



Dorona House

Avenue Kalisimbi

Phone number: 0788302797/0788304613

CLINICAL ANNUAL REPORT 2019



WE-ACTx for Hope Staff with the Advisory Board Members

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 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:

- The Ministry of Health
- 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



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 operates in six Districts of the Country. It is providing medical care services, hospital referrals, and HIV counseling and testing for tens of thousands of Rwandans and their families. Currently, our clinic 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 300 malnourished youth who are currently on ART. WE-ACTx's medical care programs are highly integrated with our extensive psychosocial support services, income-generation initiatives, and research studies. 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

In January 2017, we started providing 3 months ART (DSDM) to all stable clients with no chronic diseases and also with positive behaviors regarding HIV infection, currently 1384 (63.27%) of all clients are in this program but the national target is 85%. We are also put an emphasis on Key populations where we have 70 sex workers followed at the clinic.

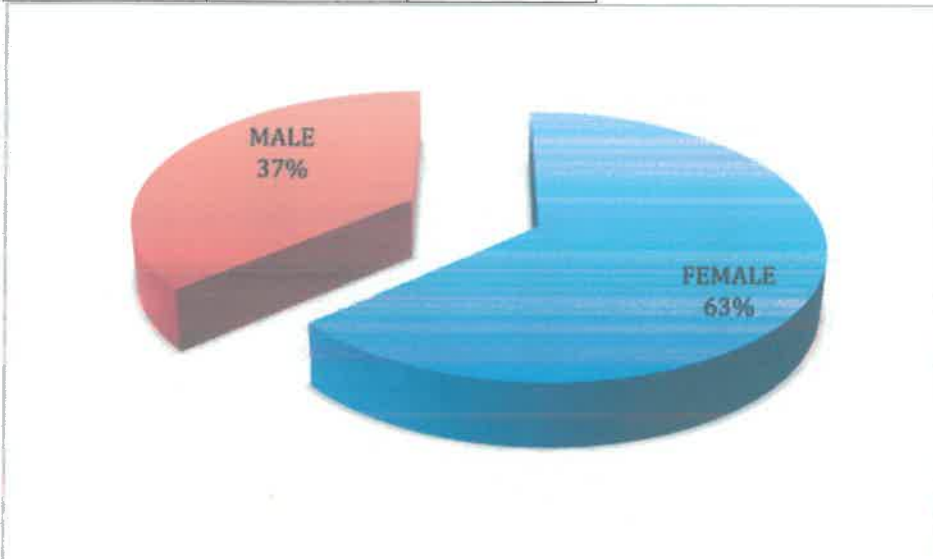
We started doing "HIV ACTIVE CASE BASED SURVEILLANCE" program that has three components: Family testing, partners' notification and social network.



CLINICAL CARE OVERVIEW

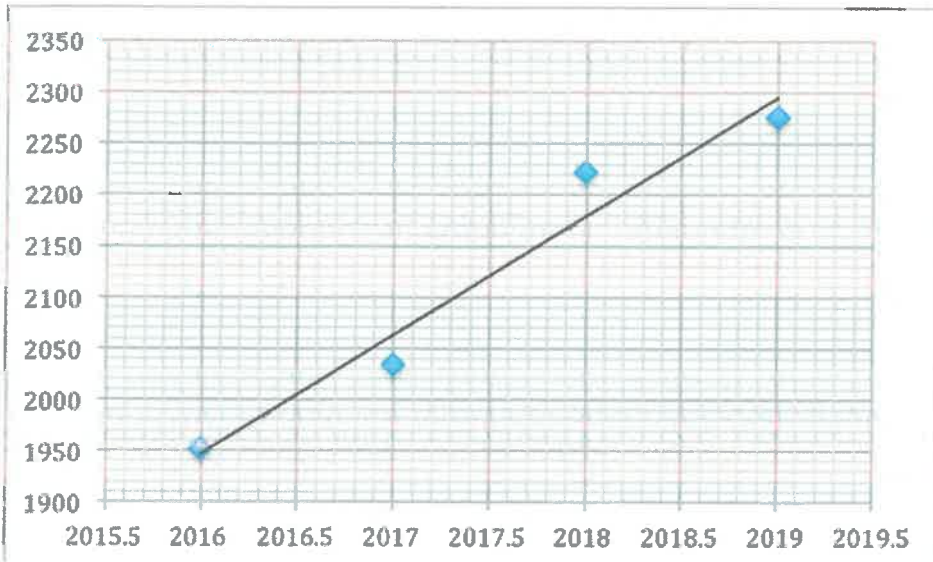
1. REPARTITION ACCORDING TO SEX

SEX	NUMBER	%
FEMALE	1445	63%
MALE	831	37%
TOTAL	2276	100%



In general, at the end of December 2019, 2276 clients were enrolled in care and 1445 (63%) were female while 831 (37%) were male.

YEARS	NUMBER OF CLIENTS
2016	1951
2017	2034
2018	2223
2019	2276

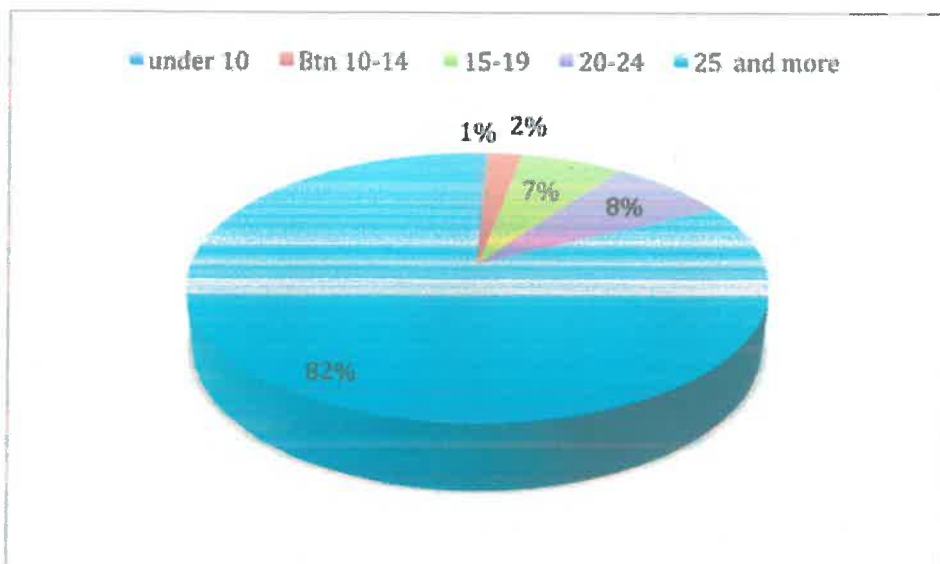


Number of clients increased from 2223 in 2018 to 2276 in 2019 because of the new program introduced at the end of 2017 named HIV ACTIVE CASE TRACING which has 3 components: family testing, partners notification and social network with focus on sex workers group, youth and family members testing of all our clients

2. REPARTITION ACCORDING TO AGE

Age range	Number	%
under 10	14	1%
Bin 10-14	52	2%
15-19	151	7%
20-24	180	8%
25 and more	1879	82%
TOTAL	2276	100%

Ch



As shown by this table, at the end of 2019 , 14 (1%) were children under 10 years old, 203 (9%) were adolescents between 10 – 19 years , 180 (8%) were young people from 20 to 24 years old and 1879 (82%) adults with age ranging from 25 and more. In summary 17% of all clients followed in our clinic are under 25 years old

3. CLIENTS ON ART

clients on ART	2276
Clients on prophylaxis only	0
Total	2226

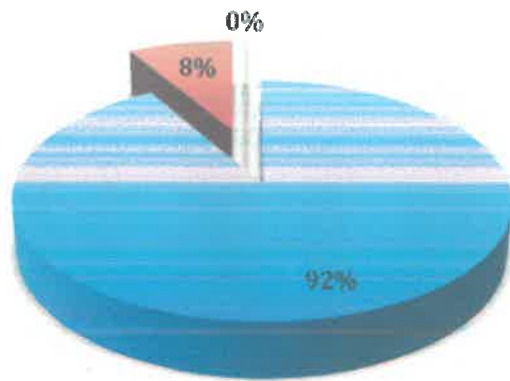
At the end of December 2019, All 2276 clients were on ART.

4. REPARTITION ACCORDING TO REGIMEN

CHARACTERISTICS	NUMBER
1ST LINE REGIMEN	2084
2ND LINE REGIMEN	190
3RD REGIMEN	2
TOTAL	2276

Handwritten signature

■ 1ST LINE REGIMEN ■ 2ND LINE REGIMEN ■ 3RD REGIMEN

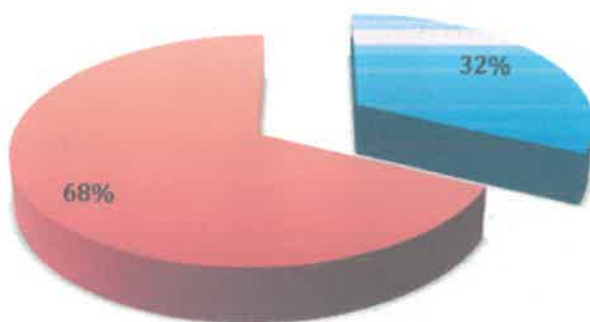


This table is showing that among 2276 clients followed in our clinic, 2084 (92%) are on first line regimen, 190 (8%) are on 2nd line regimen and 2 clients are on 3rd line regimen

II. PMTCT UPDATES IN 2019

AGE	NUMBER	%
CLIENTS < 25 YEARS OLD	9	32%
CLIENTS >= 25 YEARS OLD	19	68%
TOTAL	28	100%

■ CLIENTS < 25 YEARS OLD ■ CLIENTS >= 25 YEARS OLD



Handwritten signature

In 2019 , 28 clients got pregnant and 9 (32 %) among them were under 25 years .This number increased from 14 in 2018 to 9 in 2019 meaning that morning health education on SRH must be reinforced . SRH discussions will be strengthened in Sunday support for older adolescents (15 -19 years old)

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

The comparison of clients in PMTCT is still increasing since 2016. Clients under 25 years old who got pregnant are slightly increased when we compared the year 2018 & 2019 .

III.HIV ACTIVE CASE BASED SURVEILLANCE PROGRAM

	# INDEX	PARTNERS CONTACTED AND TESTED					
		FEMALE			MALE		
		NEGATIVE	POSITIVE	INCONCLUSIVE	NEGATIVE	POSITIVE	INCONCLUSIVE
PN	198	153	53	0	178	18	1
SN	17	21	5	0	6	3	0
FT	32	35	0	0	29	3	0
Total	247	209	58	0	213	24	1

PN: Partners notification, SN: Social network, FT: Family testing

In the year of 2019, 247 index were sensitized and 505 people were contacted and came at the clinic for HIV rapid testing and counseling. Of 505, 82 became HIV positive at the first time (HIV new cases). 67 were enrolled in our clinic and other 15 cases were enrolled in health facilities near their home according to their willingness. It means that we found 82 HIV new cases which represents the prevalence of 16.23 % (5 times higher compared with the HIV prevalence in general population in Rwanda) .Index testing

approach is an innovative strategy which can help HIV program to reach the first 90 of the 2020 UNAIDS targets

IV. HIV TESTING SERVICES IN 2019

Month	Total tested	HIV Positive
January	314	8
February	35	4
March	63	5
April	37	5
May	458	14
June	384	9
July	76	11
August	342	22
September	319	9
October	423	19
November	46	4
December	62	5
TOTAL	2559	115

CHARACTERISTICS	NUMBER	%
HIV POSITIVE	115	4%
HIV NEGATIVE	2444	96%
TOTAL PEOPLE TESTED IN VCT	2559	100%



As shown by these tables , we tested 2559 people in 2019 and 115 clients (4%) were HIV positive(HIV new cases) . We did outreach in hot spots in Kigali city targetting adolescents and Key pop (mainly female sex workers). VCT program is open everyday in working hours in our clinic .

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, years and above 18 years, HIV positive client not yet initiated on ART, Clients who provided verbal consent

Recency is the laboratory test 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 acquired more than 12 months ago**

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%
Total	8	99	107	7%

As shown by this table , in 2018 only 2 people (11%) had recent HIV infection and in 2019 , only 8 people (7%) had recent HIV infection . This test revealed that we are receiving people who were infected many ago who were in community which a good thing and also we see that new HIV infections are few meaning that HIV prevention measures are working towards the HIV elimination.

VI. CLIENTS WHO DIED IN 2019

TRACNET	DOB	CAUSE OF DEATH	DATE OF DEATH	LAST VL(COPIES/ML)
---------	-----	----------------	---------------	---------------------

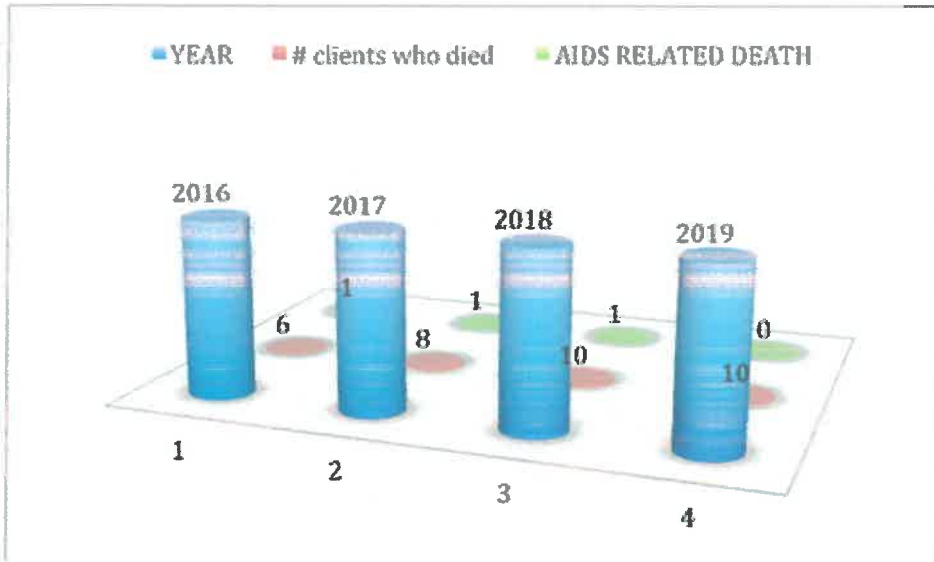
222647	2007	Invading cerebral abscess with septicemia	March 2019	49.3
222649	1959	Unknown	April 2019	<20
224868	1997	Unknown	25/06/19	<20
222698	1966	Advanced cervical cancer with metastases	25/06/19	<20
693745	1977	Pulmonary embolism after hip fracture	12/7/19	305
222998	1961	Uraemic&hemolytic syndrome + Chronic renal failure	12/8/19	<20
223580	1950	Diabetes mellitus type II	18/09/19	<20
693927	1964	Diabetes mellitus type II	26/09/19	<20
693759	1992	Unknown	22/10/19	<20
223715	1958	Extra pulmonary TBC+ Right Kidney abscess	18/12/19	47.4

This table is showing that we lost 10 clients in 2019. All clients had a death not related to HIV infection

This is the comparison for 3 years: 2016, 2017, 2018 and 2019

YEAR	# clients who died	AIDS RELATED DEATH
2016	6	1
2017	8	1
2018	10	1
2019	10	0
Total	34	3





Number of clients who died from 2016 is consistently around 10 and in 2019 there was no client with AIDS related death which is the objective of the functional HIV program

VII. UPDATES ON INPATIENTS vs OUT PATIENTS IN 2019

MONTH/18	INPATIENTS	OUTPATIENTS
JANUARY	18	10
FEBRUARY	14	4
MARCH	16	21
APRIL	18	8
MAY	26	19
JUNE	9	39
JULY	26	10
AUGUST	26	9
SEPTEMBER	19	14
OCTOBER	28	18
NOVEMBER	9	10
DECEMBER	8	10
TOTAL	217	172

In 2019, 172 clients went out of our clinic for different reasons (death, changing where they live, clients who had Tuberculosis, clients who went in PMTCT) while 217 clients came in (Transfer In, new clients from testing services and back in program after being lost to follow up).

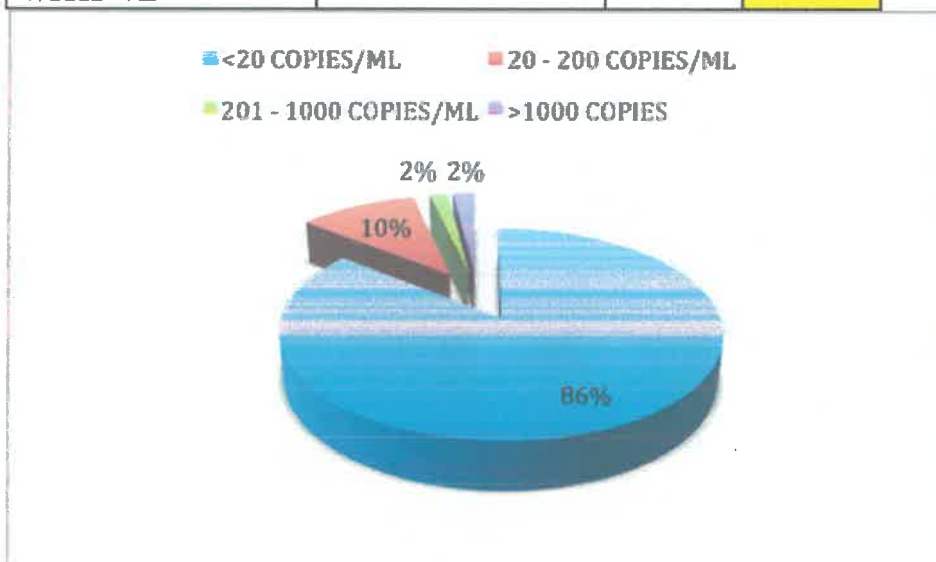
As shown by this table , average of 14 clients went out of the clinic every month while 18 clients came in . Many clients went out this year because we used to test and start treatment for people who were in transition centers in kigali city and after some days they were transferred in the rehabilitation centers countrywide. Another issue is that we don't have fixed catchment area meaning that we are receiving people from different provinces and they are moving a lot due to profession and life style reasons.

VIII. UPDATES ON DSDM

At the end 2019, 1820 clients representing 80% of all clients were in model of 3 month ART provision. However, the national program expects to enroll 85 % of all clients in 3 month ART provision model. Challenges in this program are: clients who don't have enough place to store drugs at home (like sex workers, homeless people) & clients who do not have willingness to be part of this model

VIII. UPDATES ON TREATMENT FAILURE

CLIENTS WITH SUPPRESSED VL <=200 COPIES/ML	<20 COPIES/ML	1890	85%
	20 - 200 COPIES/ML	236	11%
CLIENTS WITH UNSUPPRESSED VL	201 - 1000 COPIES/ML	36	1.63%
	>1000 COPIES	40	1.81%
ALL CLIENTS WITH VL		2213	100%



As shown by this table, 2126 (96%) clients have suppressed VL (<= 200 copies/ml) , 36 (1.63%) have viral load between 201 - 1000 copies/ml while 40 clients (1.81%) have treatment failure (VL > 1000 copies/ml). So in general 97.63% of all clients have viral load under 1000 copies/ml. The number of

clients with treatment failure decreased because we did the quality improvement on this issue and results are spectacular.

IX. UPDATES ON DOT IN 2019

No	TRACET ID	DOB	CURRENT REGIMEN	LAST VL	DOT STARTING DATE
1	693894	1982	TDF/3TC/DTG	228(29/8/19)	25/6/18
2	224940	1999	TDF/3TC/DTG	33.7(2/12/19)	7/11/19
3	693252	1999	TDF/3TC/DTG	36.3(2/12/19)	7/11/19
4	224669	1963	TDF/3TC/DTG	62300(9/7/19)	2/12/19

In 2019, Direct Observation Treatment (DOT) was used for four clients as strategy to get viral load suppression and three among them are still in this program. Two has achieved viral load suppression and other two clients will undergo viral load suppression in January 2020 but they are clinically improving since the beginning of DOT program. We are planning also to extend this program in January 2020 by using peer educators who will give ARVs to clients at home.

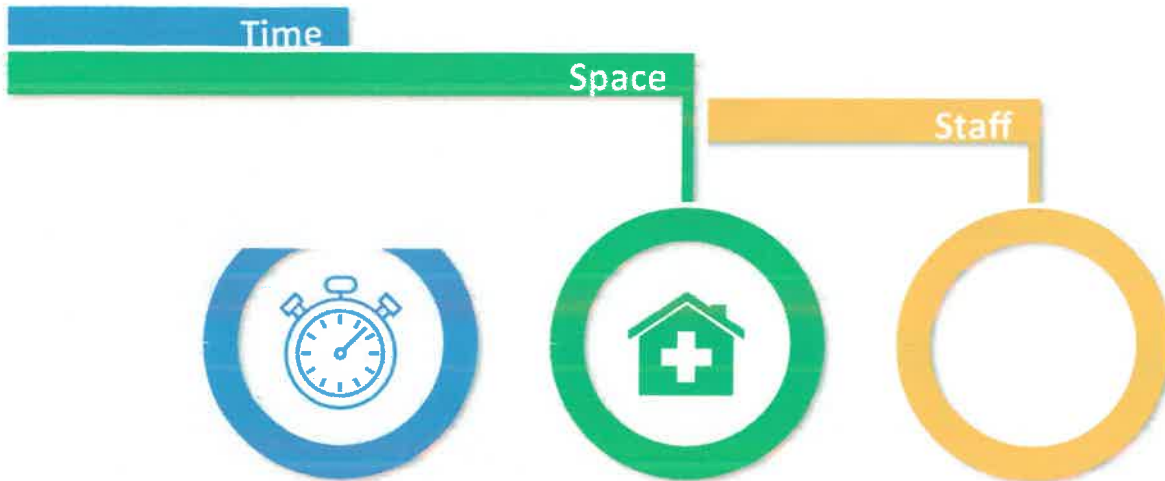
X. UPDATES ON YOUTH FRIENDLY SERVICES IN 2019

Age range	Number	%
under 10	14	1%
Btn 10-14	52	2%
15-19	151	7%
20-24	180	8%
25 and more	1879	82%
TOTAL	2276	100%

As shown by this table, at the end of 2019, 397 clients (18 %) 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 2019, we insisted on life skills.

These are characteristics of youth friendly services in our clinic:

Requirements for Adolescent-friendly Services at Health Facility

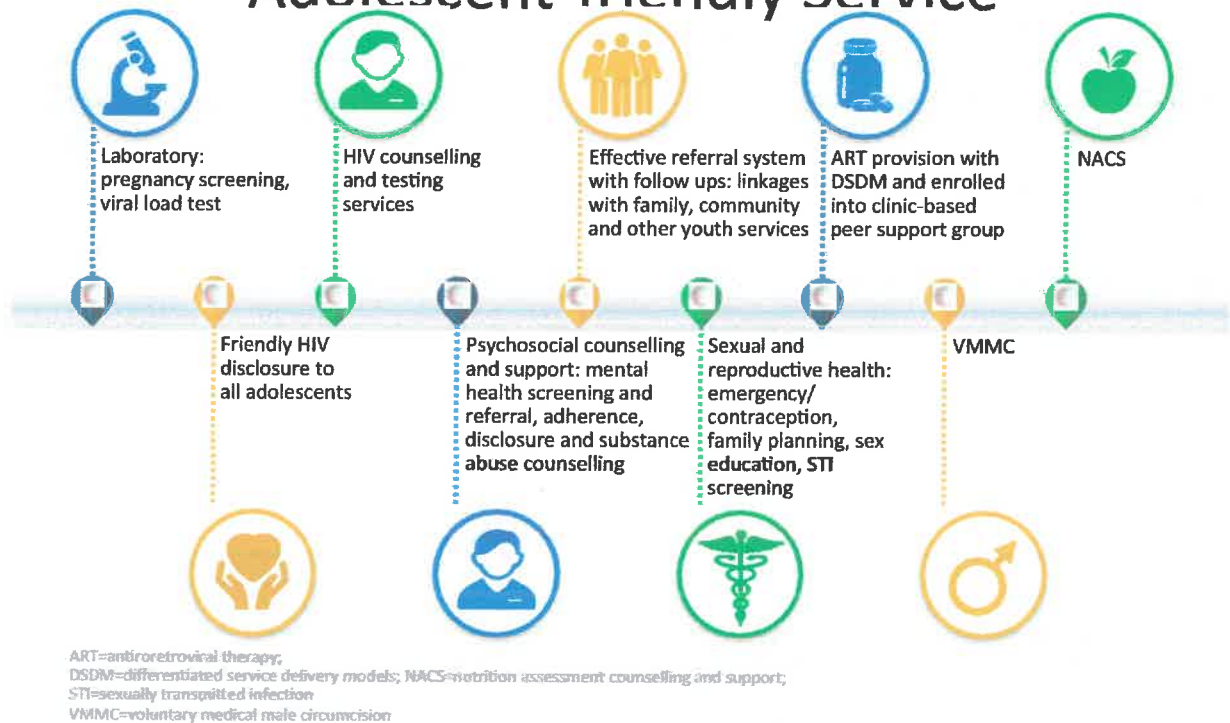


World Health Organization Recommendations on Adolescent Health; August 2017, accessed May 2018, available at: <http://apps.who.int/iris/bitstream/handle/10665/259628/WHO-MCA-17.09-eng.pdf;jsessionid=6DB4C2C24221C644CEB120FAED1D6ARA?sequence=1>

- ✚ Special TIMES for youth
- ✚ Adequate SPACE and sufficient privacy
- ✚ Trained STAFF

Jul

Minimum Package for Adolescent-friendly Service



XI. KEY INDICATORS IN 2018

#	Activity	Current data (%) in 2019
1	Proportion of Children under 15 yrs old with updated weight and height	66/66=100%
2	Proportion of files with Adjusted pediatric dosage	66/66=100%
3	Proportion of well completed Pediatric growth charts	60/66=90.1%
4	Proportion of files of clients on ART with updated Viral load	2276/2276= 100%
7	Proportion of clients followed up in new version of charts	2276/2276= 100%
8	Proportion of files with updated psychosocial follow up	2212/2276 =97.2%

Handwritten signature

9	Proportion of clients in pre-ART but eligible at ART	0%
10	Proportion of files with VL>1000 copies with documented action	40/40 = 100%
11	Proportion of clients(Peds/Adults)with updated clinical consultation	2232/2276= 98.1 %

XII. UPDATES ON CLIENTS ON THIRD LINE

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

No	TRACET ID	DOB	CURRENT REGIMEN	LAST VL	3rd line regimen starting date
1	224578	1983	Raltegravir,Darunavir,Etravirin,Ritonavir	53.9(29/8/19)	17/2/15
2	222643	1969	AZT/3TC,Darunavir,Raltegravir,Ritonavir	<20(25/11/19)	26/1/15

XIII. CLIENTS WAITING TIME ASSESSMENT IN 2019

Analysis of Time Motion Survey (Nyarungenge - We Actx For Hope Clinic)

Sample Selection: N= 242

Purpose
:

Number and Percentage by total waiting time spent	N	%
- Number of clients spent less than/equal to 2 hours	242	100%
- Number of clients spent time more than 2 hours	0	0%
- Number of missing	0	0%

Analysis of expense, service and waiting time	N	Waiting Time (Minutes)		
		Mean	Median	IQR
Time Expense (Minutes)	242	21.1	12.0	[7-21.75]
Waiting Time (Minutes)	236	14.5	12.0	[6-21]

<i>Clinician Consultation</i>	29	3.3	1.0	[1-2]
<i>Laboratory</i>	38	8.1	6.5	[3-12.75]
<i>Nurse Consultation</i>	176	6.3	3.0	[2-7]
<i>Others</i>	76	8.9	3.5	[1-10]
<i>Pharmacy/Dispensary</i>	192	4.5	2.0	[1-4]
<i>Reception</i>	237	2.6	2.0	[2-3]

In 2019, we assessed the rate of client satisfaction. These are results:

How would you rate your overall satisfaction at We actx for hope clinic?

	<i>The physical environment (waiting area, consultation rooms) and overall cleanliness?</i>	<i>Satisfaction with attentiveness and friendliness of staff towards clients</i>	<i>The questions the staff asked you during the visit.</i>	<i>The answers you received to your own questions.</i>	<i>The waiting time?</i>
Very satisfied	63%	76%	78%	78%	69%
Satisfied	33%	21%	20%	19%	22%
Undecided	2%	1%	1%	2%	7%
Unsatisfied	1%	1%	0%	0%	1%
Very Unsatisfied	0%	0%	0%	1%	1%

99% of our clients are satisfied with quality of services given to them in our clinic

XIV. OTHER ACTIVITIES AND PROJECTS

- QI projects are carried on every month in order to improve the quality of care given to our clients
- Continuous medical education (CME) are conducted also in order to have high qualified healthcare providers
- We-Actx For Hope, in collaboration with Rwanda Biomedical Center, is implementing the Integrated Biological and Behavioral Surveillance Survey among Men who have Sex with Men (IBBSS among MSM)
- We-Actx for Hope in collaboration with Comic Relief will implement a project on Improving the wellbeing of key populations in Kigali City through sport.
- We-Actx For Hope submitted 2 proposals: One to Gilead and the second to Initiative 5%

YOUTH PROGRAM

Introduction

In 2008, we act started a program of youth and children. They met at Kaddafi every Sunday.

In 2010, we act for hope 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 start to meet at 2 different sites according to their ages. The under 15 years, they meet at Kaddafi Mosque and the over 15 years, they meet at Sainte Famille 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 a youth program coordinator and has other two staff who are 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.

All total children and youth we have are 336.

Activities

We have two sites for support groups; children between 5-15 YO meet every second Sunday at Kadaffi School on Sunday.

We have 24-peer parent who help us to lead the support group.

A. Sunday support group

We have 122 children in Sunday support group.

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

AGE	ACTIVITIES	GENDER
5-8	Games, psycho education, yoga	Boys and Girls
9-10	Games, psycho education, yoga	Boys and Girls
11-12	Games, psycho education, yoga	Boys
11-12	Games, psycho education,	Girls

	yoga	
13-15	Games, psycho education	Separately boys& girls

We have two groups of modern dance and traditional dance.

At Sainte famille, youth from 16 Y.O meet there. They do psycho education and the last week of the month is for playing different sports.

They do also yoga every support.

After those activities, children share snacks and milk, which is very helpful for our children.

We provide also some hygienic materials for all children for those who attend support groups and who do not attend.

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.

There is one support group at the clinic on Wednesday for youth and children who have treatment failure (VL> 1000).

B. Supervision for peer parent

In 2019, the supervision of our peer parent was changed; support group is no longer 3weeks so it is not possible to do supervision every month.

After support group, we do meeting with peer parent and then after 3months we meet at Sainte famille both groups for supervision.

C. Quarterly meeting with parents

In 2019, we did four meetings as planned, every quarter. The meetings were productive because parent got time to tell us the challenges they face.

One meeting was a workshop we prepared topic on adolescent and share with caregivers.

D . Disclosure program

Every one has to know his status; this is to support caregivers to address their kids because it is hard for them. In this year, we did disclosure for 42 kids.

Actually, we do it during holydays and it is very important for good adherence.

E. African child day

In 2019, African child day was celebrated in we act for hope as we do it every year. Children and youth were so happy and they performed well. We invited children and their parents.

F. Summer camp

As usually, in 2019 in partnership with Latino school did summer camp with our youth and children.

This summer is very helpful for our youth and kids; they share experiences with youth from USA.

First week was reserved for kids and we had 30 kids

The second week was for youth and we had also 30 youth.

Challenges

- Most of our children and youth are from poor families, some of them are orphan, and they live in adoptive families where 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.
- At Sainte famille, some youth have bad behaviors in last supervision we talked about it and we will continue education in 2019.
- We Actx for hope have a big number of youth and children who need assistance in their school but we are able to support a small number of them.

Plan activities

2020, we will continue our activities but all groups will meet at Sainte famille we no longer have kadaffi center. On Sunday, from 9h30- 12h, youth from 16 years Old come and afternoon from 2PM -4PM, for children under 16 years.

We will sensitize parent on importance of support group and we will focus on disclosure.

We will make also a list for orphans and try to know their situation through peer parent in charge of them.

We will continue to work with caregivers to help children and youth.



MUSIC THERAPY

In 2019, Rwanda Youth Music program had many activities in which We-Actx For Hope (WFH) carried all of them. We worked with different people being children in WFH or outside the clinic in the program of Outreach and outside of the Country.

Below some achievements:

- ✓ 2,900 youth participated in Rwanda youth Music in 2019
- ✓ 374 Children were from WFH
- ✓ 2,426 children were from outside WFH (from different organizations and schools)
- ✓ 30 WFH youth were employed in different activities
- ✓ 28 WFH youth received an advanced training in Community Music Leadership
- ✓ We trained 25 new Community music leaders from APED(Congo)

Therapeutic Music Group at St Famille, Saturdays

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 WFH

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 WFH

Activities

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

In June we had so much fun, we performed on African children day.

We played different songs that we wrote. We also played popular songs and everyone in Rwanda Youth Music Program participated in this act. Music teachers and students all played



In December, St Famille and Gisimba youth will come together for a final performance of 2019 Most Youth in this concert are above 18 years old and are not eligible to meet Africans children day.

Table illustrates number of sessions, number of attendees, average attendance and Overall (Both from Gisimba)

Number of sessions	62
Number of attendees	21
Overall % attendance	

Children’s drop-in group at WFH Wednesday mornings

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 WFH.

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 269 children. This number might be repetitive (some children came more than once)

Number of sessions	47
Number of attendees	43

Music within WFH support program: St Famille and Kaddafi support group, Sunday morning

Objectives (St Famille)

Engage youth in creative, group activity, prior to support group beginning at 10am.

Relationships between youth, with peer parents, and with WFH are shifted to community music making

Objectives (Kaddafi)

Engage children in fun, creative, inspiring activity.

Relationships between youth, with peer parents, and with WFH are shifted by community music making

Activities (St Famille)

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 all these activities will be performed in June at African children day

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 all these activities will be performed in June at African children day.

Number of sessions	24
Number of attendees	182

On-going training for peer parents at Kigali Music School, Monday

Objectives

- To build skills of leadership and musicianship that enhance the peer parents work with children and young people from WFH
- To develop employable skills.

The junior teacher program aims to build pedagogical skills, and there for employability.

Activities

Learning musical instruments (guitar, piano and drums)

Vocal training

Progressing towards piece exams on their musical materials

Practicing community music activities that they will be doing with children in support groups.

Supervision of junior teachers

In 2019, the focus was on group performances where everyone in the group managed to play and sing along. Experienced group play in one group and less experienced students play in another group.

Number of sessions	44
Number of attendees	28

Outreach

Objectives

Engage with children and play with them different musical activities

Total numbers of children reached during the outreach program were **2301**

The places or organizations where we conducted carried Outreach were;

S.O.S,Urumuri foundation, Seraphat nursery school, Wake up nursery school, Hope foundation, Rwanda Women Network,Kagugu organization, Glory primary,Gahanga primary school, Teton nursery school, Cent kuzito,Rock nursery school, les Tourtelles,Saves to serve,Brighth stars academy, Ruyenzi, Nyamirambo primary school,Rafiki youth center, Little angel academy.

Activities

Musical Games, Name games, warm-up (vocal and physical) composing quick small songs and Body percussion

Number of sessions	43
Number of attendees	2301

Community music leadership training [APED (CONGO)] 2019

Facilitation: Danny, Espoir Rukengeza and Yves Kana were head trainers

Uwimana Alexis, Emelyne, Hakim, Neza, Pacific from the music program were Assistant Trainers

Objectives: were to train 25 participants from APED Congo a broad range of musical skills so they can easily work with children in their organization and other places, which they are doing now.

We completed the community music leadership and at the end we worked with 100 children

Number of sessions	12 days
Number of attendees	125

Advanced Training/Additional Training

Facilitation: Danny, Rukengeza Espoir, Nzeyimana Kana Yves

Objectives: To build skills of leadership and musicianship that enhance the peer parents work with children and young people from WFH

A secondary objective is to develop employable skills.

The junior teacher program aims to build pedagogical skills, and there for employability. We received one international trainers and each one of them had an important role to his visit.

Danny: The objective of Danny was to trains Community music Leaders to became trainer, to get advanced certificate.

Activities: With two teachers, it was more on how they can be part of creating some musical activities and share the ideas with other music trainers

With Assistant trainers was more on the challenges they face and how to be creative to solve all these challenges while working with the communities.

Number of attendees that attended these trainings was 28

Number of sessions	5
Number of attendees	28

VISITORS

Danny: His objective is to train community music leader to become trainer: To build skills of leadership and musicianship that enhance the peer parents work with children and young people from WFH

A secondary objective is to develop employable skills

Flavia: Objective of her is to teach community music leaders on child protection policy,

To show them right of child and how the government policy shows all does thing related on right child and How to take care those people who are under 18 ages.

Olga: She is the one who is in charge of looking fundraising in MWB, she was looking how we spends money in everything we do and looking what we needed to achieve the goals in all activities we done.

Chris: His purpose is to look how job going on the challenge we faced and showing us how to do it in good way.

Employment in 2019

Within this program of activities:

Four We Actx For Hope youth were Junior Teacher

One We Actx For Hope youth runs drum circles at Kaddafi support group

Two We Actx For Hope youth runs Wednesday drop-in music support

One We Actx For Hope youth is employed and therapeutic music group assistant

One is employed as Music Coordinator.

One is employed as outreach coordinator.

Twenty-Eight were employed as outreach workshop leaders.

Four were employed as Assistant Trainers.

Outside of this program:

One WFH works at MEG Foundation.

One WFH works at Mind leaps.



INCOME GENERATING ACTIVITIES

Hands of mothers goal is empowering vulnerable women through education and economic development.

In 2019, Hands of Mothers has put so much effort in expanding and strengthening Women and Children's Education Initiative introduced in 4th quarter 2018.

The children education program grew by 296% from 51 students in 2018 to 151 students in 2019. we expanded support to include uniforms and supplies in order to remove barriers to school attendance, we provided opportunity for 10% of children to transfer to better, more expensive schools and we monitored attendance and performance of students by visiting 41(27%) low performing students in their homes and at school to learn more the challenges they are facing.

The women Literacy program also grew by 100% from 4 women in 2018 to 8 women in 2019. We expanded support to remove barriers to attendance by providing school fees, school supplies, learning materials and transportation subsidy.

We refined and implemented 1-year follow-up impact assessment of the 38 children enrolled in the 2018 school fees program. Results confirmed 100% that provision of school fees support reduces financial and emotional stress and improves family health and wellbeing.

In terms of economic development, we created four Savings and Lending Groups (SLGs) among the 105 women in the WE-ACTx sex workers support groups. Around 25 women compose each group. We provided weekly numeracy, financial literacy and business management trainings (each woman-attended once/month). The SLGs are well functioning and they have saved on average 150,000 Rwf in one year and we created 2020 plan for sustainable income generation opportunities as alternatives to sex work.

Next year, we are planning to increase the number of students in our education support program. We will fully fund the education and send in boarding schools the girls at high risk of being exposed on sex work. We will also expand the support by providing shoes to all primary schools' students (100%).



PSYCHOSOCIAL PROGRAM

This report highlights psychosocial activities that have been conducted during 2019 t and is totally based on statistics data collected during this year. The data indicates the number of:

- Disclosure sessions for children HIV positive and their care givers
- Sessions of Information education and communication conducted by different clinical staff
- Individual therapies done by psychologists / counselors are 196 sessions
- Psychosocial assessment done and recorded in patients file is 7489 assessments. These assessments include psychosocial evaluation done on quarterly basis for adult and youth above 15 years of age and on monthly basis for children below 15 years of age.
- New case assessment and counseling: During this year 103 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 232
- Total of support groups sessions for adults was 167 and number of attendees was 4862
- Emergency social assistance to 12 patients during the year 2019.

The great achievements done in 2019 as far as Psychosocial Program is concerned are as follow:

⇒ **Disclosure sessions:**

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 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, that is why different sessions of disclosure are organized. This year 6 disclosure sessions were organized and conducted and combined together 23 children and their respective parents and caregivers

⇒ **Information, education and communication sessions conducted by different clinical staff**

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 family testing, safe sex, nutrition, index testing and good adherence and barriers that cause bad adherence. We have had 4215 patients who participated in Morning Health Education and the number of sessions was 232.

⇒ **Regular psychosocial assessments:**

On monthly and quarterly basis a psychosocial assessment is done. Mostly we assess the following aspects: 1. depression signs, 2. Abuse, 3. stigma, 4. social economic problems, 5. Adherence issue, 6. Sex work, 7. Homosexuality, 8. Drug injection, 9. Disclosure issues, and 10. Delinquency, 11. Not participating in support group, 12. Issue with status integration and 13. Children's schooling. With these aspects, we can also easily indicate if someone has not have any of these issues during the last three months.

The form used is consistently help in data analysis for the 4 psychosocial staffs. This is important to have a standardized work across all 4 psychosocial staffs. With use of these forms, we could easily know the number of patients consulted as individual, as psychosocial evaluation, as 3 months program and as new cases.

⇒ **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.

⇒ **Support groups conducted by peer educators:**

Throughout this year, 167 sessions of support groups have been conducted and 4862 participants attended the sessions, as each patient has to attend 3 times per year. During these sessions, patients meet to discuss on different points and sharing their experience of living with HIV.

⇒ **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

⇒ **Individual therapies**

Among psychosocial activities we are conducting, there are individual therapies where we meet individually with patients with specific psychosocial related problems to help him/her to cope with those problems. This year 196 sessions of individual therapies for patients including adults, children and youth have been conducted and most of them were related to poor adherence, social economic problems, disclosure issues, delinquency, and depression

⇒ **Emergence social assistance:**

During this year, 12 cases of patients have been supported with social assistance in terms of money to help them to solve the emergent problems they faced. Each patient received the amount of 20000 RWF, in total amount of 240000 Rwf has been provided in emergent cases

EDUCATION SUPPORT

With collaboration of different good people and charities Organizations, we have been able to support 33 children and youth aged 7-24 years.

- ✓ 19 in primary,
- ✓ 9 in secondary school/vocational training received support for school fees and school materials
- ✓ 5 students in University.

CONFERENCES AND MEETINGS

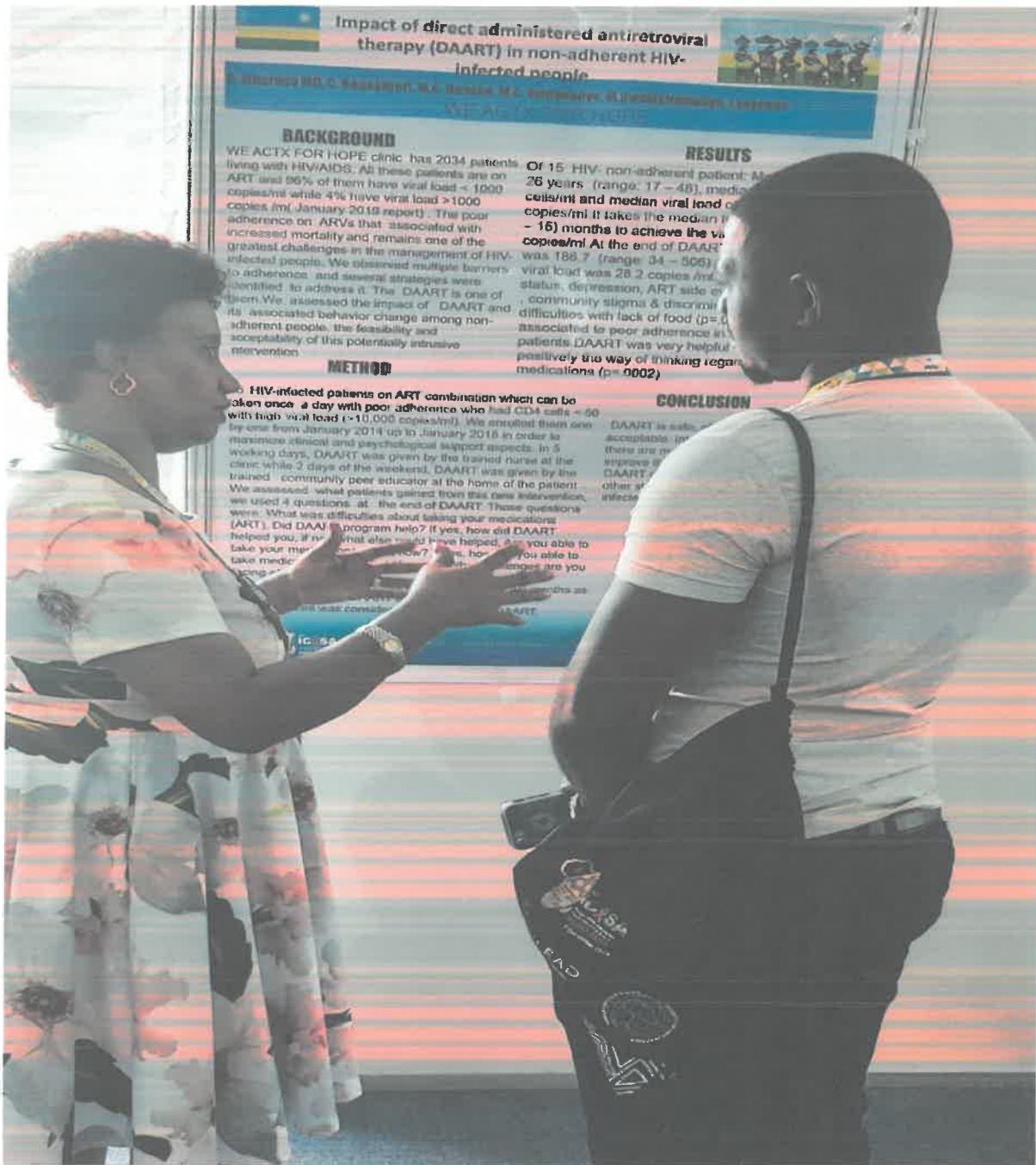
WE-ACTx for Hope has been represented in different meetings with partners and International Conferences. We submitted different abstracts to ICASA 2019, and 4 has been accepted as poster presentation and 1 as oral presentation.



Dr Gilbert Mbaraga and Chantal Benekigeri presenting their abstracts



Dr Gilbert presenting his abstract on “Improving Adherence among HIV infected adolescents/youth in Rwanda using adolescents/Youth friendly services” to the visitor.



Chantal presenting her abstract on “Impact on direct administered antiretroviral treatment (DAART) in non-adherent HIV infected people” to the visitor

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 Pepfar's indicators.

PRIORITIES ACTIVITIES FOR 2020

- 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 2019, 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
IYAMUNGU	GEORGINE	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
UWAMAHOHO	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
5. Administrative Staff		
BENEKIGERI	CHANTAL	Director of Clinical Systems
NDAYAMBAJE	JEAN BOSCO	Director of Finance and Administration
GAJU	WILLY	Accountant/Book Keeper



Organigram



Prepared:

Chantal DUSABE

Head Nurse

M. Chandy

Verified and approved by:

Chantal BENEKIGERI, Public Health

Director of Clinical Systems

