



IDIWA Board and Staff with participants at the conclusion of the SGBV Media Briefing and Networking Event in Mayuge District.

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ACRONYMS

IDIWA	Integrated disabled women activities					
PWDs	Persons with disabilities					
WGDs	Women and girls with disabilities					
UNTF	United nations trust fund					
SGBV	Sexual gender-based violence					
SRH	Sexual Reproductive Health					
IEC	Education Communication and Education materials					
DPOs	Disabled People's Organizations					
STIs	Sexually transmitted infections					
HIV/AIDS						
M&E	Monitoring and evaluation					
FAM	Finance and administration Manager					
IGAs	Income generating activities					
UNTF	United Nations Trust Fund					
AWDF	African Women's Development Fund					
FSD	Foundation for Sustainable Community Development					
NCHRDU	National Coalition of Human Rights Defenders Uganda					
BUSOGA	Busoga Governance and Social Accountability Network					
NET						
FEMNET	African Women's Development and Communication Network					

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Urgent Action Fund –UAF for supporting the Digital Marketing Project during the COVID-19 lockdown. It boosted income at a critical time and prevented WGDs from dying of hunger.

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AmplifyChange and African Women's Development Find –AWDF for allowing us to adjust the budget in order to provide emergency for food item for WGDs in Kamuli District, and sanitizers and personal protection and virtual working equipment for staff during the COVID-19 lockdown.

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The board members for the overseeing all operations and supervision. You have provided answers to the most difficult questions and provided guidance. The staff team and the entire membership for continued cooperation and support. Together, we have achieved in folds.

Early

ELIZABETH KAYANGA

EXECUTIVE DIRECTOR – IDIWA NGO

FORWARD

Integrated Disabled Women Activities-IDIWA is a non-governmental organization established in 2000 purposely to empower women and girls with disabilities, and their families to maximize their potential and improve their standard of living.

IDIWA has changed lives of over 67,000 women and girls with disabilities, children, elderly and women living with HIV/AIDS through; Human Rights and Policy Advocacy, Economic Empowerment and Livelihoods, Health and Reproductive Rights, Mental Health and Well-being, and Education.

The year 2019/20 has been characterised by extra ordinary challenges, including a raging pandemic, unequal economy and justice system, a democracy at risk, and climate change peril. The coronavirus disease COVID-19 was declared a health emergence of international concern in January 2020, and claimed several lives globally. Although Uganda is among the few countries with relatively small numbers of people with and death from COVID-19, the pandemic has had devastating effects especially on poor people.

The theory and philosophy informing the planning and execution of the COVID-19 response has relied on state security lenses. The use of such aggressive measures, attack, defeat the enemy, and so-on has a negative effect of alienating the people. This has created a mentality that justifies limitation of rights, violent attacks on those who violate orders, arrests and shoot –to-kill orders. COVID-19 is having a disproportionate burden on lives of persons with disabilities in Uganda. There is fear, anxiety and uncertainty; normal life has been interrupted, resulting into high levels of stress and other mental health concerns.

The directives and other COVID-19 response left out PWDs in the fight against the pandemic, and relief distribution. The assistive devices used by women with disabilities need adequate hygiene and sanitation because they can easily be contaminated. Many women with disabilities have lost their jobs in the current situation. This pauses a risk of falling deeper into poverty.

The onset of the COVID-19 pandemic has heightened the risk of Women and Girls with Disabilities experiencing different forms of violence and other rights abuses including the right to food, right to information and above right to live free from violence. IDIWA has provided WGD with emergency relief during the COVID 19 crisis, promoted inclusive response services for women and girls with disabilities, and strengthened co-implementing partner's capacity and her own capacity to build resilience and adapt to changing context during and in the aftermath of the COVID 19 pandemic.

We had to quickly swing into risk mitigation and contingency planning, to address short and long-term impacts of COVID 19, and other crisis, to affectively influence Gender Equality and Women Empowerment-GEWE, and promote progress on Ending Violence Against Women and Girls with Disabilities-EVAW/GWDs.

IDIWA has created digital marketing Web App hosted on domain <u>www.choiceug.com</u>, and a Facebook Business page <u>(ChoiceUg.com)</u>. This has helped WGD to adapt to the changing environment, and continue earning income without necessarily going out, and sustain their livelihoods. IDIWA has advocated for inclusive COVID 19 response, to ensure inclusive COVID-19 mitigation planning, representation of PWDs on District Task Committees to provide expert opinion on disability management.

IDIWA has adapted to the new normal; we are seriously promoting well-being, digital security and safety, and resilience for women with disabilities. We have developed guidelines for preventing COVID-19 at the workplace which we are duly implementing, provided staff members facilities for remote working.

I wish to express gratitude to development partners whose support and flexibility enabled IDIWA continue supporting WGDs during and after the COVID-19 lockdown.

Lastly, I call upon all stakeholders to embrace this report as a point of reference disability responsive programming in Uganda.

<u>APARO ANNA</u>

CHAIRPERSON – IDIWA NGO

YEAR UNDER REVIEW

Integrated Disabled Women Activities-IDIWA is a voluntary, not for profit, nongovernmental organization established in 2000, on realization that women and girls with disabilities face heightened discrimination on account of gender and disability. The organization is focused on advocacy for respect of human rights, economic opportunities including access to and control of productive resources, health and reproductive rights, and Education.

IDIWA visualizes an inclusive society in which Women and Girls with Disabilities, and their families are self-reliant, emancipated and respected.

IDIWA's mission is to empower Women and Girls with Disabilities, and their families to maximize their potential and improve their standard of living.

The overall goal is to improve the quality of life of Women and Girls with Disabilities, and their families

IDIWA operations fall under five major program components i.e. Human rights and good governance, economic empowerment and livelihoods, sexual and reproductive rights, community-based rehabilitation and education.

Throughout 2019/2020 IDIWA continued to empower WGDs and advocate for their employment and other economic opportunities, SRH rights and in fight against SGBV

In July 2019 IDIWA presented the first draft of the Kamuli PWDs SRH bill. The process started with community consultative meetings to identify critical SRH needs/issues of WGDs which informed the drafting of the bill by a consultant

The bill seeks to accelerate access to the full complement of sexual reproductive health services for people with disabilities including appropriate individualized birth control methods, pre-natal care and prevention and treatment of STIs at all health facilities within Kamuli District; it also seeks to ensure that there is reasonable accommodation at all health facilities and provision of SRH services as close as possible to PWDs own communities.

In August and September 2019, the bill was presented to the District Executive Committee and the technical planning committee respectively for input before submission to Council. In November 2019 the bill was presented to district council for first reading and forwarded to gender committee to conduct community sensitizations about the bill.

In January 2020 IDIWA secured a new grant from the United Nations trust fund under the spot light initiative. IDIWA therefore conducted community meetings in the sub counties of Kigandaalo, Imanyiro, Kityerera, Bukatuube, Malongo and Buwaya to identify and register WGDs with various disability categories to benefit from the SGBV project.

In February 2020 IDIWA hired a research company to undertake a baseline survey on SGBV among WGDs. The baseline aimed at determining the current situation of SGBV among WGDs. The activity involved project beneficiaries and stakeholders in five sub counties of Kigandaalo, Imanyiro, Kityerera, Bukatuube, and Buwaya. The findings reveal a terrible situation with 76% of the respondents reporting to have experienced SGBV at one time.

The report also revealed limited access to SGBV services with 68% of the survivors failing to access any services from the various service centres when they attempted to.

Findings of the baseline are giving basis for designing project interventions and are enabling us to make informed decisions on how to achieve the project goals.

In March 2020 IDIWA conducted three (two-days) human rights and advocacy trainings for 150 WGDs from Buwaya, Bukatuube and Kigandaalo. The training aimed at:

- a) Enriching WGDs with knowledge and programming skills in human rights, disability and Advocacy.
- b) Increasing their capacity to identify and report GBV issues in the community.
- c) Enhancing their skills of applying human rights and advocacy measures to identified GBV issues. The training resulted into increased participants knowledge on human rights and SGBV.

Media plays a big role in amplifying voices and changing mindset and of community members. To ensure collective efforts from all players including the general community members IDIWA used the media through radio talk shows at Busoga One broadcasting services in Jinja to amplify voices of WGDs on SGBV. The radio talk shows were also participated in by district officials including the Probation Officer and police officer in charge of SGBV. We further sponsored airing of spot messages on the causes, effects and community role in ending SGBV against WGDs and supporting survivors. Development of the SGBV training manual. We developed a comprehensive a SGBV training manual in March 2020. The manual contains information on human rights, Gender, Gender based violence, Sexual gender Based Violence, Recovery and resilience, Domestic violence, minimum response to Services, Key Approaches to addressing SGBV, Access to Justice, Strategies for preventing SGBV, SGBV Information management, and SGBV Monitoring and Evaluation.

In March 2020 IDIWA developed a disability focussed SGBV advocacy Tool Kit. The kit is guide to widen players understanding of SGBV and the advocacy interventions and approaches at all levels. To enhance information access for all, the tool kit was translated into Lusoga for the semi illiterates and braille for people with visual impairment.

Throughout the year, we conducted four community sensitizations in three sub counties of Kisozi, Kitayundwa, Nawanyago and Kamuli Municipality. The sensitization aimed at widening community understanding and recognition of SRH rights and needs of WGDs and enlisting their support for WGDs to realize those rights. The meetings involved more than 400 participants including WGDs, their parents/ caretakers, spouses, leaders and other members of the community with different age groups and disability categories including physical, hearing, visual, psycho-social, and multiple disabilities.

2.2. In the bid to create massive awareness on SRH rights, needs and challenges of women and girls with disabilities, 6 live radio talk shows were conducted on Kamuli Broadcasting Services. The key points of discussions included SRH rights, needs, and challenges of WGDs and way forward to address the challenges. The panellists included district, Sub County and parish level councillors of women with disabilities and WGDs SRH peer educators who shared their life experiences in SRH and made recommendations on what should to be done to ensure disability friendly SRH services in Kamuli district. The shows also attracted a number of callers most of whom commended IDIWA for the good work.

In addition, IDIWA also sponsored airing of radio spot messages basically to call upon community support and to appeal to Kamuli District Local Government to incorporate SRH needs of Women and Girls with Disabilities in district plans and budgets to enable disability friendly SRH commodities such as constructing access Ramps at health facilities, providing adjustable labour beds and Examination Coaches, Standby Wheelchairs, Accessible Toilets and Pit Latrines, and training health workers in Sign Language. The messages were in line with Article 32 of the Constitution of the Republic of Uganda (1995). In the bid to promote SRH rights of in school girls, 20 senior women teachers from ten schools in Kamuli were trained to expand their knowledge and skills of supporting girls with disabilities through information sharing, counseling and referral to relevant care and support.

The training was conducted in October 2019 in Kamuli District, and focused on life skills, counseling, adolescence and menstruation, HIV/AIDs and other STI and sexuality to empower participants on how to engage and support in school young girls with disabilities to realize their SRH rights.

To address the communication challenge that exist between health workers and patients with disabilities, a five-day sign language communication training was conducted between 28th October and 1st November 2019. The training benefited 15 health workers from ten health centers of Nankandulo HC IV Butansi HC III, Bulopa HC III, Balawori HC III, Bupadhengo HC III Mbulamuti HC III, Nabirumba HC III, Kitayunjwa HC III, Namwendwa HC IV and Kamuli General Hospital. The training was aimed at equipping 15 health workers with sign language skills to enhance communication and strengthen their capacity to offer disability friendly Sexual and Reproductive health Services to women and girls with hearing impairment in Kamuli district.

Long distance to SRH service provision centers is one of the key challenges which hinder WGDs access to services. During the period, IDIWA conducted two bi-annual SRH medical camps in Namaganda Village Kitayundwa Sub county and Nawangaiza village, Balawori Sub County. The purpose of the Camps was to to extend disability friendly Sexual Reproductive Health-SRH services to women and girls with disabilities within their community for easy access. The camp also aimed at sensitizing WGDs about their rights and gender-based violence.

During the camp, more than 200 WGDs and their spouses received services including family planning, HIV/AIDS and other STIs, antenatal, prenatal and post-natal care and sexuality education. The police officer in charge of SGBV also sensitized WGDs on SGBV with focus to reporting mechanisms. WGDs were also referred for breast and cervical cancer screening services at their nearby health centres.

We developed various IEC materials on SRH rights and needs of PWDs in Kamuli. The materials include posters, Flyers and quarterly newsletters. The messages elaborate the rights of WGDs, challenges experienced by WDGs in SRH, key partners and their roles and responsibilities in ensuring disability friendly SRH services for WGDs. Conducted a one-day advocacy engagement with 100 local government leaders, district health department, DPOs and SRH Organizations on implementation of legal frameworks and policies on disability and SRH in Kamuli. The meeting involved sub county chiefs, community development officers, representatives of PWDs, and members of selected CSOs. The engagement enabled participants to understand their role and appreciate the gaps in SRH services for WGDs. As a way forward, sub county chiefs from 10 sub counties in Kamuli make commitments to allocate financial resources to provide for disability friendly SRH services. The commitments include: funding community sensitization/awareness meetings on SRH for WGDs, construction of access ramps at health centers, purchasing standby wheel chairs for health facilities and purchase of adjustable labour and examination beds

We conducted annual pre-budget dialogue with 90 local government leaders, district health departments, DPOs and SRH Organizations on inclusion of SRH needs of WGDs. The dialogue enriched participants (state and non-state actors) with skills in inclusive planning and budgeting. During the meeting, WGDs presented Alternative budget proposals highlighting their SRH issues for inclusion in the mainstream district budget.

During the period, we conducted a 3-days budget analysis and social accountability trainings for 20 PWDs' councilors and other WGDs in Kamuli. The training aimed at widening WGDs understanding and interpretation of the planning and budgeting process/ cycle to enhance their meaningful participation. The training also empowered them with budget analysis and advocacy skills.

Conducted consultative meeting with 15 selected young women with disabilities living with HIV/AIDS to identify key issues for setting the agenda for inclusive HIV/AIDS programming in Kamuli District

We supported and trained young women with disabilities living with HIV/AIDS to present a drama piece on the international World Aids Day celebrations for Kamuli district

Monthly field monitoring visits were conducted at all project sites in all district to check progress of project implementation and the extent at which the health centres were implementing recommendations of the accessibility audit conducted in February 2019, and the progress made by the peer educators in providing psychosocial support and referral of WGDs for SRH services. During monitoring, key achievements, lessons, best practices and challenges were recorded to guide our future planning

Some of the key observations included:

Limited efforts made to improve the accessibility situation as recommended during accessibility audit.

Inadequate SRH service providers to address the unique needs of PWDs including sign language.

Registers from the different service centres including the Maternal and Child Health Clinic do not capture data on disability. This make it difficult to adequately plan for PWDs.

To strengthen the capacity of trained peer educators to collect data and make meaningful reports on WGDs access to SRH services, IDIWA conducted a oneday mentorship training for 31 peer educators from the ten project sub counties. The training aimed at empowering peer educators with skills for effective use of SRH data collection tools to enhance effective reporting on the activities that they implement in their communities.

The training resulted into increased knowledge on the use of data collection tools and this has resulted into proper data collection and management and timely reporting by peer educators.

IDIWA influenced the (Local Governments) (Mayuge District) PWDs employment ordinance.

The ordinance was passed by the Mayuge district council and submitted to Solicitor general for further scrutiny and approval before printing

The ordinance is expected to:

- ensure observance of human rights and dignity of persons with disabilities;
- ensure that people with disabilities have access to equal job opportunities with other persons without disability;
- to ensure that all organs and agencies of the Council and all subordinate local Government Councils and Administrative Units and all persons, accord natural and legal, respect, uphold, promote and protect the fundamental and other human rights and freedoms of persons with disabilities with regard to job opportunities;
- to alienate all forms of discrimination against persons with disabilities in all matters of job opportunities;
- to promote dignity and equal opportunities to persons with disabilities in all matters of job opportunities general;

- to ensure full, effective and equal participation of persons with disabilities in all spheres of life;
- to promote equal job opportunities for persons with disabilities;
- to ensure the participation of persons with disabilities in all aspects of life as equal citizens in the District

In January 2020, IDIWA procured, de-warmed, tagged and distributed 36 female and 2 male goats to 36 WGDs in Bukanga Sub county in Luuka District to enable them establish household IGAs in February 2020. The project aims to support WGDs with household IGAs to enable them meet their basic needs including school fess for their children but also improve nutrition in WGDs households through milk generation.

To enhance knowledge exchange, cross learning and experience sharing, we conducted two exchange visits among beneficiaries. As a result, beneficiaries have been able to learn from their peers on how to construct the goat farm unit and the general proper goat management.

PROGRAM ACHIEVEMENTS

1.0 HUMAN RIGHTS AND GOOD GOVERNANCE

This program aims at increasing demand for human rights and access to services offered by government and other development agencies and it entails empowering WGDs and their families to advocate for their rightful inclusion in local government planning and service delivery.

1.1 150 WGDs empowered with in human rights and advocacy skills to fight for their rights

The baseline survey on SGBV among WGDs, conducted by IDIWA in Jan 2020, revealed ignorance of human rights as one of the key contributing factors to SGBV among WGDs in Mayuge. In March 2020 IDIWA trained 150 WGDs of different disability categories from Buwaaya, Bukatuube and Kigandaalo in human rights and advocacy. The trained women are now better positioned to engage duty bearers and demand for their rightful inclusion. As a result of the training, we are observing increased reporting of SGBV by WGDs at LCs. Police and probation which was not the case at baseline.



IDIWA Executive Director (left) and SGBV Program Manager (Right) pause for a photo with Women and Girls with disabilities after the Human rights and SGBV training inBukatuube (Mayuge District)

1.2: Amplifying Voices of WGDs on SGBV through the Media

WGDs were hosted at Busoga one to share their experience and appeal to community in the fight against SGBV.

Radio spot messages on the causes, effects and the role of community in ending SGBV against WGDs and supporting survivors were recorded and aired.

Both initiatives have resulted into increased community awareness and commitment in supporting survivors. Community members have also playing a key role in identifying and referring WGDs SGBV survivors for services.



SGBV program manager, Police SGBV Focal Person and a beneficiary during talk show at Busoga one FM in Jinja.

1.3. Information Education and Commination -IEC

WGDs empowered with SGBV advocacy materials to advance their rights. IDIWA developed the SGBV advocacy tool kit to guide and widen players understanding of SGBV and the advocacy interventions and approaches at all levels. The tool kit was translated into Lusoga for the semi illiterates and braille for people with visual impairment. The tool kit has further enhanced WGDs capacity especially the councillors with advocacy skills to enable their meaningful engagement of duty bearers to demand for their right to live free of violence.



IDIWA Executive Director receives 100 Braille copies of the disability focused SGBV toolkit from consultant

2.0 HEALTH AND REPRODUCTIVE RIGHTS:

This aims to increase access to sexual and reproductive health services for Women and Girls with disabilities (WGDs. It entails advocacy for access to full complement of reproductive health services for WGDs including family planning, prevention and treatment of Sexually Transmitted Infections, appropriate individualized birth control methods, education and information on reproduction to promote informed decision making.

2.1. Passing of the (local governments) Kamuli district PWDs SRH Services by the Kamuli district local council

Through empowerment of WGDs and continuous engagement of duty bearers, the two parties realized need for an Ordinance. IDIWA hired a consultant to undertake the process.

In November 2019 the bill was presented to district council for first reading and forwarded to gender committee to undertake community sensitizations about the bill.

In May 2020, the bill was passed by the district council without any reservations and forwarded to ministry of Justice and Constitutional affairs for further scrutiny before publication and printing. The ordinance is expected to result into increased access to SRH services by WGDs in Kamuli district.



2.2. 400 WGDs and community members sensitized about SRH rights of WGDs

This was achieved through the four community sensitization meetings that were organized in the three sub counties of Kisozi, Kitayundwa, Nawanyago and Kamuli Municipality. This has enhanced participants knowledge about human rights, and SRH especially on sexuality, family planning, neonatal, maternal and child birth, sexually transmitted diseases and reproductive cancers.

This has resulted into increased community support to WGDs and increased utilization of SRH services especially family planning by WGDs.

2.3. Voices of WGDs on SRH amplified through media (radio talk shows and spot messages)

This was achieved through live radio talk shows during which WGDs were hosted to share their experience on access to SRH services. Radio talk shows enabled massive engagement with community and have resulted increased community support. Through callers, most vulnerable WGDs were reported and supported by peer educators in those respective sub counties. The radio talk shows also enabled us to get community feedback on their perspective about SRH rights of WGDs to enable us design appropriate interventions.



SGBV Program Manager articulating challenge of WGDs in accessing Sexual and Reproductive Health Services –SRH at Kaliro Broadcasting Services –KBS

2.4. 20 Senior women teachers trained to support in school girls with disabilities

In order to promote SRH rights of in school girls, 20 senior women teachers from ten schools were trained to expand their knowledge and skills on SRH and enable them support girls with disabilities through information sharing, counseling and referral.

The training was an eye opener to most of the participants about their role to support girls and it ended with their commitment to:

- Identify and create data bases of all children with disabilities in thier respective schools with major focus on GWDs
- Conducting on going communication and counselling meetings with GWDs in schools
- Conducting on going referall and follow up on GWDs for SRH services

2.5. 15 health workers trained in sign language to enable their effective communication with women and girls with hearing impairment

According to the findings of the accessibility audit on WGDs access to SRH services conducted by IDIWA, lack of sign language interpreters at health centers to communicate with women and girls with hearing impairment was cited as one of the major challenges that hinder WGDs access to SRH services. 15 health workers were therefore equipped with basic sign language communication skills to enable them effectively attend to the deaf clients. As a result of the training, women and girls with hearing impairment have reported improved service delivery especially at the time when they meet health workers that were trained in sign language.



Female participant (standing) signing her sign name during the sign language training for Health Workers in Kamuli District.

2.6. 200 hundred WGDs receive SRH services through medical camps/outreaches

To address the challenge of distant health centers, IDIWA organized two medical camps to reach out to the most vulnerable women in their communities.

During the camp, more than 200 WGDs and their spouses received services including family planning, HIV/AIDS and other STIs, antenatal, prenatal and post-natal care and sexuality education. The police officer in charge of SGBV also sensitized WGDs on SGBV with focus to reporting mechanisms. The medical camps created opportunity for the most vulnerable WGDs in hard to reach areas also to access SRH services to get services within their community and enabled interaction between health workers and WGDs



SRH Project Officer sensitizing women and girls with disabilities about family planning

2.7. Kamuli district Local government Officials make commitments to include SRH needs in the district plans and budgets

This was achieved during a one-day advocacy engagement that was conducted with 100 local government leaders, district health department, DPOs and SRH Organizations on implementation of legal frameworks and policies on disability and SRH in Kamuli. The meeting enabled participants and appreciate and embrace the SRH rights of WGDs. As a way forward some officials made to fund community sensitization/awareness meetings on SRH for WGDs, construct access ramps at health centers, purchase standby wheel chairs for health facilities and of adjustable labour and examination beds. During the period, one adjustable bed was procured for Mbulamuti health center and access ramps constructed at Kisozi.

2.8. WGDs supported to present alternative SRH budget proposals during the annual pre-budget dialogue

The dialogue enriched participants including state and non-state actors with skills for inclusive planning and budgeting. The dialogue also created platform for WGDs to present budget proposals with their critical needs including construction of access ramps, purchase of adjustable beds and sign language training highlighted for consideration in the district plan.

2.9. A district disability budget advocacy committee established and trained

As a result of a 3-days budget analysis and social accountability trainings for 20 PWDs' councilors in Kamuli which widened their understanding and interpretation of the local governments planning and budgeting process/ cycle, a committee was established to enable continuous engagements 0f duty bearers on budget allocations for PWDs in Kamuli. The committee is meaningfully participating in the budgeting process is playing a pivotal role of mobilizing fellow PWDs to participate and hold leaders accountable on disability issues in the district.

2.10. Consultative meetings conducted with 15 young women with disabilities living with HIV/AIDS

As a result, key issues were identified and are being for advocacy and agenda setting for inclusive HIV/AIDS programming in Kamuli District.

2.11 Ten WGDs and living with HIV/AIDS trained and supported to present a drama piece on World Aids Day

The drama was an effective medium of communication and sensitizing community about the risks of WGDs and role of community in fighting the spread of HIV/AIDS among WGDs.



Women and Girls with Disabilities presenting drama about transmission and prevention of HIV during commemoration of Word AIDS Day in Kamuli District



Women and Girls with Disabilities presenting drama about transmission and prevention of HIV during commemoration of Word AIDS Day in Kamuli District

2.12 31 peer educators' capacity strengthened to enhance their effective support of WGDs and reporting

As a result, we have observed increase in the number of referrals made by peer educators and improved data recording, management and reporting by peer educators. WGDs also testify good care and support from their peers in in their communities.

2.13 Monthly field monitoring visits conducted

To track progress of implemented activities, we conducted monthly field monitoring visits to project sites. Through the routine visits, we were able to identify key lessons, best practices and challenges. This guides our planning for future activities and setting priorities for our target group.

3.0 ECONOMIC EMPOWERMENT AND LIVELIHOODS FOR WOMEN AND GIRLS DISABILITIES

This component seeks to promote sustainable livelihoods among Women and Girls with Disabilities and their families through agricultural production and value addition, entrepreneurship and microfinance services. IDIWA empowers Women and Girls with Disabilities and their families with entrepreneurship and business management skills, seed funds for investment in household Income Generating Activities and loans funds for capitalization of small-scale enterprises.

3.1 Passing of the Local governments (Mayuge District) (Persons with Disabilities) Employment Ordinance, 2019, and its review by the ministry of Justice and constitutional affairs

The process of enacting an ordinance is very elaborate and bureaucratic. The Ordinance as goes through various ministries before approval, gazetting, and printing. During the period, the ministry of Justice and constitutional affairs finalized the review and the bill is ready for signing by the district chairperson and gazetting and printing.

The ordinance is expected to promote equal job opportunities for persons with disabilities

to ensure their equal participation in all aspects of life as equal citizens in Mayuge District.

3.2. 36 Women and Girls with Disabilities empowered with entrepreneurship and business management skills with focus to goat rearing.

The training aimed at equipping participants with basic entrepreneurship skills especially in goat rearing to enable them establish IGAs. Specifically, the participants gained skills in goat management including treatment, de-worming and construction of goat structures and record keeping. The knowledge has enabled them to manage their goats and start up other daily IGAs.

3.2: 36 Women and Girls Disabilities supported with goats to establish income generating activities

Women with Disabilities were supported to engage in goat rearing as a business and source of livelihood.

The project is expected to support WGDs meet their basic needs including selling school fess for their children and also improve nutrition in WGDs households through milk generation. Additionally, WGDs are using the dung from their animals to improve soil fertility hence resulting into increased agricultural production.



Beneficiaries of the Economic Empowerment & livelihoods Project in Bukanga (Luuka District) pause for a group photo after receiving goats.

4.0 INSTITUTIONAL DEVELOPMENT

4.1. Internal and external capacity building trainings conducted for IDIWA staff and board

To enhance our capacity to deliver and serve, we participated in both external and internal AWDF capacity development trainings in Accra Ghana and Nairobi. The trainings involved financial management, effective advocacy, communication and resource mobilization. These have further improved staff capacity to deliver their roles. As a result of the resource mobilization boot camp, IDIWA was able to develop a resource mobilization strategy to support and guide in fundraising with focus to local fundraising procedures. This has increased on organizational local resources.

4.2. IDIWA Board meetings

The board is the governing arm of the organization with the role of making policies, providing strategic direction to the organization, mobilizing resources and approval of work plans and budgets. During the period, the board maintained active participation in the organizational activities. Four quarterly board meetings were conducted and these resulted into review and approval of work plans, budgets and policies.

Board committee meetings were also conducted including finance, human resource and resource mobilization.

4.3. Review and development of organizational policies

As IDIWA grows, we realize need to review and strengthen our existing policies and procedures to suit international standards and demands of our donors but also strengthen the organization to fulfil its mandate.

During the period, we conducted review of IDIWA Policies to improve organizational operations in line with organizational values and donor requirements. The reviewed policies include: the IDIWA Anti-Sexual Harassment and Abuse Policy which was sub divided into two policies i.e. Prevention Sexual Harassment and Abuse Policy, and Prevention Sexual Exploitation and Assault Policy. The two policies elaborate mechanism for prevention of all forms of sexual violence and resolution of all sexual harassment complaints to ensure that conscious and continuous efforts are made by IDIWA to streamline and integrate gender-sensitive approaches in prevention of harassment in any forms and approaches and providing a healthier working environment for its staff, stakeholders and beneficiaries.

4.4. During the period, we conducted a review of the IDIWA strategic plan to assess the level of implementation, set new priorities and align it with the National Health Policy, Disability Policy, and the CRPD and incorporate the SGBV as an independent thematic area. The new strategic plan will give strategic guidance for IDIWA in the next five years.

4.5. IDIWA Staff and Board trained on Digital and Physical security

We conducted a two days digital and physical security training for staff and board to help them understand how to keep safe on line and how to carry out online SRH advocacy, how to use social media wisely and responsibly, how to manage devices and choosing mobile Apps, and other basic mobile Safety procedures to ensure personal and organizational safety as human rights defenders and activists

4.6. Data collection, storage and management

IDIWA is shifting from paper based monitoring of programmes/projects to online monitoring and evaluation system. IDIWA has adjusting its analytical approaches, policies, programs and monitoring systems to sharpen its focus on results. As part of this effort, IDIWA has strengthening its approach to monitoring to accelerate results-based reporting by ensuring that timely and high-quality data are used to monitor and evaluate all programs.

Field Data collection using traditional methods has been associated with lots of Challenges such as high costs of surveys, field handling of bulky survey tools, cumbersome and costly data entry, delay in data availability after survey, among other challenges. Electronic/Computer Assisted

We have realized that Personal Interviewing (CAPI) and Computer Assisted Telephone Interviewing (CATI) methods for data collection are gaining prominence. Internet and mobile phone availability among populations, even in some remote communities, have grown so rapidly, enabling electronic data collection methods to flourish. The electronic methods are cheaper, more efficient and lead to more accurate data, the basis for shift from paper based to online M&E system.

4.7. Annual General Meeting -AGM

Conducted IDIWA annual general meeting in March 2020. It involved review and approval of narrative and financial reports, constitutional amendments and handover of the old BOD and election of the new board under the them soaring to new heights.

4.8. Internal Capacity building Training

We conducted quarterly financial management training for IDIWA finance and non-finance staff. Staff were trained on the procedures of accounting with emphasis on incomes, expenditures and bank reconciliation. The training also equipped staff with skills of proper budgeting, accountability and management of books of account including the general journal, general ledger and the petty cash book.

4.9. Staffing

Secretariat identified and recruited staff in various key positions including SGBV programs Manager, M&E Officer M&E Assistant and a Community Volunteer. The team is playing a key role in project implementation.

4.10. Team work building

Throughout the year we celebrated staff birthdays. This created platforms for staff to share their experience in the field of work, physical, social and mental wellbeing.

5.0 COMMEMORATION OF INTERNATIONAL DAYS AND PARTNERSHIPS

5.1. International Day of the Disabled

IDIWA Executive was nominated to the District Organizing Committee on commemoration of the international day of the disabled- IDD which falls on 3rd December. In 2019, Iganga was the national venue and the function was celebrated at Iganga Municipal council primary school under the theme "promoting the participation of persons with disabilities and their leadership: taking action on the 2030 Development Agenda". IDIWA supported 30 Women and Girls with Disabilities from Bukanga sub county (Luuka District) to participate in the activities. We exhibited liquid soap which produced by WGDs in Iganga Municipal Council.

The Iganga PWD Ordinance was the major achievement heighted by the District Chairman. Iganga district first developed an Ordinance on Disability in 2007, and its amendment in 2013 which aligned the Ordinance to the United Nations Convention on the Rights of Persons with Disabilities –UNCRP. This made Iganga District the first to implement the CRPD at subnational in Uganda. IDIWA is proud to be associated with this achievement.

5.2. World AIDS Day

We also participated in the commemoration of the international world AIDS day in Kamuli district. During the event, IDIWA mobilized and facilitated WGDs to present a drama and raise community awareness on their vulnerability to HIV/AIDS infection.

Partnership and network engagements

During the period under review, IDIWA participated in partners' activities including:

- Strategic Initiative for Women's Human Rights in the East and Horn of Africa -SIHA
- Defend Defenders (East and Horn of Africa)
- National Coalition of Human Rights Defenders NCHRD (U)
- Center for Human Rights Uganda -CHRU
- Busoga sub region Referral Network of Human Rights defenders to forge a way forward for human rights ahead of the 2021 general elections
- Busoga Governance and Social Accountability Network –BUSOGANet dialogue meetings
- Anti-Corruption Coalition of Uganda ACCU (Iganga Branch)
- Reproductive Health Uganda- (Iganga Branch)

6.0 CHALLENGES, LESSONS AND WAY FORWARD

6.1 Challenges

- Lack of disaggregated data on disability. This makes planning and advocacy endeavours difficult and challenging. At the health centres, the registers do not capture data on WGDs
- There is also poor prioritization of issues of PWDs. This results into poor response to their needs and issues even after engagement of duty bearers
- The outbreak of Covid-19 affected implementation of activities that had been scheduled between March and June when a lock down was instituted to curb the spread of the virus. This also increased organization expenses on sanitation facilities and airtime and data for staff remote working.
- High expectations from WGDs and other family members. Most of the PWDs are interested in cash and material handouts. As a result, some of them are not committed to utilize the acquired knowledge and skills to advocate for their right.
- Political influence and selfish interests. Some leaders of PWDs expected personal monetary benefits from the projects that are implemented in their districts. Failure to fulfil this resulted into resistance from them including demobilizing WGDs to participate in IDIWA activities
- Inaccessible roads due to heavy rains made it impossible for the M&E team to reach some of the sub counties during the monitoring exercise.

6.2 Lessons learnt

- Due to the stigma and security threats attached to SGBV, some survivors do not disclose the right information which makes interventions on some cases very tricky and difficult
- Influential decision-makers and stakeholders need thorough information about ongoing programs in their area and should be fully involved and continuously updated. This promotes their support and sustainability of program results
- Women and girls with visual and hearing impairments and psycho- social disabilities are at more risk of SGBV compared to their counterparts with other disabilities and most of the violation is done by family members of WGDs
- Fighting SGBV requires a holistic approach involving various actors rights from family level and it requires timely response to emerging needs such as

medical care, temporary shelter and legal support for survivors that avoid associated effects such as death

 Coordinating and networking among CSOs is very essential to address the diverse needs of WGDs as it enables resource pulling and sharing towards a uniform goal

6.3 Way Forward

- There is a need to have standby protection and response services to enable timely response to evolving and emerging SGBV issues of WGDs
- Human rights and SGBV awareness campaigns should be scaled down to village level to ensure that they target WGDs family members and other community members who are in most cases the perpetrators
- There is need for continuous engagement of duty bearers on promotion and protection of rights of WGDs. This may help in winning their support and protection to the WGDs
- There is need for continuous capacity strengthening of WGDs through training, coaching and mentoring to enable them champion advocacy campaigns and meaningfully participate in advancing their rights

7.0 STATEMENT OF INCOME AND EXPENDITURE FOR IDIWA -U FOR THE YEAR ENDED 30TH JUNE 2020

		2020	2019
	SCH	U.SHS	U.SHS
Donor funds	A		
IDIWA Reserves Account		5,312,800	3,947,691
Urgent Action Fund-Income		37,000,000	-
UNTF-Bank interest		2,289,568	-
UNTFF-Income		337,760,310	-
ABILIS-Income		36,977,324	-
ABILIS-Bank interest		67,387	-
Other Income-IDP SACCO			
Utilities		-	475,349
AWDF –Incomes		85,644,500	108,482,590
AWDF- Bank Interest		374,958	452,990

Amplifying Change-Income		175,343,366	217,168,160
Amplifying Change-Bank Interest		980,046	1,191,605
Total Income		681,750,259	331,718,385
Less: Expenditures			
Administration & Management			
Costs	В		
	III &	2.000.000	
ABILIS –Administration	IV	2,030,000	-
ABILIS – Activities	V	12,528,900	-
AWDF- Administration	VI	5,338,539	19,740,183
Depreciation Expense (Note 2)		22,231,303	27,473,633
AWDF- Programme Activities	XVIII	33,906,500	74,385,827
UNTF- Program	XVI	89,001,800	-
UNTF Administration	XVII	300,000	-
AmplifyingChange-Administration	XIX	27,692,900	23,111,291
AmplifyingChange-Programme			
Activities	XX	61,540,126	68,490,084
IDIWA Reserve Account	XXI	660,288	8,407,000
AWDF-Employment Expenses	XXII	144,800,500	67,518,500
Financial Expenses	XXIII	1,459,705	966,292
Total Expenditure		401,490,561	290,092,810
Surplus/Deficit		280,259,698	41,625,575

8.0 BOARD OF DIRECTORS

NO	NAME	TYPE OF DISABILIT Y	SEX	TITLE	CLASSIFICATION
1	APARO ANNA	VISUAL	F	CHAIRPER SON	TEACHER/SOCIAL WORKER- BISHOP WILLS DEMONSTRATION SCHOOL- IGANGA
2	BIRETE	-	F	VICE	ADMINSTRATOR/BUGWERI

	MARY			CHAIRPER	DISTRICT LOCAL
				SON	GOVERNMENT
3	NAMUGAYA	-	F	TREASUR	ACCOUNTAT/IGANGA
	ANGELLA			ER	SECONDARY SCHOOL
4	KISUBI	PHYSICAL	F	MEMBER	TEACHER/NAMALEMBA
	CHRISTINE				BOARDING P/S
5	NASIRUMBI	PHYSICAL	F	MEMBER	ACCOUNTANT/BUSINESS
	AGNES				WOMAN
6	ASIO ANNA	VISUAL	F	MEMBER	LAWYER/TROPICAL AFRICA
	GRACE				BANK
7	BALIRAINE	-	М	MEMBER	ADMINSTRATOR/JINJA
	CHRISTOPH				DISTRICT LOCAL
	ER				GOVERNMENT
8	KALINAKI	PHYSICAL	F	MEMBER-	STUDENT DOCTOR-KAMPALA
	RACHEL			YOUTH	INTERNATIONAL UNIVERSITY
				REP	

9.0 SECRETARIAT

9.1 Full time staff

- 1. Kayanga Elizabeth Executive Director.
- 2. Edith Wamwenderaki -SGBV Program Manager
- 3. Mutesi Sheila -Finance and Administration Manager
- 4. Nenda Steven -Accountant
- 5. Ouma Denis -Internal Auditor
- 6. Naigaga Noerine -SGBV Program Officer
- 7. Mulinda Evason Julius -M&E Officer
- 8. Tamwizanga Betty Irene SRH Officer
- 9. Ndubundu Jimmy -M&E Assistant
- 10. Mugabi Rogers -Administration Assistant

9.2 Volunteers and Interns

- 1. Naigaga Damalie Volunteer Economic Empowerment Officer
- 2. Abenakyo Phoebe -Volunteer
- 3. Balaba Jacob -Volunteer
- 4. Naigaga Bridget -Intern

9.3 Support Staff

- 1. Mutunda Sarah -Janitor
- 2. Namugaya Aisha -Welfare
- 3. Mugoya Steven -Security Guard
- 4. Martin Ssegujja Kalulu -Security Guard

"SOARING TO NEW HEIGHTS"

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