ALLIANCE FORUM FOR DEVELOPMENT-(AFOD) UGANDA

ANNUAL PROGRAMME REPORT

FY OCTOBER 2018-SEPTEMBER 2019

Development Partners

TABLE OF CONTENTS

ACRONYMS

FY	Financial Year (October-September)
AFOD	Alliance Forum for Development-Uganda
WFP	World Food Programme
OPM	Office of the Prime Minister
UNHCR	United Nations High Commission for Refugees
IDI	Infectious Disease Institute
CDC	Center for Disease Control
SMT	Senior Management Team
SEM	Sustainable environmental Management
MARPS	Most at risk population
PLWHIV	Persons living with HIV
TB	Tuberculosis
CCLAD	Community Client Led ART delivery group
MBCP	Mother Baby Care Point
EID	Early Infant Diagnosis Cascade
GFA	General Food Assistance
CBT	Cash Based Transfers
FDP	Final Distribution Point
FMC	Food Management Committee
CMC	Cash Management Committee
EVI	Extremely Vulnerable Individuals
IYCF	Infant and young child feeding
CMAM	Community based management of acute malnutrition
IMAM	Integrated management of acute malnutrition
PLW	Pregnant lactating women
MAM	Moderate acute malnutrition

FOREWORD

The Annual Report covers activities and performance for the period 1st October 2018 to 30th September 2019 of our financial year. This report is one of the ways we seek to meet our accountability obligations to all our stakeholders, including our partners. We believe accountability is crucial for our sustainability and therefore our ability to fulfil our mission. By holding ourselves accountable, we demonstrate that we are worthy of the trust our stakeholders place in us. AFOD Uganda looks to the sustainable development goals; 1,2,3,9 and 17 of: 1: No poverty; 2: Zero Hunger, 3: Good Health and wellbeing; 9: Industry, innovation, infrastructure and 17: Partnerships for the goals as a basis for transformative action.

The FY 2018/2019 was remarkable for AFOD Uganda as we marked 2 years in the implementation of the five-year strategic plan (2018-2023) in our continued quest for a healthy, educated, productive, just, peaceful and united society. But at the same time we celebrated our Fourth year of operation in Uganda since inception in 2015. Over the years, we have invested time and efforts in increasing access to integrated health promotion, disease prevention and curative services for children, women and men; increasing access to and utilization of nutrition, food security and livelihood products and services for children, women and other targeted persons; improving access to and utilization of safe water, sanitation, hygiene and sustainable environmental management services in communities; increasing access to and demand for social protection, gender-based violence services for children, women and other vulnerable persons; strengthening capacity for research and innovations to inform policy and practices and finally strengthening organizational capacity to effectively and efficiently govern, lead and manage the country program.

Since 2015, AFOD has progressively grown its program portfolio from; delivery of adolescent sexual and reproductive health services to; Community based comprehensive HIV/AIDS services, Maternal, child health and nutrition, food security and livelihoods for vulnerable host and refugee's population in West Nile regions covering districts of Adjumani, Moyo/Obongi and Koboko. AFOD Uganda has, in the recent past, had a commendable performance alongside the following agencies and organizations that supported the response; AFOD South Sudan, WFP, and Infectious Disease Institute (IDI) to provide lifesaving services to the populations comprising of both refugees and host communities.

AFOD remains a bedrock partner with an invaluable "feet on the ground" in times of humanitarian crisis and emergency response. Ultimately, all our work is directed towards saving lives and changing lives. As this report underscores, we strongly commit to collaboratively deliver well-targeted programmes and enlisting game-changing partners to accelerate socio-economic empowerment, raise the bar with global practices, usher in a new era that is self-sustaining and inclusive for all to be able to contribute to the fundamental principle of the Sustainable Development Goals of "leave no one behind" and to reach those who are furthest behind.

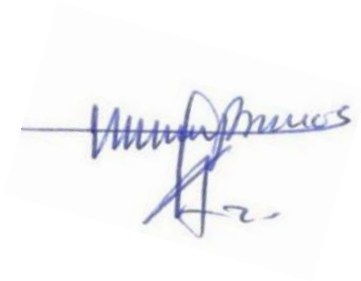
A MESSAGE FROM THE EXECUTIVE DIRECTOR AFOD UGANDA

I wish to acknowledge and recognize the resolute contribution of all our stakeholders for the milestone achieved in the FY 2018/2019. I extend credit to the government and people of Uganda for providing AFOD Uganda an enabling policy and programming environment to contribute to improving the quality of life of the host and refugees' populations in our districts and regions of focus in Uganda.

We do appreciate the time and efforts of the management, staff of AFOD Uganda, the Board, AFOD South Sudan and all key stakeholders who selflessly contributed to the successful implementation in the year 2018/2019. AFOD team are experienced and resilient enough to make FY 2019/2020 another year of growth in terms of programme portfolio, outcome and impact.

It should be noted that global events are changing, with new challenges emerging and so too is the way we must address these challenges and deliver. We continue to be well positioned to bring hope to millions of displaced people and timely respond to humanitarian emergencies. In everything we do, we recognize that success is founded on leveraging partnerships and we have a unique history of good engagement and collaboration with different stakeholders and community structures in the delivery of the essential services for both displaced and host communities, a growing share of our strategic partnerships are now starting to take root as we work together to empower vulnerable and hard to reach communities.

Finally, I would like to thank our donors especially WFP, IDI and AFOD South Sudan, our well-wishers and sympathizers for providing technical assistance, material and financial resources to support the implementation of our different programmes. We look forward to your continued support and team work in the years to come in a bid to help us achieve our planned short, medium and long-term results.



ARIZI Primo Vunni

EXECUTIVE SUMMARY

This Annual Report covers progress on AFOD Programme pathways for the financial year October 2018-September 2019. In line with AFOD's mission and core mandate to work with the rural poor, marginalized and vulnerable communities to improve their social economic status and quality of life. AFOD has implemented interventions with support from; WFP and IDI/CDC reaching out to some of the most hard-to-reach and vulnerable populations in West Nile Region. In doing so, and in close collaboration with government and partners, AFOD helps build the resilience of health systems, Nutrition, food security and livelihood, WASH and environmental conservation and sustainability through innovative initiatives. The development results of AFOD's partnerships are significant, not only in terms of health and livelihood outcomes but also for their direct impact on the ability of individuals to live fuller and more productive lives, expand choices and generating broader socio-economic benefits for both the host and refugee communities in West Nile region.

In the financial year (FY) 2018/2019, the total budget Grant received amounted to Uganda shillings 7,222,395,592 ($1,951,999) and expenditure was 5,490,268,545 Uganda shillings ($1,483,856) with a variance of 1,732,127,047 Uganda shillings ($468,142) The variance is attributed to difference in AFOD FY (Oct-Sept) and Grants year hence overlaps in financial expenditure and reporting. Institutional donor funding is driving our overall increase in total grant. WFP and IDI/CDC remain our most significant donor for the period 2018/2019. Overall, the total budget for the period 2018/2019 show a progressive increase in grant received from the previous FY 2017/18 by 33% (1,778,957,042 Uganda shillings). Grants received from different donors was used to implement different programmes under two thematic areas of; integrated health and nutrition, food security and livelihoods, these programmes were; comprehensive HIV/AIDS community referral and linkage supported by IDI/CDC in Adjumani, MCHN & TSFP in Koboko, Cash Based transfer in Lobule-Koboko, GFA in Adjumani and Palorinya-Moyo/Obongi. AFOD Capital Asset Development Values have continued to show a positive trajectory. In 2016/2017 FY, AFOD-Uganda total asset value was 221,406,237 Uganda shillings ($ 59,839), in FY 2017/2018, we progressively grew in value to 362,923,842 Uganda shillings ($ 98,087) and subsequently in 2018/2019 to 494,316,825 ($ 133,599) with an overall increase in total capital asset development value of 1,078,646,904 Uganda shillings ($ 291,526). In terms of human resources, AFOD-Uganda employed a total of 156 staff in the four different locations of; Kampala, Adjumani, Moyo/Obongi and Koboko with a Gender composition of 58% Male and Female 42% of the total staff employed.

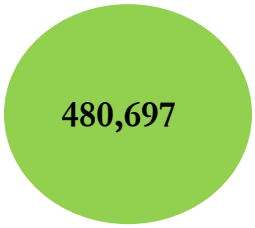
Notable achievements under the different programmes areas as per the strategic objectives include; increased access to integrated health promotion and disease prevention with, 2,111 clients screened for HIV/AIDS and TB out of which 50 HIV + clients were identified and linked to treatment services which contributed to increased number of HIV+ identified. Increased access to and demand for nutrition, food security and livelihoods, through enhanced access to adequate food to 480,697 by distributing 313,804.794 MT of food and; 7,858 at risk population accessed social

> "I *appreciate AFOD Uganda and WFP for the monthly cash entitlements we receive, which boosted my son`s performance through timely payment of school fees and provision of scholastic materials.* '*Amidst a number of financial constraints like; high cost of scholastic materials, school uniforms and examination fees, my son was able to excel*"-Said Tom, a Refugee from DRC.

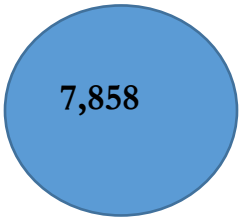
protection and support services. Despite the tremendous achievements, a lot is still required in the following thematic areas; WASH/SEM, Psychosocial support services, research and innovation and institutional capacity building. Our indicative program budget for FY 2019/2020 is $ 4.9m out of which $ 1.7m have been raised with a variance of $ 3.2m.

AFOD UGANDA SUMMARY OF FACTS 2018/2019:

- ENHANCED BENEFICIARIES ACCESS TO FOOD

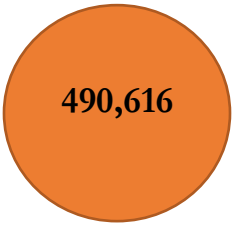


- AT-RISK BENEFICARIES IDENTIFIED AND SUPPORTED

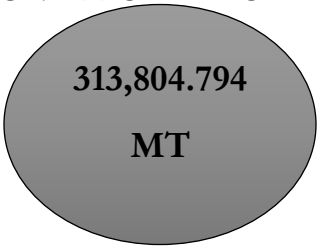


- INCREASED NUMBER OF HIV/AIDS CASES IDENTIFED AND LINKED TO CARE

- TOTAL NUMBER OF BENEFICARIES SERVED IN FY 2018/2019



- METRIC TONNES OF FOOD DISTRIBUTED TO CONTRIBUTE TO ACHIEVEMENT OF ZERO HUNGER



PICTORIAL DIGESTS 2018/2019:

Quarterly support supervision with SMT & Board in Koboko

AFOD Uganda Board members attending a board meeting in Koboko

Team building meeting with field based staff in Koboko

AFOD SMT in a FGD with beneficiaries at Mungula 1 FDP in Adjumani

Quarterly Review meeting with the Linkage and Referral Assistants for HIV/AIDS Project-IDI

Awareness campaign on positive living at Adjumani Hospital

1.0 CHAPTER ONE: BACKGROUD

1.1 Introduction

The annual report looks at 2018/2019 programmes implemented by taking stock of what was planned in relation to what was achieved with a focus on the active programme areas implemented during the financial year; HIV/AIDS in Adjumani, MCHN & TSFP in Koboko, Cash Based transfer (CBT) in Lobule-Koboko, general food and cash assistance (GFA) in Adjumani and Palorinya-Moyo/Obongi.

1.2 Background of AFOD- Uganda

AFOD-Uganda is a non-profit, non-denominational, non-political and non-sectarian humanitarian and development organization incorporated in Uganda in 2015 with NGO board registration number 11619 and governed by the Board of Directors. AFOD Uganda relies on local expertise to develop robust initiatives, build partnership and collaboration with the government of Uganda and development partners including the private sectors for sustainable development. Our mission is to work closely with rural and urban poor communities across the country to address their real needs and build local partnership with institutions / groups, communities and support community structures to jointly identify and address the underlying causes of; malnutrition, food insecurity, poor health, educational challenges and be able to steer social change

AFOD Uganda's five year strategic Plan 2018-2023 focusses on; Integrated Health Services, Nutrition, food security and sustainable Livelihood, Environmental Health (Water, Sanitation and Hygiene and Sustainable Environmental Management), Social support and protection, Research and innovations and Institutional capacity building and development all aligned to SDGs: 1: No poverty; 2: Zero Hunger, 3: Good Health and wellbeing; 9: Industry, innovation, infrastructure and 17: and Partnerships for the goals respectively. AFOD Uganda is supported by World Food Programme, AFOD South Sudan and Infectious Disease Institute as its key donors for the current programs.

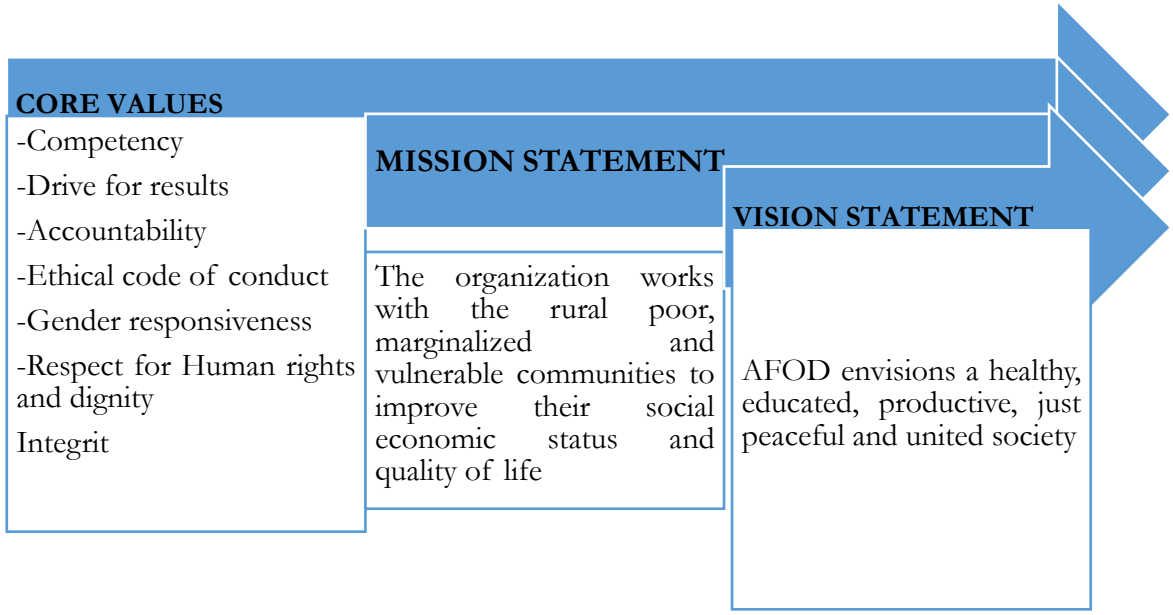
Since 2015, AFOD- Uganda has progressively grown its program portfolio from delivery of adolescent sexual and reproductive health services in Adjumani district to; Community based HIV/AIDS services in Adjumani funded by IDI/CDC, Maternal, child health and nutrition in Koboko, food security and livelihoods (GFA in Adjumani, Moyo and Obongi Districts) funded by WFP as well as child protection for vulnerable host and refugee's population in West Nile region of Uganda. AFOD has a wealth of experience in implementing interventions in nutrition, Food security & livelihood, and Health projects in refugee hosting districts. We established a good track record of collaboration with local stakeholders in the delivery of social services for both displaced and host communities in West Nile region.

1.3 Specific Objective of the Annual Programme Report

To review the current program performance status, key programmatic, operational issues and opportunities to inform the next program strategy for financial year 2019/2020.

1.3.1 Vision, Mission and Core Values

In AFOD Uganda, we believe and trust in God for every challenge and in every window of opportunities for transformation of communities

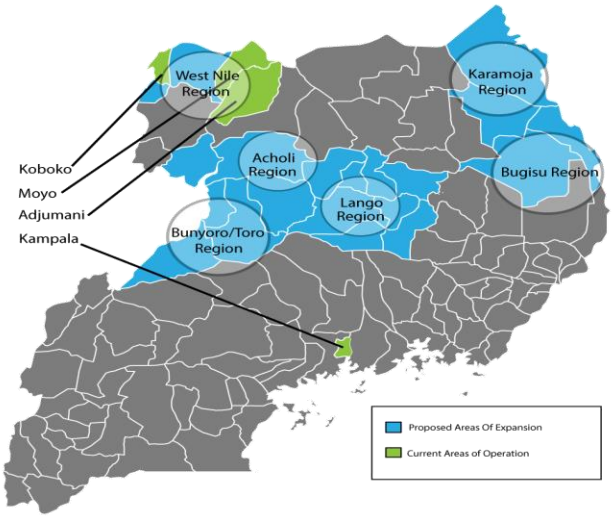


1.3.2. Key program Areas

To achieve our vision and mission, we deliver a package of high impact, cost-effective programmes; integrated health; environmental health (WASH & SEM), social protection; nutrition, food security & community led sustainable livelihoods in collaboration with Government line ministries and departments, NNGO/INGOs, CBOS, UN agencies as well as with Public Private Partners or organizations to provide sustainable solutions to the common problems of our communities in the remotest, conflict and disaster prone areas including refugee hosting districts in Uganda.

In the last four years, AFOD Uganda has progressively grown its program portfolio from focusing on delivery of adolescent sexual and reproductive health services in Adjumani district to; Community based HIV/AIDS services, Maternal, child health and nutrition, food and cash distribution as well as child protection for vulnerable host and refugees populations in Adjumani, Moyo and Koboko districts in West Nile region of Uganda.

1.4 Country program growth plan and target population



AFOD Uganda currently operates in four districts (Adjumani, Moyo, Obongi and Koboko) in West Nile region. A part from the current districts AFOD Uganda is operating in, we intend to expand our scope of operation, and the expansion will target 12 districts in West Nile, Acholi, Bunyoro /Toro, Karamoja, Lango and Bugisu sub regions in the next five years. Below are the current areas of operation and the proposed areas of expansion:

We will focus on the following groups of people:

i. Women and children both in emergency and non-emergency settings
ii. Underserved/ hard to reach populations: Communities affected by either geographical or cultural background, poor or inaccessible areas due limited infrastructure and social services including health, education, agriculture, psychosocial and/or financial services.
iii. People with physical disabilities: This includes the blind, disable, people with hearing impairment and mentally disturbed/affected.
iv. Special groups: This includes the elderly, vulnerable women groups, vulnerable youth groups and the children.
v. Marginalized, stigmatized and discriminated populations, such populations are people living with HIV (PLWHIV), people with disability, women and minority communities.
vi. Vulnerable and at high risk populations: This will include IDPs, refuges, populations exposed to high HIV infection like the orphans and other vulnerable children, fishing communities, cattle keepers, cross boarder migrants, commercial sex workers, market vendors, boda-boda riders, money changers, young people out of school among others Populations in abject Poverty. This category is defined as those living below the poverty line that is to say; one-dollar (US$1) equivalent to 3,750/= a day. They therefore cannot neither participate in generation of income nor access essential social services. These include the rural poor farmers

2.0 CHAPTER TWO: COUNTRY PROGRAMME PERFORMANCE

2.1 THEMATIC AREA: INTEGRATED HEALTH PROGRAMMES

Strategic Objective 1: Contributing to increased access to integrated health promotion, disease prevention and curative services

2.1.1: COMPREHENSIVE HIV/AIDS COMMUNITY LINKAGES AND REFERRAL

AFOD Uganda in partnership with IDI/CDC implemented comprehensive HIV/AIDS care through capacity-building initiatives and community linkages in Adjumani district. The direct target Beneficiaries were; Children, adolescents, adults, and people living with HIV and the indirect beneficiaries were: HWs, CORPS, family members of people affected by HIV, and Local government leadership. Key results achieved were; 2,111 clients were tested for HIV/AIDS with 50 HIV+ clients identified and linked to care and support services.

Caption: Awareness campaign on positive living at Adjumani Hospital

Home based HIV testing in Pakele Sub County.

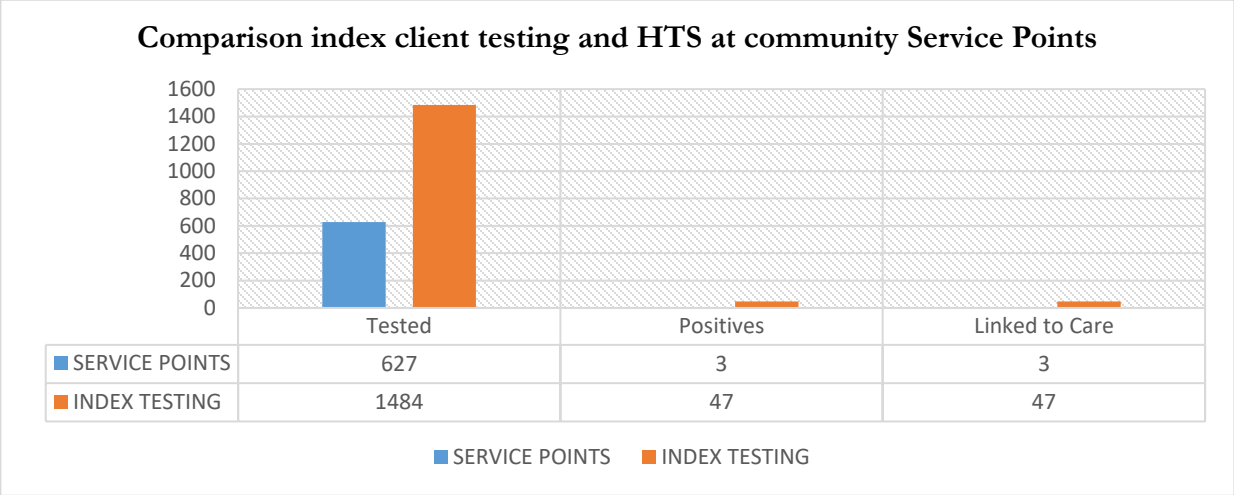
Key Output and performance indicators

Table 1: Index client testing

District	Service points				Index clients testing			
	No tested	No Positive	No linked	Yield	No tested	No Positive	No linked	Yield
Adjumani	627	3	3	0.4%	1484	47	47	3.1%

Source: Primary Data 2018/2019

Fig 1: Index client testing and HTS at community service points



Source: Primary Data 2018/2019

1,484 were tested under index client testing, 627 (140%) from the communities for HTS. All positive cases identified were successfully linked to care and support.

Table 2: Follow up of lost clients in care

Indicator Category	Annual Target	Service points				TOTAL
		HIV clinic	TB clinic	MBCP	Early retention	
Number of clients followed up physically		509	32	77	292	910
Number who could not be reached/traced		23	0	5	7	35
Number of clients who have resumed care after follow up		457	31	68	193	749
Number of clients who have not honored their promise to come		19	0	12	0	31
Number followed up but found to have died		7	0	0	3	10
Number followed up and found to have self-referred		28	0	0	2	31
No. of clients followed up and found to have transferred out officially		21	0	0	30	51
Number reached but have refused to resume care		0	0	0	1	1
No. of clients followed up and found to be active in care.		33	0	0	13	46
Section B (previous months)						

No. of clients who promised to come back to care (cumulative)		2	0	7	0	9
No. of clients that have honored their promise to resume care		144	0	0	0	144

Source: Primary Data 2018/2019

Under follow up of lost clients, 509 and 910 (189%) respectively were traced with a total of 749 clients resuming care disaggregated by: 457 HIV/AIDS, 31 TB, 68 MBCP. The above data further revealed that 31 self-transferred, 51 officially transferred out, 9 promised to come back and 31 have honored their promise to resume care. This activity was over achieved because funds were timely disbursed and commitment of the project staff.

Home based adherence counseling and development of improvement plans for none suppressed PLHIV's

Table 3: Summary of Home based counselling services during the year

Indicator	Annual Target	0-<10 yrs.		10- <19yrs		19yrs and above		Total
		M	F	M	F	M	F	
No. of clients targeted for Home based counseling	168	0	0	7	11	61	36	115
No. of clients given home-based counseling		0	0	3	7	36	16	62
No of clients receiving DOTS		0	0	0	0	6	4	10
No. of clients who were able to take a repeat viral load test after home based counseling		0	0	0		9	9	18
No. of clients with suppressed repeat viral load		0	0	0	0	9	9	18

Source: Primary Data 2018/2019

115 persons were given home based counseling majority of which were aged 10-19 -15.6% (18) with more than half being males. Furthermore, 10 received DOTS, 18 took a repeat viral load and 18 for suppressed viral load indicating great achievements in terms of success.

Table 4: Community facility linkages

Community – Facility linkages	Annual target	Referred out (from facility)				Referred in (to the facility)			
Service Point(s)		No Referred		Got services		No Referred		Got services	
		F	M	F	M	F	M	F	M
Police services		134	135	134	135	134	135	134	135
Medical examination for SGBV services	156	171	165	171	165	171	165	171	165
1st ANC	1,644	0	0	0	0	2047	0	2,047	0
TOTAL		**305**	**300**	**305**	**300**	**2,356**	**300**	**2,356**	**300**
OVERALL TOTAL		**605**		**605**		**2,652**		**2,652**	

Source: AFOD Primary data 2018/2019

There were 156 GBV cases targeted for referral from community to the health facilities, 605 (387%) (171 females and 165 males) GBV cases were referred from communities to the health facilities for medical intervention and treatment and back to police for other services, 269 clients referred from the community to Police, (134 females and 135 males). 2,047 (269%) of pregnant mothers were referred from communities to the health facilities for 1st ANC services. Due to lack of maternal children health and nutrition programme in district health facilities more so in the host health facilities, majority of mothers prefer attending ANC services in refugee health facilities where MCHN program is implemented and it's where AFOD is not operating. There is need to scale up MCHN services to health facilities serving host communities as well.

Facilitating groups of 15-20 adolescents in stepping stone curriculum

Table 5: Stepping stones groups, summary based on location and participants disaggregated by gender

Sub county	Name of group	Age group VYA's, 15-24	No of participants		No of participants
			Males	Female	
Bira	HIV/AIDS Group	15-25	20	18	38
Pakele	Adrumai group	15-23	24	31	55
Ciforo	Ohwedriku group	15-23	31	37	68
Total			**75**	**86**	**161**

Source: Primary Data 2018/2019

A total of 161 youth aged 15-25 were equipped with stepping stones life skills aimed at curbing physical and sexual intimate partner violence among male and female with feedback findings

showing a reduction in male perpetrators of SGBV and negative attitude towards female intimate partner

Table 6: TB contact tracing

Indicators	Annual target	Achievements						
		1 <15 yrs.		16- < 19 yrs.		19 and above		Total
		M	F	M	F	M	F	
No of TB contacts identified	216	0	0	15	23	51	61	**150**
No of TB contacts screened		0	0	2	7	93	44	**146**
No of sputum samples collected		0	0	1	5	51	17	**74**
No of sputum samples found positive		0	0	0	0	0	0	**0**

Source: Primary Data 2018/2019

146 persons were identified during TB contact tracing in the communities, 74 persons screened for TB but all were found to be TB negative.

3.0: THEMATIC AREA: NUTRITION, FOOD SECURITY AND LIVELIHOOD

Strategic Objective 2: Contributing to increased access to and demand for nutrition, food security and livelihood services.

3.1: GENERAL FOOD AND CASH DISTRIBUTION-ADJUMANI-DISTRICT

Despite continued constraints to humanitarian access, AFOD and other partners are helping to strengthen food security and build sustainable agriculture-based livelihoods through immediate assistance programmes. In Adjumani, during the period 2018/2019, the total number of beneficiaries served both food and cash were 231,812, under food transfer, AFOD reached an average of 138,243 (83.3%) beneficiaries with 19,443.48 MT, (92.3%) of food and disbursed cash to 93,569 amounting to 32,018,180,000 Uganda shillings ($ 8,653,562) under CBT.

Caption: Food stacked and AFOD Protection Staff – handling a protection cases with community leaders – May 2019 Pagirinya

Table 7: Adjumani-GFA results at a glance

	235,845 Beneficiaries reached with food and cash services 104,289 food in kind beneficiaries served 131,556 CBT Beneficiaries
	16,059.017MT of food distributed
	38,657,813,500 UGX disbursed under CBT ($ 10,448,058)

Data source: AFOD-Uganda primary data 2018/2019

Table 7: Comparison of Performance: Planned Vs. Actual Achieved-2017/2018-2018/2019

		2017-2018			2018-2019		
#	Key performance indicator	Planned	Actual	% achieved	Planned	Actual	% achieved
	GFA Beneficiaries reached	170,000	231,812,	136%	214,669	235,845	110%
1	Proportion of food distributed to beneficiaries Vs planned (Total MT)	21,057.85	19,443.48	92.3%	27,082	16,059.017	59%
2	Proportion of beneficiaries reached with assorted food Vs planned	127,941	138,243	59%	133,146	104,289	78%
3	Total amount of cash transfers disbursed	22,711,860,000	32,018,180,000	141%	30,326,556,000	38,657,813,500	127%
4	Cash beneficiaries served	42,059	93,569	222%	81,523	131,556	161%

Data source: AFOD-Uganda primary data, 2017/2018-2018/2019

In table 7 above, the reduction in MT of food distributed in 2018/2019 59% as compared to 2017/2018 92.3% was due the fact that more beneficiaries joined cash based transfer from food.

Table 8: GFD Population served by months-October 2018 to September 2019:

Months	population	Disaggregation		MT of food
		Male	Female	
October 2018	97,147	46%	54%	1,615.05
November 2018	92,514	46%	54%	1,451.54
December 2018	104,289	46%	54%	1,768.892
January 2019	75,630	46%	54%	1,333.549
February 2019	69,581	46%	54%	1,189.787
March 2019	78,636	40%	60%	1,677.028
April 2019	74,125	40%	60%	1,234.181
May 2019	66,051	40%	60%	1,100.761
June 2019	54,612	40%	60%	929.274
July 2019	70,204	40%	60%	1,531.643
August 2019	67,037	40%	60%	1,115.2595
September 2019	67,416	40%	60%	1,112.052
Total				16,059.017

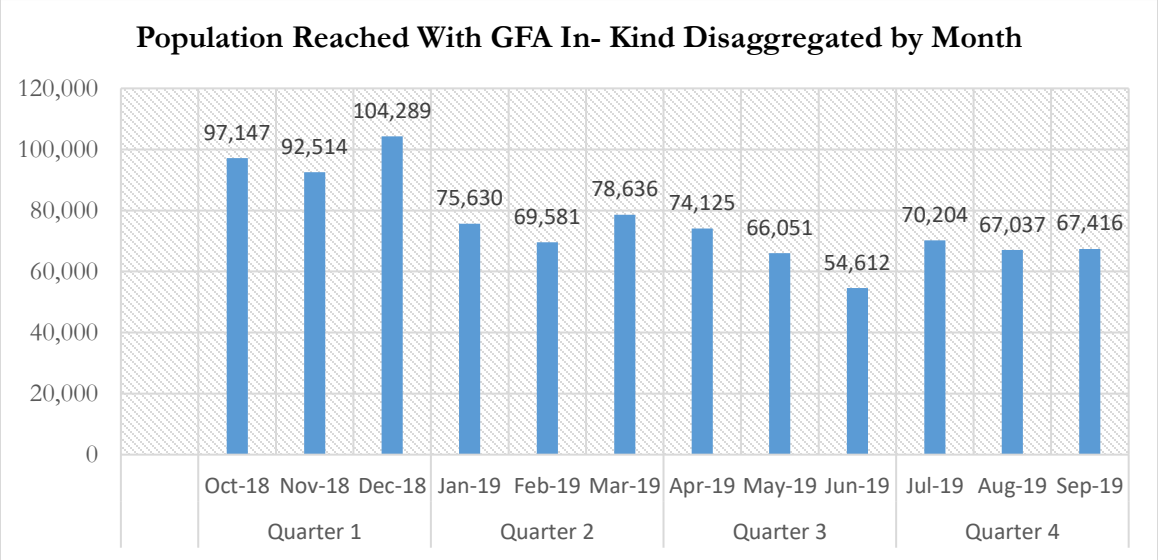
Source: Primary Data 2018/2019

Table 9: CBT Population served by months October 2018 - Sept 2019:

Months	Population	Cash amount disbursed
October 2018	92,999	3,572,806,000
November 2018	97,251	3,722,989,500
December 2018	91,586	2,839,166,000
January 2019	14,411	2,839,166,000
February 2019	27,191	842,921,000
March 2019	116,237	3,603,347,000
April 2019	112,098	3,814,581,000
May 2019	105,610	3,273,910,000
June 2019	65,312	2,024,672,000
July 2019	128,000	3,968,000,000
August 2019	131,556	4,078,236,000
September 2019	131,549	4,078,019,000
Total		38,657,813,500

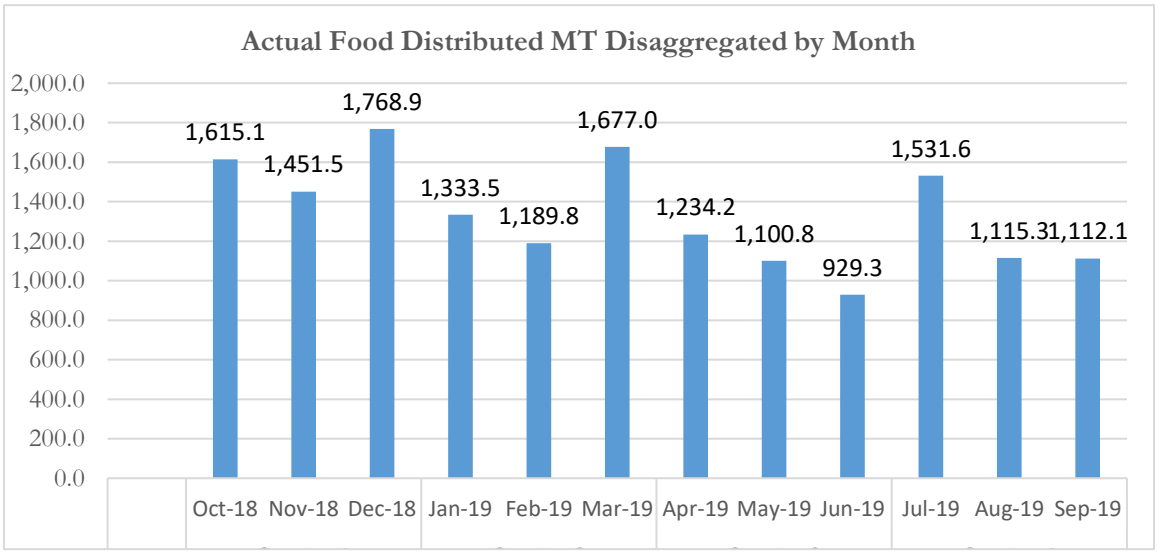
Source: Primary Data 2018/2019

Fig 2: Population reached with in-kind GFA



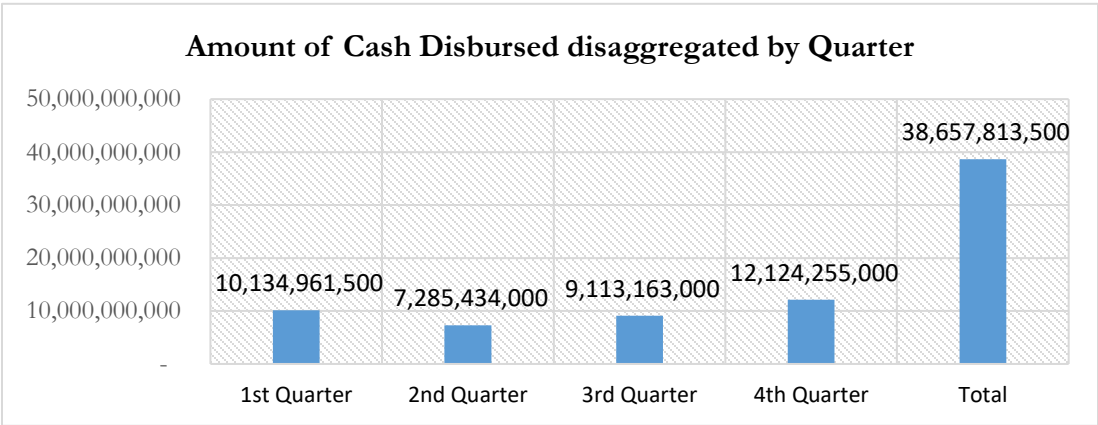
Source: Primary Data 2018/2019

Fig 3: MT of food distributed



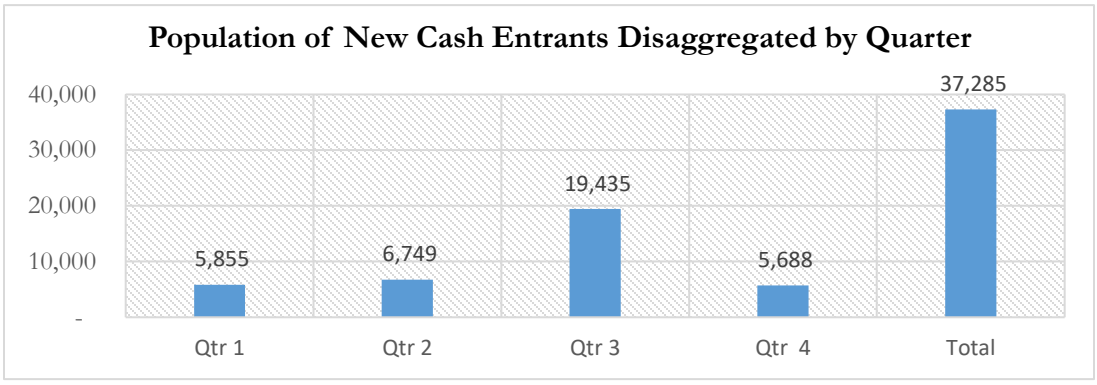
Source: Primary Data 2018/2019

Fig 4: Cash disbursed disaggregated by Quarter



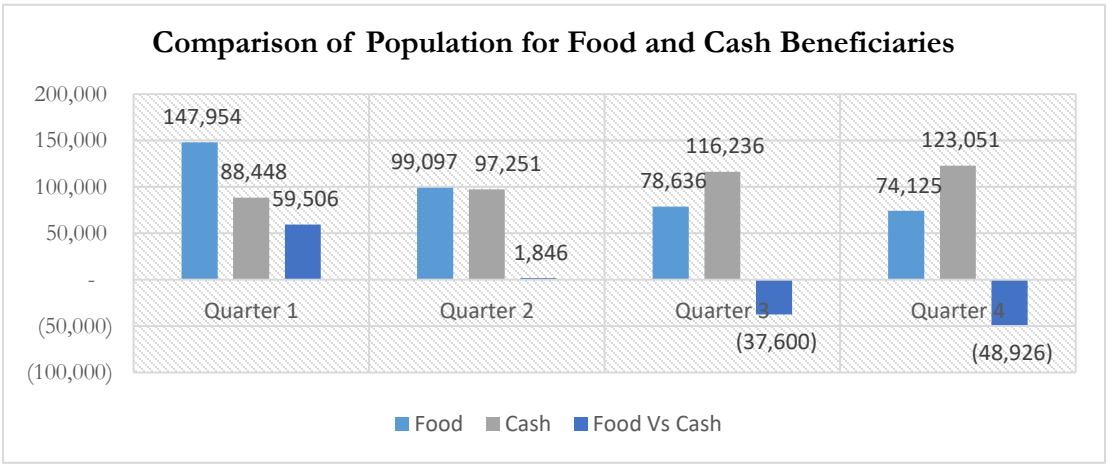
Source: Primary Data 2018/2019

Fig 5: New cash entrants disaggregated by Quarter



Source: Primary Data 2018/2019

Fig 6: Comparison of food and cash population



Source: Primary Data 2018/2019

3.2 GENERAL FOOD DISTRIBUTION-PALORINYA-MOYO DISTRICT

Palorinya is host to more than 180,000 South Sudanese refugees across 37.58 square kilometers of land. During the 2018/2019 period, 149,155 (89.8%) refugees were served with 24,302.794 (97.2%) metric tons of food. The reasons for the variance in population achievement was attributed to; no show during food distribution and for the MT of food distributed was due to; pipeline break of some commodities like; CSB and Pulses which affected the tonnage.

Caption : Food Distribution at Dongo West ***Rub Hall destroyed at Dongo West FDP***

Table 10: Palorinya-GFA results at a glance

	149,155 (89.8%) refugees reached with food assistance
	24,302.794 (97.2%) metric tons of food provided

Data source: AFOD-Uganda primary data 2018/2019

Table 10: Comparison of Performance: Planned Vs. Actual Achieved-2017/2018-2018/2019

		2017-2018			2018-2019		
#	Key performance indicator	Planned	Actual	% achieved	Planned	Actual	% achieved
1	Proportion of food distributed to beneficiaries Vs planned (Total MT)	9,076.749	6,886.77	75.8%	25,001.509	24,302.794	97.2%
2	Proportion of beneficiaries reached with assorted food v planned	165,850	127,306	76.7%	166,032	149,155	89.8%

Data source: AFOD-Uganda primary data, 2017/2018-2018/2019

Table 11: Quarterly comparison of planned and actual population served

Quarters	Planned Population	Actual Population
Oct-Dec (2018)	166032	149155
Jan-March (2019)	119510	114891
April-June (2019)	119893	116200
July-Sept (2019)	118311	116841

Source: Primary Data 2018/2019

In the table above, the highest population reached with GFA activity was in the quarter of October to December, this is attributed to the old system of food collection (Group scooping) meanwhile in the rest of the quarters, the population reached seemed relatively constant, this is because of the new food collection procedure (Individual scooping) introduced and the manifest used was the Bio metric verified population.

Table 12: Food distributed in MT per Quarter in the reporting period

Quarters	Planned MTs	Actual MTs
Oct-Dec (2018)	7028.36	6904.51
Jan-March (2019)	6072.626	5774.195
April-June (2019)	6012.3715	4788.975
July-Sept (2019)	5888.151	6835.114

Source: Primary Data 2018/2019

3.3: CASH BASED TRANSFER IN LOBULE-KOBOKO DISTRICT

Cash Based Transfer was implemented in 8 clusters in Lobule settlements in Koboko District where the refugees receive assistance in form of cash of Uganda shillings 31,000 per person, per month as well as equipping them with financial Literacy and savings skills. During the FY 2018/2019, AFOD mobilized cumulatively 61,247 households and facilitated cash disbursement to 10,272 households cumulatively. 99.0% of the households received their cash amounting to 1,898,657,000 Uganda shillings.

Caption: Post distribution review meeting

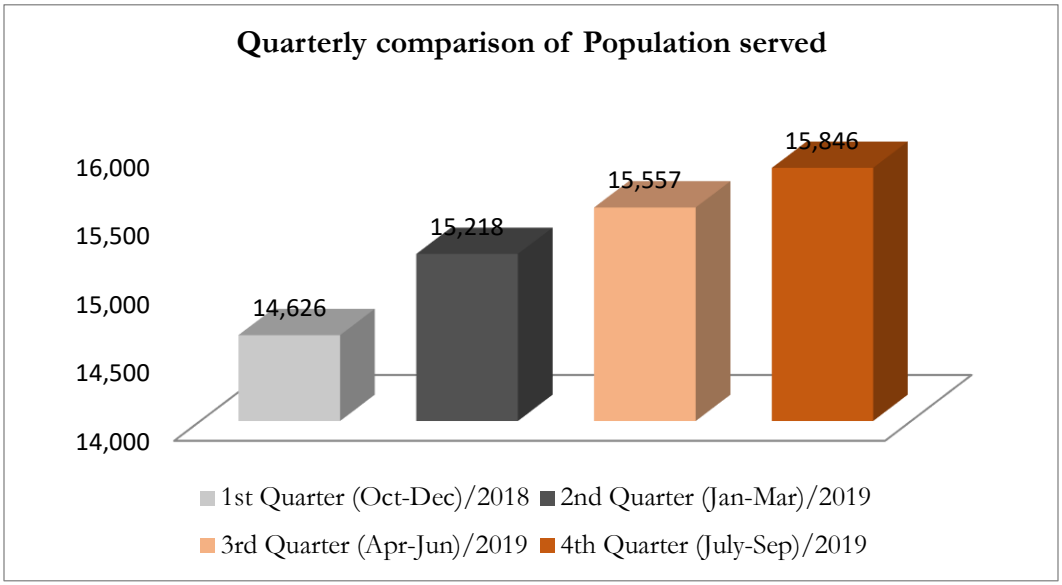
Caption: Verification of beneficiaries at CDP

Table 13: Comparison of Performance: Planned Vs. Actual-2017/2018-2018/2019

		2017-2018			2018-2019		
#	**Indicator**	**Planned**	**Achieved**	**% Achieved**	**Planned**	**Achieved**	**% Achieved**
1	# of beneficiaries disbursed cash	13,975	14,199	102%	61,856	61,247	99.0%
2	# of HH received cash	2,521	2,570	102%	10,452	10,272	98.3%
3	Total amount of cash disbursed	453,225,000	440,169,900	97%	1,917,536,000	1,898,657,000	99.0 %

Data source: AFOD-Uganda primary data, 2017/2018-2018/2019

Fig 7: Quarterly Comparison of population served



Source: Primary Data 2018/2019

The above show a progressive increase in number of beneficiaries served in the 4th quarter (July-September 2019) as compared to the rest of the quarters. This was attributed to more people enrolled and verified into the programme and better complaint management and resolution at litigation by the partners including OPM, UNHCR, HADS and AFOD. There was a percentage increase of 1.82% in the 4th Quarter from the 3rd quarter.

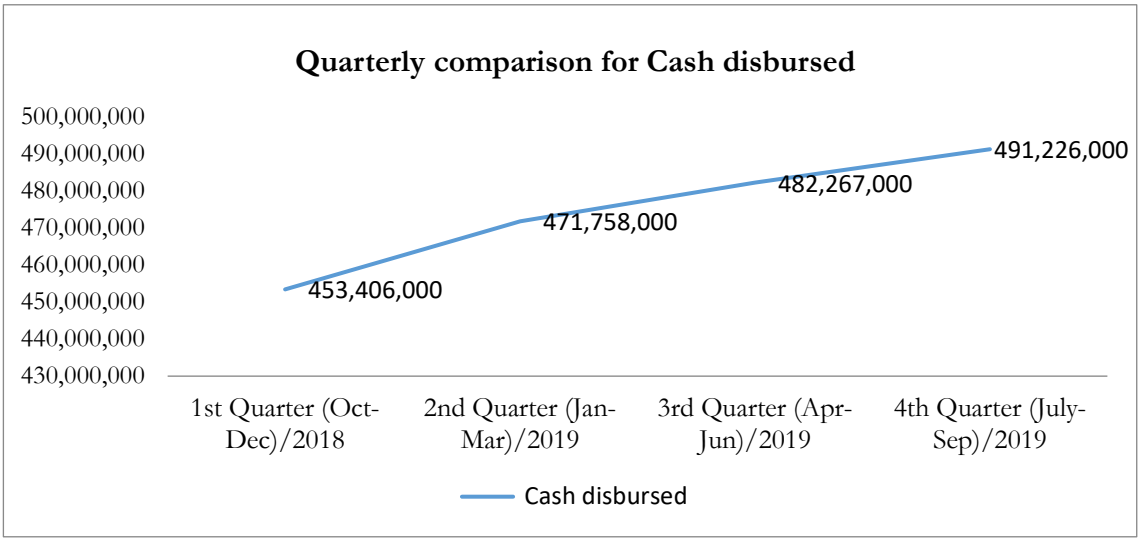
Table 14: Showing percentage served over the 4 quarters

Quarters	Planned	Achieved	Not served	Percentage served
Quarter 1 (Oct-Dec)	459079000	453406000	5673000	98.76426%
Quarter 2 (Jan-Mar)	474889000	471758000	3131000	99.34069%
Quarter 3 (April-June)	488591000	482267000	6324000	98.70567%
Quarter 4 (July-Sep)	494,977,000	491226000	3751000	99.24219%

Source: Primary Data 2018/2019

The above table shows the percentage served in the four quarters. All quarters show good percentages of the beneficiaries served. This was mainly attributed to the good mobilization by AFOD, good coordination of partners and sensitization of POCs whereby most litigation cases are solved thus beneficiaries receiving cash.

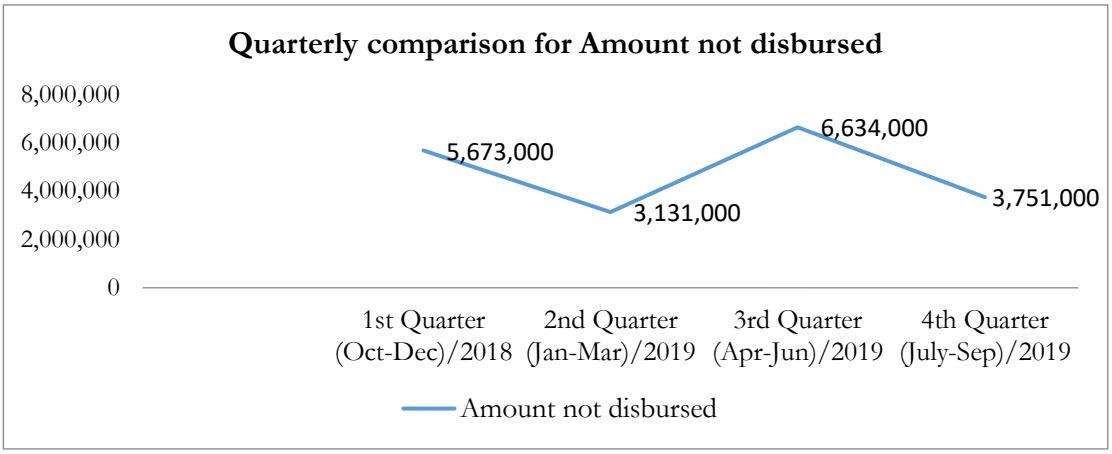
Fig 8: Quarterly trends of cash disbursed



Source: Primary Data 2018/2019

The total amount of cash disbursed in the fourth quarter was 491,226000 Uganda shillings as compared to quarter one 453,406,000 Uganda shillings, this show an increase by 37,820,000 Uganda shillings

Fig 9: Trends of cash not disbursed



Source: Primary Data 2018/2019

The above graph indicates a 20.39% decrease in the number of beneficiaries not served with cash in the fourth quarter as compared to the first quarter. The reduction was due to continued sensitizations on dangers of missing cash three times as well as encouragement of beneficiaries who are out of the settlement to take contacts of those staying in the clusters. Quarter two had the lowest number of beneficiaries to whom cash was disbursed. In addition, AFOD is engaging the beneficiaries through awareness campaigns to always try to ensure they are available to collect their cash entitlements.

3.4: MATERNAL CHILD HEALTH AND NUTRITION-KOBOKO DISTRICT

According to the 2017 FSNA in the refugee settlements and hosting districts, it was found that in West Nile settlements, the prevalence of acute malnutrition and anemia were apparent with some variations. The highest global acute malnutrition, GAM (WHZ < -2 SD) prevalence was 12.3% (9.6-15.7% C.I) in Palabek. Other settlements in West Nile region found with higher GAM prevalence were Adjumani at 11.8% (9.3-14.8% C.I), Bidibidi at 11.8% (9.0-15.3% C.I), and Palorinya at 11.1% (7.7-15.6% C.I). Based on the World Health Organization (WHO) classification on public health significance for children under 5 years of age, GAM prevalence between 10-14% is classified as "SERIOUS" level nutrition situation. However, the higher confidence intervals of GAM prevalence in Palabek, Bidibidi, and Palorinya settlements fall above the 15% of "EMERGENCY THRESHOLDS". It is upon this background that WFP partnered with AFOD Uganda to provide MCHN and TSFP to the hosts and refugee communities in Koboko districts in the settlements of Lobule, a baseline assessment finding conducted by AFOD confirmed the 2017 FSNA malnutrition situation in West Nile region, in Koboko; GAM was found to be at 5.6, SAM 1.1, the prevalence of oedema was 0.6%, Stunting 23.4% and underweight 12.9%, low birth weight was 9.0%, SAM more common among age groups of 6-17 months (1.2%).

Caption : VHT doing MUAC screening of the children to rapidly identify MAM and SAM cases for referral and right Nutrition education community outreach at Lurujo

3.4.1 Project Achievements:

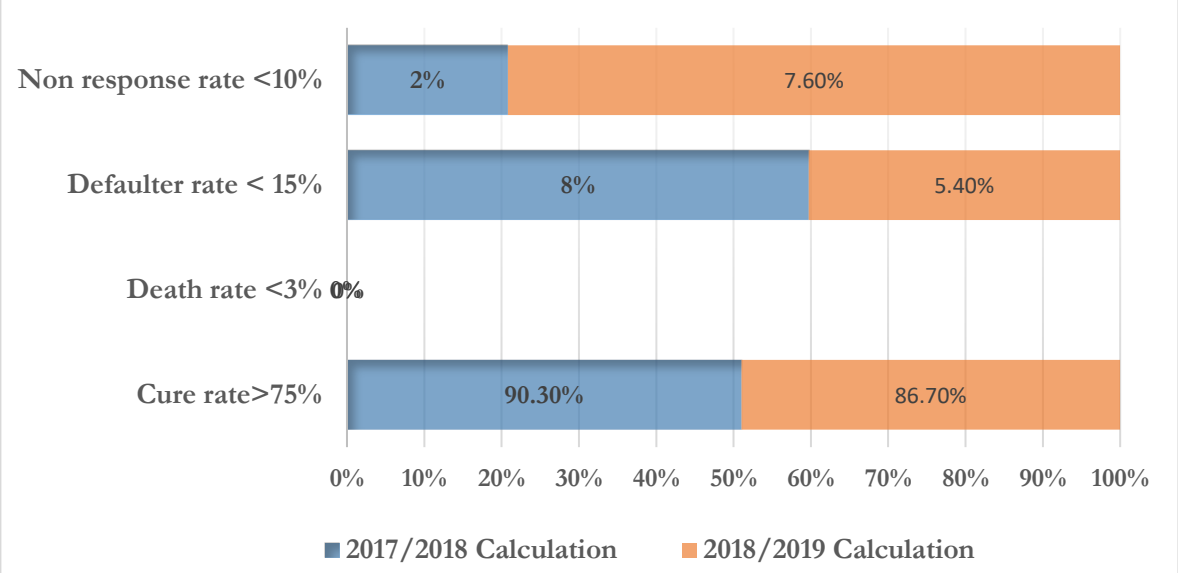
The key performance indicators under the MCHN program are; Number of beneficiaries reached with Health and Nutrition messages both in community and Health Facilities, Numbers of children 0-59 screened at both community and health facilities, Numbers of PLWs screened at both community and health facilities and Proportion of food distributed to beneficiaries versus planned as per FLA (Total MT).

Table 15: Comparison of performance: Planned Vs. Actual 2017/2018-2018/2019

		2017/2018			2018/2019		
#	Indicator	Planned Annual	Achieved	% achieved	Planned Annual	Achieved	% Achieved
1	Number of beneficiaries reached with Health and Nutrition messages both in community and Health Facilities.	13,282	32,160	242.13%	13,282	41,506	312%
2	Numbers of children 0-59 screened at both community and health facilities	8,985	19,039	211.90%	8,985	20,428	227%
3	Numbers of PLWs screened at both community and health facilities	4,296	10,708	249.26%	4,296	18,055	420%
4	Proportion of food distributed to beneficiaries versus planned (MT)	56.7	212.83	375.36%	56.7	270.058	476%

Data source: AFOD-Uganda primary data, 2017/2018-2018/2019

Fig 10: Comparison of Indicators on Sphere standards 2017/2018-2018/2019



Data source: AFOD-Uganda primary data, 2017/2018-2018/2019

All the key indicators above have met the minimum acceptable rates according to the SPHERE standards for TSFP that indicate acceptable levels as; Cure rate > 75%, death rate <3%, Defaulter rate < 15% and Non-response rate of <10%. These rates are all within the acceptable SPHERE standards as seen above. The targets were met with emphasis on adherence and uptake of nutrition education provided to the beneficiaries.

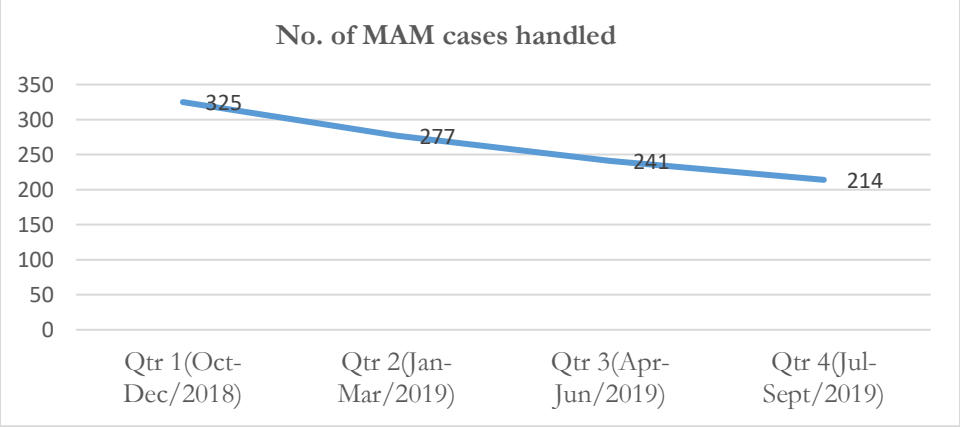
Table 16: Indicators presented in result form

No	Indicators	Qtr1 Oct-Dec 2018	Qtr2 Jan-Mar 2019	Qtr3 Apr-Jun 2019	Qtr4 July-Sep 2019	% Change	Total
1	# of MAM cases handled	325	277	241	214	-54.85%	1531
2	1st ANC attendance	640	773	732	629	24.06%	3281
3	4th ANC visit at HFs	369	440	442	562	114.50%	2075
4	# of low birth weight recorded at HFs	14	24	13	11	0.00%	73
5	# of PNC attendance	1217	1068	1449	1256	95.94%	5631
6	# of children received full immunization	319	662	975	503	14.84%	2897
7	# of safe delivery reported at HFs	420	417	451	410	-2.15%	2117
8	MCHN number reached	8586	12353	11857	8530	-18.35%	51773
9	TSFP number reached	325	328	262	296	16.54%	1465

Source: Primary Data 2018/2019

Many of the above outcome indicators show an incremental change on comparing the first quarter and the fourth quarter values including the reduction in the trend of MAM cases, an indication that the preventive approaches are having a positive effect among the target beneficiaries. The indicators on low birthweights recorded, safe deliveries and MCHN numbers reached however have not shown much of an increment. This could be attributed to the changes in the rations and food basket from the month of May following the discontinuation of the use of CSB+ due to suspected food poisoning in Karamoja, it was realized that beneficiaries generally have more preference for the quantitative basket with CSB+ including vegetable cooking oil and Sugar. Looking at the KPIs, overall, AFOD performed above average.

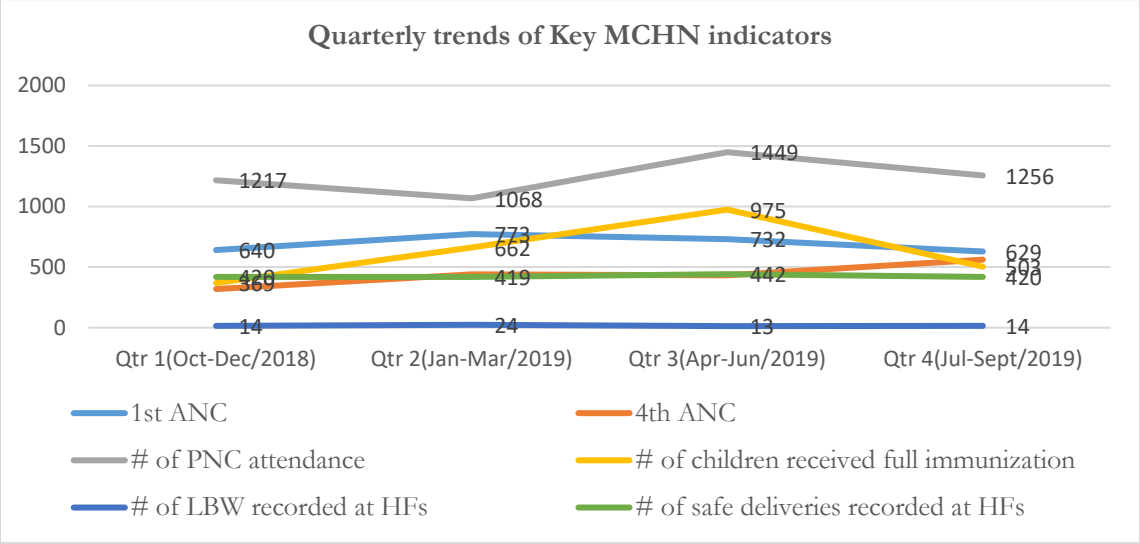
Fig 11: Quarterly Trends of MAM cases Handled



Source: Primary Data 2018/2019

The results show a 34.15% reduction in the number of MAM cases handled in the last quarter (July-Sept 2019) as compared to the first quarter (October-December 2018). This could be attributed to adherence to the continuous sensitization and education messages given to the beneficiaries during both clinic sessions and community outreaches. Kitchen gardening at homes of mothers and hygiene practices.

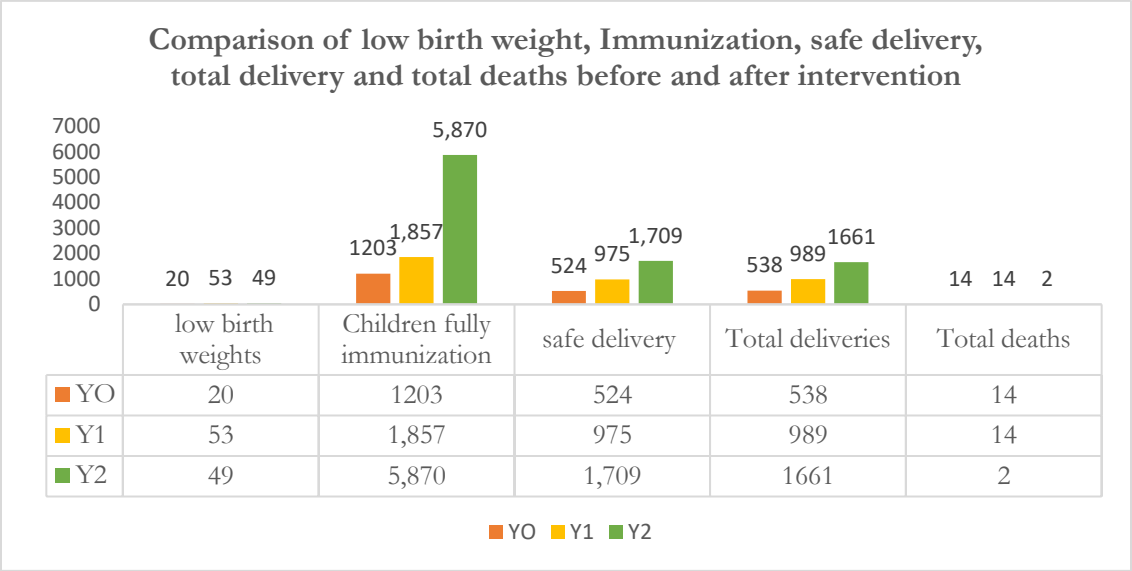
Figure 12: Quarterly Trends of Key MCHN Indicators



Source: Primary Data 2018/2019

Results for comparison of key output indicators such as 1st and 4th ANC attendances, PNC attendances, number of children fully immunized and key outcome indicators like number of safe deliveries and number of children with low birth weight are revealed in the Figure below.

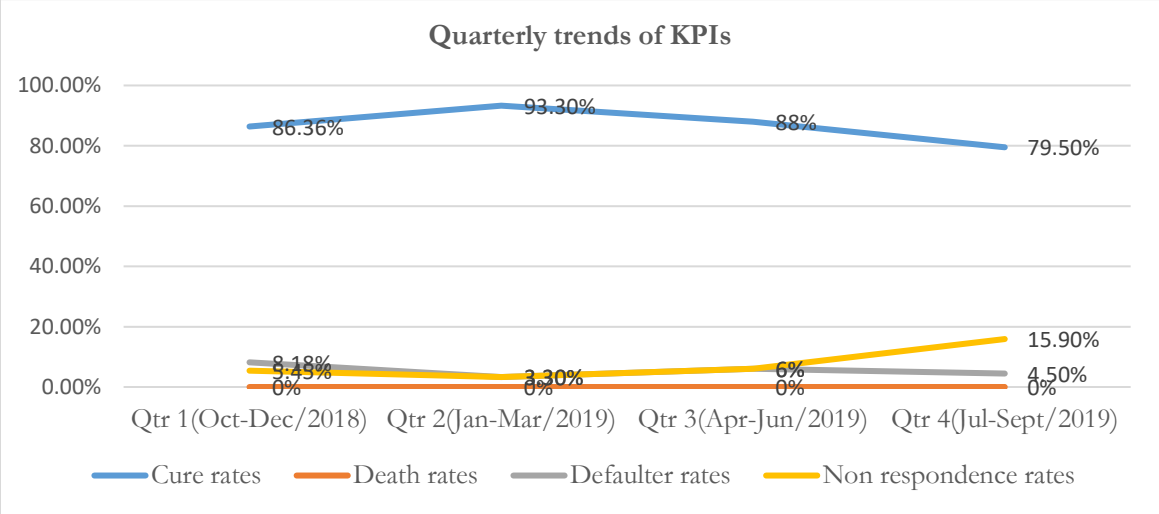
Fig 13: Comparison of birth weight, immunized, safe deliveries and deaths



Source: Primary Data 2018/2019

There has been a general increment in most of the indicators, specifically for fully immunized children and safe deliveries at the facilities of operation. The increments are 387.9% and 226.1% respectively. Death rates at the health facilities have reduced by 85.7% comparing year 2 and year before project implementation. Comparison of results of year 1 and year 2 of project implementation indicate a 68.4% and 42.9% increment in fully immunized and safe deliveries.

Fig 14: Quarterly trends of Key Outcome Indicators:



Source: Primary Data 2018/2019

SPHERE standards for a TSFP are; Cure rate>75%, Default rate< 15%, Death rate< 3% and Non-response rate< 10% (NRR). The results show that all the outcome indicators met the SPHERE standards in the fourth quarter with exception of the Non response rate which could have been as a result of the effect of ration change from CSB+ to CSB++.

4.0: THEMATIC AREA: WATER, SANITATION, HYGIENE AND SUSTAINABLE ENVIRONMENTAL MANAGEMENT

Strategic Objective 3: Increasing access to and use of safe water, sanitation, hygiene and sustainable environmental management services.

Although funding affected the implementation of this thematic programme, WASH/SEM services was integrated into the different programmes due to the fact that provision of adequate water, sanitation and hygiene services to the beneficiaries is not only an essential component of the requirements of public health service delivery but an essential package in humanitarian intervention.

WASH services through provision of water and hygiene facilities for hand washing during general food distribution in all refugee settlements has been a key intervention**.** Having adequate access to water and sanitation services in the settlements led to reduced cases of water related diseases such as cholera, typhoid and dysentery as well as threats of Ebola transmission among others.

Under Sustainable Environmental health management**, t**here has been strong engagement by AFOD with communities to ensure that tree planting as a complementary activity targets all refugee settlements. AFOD programmes are based on current evidence of rapid environmental degradation in all refugee settlements caused by high demand for firewood, charcoal and protection threats especially to women hence its integration in the general food distribution in all refugee settlements and formation of environmental management committee to safeguard the trees planted and ensure environmental awareness. WASH and SEM interventions calls for concerted efforts and funding for replication.

Eucalyptus trees planted at Chinyi FDP

5.0: THEMATIC AREA: SOCIAL PROTECTION AND PSYCHOSCIAL SERVICES

Strategic Objective 4: Increasing access to social protection and gender-based violence services.

Refugees have a fundamental right to protection, care and support by the government and its partner's especially vulnerable children, young persons, women and the elderly in communities. Our Social protection approach included; responses to protect vulnerable beneficiaries from risks, vulnerabilities and deprivations.

In refugee settlements, children and women face a multitude of risks, such as abuse, early marriage, violence including sexual and gender based violence, separation from families, lack of appropriate care, deprivation and child labour. Over the year, interventions focused on handling cases related to; alternates for PSN (persons with special needs, unaccompanied minors, absent household heads collector, one time alternate collectors, non-eligible cash collector, beneficiary not found in biometrics system, relocation cases, registered beneficiaries living in another settlements, elderly and disabled persons among others. The total number of extremely vulnerable individuals supported were as illustrated in the table below:

Table 17: Beneficiaries served disaggregated by field location

No	Field Location	Beneficiaries served
1	Adjumani	7,858
2	Palorinya-Moyo	554
3	Lobule-Koboko	282
	Total	**7,858**

Source: Primary Data 2018/2019

6.0: THEMATIC AREA: RESEARCH AND INNOVATION

Strategic Objective 5: Generation of knowledge to influence policies and decisions for improved programming and advocacy.

Research and innovations are very crucial in the provision of evidence based social interventions. AFOD Uganda in the previous year did not engage in operational research. There is need to strengthen and support the established M&E team to be able to generate information for advocacy for improve social policies and practices in improving quality of programming and information generation. However, some M&E activities were conducted to provide a basis for informed decision making processes:

2.6.1 Monitoring and Evaluation System

AFOD has a well-developed M&E plan, policy, research strategy, tools and guideline documents as a necessary foundation for building an effective and efficient M&E system. For implementing M&E frame work, AFOD has been addressing systems elements like; human resources for M&E, information systems, functional annual programme data base and capacity building. The performance of the country program strategy was monitored and evaluated in line with globally agreed, national, sector specific and donor required monitoring and evaluation frameworks.

2.6.2 Onsite Distribution Monitoring

Daily onsite monitoring during and after food distribution was conducted to verify commodities condition and stacking process, distribution points and sanitary facilities for both genders, crowd management, presence of Food Management Committees at FDPs, labeling of verification areas, Litigation Area and complain desk, community participation in activities like; scooping, crowd control, porters and general overseeing of food distribution.

2.6.3 Post Distribution Monitoring

PDM was conducted quarterly aimed at; determining the effectives of the food and cash assistance on the refugees food security situation, assess the beneficiary perceptions on targeting on the transfer modalities, quality and quantity, gender roles, protection and accountability issues at the final distribution points and inform transformative programming in the Refugee setups.

2.5.4 Risk profile and management matrix 2018/2019

Risk profiling and management plan was designed to provide the organization with a wider scope of validating and using tested method to consistently manage programme and projects risks ensuring mitigation strategies are put in place for organizational success, improvement and sustainability. This involved the processes of identification, assessment, ranking, mitigation, tracking, control and management of risks. AFOD's risk profiles are reviewed every financial year, risks that have been documented in the previous financial year and have been addressed,

does not feature in the preceding year as new risks are identified and profiled. The table below is an example of a simple Risk Scoring Matrix:

	Seriousness					
		Very Low	Low	Medium	High	Very High
Probability (Likelihood)	Very High					
	High					
	Medium					
	Low					
	Very Low					

Source: Risk management plan 2018/2019

Table 18: Risk Flag

Score	Definition
High	An event that is extremely or very likely to occur and whose occurrence will impact the project's cost (and/or schedule) so severely that the project will be terminated or will cause significant cost (and/or schedule) increases (e.g., increases of more than 5 percent) on the project; this risk should be escalated (where possible) and reviewed frequently
Medium	An event that has a 50-50 chance of occurring and, if it occurs, will cause noticeable cost (and/or schedule) increases (e.g., increases of not more than 5 percent) on the project; this risk should be reviewed regularly
Low	An event that is unlikely or very unlikely to occur and, if it occurs, will cause small or no cost (and/or schedule) increase that, in most cases, can be absorbed by the project

Source: Risk management plan 2018/2019

Table 19: Risk Scores

Likelihood scale		**Impact scale**	
Score	**Likelihood**	**Score**	**Impact**
1	Very unlikely	1	Negligible
2	Unlikely	2	Minor
3	Moderately likely	3	Moderate
4	Likely	4	Severe
5	Very likely	5	Critical

Table 20: Risk Register / Action Plan

Risk Description	Likelihood	Impact	Seriousness	Existing Measures & Controls in place	New Mitigation Actions
Contextual risks: Tribal conflicts in settlements- poses staff safety and security problems in some refugee settlements	3	4	12	Separation of conflicting tribes among different settlements by UNCHR, Inter -agency security briefs, Use of refugee elders in solving existing conflicts	-Regular updates of security situation by security actors Regular monitoring of situation -Regular monitoring of situation and having regular meeting with community leadership.
Contextual risks: Insecurity in South Sudan leading to more influx hence more demand of services from humanitarian actors and change in programme priorities	3	4	12	Monitoring of the political and security situation in South Sudan and contingency plans by humanitarian actor.	Regular updates of the political & security situation from sister organization AFOD South Sudan
Programmatic risks: Outbreak of diseases like Ebola in West Nile region leading to suspension of designed programme implementation	3	5	15	Surveillance by Government of Uganda Ministry of Health and Health experts along the Uganda DRC borders particularly crossing points	Staff and beneficiary training on response. Enrolment of key staff on CDC health alert network for timely updates.
Programmatic Risk: Pipeline breaks due to shortage of donor funding could compromise timely delivery of assistance to the beneficiaries.	3	4	12	Advocacy with donors for resources required to fund the operation to ensure healthy pipeline. WFP provides regular updates to partners during Food Sector Meetings	Timely sensitization of beneficiaries
Programmatic risk: Slow adoption of complementary programmes like SBCC strategies on nutrition/environmental activities leading to slow realization of impact	3	2	6	Involvement of community at design phase and constant sensitization. Use of best SBCC strategy to convey message.	Formation of refugee and host community environmental management committees for community sensitization.

Institutional Risk: Fraudulent activity by staff leading to loss of project resources.	3	5	15	Anti-fraud policy, whistleblowers policy, HR manual, Finance manual	More regular supervision visits to the field, introduction of additional internal controls like using mobile device for causal attendance recording
Programme risks: Distribution of contaminated nutrition commodities e.g. Super Cereal (CSB+)	2	4	8	Suspend distribution of contaminated commodity	Liaising with WFP to ensure enforcement of standards in protection of the public health and safety against dangerous, counterfeit and substandard nutritious products
Programmatic risks: Project cost might exceed the amount budgeted.	2	3	6	Monitor project expenditure regularly and incase of increase due to modification of project activities seek donor authorization.	Monthly reconciliation of expenditure and conducting Internal Budget Variance Analysis (BVA)
Institutional Risk: Untimely reimbursement of funds by WFP and delayed processing of invoices	3	4	12	Conducting forecast and use of reserves	Negotiation with partners on upfront disbursements.
Institutional Risk: Labour Market influences staff mobility	2	3	6	Staff motivation and retention	Develop sustainability plan and rosters
Highly volatile inflationary costs	3	2	6	Provision for inflation in budgets to counter volatile markets.	Monitor country inflation rates.
Theft of organization assets	3	5	15	Asset management policy, asset tagging, status reports.	Mobile trackers for moveable assets

Source: Risk management plan 2018/2019

The risk register above provides a standard method to calculate grading based upon a combination of multiplication of likelihood and impact ratings to determine the level of seriousness which is based on a scale of 1-25 with 1 being unlikely risk with a negligible impact and 25 being very likely occurrence of risks with a critical impact.

7.0 THEMATIC AREA: INSTITUTIONAL CAPACITY BUILDING

Strategic objective 6: strengthening organizational capacity to effectively and efficiently govern, lead and manage the country program

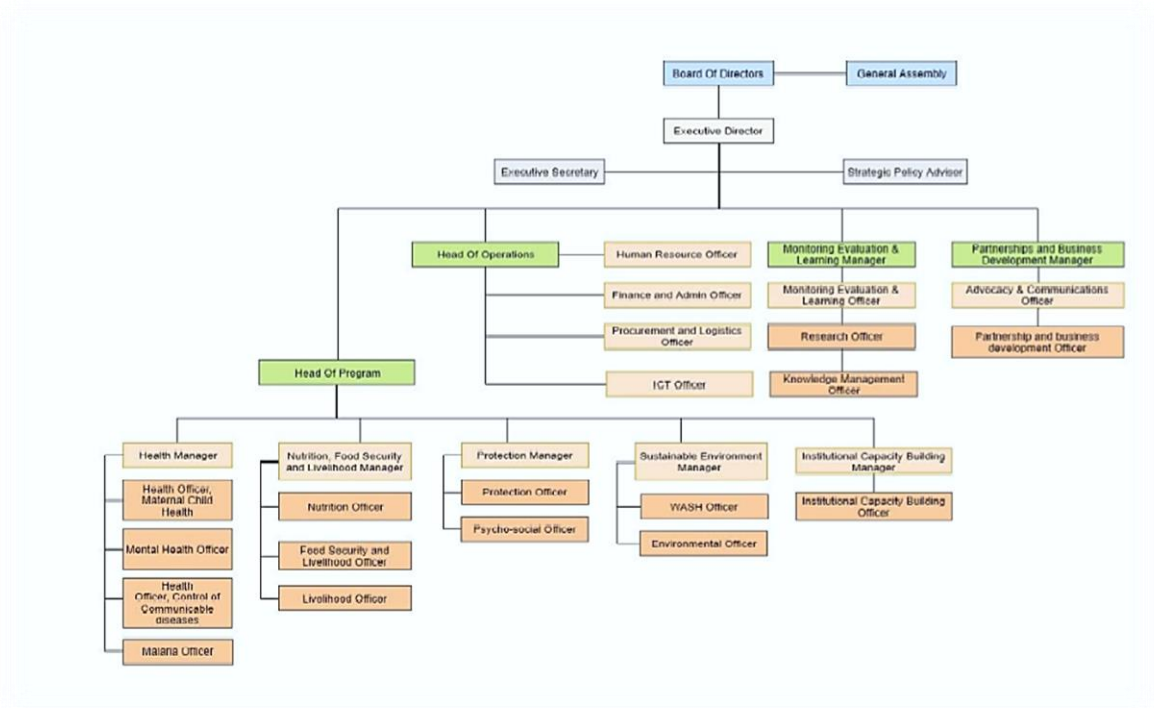
7.1 AFOD Uganda Board Members and Senior Management Team

AFOD is fully governed by experienced and committed board members guided with a well-structured and a hybrid organizational structure that incorporates elements of functional, geographical and project management to effectively and efficiently implement its country programme strategy through the following key governance structures; the Annual General Assembly /stakeholders' forum; the Board of Directors and the Country Program Senior Management Team (SMT), respective field SMT and programme managers.

Table 21: AFOD Uganda Board members and SMT

	Board Members	
No	**Board Of Directors**	**Designation**
1	Dr. George Bhoka Didi	Chairman
2	Dr. Joyce Moriku	Member
3	Prof. Faustino Orach-Meza	Member
4	Mr. Ecega Alfred Guli	Member
5	Mr. Arizi Primo Vunni	Secretary
	Senior Management team	
No	**Senior Management Team**	**Designation**
1	Mr. Arizi Primo Vunni	Executive Director
2	Mr. Ecega Alfred Guli	Senior Policy Advisor
3	Mr. Raymond Otim	Senior Program Advisor
4	Mr. Maliamungu Habib Uthuman	Operations Manager
5	Mr. Econga Geoffrey	MEAL Manager
6	Mr. Paul Ogwang	Finance Manager

7.2 Organizational Organogram

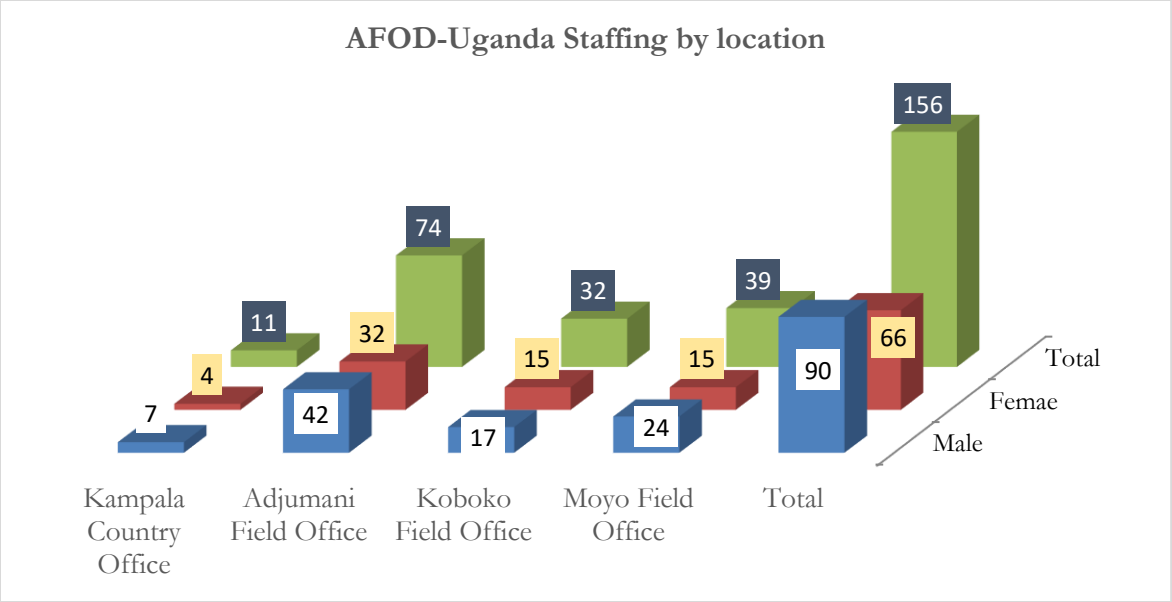


7.3 Human Resource and Administrative Systems Performances

The efficiency of any organization relies primarily on the efficiency of the Human Resource and finding the best elements of human power. AFOD Uganda Human Resource department are guided by the Human Resource Policy and Procedures that ensure AFOD favourably attracts, motivates, and retains an optimal mix of qualified human capital to enable it to deliver fully on its mission and strategy. With the emerging hyper competitive era in the last few decades, AFOD is looking to integrate the old human resource management system into an automated management information system to facilitate human resource activities; this will add a valuable dimension to the HR functions for efficiency and effectiveness. In the FY 2017/2018, AFOD-Uganda employed a total of 131 staff, most of who are based in the field in west Nile region.

Fig 15: Distribution of AFOD-Uganda Staff by location 2018/2019

AFOD-Uganda employed a total of 156 staff for the period 2018/2019 in the four different locations where we operate; Kampala, Adjumani, Moyo/Obongi and Koboko, in terms of Gender composition, Male constituted 58% and Female 42% of the total staff employed. In 2017/2018 AFOD employed a total of 131 staff compared with 156 in 2018/2019 which is an increase by 19% from the previous FY 2017/2018. With the increase in the number of staff, the HR Department is focussing on migrating to a centralized Human Resource Information System to improve on the efficiency and effective delivery of the department



Source: AFOD-Uganda HR Database, 2018/2019

7.4. Financial management and accounting systems

AFOD Uganda has a sound financial management and accounting policy and a non-consolidated system in place manned by a vibrant and qualified team in compliance with agreed donor and international accounting and financial standards. Due to the expanding program portfolio, AFOD intends to migrate to a more robust/integrated and consolidated software in the near future for better coordination and reporting.

AFOD Uganda has mobilized and managed over Uganda shillings 7,222,395,592 in the last financial year to implement essential social services that were designed to achieve the planned objectives and results set forth in conformity with donor rules and regulations and also in line with international standards.

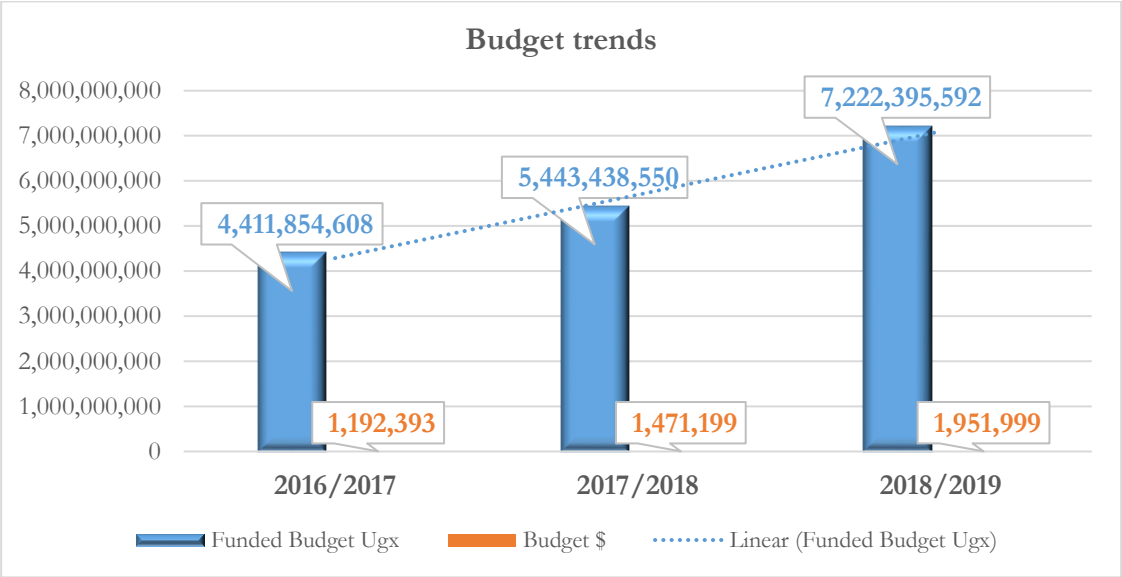
Table 22: Financial overview 2018/2019

Programmes and Locations	Budget FY2018/19	Expenditure 2018/19	Variance 2018/19	% Utilization
Adjumani GFA	3,081,351,712	2,162,399,553	918,952,159	70%
Koboko MCHN	996,115,430	937,046,446	59,068,984	94%
Koboko CBT	684,587,589	633,179,777	51,407,812	92%
Palorinya GFA	2,317,555,329	1,663,605,181	653,950,148	72%
IDI HIV	142,785,532	94,037,588	48,747,944	66%
Total UGX	7,222,395,592	5,490,268,545	1,732,127,047	76%
Total USD	1,951,999	1,483,856	468,142	76%

Note that the exchange rate used in the figure above is USD.1 = UGX.3700

The variance is attributed to difference in AFOD FY (Oct-Sept) and Grants year hence overlaps in financial expenditure and reporting

Fig 16: Budget trends from 2016-2019



Total budget Grant for FY 2018/2019 amounted to Uganda shillings 7,222,395,592 ($1,951,999) and expenditure 5,490,268,545 Uganda shillings ($1,483,856) with a variance of 1,732,127,047 Uganda shillings ($468,142). Institutional donor funding is driving our overall increase in total grant. WFP and IDI/CDC remain our most significant donor for the period 2018/2019. Overall total budget for the period 2018/2019 show a progressive increase in grant from the previous FY 2017/18 by 33% (1,778,957,042 Uganda shillings)

There has been sound programmes fund management with well-defined authorization and approvals terms for any funds disbursements, which were also dependent on programme activities and timelines. Based on AFOD financial statements reviewed, standard financial management approaches have been used in the way programme funds were handled and managed. The financial reports are also indicative of a good value for money in view of programmes/administrative cost area.

7.5 Programme Management Cycle

AFOD Uganda programme uses a program cycle model from the planning phase, implementation (delivering), assessing and evaluation in programming. All AFOD Programmes are designed based on evidence, with sustainability in mind by community to generate a lasting change.

7.6 Procurement and Logistics Systems

AFOD has a Procurement Policy and Procedure manual that sets forth the requirements and guidelines to assist in managing and performing Procurement activities. The policy provides general guidelines in the Purchasing processes as part of the overall internal control structure, audit tests with respect to Purchasing, a set of tools and templates for enhancing the achievement of the 'value for money' objective for AFOD Uganda.

Table 23: Capital Asset Development Values

	Capital Asset	Year 2016/2017	Year 2017/2018	Year 2018/2019	
Asset type	**Quantity**	**Value Ugx**	**Value Ugx**	**Value Ugx**	**Total**
Tata Truck	1	-	202,800,000.00		202,800,000.00
Toyota Pickup D/Cabin	1	163,000,000.00	0		163,000,000.00
Super custom	1	30,500,000.00	0		30,500,000.00
Motorcycles	2	-	37,648,000.00		37,648,000.00
Generator set 6.3KVA	1		8,000,000.00		8,000,000.00
Generator set 20KVA	1	-	54,905,400.00		54,905,400.00
Generator service parts	Assorted			999,000	999,000.00
Desktop Computers	8	9,700,000.00	3,300,000.00		13,000,000.00
Laptop Computers	13	-	20,530,000.00	17,550,000	38,080,000.00
Laptop Back Packs	10			800,000	800,000.00
Printers	7	1,250,000.00	7,400,000.00	2,375,000	11,025,000.00
Projectors	1	1,239,000.00	-		1,239,000.00
Internet Routers	5	2,073,000.00	809,000.00		2,882,000.00
Cash Safes	3	-	2,400,000.00		2,400,000.00
Water dispensers	4	-	2,080,000.00		2,080,000.00
Branded Camp Tents	3	-	2,950,000.00	7,030,000	9,980,000.00
File cabinets	6	-	2,949,153.00		2,949,153.00
Office furniture assorted	103	13,644,237.00	17,152,289.00	4,910,000	35,706,526.00
Staff IDs	90			1,800,000	1,800,000.00
Visibility-T-shirts	341			6,372,500	6,372,500.00
Stationary	Assorted			2,980,325	2,980,325.00
Vehicle Hire	11			448,500,000	448,500,000.00
Megaphones	10			1,000,000	1,000,000.00
Total Amount		**221,406,237.00**	**362,923,842.00**	**494,316,825**	**1,078,646,904.00**

Source: AFOD-Uganda PROLOG Database 2018-2019

AFOD Capital Asset Development Values for the period 2018/2019 was Uganda shillings 494,316,825 ($ 133,599) which show a positive trajectory. In 2016/2017 FY, AFOD-Uganda total asset capital development value was 221,406,237 Uganda shillings ($ 59,839), in FY 2017/2018, we progressively grew in value to 362,923,842 Uganda shillings ($ 98,087) with an overall increase in total capital asset development value of 1,078,646,904 Uganda shillings ($ 291,526).

CHAPTER THREE: CHALLENGES, LESSONS LEARNED, BEST PRACTICES AND PRIORITIES FOR 2019/2020

3.1 Introduction:

Chapter three provides an overview of the key bottlenecks encountered, mitigations, lessons learned and good practices for adoption and priorities for 2019/2020.

3.2: Key Programme Bottlenecks Encountered:

While tremendous progress were made in achieving our objectives, AFOD also faced a number of challenges during programme implementation, the most significant of which were:

Table 24: Strategic and programme specific Challenges and Mitigations:

No	Strategic Challenges	
	Challenges	**Mitigations**
1	Funding mechanism with current donors suffocates smooth operation (Reimbursement mechanism).	Establishment of Public Private partnership to complement funding gaps and identifying donors with pre-payment model
2	Short project durations affect system building and impact measurement	Adopting the humanitarian-development nexus approach of implementation and strategize on Multi-year funding opportunities with bilateral donors
3	Highly Negative NGO-Donor Politics	Invest in strategic networking and alliances with donor and stakeholders
	Programme specific challenges	
	HIV/AIDS Project	
4	Drug adherence challenges as some clients refused to take drugs due to lack of food, this is a barrier to achieving the primary goal of antiretroviral (ARV) therapy and suppression of HIV viral load.	Strengthen sensitization on the importance of behavior change, willingness and understanding of the need to adhere to drugs and cessation of excessive alcohol consumption. Additionally enrollment of HIV+ clients for supplementary feeding would enhance drug adherence and uptake
5	Some clients refused to come for ART services because of poor attitudes of the health service providers.	Promote dialogue with health staff to provide warm Reception to ART patients and strengthen home visits approach
6	There are many orphans and vulnerable children in the communities with little social and economic support.	Advocate for provision of livelihood opportunities for orphans and vulnerable children as a form of socio-economic empowerment
7	Stigma in the communities which makes clients refuse to disclose status thus undermines ability to reach people with HIV testing, treatment and prevention services	Strengthening sensitization, adopting systems and practices in both communities and health facilities that provides a comfortable environment for HIV+ patients and identification and addressing barriers to ART access.
8	Some of the clients frequently changed locations, give wrong names and this made it difficult to follow up thus leading to poor retention in care	There is need to strengthen sensitization on the need for clients to refill ART drug when relocating and build capacity of community led case management structures in care programs and follow up
	MCHN AND TSFP	

9	Small storage spaces in the health facilities leading to sharing of temporary space	There is need for WFP and other partners to construct larger storage facilities in these health centers.
10	There is still Un-met need to expand nutrition programme to uncovered district health facilities; this has partly attracted many to the few health facilities where MCHN services is provided	There is need to review the program scope to cover other district health Centre
	Cash Based Transfers	
11	No language interpreters most especially for the Congolese at Koboko HC IV whenever they go to seek for health services.	Health staff encouraged to indicate on the patient cards those can't speak the local languages to identify interpreters for them
12	Beneficiary duplicates due to family splits and accounts sharing after splitting	Beneficiaries encouraged to report early cases of family splits to OPM and HADs the protection partner so that the issue can be timely solved
	General Food Assistance	
13	Poor road networks leading to most of the refugee settlements increases cost and number of distribution days	There is need to periodically rehabilitate and maintain affected roads to ease food transportation, field movement and reduce cost.
14	Tribal conflicts in settlements- poses staff safety and security problems in some refugee settlements	Strengthen community dialogues and policing to ensure harmonised co-existence between host community and refugees and regular updates of security situation by security actors
15	Pipeline breaks due to shortage of some critical commodities and lack of adequate donor funding compromised timely delivery of assistance to the beneficiaries.	Advocate with donors for adequate resources required to fund the operation to ensure smooth pipeline supplies

3.3: Lessons Learned and Good Practices:

We learnt some few lessons and noted some good practices that are worth scaling up to improve country program performance in the years to come. These include the following:

- Work in collaboration with government structure both national and local levels high yield of result.
- Direct interface with the community allows them to participate in identification of their own problems and suggest solutions
- Creativity, innovations and programme integration are very important in providing alternative solutions to programmatic challenges.
- Team work and consultations for unified and evidence-based decision making is critical for effectiveness and efficiency in operations/programmes as well as strong staff commitment and a highly motivated work force are key.

3.4 Our Priorities for 2019-2020

- Innovating and Adopting program models that can deliver deeper impact and attract more funding sources and philanthropic grants.
- Establishing wider levels of collaboration/consortium with other partners to ensure we collectively achieve greater impact, including governments, multilaterals, institutions and corporates.
- Mobilizing funding by focusing on securing bigger and more impactful multiyear grants from institutional donors, and matching funds from smaller trusts and foundations.
- Align strategies to address priority needs and interventions with donor requirements and in line with sustainable development goals
- Continue to map vulnerable communities, partners and intervene based on the outcomes.
- Scale up promising and good practices within the current geographical scope and other planned regions.

ANNEX: HUMANI INTEREST STORIES

A COMMUNITY TETHERED THROUGH SAVINGS AND FININCIAL LITERACY!

Caption: Moribongo Saving Group: Credit: Cash Based team

AFOD-Uganda in partnership with WFP is implementing a Cash Based transfer in Lobule settlements, Koboko District, West Nile Region where each refugee receives a cash assistance of 31,000 Uganda shillings per month. In cycle 12 of December 2018, AFOD served a total of 845 households, 4952 individuals (2971 females and 1981 males) were served with 153,512,000 Uganda shillings representing 98.53% of the planned population. To complement the cash distribution, AFOD equips the refugees with financial Literacy skills with a focus on; budgeting, wise money management and savings skills.

Lobule settlement has 8 clusters including Adologo cluster where persons of concern from this cluster have taken the financial literacy education given to them by AFOD Uganda seriously. These members formed this savings group to borrow some money from the pool to improve their livelihoods and they pay it back with some small interest.

The chairperson of MORIBONGO savings group a Congolese, who came to Uganda on the 14th/09/2013 said, their saving group started on 11th /03/2017 with a total of 30 people (10 men and 20 women). Every member saves between 1,000/= to 5,000/=per person, "The money that we save is got from the casual labour we offer to the host community (80% of the money), 10% from the agricultural work where we hire land from the host community and the remaining 10% from the cash they we are entitled to per cycle. The group is only for the refugee community. John the treasure of the savings group who came to Uganda on 14th/09/2013 says, "*We have managed to save 3,300,000/=, loaned out 2,000,000/= with 10% interest 800,000/= which adds up to a total of 6,100,000/= of Moribongo savings". The main goal of our savings group is to buy iron sheets for every member in the group to act as a remedy for termites, which keeps on eating the grass thatched huts.*

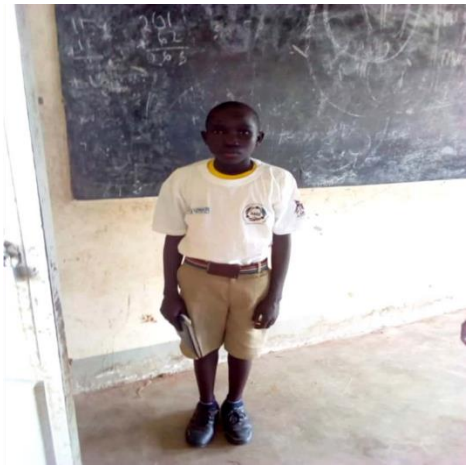
When asked about the benefits of the savings, the treasure said "*Before joining the savings group, we had no access to loans but with AFOD's financial literacy education, we now have the knowledge and can now access loans to address some issues such as fees, medication and other basic needs which was a big challenge to us".*

He further boasted that "*We are now a united and coordinated community through savings!"* hence "*Our Black Gold through Savings and Financial Literacy!*"

The treasurer encouraged other members who have not joined the group to join in order to enjoy sure benefits and learn from the financial literacy given by AFOD.

In conclusion, the chairperson on behalf of the saving group thanked AFOD, WFP and other partners for taking the initiative of supporting them as refugees and the host community for allowing them to stay together.

A BENEFICIARY OF CASH BASED TRANSFER PROGRAMME EXCELS IN 2018 UGANDA'S PRIMARY LEAVING EXAMINATION IN KOBOKO



Caption: Anyole Samuel posing for a photo

Uganda is now home to about 1.2 million refugees, more than half of them from South Sudan and the Democratic Republic of Congo (DRC). The country maintains an open door policy towards refugees, an attribute that has turned Uganda into model case in the handling of refugees. Free education has been one of the key social services that refugees who sought comfort in Uganda enjoy alongside host communities allowing them opportunity to acquire knowledge and skills. Uganda has about 517,000 refugee children at primary level with 217,000 new refugee arrivals anticipated by the end of 2020, another 130,200 pupils will need pre to post-primary education services, putting a further strain on the already stretched capacity of national and district-level education systems and compromising both access to and quality of education service delivery.

AFOD-Uganda in partnership with World Food Programme through WFP service provider Post Bank is implementing a Cash Based Transfer in Lobule settlements, Lobule Sub-County in Koboko District where refugees receive cash assistance on a monthly basis as well as being equipped with financial literacy skills. Through Cash based transfer, refugees are able to meet their basic needs.

In an interview with a CBT beneficiary, here is what he had to say, '*My name is Tom a 57 year old Congolese who came to Uganda in October 2013 due to insurgency in DRC. I appreciate AFOD Uganda and WFP for the monthly cash entitlements I receive, which boosted my son`s performance through timely payment of school fees and provision of scholastic materials. My son Samuel emerged the best in 2018 PLE in Lobule settlement, Koboko district scoring aggregate 8 in PLE with a Credit 3 in English, Distinction 2 in SST, Distinction 2 in Science and Distinction 1 in Mathematics at Padrombu primary school in lobule sub county'. Even with family size 4 where I receive a meagre 124,000 Uganda shillings, I have managed to prioritize and pay for my son's education'. 'Amidst a number of financial constraints like; high cost of scholastic materials, school uniforms and examination fees, my son was able to excel.*

AFOD –Uganda and other partners have documented key barriers that hinders refugee's access to education as; long distance between homes and the nearest schools, poor school facilities and early marriage, the highest prevalence of child marriage is in Northern Uganda where majority of refugees hosting districts are located at 59%, followed by Western region (58%), Eastern region (52%), East central (52%), West Nile (50%), Central (41%), South west (37%), and lowest in Kampala (21%). In addition, 2018 joint inter-agency MSNA report points to language barrier as a critical factor preventing refugee children in Uganda from accessing quality education. While the South Sudanese primary school curriculum is in English and has some similarities to the Ugandan primary school curriculum, refugees from Burundi, DRC and other Francophone countries face challenges in adjusting to a new curriculum in a foreign language. In order to build on the momentum created by other global initiatives

and to sufficiently address the Sustainable Development Goals (SDGs). A concerted integrated strategy by NGOs and partners is therefore required to address these barriers taking into account girls' specific vulnerabilities.

AFOD TRANSFORMING PERENNIAL CHALLENGES INTO OPPORTUNITIES FOR COMMUNITY RESILLIENCE USING VSLA!

Caption: Madang Saving Group meeting

AFOD-Uganda in partnership with World Food Programme is implementing a Cash Based Transfer modality from July 2018-June 2019 in 8 clusters in Lobule settlements, Lobule Sub-County in Koboko District where the refugee beneficiaries receive assistance in form of cash of Uganda shillings 31,000 per person, per month.

AFOD has been equipping refugees with financial literacy skills as a complementary activity to reduce poverty by financially and socially empowering the poor and vulnerable refugees. VSLA is being encouraged by AFOD to provide members a safe place to save, access small loans and obtain emergency insurance.

Madang savings group found in Kuku cluster in zone B has strengthened their savings initiative with the support from AFOD with the aim of improving standards of living of their members. The savings group started on 6th May 2015, with a total number of 28 (6 men and 22 women) who are all refugees. This group sits every Wednesday where every member saves a minimum of 1,000 UGX to a maximum of 5000 UGX weekly. Last year, the group members managed to save 3,800,000 UGX and acquired an interest of 1,200,000 UGX and a welfare contribution of 65,000 UGX".

In an interviewed with a former secretary of Madanga Savings Group, here are his excerpts, '*I came to Uganda from the Democratic Republic of Congo on 15th October 2013 due to insurgency that forced thousands of people to flee their homes with many crossing the border into Uganda and mainly settled in Lobule, I was registered by OPM in 2013 and in July 2018, I started receiving my cash entitlements*". On the benefits of the saving group, the treasure of the group Doreen 40 years of age says, '*the saving group has helped members to access small loans in cases of emergencies, boosted our relationship with the host community and among the beneficiaries, encouraged us to work hard, learned how to save, acquired knowledge on record keeping and boosted our unity which was not the case before. All the above benefits were hard to come by before".* When asked about the source of money they save, she said, '*We offer labor to the host community, selling of the crops we cultivate and our monthly cash entitlements'.*

John a 37 year old member of the group said '*we have been able to transform perennial challenges into opportunities. Since the inception of the association, most of the members in Kuku have accessed small loans to pay fees and cater for the needs of their children, these are things we could not do prior to AFOD/WFP intervention. "My standard of living has positively improved through the products of VSLA savings and loans insurance.*" says John. "*I urge other refugees who are not in any savings group to join us because this is the only way for us to share new ideas when we meet.*" *And in case of any opportunity as a group, we would prefer to pool our resources and invest in selling produce (rice) because it has more profit and ready market. As Madang savings group, we take this opportunity to thank AFOD, WFP, OPM and UHHCR for supporting us in various ways and more so, the government of Uganda for according us a hospitable and receptive environment that allows refugees participate in agriculture regardless of our status.*

HOW GABRIEL DENG A BENEFICIARY OF CASH AID HAS TRANSFORMED INTO A PROGRESSIVE FARMER-NYUMANZI REFUGEE SETTLEMENT-ADJUMANI

Gabriel Deng with his brother at his 4-acre Cassava farm-Nyumanzi

Gabriel's Groundnuts farm at Nyumanzi Refugee settlement

Despite Uganda's progressive approach to refugee management, refugees living in settlements and their host communities remain vulnerable and at risk of recurring shocks. At least 80% of refugees in Uganda live below the international poverty line of US$ 1.9 per day. (Source: FAO and OPM. Food Security, Resilience and Well-being Analysis in Northern Uganda).

Gabriel Akim Deng is a 45-year-old refugee of South Sudan origin who came to Uganda on 24th April 2014 with thousands of other south Sudanese due to the conflict, He narrates, "*I left South Sudan when the war broke out between the Dinkas and Nuer which left many south Sudanese homeless. Together with my family of nine members, we arrived in Uganda through the Nimule Elegu border and we were relocated to Dzaipi reception centre, from the reception centre, we were resettled at Nyumanzi Refugee Settlement, we were provided with Non-Food Items by UNHCR (including blankets, tools like hoes, panga and other household items saucepans and mosquito nets) and began to receive Food items from WFP".*

The food aid provided by the World Food Programme has been beneficial to me and my family but I needed to overcome the dependency on food and cash aid as advised by AFOD during sensitization meetings, he recaps, *"I did not have any other source of food, I started receiving food right from the time I arrived at Nyumanzi Refugee settlement. I later on enrolled into the cash program." When I started receiving cash, I started saving part of the money. With the savings, I was able to rent land measuring 1 acre and planted cassava. The yield was good and I got 25 bags of cassava which I dried, I sold a basin of dried cassava at 18,000 Ugx and a full bag of five basins was worth about 90,000 Ugx hence able to raise 2,250,000 Uganda shillings (USD 608) from the 25 bags. I have since then increased to 4 acres and hope to expand in the near future. I will continue farming as it has made me progress and now I have a livelihood that I and my family can depend on other than relying only on the cash entitlement we receive from the WFP Cash programme. AFOD and WFP have made me optimistic about the future; I plan to open up a produce store one day that will help me provide a better quality of life for my family and enable me send my children to better schools.*

In an interview with other beneficiaries about Gabriel, here are their excerpts, 'We have also benefited from Gabriel's farming venture." He does not take his food items to sell to far away markets but rather

to fellow refugees at cheaper prices where both the refugees and host community benefits," When asked why he sells at cheaper prices, Gabriel says *'I do not incur any transport cost and I want my fellow refugees to benefit and this is also an appreciation to the host community for the cordial relationship built'.*

Gabriel says from the time he settled in Uganda there have been changes in his life and his family. "*There have been some positive changes in my life, as I have acquired land now and I am able to cultivate unlike before in South Sudan, secondly all my children are now in school and I can pay the school fees and other requirements. I encourage other refugee beneficiaries and even the host communities to venture into farming".* I would like to thank AFOD, WFP and Nyumanzi host community for allowing us to settle here. He says, '*Here in Nyumanzi, refugees and the host community are one family".*

To improve livelihood and overcome the socio-economic disconnect, AFOD has been exploring the different livelihood strategies factoring links to productive assets, knowledge, skills, markets and opportunities for socio-economic empowerment and transformation of refugees and host population.

KEPA A BENEFACTOR OF THE GFA PROGRAMME AT CHINYI REFUGEE SETTLEMENT, PALORINYA MOYO

Caption: Kepa monitoring food quality at the rub hall

Kepa James emerges from the rub hall in Chinyi Food distribution Point in Palorinya Refugee Settlement and heads for the shade to take a small rest after the day's work as a Food Management Committee member. Kepa a graduate in medical laboratory studies came to Uganda three years ago as a single family member, fleeing conflict in the native Budria in South Sudan, entering through the boarder point at Afoji, he moved to Palorinya and was enrolled in the General Food Assistance Programme implemented by AFOD Uganda in partnership with WFP.

In 2018, he-along with about 119,000 other refugees residing in the settlement were enrolled into the new food collection system which uses biometric verification to ensure the beneficiaries receive the right entitlement. In an interview with Kepa, he says, *"The new food system is better than the old system", 'it's fast and beneficiaries get the rightful entitlements." I am family size one entitled to; 1.5 Kg of CBS, 0.15kg salt, 12 kg Cereal, 2.4 Kg Pulses and 0.9litres of Vegetable oil. With the new modality l have been able to receive my rightful*

entitlements. I love the General Food Assistance Programme because it provides me with food and I have been fortunate to be elected as a member of the Food Management Committee in my settlement.

To supplement the food entitlement I receive through the GFA Programme, I have established a small drug shop at the settlement and joined a village saving and Loan Association due to the financial literacy skills passed on by AFOD during preaddress. This has enabled me to borrow some money to support my drug shop. I also do some casual work for the host community to further supplement my meagre earnings for example cultivating 1.5meters by 9meters of land earns me 1000 Uganda shillings which is equivalent to 2 cups of cereals.

However, some of the challenges I face are; inadequate health care support and capital for my drug shop but overall, l thank AFOD and WFP for giving me a chance to serve beneficiaries as a member of the food management committee where I have been exposed to many trainings, acquired leadership skills and most of all provided us with food.

STARTING SMALL AND GROWING BIG-RAJO ALICE VENTURES INTO GOAT REARING IN ELEMA REFUGEE SETTLEMENT-ADJUMANI

Caption: Rajo Alice at her home in Elema with the acquired two goats that has produced many Kids

Adjumani is one of the major refugee hosting districts in Uganda with a total refugee population of 205,762 and 234,300 host population (UNHCR, August, 2019). The joint inter-agency Multi-Sector Needs Assessment (MSNA) found that 51% of refugee and 14% of host community households are in need of livelihood support, with the highest percentage among refugee households in West Nile 55%.

Rajo Alice a 38 years old south Sudanese refugee fled South Sudan to Uganda on the 12th July 2016 through Afogi border in Moyo district and was relocated to Nyumanzi reception center. Alice recaps her horrible experience, "When the war broke out, my husband was caught up in Juba and I was left with the children at Kajo Keji town, Yei County, Central Equatorial State". I had to treck with thousands of other people to Uganda with my four children, we were re-settled at Elema refugee settlement and started receiving help from the United Nations High Commission for Refugees

(UNHCR) and the World Food Programme (WFP) through the implementing partner Alliance Forum for Development (AFOD Uganda).

We are currently receiving monthly food rations from WFP through AFOD. However, the rations we receive is inadequate to sustain the household. To supplement on the monthly food ration, I have hired land where I cultivate for domestic use and for sale. I have benefited from sensitization messages on financial literacy from AFOD where we are encouraged to save and start small. I have been able to save from the payments I get through casual work of food distribution in Elema Refugee settlement where I am paid 15,000= (fifteen thousand shilling) per day of work and on average I get 45,000= (forty five thousand shillings) which enabled me to buy two goats which has produced many kids. I plan to buy 3 more improved quality goats and hopefully I will be able to educate my children and improve my household income. I hope my story will one day prove helpful in ensuring participation of more women in farming for their social and economic empowerment.

ALLIANCE FORUM FOR DEVELOPMENT

P. O. BOX 11003, KAMPALA

TEL: (+256) 392001694

Email: info_u@afodi.org

Web: www.afodi.org