



WOMEN IN LEADERSHIP ANNUAL REPORT

Year ending 31st December 2020



Pictured above: Village Health Team, (VHTs) deliver family planning session to community women and girls in Kitukiro Village, Namalemba Sub county, Bugweri District, Uganda.

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Legal and Administrative Information

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Section 1.0 Introduction

Women in Leadership is a UK registered charity that supports women and girls living in poverty in the UK and Uganda. We focus our support on community-led, rights-based health, education and empowerment programmes strengthening the capacity of local change-makers. We envision a future where women and girls have equality and are able to access their rights.

In 2020, we focused on supporting health programmes for women and girls living in poverty in Uganda. We supported two projects piloted by grassroots organisation WIL Uganda both of which were huge successes:

My body my rights

The My Body My Rights project focused on sexual reproductive health and rights targeting 1500 rural women and girls across 30 villages in Bugweri district in Eastern Uganda.

The My Body My Rights project sought to improve access to information and utilization of contraceptive and family planning services by rural women and girls in Uganda through a community-based outreach programme delivered by Village Health Teams (VHTs) and integrated with a simple mobile messaging app.

Despite the covid-19 pandemic, this project was a huge success and reached out to 1,755 women and girls educated on contraception methods and family planning through community workshops delivered by Village Health Teams(VHTs).

The project enabled WIL Uganda to begin testing a new approach of training VHT workers to help in the delivery of vital reproductive health information to women and girls in their villages. This has enabled the organisation to form good relationships with the communities, VHT network, local leadership, the Ministry of Health and the enrollment of VHTs on the project to deliver sessions in their respective communities was very sustainable.

Section 2.0 Women in Leadership objectives

Charity objectives (as stated in our governing document)

1. To help young people, especially but not exclusively through leisure time activities, so as to develop their capabilities that they may grow to full maturity as individuals and members of society through the provision of grants and other financial assistance.
2. To promote human rights (as set out in the Universal Declaration of Human Rights and subsequent United Nations conventions and declarations) throughout the world by the provision of grants for the following purposes:
 - a) educating the public about human rights;
 - b) raising awareness of human rights issues;
 - c) promoting respect for human rights among individuals and corporations;

In furtherance of that object but not otherwise, the trustees shall have power to engage in political activity provided that the trustees are satisfied that the proposed activities will further the purposes of the charity to an extent justified by the resources committed and the activity is not the dominant means by which the charity carries out its objects

3. The promotion of equality and diversity for the public benefit by the provision of grants and financial assistance towards:
 - a) the elimination of discrimination on the grounds of gender
 - b) advancing education and raising awareness in equality and diversity;
 - c) promoting activities to foster understanding between people from diverse backgrounds;
 - d) cultivating a sentiment in favour of equality and diversity.
4. The prevention or relief of poverty in by providing: grants to individuals in need and/or charities, or other organisations working to prevent or relieve poverty.

5. To advance such charitable purposes (according to the law of England and Wales) as the trustees see fit from time to time

Our strategy focuses on the following core areas:

2.1 Health.

To increase women's and girls' access to SRHR, GBV and mental health services and uptake of voluntary contraception, through quality delivery of health services in the Busoga region by 2023.

2.2 Education.

Advancing women's and girl's education and leadership through skills training and capacity building in the Busoga region by 2023.



2.3 Economic Empowerment.

To increase the sources of income and business skills management of women and girls in the Busoga region by 2023.

Pictured below are the tailoring machines donated by tools mission UK.



Section 3.0 Summary of My Body My Rights programme Achievements per objective.

My Body My Rights programme objectives

1. 60 VHTs trained to deliver contraception and family planning workshops and use of mobile application.
2. 1500 rural women and girls educated on contraception methods and family planning through community workshops delivered by VHTs.
3. 30% of 750 rural women and girls report having used the mobile app to gain information on contraception and family planning at least once in the last 12 months.
4. 30% of 1500 rural women and girls who receive the programmer demonstrate an increase in knowledge and awareness of contraception and family planning.
5. 20% increase in uptake of contraception and family planning methods in the 1500 rural women and girls receiving the programmer.

3.1 60 VHTs trained to deliver contraception and family planning workshops and use of mobile application

60 VHTs were trained by WIL Uganda and these were very instrumental in the mobilization of women and girls, delivery of the My Body My Rights outreach sessions and data collection process. The target was hit of training 60 VHTs.

Our community led approach involved training local VHT's to help to facilitate the outreaches in their own villages. found that this approach enabled us to really embed the programme in the community. The VHT's already have the respect of the community and by training them in sexual reproductive health and rights they are now a source of knowledge for women and girls in their community.



3.2 1500 rural women and girls educated on contraception methods and family planning through community workshops delivered by VHTs.

1,755 women and girls were educated on contraception methods and family planning through community workshops delivered by VHTs hitting the target of 1500 rural women and girls.



3.3 30% of 750 rural women and girls report having used the mobile app to gain information on contraception and family planning at least once in the last 12 months.

More than 30% of 750 rural women and girls report having used the mobile app to gain information on contraception and family planning at least once in the last 12 months. This is evidenced in the report where the data highlights 81 percentage point increase in respondents who knew the right information the app had when dialed and evidenced growth in the percentage of women and girls having a mobile phone. This is important in enabling women and girls to access information through the mobile app. 30% of 1500 rural women and girls who receive the programme demonstrate an increase in knowledge and awareness of contraception and family planning.

3.4 30% of 1500 rural women and girls who receive the programme demonstrate an increase in knowledge and awareness of contraception and family planning.

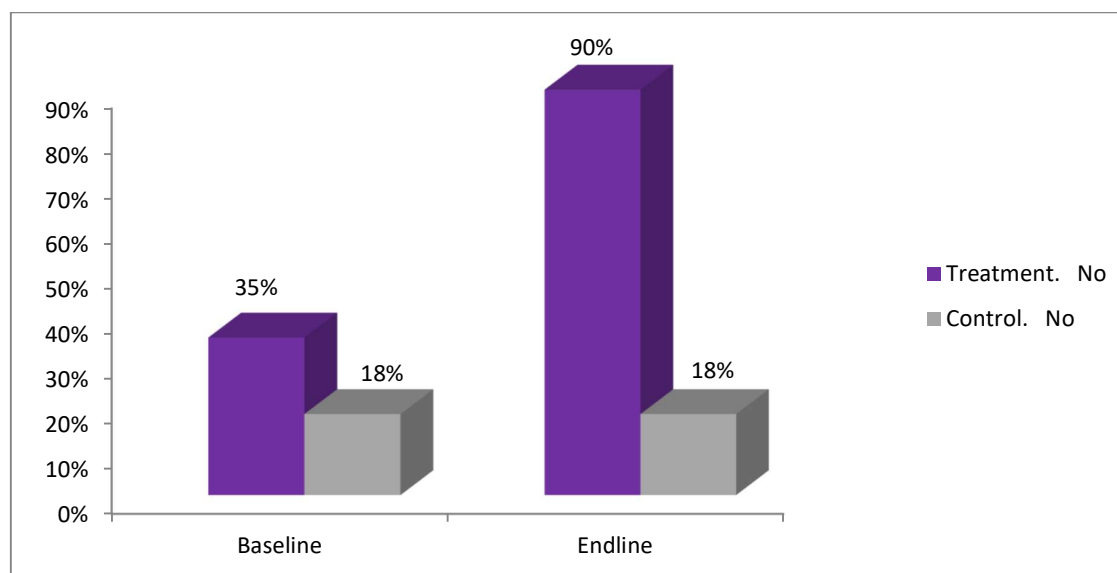
More than 30% of the 1500 rural women and girls respondents attending WIL Uganda activities demonstrated an increase in knowledge and awareness of contraception and family planning.

A comparative study was taken to assess if there is evidence of change in women's and girls' access to information and utilisation of contraceptives and family planning services in rural areas before the start and end of the My Body My Rights project. The key results at endline were as follows.

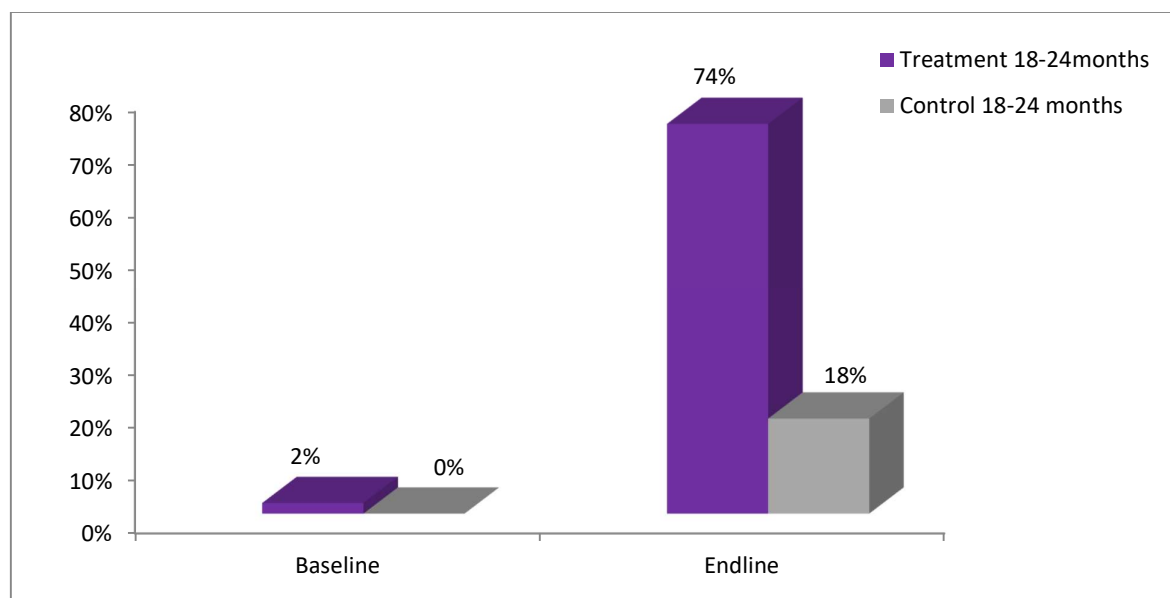
- 50 percentage point increase in respondents who refuted with the statement that all contraceptives protect against HIV.
- 67 percentage point increase in respondents disagreeing with the statement that contraceptives cause infertility.
- 72 percentage point increase in respondents disagreeing that oral contraceptives pills make women infertile.
- 75 percentage point increase in respondents refuting the statement that 'Condoms make men impotent or weak.
- 56 percentage point increase in respondents agreeing with the statement that the emergency contraceptive pill or morning after pill must be taken no more than 5 days after unprotected sex.
- 43 percentage point increase in respondents reporting that they know where to go to access family planning in their community.
- 66 percentage point increase in respondents disagreeing that when a man has a vasectomy that his testicles are removed.
- 75 percentage point increase in respondents correctly stating that family planning is 'deciding on the number of children to have and when.
- 72 percentage point increase in respondents stating the correct period a woman should take after giving birth to become pregnant again as 18-24 months

Some of the end line results are represented below in Graphs.

Graph 1. The percentage of women and girls interviewed refuting the statement that all contraceptives protect against HIV.



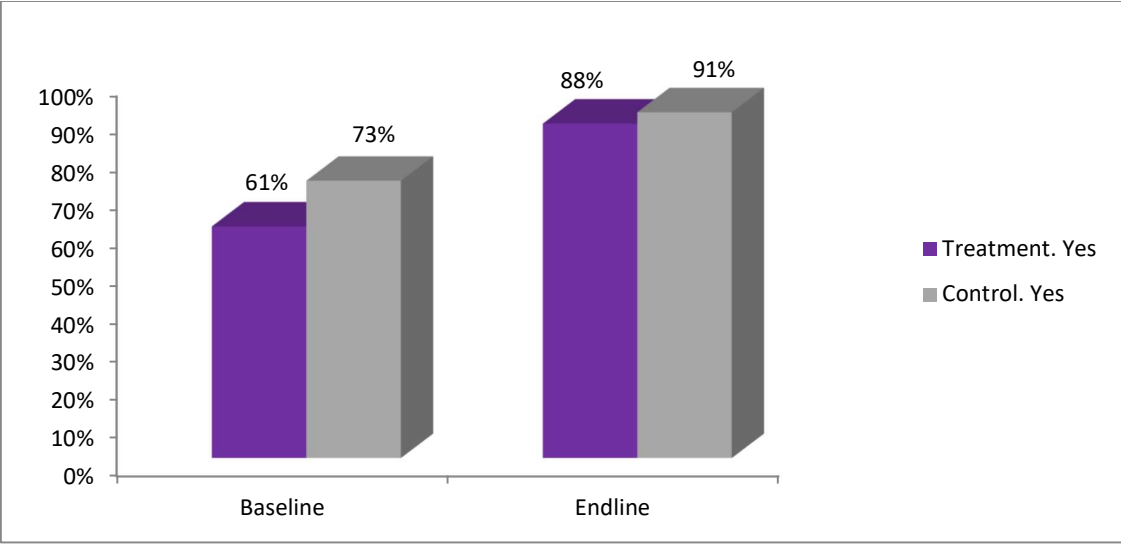
Graph 2. The percentage of women and girls interviewed who stated the correct period as 18-24 months a woman should take to become pregnant again after giving birth.



3.5 20% increase in uptake of contraception and family planning methods in the 1500 rural women and girls receiving the programme.

More than 20% increase in uptake of contraception and family planning methods in the 1500 rural women and girls receiving the programme was achieved as there has been a 26 percentage point increase in respondents, exposed to WIL Uganda's activities, stating that they use contraception. However, it must be noted that the control group had 18% point increase; although the percentage point difference between baseline and endline was higher for the treatment group.

Graph 4. The percentage of women and girls interviewed stating that they use contraceptives.



Pictured below was a My Body My Rights session on Family Planning in Minani Village. Pictured on the upper left with manuals are My Body My Rights VHTs from Minani Village. The VHTs taught the women and girls the various family planning methods and how they are used.



Section 4.0 My body My Rights programme case studies.

The case studies were collected from various villages of operation after conducting the village outreach sessions.

These were completed to assess the women and girls' view on family planning before attending WIL Uganda's My Body My Rights session. WIL Uganda also wanted to measure any increased knowledge amongst women and girls of family planning and how they thought this information would benefit them.

4.1 Case study of a woman on the project.

Namisi Beatrice was a participant from Nawangisa village, she stopped schooling in senior two and she is married with 1 child.

What was your view on family planning before coming to the outreach?

"I used to hear that women bleed a lot as a result of using family planning and that this leads to cancer which scared me a lot".

How have you benefited from the family planning information that we provided?

"I have learnt a lot about family planning and its method. Since I have only one child, I need to lay a good foundation for them therefore I decided to start using the implants".



4.2 Case study of a VHT on My body my rights programme.

On the My Body My Rights programme, WIL Uganda recruited two Village Health Team, (VHTs) from each village both a male and a female and Muwerezza Livingstone is one of them. These were trained to deliver My Body My Rights sessions in their villages and as a resource of family planning information to the women and girls in their respective villages. This strategy has made the My Body My Rights project very sustainable since the VHTs continue to be a source of information and give support to the women and girls even after project end period.

Muwerezza Livingstone is a VHT in Bubbala Village. He is married with six children and he dropped out of school when he was in senior four.

What inspires you to work as a VHT in your village?

"I feel happy to serve as a village health doctor and I love to understand things related to health hence the love to teach my people in the village".

What is your experience working with WIL Uganda?

"Before the training on family planning by WIL Uganda, I really didn't know that one would space his children, I didn't know about controlling the number of children to have but now I know how to teach family planning and keep my family safe".



Section 5.0 Gender Based Violence project

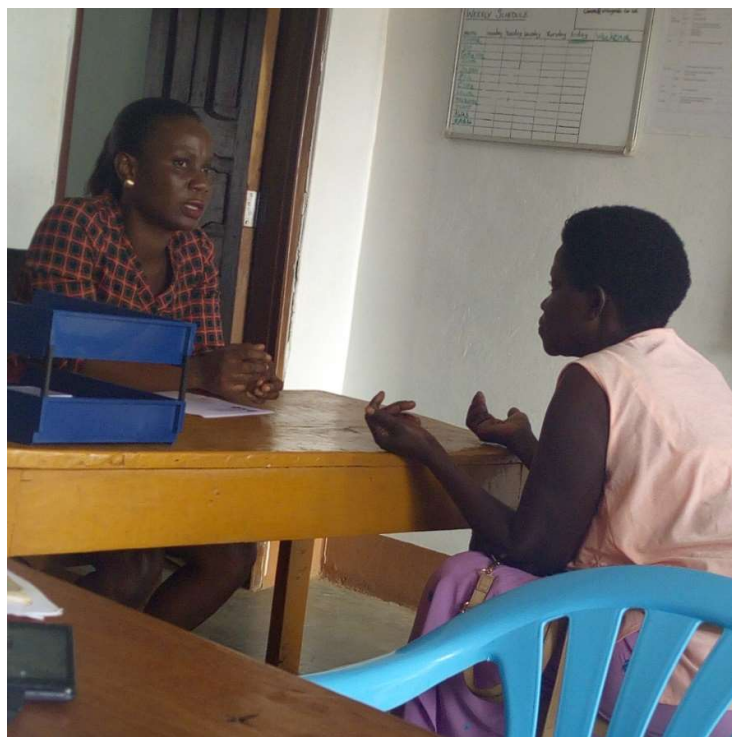
The second project that we piloted in Uganda with the support of Funderbirds was the Gender Based Violence Project.

The WIL Uganda GBV advocacy team has been supporting the women by accompanying them to the police station to ensure that they can report incidents of GBV. Women often are unable to access justice when they are victims of GBV due to corruption in the justice system, lack of knowledge of GBV law and cultural attitudes towards GBV.

The WIL Uganda team also follow on cases referred to the police to make sure justice is attained, carrying out counseling to the women to make sure they feel better and accompanying them to the health centres where necessary.

Strategically we want to build on the support given to these women by leveraging funding to train local GBV champions to also be able to support them by running Community-led Gender-Based Violence Campaign, leveraging community radio to raise awareness and challenge harmful cultural practices, alongside training 10 Village health workers (VHTs) and engaging local police in the effective response to Gender-Based Violence at the community level.

Our project seeks to break the silence around domestic violence, amplify the voices of women who have experienced violence and train village health workers in the effective response to domestic violence by providing advocacy for survivors at health centres and when reporting to the police.



Section 6.0 Navigating through the pandemic

The first lock down in Uganda was implemented on 20th March 2020 and eased on 24th May 2020.

6.1 Impact of the lockdown on women and girls in Uganda.

The pandemic caused a lot suffering to women and girls in the following ways:

- The lock down denied the women and girls access to vital information like family planning, HIV among others.
- Service delivery was affected as the service providers were unable to reach out to the women due to the banning of both private and public transport.
- It also increased the levels of poverty and dependence within homes; this resulted to increased cases of domestic violence which affected them psychologically and

physically.

6.2 Our covid-19 strategy.

During the pandemic and country lockdown, our CEO supported WIL Uganda in redesigning their programmes to ensure that they could still reach women and girls in rural communities. This involved transitioning from community outreaches to creating a radio talk show that aired once every week for two months on Busoga FM to raise awareness about family planning and where to access Family planning services. This radio show ensured that women had uninterrupted access to family planning information during the lockdown.

During the radio talk show, the participants were given the opportunity to ask any question on the family planning topic discussed and our village health team coordinator answered them.

Later, when the lockdown was eased, private transport was allowed but with limited number of people in the car and meeting of 10 people allowed. WIL Uganda was later able to obtain clearance from Bugweri district to allow small socially distanced outreaches with a number of women and girls.

Our CEO also successfully supported WIL Uganda in negotiating a no cost extension with their funder so that they had more time to complete the project.

6.3 Risk mitigation strategy for 2021

In 2021, we shall do the following to continue supporting the women and girls amidst the pandemic:

- Support WIL Uganda to Train local champions/Village health team, VHTs in the areas of operation to help give them women and girls support in their respective areas.
- Support WIL Uganda to Train police on gender based violence and response.
- Support WIL Uganda to Use radio talk shows to reach out to women and girls to raise awareness about Gender based violence, mental health and family planning (My Body My rights project).
- Support WIL Uganda and build capacity of their team to work safely during the pandemic, including remote working when necessary.
- Support WIL Uganda to Build a strong ICT system where most of the important documents are on system.

Section 7.0 Organisation Plans

Our CEO will be focusing on developing a more robust fundraising strategy focusing on 2-3 year awards. In additions the CEO will support the Board of Trustees to recruit more Trustees who can bring their expertise to support the growth and strategy of the organisation enabling us to support more women and girls living in poverty at this difficult time.

Section 8.0 Structure, governance and management

8.1 Board of Trustees

Women in Leadership is a Charitable Incorporated Organisation (CIO) registered with the UK's Charity Commission. It is governed by a constitution. The Board of Trustees comprises 7 people who are responsible for the supervision of the management of all the affairs of Irise International. Board meetings are held four times a year, at the end of every quarter. Trustee recruitment and appointment is done based on the specific skills required, the nomination of an existing trustee and is voted upon. No other organisation or body has the right to appoint trustees to the charity.

8.2 Trustees' Responsibilities

The board of trustees is responsible for ensuring that all the activities are within UK law and fall within the agreed charitable objectives. Its work includes setting strategic direction and agreeing the financial plan. The trustees are responsible for maintaining proper accounting records which reveal the financial position of the charity with reasonable accuracy at any given time. They are responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud or any other irregularities. The board delegates day to day running of the charity to the CEO and acts on advice and information from regular meetings.

8.3 Risk Management

The trustees actively review the major risks that the charity faces on a regular basis, together with an annual review of the financial systems. The trustees have taken steps to put in place and regularly review a reserves policy. The trustees regularly review the risks the organisation faces through an organisational risk management process and have identified those risks which the charity faces and confirm that they have established systems to mitigate significant risks.

Equal Opportunities

Women in Leadership is a charity committed to the promotion of equal opportunity. It takes affirmative action to ensure women and girls have equal access to education and employment. In carrying out this objective Irise treats individuals with respect within the organisation and in the field. Wherever possible we create a broad base for consultation and decision-making. To accomplish the overall objectives as expressed in the Constitution we will:

- Comply with all applicable laws and regulations governing employment in the UK and host country which include the Equal Pay Act 1970; Race Relations Act 1976; Sex Discrimination Acts 1975; Disability Discrimination Act 2005; Employment Equality (Religion or Belief) Regulations 2003, Employment Equality (Sexual Orientation) Regulations 2003 and the Employment Equality (Age) Regulations 2006 as amended from time to time;
- Provide equal opportunity to all employees and to all applicants for employment;
- In employment, prohibit unlawful discrimination or harassment because of race, colour, nationality, religion or religious beliefs, ethnic or national origin, age, gender,

marital status, civil partnership or gender reassignment, sexual orientation or disability;

- Advise all employees or respective employees of Irise's Equal Opportunities Policy; 26

- Pay particular attention to recruitment procedures, probationary periods, terms and conditions of employment, dismissal, leave, promotion and deployment patterns; • Develop mechanisms for resolving grievances about unfair discrimination and harassment;

- Review its Equal Opportunities Policy on a regular basis Liability of Members Irise International is a registered Charitable Incorporated Organisation, limited by guarantee. The trustees have guaranteed the liabilities of the charity up to £1 each.

Public Benefit

The Trustees confirm that they have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Commission in determining the activities undertaken by the Charity.

Signed on behalf of the Trustees,



Lorraine Newbold, Chair of the Board of Trustees.

Section 9.0 Financial review 2020

The charity trustees were required to prepare the charity accounts for the period ending 31st December 2020. According to guidance the charities income is too small to require either audit or independent evaluation at this time. The trustees have therefore prepared a receipts and payments statement that has been uploaded to the charities commission online portal separately.

Our appreciation is highly extended to our wonderful supporters in the UK, volunteers and donors including Funderbirds for supporting our efforts to lift women girls out of poverty. We also thank WIL Uganda for their efforts on the ground in Uganda to ensure that the most marginalized women and girls receive support during the pandemic.



CHARITY COMMISSION
FOR ENGLAND AND WALES

Women in Leadership

1185392

Receipts and payments accounts


CC16a

For the period from	Period start date 19/09/2019	To	Period end date 31/12/2020
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Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
Donations and legacies	205	2,000		2,205	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	205	2,000	-	2,205	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	205	2,000	-	2,205	-
A3 Payments					
Charitable activities	67	2,000	-	2,067	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	67	2,000	-	2,067	-
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	67	2,000	-	2,067	-
Net of receipts/(payments)	138	-	-	138	-
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	-	-	-	-	-
Cash funds this year end	138	-	-	138	-

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds		138	-	-
		-	-	-
		-	-	-
	Total cash funds	138	-	-
	(agree balances with receipts and payments account(s))	OK	OK	OK
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
B3 Investment assets		Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
B4 Assets retained for the charity's own use		Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
B5 Liabilities		Fund to which liability relates	Amount due (optional)	When due (optional)
			-	
			-	
			-	
			-	
Signed by one or two trustees on behalf of all the trustees		Signature	Print Name	Date of approval
			Lorraine Newbold	30/12/2021