots in Kigali city targetting adolescents and Key pop (mainly female sex workers) . From March 2020 we did only onsite HIV testing & counselling (HTC) because of the COVID 19 pandemic.

V. RECENCY TESTING

Since November 2018 RBC and CDC introduced the recency testing for all HIV positive clients who fulfill the following criteria: Newly diagnosed HIV positive clients, above 18 years, HIV positive client not yet initiated on ART, Clients who provided verbal consent

Recency is the laboratory tst used to determine if an HIV infection was acquired recently or not (long term infection).

- ✚ A recent HIV infection is an infection that was acquired within the past 12 months
- ✚ A long term HIV infection is an infection that was aquired more than 12 months ago

| HIV testing service | # of HIV recent infection(RI) | # of Long term HIV infection (LTI) | Total | % of RI |
|---------------------|--------------------------------|-------------------------------------|-------|---------|
| | | | | |

| | | | | |
|------------------------------------|----------|-----------|-----------|-----------|
| Index testing | 0 | 44 | 44 | 0% |
| VCT & other PIT service | 0 | 5 | 5 | 0% |
| Total | 0 | 49 | 49 | 0% |

As shown by this table, in 2020 we did 49 recency tests and all became long term HIV infection meaning that we are reaching people who were infected many ago who were in community which demonstrates effectiveness of strategies put in place by HIV program in Rwanda . New HIV infections are few meaning that HIV prevention measures are working towards the HIV elimination even if COVID 19 pandemic is having negative impact on HIV program.

| Year | # of HIV recent infection(RI) | # of Long term HIV infection (LTI) | Total | % of RI |
|--------------|---------------------------------------|--|--------------|----------------|
| 2018 | 2 | 16 | 18 | 11% |
| 2019 | 6 | 83 | 89 | 7% |
| 2020 | 0 | 49 | 49 | 0% |
| Total | 8 | 148 | 156 | 5% |

HIV recent infections decreased from 7% in 2019 up to 0% in 2020

VI. CLIENTS WHO DIED IN 2020

| No | TRACNET | DOB | CAUSE OF DEATH | DATE OF DEATH | LAST VL(COPIES/ML) |
|-----------|----------------|------------|-----------------------|----------------------|----------------------------|
| 1 | 234967 | 1968 | unkown | 13/04/20 | 66.9 |
| 2 | 224990 | 1961 | Chronic renal failure | 16/04/20 | 197 |
| 3 | 222604 | 1961 | Unkown | 5/5/20 | <20 |

| | | | | | |
|----|--------|------|---|----------|-----|
| 4 | 222161 | 1980 | Brain tumor | 1/6/20 | <20 |
| 5 | 234845 | 1956 | Unkown | 1/6/20 | <20 |
| 6 | 223653 | 1964 | Extrapulmonary TB | 25/06/20 | <20 |
| 7 | 223822 | 1996 | Unkown | 8/7/20 | <20 |
| 8 | 223800 | 1989 | Chronic renal failure not related to ARVs | 30/07/20 | <20 |
| 9 | 693919 | 1974 | Ischaemic stroke | 29/08/20 | <20 |
| 10 | 224765 | 1964 | Hemolytic and Uraemic syndrom + gastric perforation | 16/09/20 | <20 |

This table is showing that we lost 10 clients in 2020 . All clients had a death not related to HIV infection

This is the comparison for 4 years: 2016,2017 , 2018 , 2019 , 2020

| YEAR | # clients who died | AIDS RELATED DEATH |
|------|--------------------|--------------------|
| 2016 | 6 | 1 |
| 2017 | 8 | 1 |
| 2018 | 10 | 1 |
| 2019 | 10 | 0 |
| 2020 | 10 | 0 |

Number of clients who died in 2020 is 10 and there was no AIDS related death, which is the objective of the functional HIV program

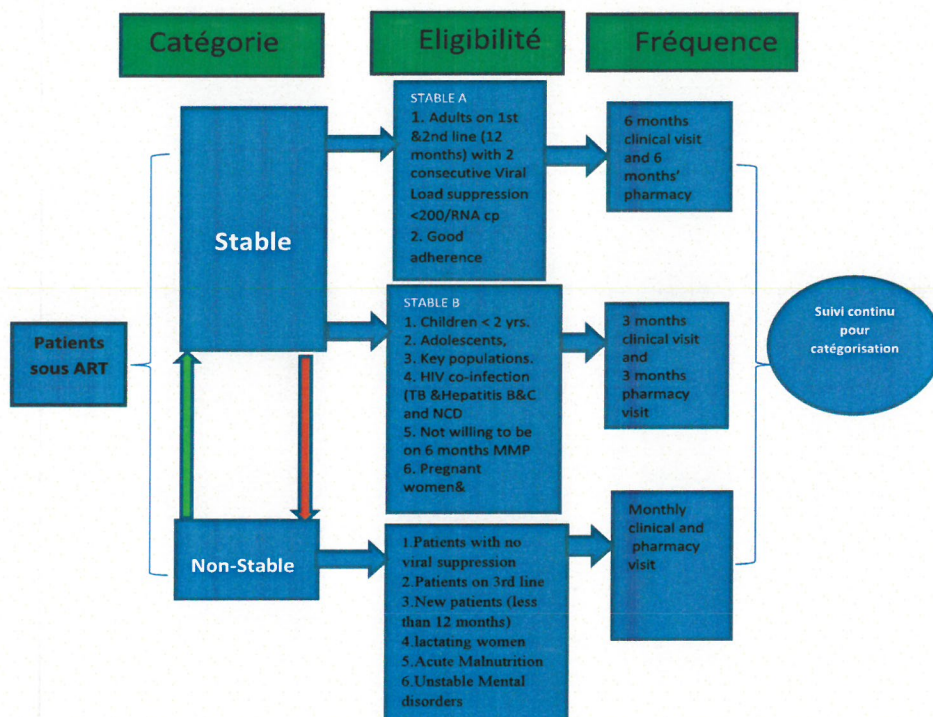
VII. UPDATES ON INPATIENTS vs OUT PATIENTS IN 2020

| Period | Tranfer IN | Back to program | Patients who initiated ART | Tranfer out | LTFU | Dead |
|--------|-------------------|-----------------|----------------------------|--------------------|------|------|
| | INPATIENTS | | | OUTPATIENTS | | |
| Jan-20 | 13 | 0 | 20 | 25 | 0 | 0 |
| Feb-20 | 11 | 0 | 8 | 16 | 0 | 0 |
| Mar-20 | 8 | 0 | 8 | 7 | 0 | 0 |
| Apr-20 | 2 | 0 | 4 | 7 | 0 | 2 |
| May-20 | 3 | 0 | 0 | 24 | 0 | 1 |
| Jun-20 | 14 | 0 | 9 | 16 | 0 | 3 |
| Jul-20 | 15 | 0 | 6 | 13 | 0 | 2 |
| Aug-20 | 5 | 0 | 5 | 12 | 1 | 1 |

| | | | | | | |
|---------------|-----------|----------|-----------|------------|----------|-----------|
| Sep-20 | 11 | 0 | 6 | 14 | 0 | 1 |
| Oct-20 | 9 | 0 | 3 | 10 | 0 | 0 |
| Nov-20 | 5 | 0 | 8 | 5 | 0 | 0 |
| Dec-20 | 2 | 0 | 3 | 6 | 0 | 0 |
| Total | 98 | 0 | 80 | 155 | 1 | 10 |

In 2020 , 166 clients went out of our clinic for different reasons (death, changing where they live due to COVID 19 lock down, clients who went in PMTCT, LTUP) while 178 clients came in (Transfer In, new clients from testing services and back in program after being lost to follow up) As shown by this table , average of 14 clients went out of the clinic every month while 15 clients came in . Many clients went out this year because of COVID 19 pandemic mainly because of lock down as we don't have fixed catchment area like other public health facilities meaning that we are receiving people from different provinces and countries

VIII. UPDATES ON DSDM



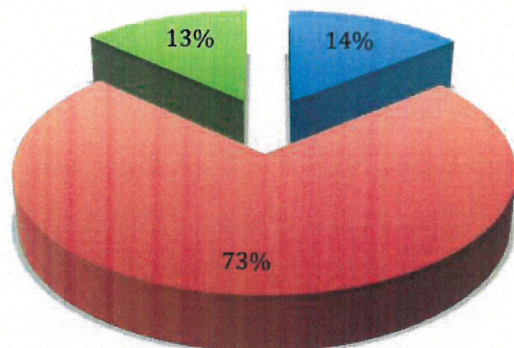
- Inclusion Criteria**
- Two consecutive Viral load Suppression results after ART initiation
 - Good adherence
 - Willingness

As shown by this new DSDM cascade , we are providing ARVs for 1 month, 3 and 6 multi month prescription (3 MMP & 6 MMP).

| CLIENT CATEGORY | NUMBER | PERCENTAGE |
|------------------|--------|------------|
| UNSTABLE CLIENTS | 323 | 14% |
| CLIENTS ON 3 MMP | 1663 | 73% |
| CLIENTS ON 6MMP | 300 | 13% |
| TOTAL | 2286 | 100% |

DSDM AT WE ACTX CLINIC _ 2020

■ UNSTABLE CLIENTS ■ CLIENTS ON 3 MMP ■ CLIENTS ON 6MMP



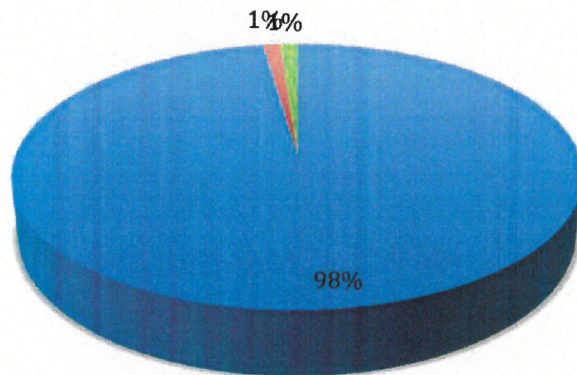
At the end 2020: 300 clients (13%) were on 6 MMP, 1663 on 3MMP (73%) and 323 clients were classified as unstable (14%). It seems that the number of unstable clients is still high because we had a challenge of not receiving VL results for several months this year and it was not possible to categorize many of them with the second VL results. Some clients did not also do VL exam because of COVID 19 pandemic lock down

VIII. UPDATES ON TREATMENT FAILURE

| | | | |
|--|-------------------------|------|-------|
| CLIENTS WITH SUPPRESSED VL ≤200 COPIES/ML | <200 COPIES/ML | 2195 | 98% |
| | 200 - 1000 COPIES/ML | 25 | 1.11% |
| | >1000 COPIES | 26 | 1.16% |
| ALL CLIENTS with Vith VL | | 2246 | 100% |

VL results at WE ACTx Clinic _ 2020

- CLIENTS WITH SUPPRESSED VL ≤200 COPIES/ML
- CLIENTS WITH UNSUPPRESSED VL 200 - 1000 COPIES/ML
- CLIENTS WITH UNSUPPRESSED VL >1000 COPIES



As shown by this table , 2195 (97.73 %) clients have suppressed VL (<200 copies/ml) , 25 (1.11%) have viral load between 200 - 1000 copies/ml while 26 clients (1.16%) have treatment failure (VL over 1000 copies/ml). In general, at We Actx clinic 98.84 % have viral load under 1000 copies/ml .

VIII.1. VIRAL LOAD SUPPRESSION IN CHILDREN UNDER 10 YEARS OLD

| | | | | |
|--------------------------|--|----------------------|---|-------|
| CHILDREN UNDER 10 | CLIENTS WITH SUPPRESSED VL ≤200 COPIES/ML | <200 COPIES/ML | 1 | 100% |
| | CLIENTS WITH UNSUPPRESSED VL | 200 - 1000 COPIES/ML | 0 | 0.00% |
| | | >1000 COPIES | 0 | 0.00% |
| | ALL CLIENTS WITH VL | | 6 | 100% |

As shown by this table, we have only 6 children under 10 years old and all of them have suppressed viral load (VL suppression in children under 10 years is 100%)

VIII.2. VIRAL LOAD SUPPRESSION IN ADOLESCENTS 10 – 19 YEARS OLD

| | | | | |
|-----------------------------------|--|----------------------|-----|-------|
| ADOLESCENT 10-19 YEARS OLD | CLIENTS WITH SUPPRESSED VL ≤200 COPIES/ML | <200 COPIES/ML | 174 | 97% |
| | CLIENTS WITH UNSUPPRESSED VL | 200 - 1000 COPIES/ML | 2 | 1.00% |
| | | >1000 COPIES | 4 | 2.00% |
| | ALL CLIENTS WITH VL | | 180 | 100% |

As shown by this table, 174 (97%) clients have suppressed VL (<200 copies/ml), 2 (1%) have viral load between 200 - 1000 copies/ml while 4 Adolescents aged from 10 to 19 years old (2%) have treatment failure (VL over 1000 copies/ml). so VL suppression among adolescents followed in our clinic is 98% (viral load under 1000 copies/ml). This is the result of strengthened youth/adolescent youth friendly services.

IX. UPDATES ON DOT IN 2020

In 2020, DOT was used for two young adult orphans who had problems of taking ARVs. They started DOT in November and they are still on it but they are clinically improving since the beginning of DOT program. We planned to extend this program by using peer educators but we failed due to COVID 19 pandemic

X. UPDATES ON YOUTH FRIENDLY SERVICES IN 2019

| Age range | Number | % |
|-------------|--------|------|
| under 10 | 6 | 0% |
| Btm 10-14 | 46 | 2% |
| 15-19 | 131 | 6% |
| 20-24 | 170 | 7% |
| 25 -35 | 333 | 15% |
| 36 -49 | 884 | 39% |
| 50 and over | 716 | 31% |
| Total | 2286 | 100% |

As shown by this table, at the end of 2020, 353 clients (15 %) were young people <25 years old. In this context, youth friendly services are mandatory in order to make our youth more comfortable with improvement of their adherence on ARVs in youth friendly services we insisted on sexual and reproductive education , life skills , disclosure and parent- youth relation .

XI. UPDATES ON WELTEL PROGRAM

WelTel was the world's first virtual care program to use text messaging with patients and to demonstrate improvement in health outcomes. For the past 15 years, WelTel has been implemented in various geographical. WelTel is implemented in East Africa (Rwanda and Kenya) and in Canada within urban and rural communities. In Northern Kenya, WelTel is used to address suboptimal access to health services. WelTel aimed to create a communication channel between the population and healthcare providers in order to encourage in-facility deliveries, increase rates of fully immunized children, and increase attendance to all four antenatal care visits. In WE ACTx for hope CLINIC WelTel is implemented in Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) clinics to improve adherence to antiretroviral therapy and enhance patient engagement with care with focus on youth , KP especially sex workers , client classified as VIPs, clients with treatment failure .

We are sending a codified weekly text message to all clients registered in this program (all clients with mobile phone). We ask: How are you? and answers are 'Im ok" or I'm not ok. Those who answered I am not ok we call them to know the issue they are facing and then we propose some solutions.

Currently nearly 1,100 clients are registered in this program. We are planning to use WeTel to create digital care to facilitate VIPs.

In collaboration with UNAIDS Country Office, We Actx For Hope is supporting two health centers (Remera and Gikondo) to integrate this program to follow HIV patients especially adolescents.

XII. UPDATES ON CLIENTS ON THIRD LINE

Since 2015, 2 clients started third line regimen and we still have two clients up to now. They are stable

| No | TRACNET ID | DOB | CURRENT REGIMEN | LAST VL | 3rd line regimen starting date |
|----|------------|------|--|-----------------|--------------------------------|
| 1 | 224578 | 1983 | Raltegravir, Darunavir, Etravirin, Ritonavir | 36.5 (06/04/20) | 17/2/15 |
| 2 | 222643 | 1969 | AZT/3TC, Darunavir, Raltegravir, Ritonavir | <20 (06/08/20) | 26/1/15 |

As shown by this table we have two clients on third line since 2015 and they are clinically and virologically stable.

XIII. UPDATES ON CO-INFECTION HEPATITIS B & C WITH HIV INFECTION

In 2020, we screened 2057 clients for Hepatitis and we found 48 client with Hepatitis B and 29 clients with Hepatitis C. All these clients started treatment immediately after getting results with good improvement.

XIV. IMPACT OF COVID 19 PANDEMIC ON WE ACTX FOR HOPE ACTIVITIES

Since the detection of the first case of Covid-19 in Rwanda (March 14th, 2020), preventive measures were put in place to mitigate its easy spread.

0. One of them was a total home-based confinement which was hindering normal movement of people living with HIV to health facilities, making it impossible to obtain HIV services including clinical follow-up and drug refill
1. COVID-19 among PLWH contributed in increasing opportunistic infections especially in HIV infected clients with unsuppressed viral load : interstitial pneumonia, cases increased this year
2. 68% had attended scheduled ART clinic appointments during the lockdown period of 21 March to 30 April 2020 versus 97% of appointment attendance one month before COVID 19 (February 2020)
3. Inability to do laboratory tests especially viral load, renal function tests and liver function tests. At We Actx clinic we had 367 clients who missed appointment for viral load from march up june 2020 due to COVID 19 lockdown
4. Difficulties in evaluation of adherence on ARVs: only 50% of clinical staff were allowed to work every day with shortening the time spent with clients.
5. COVID 19 accentuated mental health disorders like depression , anxiety , suicide thoughts : we had 96 cases with mental health disorders in 2020
6. Increased cases of people who can't find food (Food insecurities)

7. Small Income generating activities for youth stopped completely with increased poverty
8. Youth support groups stopped completely with negative impact on our clients (Isolation, depression, anxiety, etc)
9. Viral load tests were not available for several months with direct consequences of inability to classified clients in stable category
10. Clinical staff were uncomfortable in providing care with burden of contracting COVID 19 virus and spread it at home
11. HIV preventive activities were stopped : No mobile HIV testing in hotspots of Kigali

XIII. KEY INDICATORS IN 2019

| # | Activity | Current data (%) in 2020 |
|---|---|--------------------------|
| | Proportion of patients with new files (Files version 2020 or 2018) | 2286/2286 = 100% |
| 1 | Proportion of Children under 15 years old with updated weight and height | 55/55 = 100% |
| 2 | Proportion of files with Adjusted pediatric dosage | 55/55 = 100% |
| 3 | Proportion of well completed Pediatric growth charts | 55/55 = 100% |
| 4 | Proportion of files of clients on ART with updated Viral load | 2246/2266=99% |
| 5 | Proportion of files with updated psychosocial follow up | 2212/2286= 96.7 |
| 6 | Proportion of clients in pre-ART but eligible at ART | 0% |
| 7 | Proportion of files with VL>1000 copies with documented action | 26/26=100% |
| 8 | Proportion of clients (Peds/Adults)with updated clinical consultation | 2251 /2286=98.4% |
| 9 | Proportion of clients with Viral load suppression | 2195/2246=97.73% |

YOUTH PROGRAM

1. Introduction

In 2008, we started a program of youth and children and they met at Kaddafi every Sunday. In 2010, we realized that it is better to separate children to youth because youth need more time of discussions and children need more time of playing.

From 2010, our youth meet at Sainte Famille School and our kids stay at Kaddafi School.

The main objectives of this program is to build friendship between our youth and children and to overcoming their challenges and look for solutions.

The program is headed by youth program coordinator and has other two staff that is in charge of receiving children and youth every day at clinic for counseling or other services.

We have also a group of 24 youth selected by we act to be the peer parent and we trained them on basic skills of counseling and leadership. They are volunteers but they help us in support groups and in other activities when it is needed. We have two groups of children and youth from 5-15 and from 16 and over. All total children and youth we have are 336.

A part of this youth program, we have also a project of young adolescent mothers in 3 districts which are Kamonyi, Bugesera and Muhanga.

2. Activities

In youth program, we actually have support groups every two Sundays but because of CORONA virus, we stopped those activities in March 2020 until now we are not yet reopening.

We provide nutrition support some hygienic materials for all children. In this 2020, we did it as usually, we provided hygienic material for all youth and children three times a year.

a. Wednesday program

Every Wednesday, at clinic, we receive children and youth but now, we separate children to youth. One Wednesday we receive children and next one is for youth. On this day, we do psycho education for youth and children on different topics. We receive at least 100 youth per week respecting all COVID 19 prevention measures.

b. Disclosure program

Everyone aged from 8 to 12 years has the right to know his/her status; this is to support caregivers to address their kids because it's hard for them. It is in this regards We-Actx For Hope staff in collaboration with parents proceeded to disclose the HIV status to the children. And it is done during holidays to facilitate those who are in boarding schools. This year, 57 children has been disclosed and it is good approach for their adherence to the treatment.

c. Nutrition support for youth and kids

In this period of Corona, We act for hope in collaboration with other partners gave nutrition support for all our patients and especially youth and kids. We did it because during lockdown many people were not able to do the small jobs as they did before and even after lockdown, most of our patients lost their jobs.

We act for hope did this activity from March 2020 and it is ongoing activity. From March up to now, we give nutrition support to around 2000 people.

d. Schools fees

In partnership with ELMA, we act for hope pays full school fees for 36 youth and kids.

Number of students

| PRIMARY | SECONDARY | UNIVERSITY | TOTAL |
|----------------|------------------|-------------------|--------------|
| 16 | 15 | 6 | 37 |

As shown, we are supporting 37 children and youth in primary, secondary and in Universities. Both parents and children are happy and their performance reports are spectacular. Except one who started in University early January 2021.

3. Global Fund Project

In 2018, We-Actx for Hope in collaboration with Rwanda Biomedical Center Global Fund started a project on young adolescent mothers in 3 districts of the Country (Muhanga, Kamonyi and Bugesera). This project will be ended in June 2021. Some activities were not done due to COVID-19.

ACTIVITIES DONE IN 2020

| INDICATOR | Q1 | Q2 | Q3 | Q4 | TOTAL |
|---|-----|----|----|----|-------|
| Number of peer educators trained among young adolescent mothers | 50 | | | | 50 |
| Number of Peer educators in school trained on sexual and reproductive health (SRH), HIV and STI, GBV, life skills, interpersonal communication, referral for HIV testing and VMMC. | | | | | |
| Number of peer educators out of school trained on sexual and reproductive health (SRH), HIV and STI, GBV, life skills, interpersonal communication, referral for HIV testing and VMMC | | | | | |
| Supervisions done(Kamonyi, Muhanga and Bugesera) Activities: Discussing with local authorities on how young adolescent mothers are and if there is any activity like saving system,... | 2 | 2 | | | 4 |
| Outreaches (Bugesera, Muhanga) Topics: Reproductive health (SRH, HIV, GBV), Life skills | 236 | | | | 236 |
| Number of training of trainers (parents) trained on parents/adolescents communication guide | | | | | |

It was planned outreaches in schools but we postponed it because schools were closed. Remember that we finished the second quarter of this year reason why the activities are not many and the number of young adolescent mothers. We are still having 2quarters.

Challenges

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

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

Plan activities

2021, we will continue our activities in youth program and emphasizing on good adherence. In GF project, we are in third quarter and activities are ongoing.

MUSIC THERAPY

1. Introduction

The year 2020 was a challenging year everywhere due to COVID-19. Before March 2020, Musical activities started normally. We worked with children in We-Actx For Hope Clinic and in outreach. When lockdown was declared in March 2020, we worked online to avoid meeting a large number of people.

2. Goals for 2020

- ✓ Increasing skills and experience to our participants.
- ✓ Prepare band camp.
- ✓ Song writing and Shooting video of Tunafurahi song.
- ✓ Continue to make a practice in order to prepare online concert.
- ✓ Preparing performance with Ken String fellow.
- ✓ To reach on two thousands (2000) numbers of people outside the clinic in outreach program.
- ✓ To keep exploring schools and other organization around Kigali and outside to seek work opportunities.

3. Activities

a. Therapeutic Music Group (Saturday).

i. 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 WAFH.
- 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.
- To teach our student to study even if the teacher is not around.

ii. Activities

Sessions begin with group drumming and vocal exercises. This improves their rhythm and singing. After this activity, the group is divided into different classes. Some youth join the guitar class, piano class and drumming. Then they all come together for a vocal practice and they practice different songs together as one big group.

Table illustrates number of sessions, number of attendees, average attendance

| | |
|---------------------|----|
| Number of sessions | 7 |
| Number of attendees | 17 |

b. Children’s drop-in group at WFH, Wednesday mornings

i. 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 WAFH.

ii. Activities

- Activities include singing, playing guitar, playing piano, and playing drums, using body percussion, drawing and painting, Musical games and relaxing in the music room, we have received 41 children.

| | |
|---------------------|----|
| Number of sessions | 9 |
| Number of attendees | 41 |

c. Music within WAFH support program: St Famille and Kaddafi support group, Sunday morning

Objectives (St Famile)

- Engage youth in creative, group activity, prior to support group.
- Relationships between youth, with peer parents, and with WAFH are shifted by community music making.

Objectives (Kaddafi)

- Engage children in fun, creative, inspiring activity.
- Relationships between youth, with peer parents, and with WAFH are shifted by community music-making.

d. Activities (St Famile)

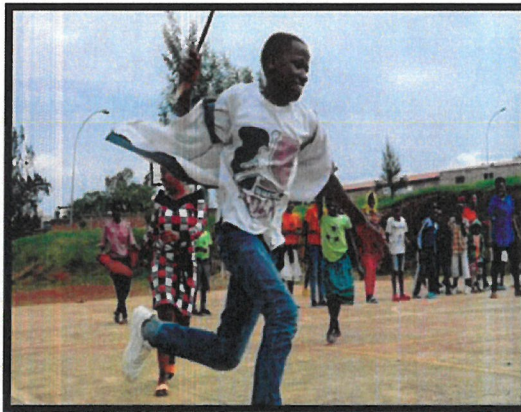
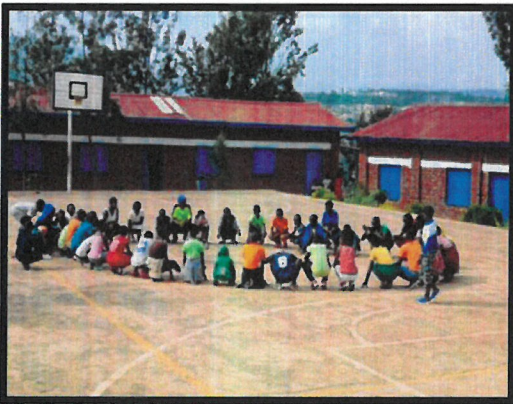
Coming together and perform one activity as one group so that they can be able to feel that they are one group other activities include; Teaching children modern dance, traditional dances, playing guitar and piano and singing.

e. Activities (Kaddafi)

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; physical warm up, vocal warm up, musical games, traditional dance, modern dance , guitar, drumming and piano.

| | |
|---------------------|-----|
| Number of sessions | 10 |
| Number of attendees | 175 |

This photo shows activities at Kaddafi support group:



f. On-going training for peer parents at Community Music Centre, Monday.

Objectives

- Was to use E- learning in our courses.
- To protecting them Covid-19 by staying at home to avoid a group of people comes from different place.
- To keep practicing when their at home and to continue to remind them what they studied before lock down.
- To develop employable skills.
- To engage musician in increase sense of connection, creative, concentration and to build confidence in them.
- To prepare online concert by creating our own songs or repeat lyrics of other songs.
- The junior teacher program aims to build pedagogical skills, and there for employability.

All activities were done by respecting all COVID-19 prevention measures

- Session started with physical or vocal warm up with teacher and student, this connects the group and improves their rhythm and singing.
- Band rehearsal for prepare online concert.
- Were to create verses for Tunafurahi song and filming it.
- Were to film all bands that were in practice.

In 2020, the focus was on group performances were everyone in the group managed to play and sing along.

This table illustrates the number of sessions and attendees.

| | |
|---------------------|----|
| Number of sessions | 37 |
| Number of attendees | 30 |

Finally at the end of December on 13th , 2020 we reached to our goals where every group was supposed to play three best songs from that list they make during the practice , Here we was focused to make a wonderful performance .

This photo shows how our practice was in lockdown:



Performance on December 23, 2020



Outreach session

The outreach sessions was conducted in different places: Centre de santé(Hospital ADPR), Hvp Gikondo gatagara, Blessed beginning,KEBF School(Miduha), Kitabi/Betherehem Nursery school, Great Parent Academy, Butamwa primary school, HVP Kamonyi, Duhinduke Nursery School and Saint Nicholas. We did 16 sessions with 591 attendees.

Some pictures before covid-19



Band Camp training with Community music leader 2020.

In partnership with Musician Borders, we conducted a band camp in order to train our community music leaders



Youth community leaders in training with Ben, Music therapist

4. Achievements

- 854 youth participated in Rwanda Youth Music in 2020.
- 248 Children were from WAFH.
- 607 Children were from outside W
- 25 WFH youth were employed in different activities.
- 30 WFH youth attended band camp training.
- We worked with 581 in outreach program in three months
- video for band camp here <https://youtu.be/NqYLFMjA5sE>
- the songs from band camp <https://www.youtube.com/channel/UCvmuiAS94-QFM5OkIx4ZWhg>
- Tunafurahi is here - <https://www.facebook.com/RwandaYouthMusic/videos/708623793121336>
- live performance is here <https://www.facebook.com/RwandaYouthMusic/videos/2855668031378415>

Numbers of all people in general who participated in the music program in 2020:

- ✓ **854** youth participated in Rwanda Youth Music in 2020.
- ✓ **248** Children were from WAFH.
- ✓ **607** Children were from outside WAFH (From different organizations and schools)
- ✓ **25** WAFH youth were employed in different activities.
- ✓ **30** WFH youth attended band camp training.

Plan for next year

- Is to reach on two thousand people plus people remaining in 2020.
- All students and teachers supposed to work hard in the coming year in order to make a big change to the community by increase the team working.
- We need to continue to have a practice for the each band in order to increase our skills.
- Teachers and students need to have the practice bands to be progress also in the coming year, this will be good because its will help us to be ready all the time for a certain performance need us to in.
- To provide employment to our participants.

Opportunities for youth under this program

Under this program, we have been able to offer jobs to 26 youth. Fourteen youth were employed as outreach workshop leaders; three are youth music teachers, four employed as youth music leaders in different support groups and 5 worked as youth music coordinators.

INCOME GENERATING ACTIVITIES

In collaboration with Hands of mothers, We-Actx For Hope integrated the income generating activities program. The goal of Hands of Mothers is to empowering vulnerable women through education and economic development.

In 2020, Hands of Mothers has put so much effort in expanding and strengthening Women and Children's Education Initiative introduced.

| GOALS | REALIZED ACTIVITIES | OUTCOME |
|--|--|---|
| <p>Expand and strengthen Children and Women's Education Initiative introduced in 4th quarter 2018</p> | <p>CHILDREN</p> <ul style="list-style-type: none"> • Increased number of students receiving school fees support • Expanded support to include uniforms and supplies in order to remove barriers to school attendance • Reinforced Education Initiative goal of insuring access to quality education and Hands of Mothers technical support • Provided opportunity for children to transfer to better, more expensive schools • Daughters of sex workers were protected from high-risk situations at home by attending boarding schools <p>COVID Intervention:</p> <p>When schools closed in March, Hands of Mothers stepped up to ensure the ability of the children in our Education Initiative had access to the Ministry of Education's daily radio/TV broadcast of school lessons</p> <ul style="list-style-type: none"> • Surveyed all of the 88? Families in our Education Initiative to determine their access to radio and TV lessons • Provided all 84 families with solar-powered radios to access daily lessons; supplied notebooks and pens • Followed-up via telephone every 2 weeks throughout the school closure period to help ensure that the children were completing their lessons <p>WOMEN</p> <ul style="list-style-type: none"> • Increased number of women in | <ul style="list-style-type: none"> • Continued to grow program. Increased number of children by 3% from 151 to 156 children • Provided uniforms, backpacks, school supplies to all 156 children in the program and sanitary pads, as appropriate • Increased the financial support provided to children by paying school fees, food and whatever stated on their school documents within the limits of our budget. We also provided radios during lockdown to allow students to keep following studies being at home • Enhanced children's opportunity for quality education by encouraging children to enroll in the best schools available to them. <ul style="list-style-type: none"> ○ Hands of Mothers assisted mothers in identifying high quality options for their children. ○ 4.5 % of students transferred to better schools • Increased the number of girls attending boarding school by 300% from 7 to 21. • 6 daughters of sex workers in high risk situation (exposed to drugs and sex work) have been enrolled in boarding school with a fully funded support including personal care items • All of the children in our Education Initiative had access to school lessons broadcast by the Ministry of Education via the solar powered radios provided by Hands of Mothers • The children regularly completed their lessons due, at least in part, to the phone support of the Hands of Mothers staff |

| | | |
|---|--|---|
| | <p>Literacy Training</p> <ul style="list-style-type: none"> • Provided school fees and transportation subsidy • Provided school supplies and learning materials <p>COVID Intervention:</p> <p>Moved literacy program “in-house” after small group meetings were allowed but schools remained closed. Hands of Mothers staff assumed the literacy training and continued to pay transportation subsidies</p> | <p>Grew program from 8 to 9 women attending classes 3 days/week</p> <p>Women were able resume literacy training and capacity building in preparation for business development</p> |
| <p>Sex Work to Safe Work Initiative -WE-ACTx Sex Workers Support Groups</p> | <p>This is the area of our program most impacted by COVID-19 and the resulting restrictions on gathering that started in March and remained in place through the end of 2020.</p> <ul style="list-style-type: none"> • All 93women in the 4 Savings and Lending Groups (SLG) were meeting monthly and saving money prior to the COVID closures • All 90 women were receiving entrepreneurship training and ongoing technical support <p>COVID Intervention:</p> <ul style="list-style-type: none"> • Provided 3 Emergency Hunger Relief Cash Payments via mobile money • Convened the officers of the 4 SLGs once small group meetings were allowed to develop a COVID strategy for their SLGs. • Created and launched Gubwaneza Mubyeyi Ukunzwe (‘Improve Well/ Be Well Loved Mother’) Project. This 3-year program provides funding and develops the | <ul style="list-style-type: none"> • An increased number of women were able to manage their personal finances and actively contribute to management of the SLG • Women were learning business planning skills through active engagement • Reduced food and housing insecurity during the locked-down stages of the coronavirus pandemic when women were not able to work. • Helped to maintain physical and mental health of families living with HIV by insuring access to food. • Maintained integrity of the 4 SLGs through communication with leaders and members • Ensured the protection of the members accrued savings <p>To date, 55 initial business plans have been submitted for review (---% of the women in the SLGs).</p> |

| | | |
|---|---|--|
| | capacity of sex workers to develop safe and legal businesses as an alternative to sex work. | |
| Improve physical and mental health of program participants and their children | <ul style="list-style-type: none"> • Reduced reliance upon income from sex work through provision of school fees and supplies <p>COVID Intervention:</p> <ul style="list-style-type: none"> • Provided 3 Emergency Cash Mobile Money Transfers • Provided solar powered radios with phone charging stations | <ul style="list-style-type: none"> • Reduced the incidence of sex work activities • Decreased food insecurity and improved physical and mental health of women and children confirmed by HOM Impact assessment • Helped to maintain the physical and mental health of families living with HIV by ensuring access to food. • Enabled children to access the Ministry of Education's broadcasted lessons • Provided connection to government broadcasts and to community news during the worst stages of the pandemic and the locked-down. |
| Enhance ability of cooperative members to function in competitive marketplace | Prior to COVID closures, Hands of Mothers provided technical assistance to cooperative members | Members continued to improve skills to produce and market their products. |
| Assess Impact of School Fees Program | <p>We were not able to conduct the planned 1-year follow-up assessment as schools closed in March.</p> <p>Not applicable.</p> | |

DATA MANAGEMENT

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

WELTEL PROGRAM

A. Introduction

In partnership with Weltel Canada, we have been selected as pilote site to implement this program. Since 2018 up now, we enrolled 1800/2296 patients.

The WelTel Virtual Care Package is a secure software platform intended to streamline interactions between clinicians and patients using different modes for virtual encounter including SMS (text) messages, voice (audio) and video. The workflow is designed around a weekly (or any frequency of your choice) cycle of 'checkin' messages and responses. At the beginning of the week, messages go out to registered patients, typically asking a simple question like "How are you?". Patients reply and the system attempts to categorize the responses using a dictionary of known responses into the categories "OK", "NOT OK", and "Unrecognized". Clinicians can monitor the patient responses, manually categorizing the unrecognized responses and then focusing their attention on the "NOT OK" patients.

- Automatic categorization of messages based on a configurable dictionary
- Easy access to patient information, allowing simultaneous access for multiple users on different accounts; usernames
- Message templates can be stored to enable quick responses with common messages
- User interface designed for fast and intuitive use
- Ability to schedule virtual encounters including SMS, voice or video
- Ability to set reminders for patients related to blood labs, vaccines or appointments
- Clinical alerts or reminders for clinicians to follow-up on any aspect of patient care
- Ability to make notes on actions taken with a patient

In collaboration with UNAIDS Country Office and Rwanda Biomedical Center, we extended the program in two Public Health facilities (Remera and Gikondo) with a large number of HIV patients adolescents included.

B. Purpose

The mission of implementing the WelTel service in Remera Health Center located in Gasabo District and Gikondo Health Center located in Kicukiro District includes improving engagement, retention and adherence for HIV prevention and care services to respond to the needs of all affected individuals including adolescents and key populations in Rwanda. Through expanded implementation of WelTel's evidence-based, 2-way, SMS (plus voice and video support) mobile health intervention, patients will establish a much-needed connection to their healthcare providers, thereby enhancing communication and retention in care, improving health outcomes for patients.

C. Objectives

The objective of this project was to provide two new sites in Kigali with the evidence-based mHealth tool WelTel, in order to:

- Improve access to care for remote and vulnerable populations (particularly adolescents lost to follow-up)
- retention in care for patients and redistribute health-care resources where they are needed most (adolescents)
- Improve quality of care for remote and vulnerable populations
- Establish an immediate patient follow-up system
- Strengthen patient-provider relationship
- Replace some in-person clinic visits with virtual check-ins of stable patients by spacing out their clinic appointments (supporting differentiated care and cost savings while maintaining or improving quality)
- Expand to other health issues (TB, maternal & child health, etc.)

D. Topic discussed during the training with health providers of both health centers

The training took 6 days **from** May 11st ,2020 **to** May 18th,2020 where we were discussing on those following topics:

| Day 1 | Day 2 | Day 3 |
|-----------------|--|------------------------------|
| Introduction | How to enroll patient in weltel platform | Broadcasting message |
| How to login | | Understanding the dictionary |
| Patient checkin | | practice |

Both health centers have started enrolling patients on Weltel platform where Gikondo health center have 276 patients enrolled and Remera health center have 213 patients enrolled on the platform, the numbers of patients are not big as expected because of low bundle of internet, which cause the slowness during enrollment of patients on Weltel platform.

GIKONDO HC



REMERA HC



E.Challenges faced using Weltel platform

- Some of patients are not having adequate information on the use of Weltel platform
- Internet connection is too low, it is taking too long for provider to register clients in the platform

E. Testimonies of patients using the platform

- It helped patients who leaves far from the health facility to get quick support or assistance from their providers by sending an SMS.
- It helps us getting a reminder of our appointment to the clinic which makes this platform more important to us as patients
- It remind us about the appointment we have at the clinic either for lab test or other clinical program.
- The message are received every Monday it shows us that there is someone, somewhere wondering about how we are doing.
- When we have social needs we send an sms to the platform and we get a quick social support.

PSYCHOSOCIAL PROGRAM

During this year, different psychosocial activities have been carried out. This report highlights them and is totally based on statistics data collected during this year 2020. The data indicates the number of:

- Psychosocial follow ups and mental health screening
- Individual therapies done by psychologists / counselors are 205 sessions
- New case assessment and counseling: During this year 78 cases have been newly tested HIV positive and helped to integrate their status as well as to have a good adherence
- Total of group educations conducted by staff was 250
- Disclosure for children
- Conducting support groups
- Meetings with peer educators
- Emergency social assistance to 18 patients during the year 2018.

The great achievements done in 2020 as far as Psychosocial Program is concerned are as follow:

❖ **Psychosocial follow ups and mental health screening**

Every six months mental health screening is done for every patient in order to assess if the patient has signs of depression and other related mental health problems using mental health screening tool, this help us to identify those who need a special follow up or reference in specialized psychiatric center for further interventions. We assess also other aspects such as abuse, stigma, social economic problems, adherence issue, sex work, homosexuality, drug injection, disclosure issue, delinquency, status integration, children schooling, etc. During this year this year we have followed up 1785 cases, among them 96 have been screened positive, 2 of them have been referred in psychiatric centers and 94 Have received psychotherapies in our clinic by psychologists and counsellors

❖ **Individual therapies done by psychologists / counselors**

While doing psychosocial follow up and mental health screening, when a patient present signs of depression or other aspects that requires a special follow up, and individual psychotherapy is conducted to help the patient to cope with her/his psychosocial problems. During this year, we have followed up... cases and some of them received antidepressant from the clinic.

❖ **Documentation in files:**

The documentation of all these reported data was done in the clinical patients' files. Normally the psychosocial team assesses the patients before nurses or the doctor consults them.

❖ **New case assessment and counseling**

When a person learn for the first time that he/she is HIV positive, he fall in great distress, he become chocked and then a deep post-test counseling is done to help the patient to integrate her/his new status. He needs also an efficient education on ARTs before starting ARTs. After starting ARTs we do a special follow up where he participates in many ARTs education sessions to help him to be a good adherent, because it has shown that there are many cases of VL failure on the first VL test (after six months of starting ARTs) During this year we have followed up 78 New cases and have conducted 35 ARTs sessions

❖ **Morning health education**

Awareness raising sessions on HIV are conducted on daily basis, whereby every morning HIV staffs including nurses and counselors conduct sessions on different topics. During this reporting period we emphasized on

importance of lab testing(renal function test), depression, how psychosocial problems can affect adherence, family testing, safe sex, nutrition, index testing and good adherence and barriers that cause bad adherence. We have had 10,795 patients who participated in Morning Health Education and the number of sessions was 250.

❖ **Support groups conducted by peer educators**

Every three months, a patient must participate in support group session. The purpose of those support groups is to group patients with the similar problems where they share their experience the problems they are facing in order to find together coping strategies. The participants in support groups are identified based on their age, and other various categories: Sex workers, patients with VL failure, discordant couples, children and youth,

Clinical staff, (nurses and counsellors) conduct those sessions in collaboration with peer educators

Throughout this year, 192 Sessions of support groups have been conducted and 8726 Participants attended those sessions.

❖ **Conduct meetings with peer educators**

During this year, 12 monthly meetings of peer educators have been conducted as expected, the purpose of those meetings was to evaluate the responsibilities and activities conducted throughout the month, to do a refresher training on some topics, which are somehow complicated, to evaluate data in their reports and discussing on the challenges they faced

❖ **Disclosure**

Disclosure of HIV status is an important part of the process of living with HIV, and is crucial to continuum of HIV care. Disclosure decisions are particularly complex when children are involved because of concern about children's emotional and aptitudinal ability to understand and cope with the nature of the illness, stigma, family relations and concerns about social support. Parents and caregivers are often uncertain how to counsel about disclosure, and opportunities to provide HIV testing and care, and to help families start the discussion about living with HIV are often missed. It is in that case we organize different sessions of disclosure here at the clinic with children and their caregivers to understand and to cope with HIV related problems. During this year, 43 children participated in disclosure sessions, among them 38 received full disclosure, 5 received partial disclosure. 11 sessions have been conducted

Individual therapies

| Psycho-Social Staff | Month | | | | | | | | | | | | |
|---------------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|--------------|
| | January | February | March | April | May | June | July | August | September | October | November | December | Annual total |
| Odile | 3 | 4 | 4 | 5 | 5 | 6 | 7 | 5 | 6 | 4 | 5 | 3 | 57 |
| Delphine | 0 | 0 | 0 | 6 | 5 | 5 | 6 | 6 | 5 | 5 | 5 | 3 | 46 |
| Josette | 2 | 3 | 4 | 5 | 5 | 6 | 6 | 4 | 5 | 6 | 5 | 3 | 54 |

| | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| Odette | 0 | 0 | 0 | 5 | 6 | 5 | 5 | 6 | 6 | 6 | 5 | 4 | 48 |
| General total | | | | | | | | | | | | | 205 |

health education

| | January | February | March | April | May | June | July | August | September | October | November | December | Annual total |
|--------------------|---------|----------|-------|-------|------|------|------|--------|-----------|---------|----------|----------|--------------|
| Number of clients | 250 | 351 | 361 | 1758 | 2003 | 1513 | 798 | 952 | 650 | 952 | 899 | 646 | 10795 |
| Number of sessions | 21 | 21 | 22 | 20 | 22 | 20 | 21 | 22 | 21 | 22 | 21 | 17 | 250 |

Support group

| | January | February | March | April | May | June | July | August | September | October | November | December | Annual total |
|------------------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|--------------|
| number of participants | 703 | 693 | 681 | 714 | 901 | 731 | 641 | 811 | 705 | 798 | 651 | 697 | 8726 |

Social assistance

| | January | February | March | April | May | June | July | August | September | October | November | December | Annual total |
|--------------------|---------|----------|--------|-------|--------|--------|--------|--------|-----------|---------|----------|----------|--------------|
| Number of patients | 1 | 4 | 2 | 0 | 1 | 3 | 1 | 3 | 3 | 1 | 3 | 3 | 25 |
| Amount of money | 20,000 | 70000 | 40,000 | 0 | 20,000 | 60,000 | 20,000 | 60,000 | 60,000 | 20,000 | 60,000 | 60,000 | 490,000 |

CONFERENCES AND MEETINGS

WE-ACTx for Hope has been represented in different e-meetings with partners and International Conferences. AFRAVIH The last International Conference on HIV, Hepatitis and Sexual Health was supposed to be held in April 2020 in Senegal, but due to COVID-19, it was postponed in November 2020 in connected mode. We presented 2 abstracts on how adolescents can improve their adherence on antiretroviral treatment. It was an oral presentation and the second was related to support groups for youth. It was a poster presentation.

INTERVENTIONS DURING LOCKDOWN DUE TO COVID-19

In mid-March 2020, the Government of Rwanda declared to stay home to avoid the contamination by COVID 19 to many people. Since then, people are working at home, except market for food, pharmacies, clinics and hospitals.

Starting March 2020 and as we are running an HIV Clinic, we put in place different strategies in line of preventing the propagation of COVID-19:

- We disseminated to patients information related to COVID-19 prevention (symptoms of Covid, wash hands with soap and hand sanitizer, social distance between people, wear masks)
- We put in place the dispositive for hand wash with soap and hand sanitizer for people who come at the clinic
- We put in place a book for registering everyone who come at the clinic and use of the thermoscan.



We are continuing to receive patients and the staff is working on shift. As most of our patients are poor, we have a big challenge for patients who cannot afford meals to facilitate them taking their antiretroviral medicine and others who have been affected by climate change, houses destroyed by flood. Most of parents are doing small business, but now as they are lock downed, it is very difficult even impossible to continue such business. However, the Government in collaboration with its partners are doing the best to overcome this challenge. To help those patients and their children in need, we did advocacy and we received funds to help those patients in nutrition support and hygienic materials.

We distributed nutrition support to more than 7400 beneficiaries and their families on quarterly basis to facilitate them to take their antiretroviral treatment.

The kit was composed by: 5kgs of rice, 5kgs of corn flour, 5kgs of sugar, 5kgs of beans, cooking oil, soap, toilet paper and monthly pads.







PRIORITIES ACTIVITIES FOR 2021

- Adherence for children and youth: assessment of children aged between 7-18 years
- Continue DSDM protocol
- Continue index testing protocol: partner notification, family members testing and social network
- 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
- 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 new funds
- Organizing and celebrate African children day 2019
- Participate in different meetings and conferences

- Continue process to sustain WFH activities by seeking potential donors who can built a new We-Actx for Hope clinic as we are renting the existing one.
- Preparation of abstracts for AIDS Conference 2020 in San Francisco and AFRAVIH in Senegal
- 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
- Reinforce medical continuous education of staff
- Look how we can get a place where activities can be combined in one place and integrate new services: maternity, hospitalization, immunization....
- Reinforce PMTCT/EMTCT
- Reinforce the comprehensive management of HIV infected patients with non-communicable diseases (NCDs)
- Implement the new project with Comic Relief on improving the wellbeing of patients using sport and Cognitive Behavior Technics (CBTe)

List of staff

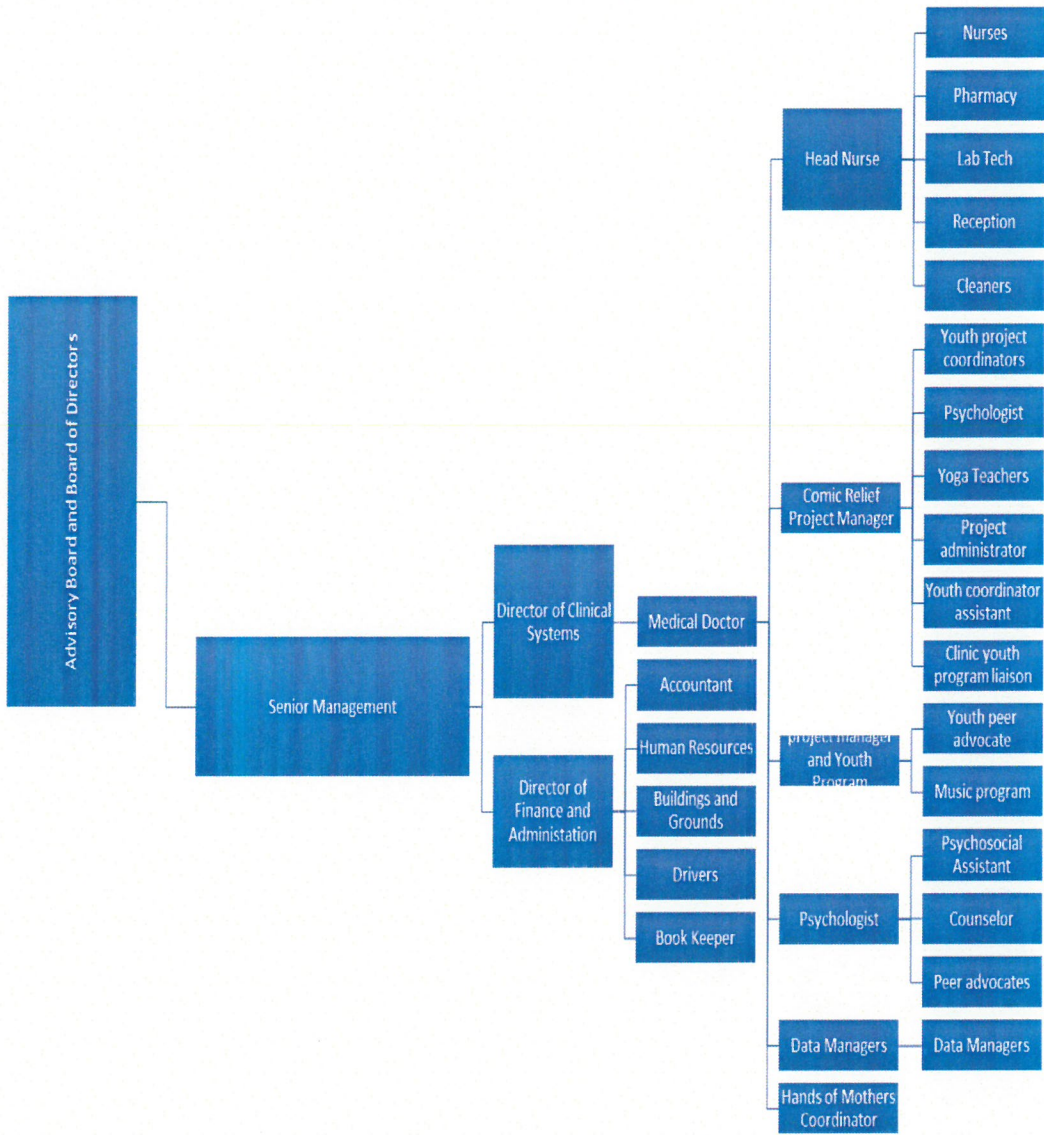
In 2020, WE-ACTx for Hope employed 46 staff. The list is herewith attached

| NAMES | POST NAMES | QUALIFICATIONS |
|------------------------------|--------------|---|
| 1. Clinical staff | | |
| Dr MBARAGA | GILBERT | Physician |
| BAMPORIKI | JOSEPHINE | Pharmacy Nurse A2 |
| KAYONGA | FLORENTINE | Pharmacy nurse A1 |
| AYINKAMIYE | ESPERANCE | Nurse A1 |
| DUSABE | CHANTAL | Nurse A1 |
| UWABIKIRAMARIYA | MARIETTE | Nurse A1 |
| AYINGENEYE | MARIE CLAIRE | Nurse A1 |
| INGABIRE | CHANTAL | Nurse receptionist |
| MOUBARACK | DOSSA | Receptionist |
| HABIMANA | AUGUSTIN | Receptionist |
| MUSANINYANGE | JACQUELINE | Data manager |
| UMUHOZA | JUSTINE | Data manager |
| HAKIZIMANA | LEON | Data manager |
| NZABONIMANA | ABEL | Lab Tech |
| NDAGIJIMANA | TELESPHORE | Lab Tech |
| 2. Psychosocial staff | | |
| TUYISHIME | JOSETTE | Psychologist |
| 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 |
| UWIMANA | ODETTE | Psychologist |
| UFITINEMA | DELPHINE | Psychologist Assistant |
| UMUTONIWASE | SANDRA | Youth Peer Advocate |
| NDOLIMANA | AIME | Logistic Officer |
| 4. Support staff | | |
| UMURAZA | NASSIM | Yoga Teacher |
| UWIRAGIYE | NADINE | Book Keeper |
| BAHIZI | MARIE | Health community workers |
| UWIMANA | JULIENNE | Cleaner Remera |
| KWIZERA | EGIDE | Receptionist |
| BYIRINGIRO | VICTORY | Coupon Manager |
| UWIHOREYE | JEAN CLAUDE | Community Mobiliser |
| MUVANDIMWE SHYAKA | LEONARD | Data Collector |
| NAMBAJEMARIYA | FRANCOISE | Data Collector |
| MUHIRWA | SULEMANI | Coordinator |
| RUKENGEZA | ESPOIR | Music Teacher |
| UWAMAHORO | MADINA | Music program coordinator |
| UWAMARIYA | EMELINE | Music program coordinator |
| UWAMBAZA | MATHILDE- | Cleaner clinic |
| MUVUNANYAMBO | JEAN | Night guard Remera |
| BIKORIMANA | FREDERICK | Cleaner and day guard Remera |
| MUTUYIMANA | SHAKIRA | Cleaner Clinic |
| HAKIZIMANA | JOSEPH | Night guard clinic |
| CLAUDE | | Cleaner Clinic |
| 5. Administrative Staff | | |
| BENEKIGERI | CHANTAL | Director of Clinical Systems |
| NDAYAMBAJE | JEAN BOSCO | Director of Finance and Administration |

| | | |
|--------|-------|------------------------|
| GAJU | WILLY | Accountant/Book Keeper |
| NADINE | | Cashier |

Organigram



Chantal

Chantal BENEKIGERI, Public Health

Director of Clinical Systems

