ALLIANCE FORUM FOR DEVELOPMENT-(AFOD) UGANDA

ANNUAL PROGRAMME REPORT

OCTOBER 2016-SEPTEMBER 2017(FY 2016/2017)

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ABBREVIATIONS AND ACRONYMS

AFOD	Alliance forum for Development-Uganda
BODs	Board of Directors
WFP	World Food Programme
GOU	Government of Uganda
FY	AFOD Financial Year-October-September of every year
IGAs	Income generating activities
PPPs	Public private partnerships
MCHN	Maternal child health and nutrition
HIV/AIDS	Human Immune Virus/Acquired immune deficiency syndrome
GFD	General food distribution
GBV	Gender based violence
BUBD	Best use before date
YCC	Young child clinic
TSFP	Targeted supplementary feeding programme
FSL	Food security and livelihood
SDGs	Sustainable Development Goals
FLA	Field Level Agreement
ANC	Ante Natal Care
PNC	Post Natal Care
IMAM	Integrated Management of Acute Malnutrition
CMAM	Community Management of Cute Malnutrition
ASRH	Adolescent Sexual Reproductive Health
BVA	Budget Variance Analysis
AY	Adolescent Youth

REMARKS FROM THE EXECUTIVE DIRECTOR AFOD-UGANDA:

I welcome you all for the annual review meeting for AFOD-Uganda, I thank the team for honouring the invitation and for the resiliency and commitment since 2015 to date, and I also thank the organizing committee that worked to ensure this meeting takes place. In the same vein, I thank the delegation from AFOD-South Sudan led by the Executive Director Mr. Ecega Alfred for accepting to attend this important event amidst their busy schedule, I appreciate you for your unceasing support right from the inception of AFOD-Uganda since 2015 to date and to the management Katomi Kingdom Resort for providing the space. I am proud to preside over the 2016 – 2017 Annual programme review where all programme areas shall be reporting on activities that were undertaken, most notable, after a great deal of shared thinking, consultation, refinement and programme implementation, 2016/2017 was a maiden year for AFOD-Uganda programme implementation and this is the time to take stock of what was done, annual review is a Donor and management requirement and should be our organization culture. The review will also help us to plan for 2017/2018 based on evidence and lessons learned from the previous year. This annual programme review has three specific Objectives; 1: To review programme implementation and lessons learned from 2016/2017
2: To develop annual work plan and budget for financial year 2017/2018 and 3: To present policies, reports and budgets for endorsement. This forum is intended to help us share experiences, lessons learned, good practices and shape our focus for the next five years where AFOD will come up with a new five years Strategic Plan as well as the annual work plan and budget. 16th June of every year is AFOD day, activities shall be designed to commemorate such days and to generate money to support our cause. I request the staff to concentrate, interact, participate in the presentations and be active during the outdoor activities. With these few remarks, I declare this review meeting officially opened.

ARIZI PRIMO VUNN

EXECUTIVE SUMMARY

This annual programme report covers the period from October 2016-September 2017 for the 3 thematic program areas; Adolescent Sexual Reproductive Health- implemented in Adjumani district, Emergency Food & Cash distribution project- in Adjumani, Maternal Child Health and Nutrition (MCHN) and Targeted Supplementary Feeding Programme (TSFP)-in Koboko District. The report is structured from; Organizational background, Programmes implemented; M&E; key programme challenges, lessons learned and concludes with annexures comprising of organization's asset register and programme success and human interest stories. AFOD budget trend for FY 2016/2017 was; planned budget $ 775,140, funded 1, 170,199 with a positive variances of 395,059.

Key programme achievements during the 2016/2017 were; Demand and uptake of Reproductive Health services for the adolescents have risen in all the targeted 8 health facilities in refugee settlements in Mungula, Mireyi and host areas. Since August 2016, the average number of adolescents who sought health services has shot to 80 per month. AFOD intervention has significantly improved both the will and service uptake**.** AFOD has conducted trainings of health workers to support ASRH services in health facilities and teachers to support adolescents in schools. Many school drop-outs including married adolescents were able to return to school, 4 married girls are among the candidates who sat their P.L.E in Adjumani in 2016. On MCHN, there is increased up take of MCHN and TSFP for ANC, YCC and PNC services and many have been reached with >95% utilization rate. 100 MAM cases have been managed with overall cure rate of >75%, default <15%, coverage of at least 70%). In GFD, July-September 2017 AFOD provided assistance to 172,445 beneficiaries (South Sudanese refugees) by distributing 4,540.45 MT of assorted food commodities. Supervised the distribution of **UGX 5,622,167,000** under the cash transfer. (In August, we reached 87% of planned number receiving in-kind food and 96% of cash). All these have helped to address food insecurity by ensuring timely delivery to the targeted beneficiaries.

Inspite of challenges like; high cost of operation due to inflation, funding mechanism of current donors suffocating timely implementation because of re-imbursement approach and lack of resource mobilization and fundraising strategy. Overall, AFOD programmes have been efficiently and effectively managed, this is attributed specifically to a team of dedicated personnel with clear reporting lines and structures reflected by overall activity and timeline compliance. The head of programme and strategic programmes advisor oversee the entire management of the programmes and have the technical support of the management committee comprising of, the Executive Director, Operations and Finance, human resource officer, M&E research officer, Logistics and procurement, Administration and the field based teams both in Koboko and Adjumani

1.0 OVERVIEW OF AFOD-UGANDA:

1.1: Background:

Alliance Forum for Development-(AFOD) Uganda is a national non-governmental organization, non-profit, non-denominational, non-political and non-sectarian Humanitarian and Development Organization incorporated in Uganda in 2015 with NGO board with registration number 11619, previously governed by interim BODs-who doubles as the founding members. Currently independent Board of directors (BODs) have been instituted and to be inducted early 2018 on their roles.

AFOD Uganda relies on local initiative, partnership and collaboration with the government of Uganda (GOU) and development partners including the private sectors for sustainable development. AFOD works closely with rural and urban poor communities across the country to address their real needs and build local partnership with institutions/communities and support community structures to jointly identify and address the underlying causes of poor health and steer social change.

AFOD is supported by; World food programme (WFP) and AFOD South Sudan as donors for the current programs. AFOD's programmes is targeting Refugees and host communities in the West Nile region of; Adjumani and Koboko. AFOD Uganda's five year strategic Programmes areas are aligned to Sustainable Development Goals (SDGs) 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 respectively and GOU vision 2040.

1.2 Vision:

Envision a healthy, educated, productive, just, peaceful and united society

1.3 Mission:

Work with the rural poor, marginalized and vulnerably communities to improve their social economic status and quality of life.

1.4 Core Values:

Guided by values of competency, drive for results, accountability, integrity, ethical code of conduct, gender responsiveness and respect for human dignity and rights

1.5 AFOD-Uganda financial Year:

AFOD's financial year starts from October- September of every year. Our Annual Programme Report provides an overview of the work of AFOD-Uganda from October 2016 – September 2017.

1.6 Thematic Areas:

AFOD Uganda's five year strategic Programme focus include:

1) Reproductive Health (RH);

2) Maternal Child Health and Nutrition (MCHN);

3) Food Security and Livelihood (FSL);

4) Child protection, Gender Based Violence (GBV) and psychosocial support;

5) Community centered innovation and Research.

1.7 Table 1: Active thematic programme summary:

Project Name	**Location**	**Funder**	**Total Budget (UGX)**	**Implementing partner**	**Start Date**	**End Date**
Maternal Child Health and Nutrition & TSFP	Koboko	World Food Programme (WFP)	776, 937,285	AFOD-Uganda	June 2017	June 2018
General Food and Cash Distribution	Adjumani	World Food Programme (WFP)	3,264,371,323	AFOD Uganda	June 2017	June 2018
Adolescent Sexual Reproductive Health	Adjumani	AFOD SS	370,546,000	AFOD Uganda	Oct 2016	Sept 2017

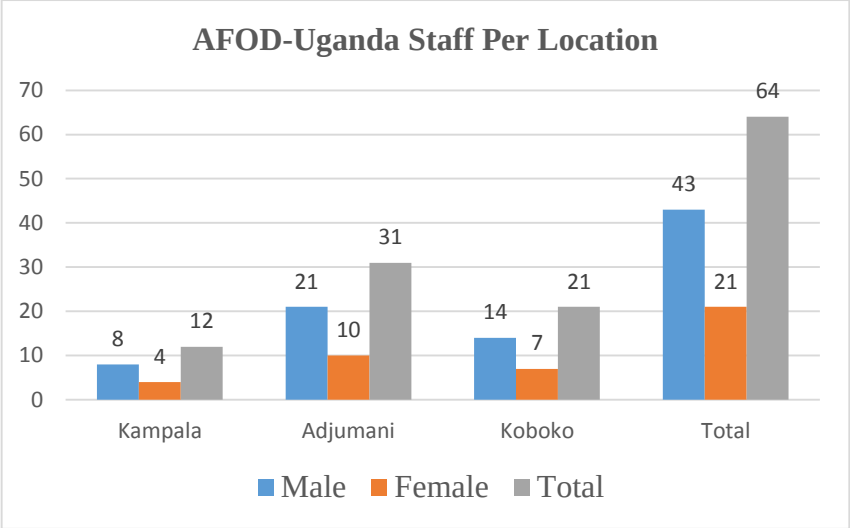
1.8 Key highlights for 2016/2017

Programme areas implemented in 2016/2017:

Three projects were implemented:

- ASRH Start date; March 2016 (Baseline and end line evaluation conducted in Adjumani and now project being replicated in Moyo
- MCHN: Project start June 2017- end June 2018 (Baseline conducted)
- GFD: Start date; June 2017-end June 2018

Staffing: AFOD-Uganda Staff per location and Gender composition:



In the table above, AFOD-Uganda employed a total of 64 staff for the period 2016/2017 in the three different locations where we operate; Kampala, Adjumani and Koboko, in terms of Gender composition, Male constituted 67% and Female 33% of the total staff employed.

AFOD-Uganda Capital Asset Development Values for Financial Year 2016-2017

Asset type	Quantity	Total Amount Spent in 2016-2017
Tata Truck	1	202,800,000
Toyota Pickup	1	163,000,000
Super custom	1	30,000,000
Motorcycles	2	37,648,000
Generator 20KVA	1	54,905,400
Desktop Computers	8	13,000,000
Laptop Computers	8	12,280,000
Printers	6	8,650,000
Projectors	1	1,239,000
Internet Routers	4	2,623,000
Cash Safes	3	2,400,000
Water dispensers	4	2,080,000
File cabinets	6	2,949,153
Office furniture	103	30,796,526
Total		**564,371,079**

Priorities highlights for 2017/2018:

- Alignment of Programmes with the new AFOD Uganda Strategic Priorities
- Quality of implementation of programmes
- Resource mobilization & advocacy and maintenance of old and establishment of new partnership.
- Work plans for different programmes & budgets be clearly developed
- Synergies between Programmes is vital
- Programme Policies, SOP/Guidelines be put in place.

1.9 Table 2: BVA for Koboko for the annual period July September 2017.

S/N	Activity/ Line item	Quarter Budget	Actual Expenditure	Variance
1	Storage-related Equipment & Services	5,200,000	4,800,000	
2	Transport and Distribution Services	9,100,000	6,000,000	
3	Technical/Specialist Services	27,960,000	20,220,600	
4	Staff and related costs	105,575,958	85,928,425	
5	Recurring costs	26,303,100	11,185,560	
6	Equipment and Other	47,135,585	47,607,400	
	Total	**221,274,643**	**175,741,985**	**45,532,658**

1.10 Table 3: BVA for Adjumani for the annual period July –September 2017.

S/N	Activity/ Line item	Quarter Budget	Actual Expenditure	Variance
1	Storage-related Equipment and Services	76,590,833	38,066,303	
2	Food Management & Transformation Services	1,393,563	1,648,645	
3	Transport and Distribution Services	108,978,875	100,000,000	
4	Cash and Voucher Delivery	46,800,000	57,152,500	
5	Staff and related costs	21,696,236	2,101,000	
6	Recurring costs	22,865,997	34,394,810	
7	Equipment and Other	35,750,000	13,800,000	
	Total	**314,075,504**	**247,163,258**	**66,912,246**

Based on the above BVA, it can be deduced that:

Programme fund utilization has been efficient, this is evident in activities related to costs like; recurring cost, cash and voucher delivery, transport and distribution services, food management and transformation and Equipments. Overall, the total direct cost for the period for Adjumani was 79% (Variance 21%) and Koboko was 79.4%, (Variance 20.6%), both projects performed above average. However, there is need to look at

underutilized objectives like; staff and related cost for Adjumani, this could have an effect on labour effectiveness and efficiency.

Programme's fund management, there is evidence of sound project fund management. The programme has in place mechanisms to reduce possibilities of fiduciary risks. These include having a well-defined authorization and approvals terms for any funds disbursements, which are also dependent on programme activities and timelines. Based on the financial statements reviewed, standard financial management approaches are being used in the way programme funds are handled and managed. The financial reports are also indicative of a good value for money in view of the management/administrative cost area.

2.0 PROGRAMMES IMPLEMENTED

2.1 MCHN AND TSFP PROGRAMME IN KOBOKO

Introduction

AFOD Uganda under FLA agreement with WFP is implementing TSFP and MCHN in 4 health Facilities in Koboko district. The facilities and catchment areas being; Kuluba, Lurujo, Pijoke and Lobule Health centre catchment areas in Koboko refugee settlements. The activities that have been carried out included the following;

Goal

Improved nutritional status of vulnerable communities through provision of knowledge and expand access to utilization of quality nutritional services. The strategies/approaches adopted include; MCHN) and (TSFP).

Specific Objectives

i. Prevent stunting and micronutrient deficiencies among children aged 6–23 months and pregnant and lactating women.
ii. To treat moderate acute malnutrition among children aged 6–59 months, pregnant and lactating women, and other malnourished people through targeted supplementary feeding.
iii. To prevent acute malnutrition among children 6-59 months and PLW.
iv. To promote good nutrition, health, young child feeding and caring practices.
v. Build capacity of district health teams (including community health volunteers and caregivers) in identification, referral, counselling and management of acute malnutrition.

Target Beneficiaries

The target beneficiaries for TSFP and MCHN are both the refugees and host population.

- Moderately malnourished under five (6-59 months)

- Moderately malnourished pregnant and lactating mothers (MUAC admission criteria) and, older children, adolescents and adults in the context of HIV/AIDS/TB and the older persons≥ 60years individuals (Will not exceed 10%). Malnourished Children >5yrs-18yrs including non-pregnant adolescents.

Planned activities for the first quarter

- Conduct baseline assessment using MUAC and BMI among children 6-59months and women of reproductive age.
- Community engagement, mobilization and sensitization on MCHN and TSFP services
- Organize and facilitate a 2-day orientation training for the VHTs on MUAC screening for case detection and referral
- Conduct quarterly mass MUAC and BMI screening among children 6-59months and women of reproductive age (15-49yrs) in all settlements.
- Organize and facilitate a 5 days IMAM/CMAM and IYCF training for the service providers (health workers and nutrition staff) based on MOH guideline
- Admit and treat moderately malnourished children 6 to 59months and PLW
- Distribution of foods to the eligible MCHN beneficiaries on monthly basis tagged to recommended MCH service provided at the health facilities
- Provision of IEC materials for nutrition education on maternal, infant and young child feeding, MICYF
- Supportive supervision, mentorship and progress monitoring of TSFP and MCHN activities

Activities Carried Out

Implementation of MCHN

Maternal and Child Health and Nutrition (MCHN) implementation commenced in Pijoke HCII, Lurujo HCII, Lobule HCIII and Kuluba HCII with the aim of promoting uptake of health services including; Antenatal Care (ANC), Postnatal Care (PNC), safe delivery, immunization, micronutrient supplementation, health education, growth monitoring of children as well as growth promotion among others. This aims to prevent moderate acute malnutrition and stunting among the target categories of clients. The MCHN services in these health facilities target the pregnant and lactating mothers (0-6months). The beneficiaries served were as follows:

Table 4: Number of MCHN Beneficiaries by Facility

Health Centre	Months		
	July	August	September
Pijoke HC II	0	281	216
Lurujo HC II	31	334	227
Kuluba HC II	0	200	169
Lobule HC III	0	0	78
Total	31	815	690

Source: *Primary data*

Note that in Lobule HC III MCHN Programme started end of August

Food was received by WFP end of July. Hence distribution effectively commenced in August with an increased number of beneficiaries being enrolled as shown in the chart, Health centres of Lurujo and Pijoke generally had higher numbers of beneficiaries.

Targeted Supplementary Feeding

Targeted supplementary feeding was implemented in the operating health facilities of; Lurujo HCII, Pijoke HCII, Lobule HCIII and Kuluba HCII. This programme is aimed at managing moderate acute malnutrition in children under five years (6-59 months), pregnant and lactating mothers. This includes nutrition screening carried out by the facility based staff at the health facility as well as during outreach activities in the community, Cases managed were as follows:

Table 5: Beneficiaries Enrolled For TSFP in Health Centres during the Quarter

Health Centre	Months		
	July	August	September
Pijoke HC II	8	42	27
Lurujo HC II	28	108	120
Kuluba HC II	0	84	71
Lobule HC III	0	0	11
Total	**36**	**234**	**229**

Source: *Primary data*

Table 6: Breakdown Refugees vs. Nationals Enrolled in TSFP

Month	Beneficiaries		
	Refugees	Nationals	Total
July	0	64	**64**
August	21	213	**234**
September	47	182	**229**
Total	**68**	**476**	**544**

Source: *Primary data*

Note that in Koboko district most refugees are hesitant to be identified as refugee rather identify themselves as host as they speak same language.

Being a new partner the full implementation of TSFP started at the end of July, with actual food distribution in August. In August AFOD conducted sensitization of the programme reaching some 400 households, thus stared seeing an increased number of beneficiaries were served. However, with the rainy season and heavy down pours in September, this prevented some beneficiaries from crossing rivers especially in lobule sub-county to access the services at health centres. The TSFP indicators for this quarter were thus as follows; Lurujo and Kuluba health centres generally registered higher numbers of beneficiaries than Pijoke and Lobule, and the highest numbers were registered in Lurujo and the cure rates are higher than the acceptable levels of 75%.

Table 7: TSFP Indicators for the Quarter

Indicator	Kuluba HC	Lurujo HC
Non respondent (%)	10	2
Defaulters rate (%)	0	20
Deaths rate (%)	0	0
Cure rate (%)	90	78

Source: *Primary data*

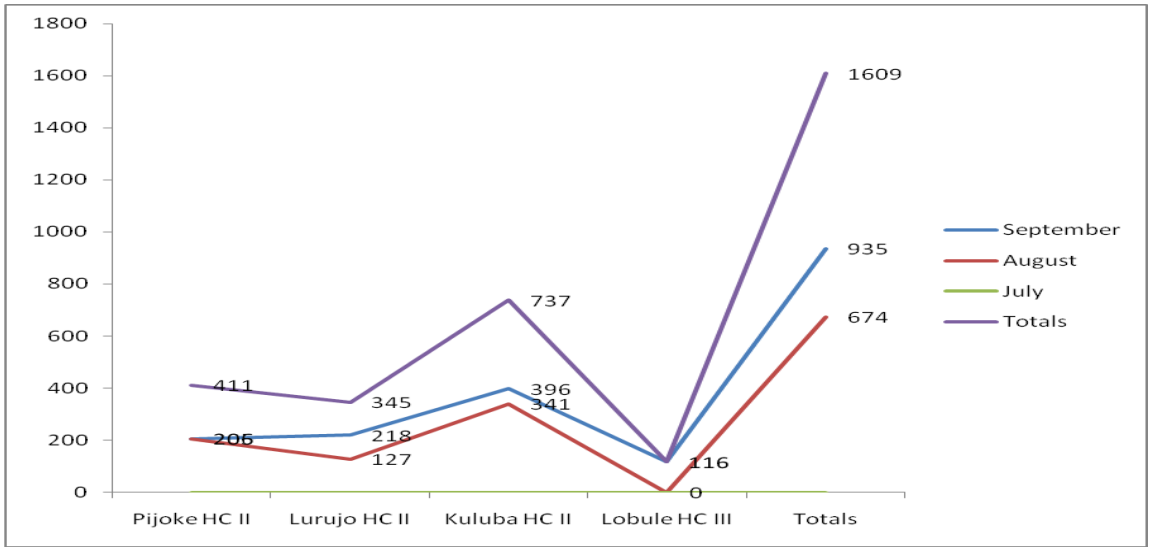
Note: The defaulters and non-respondent rates for both facilities are due to the fact that catchment areas are quite big extending to neighbouring districts, some have to cross a river to access the services during the rainy season and some reported difficult to transport the child for follow-up visits.

Health and Nutrition Education

Nutrition and Health education were conducted at health centres during MCH clinics this covered various topics of importance to nutrition and health, participation was as shown below;

Participants during Nutrition and Health education at the health facilities;

Figure 1: Participants Attendance during Sensitisation, Health and Nutrition Education **in the First Quarter**

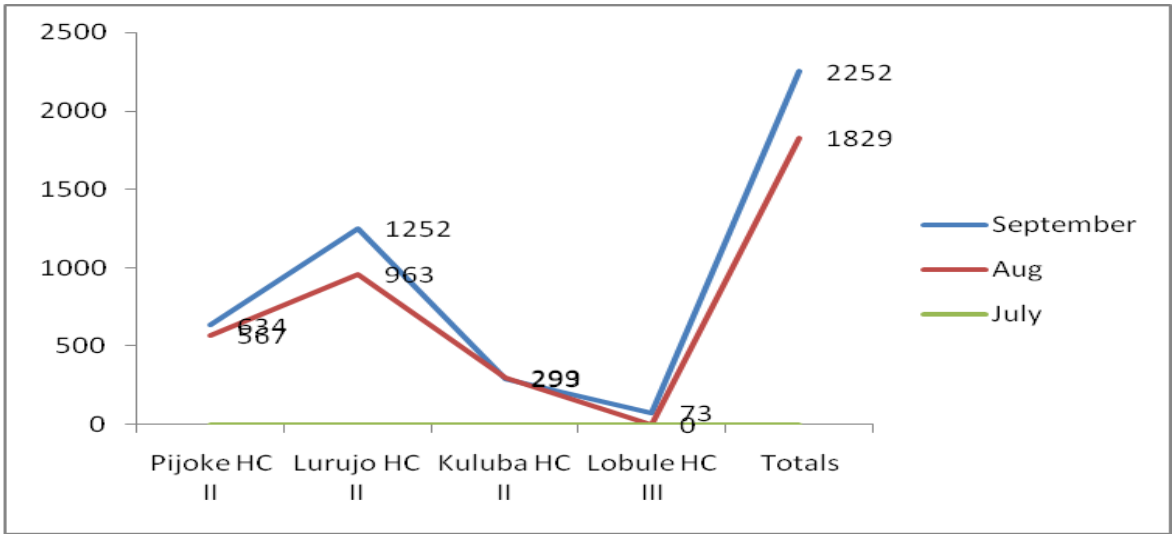


As shown above the numbers attending nutrition education sessions have increased over the months, September registering the highest numbers, in Lobule it took some time to fully start implementation as the store had to undergo minor repairs first.

Screening

Screening is being conducted at both facility and community level. At the facility level, screening is done on routine basis before clinical assessment while at the community level screening is done during community outreach activities.

Figure 2: Trends of Numbers Screened At the Health Facilities by Month

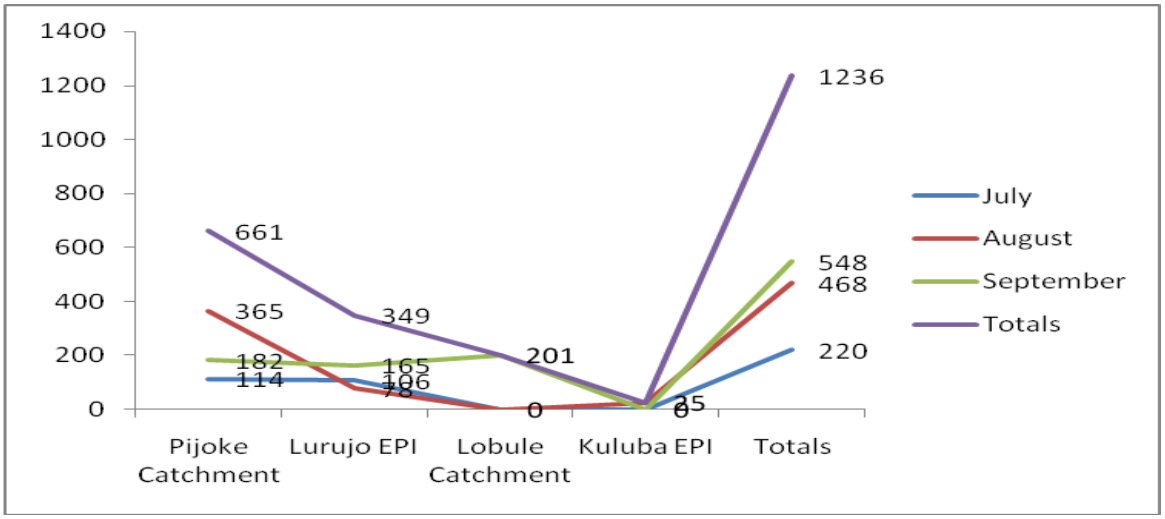


As shown above the numbers reached with screening increased over the months, September registering the highest numbers, in Lobule it took some time to fully start implementation as the store had to undergo minor repairs first.

Community Outreach

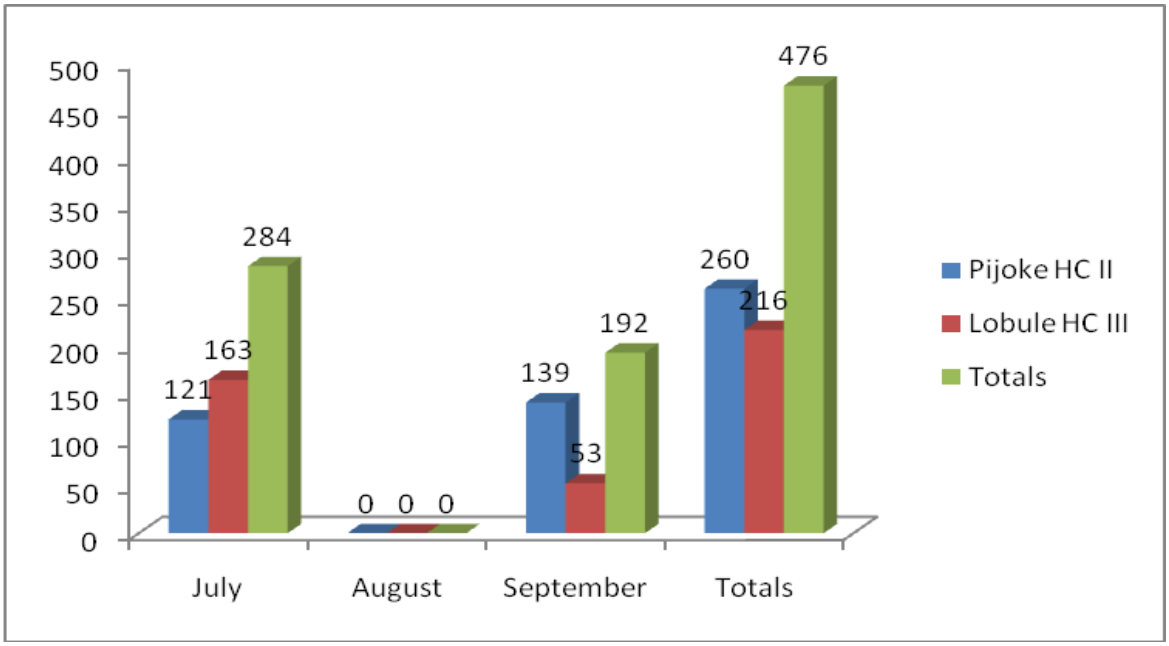
Community outreaches have been carried out in this quarter. In Pijoke and Lobule, outreaches are conducted in clusters while Lurujo and Kuluba follow the EPI programme as shown below.

Figure 3: Numbers Screened During Outreaches in the Community by Month



Generally, the number reached with community screening increased over time and Pijoke registered the highest numbers.

Figure 4: Nutrition Education and Sensitisation Attendance in the Community by Month



Other Activities Carried Out

Radio Talk Show for Promotion of Breast Feeding

As a continuation of the sensitization and education activities of the world breastfeeding week, the district of Koboko was sponsored to hold a radio talk show on Spirit FM Koboko to promote good breast feeding practices in the community on topics including exclusive breastfeeding, positioning, attachment, complementary feeding and male involvement. The radio station covers whole of West Nile Districts and part of the neighbouring northern districts. Several listens called in to commend what WFP and AFOD was doing to deal with malnutrition and inform them of availability of such a service. This activity was facilitated by the Acting District Health Officer in charge of Maternal Child Health and the Secretary for social services of Koboko district.

Photo showing Koboko District Authorities &AFOD Staff hosted at a radio talk show on Spirit FM Koboko

Nutrition Baseline Assessment

At the start the programme implementation AFOD conducted a baseline survey. Training of the enumerators was done on the 22nd of August and attended by 15 people including all the enumerators, supervisors, officiated by the district inspector of health for Koboko district. Data was collected for the Nutrition baseline assessment covering the catchment areas of all the four health facilities of Lobule, Lurujo, Pijoke and Kuluba was done. Data processing was also done.

Key findings: GAM 5.6, SAM 1.1, the prevalence of oedema was 0.6%, Stunting 23.4% and underweight 12.9%, there was no statistically significant differences in prevalence of acute malnutrition by Nationality (national's vs refugees, 8.7. % vs. 6.2 %,) implying that the problem was uniform across all the population pyramids in the survey area. The prevalence of low birth weight was 9.0%, and low birth weight (19.9% vs 7.8%) showed statistical association with acute malnutrition (p=0.02). The SAM more common among age groups of 6-17 months (1.2%) and decreased with age. Prevalence of all forms of malnutrition generally higher among boys than in girls. Prevalence of acute malnutrition among pregnant women was 15.7%, and it was 11.5% among lactating women. Among non - pregnant and nor lactating women (15 - 49 yrs.) the prevalence of CED was 24.4%.

Baseline enumerators conducting baseline data collection

Food distribution for TSFP and MCHN

Food distributions carried out for both TSFP and MCHN in Lurujo, Kuluba and Pijoke Health centres during the quarter were as follows;

Table 8: MCHN Food Distributed in MT

Month	CSB++	CSB+	Vegetable oil	Sugar	Total
September	0	1.594	0.399	0.218	**2.211**
August	0	3.338	0.365	0.219	**3.922**
July	0	0.942	0.107	0.062	**1.111**
Total	**0**	**5.874**	**0.871**	**0.499**	**7.244**

Source: *Primary data*

Table 9: TSFP Food Distribution in MT

Month	CSB++	CSB+	Vegetable oil	Sugar	Total
September	0.438	0.611	0.066	0.038	**1.153**
August	0.228	0.55	0.1	0.036	**0.914**
July	1.161	0.155	0.016	0.01	**1.342**
Total	**1.827**	**1.316**	**0.182**	**0.084**	**3.409**

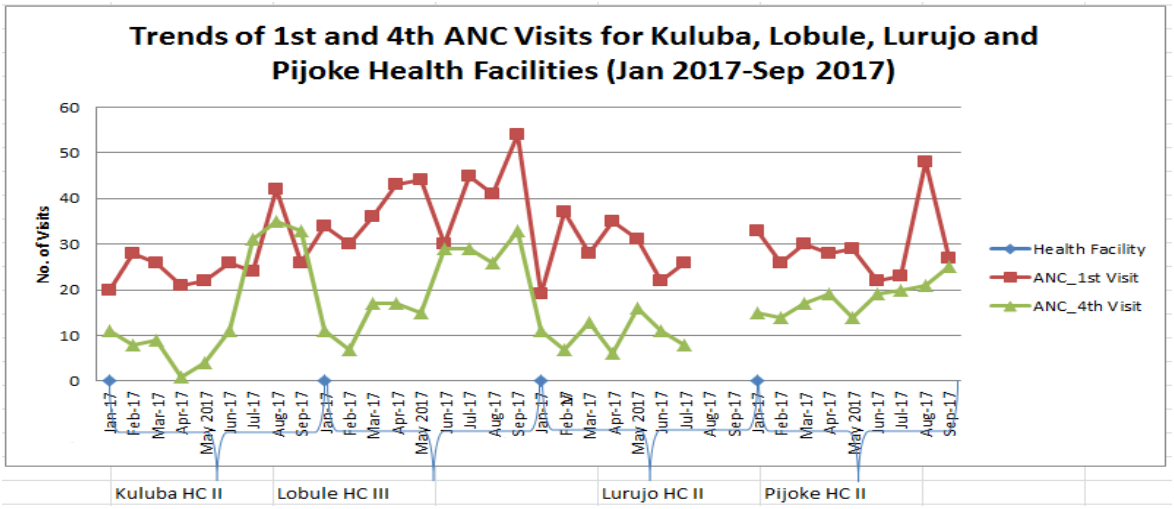
Source: *Primary data*

Generally, the health facility staff members acknowledge some improvement in attendance of MCH services in most facilities where AFOD operates as seen in the graphs below which mostly peak in the months when MCHN services were being implemented. This could partly be one of the contributing factors that could partly explain this. In some of the facilities the documentation is so incomplete due to lack of the necessary registers and equipment.

Trends of MCHN Services in Facilities Where AFOD Operates

The different trend presentation and analysis of AFOD performance at the health facilities are presented in the following sections.

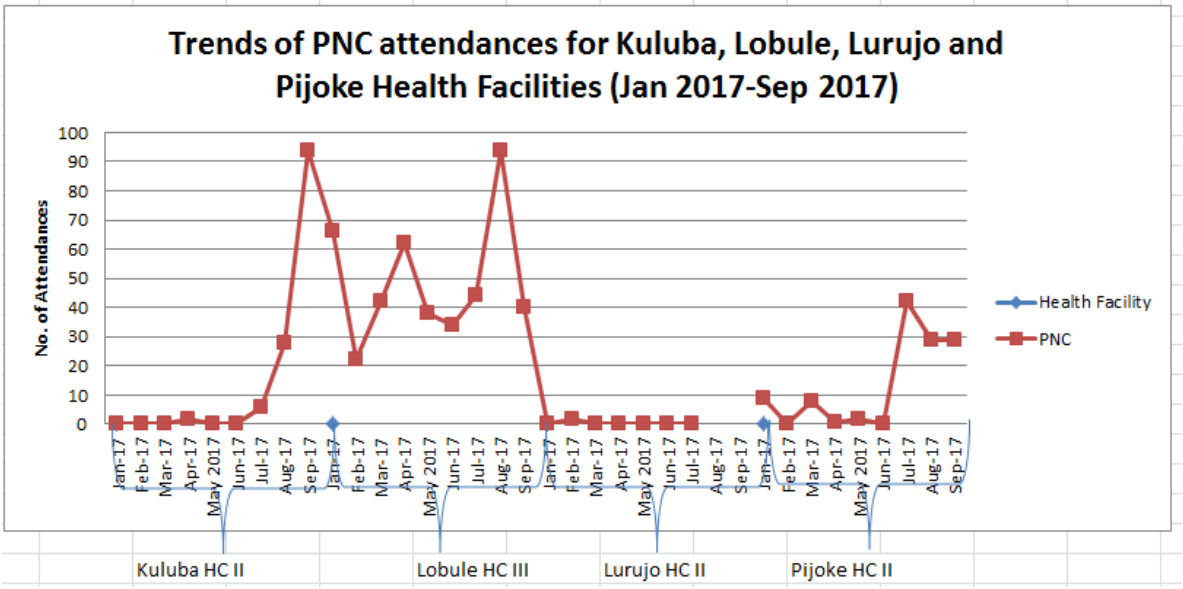
Figure 5: Trends of 1st and 4th ANC visits in AFOD facilities of Operation



Source: HMIS data from District Biostatistician

As seen above there is generally an increasing trend in the 1st and 4th ANC visits attendance in the period between the months of June and September in most of the facilities with exception of Lurujo health centre where the data was not available due to lack of the necessary registers and the equipment for carrying out ANC services and in august their documents got burnt up so they could not provide the relevant data.

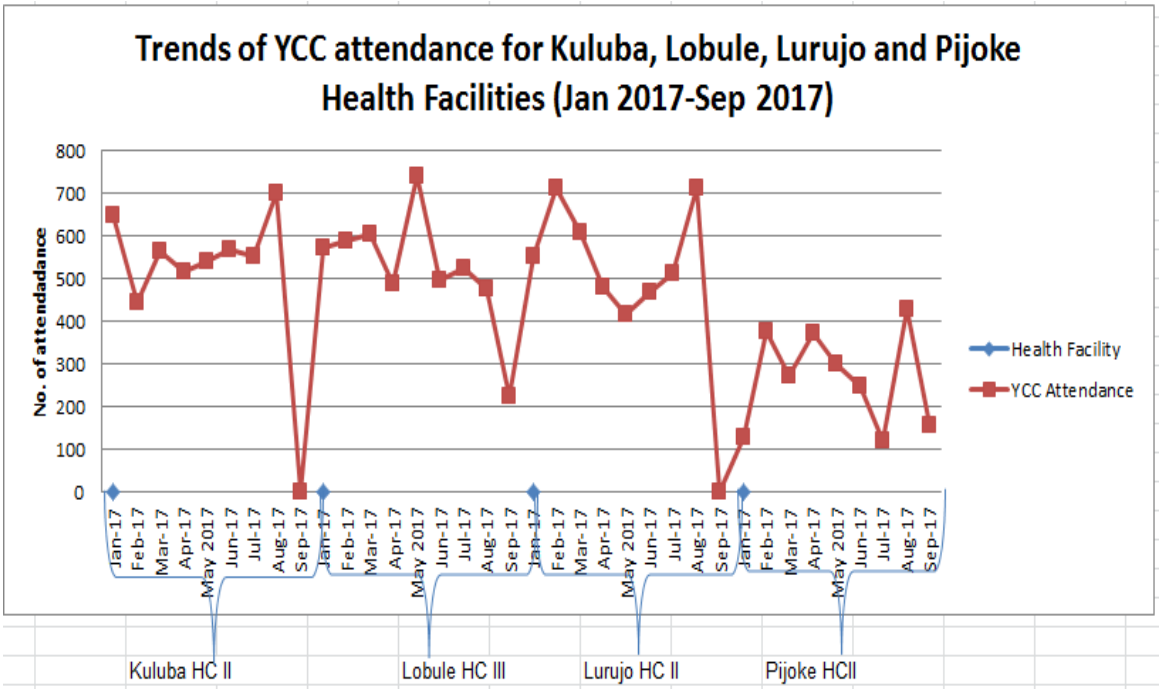
Figure 6: Trends of PNC attendances in AFOD health Facilities of Operation



Source: HMIS data from District Biostatistician

As seen above there is generally an increasing trend in the PNC visits attendance in the period between the months of July and September in most of the facilities with exception of Lurujo health centre where the data was not available due to lack of the necessary registers and the equipment for carrying out PNC services and in august their documents got burnt up so they could not provide the relevant data.

Figure 7: Trends of YCC attendances in AFOD health Facilities of Operation



Source: HMIS data from District Biostatistician

As seen above there is generally an increasing trend in the YCC attendance in the period between the months of July and September in most of the facilities with exception of Lobule health centre where full implementation begun two weeks to the end of September mostly due to a food store that needed to be first repaired, In Kuluba the data was not available.

Expected Results

- Super cereal plus 200g daily for malnourished children 6-59months at the settlement health facilities and children under 23months under the MCHN programme.
- Super cereal mix 269g for the PLW malnourished clients and the rest of MCHN beneficiaries and others children above 5 years.
- Ready to use supplementary food (RUSF); 92g daily for malnourished children 6-59months screened at the transit centre.

Output Indicators

Table 10: TSFP and MCHN Key Performance Indicators

S/N	Indicator	Planned (Annual)	Quarterly	Cumulative Achievement	% of planned
1	Proportion of staff actually deployed v those funded through FLA by WFP, by role (title) and sex	25	25	21	84%
2	Number of beneficiaries reached with Health and Nutrition messages both in community and Health Facilities.	13282	3321	2212	66.7%
3	Numbers of children 0-59 screened at both community and health facilities	8985	2247	2257	100%
4	Numbers of PLWs screened at both community and health facilities	4296	1074	1596	152%
5	Proportion of food distributed to beneficiaries versus planned as per FLA (Total MT)	56.7	14.175	10.422	73.5%

Source: *Primary data*

Achievements

The following was achieved under the different projects and department;

- One baseline carried out in Koboko refugee settlements, targeting 10% of the total beneficiaries. This survey established the proxy GAM among children as 5.6% and levels of CED among women of reproductive age (15-49yrs) as 24.4%.
- Conducted 7 community sensitisation meetings to create awareness among the new refugee population on the tagged MCHN and Targeted supplementary feeding programme and criteria for receiving the food rations, as well as for nutrition and health education, targeting prevention of acute malnutrition, 2212 reached with Health and Nutrition messages both in community and Health Facilities.
- 3 staff members attended WFP organized training for IMAM/CMAM in Adjumani, staff who attended were the IYCF Officer and two Nutrition Assistants.
- Active case finding done in all villages on a weekly basis other than the required just once a month to identify children, pregnant and lactating women with acute malnutrition. 5317 individuals screened in total, 4081 at the health facility, 1236 in the community. 296 of the cases referred and managed under the TSFP this is 296%.
- 35 MAM cases managed with overall cure rate of 78% and default rate of 20% for Lurujo and cure rate of 90% and non-response rate of 10% for Kuluba, (acceptable levels for cure rate >75%, default <15%, coverage of at least 70%). This is 140% of the number targeted for the year.
- 1.827 Mt Super Cereal plus and 1.582 Mt of Super cereal mix utilized for MAM treatment per month and 7.244 Mt of Super cereal mix utilized tagged to MCH services per month. A total of 1868 beneficiaries actually reached with assorted food v those planned as per FLA, by activity and sex this is 265% for the year.
- 1279 other than the planned 606 reached with MHCN services with >95% utilization rate coverage).
- Weekly instead of Bi-monthly follow-up conducted at HFs, and weekly home visits shall be carried out by the CMA to ensure caregivers give the right rations to the MAM children for 60-90 feeding days
- 4 human interest stories from TSFP and MCHN activities submitted

Progress towards Outcome

- Increased turn up of beneficiaries for health services (health seeking), this has severally been reported by different district officials including the secretary for social services and Sub county chief for Lobule, The DHOs office and health staff as represented by the indicators below;

- Improved attendance of MCH services in most facilities where AFOD operates as seen in the graphs below which mostly peak in the months when MCHN services were being implemented. This could partly be one of the contributing factors that could partly explain this. In some of the facilities the documentation is so incomplete due to lack of the necessary registers and equipment.

Best Practices and Lesson Learned

- Partnerships and good coordination are vital
- Visibility measures are key
- Need for a comprehensive review of the budget with a view to filling gaps.
- Strong staff commitment and a highly motivated work force have been key
- The field office account for Koboko is necessary for smooth implementation of programmes.
- Conducting more purpose driven sensitizations targeting refugee clusters is required
- Many refugees integrated within the community do not want to identify as refugees.

Challenges

- Delay in release of funds retarding implementation of project activities.
- Lack of a store for Pijoke health centre
- The status of Kuluba is unresolved, i.e., whether to withdraw project implementation or not
- IYCF guideline and pallets required
- A second means of transport to facilitate field activities required e.g. a motorcycle
- Unreliable power supply at the new office location in Koboko requires attention
- Need for more visibility /IEC materials e.g.; T-shirts (mother support groups, VHTs and some DHT), banners (for the rest of three health facilities), stickers for wider visibility, sign posts for field office.
- Limited waiting space at health facilities especially during MCHN;
- Lack of cameras for documentation purposes and impact reporting.

Key activity highlights for 2017/2018

- 24 community meetings for community dialogues, nutrition education and continued awareness creation on programme activities.
- Mass screenings bi - annually
- Refresher trainings (3) for IMAM/CMAM, IYCF, Stores management.
- Continued implementation of TSFP (400) and MCHN (2000) activities
- Bi-monthly follow-up at HFs, and weekly home visits by the CMA
- Production and distribution of translated IEC materials (500)
- Mother support group activities (4) and vegetable seeds for backyard gardening (8)
- 4000 Mothers supported with soap for hygiene promotion
- Monthly Food demonstration sessions per facility
- 16 human interest stories from (8) TSFP and (8) MCHN activities to be generated.
- 4000 Active case finding to identify children, pregnant and lactating women with acute malnutrition
- Monthly and quarterly Supportive supervision, mentorship and progress monitoring of TSFP and MCHN activities
- Conduct end project assessment (KAP and MUAC and BMI assessment) to assess the impact of the MCHN and TSFP.

Field Activity Photo: Mothers attending antenatal services exceed available space

2.2: GENERAL FOOD DISTRIBUTION PROGRAMME IN ADJUMANI

AFOD Field Monitor checking assorted food items prior to distribution in Adjumani district

Introduction:

Alliance Forum for Development (AFOD) Uganda is implementing the food and cash project in partnership with WFP in Adjumani district, this include; the general food distribution, extended delivery points (EDPs) and secondary transportation of food in refugee settlement in West Nile region of Uganda in Adjumani District. AFOD Uganda is working in close collaboration with key stakeholders namely United Nations High Commission for Refugees (UNHCR), Office of the Prime Minister (OPM) and Gulu WFP Sub Office

Goal:

Improved nutritional status of 170,000 vulnerable communities (refugees) through provision of knowledge and expand access to utilization of quality nutritional services

Specific Objectives:

To address food insecurity by ensuring sufficient quantity and quality of food assistance in a timely manner to the targeted beneficiaries

2. To provide cash transfers to refugees until they can meet their own needs

3. To provide capacity development support on food and cash management

Target beneficiaries

This project's major target are the registered refugees in Adjumani refugee settlement. The proposed activities are to be carried out so as not to increase protection risk to beneficiaries but rather to contribute to safety, dignity and integrity based on humanitarian principles and "do no harm" approach as long as they fall within our operational framework.

Key specific roles of AFOD Uganda include:

Provide food and Cash to refugees in 18 and 16 settlements of Adjumani District respectively based on food & Cash logs provided by UNHCR /OPM through WFP Gulu Sub Office.

AFOD is mandated to receive and store food commodities delivered by WFP at the EDPs including management of the EDPs (Warehouse) according to the WFP logistics warehouse management guidelines and expectations.

Provide secondary transportation of food from EDPs to final distribution points (FDPs) within the settlement and if needed, to transit centres outside the settlement.

Upon receipt of food release notes from responsible WFP Sub Office, partner responsible for secondary transportation in Adjumani settlement will provide secondary transportation of food from EDPs to FDP level storage facilities managed by partners implementing SFP and MCHN programmes on behalf of WFP

Targeted Food/Cash assistance activities for quarter:

AFOD began General Food Assistance and Cash Based Transfer implementation in July, 2017. During the annual reporting period (July – September 2017) AFOD provided assistance to **172,442** beneficiaries (South Sudanese refugees), distributing **4,540.45 MT** of assorted food commodities, and supervised the distributed of **UGX 5,622,167,000** under the cash transfer modality cumulatively for the reporting period. Highest number of refugees assisted was in August with 87% of planned number receiving in-kind food and 96% of cash.

In September due to WFP pipeline issues, AFOD Uganda successfully implemented Hybrid transfer modality for cereal only (50% in-kind Cereals, 50% cash).

During the quarter which fall in the main rain season for Northern Uganda, some road to settlements where affected which led to some delays in delivery of food to beneficiaries. Issues have been consistently raised with WFP, UNHCR and OPM.

In July distribution (cycle 6), **1,688.414 MT** of assorted food commodities was distributed to **117,475** beneficiaries **(54,133 males and 63,342 female)**, and **UGX 1,898,683,000** (cash) distributed to **52,366** beneficiaries **(24,194 males, 28,172 female)** achieving **87.5%** of numbers planned under food transfer and **98%** for cash transfer for the month. The cycle 6 distributions spilled over to first week of August.**0.425 MT** HEB were also distributed to 987 new arrivals at Elegu transit centre.

For August distributions (cycle 7), **1,683.177 MT** of assorted food commodities was distributed to **117,277**beneficiaries **(54,296 males and 62,981 female)**, and **UGX 1,898,683,000** (cash) distributed to **55,165**beneficiaries **(25,566 males, 29,599 female)** achieving **87.5%** of numbers planned under food transfer and **99%** for cash transfer for the month. **0.282 MT** HEB was also distributed to **413** new arrivals at Elegu transit centre.

In September distribution (Cycle 8), AFOD implemented the hybrid transfer modality for all beneficiaries receiving in-kind food assistance. Each beneficiary received 50% of cereals in kind and the remaining 50% equivalent in cash due to pipeline issues. During the month **1,168.863 MT** of assorted food commodities was distributed to **78,745**beneficiaries **(37,574 males and 41,171 female)**, and **UGX 1,824,801,000** (cash)

distributed to **52,918**beneficiaries **(24,513 males, 28,405 female)** achieving **87.5%** of numbers planned under food transfer and **90%** for cash transfer for the month. Note number of assisted beneficiaries reported for September was lower as distributions started last week of the month and spilled over into October. **0.160 MT** HEB was also distributed to 250 new arrivals at Elegu transit centre.

Expected outputs per approved project:

- 23, 563,000 MTs of food commodity provided by WFP distributed to refugees based on food lags provided by UNHCR and ration entitlement
- 128, 259 refugees reached with food assistance and 89,496 reached with cash assistance every month
- 1 monthly narrative report per settlement submitted to WFP
- 12 cooperating partner distribution reports submitted to WFP, 1 report per month per EDP
- 12 CBT reports, 1 per settlement submitted to WFP
- 1 project completion report shared with WFP
- Daily distribution reports submitted per FDP each day of food distribution
- 2 human interest stories developed and submitted per settlement
- 84 cash and food management committee members trained
- Capacity building of FMCs, community help desk members (CHDs), AFOD staff and refugee welfare council members (RWC) enhanced through the following trainings:
  - ✓ CHD management for 84 FMCs and 12 CHDs
  - ✓ Humanitarian accountability principle for 189 participants targeting FMCs, CHDs, RWCs and AFOD staff

Ware housing and storage activities:

At the Nyumanzi EDP Adjumani District, AFOD received some **5,272.398MT** of assorted food commodities, dispatched **4,540.45** MT for GFD and **292.741 MT** to SFP partner MTI.

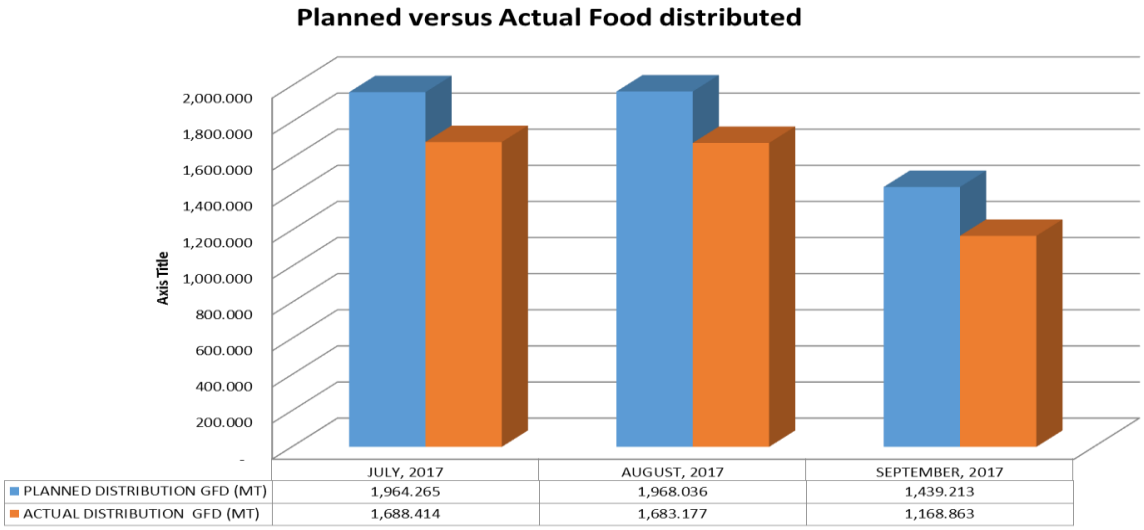
Table 11: Show food movement in and out of Nyumanzi EDP during the quarter by month

MONTH	RECEIPT AT EDP (MT)	PLANNED FOR DISTRIBUTION (MT)	ACTUAL DISTRIBUTED GFD (MT)	PLANNED DISPATCH (SFP)	ACTUAL DISPATCH SFP	RETURNS (GFD)
JULY, 2017	1,862.296	1,964.265	1,688.414	102.219	89.630	34.120
AUGUST, 2017	1,886.337	1,968.036	1,683.177	96.593	114.082	26.486
SEPTEMBER, 2017	1,523.765	1,439.213	1,168.863	93.929	70.723	27.183
Total	5,272.398	5,371.514	4,540.454	292.741	274.435	87.789

Achievements of GFD:

- **4,540.454 MT** of assorted food commodities distributed to **117,673** beneficiaries during July to September 2017 and **5,622,167,000 shillings** distributed to 29,599 cash beneficiaries
- Significant reduction in complaints as results of swift interventions by the field distribution team. Complaints are forwarded to OPM immediately after the distribution Cycle,
- Training tailored by WFP conducted, **12** program and logistics staff participated
- FMC mentorship done, **204** members trained
- **44** Distribution assistants and 11 field monitors and Project Assistants trained in Food assistance/Aid management
- Regular attendance of the interagency coordination meetings
- Regular and Consistent end of Cycle review meetings conducted
- Proper commodity management, no losses reported in the Warehouse and FDP due to proper food management (Both in terms Quality and Quantity).
-

Fig 8: Planned versus actual MT of food distributed



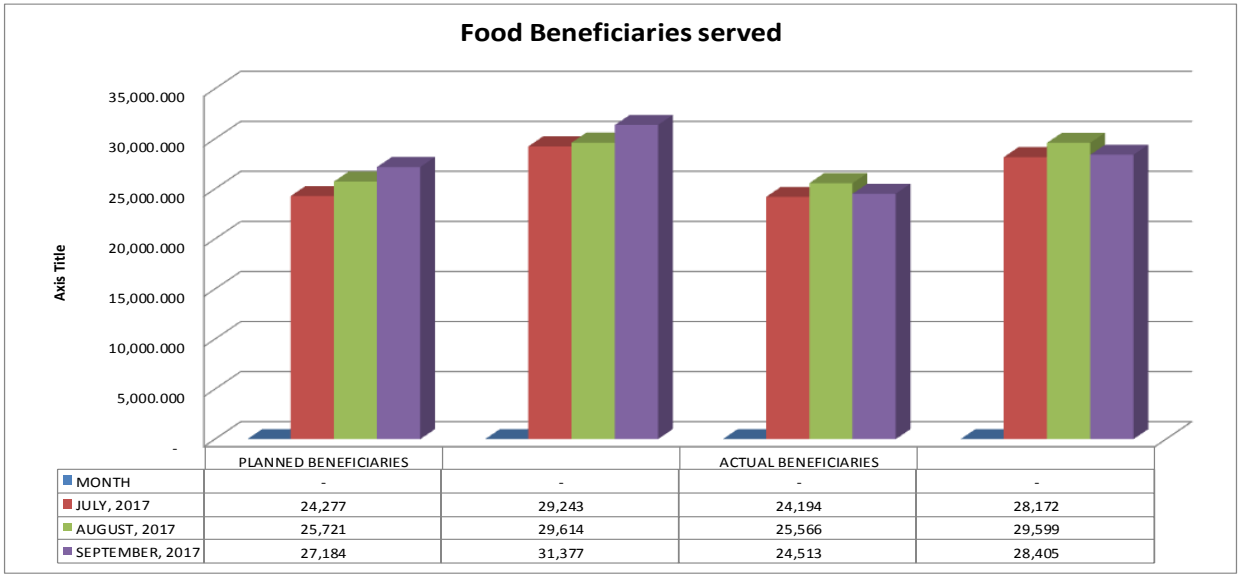
The above shows food tonnage planned versus actually distributed under GFD. Most of the cycles over lapped to the subsequent months

The graph below shows tonnage of food distributed by commodity from July-September 2017

Planned GFD Households versus actual served

The figure below represents beneficiaries planned and reached in each month and the percentage achieved. April, May, June but most cycles were overlapping in the next month.

Fig 9: Planned vs actual beneficiaires served food

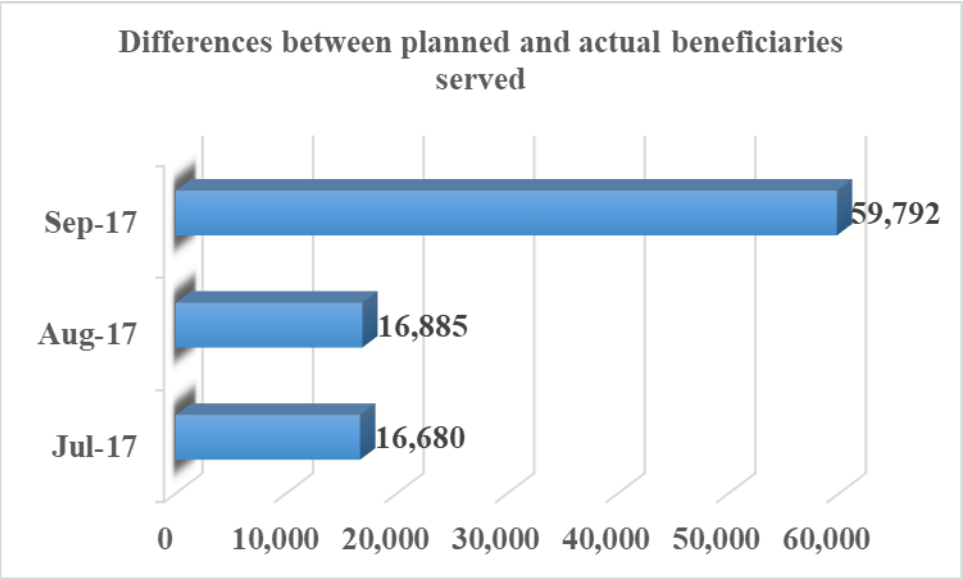


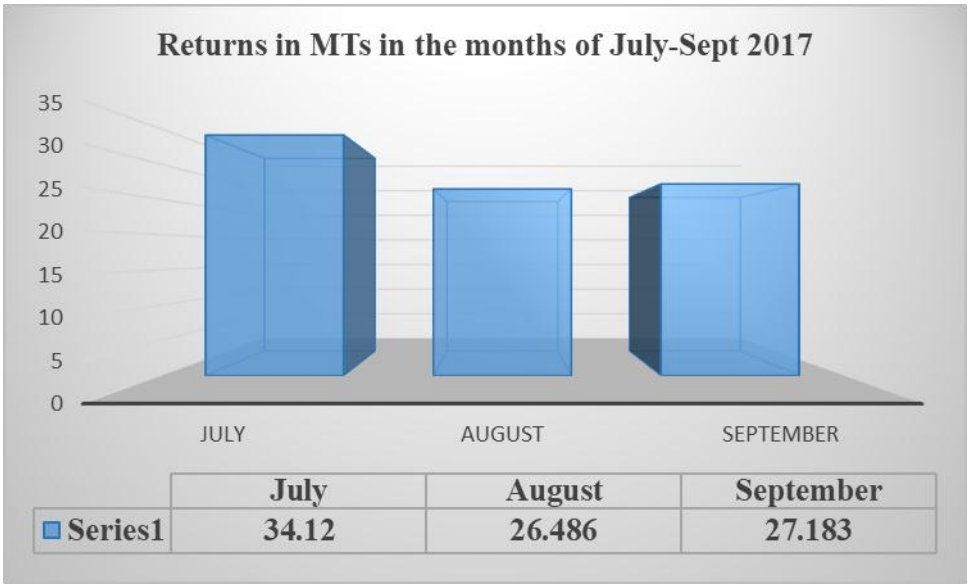
	PLANNED BENEFICIARIES		ACTUAL BENEFICIARIES	
MONTH	-	-	-	-
JULY, 2017	24,277	29,243	24,194	28,172
AUGUST, 2017	25,721	29,614	25,566	29,599
SEPTEMBER, 2017	27,184	31,377	24,513	28,405

Fig 10: Total monthly population served food

	Jul-17	Aug-17	Sep-17
Planned	134,155	134,155	138,537
Actual	117,475	117,277	78,745

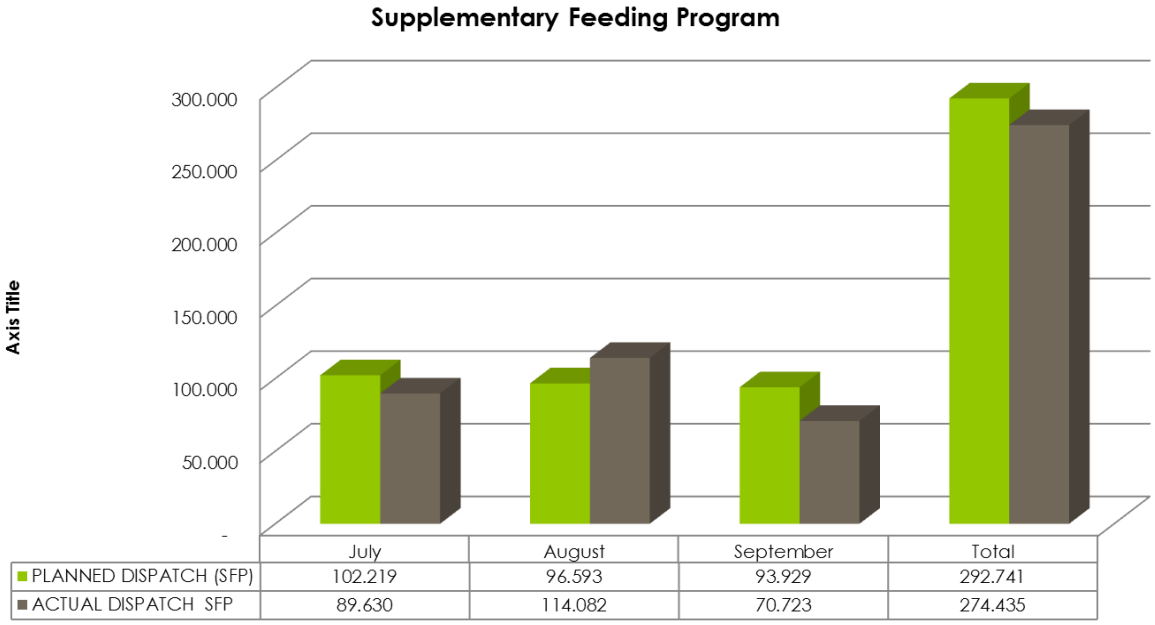
Fig 11: Differences in beneficiaries served in months of July-September 2017





The above shows return in the month of July 34.12, August 26.486 and September 27.183

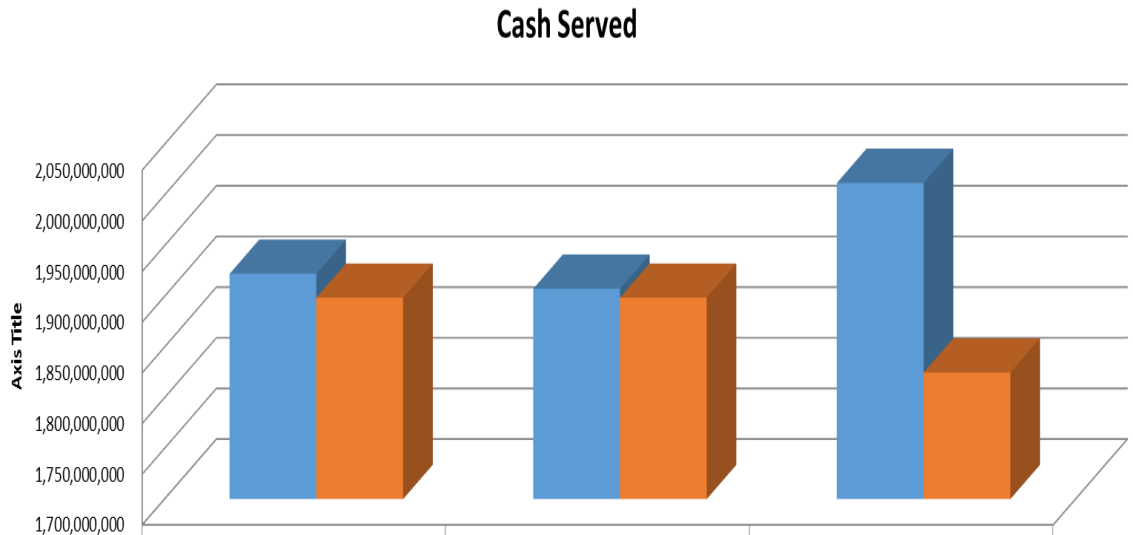
Fig 12: MT of supplementary food distributed



	July	August	September	Total
PLANNED DISPATCH (SFP)	102.219	96.593	93.929	292.741
ACTUAL DISPATCH SFP	89.630	114.082	70.723	274.435

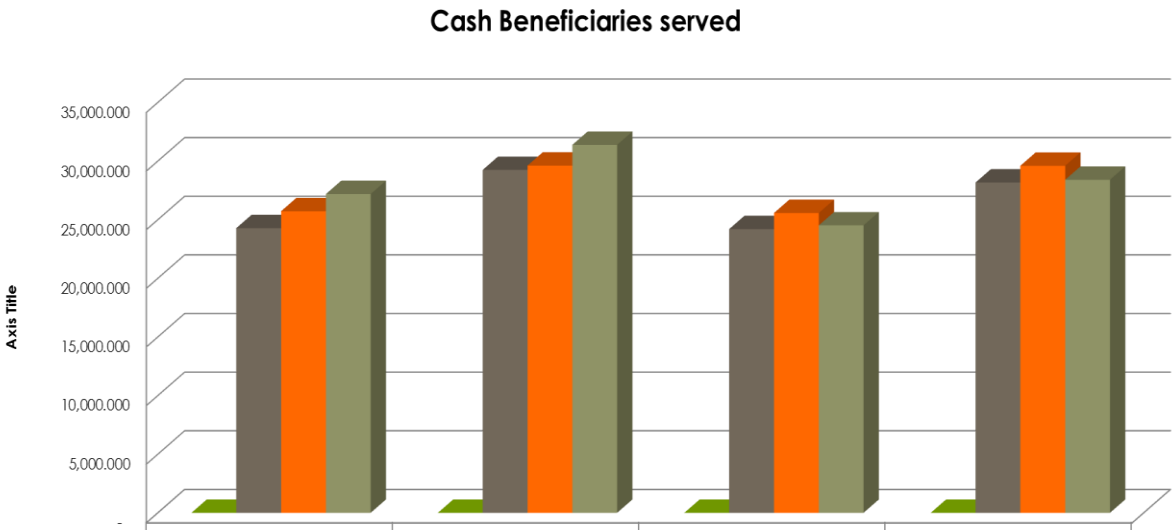
The figure above show food dispatched to other programs for SFP and MCHN during this reporting period, 2017 Ware housing and storage activities: Food transfers to other partners was also handled, AFOD is partly engaged in the transportation of commodities under Supplementary Feeding Program (SFP) and Maternal Child health and Nutrition (MCHN).

Fig 13: Planned Vs. actual cash transferred:



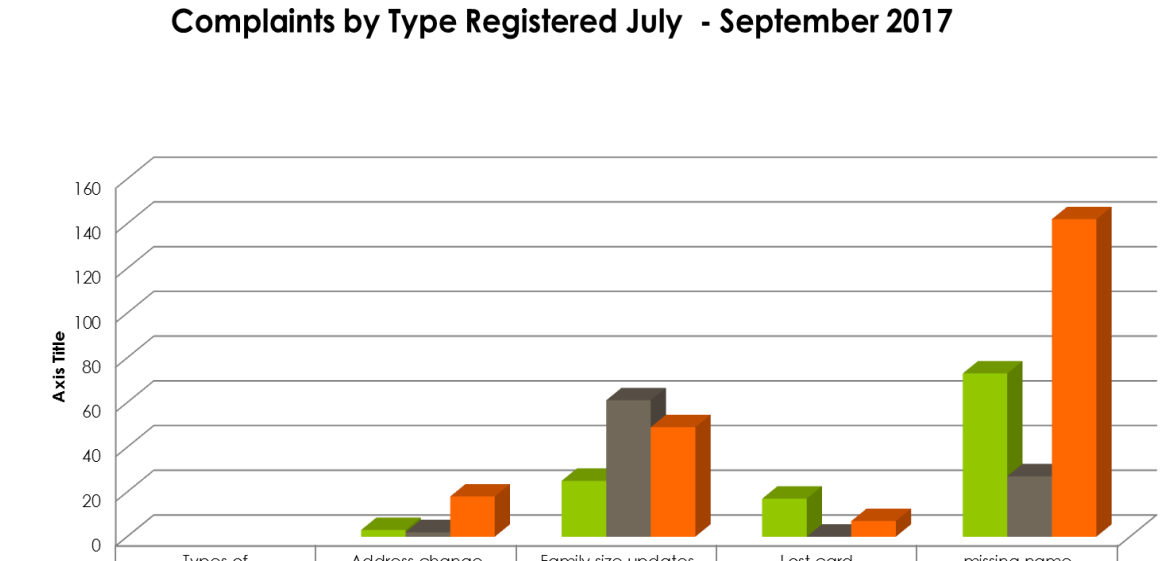
	JULY, 2017	AUGUST, 2017	SEPTEMBER, 2017
PLANNED CASH	1,922,271,000	1,907,517,000	2,011,970,000
ACTUAL CASH	1,898,683,000	1,898,683,000	1,824,801,000

Fig 14: Cash beneficiaries served



	PLANNED BENEFICIARIES		ACTUAL BENEFICIARIES	
MONTH	-	-	-	-
JULY, 2017	24,277	29,243	24,194	28,172
AUGUST, 2017	25,721	29,614	25,566	29,599
SEPTEMBER, 2017	27,184	31,377	24,513	28,405

Fig 15: Complaints registered by type



Types of Complaints	Address change	Family size updates	Lost card	missing name
July	3	25	17	73
August	2	61	0	27
September	18	49	7	142

Reasons for the complaints:

- On the overall, complaints reduced in July by 26 in comparison to complaints registered in the month of June. Eleven settlements registered zero complaints in June. Meanwhile in August the complaints reduced further by 11 in comparison to complaints in the month of July. Ten settlements registered zero complaints in August. Increases in complaints were seen in Mungula I and Pagirinya while the other settlements registered a reduced number of complaints.
- Increases in complaints were seen in Ayilo 1, Boroli, Ayilo II, Maaji III, Agojo, Nyumanzi and Pagirinya while the other settlements registered a reduced number of complaints.
- On the contrary complaints increased in September by 126 in comparison to complaints in the month of August. Three settlements registered zero complaints in September, Oliji, Elema and Maaji 1. Increases in complaints were seen in Agojo, Alere, Boroli, Nyumanzi, Olua 1, Olua 2, Mireyi, Baratuku and Maaji 2 while the other settlements registered a reduced number of complaints.
- A number of reasons led to the high complaints in September.
- In Nyumanzi, Baratuku and Boroli a number of beneficiaries were not verified through the biometric system therefore most of them had their names missing in the Food log. The majority possess the ration and attestation cards but do not appear on the food log. When this information was shared with OPM, they said that the food log was released before the Biometric verification took place thus the missing beneficiaries will be considered in the subsequent cycle.
- Meanwhile in other settlements some of the beneficiaries were reported to have self-relocated themselves. Their names and food therefore appears in their mother settlements.
- During the Hybrid transfer some of the settlements that were usually served in two days expected to be served in the same way, however, the team ended up handling them in one day. Those who anticipated to be attended to on the second day therefore ended up missing. Their leaders collected names of those beneficiaries that missed and presented their names to office. That also contributed to the rise in the number of beneficiaries with complaints.

Challenges:

- Poor road network to the FDPs
- Delay in sending operation funds to field.
- Lack of visibility material (T-shirts to the FMCs and CMCs).
- Inadequate training for the staff, especially Warehouse staff.
- Poor community participation in offloading and loading food

- Lost cards which take long to be replaced by OPM, family size up date, miss match, self-relocation, missing cases and burnt cards
- Pipeline break, experienced in August, 2017 resulting in delay in distribution.

Recommendations:

- Reports regarding the poor roads should continuously be shared with Partners especially UNHCR. Management should share with UNHCR and OPM top management the plight encountered by the GFD team as a result of the poor roads with.
- Organization should procure the required working apparatus especially Laptops (Cash team, M&E and complaint desk. Decentralize the procurement process for some items available at field level
- Furnish the field team with funds for operation in time for efficient performance
- Provide visibility material to the Food Management Committee (FMC) and Cash Management Committee (CMC)
- Organize a training for the warehouse staff. WFP are willing to provide the training.
- FMC, CMC and RWCs training required to emphasize on the community contribution towards the project.

Key activity highlights for 2017/2018

- Maintain an up to date list of beneficiaries in collaboration with UNHCR
- Conduct mobilization and regularly communicate/sensitize Beneficiaries on planned food distributions activities and dates
- Receive and address beneficiary complaints and provide feedback
- Conduct prior registration of any interested beneficiaries and share such information with WFP timely
- Conduct sensitization on bank account opening.
- Receive and address beneficiary complaints and provide feedback
- Receive and dispatch of food commodities from Warehouse/storage facility, and keep up to date records/files of stock movement
- Manage all food stores and stocks in AFOD custody according to WFP warehouse policies and regulations
- Provide security for the ware house/s through partnership with local security firm

- Keep cleanliness of all storage facilities.
- Monitor all food commodity best used before date (BUBD)/expiry dates to ensure quality/safety of food commodity for beneficiaries.
- Dispatch food from managed warehouse to distribution points/centres using secondary transport
- Organize loading and offloading of all food commodities received and dispatched
- Conduct monthly food stock physical inventory and share stock reports timely with WFP
- Conduct regular inspection of food commodities in the warehouse for Damages, infestation and arrange fumigation if required

2.3: ADOLESCENT SEXUAL REPRODUCTIVE HEALTH PROGRAMME IN ADJUMANI

Introduction

AFOD Uganda project on improving Adolescent Sexual Reproductive Health Services (ASRHS) began in March 2016 in Adjumani District with a baseline survey conducted. AFOD Uganda is supporting Ministry of health at District Level and other Implementing partners to improve health facilities and community response, improve the quality of care of ASRH services, improve access and implement community partnership for addressing the need and demand for Adolescent Sexual reproductive health at all levels.

The project also further supports the District health system to use improvement methods to improve community adolescent reproductive health services and ensure its integration into family planning and primary health care as well apply the lessoned learned from the health facilities and the community to create innovations that impact on the health of the adolescent and the young people in refugees and host communities in Adjumani District

AFOD Uganda is working alongside the Department of Education, Community Development and protection in the district and refugee agency. its partners working in the district create synergy to ensure the adolescents and the young people receive holistic services to increase the proportion of adolescent receiving the minimum care at the health facilities, community and enable the school going adolescent remain at school through addressing their needs.

Goal:

To increase access to, demand for and utilization of quality reproductive health services for youth in refugee and host communities.

Specific Objectives:

1: To increase access to adolescent reproductive health services in refugee settlements and hosts communities.
2: To strengthen community health care systems under the integrated outreach for community diagnosis using the VHT systems
3: To involve adolescent girls and boys in the refugee and host communities in planning, implementation and monitoring of ASRH programmes in Adjumani district

4: To strengthen coordination, supervision and mentorship of ASRH programmes at camp, health sub-district and district levels.

Target beneficiaries

Youth in refugees and host communities, both in school and out of school.

Expected outputs per approved project:

- Community mobilization and sensitization on ASRH/GBV.
- Community outreach programme for HCT, Hepatitis B, STI and HIV/AIDS.
- Psychosocial support for GBV related issues.
- School health programme (Awareness campaign).
- Follow up of clients in the communities.
- Radio talks shows
- Referral of Adolescent for youth friendly services from community to the health facilities.
- Community sensitization and dialogue meeting.
- Support supervision and coordination.

Table 12: Key Performance Indicators

Performance Indicator	Planned results	Actual Achieved	% of planned
Organize stakeholder review meeting	1	1	10%0
Conduct community mobilization and Awareness campaign for parents on ASRH at school through community meetings and radio talk shows	3	4	133%
Conduct community dialogue meeting on ASRH with involvement of local authorities, cultural and opinion leaders and FBO	1	6	600%
Procurement of sport equipment	17	0	0
Conduct feedback session with the community, schools and health facilities	1	6	600%
Conduct integrated community outreach for Adolescent reproductive health	9	12	133%
Strengthening quality of ASRH service through conducting regular CME at the health facilities	60	0	0

Provide regular counselling services for the adolescent at the established adolescent corner at the health facilities using standard protocol	300	511	170%
Conduct regular monitoring and supervision of services deliver for Adolescent	4	4	100%
Procurement of IEC materials for schools and health facilities	25	0	0
Attend coordination meeting	4	4	100%
Procurement of sign post for compound	17	0	0
Follow up of rape survivors	0	3	300%
Increase Number of services points created, equipped and GBV kits distributed	6	6	100%

Key analysis of outcome indicators:

- Increased average age for marriage to 70% among young couple to 20 years.
- Reduced on adolescent pregnancy and early marriage by <10%.
- Unsafe abortion has reduced by <5%.
- Increased use of modern family planning by >50%. According to one tearful youth called Abio, she narrates, ***"I have endured hardships, at the age of 19, I have two daughters aged four and two. Like most young people, I had dreams for the future but these were shattered when my parents forced me to get married at an early age, I did not know anything about condoms, learning about condom use from AFOD will help me protect myself, I will not have children again until I get a job that can sustain me" she says…. this knowledge I have acquired will be of great help to me forever"***.

  Above: Activity photo showing condon distribution
- Improved on girl child retention in schools by >80%. On forced early marriage, AFOD has come to the rescue of many young girls, through dialogue with parents, in the case of Anzoa, she was being forced to marry by her parents but when she reported the matter to her senior woman teacher, AFOD was approached where use of dialogue made her parents to re-think, she eventually joined secondary. ***Anzoa remarked**, "I have gained knowledge that has inspired me to gain greater control of my life and plan for my future, I have learnt the importance of staying in school and avoiding the pitfall of early marriage, thanks to AFOD – Uganda"*

- Increased access to youth friendly services by 95% at the health facilities.
- Reduced on new HIV infection among the adolescents to 0.01%
- Improved on Male involvement in ASRH services at health facilities by 40%.

Table 13: Achievements during the 2016/2017:

Achievements realized
12 services providers trained (Clinical Officers, Nurses and Midwives) from eight (8) selected health facilities on provision of ASRH services.
80 adolescents per month seek RH services since August 2016
60 Adolescent sexual reproductive health sessions organized
29 community outreaches organized
55 health talks organized
33 (13 Males and 20 Females) teachers trained as patrons for school based peer clubs
467 (127 males and 340 females) were sensitized in Itirikwa primary school on Adolescent sexual reproduction health relation to HIV/AIDS, STI and Hepatitis B transmission, prevention and management.
402 pupils of Kureku (302 females and 100 males.) were sensitized on HIV/AIDS transmission and prevention.
3 school girls who had got married were followed up, 16 years old girl reported back to Fuda primary school after meeting with the parents, local leader and school administration, 2 girls from Kureku primary school sat for their primary leaving examination
160 females of Oyuwi primary school sensitized on dangers of unsafe abortion and substance abuse.
103 males and 95 females of Openzinzi primary school were sensitized on dangers of early marriage and teenage pregnancy.
1 school girl aged 18 referred to Mungula Health center for conducting unsafe abortion
102 (40 males and 62 females) sensitized on HIV prevention and sexual reproductive health at Oyuwi primary school.
873 (341 males and 532 females) sensitized on menstrual hygiene management.
414 (156 males and 258) females sensitized and tested during the mayor Alliance campaign on HIV/AIDS, TB screening and Hepatitis B
19 health workers trained (9 males and 10 females) on provision of adolescent and youth friendly sexual reproductive services, according to end of project evaluation, 41.7% of the health service providers reported receiving training.
86 information, education and communication materials distributed to 54 teachers, 22 health workers and 10 students.
167 parents sensitized (67 males and 100 during the Primary Teachers Association meeting on facts about STI, HIV/AIDS and Hepatitis.

207 tested during a Moonlight testing in Adjumani (87 males and 120 females), 2 males and 5 females were positive, they were linked to care in the hospital.
76 (20 males and 56 females) sensitized on referral pathways of reproductive health problems.
8 health facilities staff equipped with skills to provide Adolescent Youth Friendly services to promote service uptake

There has also been improvement in the management of teenage pregnancy cases, reduction in time taken by adolescents to access services in all the health centres, improved client care and trust between focal persons in the health centres and schools for ASRH and clients.

Conducted consultative meeting with senior woman teacher (black) of Ofua primary school on ways of following school dropout and early married girls from schools, mobilization for outreach program for HIV counselling, awareness campaign on youth friendly services at the health facilities.
Conducted consultative meeting with Assistant District Health Officer in charge of material child heath on ways of improving Adolescent sexual reproductive health in the communities and also to promote youth friendly services at the health facilities in the district.

Conducted radio talk show on Usalama radio station on dangers of early marriages and teenage pregnancy to the public especially targeting young people in the community.

Establishment of Adolescent Friendly service point in all the Eight (8) Health Facilities to enable service uptake. The health centres work with AFOD to improve adolescent friendly services within their structures (clinical rooms), all the eight health facilities have created decent and attractive service points. The service points are being used to display information material developed and distributed by AFOD and the health facility staff were trained by AFOD, Both AFOD staff and health facilities staff conduct counselling in these service points; thus promoting confidence and trust. When the project wound up, an end of project evaluation was conducted, where findings revealed that the programme was highly relevant. Firstly,

Relevance and Appropriateness of ASRH Project based on end of project evaluation findings

Context: It addressed priority SRH needs of young people as informed by empirical evidence gathered through extensive situation analysis whose baseline results had indicated among other factors, lack of knowledge of both SRH information and available services, limited access to such services and unavailability of youth friendly SRH services. Secondly,
Design: The programme design and its activities were also well aligned with the national priority response efforts in addressing SRH needs of young people in Uganda. The design positioned the programme to

contribute to country level efforts towards achieving the sustainable development goal number 3 of promoting good health. Thirdly,

Implementation Strategy: The appropriateness of the programme was visibly observed through its targeting of the programme beneficiaries. It targeted and involved the youth and had them actively participating in the implementation of the programme through delivering services and promoting uptake of good behaviours and positive attitudes. The programme delivery strategies were also sensitive to context and age of information recipients. Dual targeting of in and Out of School enabled a wide reach to out of school youth who tend to be missed by most interventions. By working closely with existing community structures, the programme ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.

Effectiveness

The programme was noted to have been effective in facilitating the availability of and increasing access to SRH information and services, increasing awareness and knowledge of SRH information.

Access to SRH Information and Services

By the end of the programme, a total of 60 SRH sessions had been conducted, indicating that thousands of YP accessed the services through these establishments. To ensure availability of youth friendly SRH Services at health centres, a total of 19 health workers were trained and supported. By the end of the programme, each health center had appointed at least a health staff member to provide YF services to young people. This resulted in a notable increase in the health seeking behaviour of YP. 6 community dialogues were organized with 670 participants in attendance as well as 29 community outreaches. 55 health talks were organized. A total of 33 teachers were trained as patrons for the school based peer clubs to support the peer leaders in conducting and facilitating SRH education and information sharing activities. These patrons continue to provide guidance and counselling support to young people to continue with their activities. Due to the above initiative, 3 school dropouts sat PLE within just one year of the project implementation and many returned to school.

Efficiency

The programme was efficiently managed both at Programme Management level and programme fund management.

Outcomes and Impact

The outcomes and impact envisaged by the programme were achieved to a greater extent with the most significant changes noticeable at community and individual levels. Two distinct broad domains of change were identified, this included:

Increased awareness of SRH issues among young people. There was a general consensus among study participants and young people themselves that the programme was very instrumental in raising awareness about SRH among the young people.

Increased uptake and availability of youth friendly SRH services. The approach of having young people participate in the programme ensured that SRH services are youth friendly and available. This translated to a quick uptake of those services by the same age peers. Frequent visits to utilize SRH services on offer at health facilities by the youth increased, these included VCT and contraceptives among others.

Sustainability of the Programme

The programme made efforts to ensure sustainability in two broad ways:

Establishing collaborations with other stakeholders and ensuring active involvement and participation of YP in the implementation of the programme. AFOD-Uganda signed memorandum of Understanding (MoUs) with Adjumani District local government which enables it to continue lobbying the government to assist the young people and making sure that they receive the necessary support to access appropriate and up to date SRH services.

Health center staff and teachers were trained in providing youth friendly services and these are going to continue being provided to achieve its objectives in addressing the SRH needs of YP.

Challenges:

- Limited parental support for adolescents/young people.
- Some health facilities do not have specific days for youth friendly services.
- Overwhelming clients at the health facilities.
- Low male involvement in ASRH services.
- Low community involvement and participation in ASRH services.
- Limited funding.
- Late health seeking behavior.
- Inadequate delivery space in some health facilities

Mitigation measures:

- Integration of activities.
- Have consultative meeting with the health facility in charges and district health officer.
- Community mobilization and education on male involvement, parental support and early health seeking behaviour for the Adolescent.
- Coordinating with other stakeholders

Lessons learned:

- If young people are afforded an opportunity and support, they can facilitate accurate SRH information transfer amongst themselves. They are an efficient and effective mode of information dissemination among their peers through peer to peer/youth to youth approach.
- Availing Youth Friendly SRH Services increases uptake of such services by the YP.

Recommendations:

- Coordination with other stakeholders/partners to address ASRH issues.
- Organized joint support supervision and monitoring at level
- Training of more health workers, VHTs and adolescent champions on ASRH.
- Outreaches for HIV/AIDS, STI and Hepatitis B screening.
- Radio talk show and debates.
- Establishment of more service points in the communities
- Follow up, referral and linkage of GBV survivors for care and training of stakeholders on GBV to improve referral.
- Replication of the project to cover more sub counties

Key activity highlight for 2017/2018:

- Training of more health workers and adolescent champions on ASRH.
- Community mobilization and sensitization on ASRH and GBV.
- Conduct outreaches for HIV/AIDS, STI and Hepatitis B screening.
- Radio talk shows and organizing debates.
- Procurement and Distribution of condoms in the community and health facilities.
- Coordination meetings.
- Establishment of ASRH service points in the communities
- Training of VHT on ASRH and referral pathways

3.0: MONITORING AND EVALUATION

AFOD Uganda is responsible for implementation of programme activities and daily supervision as well as process and output monitoring. Partners participate as per the agreed schedule in the field level agreement.

Monitoring activities covered:

- Process monitoring, includes implementation and overall project management e.g. food distribution, MCHN activities and ASRH.
- Output monitoring, including the number of beneficiaries reached/assisted disaggregated by sex, age, location etc. and shared timely report with partners.
- Short term and intermediate outcomes are also monitored to assess impacts overtime

To monitor progress, routine data is generated and regularly analyzed and used for decision making at all levels of programme implementation.

AFOD has been providing different stakeholders with monthly/quarterly project activity reports, the M&E Research officer ensures that high quality data is regularly collated and entered from the various sources.

Support supervision and monitoring is regularly conducted on a monthly and quarterly basis to assess progress and identify bottlenecks for redress

Fact sheets have been produced per quarter to summarize the different project activities implemented.

M&E documents project impact stories per quarter, these are human interest and project success stories depicting the outcomes and impact of AFOD intervention on the beneficiaries

M&E conducts project-specific evaluations; MCHN baseline in Koboko and end of project evaluations for adolescent sexual reproductive health in Adjumani as well as other rapid needs assessments to inform concept development.

4.0: KEY CHALLENGES

- High cost of operation due to the high inflation rate
- Limited external relations and networking for sharing experiences and lessons learned.
- Lack of resource mobilization and fundraising strategy
- Funding mechanism of current donors suffocates timely implementation due to re-imbursement approach

4.1: LESSONS LEARNED:

- Putting programme beneficiaries at the forefront of our design and implementation promotes programme ownership and may translate into sustainability
- Direct interface with the community allows them to participate in identification of their own problems and suggest solutions
- A multi-sectoral approach is the way to achieve implementation and sustainability of programmes, we need involvement of district leadership and other partners at all level of program implementation, this allows them to participate in monitoring and providing sustainability plan.
- Community education and sensitization is key in transforming the attitudes and behaviours of community towards the different programmes.

4.2: CONCLUSION

AFOD –Uganda needs to strengthen collaboration with government structures both national and local level engagement, partners and community resource persons as a downstream service delivery approach. Continuous mentorship of staff to improve quality of service delivery is key. Staff needs to develop and operationalize resource mobilization strategy to facilitate fundraising. Improving and strengthening Board functions to be able to provide oversight and governance direction, review and develop other missing policies and sector specific strategies and frameworks, identification and establishment of long term partnerships with reliable donors (Multi-year projects), establishment of private public partnerships (PPPs) for profit and non-profit and develop a business plan for income generation activities (IGAs).

5.0 ANNEX 1: AFOD-Uganda Asset register

AFOD UGANDA		ASSET REGISTER			MTD From	MTD To
Assets			Review Date	22/05/2018		
Asset Number	**Asset ID Number**	**Description**	**Asset Location**	**Asset Type**	**Acquisition Date**	**Historical Cost**
		Automobiles(Motor Vehicles)				
AM-0001	UAY 118P	Toyota Hilux Pickup D/Cabin,KUN25RPRMDHN	Adjumani	Owned	18/3/2016	163,000,000
AM-0002	UAZ 052C	Super custom, Hiace Van. Toyota	Adjumani	Owned	21/06/2016	30,000,000
AM-0003	UBA 662Y	TATA LPT 2516 HSLB, MAT396022G2R26639.	Adjumani	Owned	22/8/2017	202,800,000
AM-0004	UEQ 416C	Motorcycle DT Yamaha125(3TT219609)	Adjumani	Owned	10/07/2017	18,824,000
AM-0005	UEQ 418C	Motorcycle DT Yamaha 125(3TT219560)	Moyo	Owned	10/07/2017	18,824,000
		Plant Equipment				
PM-0001	AFOD/ADJ/GEN/17/001	20KVA Staunch Diesel Generator Perkins(s/n 991487X)	Adjumani	Owned	09/01/2017	54,905,400
PM-0002	AFOD/KOB/GEN/18/002	6.3KVA Staunch Diesel Generator Perkins.	Koboko	Owned	2018/01/22	8,500,000
		Furniture & Fixture				
FF-0001	AFOD/KLA/DESK/17/001	L-Wooden with lockable drawer (1.2X00.7meters)	Kampala	Owned	19/1/2016	1,025,000
FF-0002	AFOD/KLA/DESK/17/002	L-Wooden with lockable drawer (1.2X00.7meters)	Kampala	Owned	19/1/2016	1,025,000
FF-0003	AFOD/KOB/DESK/17/003	Office desk wooden with lockable drawer (1.2X00.6m)	Koboko	Owned	10/05/2017	309,323
FF-0004	AFOD/KOB/DESK/17/004	Office desk wooden with lockable drawer (1.2X00.6m)	Koboko	Owned	10/05/2017	309,323
FF-0005	AFOD/KOB/DESK/17/005	Office desk wooden with lockable drawer (1.2X00.6m)	Koboko	Owned	10/05/2017	309,323
FF-0006	AFOD/KOB/DESK/17/006	Office desk wooden with lockable drawer (1.2X00.6m)	Koboko	Owned	10/05/2017	309,323
FF-0007	AFOD/KLA/DESK/17/007	Office desk wooden with lockable drawer (1.2X00.6m)	Kampala	Owned	10/05/2017	309,323
FF-0008	AFOD/KLA/DESK/17/008	Office desk wooden with lockable drawer (1.2X00.6m)	Kampala	Owned	10/05/2017	309,323
FF-0009	AFOD/KLA/DESK/17/009	Office desk wooden with lockable drawer (1.2X00.6m)	Kampala	Owned	24/10/2017	700,000
FF-0010	AFOD/KLA/DESK/17/010	Office desk wooden with lockable drawer (1.2X00.6m)	Kampala	Owned	24/10/2017	700,000
FF-0011	AFOD/KLA/DESK/17/011	Office desk wooden with lockable drawer (1.2X00.6m)	Kampala	Owned	24/10/2017	700,000
FF-0012	AFOD/KLA/CHIR/16/001	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0013	AFOD/KLA/CHIR/16/002	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0014	AFOD/KLA/CHIR/16/003	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0015	AFOD/KLA/CHIR/16/004	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0016	AFOD/KLA/CHIR/16/005	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0017	AFOD/KLA/CHIR/16/005	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0018	AFOD/KLA/CHIR/16/006	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0019	AFOD/KLA/CHIR/16/007	Wooden conference chairs	Kampala	Owned	19/1/2016	40,000
FF-0020	AFOD/ADJ/CHIR/16/001	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0021	AFOD/ADJ/CHIR/16/002	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0022	AFOD/ADJ/CHIR/16/003	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0023	AFOD/ADJ/CHIR/16/004	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0024	AFOD/ADJ/CHIR/16/005	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000

FF-0025	AFOD/ADJ/CHIR/16/006	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0026	AFOD/ADJ/CHIR/16/007	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0027	AFOD/ADJ/CHIR/16/008	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0028	AFOD/ADJ/CHIR/16/009	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0029	AFOD/ADJ/CHIR/16/0010	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0030	AFOD/ADJ/CHIR/16/0011	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0031	AFOD/ADJ/CHIR/16/0012	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0032	AFOD/ADJ/CHIR/16/0013	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0033	AFOD/ADJ/CHIR/16/0014	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0034	AFOD/ADJ/CHIR/16/0015	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0035	AFOD/ADJ/CHIR/16/0016	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0036	AFOD/ADJ/CHIR/16/0017	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0037	AFOD/ADJ/CHIR/16/0018	Wooden conference chairs	Adjumani	Owned	19/1/2016	40,000
FF-0038	AFOD/MOY/CHIR/17/022	Wooden conference chairs	Moyo	Owned	19/1/2016	40,000
FF-0039	AFOD/MOY/CHIR/17/023	Wooden conference chairs	Moyo	Owned	19/1/2016	40,000
FF-0040	AFOD/ADJ/DESK/16/001	local Wooden Conference table	Adjumani	Owned	2017/02/07	290,000
FF-0041	AFOD/ADJ/CHIR/16/0020	Book Shelf	Adjumani	Owned	2017/02/07	300,000
FF-0042	AFOD/ADJ/DESK/16/002	Office desk wooden with lockable drawers	Adjumani	Owned	2016/01/19	700,000
FF-0043	AFOD/ADJ/DESK/16/003	Office desk wooden with lockable drawers	Adjumani	Owned	2016/01/19	700,000
FF-0044	AFOD/ADJ/DESK/16/004	Office desk wooden with lockable drawers	Adjumani	Owned	2016/01/19	700,000
FF-0045	AFOD/ADJ/DESK/16/005	Office desk wooden with lockable drawers	Adjumani	Owned	2016/01/19	700,000
FF-0046	AFOD/ADJ/DESK/16/006	Office desk wooden with lockable drawers	Adjumani	Owned	2017/02/07	325,000
FF-0047	AFOD/ADJ/DESK/16/007	Office desk wooden with lockable drawers	Adjumani	Owned	2017/02/07	325,000
FF-0048	AFOD/MOY/DESK/17/032	Office desk wooden with lockable drawers	Moyo	Owned	2017/02/07	325,000
FF-0049	AFOD/KLA/CHIR/16/008	Wooden conference Table	Kampala	Owned	19/1/2016	980,000
FF-0050	AFOD/KLA/CHIR/17/034	Wooden conference Table	Koboko	Owned	2017/05/10	1,483,051
FF-0051	AFOD/ADJ/DESK/16/008	Wooden conference Table	Adjumani	Owned	2017/05/10	1,483,051
FF-0052	AFOD/KLA/CHIR/16/009	Wooden conference chairs	Kampala	Owned	2017/05/10	1,483,051
FF-0053	AFOD/KLA/CHIR/16/010	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0054	AFOD/KLA/CHIR/16/011	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0055	AFOD/KLA/CHIR/16/012	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0056	AFOD/KLA/CHIR/16/013	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0057	AFOD/KLA/CHIR/16/014	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0058	AFOD/KLA/CHIR/16/015	low back Shival Chair with arm rest	Kampala	Owned	2017/05/10	254,237
FF-0059	AFOD/ADJ/CHIR/16/019	low back Shival Chair with arm rest	Adjumani	Owned	2017/05/10	254,237
FF-0060	AFOD/ADJ/CHIR/16/020	low back Shival Chair with arm rest	Adjumani	Owned	2017/05/10	254,237
FF-0061	AFOD/ADJ/CHIR/16/021	low back Shival Chair with arm rest	Adjumani	Owned	2017/05/10	254,237
FF-0062	AFOD/ADJ/CHIR/16/022	low back Shival Chair with arm rest	Adjumani	Owned	2017/05/10	254,237
FF-0063	AFOD/ADJ/PRIN/16/001	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237
FF-0064	AFOD/ADJ/PRIN/17/001	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237
FF-0065	AFOD/ADJ/PRIN/17/002	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237

FF-0066	AFOD/KLA/LPTP/1/008	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237
FF-0067	AFOD/JUB/LPTP/15/009	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237
FF-0068	AFOD/KLA/LPTP/17/001	3 seater Metallic Visitor's Chair Black	Koboko	Owned	2017/05/10	381,356
FF-0069	AFOD/KLA/LPTP/17/002	Swinging door Cabinet ID 888w cherry	Koboko	Owned	2017/05/10	186,441
FF-0070	AFOD/ADJ/LPTP/17/001	Visitors Arm rest Chair BS 006	Koboko	Owned	2017/05/10	237,288
FF-0071	AFOD/ADJ/LPTP/17/002	Visitors Arm rest Chair BS006	Koboko	Owned	2017/05/10	237,288
FF-0072	AFOD/KOB/CHIR/17/001	Visitors Arm rest Chair BS 006	Koboko	Owned	2017/05/10	237,288
FF-0073	AFOD/KOB/CHIR/17/002	Visitors Arm rest Chair BS 006	Koboko	Owned	2017/05/10	237,288
FF-0074	AFOD/KOB/CHIR/17/003	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0075	AFOD/KOB/CHIR/17/004	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0076	AFOD/KOB/CHIR/17/005	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0077	AFOD/KOB/CHIR/17/006	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0078	AFOD/KOB/CHIR/17/007	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0079	AFOD/KOB/CHIR/17/008	Stacking Chairs BS 216 for conference table	Koboko	Owned	2017/05/10	122,881
FF-0080	AFOD/ADJ/CHIR/16/023	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0081	AFOD/ADJ/CHIR/16/024	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0082	AFOD/ADJ/CHIR/16/025	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0083	AFOD/ADJ/CHIR/16/026	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0084	AFOD/ADJ/CHIR/16/027	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0085	AFOD/ADJ/CHIR/16/028	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0086	AFOD/ADJ/CHIR/16/029	Stacking Chairs BS 216 for conference table	Adjumani	Owned	2017/05/10	122,881
FF-0087	AFOD/KOB/CHIR/17/009	low back Shival Chair with arm rest	Koboko	Owned	2017/05/10	254,237
FF-0088	AFOD/KLA/CHIR/16/016	Visitors chair low back black	Kampala	Owned	19/1/2016	160,000
FF-0089	AFOD/KLA/CHIR/16/017	Visitors chair low back black	Kampala	Owned	19/1/2016	160,000
FF-0090	AFOD/KLA/CHIR/16/018	Visitors chair low back black	Kampala	Owned	1900/01/01	160,000
FF-0091	AFOD/KLA/CHIR/16/019	Visitors chair low back black	Kampala	Owned	19/1/2016	160,000
FF-0092	AFOD/KLA/CHIR/16/020	Visitors chair low back black	Kampala	Owned	19/1/2016	160,000
FF-0093	AFOD/KLA/CHIR/16/021	Visitors chair low back black	Kampala	Owned	19/1/2016	160,000
FF-0094	AFOD/KLA/CHIR/16/022	Visitors chair low back black	Kampala	Owned	19/1/2016	700,000
FF-0095	AFOD/KLA/CHIR/16/023	Visitors chair low back black	Kampala	Owned	19/1/2016	700,000
FF-0096	AFOD/KLA/CHIR/16/024	Visitors chair low back black	Kampala	Owned	19/1/2016	760,000
FF-0097	AFOD/KLA/CHIR/16/025	Visitors chair high back black	Kampala	Owned	19/1/2016	760,000
FF-0098	AFOD/KLA/CHIR/16/026	Visitors chair high back black	Kampala	Owned	19/1/2016	760,000
FF-0099	AFOD/KLA/CHIR/16/027	Visitors chair high back black	Kampala	Owned	19/1/2016	760,000
FF-0100	AFOD/KLA/CHIR/16/028	Visitors chair high back black	Kampala	Owned	2016/01/19	254,237
FF-0101	AFOD/KLA/DESK/16/001	Reception desk Wooden with lockable Drawer (1.2X00.7m)	Kampala	Owned	19/1/2016	400,000
FF-0102	AFOD/KLA/DESK/16/002	Office Desk wooden with lockable Drawer.	Kampala	Owned	19/1/2016	400,000
FF-0103	AFOD/KLA/DESK/16/003	Office Desk wooden with lockable Drawer.	Kampala	Owned	19/1/2016	400,000
FF-0104	AFOD/KLA/CABT/16/001	Metallic File cabinet four drawers	Kampala	Owned	2017/05/10	491,525
FF-0105	AFOD/KLA/CABT/16/002	Metallic File cabinet four drawers	Kampala	Owned	2017/05/10	491,525
FF-0106	AFOD/KOB/CABT/16/001	Metallic File cabinet four drawers	Koboko	Owned	2017/05/10	491,525

FF-0107	AFOD/KOB/CABT/16/002	Metallic File cabinet four drawers	Koboko	Owned	2017/05/10	491,525
FF-0108	AFOD/KOB/CABT/16/003	Metallic File cabinet four drawers	Koboko	Owned	2017/05/10	491,525
FF-0109	AFOD/KLA/CABT/16/003	Metallic File cabinet four drawers	Kampala	Owned	2017/05/10	491,525
		Office Equipment				
OET-0001	AFOD/KLA/PROJ/16/001	DLP Projector (Acer X113P)	Kampala	Owned	2016/07/25	1,239,000
EQC-0001	AFOD/ADJ/I/16/004	Internet Router	Adjumani	Owned	2016/07/12	245,000
EQC-0002	AFOD/ADJ/CHIR/16/004	Internet Router	Adjumani	Owned	2016/08/05	179,000
EQC-0003	AFOD/KLA/ELEU/16/028	Internet Router	Kampala	Owned	20/6/2016	410,000
EQC-0004	AFOD/ADJ/CHIR/16/004	Internet Router(D-Link DWR-9214 GLITE, LAN 4n Ports	Adjumani	Owned	27/11/2017	550,000
OEP-0001	AFOD/KLA/PRIN/16/001	Printer HP LaserJet M176n	Kampala	Owned	2016/06/27	900,000
OEP-0002	AFOD/ADJ/PRIN/16/001	Printer HP Laser jet P2131	Adjumani	Owned	2016/12/07	350,000
OEP-0003	AFOD/ADJ/PRIN/16/002	Printer Canon Sensys MF418X	Adjumani	Owned	25/9/2017	2,600,000
OEP-0004	AFOD/ADJ/PRIN/16/003	Printer Canon Sensys MF418X	Adjumani	Owned	25/9/2017	2,600,000
OEP-0005	AFOD/KLA/PRIN/16/002	Printer HP LaserJet black and white(M402DNE)	Kampala	Owned	27/11/2017	1,000,000
OEP-0006	AFOD/ADJ/PRIN/16/004	Printer HP LaserJet (black and white)	Adjumani	Owned	2017/03/07	1,200,000
PM-0003	AFOD/ADJ/WATD/16/001	Water Dispenser (20litres capacity)	Adjumani	Owned	20/10/2017	520,000
PM-0004	AFOD/ADJ/WATD/16/002	Water Dispenser (20litres capacity)	Adjumani	Owned	20/10/2017	520,000
PM-0005	AFOD/KLA/WATD/16/001	Water Dispenser (20litres capacity)	Kampala	Owned	20/10/2017	520,000
PM-0006	AFOD/KOB/DKTP/16/001	Water Dispenser (20litres capacity)	Koboko	Owned	20/10/2017	520,000
OEP-0007	AFOD/ADJ/CASE/16/001	Cash Safe BDS510	Adjumani	Owned	16/10/2017	800,000
OEP-0008	AFOD/KLA/CASE/16/002	Cash Safe BDS510	Kampala	Owned	16/10/2017	800,000
OEP-0009	AFOD/KOB/CASE/16/003	Cash Safe BDS510	Koboko	Owned	16/10/2017	800,000
		Computer Equipment				
CE-0001	AFOD/KLA/LPTP/16/001	Laptop Dell INSPIRON 15 3000 SERIES	Kampala	Owned	20/11/2017	1,495,000
CE-0002	AFOD/KLA/LPTP/16/002	Laptop Dell INSPIRON 15 3000 SERIES	Kampala	Owned	20/11/2017	1,495,000
CE-0003	AFOD/KLA/LPTP/16/003	Laptop Dell INSPIRON 15 3000 SERIES	Kampala	Owned	22/11/2017	1,495,000
CE-0004	AFOD/KLA/LPTP/16/004	Laptop Dell INSPIRON 15 3000 SERIES	Kampala	Owned	22/11/2017	1,495,000
CE-0005	AFOD/ADJ/LPTP/16/001	Laptop HP Pro Book	Adjumani	Owned	14/7/2017	1,500,000
CE-0006	AFOD/ADJ/LPTP/16/002	Laptop HP Pro Book	Adjumani	Owned	14/7/2017	1,500,000
CE-0007	AFOD/KOB/LPTP/16/006	Laptop Dell	Koboko	Owned	14/7/2017	1,650,000
CE-0008	AFOD/KOB/LPTP/16/006	Laptop Dell	Koboko	Owned	14/7/2017	1,650,000
CE-0009	AFOD/KLA/DKTP/16/001	Desktop Dell & Monitor	Kampala	Owned	14/7/2016	1,650,000
CE-0010	AFOD/KLA/DKTP/16/002	Desktop Dell & Monitor	Kampala	Owned	14/7/2016	1,650,000
CE-0011	AFOD/KLA/DKTP/16/003	Desktop Dell & Monitor	Kampala	Owned	14/7/2017	1,650,000
CE-0012	AFOD/KLA/DKTP/16/004	Desktop Dell & Monitor	Kampala	Owned	14/7/2017	1,650,000
CE-0013	AFOD/KLA/DKTP/16/005	Desktop Dell & Monitor	Kampala	Owned	2016/02/05	1,600,000
CE-0014	AFOD/KOB/DKTP/16/006	Desktop Dell & Monitor	Koboko	Owned	2016/02/05	1,600,000
CE-0015	AFOD/ADJ/DKTP/16/001	Desktop Dell & Monitor	Adjumani	Owned	2016/02/05	1,600,000
CE-0016	AFOD/ADJ/DKTP/16/001	Desktop Dell & Monitor	Adjumani	Owned	2016/02/05	1,600,000

5.1: ANNEX 2: SUCCESS AND HUMANI INTEREST STORIES

1: SEXUAL REPRODUCTIVE HEALTH KNOWLEDGE FOR LIFE

Championing efforts to help young people stay in school in Adjumani

AFOD – Uganda targeted adolescents in upper primary to be supported in career guidance and SRH (Sexual Reproductive Health)

Adjumani district is highly affected by the vice of teenage pregnancy and early marriage worsened by the influx of the refugees, according to the DEO's report for 2016, it indicated that over 500 girls dropped out of school, 20 of whom were reported to be from Oyuwi P/S. It is against this background that AFOD designed an ASRH project aimed at increasing accessibility of ASRH information among young people through the school approach of capacity building, service delivery through demand driven use of the ASRH service.

AFOD-Uganda conducted advocacy dialogues with parents to support adolescent education with particular emphasis on girl child education and

persuades parents to send children for secondary education regardless of their sex.

AFOD-Uganda trained teachers and formed functional school clubs, this aroused enthusiasm from the pupils to study harder. Through an educative trips made to selected girls in P.7, four (4) out of the 9 girls from Kolididi P/S, Oyuwi P/S, Itirikwa P/S and Mungula P/S obtained second grade PLE. Parents were persuaded to allow girls to enrol for secondary education which has been rare for the girl child since they are seen as a source of bride wealth. In 2016 many young girls dropped out of school attributed to early marriages resulting from pupil to pupil relationships, poor academic performance, lack of reproductive health knowledge and limited exposure to new environments and forced marriages. Once these girls are married off or get pregnant, they never go back to complete their basic primary leaving examination (PLE) or perform poorly, thus parents take it as an excuse not to support them to attain secondary education, and the long term impacts are severe on the girl child.

2017 has recorded a remarkable improvement. For example, in 2016, Oyuwi P/S had registered drop out of 6 girls in one term, this year 2017 AFOD & L.C V Chairperson have frequently visited the school, giving students information on ASRH and career guidance, so far, no case of school dropout has been reported.

With the support of Adjumani DLG, AFOD intensified on its school health program where pupils formed clubs to share ASRH challenges, got career guidance, were involved in peer to peer discussions, developed poems and drama with messages on ASRH. AFOD also trained teachers to guide young people and health workers to support the schools in menstrual hygiene management and prevention of sexually transmitted diseases.

Key achievements of the intervention

- 36 teachers and 6 adolescent champions trained on adolescent reproductive health services
- Over 1500 information, education and communication materials with messages on ASRH distributed in schools
- 16 ASRH school clubs have been established to support adolescent's mange ASRH challenges, schools have specific time table for them to do their activities guided by the teachers and supervised by AFOD staff.
- 22,000 adolescents have been reached with information on adolescent sexual reproductive health through health talks. This has resulted in a drastic reduction in teenage pregnancy and marriage, high improvement in academic performance in PLE among girls. In Oyuwi P/S alone, 7 out of 12 girls who dropped out of school due to teenage pregnancy returned to school and completed PLE.

Anzoa is 15 years old. Like many girls in Adjumani district, her parents wanted to marry her off at a young age to a 40-year older man in exchange for kasurube – 'a local term used to mean dowry'. She immediately reported this matter to her senior woman teacher who contacted AFOD to come to the rescue of this young girl, through having dialogue meetings with her parents. Anzoa who later joined secondary school, remarked, "I have gained knowledge that has inspired me to gain greater control of my life and plan for my future, I have learnt the importance of staying in school and avoiding the pitfall of early marriage, thanks to AFOD – Uganda"

Through AFODs intervention, Anzoa is now back to school and is continuously receiving guidance and counselling from AFOD staff to enable her complete her education.

Parents attention to children's' education has increased for instance; parents now frequently invite AFOD staff to talk to their children about values of education. Many adolescents are now accessing reproductive health services and Health facilities have reported an increase in ASRH service uptake by the pupils.

Case report 2: Desire for scholastic materials cost my education, Adjumani District, Kureku Alupinzizuru village

AFOD programme in Adjumani District responds to the health needs of the young people. Young people in West Nile region are vulnerable to all kinds of health challenges, these include; STI/HIV/AIDS, Hepatitis B, early or unwanted pregnancy, unsafe abortion, and psychosocial problem such as substance abuse, sexual abuse etc. Factors that predispose them to vulnerability include; economic issues such as poverty, over dependence on adults, or lack of employment opportunities. The majority of the young people are engaged in petty trade in the informal sector, this situation is worsened by lack of adequate social services.

AFOD Gender and protection staff providing psychosocial support to a pupil

Inyania Beatrice, 15 years old who was studying in Kureku primary school in primary five was discovered to be pregnant during a routine school health check-ups; the school administration notified AFOD field office and her parents. AFOD Staff met with the school administration and the parents of the girl during which they sensitized the parents on the available youth friendly services in health facilities where Inyania Beatrice could get services like; antenatal care, STI/HIV and hepatitis B screening. On inquiring how she got pregnant, she informed the gathering that she had gone to visit her father who was married to another woman. When she requested for scholastic materials and other requirements from her father, her father told her that he doesn't have the money. While there, a man had started making advances and promised to buy her what she needed. Ignorant of her actions, she yielded to the man's advance at the cost of her future, '***education***'.

AFOD linked her to youth friendly services in Kureku health facility, so that she could start her antenatal service. After one week, her mother was influenced to escort her for antenatal care.

The awareness campaign on sexual reproductive health made them to understand the girl's situation and her mother became supportive.

"During the psychosocial support given to her by AFOD staff, she said, 'education will provide me with a better future, I will go back to school after child birth'.

Case report 3:

A ray of hope for the twins Kato and Wasswa

Mother and the twins

Nnalongo is a 31 year old mother from Alutura village, Lurujo parish, Lobule sub-county in Koboko district. She has Male twins; Kato and Wasswa. Kato was found to be suffering from moderate acute malnutrition.

In June, Nnalongo the mother and Ssalongo the father realized that Kato was constantly losing weight, they took him to Lurujo HCII because they were uncertain of what Kato was suffering from. However, they were transferred to Lobule HCIII as they were unable to handle his condition. They were transferred to Koboko hospital where the child was admitted.

The mother-in-law advised her to feed Kato on a balanced diet. She did this until she was told that a new organization called AFOD had come to the district to handle cases of malnourished children.

When AFOD intervened, Kato had brown hair and severe diarrhoea with a MUAC of 12.0cm and 5.3kgs. On the 27th of July 2017, Kato and Wasswa were enrolled on Targeted Supplementary Feeding Programme (TSFP) in Lurujo HCII.

After two weeks of monitoring, he had deteriorated to 11.7cm and 5.0kgs as he had suffered from malaria with severe diarrhoea. He was then treated and added 3kgs of CSB++ for two more weeks.

During the growth monitoring visit on 26th/September/2017, Kato had a weight of 6kgs and 12.4cm of the MUAC. Wasswa was however removed from the programme as both his MUAC and weight had increased to 14cm and 7.2kgs respectively. In the last monitoring visit, Kato had a MUAC of 13.4 CM and Wasswa a MUAC of 12.9 CM and have finally been discharged as shown below.

Staff taking Wasswa MUAC test