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CLINICAL ANNUAL REPORT 2021



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
SRHR	:	Sexual reproductive health and rights
ASRHS	:	Adolescent sexual reproductive health services



Acknowledgement

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- **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 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 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 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.

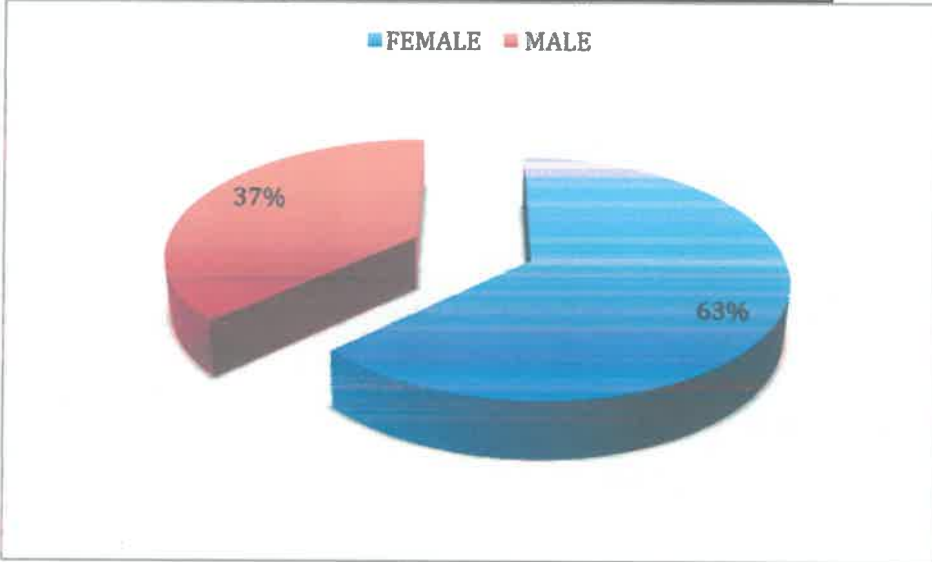
We continue sensitization on sexual reproductive health, HIV prevention, unwanted pregnancies in schools



OVERVIEW OF THE CLINIC _CENTRE VILLE

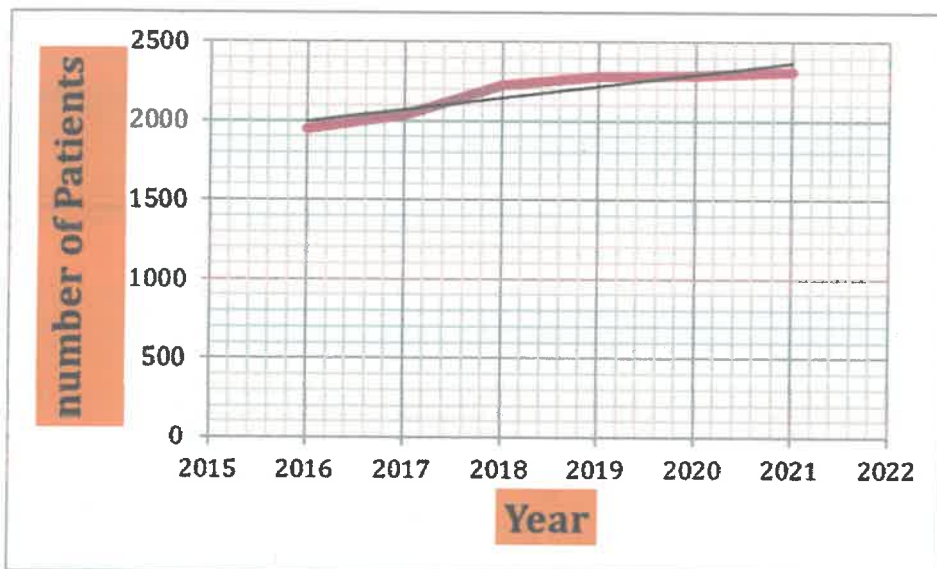
I.1 REPARTITION ACCORDING TO SEX

SEX	NUMBER	%
FEMALE	1456	63%
MALE	856	37%
TOTAL	2312	100%



YEARS	NUMBER OF CLIENTS
2016	1951
2017	2034
2018	2223
2019	2276
2020	2286
2021	2312

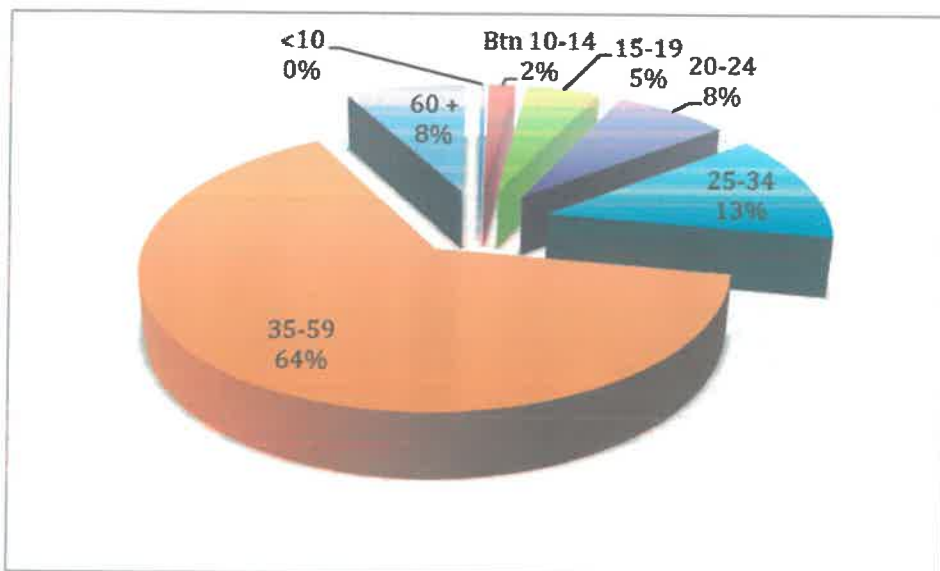
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Number of clients are increasing year by year from 1951 in 2016 to 2312 in 2021 because of the new program introduced at the end of 2017 named HIV ACTIVE CASE TRACING or index testing which has 3 components: family testing, partners notification and 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

Age range (in years)	Number	%
<10	7	0%
10-14	40	2%
15-19	113	5%
20-24	174	8%
25-34	305	13%
35-59	1489	64%
60 +	184	8%
Total	2312	100%



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 20-34 years old are representing 7 % and 13% respectively . 8% of all patients have 60 years and over which means that now HIV/AIDS is classified as chronic disease like others and the focus must put on strengthening NCD program in our clinic .

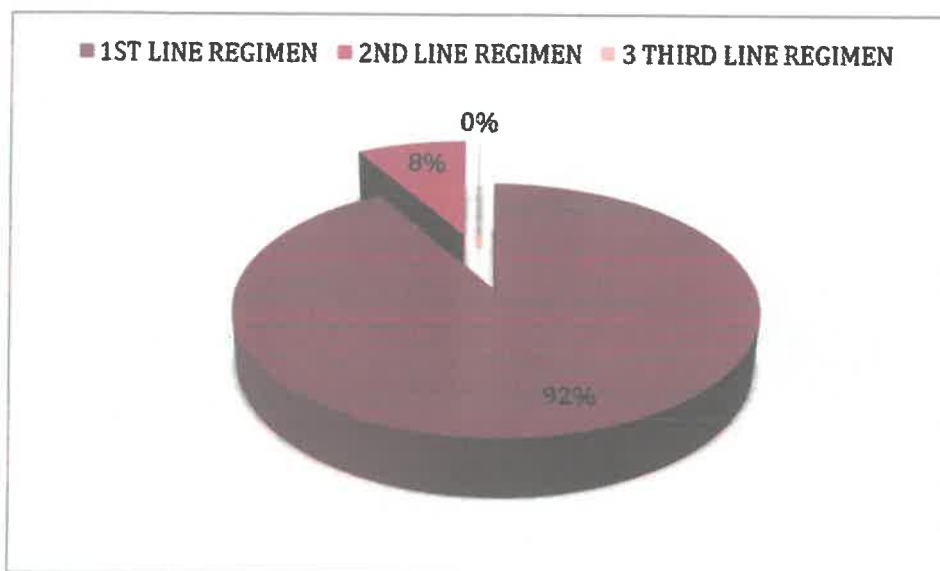
I.3 CLIENTS ON ART

clients on ART	2312
Clients on prophylaxis only	0
Total	2312

At the end of December 2021, All 2312 clients were on ART

I.4 REPARTITION ACCORDING TO REGIMEN

CHARACTERISTICS	NUMBER	%
2ND LINE REGIMEN	190	8%
3 THIRD LINE REGIMEN	2	0%
TOTAL	2312	100%



This table is showing that among 2312 clients followed in our clinic, 2120 (92%) are on first line regimen, 190 (8%) are on 2nd line regimen and ONLY 2 clients are on 3rd line regimen. Those percentages are the same since 2 years.

II. UPDATES ON NCDs INTEGRATION IN OUR CLINIC

We initiated a systematic community screening of Diabetes and hypertension in patients with 60 years old and over. We enrolled in this program 185 patients. In this approach we used 7 nurses and 15 trained peer educators as the screening was done in the community. The following are activities done during this approach:

No	Activities	Frequency	Outcomes
1	Conducting home visits, delivery of ARVs	Home visits and ARVs delivery were conducted by the nurse & peer educator for 185 people in intervention	# of home visits conducted and # of ageing HIV infected people who received ARVs at home
2	Providing tool kit for preventing COVID 19 infection	185 ageing people received a tool kit containing PPE, 500ml of hand sanitizer, 500ml of fluid soap, 1 box of facial masks. The same materials were given to 15 peer educators and nurses in charge of home visits	# of people who received toolkit (Ageing HIV infected people, peer educators and Nurses)

4	Training community peer educators on Covid 19 prevention measures, screening of diabetes , hypertension and the way of providing ARVs in community	We trained 15 peer educators 5 days. The training was conducted by the medical doctor: The training was about how to do blood sugar and its interpretation , how to take blood pressure and its interpretation	# of community peer educators trained
5	Conducting screening of diabetes and hypertension during home visits	Each person among 185 ageing HIV infected people was screened at home by the nurse and the trained community peer educators for blood pressure measurement and rapid blood sugar test.	# of people ageing HIV infected people who were screened at home for blood pressure measurement and rapid blood sugar test. received results
6	Assuring referral system of all ageing HIV infected people who were screened positive for diabetes and hypertension for treatment	Every patient who was screened positive, was referred to the district hospital for proper management . The community based health insurance was used in this case	# of people who were referred for treatment of diabetes and/or hypertension

Let us look on the results we had from this screening:

No	DIAGNOSIS	Number	%
1	DIABETES	6	10%
2	DIABETES COMBINED WITH HYPERTENSION	10	17%
3	HYPERTENSION	44	73%



Total	60	100%
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Among 185 patients screened for diabetes and hypertension , 60 had diabetes and/or hypertension which is representing 32.43%. 73% of them were having mild to severe hypertension . As conclusion we need to emphasize on NCDs and its integration in HIV program will save patients' life.

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

Indicator	Sex	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total
Clients offered index testing services	Female	110	147	123	110	490
	Male	89	108	117	76	390
	Total	199	255	240	186	880
Clients that accepted index testing services	Female	50	62	58	48	218
	Male	53	63	71	35	222
	Total	103	125	129	83	440
Number of contacts elicited	Female	101	129	160	65	455
	Male	71	97	136	67	371
	Total	172	226	296	132	826
Newly Tested HIV positive	Female	6	7	10	5	28
	Male	8	8	6	4	26
	Total	14	15	16	9	54

In the year of 2021 , 880 clients representing 38% of all clients were offered index testing services . Among them 440 clients (50%) 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 50% which low in comparison of 62% in year 2020. 826 people (sexual partners and biological children) came at the clinic for HIV testing and counseling . Of 826, 54 people became HIV positive at the first time (HIV new cases) . All these 54 clients were enrolled in our clinic. It means that we found 54 HIV new cases which represent the prevalence of 6.537 % (more than 2 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 95 of the 2030 UNAIDS targets

IV. CLIENTS WHO DIED IN 2021

No	TRACNET	DOB	CAUSE OF DEATH	DATE OF DEATH	LAST VL(COPIES/ML)
1	696096	1975	COVID 19	13/01/21	<20
2	223878	1973	Diabetes Mellitus type II	28/04/21	<20
3	/110	1950	Advanced pancreas cancer	27/05/21	<20
4	0532-306077/118	1961	unkown	05/07/20	<20
5	122762/413	1966	Stomach cancer	07/10/21	<20
6	693707	1968	unkown	08/10/21	<20
7	696314	1979	unkown	22/11/21	115

This table is showing that we lost 7 clients in 2021 . All clients had a death not related to HIV infection

This is the comparison for 4 years: 2016,2017 , 2018 , 2019 , 2020 and 2021

YEAR	# clients who died	AIDS RELATED DEATH
2016	6	1
2017	8	1
2018	10	1
2019	10	0
2020	10	0
2021	7	0

This table is showing that since 2019 there is no death related to HIV/AIDS in our clinic.

V. UPDATES ON INPATIENTS vs OUT PATIENTS IN 2021

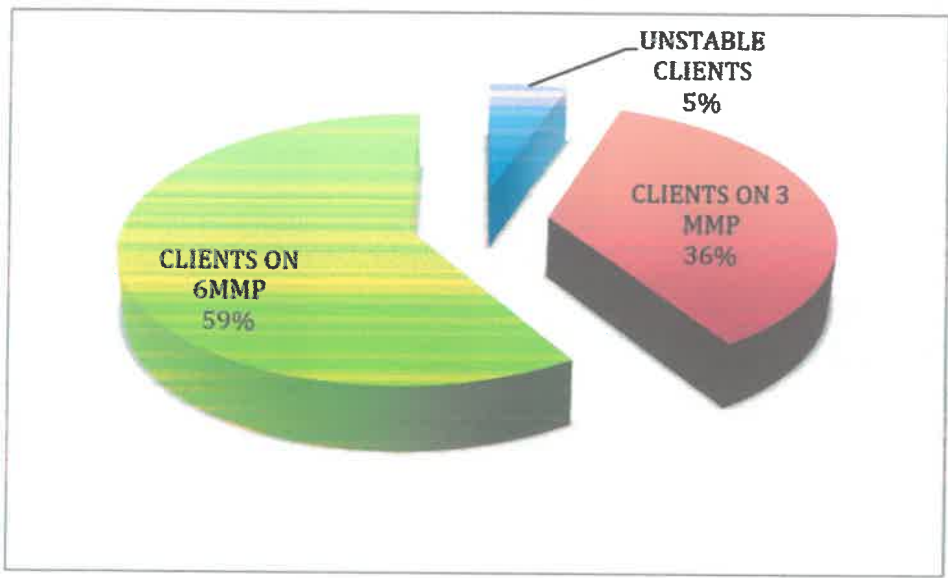
Period	Transfer IN	Back to program	Patients who initiated ART	Transfer out	LTFU	Dead
	INPATIENTS			OUTPATIENTS		
Jan-21	8	0	4	3	0	1
Feb-21	9	0	4	7	0	0
Mar-21	14	0	5	21	0	0

Apr-21	8	0	6	13	0	1
May-21	4	0	5	6	0	1
Jun-21	5	0	4	9	0	0
Jul-21	4	1	2	9	1	1
Aug-21	7	0	10	15	0	0
Sep-21	5	0	6	17	0	0
Oct-21	13	1	3	9	0	2
Nov-21	7	0	8	5	0	1
Dec-21	3	0	6	10	0	0
Total	84	2	57	114	1	7

In 2021 , 122 clients went out of our clinic for different reasons (death, changing where they live due to COVID 19 , clients who went in PMTCT, LTUP) while 143 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 10 clients went out of the clinic every month while 12 clients came in . Many clients went out this year because of COVID 19 pandemic mainly because they changed where they lived and went in rural area .

VI. UPDATES ON DSDM

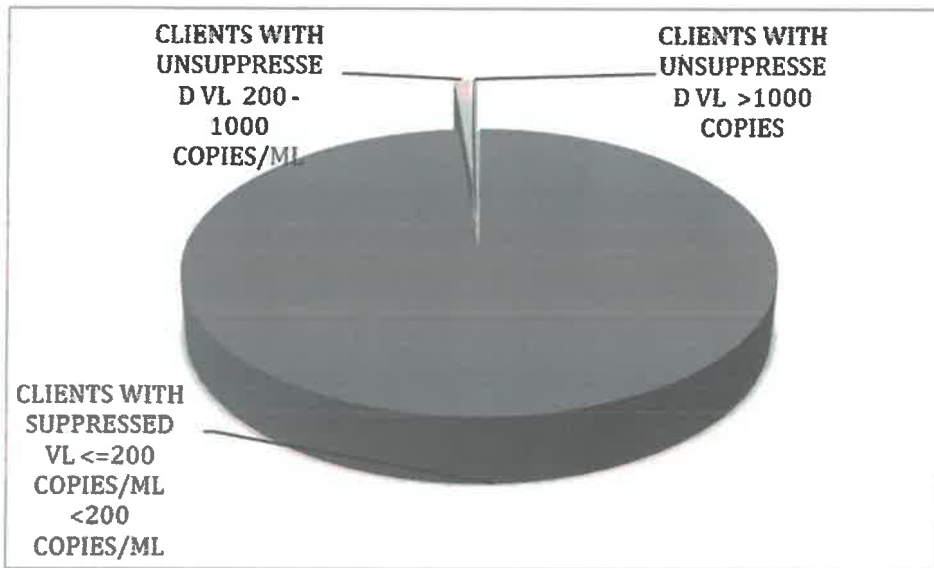
CLIENT CATEGORY	NUMBER	PERCENTAGE
UNSTABLE CLIENTS	120	5%
CLIENTS ON 3 MMP	830	36%
CLIENTS ON 6MMP	1362	59%
TOTAL	2312	100%



At the end 2021: 1362 clients (59%) were on 6 MMP (Provision of 6 months) , 830 on 3MMP (36%) and 120 clients were classified as unstable (5%) . It seems that the number of

VII. UPDATES ON TREATMENT FAILURE

CLIENTS WITH SUPPRESSED VL <=200 COPIES/ML	<200 COPIES/ML	2247	99%
CLIENTS WITH UNSUPPRESSED VL	200 - 1000 COPIES/ML	14	0.69%
	>1000 COPIES	7	0.31%
ALL CLIENTS with Vith VL		2278	100%



As shown by this table , 2247 (99 %) clients have suppressed VL (<200 copies/ml) , 14 (0.69%) have viral load between 200 - 1000 copies/ml while 7 clients (0.31%) have treatment failure (VL over 1000 copies/ml). In general, at We Actx clinic 99.69 % have viral load under 1000 copies/ml with the greatest achievement of all efforts made to improve the quality of life of our clients

VIII. UPDATES ON DOT IN 2021

In 2021, DOT was used for 10 young adult orphans who had problems of taking ARVs . They had viral load suppression and they are stable . Since November DOT can be used by peer educators in their respective villages to support our patients who have problems of taking drugs

X. UPDATES ON YOUTH FRIENDLY SERVICES IN 2021

Age range (in years)	Number	%
<10	7	0%
10-14	40	2%
15-19	113	5%
20-24	174	8%
25-34	305	13%
35-59	1489	64%
60 +	184	8%
Total	2312	100%

As shown by this table , at the end of 2021 , 334 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 and youth group therapy .

Group therapy for adolescents is done for ado in the age range of 15-24 years old . In this group therapy we are focusing on building life skills and future of our adolescents in HIV program. We started it in November 2021 and 24 adolescents did the first session and we keep enrolling adolescents according to their needs . BY doing this activity we find that adolescents have different concerns to work on like SRH issues, issues of having boyfriend/girlfriend and having children

But Group therapy started in youth requires burn out activities like sharing snacks , playing , going in area which can induce calm and hope as the session triggers emotions . All our efforts are directed to it, so we are planning to reach every youth under 25 years old

IX . 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

N o	TRACNET ID	DOB	CURRENT REGIMEN	LAST VL	3rd line regimen starting date
1	224578	1983	Raltegravir, Darunavir, Etravirin,Ritonavir	39 (29/04/21)	17/2/15
2	222643	1969	AZT/3TC,Darunavir, Raltegravir,Ritonavir	<20(03/08/21)	26/1/15

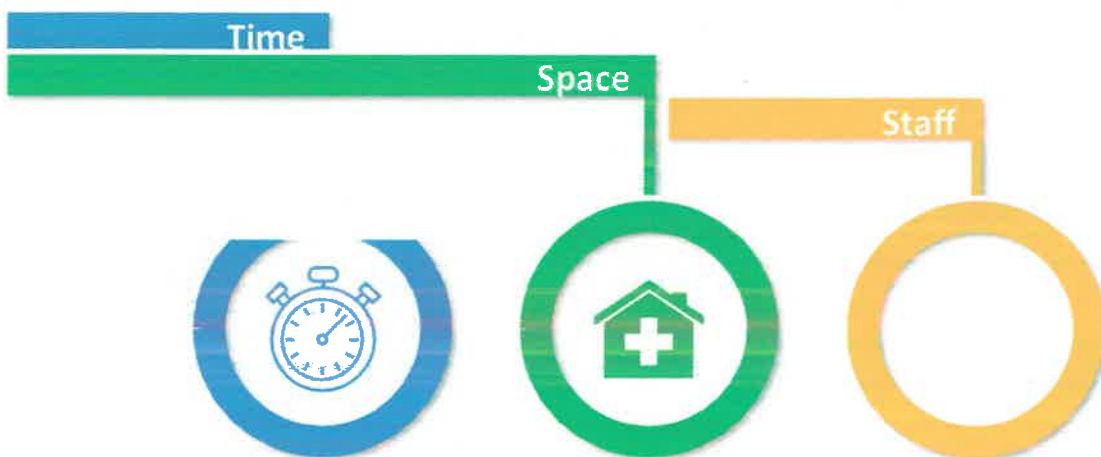
As shown by this table we have 2 clients on third line since 2015 and they are clinically and virologically stable .

X. KEY INDICATORS IN 2021

#	Activity	Current data (%) in 2020
	Proportion of patients with new files (Files version 2020 or 2018)	2312/2312= 100%
1	Proportion of Children under 15 years old with updated weight and height	47/47= 100%
2	Proportion of files with Adjusted pediatric dosage	47/47 = 100%
3	Proportion of well completed Pediatric growth charts	47/47 = 100%
4	Proportion of files of clients on ART with updated Viral load	2247/2247=100%
5	Proportion of files with updated psychosocial follow up	2200/2312= 95.1
6	Proportion of clients in pre-ART but eligible at ART	0%

7	Proportion of files with VL>1000 copies with documented action	7/7 =100%
8	Proportion of clients(Peds/Adults)with updated clinical consultation	2272 /2312=98.26%
9	Proportion of clients with Viral load suppression	99.69

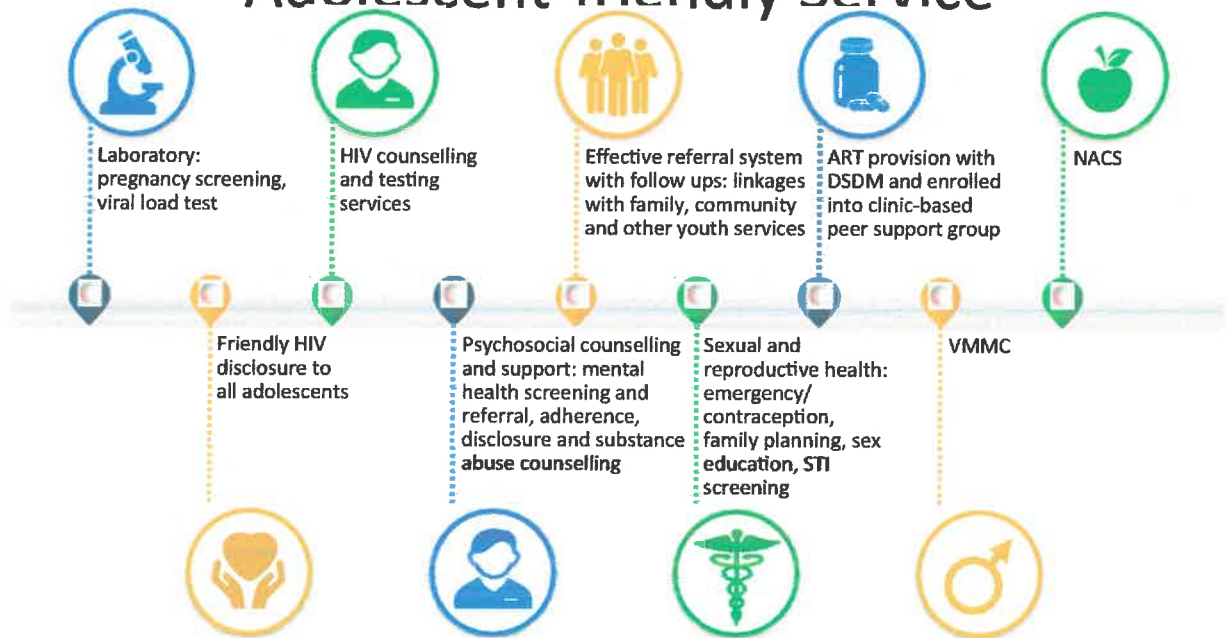
Requirements for Adolescent-friendly Services at Health Facility



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=6DB4C2C24221C644CEB120FAED1D6ABA?sequence=1>

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

Minimum Package for Adolescent-friendly Service



ART=antiretroviral therapy;
DSDM=differentiated service delivery models; NACS=nutrition assessment counselling and support;
STI=sexually transmitted infection
VMMC=voluntary medical male circumcision

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COMIC RELIEF PROJECT

The project with Comic relief consist to improve the wellbeing of vulnerable youth in Kigali through CBT and YOGA. During 2021, the following activities have been done. But due to Public health restrictions caused by Covid 19 pandemic, most project's activities expected to be implemented have been limited and put on hold. We only tried to conduct some few activities that could not violate pandemic restrictions such as:

- Providing nutrition and hygienic support to 400 key population (250 4sex workers and 150 LGBTIS)
- Starting the process of recruiting participants who will participate in CBT/Yoga intervention sessions
- Identifying peer leaders among our 3 target populations according to the criteria that have benn elaborated: 20 peer educators have been recruited
- Hiring staff who will work on the project and briefing them on their duties in the project: 6 staff were recruited.
- Conducting focus group sessions with LGBTIs, HIV+ youth and sex workers groups: these sessions were conducted separately with each group. The main purpose was exchange on their life's experience, challenges they are facing, how they solve them, ect. The result from these focus groups contributed a lot in producing the tools
- Producing tools that will be used in the project: So far 2 main tools are almost done, the rest is translation, and one is a CBT-YOGA training manual, another is CBT-YOGA intervention manual that will be used by peer educators to deliver CBT_YOGA courses. This intervention curriculum contains 6 sessions combining CBT and YOGA. The main topics in our curriculum are based on: learning about stress in my boy, learning about ways we cope with stress, learning the connect ion between Thoughts-feelings- behavior, learning about gender roles and expectations, learning about healthy interactions with others, and the last one is summarizing all sessions. At the end of every session there is practice yoga exercise: The main method used is "Group discussion"
- Conducting a meeting with our staff on LGBTIs consideration: In framework of preparing the successful implementation of this project, "WE ACTx for HOPE in collaboration with Amahoro Human Respect have organized one day training on understanding sexual orientation, gender identity and expression. It was attended by 14 staff of WE ACTx Clinique. The main purpose of the meeting was to prepare the staff for working with LGBTIs population and equip them with basic knowledge on sexual orientation, gender identity and expression
- We have met with AMAHORO HUMAN RESPECT staff to prepare them and give an update on the project.
- In-house psychologist supervision: Our target population is among vulnerable youth, most of them present many psychosocial problems. More vulnerable ones have been followed up and visited at their home by our psychologist



- Referral services: Those who presented serious problems were referred to respective services, such as medical, nutrition, security services.
- We started communication with the Director of Africa Yoga but the process was stopped due to COVID-19
- Technical MEL support has been conducted
- Technical safeguarding support have been done
- Theory of change and learning and dissemination has been done



YOUTH PROGRAM

Introduction

In 2008, we started a program of youth and children. 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 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 the clinic for counseling or other services.

We have also a group of 24 youth selected and trained by We-Actx staff 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 in total 600 children and youth aged 5-25 years

We have 2 groups: one for children under 12 and the other group is for youth aged from 12 to 25.

They meet on weekly basis in different focus groups and discuss on different topics according to their ages.

The children meet just for playing and enjoying together and the adolescent meet for discussions on different topics chosen by the in charge of the program.



MUSIC THERAPY

In 2021, Rwanda Youth Music program had many activities in which We-Actx For Hope (WFH) carried all of them. We worked with different people 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 2021
- ✓ 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

Therapeutic music group for youth aged 19-26. This is to provide safe opportunities to 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 and to build confidence and sense of value, through a positive experience of success; to grow the skills of youth, encouraging discipline, concentration, and creativity.

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, youth will come together for a final performance of 2021. Most Youth in this concert are above 18 years old and are not eligible to meet Africans children day.



Children's drop-in group at WFH Wednesday mornings

Objectives:

To provide a safe and enjoyable space for children 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)

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 were everyone in the group managed to play and sing along.



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, Brigh 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)] 2021

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 and 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

Employment opportunities for youth in 2021

Within this program, we have been able to provide employment to 45 youth as following:

- 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.
- One WFH works at MEG Foundation.
- One WFH works at Mind leaps.



PSYCHOSOCIAL PROGRAM

This report highlights psychosocial activities that have been conducted during 2021 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 2021 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.

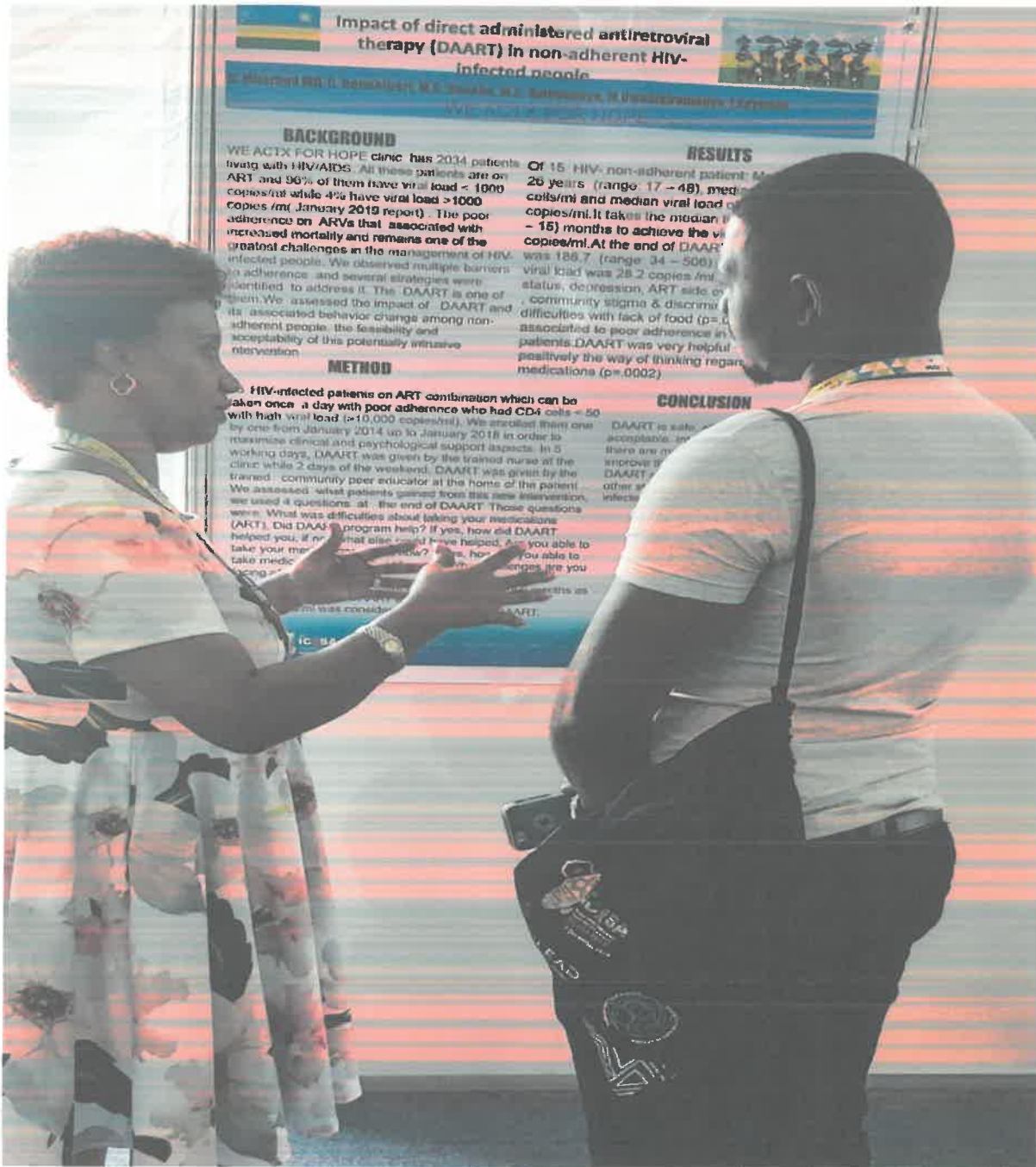


Dr Gilbert Mbaraga and Chantal Benekigeri presenting their abstracts



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

JM



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 2022

- 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 sexual reproductive health, family planning, PMTCT and HIV prevention in youth
- Conduct advocacy meeting on sexual reproductive health and rights
- 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 2021, WE-ACTx for Hope employed 41 staff. The list is herewith attached

NAMES	POST NAMES	QUALIFICATIONS
1. Clinical staff		
BAMPORIKI	JOSEPHINE	Pharmacy Nurse A2
KAYONGA	FLORENTINE	Pharmacy nurse A1
DUSABE	CHANTAL	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

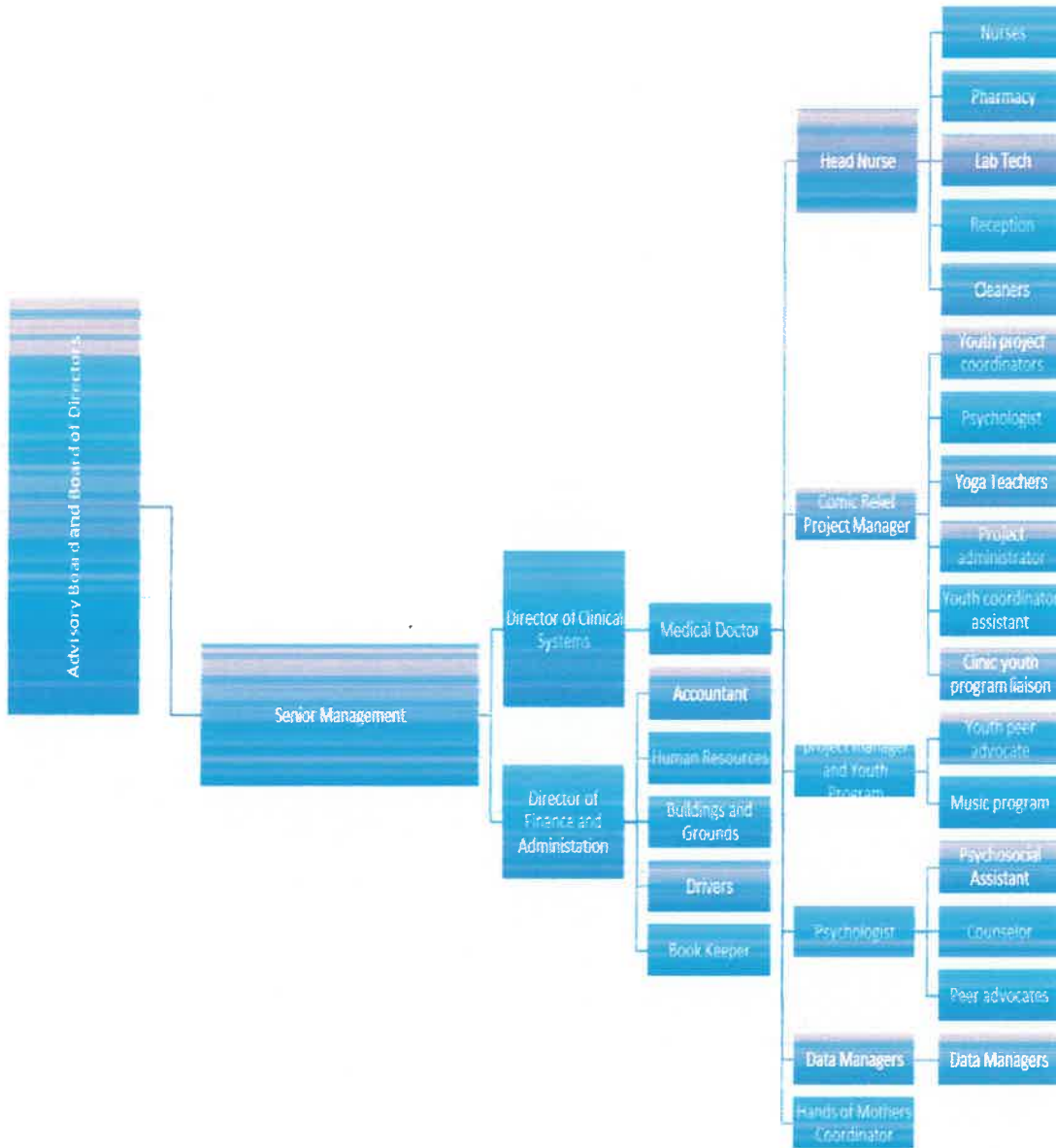


HAKIZIMANA	LEON	Data manager
NZABONIMANA	ABEL	Lab Tech
NDAGIJIMANA	TELESPHORE	Lab Tech
2. Psychosocial staff		
TUYISHIME	JOSETTE	Psychologist
MWANGAZA	ODILE	Trauma counselor
UMUTESI	ALICE	Peer advocate
MUNGANYINKA	BEATRICE	Family peer advocate
MUKAMUSONI	JOSEE	Family peer advocate
UWIMANA	ODETTE	Psychologist
UFTINEMA	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 by:

Chantal DUSABE

Head Nurse

Chantal

Approved by:

Chantal BENEKIGERI, Public Health

Director of Clinical Systems

