

# SPAN ADVOCACY FOR RIGHTS OF VULNERABLE YOUTH UGANDA- (ADRVUYO)

ANNUAL REPORT 2021



ANNUAL REPORT  
**2021**

@skills development among vulnerable young girls & women



Our office location



## SPAN-ADVOCACY FOR RIGHTS OF VULNERABLE YOUTH UGANDA (ADRVUYO UGANDA)

*“Transforming Lives of young women with multiple Vulnerabilities in Uganda”*

Located at Kisaasi Trading Centre along Bahai Road

P.O Box 12440 Kampala- Uganda

Contact- +256 779 526208/700149812

Email: [admin@adrivuyo.org](mailto:admin@adrivuyo.org) /[cmusinguzi@adrivuyo.org](mailto:cmusinguzi@adrivuyo.org)

Website: [www.adrivuyo.org](http://www.adrivuyo.org), Facebook: [fb.me/AdrivuyoUganda](https://fb.me/AdrivuyoUganda)



## Dedicated page in-loving memory of our patron And Founder Adivuyo Uganda.

The Late, Dr. Rose Nabadda, the Founder and host of Adivuyo Uganda at Span Medical care since the organization inception. It now 3 years since you departed from us and joined the Lord, I'm sure you're in the right place and I want to

believe you're the medical Director in heaven because of how you used to treat us equally like your biological children. Adivuyo Family will live to remember you and protect your legacy. May your soul continue to rest in peace until we meet you in heaven Amen.

## MESSAGE FROM BOARD CHAIR



**Dr. John Lule (Chairperson Board of Directors)**

Signature

The year 2020/21 was yet another remarkable year with significant achievements for ADRIVUYO. It is a pleasure to share the 2020/21 annual report with you. First of all, Adivuyo Uganda marked 7 years of existence as a National Non-Governmental organization, our success in the last 7 years of existence and services is a clear testimony of the strength of the organization's Vision, Mission and Values. It is unquestionable that the founders of Adivuyo Uganda, how far we have come as an organization and the opportunities ahead for further advancement of our mission of Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing of young women, girls (single mothers and young girls living with HIV) and their

“

children in Uganda.

During the year 2020/21 the board of directors was reconstituted in order to provide effective strategic oversight to the organization and the Senior Management in its implementation of the organization's core Programmes. I am glad to report to you that Adivuyo Uganda is up-to-date on the external financial audits and has made great strides in improving its financial systems and controls. Finally, on behalf of the Members of the Board of Trustees (BOD) and the entire Adivuyo Uganda family, I authorize me to acknowledge the support from each one of you for the success we recorded in 2020/20.

Our Donor Partners, who contributed financially and technically, we very much appreciate your support, (SPAN Medicare, Liz & family Foundation-individual donors IDLO and Fund Innovation for development), without you we would not have been able to achieve the results we are reporting today. The Ministry of Health, MGLSD, the District Leadership, SPAN Medicare and the Civil Society Organizations with whom we collaborate are specially appreciated. Let us keep focused on our Vision and Mission, as we promote Better Health living for marginalized and vulnerable populations in Uganda.

On behalf of the Board of Directors

”

## MESSAGE FROM EXECUTIVE DIRECTOR



**Mr. Wycliff Musinguzi, Executive Director)**

Signature

Bring you greetings from Span-Advocacy for Rights of Vulnerable youth Uganda. I'm delighted to present to you our 2020/21 annual report, statement of accomplishments in of our mission of Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing young women, girls (single mothers and young girls living with HIV) and their children in Uganda.

We had significant milestones in 2020/21. Our projects toward social economic empowerment, skills development and integration of sexual reproductive health services and advocacy for better health among adolescent girls and

“

young women young girls living with HIV in urban and peri urban areas of Uganda. With funding from (Span Medicare, Liz & family Foundation- individual donors IDLO and Fund Innovation for development, COVID Relief Fund Mildmay Uganda), supported our key milestone realization. I'm sure with this funding was a pillar to Adivuyo Uganda attainments.

The senior Management at Adivuyo with guidance of the board is also appraised for the technical guidance during execution of the project interventions. Therefore, our success in year 2020/21 was deep rooted into cherished principles accountability, mutual partnership and community engagement. To our Donor Partners, who contributed financially and technically, we very much appreciate your support, without you we would not have been able to achieve the results we are reporting today. Amidst outbreak of COVID 19 Pandemic, our morale to continue to work and deliver for vulnerable population in Uganda. Last, when we scored, it was a score for single mothers and young girls living with HIV. [www.adrivuyo.org](http://www.adrivuyo.org)

We are always happy to hear from you

”

# ANNUAL KEY PERFORMANCE INDICATORS VS ACHIEVEMENTS

PROJECT INDICATORS	ANNUAL TARGETS	OUTCOME	ACTIVITY NOTES
<b>Result Area 1: Capacity Building Interventions</b>			
Number of peer educators trained among single mothers and young girls living with HIV and KPs	120	108	The activity was implemented through MoH-ACP department
Number of health workers trained in providing KP/PP friendly services	390	356	The activity was implemented through MoH-ACP department
Number of law enforcement officers trained in understanding health rights for KPs	150	150	The activity was implemented through MoH-ACP department
Number of CSO members trained in resource mobilization for organizations sustainability	90	90	The project engaged all its network members in 3 days training.
<b>Result Area 2; Community Targeted HTS Activity interventions</b>			
Number tested for HIV among vulnerable key and vulnerable populations with focus on single mother's female sex workers, MSM and PWID	5387	4390	This activity was implemented through existing government facilities and private facilities.
Number of KP/PP and vulnerable girls screened for TB	4390	3671	This activity was integrated in main outreach activities.
Number of KP/PP screened for STIs during integrated outreaches	4390	3671	This activity was integrated in main outreach activities.
Number of young boys and men circumcised and referred for VMMC	1780	1605	This activity was integrated in main outreach activities.
Number of women provided with family planning services	5643	4956	This activity was integrated in main outreach activities.
Number of young girls and single mothers and KP/PPs provided with health information	5643	5995	This activity was integrated in main outreach activities.
Number of harm reduction counseling sessions conducted among vulnerable young people	5643	5995	This activity was integrated in main outreach activities.
Number of post abortion care services conducted among female sex workers	507	663	This activity was integrated in main outreach activities.
Number of information education materials produced posters, fact sheets, T-shirts	4500, 6000 & 250		These materials were produced during covid 19 pandemic
Number of condoms distributed during community outreaches.	1500000	808759	Condoms were distributed through community outreaches by peers.



PROJECT INDICATORS	ANNUAL TARGETS	OUTCOME	ACTIVITY NOTES
<b>Result area 3: Community sensitization meetings through dialogues and workshops</b>			
Number of female sex workers engaged through dialogues meetings	2000	2089	Community dialogue meetings of issues affecting FSWs
Number reached with information on prevention of Non communicable Diseases NDCs.	105000	135594	Focused on cardiovascular diseases, cancers and diabetes.
Number of facilities engaged in score card for KP/PP services evaluation	50	45	Assessment of KP/PP services at facility and community level.
Number of single mothers engaged in community sensitization meetings	1400	1334	Community dialogue meetings of issues affecting SMS
Number of young girls living with HIV engaged in community sensitization meetings	900	878	Community sensitization meeting implemented with health facilities
Number of adolescent boys engaged in community sensitization meetings	750	675	Community dialogue meetings of issues affecting Adolescent boys.
Number of MSM reached through dialogue meetings on us PrEP use.	450	309	This activity was implemented through network CSOs and peer networks.
Number of persons who use and inject drugs using NSP program.	250	89	This activity was implemented through network CSOs and peer networks.
Number reached with HIV prevention messages in prisons	350	289	This activity was implemented in partnership with prisons health department.
Number reached with information of COVID 19 through small group meetings	50000	43267	With funding covid relief fund for covid prevention.
<b>Result area; 4 Social Economic Empowerment</b>			
Number of single mothers and girls living with HIV engaged through craft shoes skilling.	200	150	The funding used for training and skills development.
Number of single mothers engaged in motor vehicle repair and maintenance	10	5	The funding used for training and skills development.
Number of young girls and single mothers engaged in hair dressing	20	20	The funding used for training and skills development.
Number of single mothers and girls living with HIV supported with rearing of rabbits	10	10	Funds here were used to capital and start-up of ventures.
Number of single mothers and girls living with HIV supported through mash-room growing	10	10	Funds here were used to capital and start-up of ventures.

## About ADRVUYO Uganda

SPAN- Advocacy for Rights of Vulnerable Youth Uganda, is a national Non-Governmental Charity Organization (NGO)- registration number (INDP12465988NB) established in 2015. It was started as a national movement to support national advocacy efforts for health rights and social economic empowerment of marginalized groups of people (Women, girls and key populations groups).

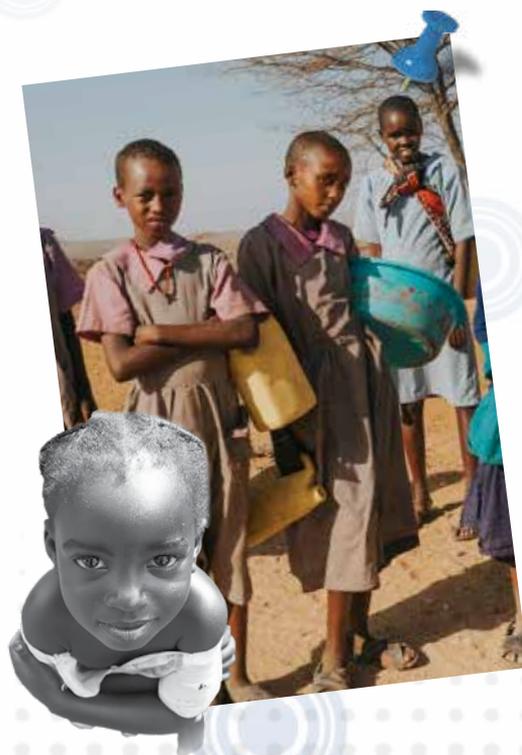
Adrivyuo Uganda, mainly emphasis the social economic factors affecting adolescent girls and young women focusing on (single mothers below 24 years). The organization has a network of small community-based Organization who subscribe and implement their activities under the organization mandate of networking for social change among vulnerable key populations with 6 reginal community-based organizations. The organization is affiliated to SPAN Medicare hosting the main office secretariat based in Kisaasi Kampala District.



## Why ADRVUYO Uganda

Uganda has the youngest population in the world, with 77% of its population being under 30 years of age. Young people are disproportionately affected by the country's problems such as poverty, poor health and lack of economic opportunities, unemployment and lack of employable skills. They are consistently excluded from important decision-making processes that affect them. Span Advocacy for Rights of vulnerable Youth Uganda believes that young people have the energy, creativity and will to do things differently in their lifetime.

Young people are an asset to the development of their countries and communities and with the right guidance and support can become influential leaders of positive change. With this situation ADRVUYO Uganda continues to promote meaningful involvement of vulnerable young people in Uganda through collective innovations skills development and advocacy for social change in Uganda.



# What we do;

The organization since inception has been at the forefront of providing;

## Adivuyyo Uganda Core Values;

1. Transparency
2. Accountability
3. Respect for human rights
4. Responsiveness to environment
5. Inclusiveness and non-discrimination
6. Gender sensitivity and leadership

## Thematic Areas;

1. Community empowerment programs (CEP)
2. Prevention of violence (GBV)
3. Sexual Reproductive Health Rights (SRHR)
4. Advocacy for better health (ABH)
5. Community justice programs (CJP)
6. Community empowerment programs (CEP)
7. Integration of ICT for skills development
8. Water sanitation and hygiene (WSH)
9. Research Innovation and documentation (RID)
10. Environmental Protection campaigns (EPC)
11. Private sector engagement (PSE)

## Adivuyyo Uganda Statement:

Adivuyyo Uganda exists to support efforts towards; Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing young women, girls (single mothers) and children in Uganda.

Adivuyyo Uganda Mission: The organization exists to support efforts towards; Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing young women, girls (single mothers) and children in Uganda.

## Adivuyyo Uganda Core Values;

1. Transparency
2. Accountability
3. Respect for human rights
4. Responsiveness to environment
5. Inclusiveness and non-discrimination
6. Gender sensitivity and leadership

## Thematic Areas;

1. Community empowerment programs (CEP)
2. Prevention of violence (GBV)
3. Sexual Reproductive Health Rights (SRHR)
4. Advocacy for better health (ABH)
5. Community justice programs (CJP)
6. Community empowerment programs (CEP)
7. Integration of ICT for skills development
8. Water sanitation and hygiene (WSH)
9. Research Innovation and documentation (RID)
10. Environmental Protection campaigns (EPC)
11. Private sector engagement (PSE)



## WHAT WE DO

01

Supporting and leading skills development for vulnerable young women and girls

02

Providing comprehensive sexual reproductive health services

03

Social Economic Empowerment of young girls, women, key and priority populations.

04

Community sensitization on HIV and other non-communicable diseases

05

Communication for behaviors change among young girls and women.

06

Environmental protecting through recycling programs of urban waste

07

Urban Farming for people living with HIV.

08

Preservation and promotion cultures through dance music and drama.

09

Sports and games for health

10

Community justice programs-CJP for marginalized communities

11

Water and sanitation WASH

12

Social economic empowerment through enterprise development assistance (EDA) through girl child second chance education

13

Community policing and sensitization on constitutional rights, advocacy for better health (ABH)

14

Research and documentation.



## Target Populations

Marginalized and vulnerable women and girls' (single mothers young girls living with HIV), Refugees and their host communities (RHC); Persons with Disabilities (PWDs); Ghetto youth and street children (GYSC) and Prisoners living with HIV and AID and general population of young people.



## Our Strategy

The organization since inauguration employs young people centered approach to projects implementation that is bottom-up and holistic, focusing on skills development; social economic empowerment, use of ICT as well as systematic change in policy and practice towards a more supportive environment for youth-led development. We deliver grassroots programs through peer champions' mechanisms. The organization also creates a network of young leaders, supporting them to progress in their careers and be champions of youth-led development.

Adrivuyo Uganda also support governments and policymakers to engage young people in the decisions that affect them. In addition, we build the capacity of other organizations to work more effectively with and for young people. We also conduct operational research, and generate evidence to share our experience with the global youth sector to ensure we are serving youth in the most coordinated and impactful way possible.

## Adrivuyo Uganda 5 Core Objectives



01

To establish and support programs and services that increase access to health rights among vulnerable adolescents' girls and young women with focus on single mothers below 24 years in Uganda.

02

To raise awareness in the community about social problems such as poverty, ill health, social injustices, hunger, famine and diseases like cancer, malaria, HIV and AIDS among venerable adolescent;

03

To strengthen the capacity of youth led organizations through social economic empowerment and provision of comprehensive reproductive health services among young populations.

04

To influence change in policy and practices that encourage violation of women rights in the communities

05

To establish a coordination and communication system that address social economic challenges affecting single mothers' people in Uganda.



## Adrivuyo Uganda Mandate

To strengthen the capacity of young women and girls through social economic empowerment and uphold duty bearers on their health rights, protection and promotion of environment and provision of reproductive health services in Uganda.

### Our Vision

Adrivuyo Uganda evasions; Wellbeing and empowered community of vulnerable young women and girls in Uganda.

### Our Mission

The organization exists to support efforts towards; Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing young women, girls (single mothers) and their children in Uganda.

### Adrivuyo Uganda Core Values

01

Transparency

02

Accountability

03

Respect for human rights

04

Responsiveness to environment,

05

Inclusiveness and non-discriminatory

06

Gender sensitivity and leadership by example.

Adrivuyo Uganda Mission:

The organization exists to support efforts towards; Universal access to Sexual Reproductive Health Rights, improved social economic wellbeing young women, girls (single mothers) and their children in Uganda.

Adrivuyo Uganda Core Values:

1. Transparency
2. Accountability
3. Respect for human rights
4. Responsiveness to environment, community empowerment programs (CEP)
5. Inclusiveness and non-discriminatory
6. Gender sensitivity and leadership by example.

11. Private sector engagement (PSE)

# Thematic Areas

Adrivuyo Uganda Vision; Adrivuyo Uganda evasions; Wellbeing and empowered community of vulnerable young women and girls in Uganda.

SPAN ADVOCACY FOR RIGHTS OF VULNERABLE YOUTH UGANDA (ADRIVUYO)

Adrivuyo Uganda Core Values;

1. Transparency
2. Accountability
3. Respect for human rights
4. Responsiveness to environment
5. Inclusiveness and non-discrimination
6. Gender sensitivity and leadership by example

Thematic Areas;

1. Community empowerment programs (CEP)
2. Prevention of Gender based Violence (GBV)
3. Sexual Reproductive Health Rights (SRHR)
4. Advocacy for Health Rights of PWDs
5. Community justice programs (CJP)
6. Community empowerment programs (CEP)
7. Integration of ICT for skills development
8. Water sanitation and hygiene (WSH)
9. Research Innovation and documentation (RID)
10. Environmental Protection campaigns (EPC)
11. Private sector engagement (PSE)

## Thematic Areas



Adrivuyo Uganda Vision Statement;

Adrivuyo Uganda evasions; Wellbeing and empowered community of vulnerable young women and girls in Uganda.

Adrivuyo Uganda Vision; Adrivuyo Uganda evasions; Wellbeing and empowered community of vulnerable young women and girls in Uganda.

Adrivuyo Uganda Core Values;

1. Transparency
2. Accountability
3. Respect for human rights
4. Responsiveness to environment
5. Inclusiveness and non-discrimination
6. Gender sensitivity and leadership by example

Thematic Areas;

1. Community empowerment programs (CEP)
2. Prevention of Gender based Violence (GBV)
3. Sexual Reproductive Health Rights (SRHR)
4. Advocacy for Health Rights of PWDs
5. Community justice programs (CJP)
6. Community empowerment programs (CEP)
7. Integration of ICT for skills development
8. Water sanitation and hygiene (WSH)
9. Research Innovation and documentation (RID)
10. Environmental Protection campaigns (EPC)
11. Private sector engagement (PSE)

SPAN ADVOCACY FOR RIGHTS OF VULNERABLE YOUTH UGANDA- (ADRIVUYO)



# OUR 2020/21 PROJECTS

## Project 1

Adivuyo Uganda received funding totaling to \$50,000 from the Fund Innovation Development FID to support community empowerment in the period October to December 2019-2020. The project focused on addressing social cultural barriers and social economic empowerment of single mothers and young women living with HIV in Western and South western Uganda. The project title was; (Improving the Economic Resilience of Young girls and women in Uganda).

## Project 3

Span Medicare continue to play a leading role in improving access to and utilization of HIV prevention services. The hospital through public private partnership funded the organization on quarterly basis with \$5,000 for 4 quarters year 2021. The project entitled scaling up HIV intervention among vulnerable populations focused on HIV testing, TB screening, STIs screening among other HTS interventions.

## Project 2

Adivuyo Uganda was blessed with funding from IDLO amounting to \$40,000, towards prevention of non-communicable diseases and other social factors affecting young women and girls in Uganda. In Uganda the rising burden of hypertension and diabetes but with limited data on population-based estimates of the two conditions as a whole continue to threaten public health. Many low-income countries like Uganda are presently being faced with the challenges of having to deal with a 'double disease burden' that is controlling infectious diseases and the growing problem of non-communicable diseases.

According to 2016 World Health Organization report, the burden of NDCs in Uganda continue to increase, where cardiovascular related illness account for 10%, Cancer 9%, chronic respiratory diseases 2%, diabetes 2% and other NDCs not mentioned here account for 10% whereas other communicable maternal perinatal and nutritional conditions account for 54%. NDCs are estimate to account for 33% death in Uganda. Overall project outcomes: Create enabling environment for policy maker researcher civil society actors and communities understanding of the relationship between policy and non-communicable diseases among middle class people in Uganda

## Project 4

with finding from Mildmay Uganda Adivuyo Uganda received funds amounting to \$17808 for a period of 3 months to conduct accountability score card in 45 health facilities in Mubende Sub region. The purpose of this funding was to assess and evaluate the quality of Key populations services delivery at community and facility level.

## Project 5

Liz and family Foundation from Canada continue to support and mother Adivuyo Uganda with this year funding of a tune to \$ 15000 focusing on provision of comprehensive HIV services among key and priority populations including young girls and women as wells as single mothers. Training of peers and health workers among other trainings.

## Project 6

COVID Relief Fund; Adivuyo Uganda received Fund amounting to \$11950 to support food and other basic need items for single mothers and girls living with HIV in project target areas.

## RESULT AREA 1: CAPACITY BUILDING INTERVENTIONS

### Activity 1:

Conduct 3 training of peer educators among single mothers and young girls living with HIV to support peer to peer education and community mobilization for project activities.

Adrivuyo Uganda **conducted** 5 district-based trainings for single and girls living with HIV and key populations in providing comprehensive sexual reproductive health services- SRH with focus on gender-based violence for vulnerable young girls and women. The training reached 108 participants of the targeted 120 and participants were provided with data capture tools in Busia, Luwero, Hoima, Oyam and Bushenyi. The 3 days training was implemented in partnership with Ministry of health and local network partners for 3 days in each district. This training is part of strategic sustainability of project interventions and behavior change.



*Integrated peer champions training*



### Activity 2:

Conduct 3 days onsite training and mentorship of health workers among selected facilities to provide KP/PP friendly services.

Adivuyo Uganda continue to use cost effective approaches in health system strengthening using onsite training and mentorship of health workers in understanding key populations and providing key populations friendly services in Uganda. A total of 356 health workers were trained in 3 days onsite training and mentorship in 15 districts among 23 health facilities. The trainings' main goal was to equip health workers with knowledge and skills of handling key and vulnerable populations at facility and community level as well reducing stigmatizing health workers and facilities. The trainings were conducted in partnership with AIDS Control Program under MoH of Uganda.



*Mentorship & Training of health workers on providing Key and vulnerable friendly services*



**Activity 3:**

Conduct 1 day training of law enforcement officers in protection and promotion of health rights for key and vulnerable populations in 5 selected districts;

Adrivuyo Uganda continues to build resilient community structures and enabling environment for provision of key and vulnerable populations friendly services at community and district level. The training mainly focused on facilitating law enforcement officers in understanding who are key populations, why key populations, creating enabling environment at their places of work for HIV prevention and legal environment surrounding

key populations as well health rights.

The meeting reached 150 participants (LC1, police, prisons and army representatives) in Mbarara, Kanungu, Lyantonde, Kabale and Bushenyi Districts. the meetings are key in promoting free service environment despite the unfriendly legal environment surrounding key populations in Uganda. Orientation of law enforcement agencies like police on KP public health response/ Gender sensitivity to reduce violence /SGV and create an enabling environment for KP service delivery is key millstone in providing key populations friendly services.



**Activity 4:**

Orient 6 network CSOs registered under Adrivuyo Uganda in resource mobilization and institutional development at regional levels.

The organization continue to build the capacity of local CSOs through its network members composed of a network of local CSOs in 6 regions in Uganda. For western Uganda Kanungu Women Health and Empowerment Initiative –(KWHEI), Northern Uganda Action 4 Health empowerment Initiative- (A4HEI), Based in Oyam Districts, Adrivuyo Uganda Action 4 health Empowerment Organization –(AA4HEO) based in Mbarara, Organization for Community empowerment-(OCE) based in Lyantonde and Alpha Female Empowerment Initiative (AFEI) based in Kampala. For Bunyoro Sub region, AIDs Challenging Club Based in Hoima. The organization work with and operate subscribe to towards achieving the common goal of empowering key and vulnerable populations in Uganda. Adrivuyo Uganda lead capacity building in resource mobilization, governance and legal process with their respective districts.



### Activity 5;

#### Monthly organization progress review meetings;

On monthly basis it a pressure to report that staff members were able to compile and share detrimental, administration progress reports. This created a platform where members shared key projects outcomes realised in the month. These meetings were organized at office board room and were attended by all staff and the executive director. Key outcomes of the meeting were; discussing progress made in resource mobilization. Implementation's strategies good practices met during project implementation, key partnerships made at community and local level, planning for the next month activities as well sharing key achievements in the month. The meeting has been a cornerstone in building team work and capacity building for staff in different programming areas.



### Activity 6;

#### Conducted biannual board meetings;

The board meeting was significant in steering the organization towards a sustainable future by adopting sound, ethical, and legal governance and financial management policies. It was role of the board to ensure, ADRVUYO has adequate resources to forester its mission. The meetings also served as review of the organization progress at community level, linking with line ministries for technical support and oversight role to the entire organization activities as well laid strategies for organization sustainability. The board of directors sat two times and other 2 special meeting were held to approve organization policies and procurement of some items for the organization.



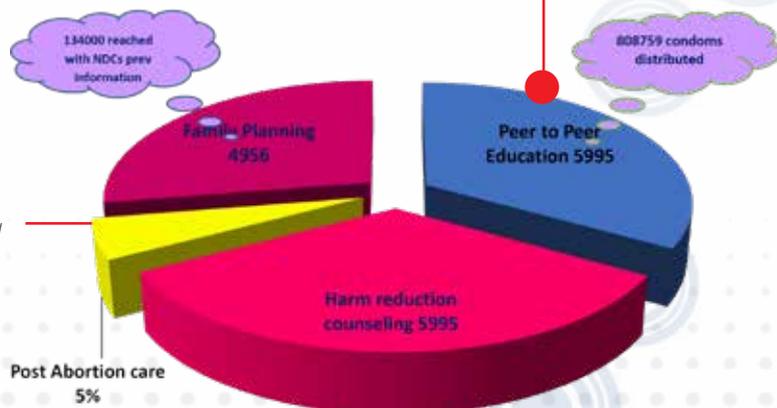
Board meeting held on strategic planning and leadership shift.

# RESULT AREA 2: COMMUNITY TARGETED HITS ACTIVITY INTERVENTIONS

## Activity 7:

Conduct integrated targeted outreach for key populations and priority populations (FSW, MSM, PWID and other priority populations);

TB screening, STIs screening, Circumcision, family planning, health information education, harm reduction counseling, post abortion care and condom education and distribution). Services provided during outreaches included; (HIV testing treatment and car, STIs screening and treatment, SGBV screening, PrEP screening and start, TB screening and treatment, referral and linkages and peer to peer education) through hot spot programing and targeted populations. This activity was conducted in partnership with PNFPs and peer educators among Key and vulnerable populations through hotspot programing. Outcome level (HIV-TST 4390, TB screening, VMMC 1605, STIs screening 3671 and HIVST 20970). For details refer to next page.



Pie chart showing service layering during HIV testing services.



## HIV TESTING SERVICES AMONG KEY AND VULNERABLE POPULATIONS



### Activity 8:

Print and Distribute Information and Education material, (Posters, fact sheets, T-shirts);

In the year 2020/21 the embarked-on popularizing and promoting organization interventions at national and community level. The organization developed and printed a number of IECM (T-shirts 400, posters 4500 fact sheets 6000) were among members and community key stakeholders). These materials were used to disseminate information with key messages on increasing access SRHR/HIV services, prevention of COVID 19 messaging among young girls, preventing unwanted pregnancies among girls in schools, prevention of crime among youth in urban areas among other organization cores areas of interventions.



Some of the Printed Materials at display for veiwing



## RESULT AREA 3: COMMUNITY ENGAGEMENT INTERVENTIONS

### Activity 9:

Conduct community dialogue meeting among key and vulnerable populations (Female sex workers, Men who have sex with men, person who use and inject drugs, persons in prisons single mothers, and young girls living with HIV and adolescent young boys in 5 districts.

it's a pleasure to report in this year through our community engagement meeting among key and vulnerable young girls reached a total of 14760. The female sex workers were 2089, single mothers 1334, young girls living with HIV 878, Adolescent vulnerable young boys 675, Men who have sex with men 309 and persons who use and inject drugs 89. The project also reached persons in prison with HIV prevention messages 389 and COVID 19 prevention messages 8997. Dialogues focused on health issues affecting young girls and women through small dialogue focused meetings at community.



Graph below showing community interventions per category



Dialogue meeting for young women on use of PrEP



### Activity 10:

Organize community and facility-based sensitization meeting on prevention of non-communicable disease with focus on hypertension, diabetes, cardiovascular diseases and cancer of all types.

The organization during this year organized mass campaigns on prevention of on non-communicable diseases, with focus on all types of cancer, cardiovascular diseases, hypertension and diabetes. This activity was conducted through health education health camps, and HIV led outreaches as well free screening services at our mother hospital Span for 12 months. Screened for hypertension were; 34537, diabetes 33453, cancer screening 64572 and cardiovascular diseases 3032 vulnerable populations.

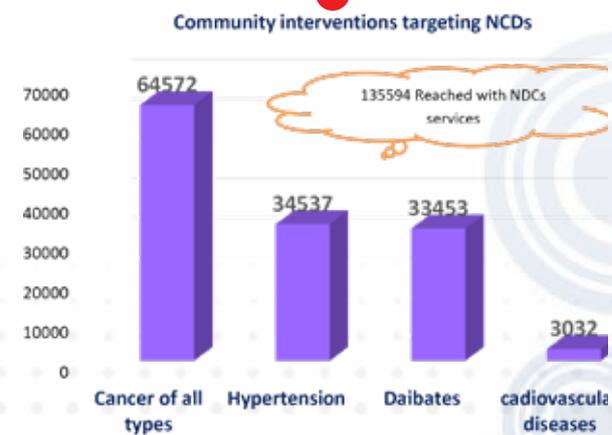
The team of experts also engaged community in free eye checkups as well as detail checkup and nutrition among other. This activity considering increase in NDCs there is need for funding to scaleup these interventions in different parts of Uganda. Find a link of video showing some community interventions on NDCs with partners from UK who took part in screening in one of the vulnerable communities in Kampala known as Kisenyi. <https://drive.google.com/file/d/14SAguX0egUVt-ETF6F5RVtyQmQdsR8m6/view?usp=sharing>



Training of health ambassadors on management of NCDs



Training of health ambassadors on management of NCDs



Graph showing service uptake for NCDs

## Activity 11:

Conduct accountability score card and assess uptake and utilization of adolescent and Key populations services among selected 45 facilities in Mubende sub region.

The purpose of the activity was to assess the quality of services provided at facility and community targeting key and vulnerable populations. The activity reached 45 facilities with a team of consultants from Adrvuyo Uganda. This activity was made possible by funding from Mildmay Uganda through its partners of Reach Out Mbuya, UHRN, MUCOBADI with KPIF funding. During the activity a total of 450 health workers were reached and 750 key and priority populations were engaged at the same time through facility approach in the assessment of the key populations' indicators. Assessment of

health needs for key and vulnerable populations at community and facility level was also integral part of the activity.

This scorecard report presented the evaluation performance in the delivery of HIV/AIDS services for key populations in accordance with the national MARPs Priority Action Plan, it also presents scores of key indicators on human resource at the facility, availability and accessibility of key commodities, the attitude of health workers towards service delivery for KPs and capacity of health workers to deliver KP friendly services areas for improvement and suggestions and action plan. The information in the scorecard was used to improve service delivery in communities, support advocacy and develop better monitoring and evaluation of the HIV response. Below some activity pictures.



## Activity 12:

Organize community sensitization workshops on prevention of COVID 19 and Distribute food relief to the affected vulnerable young girls and women.

Adrvuyo Uganda received funding from COVID relief funds to support relief food for vulnerable young women and girls affected by COVID 19 in urban slum areas of Kampala Wakiso, Mukono

and Buikwe in central Uganda. The resources were used to procure food items like posho, beans, tinned milk, Liquid soap and other basic items. COVID 19 continue to threaten lives of many Uganda, if nothing is not done to skill the vulnerable populations there are high chance of increased vulnerability to HIV, unwanted pregnancies, death due to COVID and other communicable diseases among vulnerable populations.





## RESULT AREA 4: SOCIAL ECONOMIC EMPOWERMENT

### Activity 13:

Select, train, skill and mentor single mothers, young girls living with HIV, in selected ventures for social economic empowerment; the project supported the following ventures;

#### Crafts and shoe making project;

Under this project venture the project selected a total of 150 single mothers and girls living with HIV in training and skilling in shoes and craft making in 5 districts of Luwero, Wakiso, Kawempe and Buikwe. The project focused on skilling vulnerable girls through attachments to mentors and shoe making local artisans in the above-mentioned districts. out of 150 a total 103 completed the training and 45 have already started their ventures in their respective communities. This is part of the organization social economic empowerment programs to see vulnerable young girls achieve their full potential in their livelihoods and contribute to the sustainable development goals one and three in Uganda



#### Vehicle repair and mechanics training project;

Innovatively the project continue to attract young girls in ventures previously created for men according to the social cultural briefs in Africa and Uganda. The project made a break through and a total of 5 ladies were attached to garages for training in multivehicle repair and maintenance in Kampala Kawempe division. The trainees as I talk now already be taken on by their respective garages to continue working from their as most of the male clients prefer female mechanics to work on their vehicles. This is a comparative advantage by the time they finish their 2 years training they will be earning hire compared to male mechanics. It is anticipated this venture will attract more young girls in this business as the demand for female mechanics raise in the community and companies.



**Hair dressing and saloon;**

the project supported 20 girls to train in hair dressing and deigning in the district of Mbarara. This project only targeted adolescent girls and young single mothers for skills development with support from Liz and family foundation Canada. all the 20 ladies completed their 6months training as so far 7 have already established their small saloons without the support of the organization. The organization has linked all the trained members to the community development officer of Mbarara, for support through government programs of "Myoga". The project intends to continue training and skilling vulnerable young girls and women in this venture for economic sustainability and better livelihoods as well as self-reliance.



**Agribusiness Small Scale Projects;  
Rabbit rearing project and production;**

Rabbit production is gaining popularity in Uganda owing to its significant contribution to nutrition and income among smallholder households. Rabbit farming is a viable option because of their prolificacy, fast growth rate and maturity, high genetic potential and feed conversion efficiency and economical utilization of space. Therefore, under this project supporting urban small scale farming the project established and supported 10 groups each with 2 young rabbits among single mothers in Wakiso District.

shillings for training. She mentioned that this project has prospects of changing her life for better and take her children to schools as well as basic home requirements in terms of food payment for rent and clothing which has not been the case before this project.

The project has attracted many famers in the same village when they upon training 10 famers and giving them seed for starting up projects in rabbit rearing. According to one of the famers Ann ... that every week she gets between 5-7 local members who come to learn the production of rabbits who she charges each 2000 Uganda



## Pictorial reports for rabbit rearing and production



6. Community empowerment
7. Integration of ICT for skills
8. Water sanitation and hygiene (WASH)
9. Research Innovation and documentation (RID)
10. Environmental Protection campaigns (EPC)
11. Private sector engagement (PSE)

### Mushroom growing project;

Traditionally, people pick mushrooms in forests, grasslands and woodlands including around termite mounds where conditions favor their growth. Mushrooms are still considered a delicacy because of their scarcity and unique flavor. Commercial introduction of mushrooms in Uganda is just taking shape with few farmers involved in its cultivation. All Ugandans, except the nomadic pastoralists, appreciate mushrooms as a food delicacy and some tribes even use them as medicine and as fertility enhancers. There is a thriving market for local edible wild mushrooms, especially along motorways. The uniqueness of mushroom growing is, that it can be done with low capital investment, it requires minimal space and it is a home-based activity that is environmentally friendly.

Therefore, the project started faming of mushrooms with 10 groups composed of 25 members and their business has taken shape in urban areas. Farmers in Uganda have increasingly taken up growing mushrooms in order to meet increasing demand as more consumers discover their nutritive and medicinal values, which include easy digestibility and an excellent source of protein, vitamins and minerals. ADRVUYO Uganda would like to source for more funding towards this project and support more groups especially young girls living with HIV for nutrition and economic support.



## Activity 14;

### Participation in the international events;

the organization sent one of its staff to participate in the international conference organized by our partners in Greece, organized by Piraeus University and Youth Makers Hub. The during the conference we were able to exhibit our messages and advocacy material among others as well presenting to the big forum of all participants across the world. This gave us an opportunity to get in touch with new partners for further projects interventions. Many thanks to Moreen Kasande who represented the organization at the international level.





Participation in the national events;

### Activity 15;

#### Participation in the national events;

during this year ADRIVUYO participated in celebrations of work AIDS day through providing comprehensive services among key and vulnerable population in urban and peri urban areas. key services provided were; comprehensive HIV counseling and testing, health run, candle light session among other service were health run in Kisaasi community. Over 17350 people received free services. Pictorial report.

## KEY PROJECT IMPLEMENTATION APPROACHES.

Adrivuyo Uganda continue to use innovative approaches to reach project beneficiaries through; on site mentorship of health workers and peers; Strategic partnerships and collaboration with the districts and other local government structures, use of mobile outreaches, use of peer led implementation approach, capacity building of key project beneficiaries, use of sexual network strategy and Targeted/ integrated outreach strategies as described below;

### Skilling and empowerment approach,

During this year the project has been key in building capacity for key and vulnerable populations in Uganda. This approach is key in project sustainability and well-being of its members for self-reliance and economic development of Uganda. This strategy is contribution to government of Uganda Vision 2030 and the strategic development goals number 1 and 3 in Uganda.

### Collaborative research,

Adrivuyo Uganda under this approach continue to attract funding to conduct collaborative research with development partners in Uganda and international community. Under this approach we continue to strengthen research and documentation on contemporary issues affecting young people and monitoring and evaluation of key projects in Uganda.

### Use of Peer Led Implementation Approach;

Peer educators continue to play a leading role in increasing access to HIV prevention services among key and priority populations. this approach was significant, during community outreaches for targeted mobilization, Peer led HIVST, commodity distribution and escorted referral. The same approach is used at the CDIC to support service during day and night. Linkages and referral and supporting their peers in for adherence and timely access drugs and other HIV prevention services in the implementation districts. There this approach should be reproduced elsewhere in other districts

for increased uptake of services among Key populations and priority populations.

### Capacity Building of Key Project Beneficiaries,

Capacity building interventions were instrumental during the project implementation for the period of 12 months. Capacity building efforts were fronted to establishing community structures of peer educators among key and priority populations; on site mentorship of health workers, training of health workers and creation of enabling environment through training of law enforcement officers and community sanitization using dialogue meetings. This approach also focused on areas of linkage and referrals, supporting adherence and retention of newly diagnosed client strategies, use of SNS approach to outreach implementation and review of data capture tools and reporting time lines.

### Use of Sexual Network Strategy (SNS),

Adrivuyo Uganda has continued to use sexual network strategy to reach out to key and priority populations in the target districts of Oyam and Amolatar. This approach used peer and health workers were trained and guided on use of SNS strategy. The Target Group Social networks (Friends, connections, or relatives) of HIV positive clients and high-risk HIV negative individuals. Each health facility was designated with KP/PP focal person for SNS coordination. This approach was instrumental in identifying new positives among FSWs and NDUs and their clients and should be amplified among key populations to increase access and utilization of HTS services among Key and priority populations at community and facility levels.

### Targeted/ Integrated Outreach Approach,

Targeted outreaches were key to the success and utilization key and priority services among targeted communities. The facility staff were encouraged to use data at facility to inform their outreach work plans, TX\_NEW as the basis for outreaches through

hot spot programming. Key services provided ranged from; HIV testing, condom/lubricants education and distribution, STIs screening and treatment, TB screening and treatment, provision of SGBV services, peer education among other services in the KP/PP HIV cascade. This approach has encouraged access and utilization of HTS among key and priority populations in the target districts and in the next quarter we shall continue to use this strategy to increase access and utilization of HIV prevention services for key and priority populations.

### Use of Mobile Outreaches,

This approach was used among mobile population especially sex workers and other hidden populations like drug user's community. This approach involved use of "self-contained community peer health worker/mobile peer Bag" to provide ongoing mobile HTS among key populations through hot spot programming and use of sexual networks. This was done and piloted in Kamudini health worker lead by peers at the CDIC. This approach has proved results and in the next scope of work Adivuyo Uganda will continue to support this approach for service delivery among key populations especially hidden Key populations.

### Linkages and Referrals;

For complete linkages of the clients identified, Adivuyo Uganda used a number of approaches during outreaches to ensure complete linkages and referral. Some of the approaches used were; Escorted referral; upon identification of new positive in outreaches stand by transport was supported to link the clients with facilities. Attachment of peer, to client found positive was another strategy

that yielded success in complete referral client found positive were linked with peer educators of their choice for continued counseling and drug adherence.

### Monitoring and Evaluation approaches;

Adivuyo Uganda, continued use of standard MoH tools, Weekly data review meetings conduct DQAs, mentorship and support supervision, Data audits, display data on the notice boards, Existence of the registers (Suppressing registers). This approach has improved capacity on reporting and data capture for KP/PP at facilities in the selected districts.

### Program Innovations

Adivuyo Uganda continue to use innovative, cost effective approached to project management and implementation. At community level the project strategized on already existing peer champions, local government structures and health facilities through SRH focal persons. At secretariat. The adopted approach employs remote/virtual technology access approach to project implementation; this involves contracting staff to work for the organization away from the main secretariat. This approach helped the organization to tap in vast experience from other organization in same field of work and reduced the on cost of staff maintaining at the secretariat. The organization under this approach employed key staff at different levels: secretariat staff; (Executive Director, Project coordinator, Administration and finance manager/Accountant, SRH coordinator and sanitation officer), District Level: (Field officers and Volunteers) and (M&ELM, among others). And on monthly basis all staff came together for performance review meeting.



## GENDER INTEGRATION CROSS CUTTING ISSUES

ADRIVUYO ensured all the project activities implemented took into consideration gender, sex race and ethnicity for the participants. For inclusive programming vulnerable populations by their nature, sex orientation needs, deliberate efforts

were made to discuss and act on women's issues during the community dialogue meeting, training and other activities. There was specific meeting for single mothers, young girls living with HIV and young men.

## BEST PRACTICES/LESSONS LEARNT

We have found out that facility-based mentorship improved the quality of data and linkages and referral of clients for HTS service. There is improved linkage at facilities using the community arm of peer educators through sexual network.

Working partnerships with the districts and local partners promotes synergies and leveraging on resources especially consumables for providing HTS services through existing government health facilities.

Identification of hot spots for KP/PPs have improved programming for KP/PP services through hot spot programming.

There is positive attitude of health workers at facilities, after the training in KP/PP service delivery health workers testify good interaction between clients at facility and community level even beyond KPs service provision.

Mentorships improve the capacity of service providers in KP/PP friendly services and this has

improved identification and targeted outreaches for KP which has promoted good yield among key populations.

Using testimonies facility exchange visit and experiences sharing during trainings, mentorship and community sanitization using local facilitators promotes ownership of the project interventions at community level.

Using existing community structures improves access to services, the clients trust their peers in provision with information about them thus promoting use of HTS and other health services.

Engagement key populations through small groups discussion dialogues provides them with opportunities to support delivery of KP friendly services. They are an efficient and effective mode of information dissemination among their peers.

Putting program beneficiaries at the forefront of implementation promotes program ownership that may translate into project sustainability.

## CHALLENGES ENCOUNTERED AT IMPLANTATION

There is still high stigma and discrimination among community members and some health workers on working with key populations in community due to culture among local communities. There is need for more community sensitization on the dangers of stigma and discrimination that drives KP/PPs underground leading to vulnerability and susceptible to HIV transmission.

Inadequate funding for project plan and annual budgets, the organization continues to face challenges with limited funding for project activities and institutional development. This has continued to affect sustainability of key staff and out puts at community level.

The myth and misconceptions of some community members when they hear about reproductive health services, they think that we are teaching adolescents about sex. This was reflected in the attitudes of the religious leaders in the community who had negative attitudes to having condoms

distributed in the community, thinking that the project was promoting promiscuity and adultery in the community.

Stock out of drugs like PrEP, STI drugs, and consumables like Lubricants continued to impend smooth service layering during outreaches and static interventions.

During this period ADRIVUYO has continued to face high turnover of staff to other organization. This has been attributed to lower pay compared to other organizations in the same field of work. This continued to affect activity implementation and data entry in the tracker.

The delays in finalization of KP/PP data capture tools by MoH affected the smooth running of data entry into the trackers since each version comes with its own indicators different from the previous tools. This caused back log of data and hence affecting timely reporting.

## ADRIVUYO UGANDA FORECAST IN THE NEXT 5 YEARS

In the strategic plan of ADRIVUYO UGANDA 2019/2025, the organization planned to venture in a number of new result areas as described below;

### Research;

ADRIVUYO will continue to undertake research collaborations with development partners in based on contemporary issues affecting the community. This will be achieved through conducting survey, evaluations, Descriptive, Correlational, Causal-Comparative/Quasi-Experimental, and Experimental Research, training, building on the already existing research capacity at the organization through the research coordinator at ADRIVUYO. Research design integrates the

different components of the study in a coherent and logical way, thereby, ensuring efficacy and addressing the research problem.





### Environment protection, climate change Water and Sanitation;

In the next coming years ADRIVUYO UGANDA will venture in climate change projects, water and sanitation as key determinants in the spread/control of hygiene-related diseases and contributes significantly to morbidity and mortality in urban areas venturing in prevention of water borne diseases, climate change, food and water supply where most key populations spend their time. Unsafe water sources can contain waterborne pathogens that cause diarrhea, cholera, dysentery and typhoid which increases the risk of death among populations.

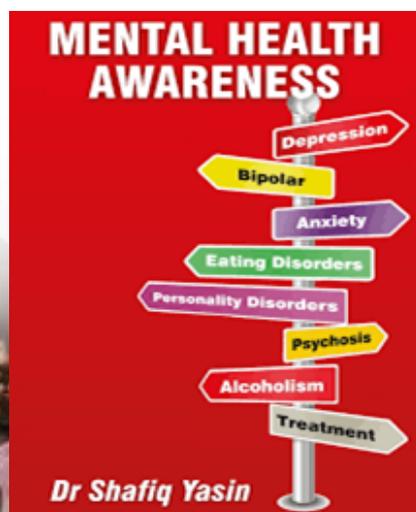


Poor environment, water and sanitation conditions are also breeding grounds for vectors like mosquitoes, that increases the risk of malaria, which is major opportunistic infection that account for mortality among AIDS patients. According to the MOH midterm review of HSSIP report, the number of households with access to safe water was 64% in 2013, while those that maintained the safe water source chain were 26.7%. Households having hand washing facilities with soap were only 28%.

### Integration of Mental health for key populations

ADRIVUYO UGANDA will intensify mental health programs in the next 5 year as outlined in the strategic plan. In Uganda, mental, neurological and substance use disorders are a major public health burden (Mugisha et al., 2019). Depression, anxiety disorders, and elevated stress levels are the most common, sometimes leading to suicide attempts (Farzaei et al., 2016). Uganda is ranked among the top six countries in Africa in rates of depressive disorders (4.6%; Miller et al., 2020), while 2.9% live with anxiety disorders (WHO, 2017).

About 5.1% of females and 3.6% of males are affected. Estimates suggest that up to 35% of Ugandans suffer from a mental disorder and 15% require treatment It became evident there were three main causes of mental illness in Uganda: gender roles, cultural expectations of family, and poverty. Those who have developed mental illness face stigmatization by their community largely due to misunderstanding and disconnect between tradition and modern medicine.





## Amplifying Resource Mobilization approaches

ADRVUYO UGANDA will continue to use multiple approaches to mobilize resources for the implementation towards sustainability of project interventions through; Responding to solicited competitive requests for Grant Applications. ADRVUYO UGANDA will also work with the districts and the secretariat to write grant proposals and mobilize resources from development partners. ADRVUYO UGANDA will also Dedicated Officer to support resource mobilization arm, At the Secretariat a dedicated Officer will be appointed to ensure continuous resource mobilization.

ADRVUYO UGANDA Fundraising events will also be organized to generate resources from time to time such as Marathons, Bicycle races, fundraising dinners or raffles to mobilize resources for sustainable health and HIV/AIDS programmes. These events will be either at national level or at local levels. Public Private Partnerships approach

will be developed to mobilize private sector partners and put in place social enterprise projects and investments for purposes of generating funds that will ensure sustainable urban health and HIV/AIDS programmes in line with this strategic plan.

## Integration of non-Non-Communicable Diseases (NCDs):

Non-communicable Diseases like cancer, cardiovascular diseases, diabetes, and chronic lung diseases are now more prevalent and increasingly associated with people infected with HIV, which threatened to reverse the achievements being made in the HIV&AIDS response. Therefore, increasing advocacy and integration of HIV & AIDS interventions with NCDs by will be priotized by ADRVUYO UGANDAS. The review also intended to re-define the strategic focus and key priorities for the decentralized urban response to the HIV&AIDS in the post 2020 implementation period and ensure its responsiveness to national and global priorities.



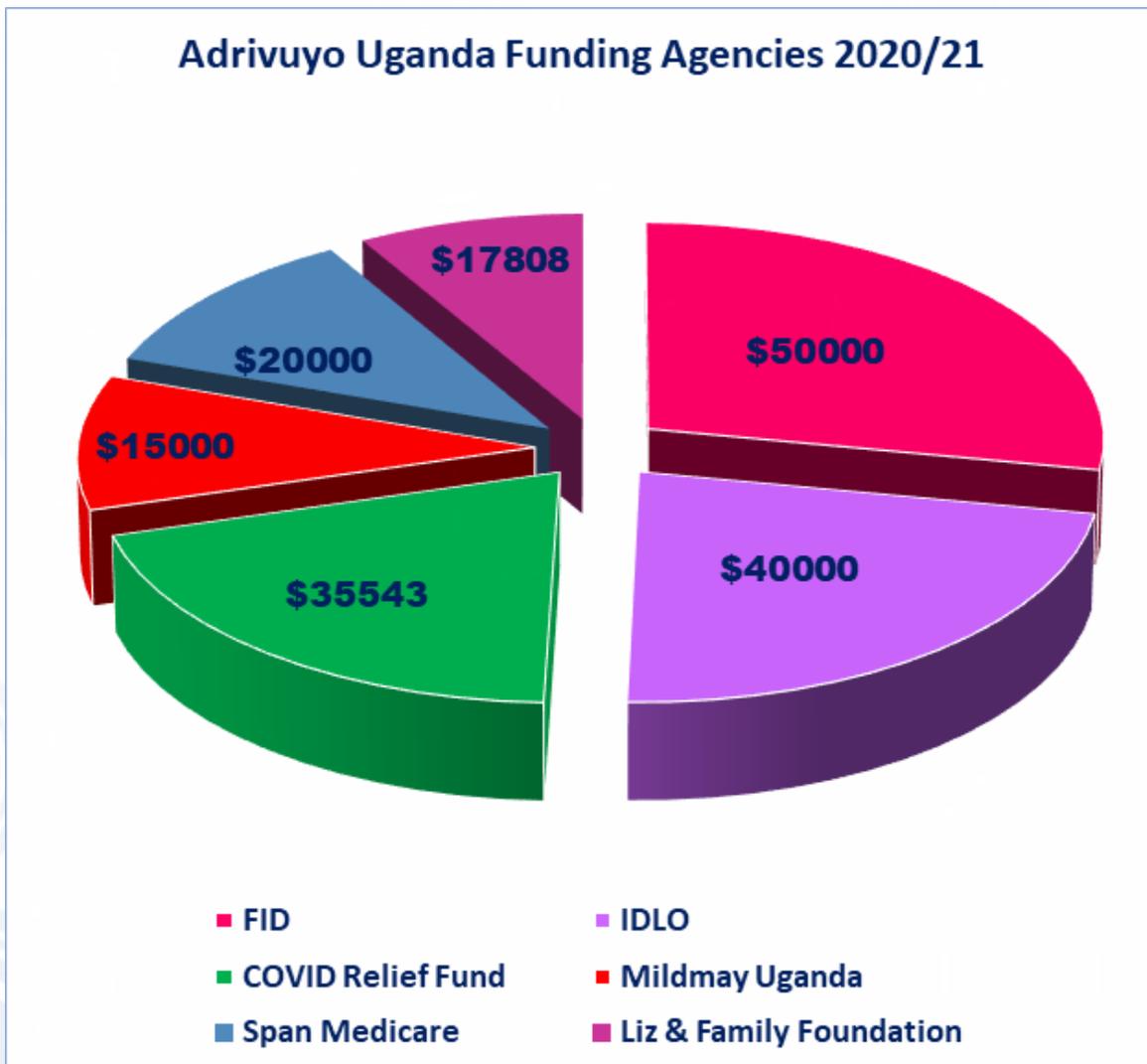
SPAN ADVOCACY  
FOR RIGHTS OF  
VULNERABLE YOUTH  
UGANDA- (ADRVUYO)



## FINANCIAL OVERVIEW 2019/21

The year 2020/21 was a success in resource mobilization I'm privileged to report financial support from different donors to a tune of \$178351 with our major funding from Funds Innovation Development-(FID), Liz and Family Foundation- (LFF) and their friends from Canada, International Development Law Organization-(IDLO), Mildmay Uganda, SPAN Medicare and COVID Relief Fund. Details of funds utilization will be provided in financial statement.

## FINANCIAL PORTIFORIAL 2019/21





# FINANCIAL STATEMENT YEAR 2020/21

ANNUAL REPORT 2021-22

<b>SPAN ADVOCACY FOR RIGHTS OF VULNERABLE YOUTH UGANDA (ADRIVUYO)</b>				
<b>AUDITED FINANCIAL STATEMENTS FOR FINANCIAL YEAR 2020</b>				
				<b>16.</b>
<b>Statement of Comprehensive Income and Expenditure</b>				
<b>For the year ended 31st December 2020</b>				
			<b>2020</b>	<b>2019</b>
<b>Income</b>		<b>Notes</b>	<b>Shs</b>	<b>Shs</b>
Gross Revenue (Operational Recurrent )		<b>2</b>	421,820,767	210,910,383
<b>Total Income/Revenue</b>			<b>421,820,767</b>	<b>210,910,383</b>
<b>Less: Expenditures:</b>				
<b>Departmental Expenses</b>				
Staff Salaries			98,754,350	49,377,175
Institutional Development			143,000,000	71,500,000
Community Interventions			89,097,010	44,548,505
Capacity Building			57,450,000	28,725,000
Quality Assurance			33,130,407	16,565,204
<b>Total Project Expenses</b>		<b>2</b>	<b>421,431,767</b>	<b>210,715,884</b>
<b>Surplus/(Deficit) C/F</b>			<b>389,000</b>	<b>194,500</b>
<b>The notes hereby attached form an integral part of these accounts.</b>				

## LIST OF APPENDIXES

### List of Acronyms

<b>KP</b>	Key Populations
<b>PP</b>	Priority Populations
<b>ADRIVUYO</b>	SPAN Advocacy for Rights of Vulnerable Youth Uganda
<b>FSW</b>	Female Sex Workers
<b>PWUD</b>	Persons who use Drugs
<b>FF</b>	Fisher Folk
<b>AGYW</b>	Adolescent Girls and Young Women
<b>LDTDs</b>	Long Distance Track Drivers
<b>PrEP</b>	Pre- Exposer Prophylaxis
<b>IEC</b>	Information Education Material
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>HMIS</b>	Health Management Information systems
<b>DHT</b>	District Health Teams
<b>LRRH</b>	Lira Regional Referral Hospital
<b>CSOs</b>	Civil Society Organizations
<b>CBOs</b>	Community Based Organizations
<b>CDDP</b>	Community Drug Distribution Point
<b>APN</b>	Assisted partner Notification
<b>SNS</b>	Sexual Network Strategy
<b>BCC</b>	Behavior Change and Communication
<b>LGBTI</b>	Lesbians Gay Bisexual Transgender Intersex
<b>MoH</b>	Ministry of Health
<b>DIC</b>	Drop-in Centre
<b>HTS</b>	HIV Testing Services
<b>MSM</b>	Men who have sex with Men
<b>SGBV</b>	Sexual Gender Based Violence
<b>CDIC</b>	Community Development in Centre

# OUR DEVELOPMENT PARTNERS

<p><b>REPUBLIC OF UGANDA</b></p>		
	<p><b>Liz &amp; Family Foundation Canada Initiative</b></p>	

## PICTORIAL REPORT MIXES; 1





## PICTORIAL REPORT MIXES; 2





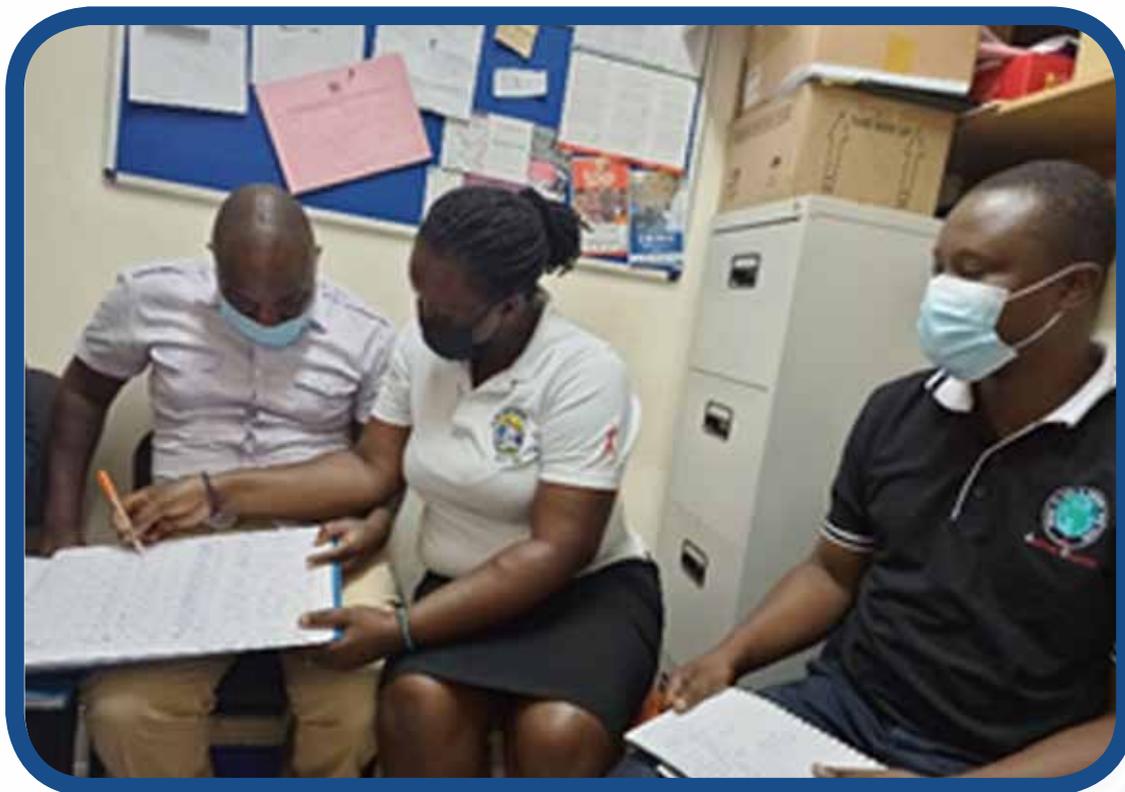
## PICTORIAL REPORT MIXES; 3





## PICTORIAL REPORT MIXES; 4





## PICTORIAL REPORT MIXES; 5



Photo 1: A group of women and children gathered around a table, engaged in a community activity or meeting.



(ADRIVUYO)





SPAN ADVOCACY  
FOR RIGHTS OF  
VULNERABLE YOUTH  
UGANDA- (ADRVUYO)





Pictorial report mixes 4;





SPAN ADVOCACY  
FOR RIGHTS OF  
VULNERABLE YOUTH  
UGANDA- (ADRVUYO)

# ANNUAL REPORT 2021



**SPAN ADVOCACY  
FOR RIGHTS OF VULNERABLE  
YOUTH UGANDA- (ADRIVUYO)**

## ANNUAL REPORT 2021

SPAN - Advocacy for Rights of Vulnerable Youth Uganda  
(ADRIVUYO UGANDA)

Kisaasi Trading Centre along Bahai Road at Span Medicare  
P. O. Box 12440 Kampala- Uganda  
Contact- +256-779 526208 / +256-700 149812  
E-mail: [musinguzicliff@gmail.com](mailto:musinguzicliff@gmail.com) / [cmusinguzi@adrivuyo.org](mailto:cmusinguzi@adrivuyo.org)  
Website: [www.adrivuyo.org](http://www.adrivuyo.org)  
Organization email: [admin@adrivuyo.org](mailto:admin@adrivuyo.org)  
Facebook: [fb.me/AdrivuyoUganda](https://fb.me/AdrivuyoUganda)

@skills development among vulnerable young girls & women