Working together to empower communities

ALLIANCE FORUM FOR DEVELOPMENT-(AFOD) UGANDA
ANNUAL PROGRAMME REPORT
(FY OCTOBER 2019-SEPTEMBER 2020)






AFOD

ANNUAL REPORT 2019-2020

Development Partners

ViiV Healthcare | POSITIVE ACTION

ACTION AGAINST HUNGER

PALM Corps
INOVATIONS FOR SUSTAINABLE DEVELOPMENT

IDI INFECTIOUS DISEASES INSTITUTE

WFP wfp.org

FOR GOD AND MY COUNTRY

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ACRONYMS

ACF	Action against Hunger
AFOD	Alliance Forum for Development-Uganda
AGYW	Adolescent Girls and Young Women
CBFs	Community Based Facilitators
CBT	Cash Based Transfers
CCLAD	Community Client Led ART delivery group
CDC	Center for Disease Control
CGVs	Care Group Volunteers
CMC	Cash Management Committee
EID	Early Infant Diagnosis Cascade
FDP	Final Distribution Point
FMC	Food Management Committee
FY	Financial Year (October-September)
GFA	General Food Assistance
IDI	Infectious Disease Institute
IYCF	Infant and young child feeding
MARPS	Most at risk population
MBCP	Mother Baby Care Point
OPM	Office of the Prime Minister
PLW	Pregnant lactating women
PLWHIV	Persons living with HIV
PSNs	Persons with Special Needs
SEM	Sustainable environmental Management
SRHR	Sexual Reproductive Health and Rights
UNHCR	United Nations High Commission for Refugees
WFP	World Food Programme

FOREWORD

The Annual Report covers activities and performance for the period 1st October 2019 to 30th September 2020 of AFOD financial year. In 2019/2020 we looked to leveraging strategic partnerships for transformative action in humanitarian interventions. We have taken every opportunity to support in increasing access to integrated health, disease prevention and curative services for children, women and men; increasing access to and utilization of nutrition, food security and livelihood products and services; improving access to and utilization of safe water, sanitation, hygiene and sustainable environmental management services; increasing access to and demand for social protection, gender-based violence services; strengthening capacity for research and innovations to inform policy and practices and strengthening organizational capacity to effectively and efficiently govern, lead and manage programmes.

The report demonstrate the impact of interventions undertaken by AFOD and its partners on the target beneficiaries from the regional, district to the household level. We are proud to be part of the humanitarian and development actors supporting in the emergency response and we strive to achieve the maximum outcomes with the resources entrusted to us. We will continue to work on aligning all resources of development funding, whether public, private, or philanthropist and promote multi-stakeholder partnerships as key to ensuring adequate and robust financing for socio-economic empowerment of vulnerable communities.

This report presents an opportunity to stakeholders to evaluate our work so that we can continue to learn from what we do and to improve further. AFOD strongly commits to collaboratively set new norms, delivering well-targeted programmes and enlisting game-changing partners both within and outside to accelerate the pace of change. We believe that there is strength in numbers and our greatest assets are our current and prospective partners, government and communities, we will continue to work together to strengthen our collective capacities. Together we can usher in a new era that is more just, resilient, and inclusive of all.

A MESSAGE FROM THE EXECUTIVE DIRECTOR

I am pleased to present the 2019-2020 Annual programme report which covers the 2nd year of implementation of the 5 years (2018/19-2022/23) strategic plan. 2019/2020 has been a very impactful year for the progress and operations of AFOD Uganda. The very existence of AFOD continued to be justified due to the persistent need for; integrated Health services, Nutrition, food security and sustainable livelihoods, WASH/SEM, Protection and psychosocial support services, research and innovation and institutional capacity development. Over the year, a number of key events and milestone stood out. We have successfully managed full operation in five Districts in Uganda; Adjumani, Moyo, Obongi, Yumbe, Koboko and Country office in Kampala.

ARIZI Primo Vunni PhD (student),
MPH, MIH, PgD GH, BSc.
(Hon) HSM, DMEP

The above notwithstanding, new and ongoing complex emergencies tested and confirmed our quick response mechanisms, we have focused efforts on consortium approaches and building capacities of communities, explored opportunities and challenges presented by Covid-19 that opened doors for us to innovatively use technologies to address the unforeseen occurrence with unrelenting emphasis on quality programming, implementation and impact reporting.

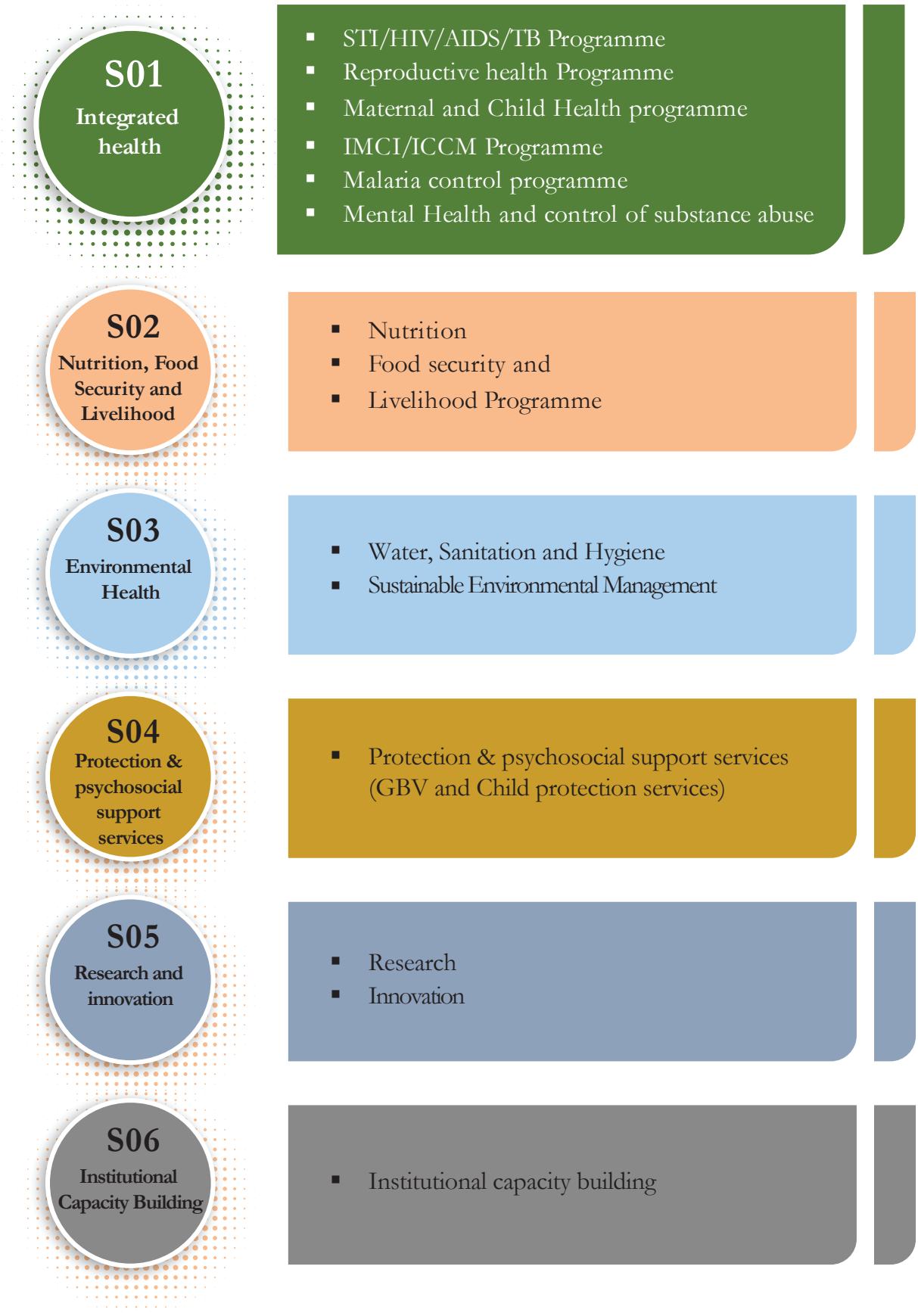
We hope you will take a few minutes to explore our Home Page **www.afodi.org** to get to know our organization better, share your views, ideas and impressions about our services as well as support our course. We appreciate the confidence that our donors; IDI/CDC, WFP, ViiV Heath care foundation UK and positive action, AFOD South Sudan; Co-partners-ACF and Palm Corps, government, communities and readers have placed in us and in our work.

It has been a privilege to work with an amazing staff and dedicated board members who are all deeply committed to AFOD Vision, Mission and core values. I applaud the staff for working with renewed dedication, recommitted to constant learning, improvement and intentional evolution as an organization. We look forward to working with you in the financial year 2020/2021. We thank you all for your interest in AFOD and invite you to support us in achieving our goal!

EXECUTIVE SUMMARY

The Annual report presents progress on AFOD Programme pathways for the financial year October 2019-September 2020. The development results of AFOD's interventions are significant in terms of integrated health services, nutrition, food security and sustainable livelihood outcomes and the direct impact on the ability of individuals to live fuller and more productive lives, expand choices and generating broader socio-economic benefits for both the host and refugee communities in West Nile region. AFOD has implemented interventions with support from; WFP, IDI/CDC, ViiV Health care and positive action UK and ACF reaching out to the most vulnerable population in West Nile Region. In terms of human resources, AFOD-Uganda employed a total of 139 staff for the period 2019/2020 in the five different locations of; Kampala, Adjumani, Moyo/Obongi, Koboko and Yumbe-Bidi-Bidi with a gender composition of; 53% and 47% Male and Female respectively. There has been a reduction by 11% in our staffing as compared to the FY 2018/2019 (156 staff), this has been attributed to a Job evaluation conducted which guided the organizational improvement plan especially in addressing human resource structural gaps. In the financial year (FY) 2019/2020, the total budget Grant was 7,051,456,743 Ugx (USD 1,905,800) and expenditure was 5,394,588,682 Ugx (USD 1,457,998) with a variance of 1,656,868,061 Ugx (USD 447,802). The variance is attributed to difference in AFOD FY (Oct-Sept) and Grants year hence overlaps in financial expenditure and reporting. AFOD Capital Asset Development Values for the period 2019/2020 was Ugx 766,024,780 ($207,034) with a cumulative overall value of 1,814,171,684 Uganda Shillings ($490,317). Grants received from different donors was used to implement different programmes under two thematic areas of SO1; integrated health; comprehensive HIV/AIDS community referral and linkage supported by IDI/CDC in Adjumani, with an outcome performance of; 53 (73%) of the HIV+ clients received home based counselling-HBC and adhered to the treatment regimen for viral suppression, 1,133 (51%) clients accessed HCT and aware of their HIV status and 22 (1.9% yield rate) of positive clients with suppressed viral load. Under Adolescent sexual reproductive health which addresses; Sexual Violence and SRHR for underserved/Vulnerable AGYW in the districts of Adjumani, Moyo and Obongi Districts funded by ViiV Health care foundation UK and Positive Action, 357 (292%) clients accessed HCT and made aware of their HIV status, 6 (200%) HIV+ clients with suppressed viral load and 8 (80%) of Adolescent friendly corners at health facilities reactivated and supported. Under SO2; Nutrition education in Koboko and Yumbe; 8,608 beneficiaries were found to have improved knowledge on; hygiene, young child feeding and caring practices through nutrition education which contributed to improved treatment outcome for MAM with a success rate of; ; 89.1% Cure rate >75%, 0% Death rate< 3%, 5.5% Default rate< 15% and 5.5% Non-response rate<10%. Under GFA; In Adjumani; 209,353 (97.2%) Beneficiaries were reached with both assorted food items and cash Voucher thus ensured food security at household levels. In Palorinya-Moyo; 19,378.775 MT (98.1%) of assorted food was distributed to 117,180 (98.5%) beneficiaries. In Lobule-Koboko, 16,013 (99.54%) beneficiaries were reached with cash based transfers under cash Voucher where 496,403,000 (99.52%) Uganda shillings was disbursed. Despite the tremendous achievements, funding gaps hindered implementation of the following thematic areas; integrated health focusing on mental health services, sustainable livelihood interventions, protection and psychosocial support services, WASH/SEM and institutional capacity building.

AFOD UGANDA THEMATIC AREAS 2018/2019-2022/2023



PICTORIAL ACTIVITIY HIGHLIGHTS 2019/2020:

A refresher training on care group approach for Nutrition education project-By AFOD-Koboko District

Performance Review Meeting for Linkage and Referral Assistants HIV/AIDS Project-AFOD field Office-Adjumani District

Capacity building for community based facilitators-AFOD field office-Koboko District

A radio talk show on Adolescent sexual reproductive health and GBV-Aulogo FM Radio-Adjumani District

Courtesy visit on 9th August 2020 by team lead mental health baseline survey in Adjumani District

1.0 CHAPTER ONE: BACKGROUD

1.1 Introduction

The annual report looks at 2019/2020 programmes implemented by taking stock of what was planned in relation to what was achieved with a focus on the active programme areas implemented during the financial year. This includes; HIV/AIDS in Adjumani, Nutrition education in Koboko and Yumbe (Bidi-Bidi), general food and cash assistance (GFA) in Adjumani and Palorinya-Moyo/Obongi.

1.2 About Us

AFOD-Uganda is a non-profit, non-denominational, non-political and non-sectarian humanitarian and development organization incorporated in Uganda in 2015 with NGO board registration number 11619 and governed by the Board of Directors. AFOD Uganda's five year strategic Plan 2018-2023 focusses on; Integrated Health Services, Nutrition, food security and sustainable Livelihood, Environmental Health (Water, Sanitation and Hygiene and Sustainable Environmental Management), Protection and Psychosocial support, Research and innovations and Institutional capacity building and development all aligned to SDGs: 1: No poverty; 2: Zero Hunger, 3: Good Health and wellbeing; 9: Industry, innovation, infrastructure and 17: and Partnerships for the goals respectively. AFOD Uganda is supported by World Food Programme, Infectious Disease Institute, ViiV Health care foundation UK and Positive Action and ACF as its key donors for the current programs.

Since 2015, AFOD- Uganda has progressively grown its program portfolio from delivery of adolescent sexual and reproductive health services in Adjumani district to; Community based HIV/AIDS services funded by IDI/CDC, Maternal child health and Nutrition education in Koboko and Yumbe-Bidi-Bidi in consortium with ACF, food security and livelihoods (GFA in Adjumani, Moyo and Obongi Districts) in consortium with Palm Corps funded by WFP, Adolescent sexual reproductive health services which addresses; Sexual Violence and SRHR for underserved/Vulnerable AGYW in the districts of Adjumani, Moyo and Obongi Districts funded by ViiV Health care foundation UK and Positive Action. AFOD has a wealth of experience in implementing interventions in nutrition, Food security & livelihood, and Health projects. We have established a good track record of collaboration with local stakeholders in the delivery of social services for both displaced and host communities in West Nile region.

1.3 Specific Objective of the Annual Programme Report

To review the current program performance status, key programmatic, operational issues and opportunities to inform the next program strategy for financial year 2021/2022.

1.3.1 Vision, Mission and Core Values

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

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VISION

AFOD Uganda envisions a healthy, educated, productive, just, peaceful and united society.

MISSION

To work with the rural poor, marginalized and vulnerable communities to improve their social economic status and quality of life.

CORE VALUES

AFOD Uganda is guided bynvalues of; competency, drive for results, accountability, integrity, ethical code of conduct, gender responsiveness and respect for human dignity and rights in implementing its country program interventions.

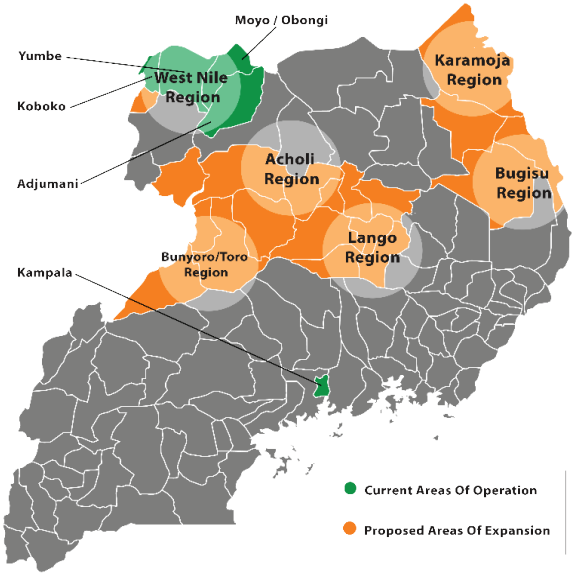
BELIEF

We believe and trust in God for every challenge and in every window of opportunities for transformation of communities

1.3.2. Programme Strategy

To achieve our vision and mission, we deliver a package of high impact, cost-effective programmes on; integrated health; environmental health (WASH & SEM), Protection and psychosocial support services; nutrition, food security & community led sustainable livelihoods. AFOD Uganda relies on local expertise to develop robust initiatives and collaboration with the government of Uganda and development partners including the private sectors for sustainable development. Our mission is to work closely with rural and urban poor communities across the country to address their real needs and build local partnership with institutions/groups, communities and support community structures to jointly identify and address the underlying causes of; malnutrition, food insecurity, poor health, educational challenges and be able to steer social change.

1.4 Our Presence in Uganda, Country program growth plan and target population



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

i. Women and children both in emergency and non-emergency settings.
ii. Underserved/ hard to reach populations: Communities affected by either geographical or cultural background, poor or inaccessible areas due limited infrastructure and social services including health, education, agriculture, psychosocial and/or financial services.
iii. People with physical disabilities: This includes the blind, disable, people with hearing impairment and mentally disturbed/affected.
iv. Special groups: This includes the elderly, vulnerable women groups, vulnerable youth groups and the children.
v. Marginalized, stigmatized and discriminated populations, such populations are people living with HIV (PLWHIV), people with disability, women and minority communities.

vi. Vulnerable and at high risk populations: This will include IDPs, refuges, populations exposed to high HIV infection like the orphans and other vulnerable children, fishing communities, cattle keepers, cross boarder migrants, commercial sex workers, market vendors, boda-boda riders, money changers, young people out of school among others Populations in abject Poverty. This category is defined as those living below the poverty line that is to say; one-dollar (US$1) equivalent to 3,750/= a day. They therefore cannot neither participate in generation of income nor access essential social services. These include the rural poor farmers.

2.0 CHAPTER TWO: PROGRAMME PERFORMANCE

2.1 THEMATIC AREA 1: INTEGRATED HEALTH PROGRAMMES

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

2.1.1: COMPREHENSIVE HIV/TB COMMUNITY LINKAGES AND REFERRAL

Art drug delivery to clients-Pakele sub county-Adjumani District

Index Client Testing at Biira-Pakele Sub County-Adjumani District

Home based testing of biological children of persons living with HIV/AIDS-Adjumani

Sensitization on HIV positive living in the communities-Adjumani

Sensitization meeting with Alcoholic Anonymous group-Ciforo health facility

Adolescents attending rollout of stepping stone session at Ataboo-Pakele Sub County

ANALYSIS OF KEY PERFORMANCE INDICATORS

Outcome indicators:

- 1,133 (51%) clients accessed HCT and aware of their HIV status
- 22 (1.9% yield rate) of HIV+ positive clients with suppressed viral load
- 53 (73%) HIV+ clients received home based counselling-HBC and adhered to the treatment regimen for viral suppression

Table 1: Follow up of lost clients in care

Indicator Category	Service Points				
	HIV Clinic	TB clinic	MBCP	Early Retention	Total
Number of clients followed up physically	650	00	32	429	1,111
Number of clients who have resumed care after follow up	621	00	31	386	1,038
Number of clients who have not honored their promise to come	09	00	00	00	09
Number followed up but found to have died	06	00	00	00	06
Number followed up and found to have self-referred	10	00	00	00	10

Source: AFOD Primary Data 2019/2020

Table 2: Home based adherence counseling and development of improvement plans for none suppressed PLHIV

Indicator	0 - <19 yrs.		>19 yrs.		Total
	M	F	M	F	
No. of clients given home-based counseling	09	21	09	14	53
No of clients receiving DOTS	09	21	09	14	53
No. of clients with suppressed repeat viral load	5	10	3	5	23

Source: AFOD Primary Data 2019/2020

53 (73%) persons were given home based counseling majority of which were aged 0-19, with half being females. Furthermore, all 53 received DOTS, 18 took a repeat viral load and 23 for suppressed viral load.

Table 3: Index client testing

District	Service points				Index clients testing			
	No Tested	No Positive	No Linked	Yield	No Tested	No Positive	No Linked	Yield
Adjumani	344	4	4	1.0%	798	18	18	0.9%

Source: ART Register 2019/2020

798 (40%) index clients were tested from the communities (396 females and 402 males) with a prevalence of 18 (0.9%). All positive cases identified were successfully linked to care. At community service points, 379 (164 %) persons tested for HIV (182 males and 197 females) 4 (1.0 %) individuals tested HIV positive and were all linked for care and support.

Table 4: community linkage and referrals

Community – Facility linkages	Referred out (from facility)				Referred in (to the facility)			
Service Point(s)	No Referred		Got services		No Referred		Got services	
	F	M	F	M	F	M	F	M
Police services	84	50	84	50	84	50	84	50
Medical examination for GBV (sexual abuse)	73	77	73	77	73	77	73	77
Medical examination for GBV (Assault))	49	23	49	23	49	23	49	23
1st ANC					270	0	270	0
Total	**206**	**150**	**206**	**150**	**476**	**150**	**476**	**150**
Overall Total	**356**		**356**		**626**		**626**	

Source: AFOD Primary Data 2019/2020

356 (179%) (206 females and 150 males) GBV cases were referred from communities to the health facilities for medical intervention and treatment, 134 clients referred from the community to Police, (84 females and 50 males) and 270 (22.5%) of pregnant mothers were referred from the communities to the health facilities for 1st ANC services.

Table 5: TB contact tracing

Indicators	Annual target	Achievements						
		1 <15 yrs.		16- <19 yrs.		19 and above		Total
		M	F	M	F	M	F	
No of TB contacts identified	216	00	00	3	13	22	22	**60**
No of sputum samples collected		00	00	3	13	22	19	**57**
No of sputum samples found positive		00	00	00	00	3	1	**4**
No started on TB treatment		00	00	00	00	3	1	**4**

Source: TB Register 2019/2020

57 persons were identified for TB contact tracing in the communities, 57 person were screened and 4 TB positives were identified and started on TB treatment.

Table 6: Challenges and mitigations:

S/n	Project Specific Challenges	Mitigations
1	Lack of funds for home based counselling which has increased cases of non-suppressed clients from the communities	Engaged with DLG through DHO to prioritize funds for home based counselling to improve care and support services
2	Increasing cases of lost clients in the communities exacerbated by COVID 19 pandemic	Engaged with DLG through DHO to prioritize ART drug delivery in COVID-19 environment in the communities
3	Poor drug adherence by some clients due to lack of food (increased food insecurity for client's and households)	Advocated for nutritional support /or targeted cash transfers for poor/nutritionally vulnerable individuals on ART to improve dietary intake towards compliance/adherence for enhanced suppression

In our psychosocial support follow up, a client shares her story, *"I am Kinyaa Margret, 35yrs old from Melijo village, Adjumani District. In 2012, I tested HIV positive from Adjumani mission health center but denied the results simply because l didn't believe it was true. I later decided to carry out another test in Adjumani Hospital thinking maybe the earlier test from the health center was not correct. Unfortunately from the hospital too, the results was confirmed to be positive. "I felt sad to know that I was HIV positive, I didn't expect it" Says Margret".*

Being married, the hardest part was how to break the news to my husband, guilt engulfed me as l was eager to know his reaction. I finally decided to open up to my husband who later took an HIV test and the result was negative. I wondered how that was possible but it made me happy knowing he was negative. I asked how he felt about my results, he simply said, *"There is nothing I can do about it because whether you are positive or negative, we will still die at some point in life"*

After sometime, l was visited by a young lady from AFOD Uganda who was following up HIV clients in the communities. On sharing my plight with her, she explained to me about HIV/AIDS and shared messages on discordant couples. I was counselled together with my husband, we both came to understand that discordant couples exist and we were taught how to maintain and protect each other. I started taking ARVs and l was encouraged to accept my situation. With time I opened up to all my family members about my status and they understood my condition and this made me happy, "until now no one segregates against me in the family, we all live normally". Adds Margret.

Because of my determination to live a more healthy life, AFOD enrolled me as an expert client in Bira health center where l look out for fellow HIV positive clients and encourage them to regularly take their ARVs, do follow ups for those who stopped coming for treatment and most of all sensitize others on how to live positively in the communities for a better life.

I would like to give hope to other HIV positives clients that being positive isn't the end of the road for anyone. *"It is just another life of taking your drugs promptly and living normally like any other human being, I am a mother, wife and still continue taking care of my family needs as expected".* Caption below is Margret at her home preparing local brew for sale.

2.1.2: ADOLESCENT SEXUAL REPRODUCTIVE HEALTH

AFOD Uganda in partnership with ViiV Health care foundation UK and Positive Action implemented a project which addresses PAGW in the area(s) of; Sexual Violence and SRHR for underserved/Vulnerable AGYW in Adjumani, Moyo and Obongi Districts.

ANALYSIS OF KEY PERFORMANCE INDICATORS

Outcome indicators:

- 357 (292%) clients accessed HCT and aware of their HIV status
- 6 (200%) HIV+ clients with suppressed viral load
- 8 (80%) health facilities offering minimum care of SGBV and ASRH/Functional YFCs reactivated at HFs

Table 7: Comparison of baseline and mid-term performance:

Indicators	Baseline	Mid-term	% Change	Type of Change
Number of teenage pregnancies referred at Health facilities and followed up	248	23	-91%	Negative
Number of GBV cases referred to health facilities for medical examination and treatment	11	1	-91%	Negative
Number of HIV testing and counselling services conducted	91	357	292%	Positive
Number of HIV+ identified and referred for treatment, care and management	2	6	200%	Positive

Data Source: DHIS May-Sept 2020

Overall, there has been a tremendous reduction in cases of teenage pregnancies and GBV reported at health facilities, increase in number of Adolescents tested for HIV and aware of their HIV status as well as increase in number of HIV+ identified and linked to service delivery points and initiated on ART contributing to achievement of 95%-95%-95%. (In the table below, Positive value indicate % increase whereas negative value indicate % decrease using a formula for calculating % increase/decrease)

Outcome 1: Increased number of adolescent girls with improved knowledge on their right to quality education and sexual reproductive health services.

Fig 1: Malaria testing during an outreach-in Ofua Sub County Adjumani District

Fig 2: HPV vaccination for the young girls-in Ofua Sub County Adjumani District

Fig 3: Baseline validation meeting in Moyo September 2020

Fig 4: Inception meeting in Adjumani

Fig 5: Inception meeting in Moyo

Table 8: Indicators on right to education and ASRH services

Project activities	Annual targets	Bi-annual targets	Achieved per District		Cum Achieved	% Achieved
			Moyo	Adjumani		
Establish/reactivate and support AFCs at each HFs	10 Adolescent friendly corners	10	2	6	8	80%
Form and train adolescent champions clubs	20 clubs formed	20	14 (2 clubs)	49 (2 clubs)	4 clubs with 62 participants	20%
Provide psychosocial counselling and HCT	1,400	700	48 (0 HIV+)	309 (6 HIV +)	357	51%

Source: AFOD Primary Data 2019/2020

Established adolescent youth friendly corners, formed clubs in the communities, provided psychosocial support and HCT/GBV support services, these activities were prioritized during Covid-19 since it targeted communities and could be done using innovative approaches and technology, they were effectively and timely implemented.

Outcome 2: Increased number of parents and community members with improved knowledge on the importance of girls' education and agree that physical violence against girls is unacceptable.

Table 9: Indicators on parents and community involvement

Project activities	Annual targets	Bi-annual targets	Achieved per District		Cum Achieved	% Achieved
			Moyo	Adjumani		
Develop and standardize giggles (played x2 a week)	X 84 jingles played	40	0	40	40	95%
Conduct radio talk shows and sports events on SRH	4 talk shows held	2	0	1	1	50%
Adapt, print and distribute IEC materials	400 T-shirts, 200 Caps	600	150 100	250 100	600	100%

Source: AFOD Primary Data 2019/2020

AFOD staff during a radio talk show on ASRH services at Aulogo FM Radio in Adjumani District

Prioritization and use of innovative approaches e.g. Jingles, radio talk show and IEC materials during lock down to reach the populace with SRH messages contributed to these achievements.

Outcome 3: Enhanced capacity, knowledge management, generation of evidence and advocacy on SRH/HIV.

Fig 1 above: Project Assistant conducting orientation of Adolescent change champions-Metu-Moyo District

Fig 2 above: RH-Focal point person conducting training to adolescent at Metu H/C III-Moyo

Fig 3: RH focal point person training adolescent champion at Bira health facility-Adjumani

RH-Focal person conducting training to adolescent champions at Logoba H/C III-Moyo

Table 10: Indicators on capacity development

Project activities	Annual targets	Bi-annual targets	Achieved per District		Cum Achieved	% Achieved
			Moyo	Adjumani		
Identify and train ASRH change champions in communities	64	64	17	61	78	122%
Conduct stakeholders review meetings	4	2	1	0	1	50%

Source: AFOD Primary Data 2019/2020

Adolescent change champions were formed focused on community champions and school teachers, these activity had 71 community change champions trained with (2 school teachers in Moyo and 15 community members) and Adjumani had 61 community change champions. This activity was prioritized to aid in championing behaviour change communication and support in community mobilization of Adolescents for SRH activities.

Table 11: Challenges and mitigations:

S/n	Project Specific Challenges	Mitigations
1	Inadequate resources to expand RH services due to the ever increasing demand by the beneficiaries made worst by COVID-19 pandemic which has been an additional SGBV risk factor	Fostering partnership and synergy across health implementing partners with related SGBV activities such as UNFPA, UNWFP and UNHCR
2	Inadequate space to support Adolescent youth friendly corners at health facilities due to few infrastructures at the health facilities	Dialogued with health facility in charges to schedule days for adolescent youth friendly services but also lobbying with partners like; UNICEF and UNFPA to support infrastructural development at health facilities to support youth friendly activities
3	Inadequate supplies for SRH commodities and negative myths about family planning contraceptives	Liaise with District health facility in-charges to project and periodically submit reproductive health and FP needs to national medical stores. We are also promoting and nurturing change in social and individual behaviour to address myths, misconceptions, and side effects of family planning commodities to improve acceptance

Success story:
Teenage pregnancy a growing vice in Moyo and Adjumani District-West Nile Region

Rose aged (15) is a primary seven dropout now a teenage mother to a two weeks old baby boy Aron from Palida village, Ayiro parish, Metu Sub County in Moyo District, She narrates her story, *"I live with my mother who is a single parent and due to frustration, she resorted to Alcoholism which became a habit. This caused me a lot of trauma and anger towards my mother for always drinking. I felt that I was the main cause of mother's drinking, I was constantly worried about the situation at home and feared inviting my friends to our home out of fear of being embarrassed by a drunk mother, I felt confused and wondered if other families were like ours".*

Mother provided no support towards my education and other basic needs as all the little money she would get would be spent on Alcohol". Due to lack of financial support from my mother, I gave into the endless advances from Justine, a 17 year old student in senior two. I was convinced that he would provide all my basic needs as he had promised to share with me some of his pocket facilitation to help me meet my needs. One day he invited me to attend a night social event which he used as a bait that resulted into my pregnancy. Afraid of the repercussion from mother, I wanted to flee home but was also scared of being homeless. My peers advised me to abort the baby but I took a decision to keep the pregnancy. To my surprise, when mother got to know about it, she didn't care.

During an outreach session organized for Adolescent change champions by AFOD, I gathered courage to attend and after the session, the project assistant of AFOD called me aside and inquired whether I have

been attending ANC services to which I said no due to lack of proper clothing (maternity wear). He advised that as an expectant mother, I needed to attend ANC services (HIV testing, MUAC etc.) at the nearest health facility since such services are offered free of charge. He referred me to Metu health Centre III on the 15th October 2020 where I was offered ANC services.

AFOD Project Assistant in a follow up visit with Rose

On a follow up visit by the project assistant, she shared, *"If I could be supported, I have much interest to go back to school because I have been performing well in class".*

Just like Rose, there are thousands of teenage girls in Moyo and Adjumani who get pregnant, drop out of school and lead a hard life. This intervention is targeting multiple actors to create synergy and address varying ASRH needs of both the host and refugees communities by seeking to strengthen access to reproductive health information and services in schools, ensure effective coordination between the health and education sectors, working with civil society human rights organizations, police and justice system, families, men, boys, women and girls, religious and cultural leaders to address SGBV and teenage pregnancies which is a growing vice in West Nile.

3.0: THEMATIC AREA 2: NUTRITION, FOOD SECURITY AND LIVELIHOOD

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

3.1: GENERAL FOOD AND CASH ASSISTANCE-ADJUMANI-DISTRICT

Despite continued constraints to access programme location and Covid-19 impact leading to change in how beneficiaries receive assistance and increased operational cost by 14% which called for a budget revision with the donor, AFOD and co-partner Palm Corps are helping to strengthen food security and build sustainable agriculture-based livelihoods through emergency in-kind food, cash based transfers programmes and investments in complimentary programme activities that helps to build resilience at household level.

A rub hall in Dongo on a distribution day

CBF and Nutrition Assistant conducting a session on Kitchen gardening-Ayilo1

Observing Social distancing due to Covid-19 pandemic-Pagirinya FDP

A key hole garden demonstration-Pagirinya FDP

AFOD/Palm Corps training community farmer groups on transplanting vegetable-Maaji

A farmer group member replicates Kitchen gardening at home-Pagirinya FDP

AFOD team conducting a rapid needs assessment on the impact of flooding-Maaji

Homesteads devastated by floods-Sinyanya village, Maaji

ANALYSIS OF KEY PERFORMANCE INDICATORS

Outcome and output indicators:

- 209,353 (97.2%) Beneficiaries reached with both assorted food items and cash based transfers which enhanced food security at household level
- 64,532 (95%) beneficiaries reached with in-kind food
- 144,821 (98.2%) Beneficiaries reached with cash based transfers under cash Voucher
- 517 trees planted with a survival rate of 71% (215 trees out of the 302 planted are surviving (30 out of the 49 trees in Pagirinya, 11 of 30 in Olua, 21 out of 35 in Nyumanzi, 61 out of 79 in Ayilo I, 73 out of 79 in Ayilo II, and 19 out of 30 in Maaji III)
- 12 backyard demo gardens established in FDPs for improved nutritional knowledge

Table 12: Comparison of Performance: Planned Vs. Actual Achieved-2018-2019/2019-20

		2018-2019			2019-2020		
#	Key performance indicator	Planned	Actual	% achieved	Planned	Actual	% achieved
1	GFA Beneficiaries reached	214,669	235,845	110%	215,428	209,353	97.2%
2	Proportion of food distributed to beneficiaries (MT)	27,082	16,059.017	59%	11,989.205	10,854.727	90.5%
3	Proportion of beneficiaries reached with assorted food	133,146	104,289	78%	67,986	64,532	95%
4	Total amount of cash transfers disbursed	30,326,556,000	38,657,813,500	127%	50,126,121,000	47,661,761,000	95.1%
5	Cash population served	81,523	131,556	161%	147,442	144,821	98.2%

Data source: AFOD-Uganda primary data, 2018/2019-2019/2020

In the above, under cash based transfers for 2018/19, more POCs were served than planned due to that fact many of the in-kind beneficiaries crossed over to CBT, registration of new born babies and continuous influx.

Table 13: Age group comparison: average population for In-kind/Cash Voucher

	FY: 2018/2019			FY: 2019/2020		
Age Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
In-Kind/CBT						
0-59 (<5yr)	4,559	6,613	11,172	1,571	2,255	3,826
5-17 years	10,001	15,870	25,871	13,220	15,757	28,977
18+ years	55,112	77,512	132,624	67,854	99,204	167,058
Overall Total	**69,672**	**99,995**	**169,667**	**82,645**	**117,216**	**199,861**

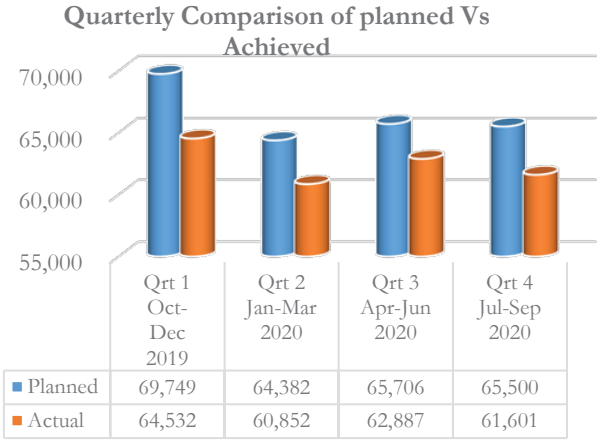
Data source: CPDR-2018/2019-2019/2020

Fig 1: Trends on age groups

Data source: CPDR-2018/2019-2019/2020

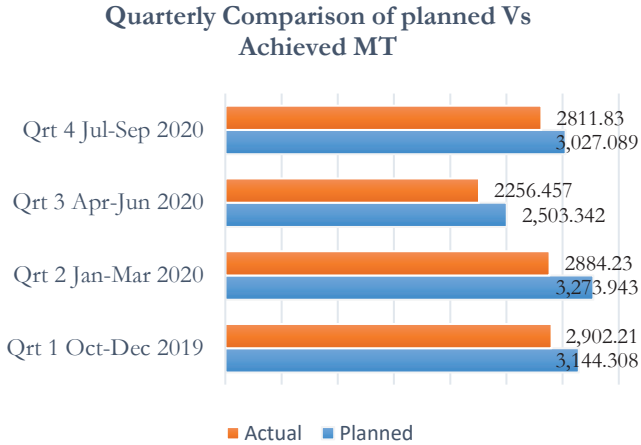
There has been a reduction in the number of under 0-59 (<5yr) served in 2019/2020 by 66% (Male 2,988 and Female 2,787) and a tremendous increase in enrolment for the other age groups; 5-17 and years18+years in 2019/2020.

Fig 2: Planned Vs Actual GFA Population Served per quarter:



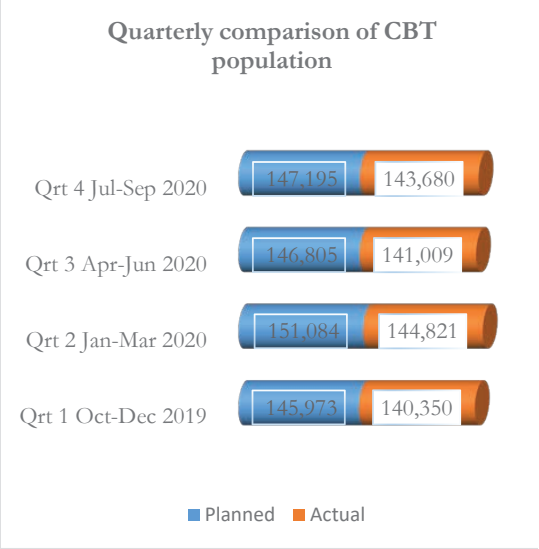
Source: AFOD Primary Data 2019/2020

Fig 3: Planned Vs Actual Mtns of food served per quarter



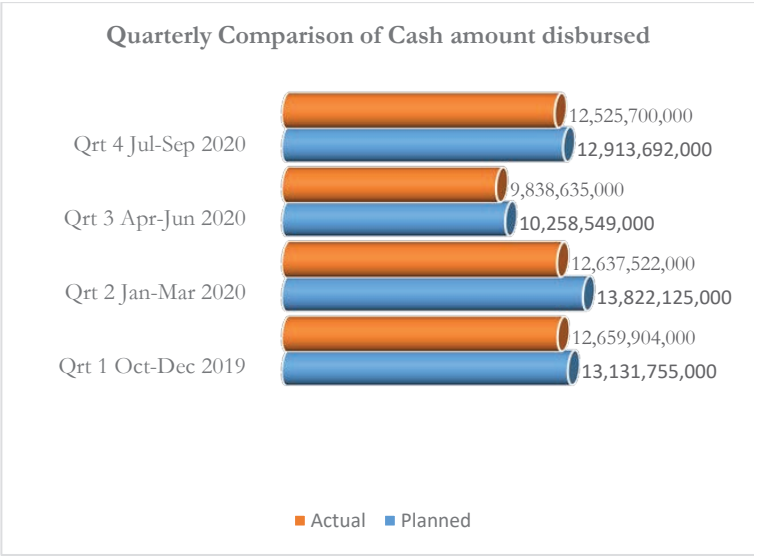
Source: AFOD Primary Data 2019/2020

Fig 4: Planned Vs Actual CBT population served



Source: AFOD Primary Data 2019/2020

Fig 5: Planned Vs Actual CBT amount disbursed per quarter



Source: AFOD Primary Data 2019/2020

Actual beneficiaries served with cash under CBT was highest during 2st Quarter of Jan – February 2020 (144,821) compared to other Quarters. This was because the ration was still 100% compared to the latter quarters which was reduced to 70% and also there were more households registered for cash unlike in quarter 3 and 4 where cash registration was halted due to COVID -19 situation.

Disbursed cash to 144,821 beneficiaries (57,928 male; 86,893 female) amounting to 47,661,761,000,000 Uganda shillings under CBT from Oct 2019 to Sept 2020. The variances between planned and actual achieved was due to no show of beneficiaries turning up to collect their entitlements during cash disbursement.

Success story:

Succeeding where others have not through animal rearing-Abraham Gai Thiong

Founded on the belief that refugees have inherent capabilities when given opportunities, AFOD Uganda provides refugees in need with financial literacy education and livelihood copying mechanism to assist them in becoming integrated members of the society. Abraham Gai Thiong from Bor, a victim of Wars and violence in south Sudan is now a Refugee in Nyumanzi-Adjumani

In a follow up case study by AFOD, He narrates his survival and copying strategies in the settlement, "with my security background way back in south Sudan, I was elected as a block leader and was put in charge of security and through active mobilization in the General Food Assistance project, I managed to secure a position of secretary at complaint help desk and became a member of Food Management Committee where I am entitled to some small monthly pay"

This position has made me to acquire leadership and financial literacy skills through AFOD unlike before". Because of the monthly payment, I was convinced to start animal rearing because it was something I could fully take ownership of. I bought 3 cows, 7 goats, 20 chicken and hired 2 acres of land where I have planted maize and Groundnuts. I would like to encourage other refugees to diversify their means of livelihood and supplement on the monthly food assistance given through rearing animals which is not a back breaking work for secured livelihoods and improved nutritional well-being

3.2 GENERAL FOOD ASSISTANCE-PALORINYA-MOYO DISTRICT

Livelihood intervention: Demonstration/ Kitchen Garden preparation-Konyokonyo FDP

Livelihood intervention: Suck mount demo at Konyokonyo FDP for production of vegetable

Livelihood intervention: Onsite mentorship on Kitchen gardening-Konyokonyo FDP

Left: Mr. Likambo 32 year old father of 8 children harvesting his eggplants from his backyard garden-Palorinya *"From the vegetables sale I can now buy more food, meet household needs and even buy clothes for my wife and children"*

Right: How Nyarakajo's livelihood has been turned around through backyard gardening-Palorinya settlement Zone II-Morobi

ANALYSIS OF KEY PERFORMANCE INDICATORS

Outcomes and output indicators:

- 19,378.775 (98.1%) MT of food distributed which enhanced food security at household level.
- 117,180 (98.5%) Beneficiaries reached with assorted food items
- 23 farmers groups comprising of 660; (340 Females, 320 Males) identified and formed.
- 04 Demo plots for Kitchen Gardening established at the FDPs of; Konyokonyo, Chinyi, Ibakwe, and Dongo West for improved nutritional knowledge
- Over 1,000 tree seedlings planted at FDPs

Table 14: Comparison of Performance: Planned Vs. Actual Achieved-2018-2019/2019-20

		2018-2019			2019-2020		
#	Key performance indicator	Planned	Actual	% achieved	Planned	Actual	% achieved
1	Proportion of food distributed to beneficiaries Vs planned (Total MT)	25,001.509	24,302.794	97.2%	19,753.993	19,378.775	98.1%
2	Proportion of beneficiaries reached with assorted food	166,032	149,155	89.8%	118,922	117,180	98.5%

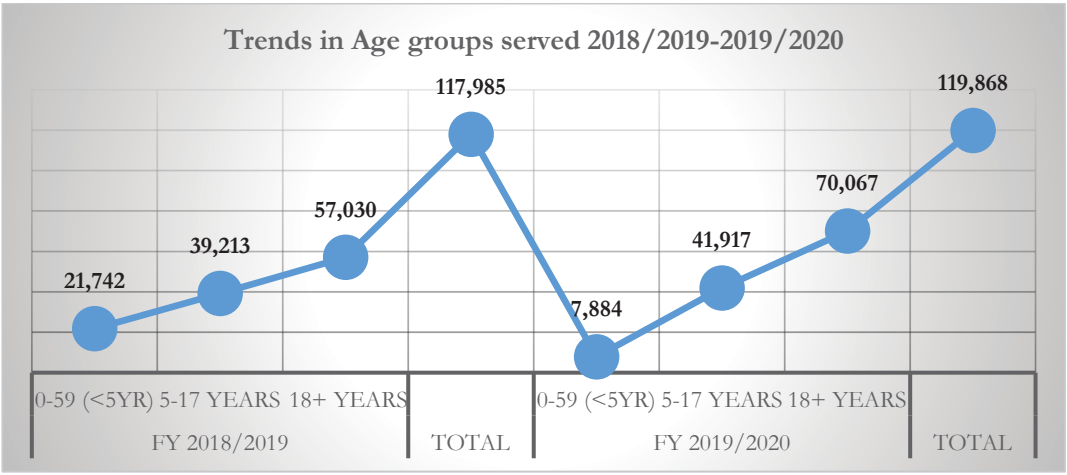
Data source: AFOD-Uganda primary data, 2018/2019-2019/2020

Table 15: Age group comparison: average population for In-kind

	FY: 2018/2019			FY: 2019/2020		
Age Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
In-Kind						
0-59 (<5yr)	7,219	14,523	21,742	3,634	4,250	7,884
5-17 years	18,766	20,447	39,213	17,909	24,008	41,917
18+ years	26,310	30,720	57,030	30,603	39,464	70,067
Overall Total	**52,295**	**65,690**	**117,985**	**52,146**	**67,722**	**119,868**

Data source: CPDR-2018/2019-2019/2020

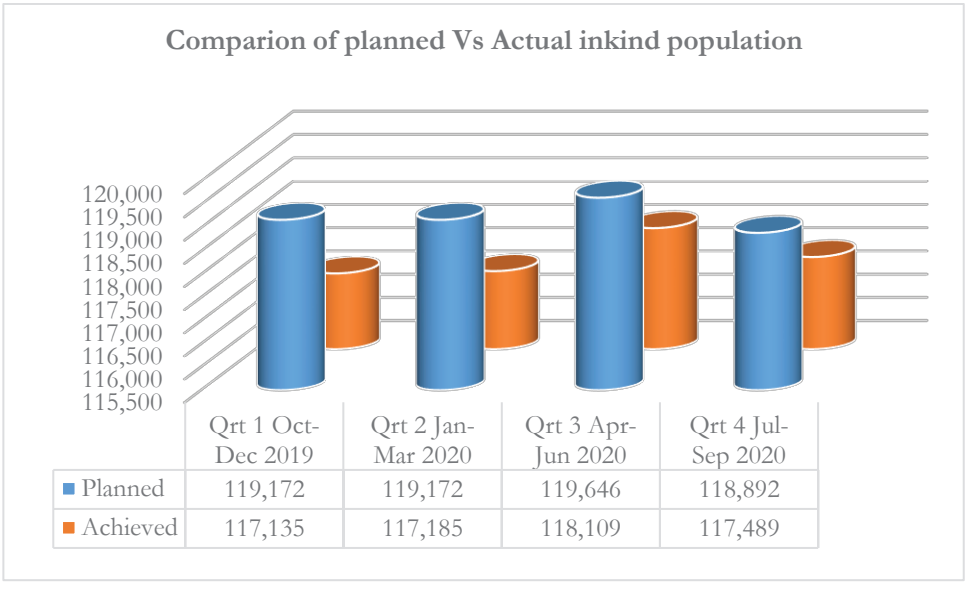
Fig 6: Trends on age groups



Data source: CPDR-2018/2019-2019/2020

There has been a reduction in the number of 0-59 (<5yr) served in 2019/2020 by 64% (Male 3,585 and Female 10,273) and a tremendous increase in enrolment for the other age groups; 5-17 and years18+ years in 2019/2020.

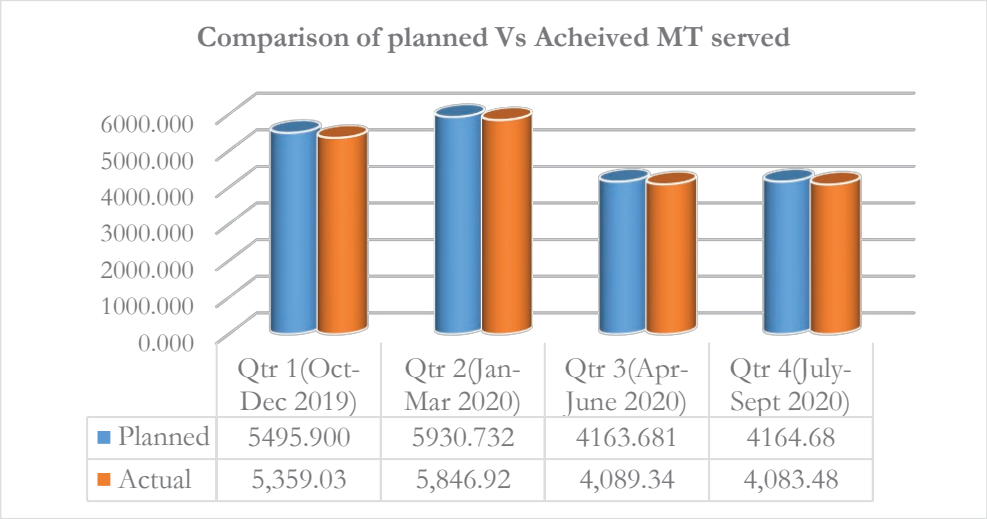
Fig 7: Planned Vs Actual GFA Population served with in-kind by quarter:



Source: AFOD Primary Data 2019/2020

From the illustration above, the second quarter had the highest cumulative number of PoCs (351,742) receiving food assistance while the third quarter (April-June) had the least (234,781). The reason for the least cumulative number of beneficiaries was attributed to the double ration in the month of May thus no distribution in June.

Fig 8: Planned Vs Actual Mtns of food served by quarter



	Qtr 1(Oct-Dec 2019)	Qtr 2(Jan-Mar 2020)	Qtr 3(Apr-June 2020)	Qtr 4(July-Sept 2020)
Planned	5495.900	5930.732	4163.681	4164.68
Actual	5,359.03	5,846.92	4,089.34	4,083.48

Source: AFOD Primary Data 2019/2020

The second quarter (January-March) had the highest amount of food distributed i.e. 5846.92Mt. While the fourth quarter had the least amount of food distributed (4,083.48Mt). This was due to the fact that the food ratio was at 100% while it reduced to 70% in the second quarter. In addition, there was no salt in the food basket for the month of July 2020which further reduced the food distributed for the fourth quarter.

3.3: CASH BASED TRANSFERS-CASH VOUCHER-LOBULE-KOBOKO

Cash Based Transfer was implemented in 8 clusters in Lobule settlements in Koboko District where the refugees received assistance in form of cash of Uganda shillings 31,000 per person, per month.

ANALYSIS OF KEY PERFORMANCE INDICATORS

Outcome indicators:

- 16,013 (99.54%) beneficiaries reached with cash transfers under cash Voucher
- 496,403,000 (99.52%) Uganda shillings disbursed which enhanced food security at household level.

WFP CBT Coordinator interacting with PoCs

Refugee Leaders and Partners engagement in a strategic planning meeting

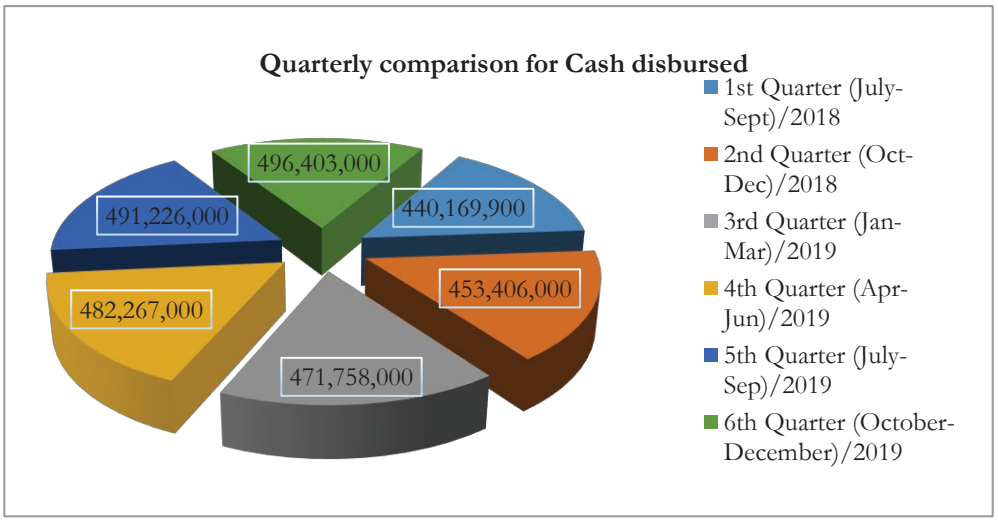
Table 16: Planned vs. Actual beneficiaries served

SN	Indicator	Planned	Achieved	% Achieved
1	Number of beneficiaries served	16,087	16,013	99.54%
2	Number of HHs served	2,638	2,615	99.12%
3	Total amount of cash disbursed	498,821,000	496,403,000	99.52%
4	# of beneficiaries assisted disaggregated by sex	female 9,652	female 9,607	99.24%
		male 6,435	male 6,406	99.24%

Source: Primary Data 2019

There has been increase in the number of beneficiaries served attributed to more people enrolled as a result of new born babies who were verified and enrolled into the programme.

Figure 9: Cash amount disbursed by Quarter



Source: Primary Data 2019

The total amount of cash disbursed in the last quarter increased by Shs.5, 177,000 from the previous quarter. This was due to the increase in the number of beneficiaries enrolled for the programme.

3.4: MATERNAL CHILD HEALTH AND NUTRITION-KOBOKO/YUMBE DISTRICT

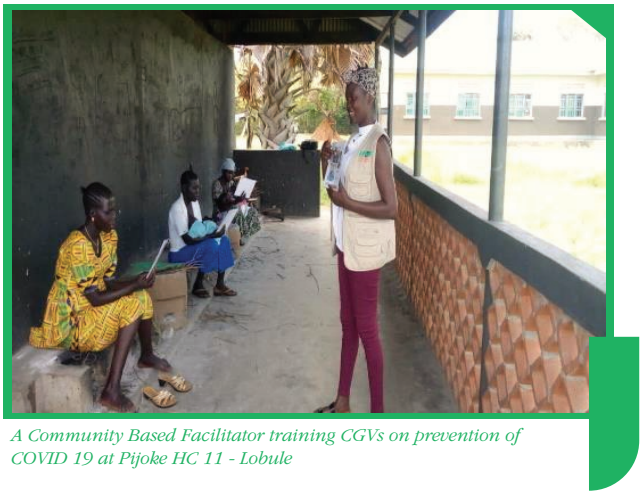
AFOD in partnership with Action against Hunger (ACF) with funding from UN World Food Programme implemented a Care Group Approach in Lobule and Bidi-Bidi refugee settlements to improve nutrition knowledge among PLW and children aged 6-59 months in order to prevent chronic and acute malnutrition among refugees and host communities in the two settlements of Bidi-Bidi in Yumbe and Lobule in Koboko district.

A Care Group Volunteer teaching neighbor women on classes of food-Yayari HC III Bidi-Bidi

Modular training on hand washing in zone 1, Bidi Bidi settlemen

A lead father participating in nutrition education session

A Community Based Facilitator conducting a modular training-Aiivu HC III-Bidi Bidi



A Community Based Facilitator training CGVs on prevention of COVID 19 at Pijoke HC 11 - Lobule

ANALYSIS OF KEY PERFORMANCE INDICATORS

- The overall program performance in Bidi-Bidi was at 62.5% while the average QIVC score was 80.9% and in Lobule the overall program performance was at 66.6% while the average QIVC score was 81.9%.
- 8,608 beneficiaries with improved knowledge on; hygiene, young child feeding and caring practices through nutrition education.
- Achieved acceptable SPHERE standards as illustrated in the table below:

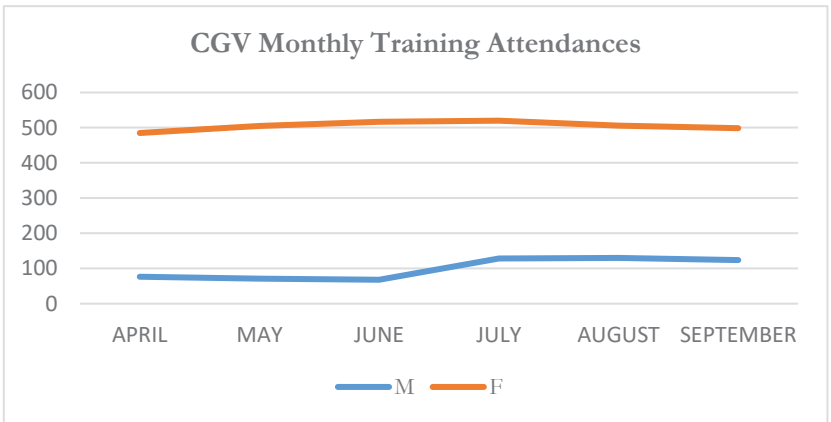
Table 17: Acceptable sphere standards:

Indicator	Oct 2019	Nov 2019	Dec 2019	Overall
Cure rate>75%	100	76	83.33	**89.1%**
Death rate< 3%	0	0	0	**0.0%**
Default rate< 15%	0	12	16.67	**5.5%**
Non-response<10%	0	12	0	**5.5%**

Source: AFOD Primary Data 2019

- 2,468 (91.2%) CGVs (Male 445 and 2,023 Female) attended 9 modular trainings with the aim of cascading to their neighbors. This meets the required attendance threshold of 80% and above to realize behavior change (TOPS Program, 2016. *Care Groups*

Fig 10: CGV Training attendance



Eucalyptus trees planted at Chinyi FDP

- 546 Neighbour women were reached by CGVs with food cooking demonstrations as an important component for Improving Infant and Young Child Feeding Practices.
- 2,402 (547M, 1855F) CGVs, Neighbour mothers and fathers assessed during Home visits had greater knowledge on; IYCF, nutrition with positive behaviour changes and practices cascading lessons to Neighbour groups.
- 659 PLW were counselled on IYCF practices across all the zones in Bidibidi Refugee settlement as a way of promoting, protecting and supporting optimal IYCF practices.

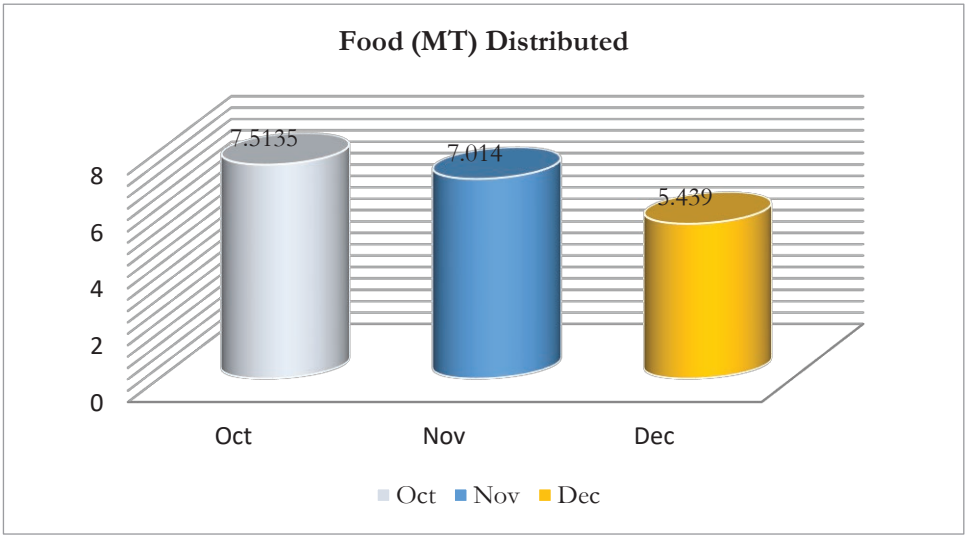
Table 18: MCHN and TSFP Key Achievements:

N	Indicator	Planned (Annual)	Oct	Nov	Dec	Planned Quarterly	Cum. Achieved	% of planned Quarterly
1	Number of beneficiaries reached with Health and Nutrition messages both in community and Health Facilities.	13282	3542	2486	2580	3321	8608	259.20
2	Numbers of children 0-59 screened at both community and health facilities	8985	1164	2430	1590	2247	5184	230.71
3	Numbers of PLWs screened at both community and health facilities	4296	1599	1573	1069	1074	4241	394.88

Source: AFOD Primary data 2019

In Table: 18 above, the number of beneficiaries served exceeds the planned due to the high turn up of beneficiaries from both refugee, the host communities and beyond the catchment areas accessing MCHN & TSFP services which called for the need to expand the services beyond the planned catchment areas

Figure 11: Quantity of Food Distributed in MTNs



Source: AFOD Primary data 2019

A total of 19.9665Mt of food was distributed to the beneficiaries. The drop in quantity of food was due to the reduction in ration sizes of CSB++ from 6Kgs to 3Kgs.

Care Group Volunteers the unsung heroes in promoting immunization

A lot more children like Bidal have reportedly benefitted from CGV's follow ups and sensitizations in the community. Thus, the CGVs are drivers of immunization and behaviour change in the communities where they live.

"'We came from South Sudan when my grandson was two years old, we had already missed the first Immunization schedules, now I feared going to Health facility because I thought the nurses would abuse me why I didn't bring the child early". The CGV Gloria, counselled me on the benefits of Immunization and together escorted me to the health facility. We were warmly welcomed by the health workers who initiated my grandson on the first doze on 8th.10.2020. 'I am happy that my grandson is fully immunized like other children"

5 year old Bidal Micheal with his grandmother, and Gloria the CGV after last Immunization dose

Keyhole gardening an end to malnutrition

AFOD rolled out a module on keyhole gardening to 505 care group volunteers (55M, 450F) across the four zones in Bidi-Bidi settlement. The aim was to help CGVs improve food diversity by ensuring constant production of vegetables throughout the year with smart planting techniques during drought conditions.

A keyhole garden is a circular raised garden bed with a compost basket at the center and a keyhole-shaped path that allows access to the entire garden. The compost basket can be fed throughout the season and will continually break down and deliver nutrients to the bed for the duration, as will the chunky bits of organic matter you add to the layers of the bed as you build it.

The module has been appreciated by most of the CGVs with the following statements recorded, 'we would love to thank AFOD for the support they have given us, especially during this pandemic, we are now able to have vegetables at home' one CGV applauded.

Joseph, a CGV in Igamara zone 4, testifies, "The introduction of the keyhole module greatly improved my livelihood, We were provided with seeds of tomatoes, sukuma wiki, carrots and onions which I planted in the set key hole gardens, the Neighbour fathers in my group have greatly appreciated the knowledge and now the diets in our homes have been diversified, there is likely to be an end to malnutrition in the settlement if AFOD is supported to continue for the next years, says excited Joseph".

A keyhole garden at Yangani HC III in zone 2 – Bidi-Bidi settlement

Table 19: Challenges and mitigations:

S/n	Project Specific Challenges	Mitigations
1	Poor road connectivity to some settlements especially during rainy season increases cost of transportation and logistics	Coordinated with OPM, UNHCR & Adjumani Local Government and UNRA to ensure these roads are periodically rehabilitated
2	Impersonation by some PoCs during GFA distributions leading to losses	Identified and liaised with OPM to ensure such cards are confiscated from the wrong individuals to avoid losses
3	Funding gap on interventions focusing on livelihood and resilience	Prioritize funds to support pilot targeted livelihoods resilience project for vulnerable households (refugee and hosts) focusing on women's empowerment towards attracting donor interest
4	Pipeline breaks due to shortage of some critical commodities and lack of adequate donor funding has led to ration reduction from 100% to 70% in 2020 and by further 10% to 60% effective February 2021. This has contributed to negative copying mechanism by POCs	Designed and focusing on livelihood and resilient interventions to supplement on food in-kind and cash voucher to improve nutritional wellbeing of POCs
5	Ever increasing demand for Nutrition services by host communities	Fostering strategic partnership and networking through consortium mechanisms for resource mobilization on nutrition, food security and livelihood interventions
6	Lack of job aids like CGV registers and MUAC tapes for MUAC screening	Use of provisional registers supplied to CGVs as requests to ACF are already made
7	COVID-19 challenges affected group counselling for IYCF activities	Realignment and re-prioritization of project activities to suit the Covid context

4.0: THEMATIC AREA 3: WATER, SANITATION, HYGIENE AND SUSTAINABLE ENVIRONMENTAL MANAGEMENT

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

Although funding affected the implementation of this thematic programme, WASH/SEM services was integrated into the different programmes like; GFA where complementary tree planting in all FDPs was promoted, access to clean water, hygiene awareness, in SRH due to the fact that provision of adequate water, sanitation and hygiene services to the beneficiaries is not only an essential component of the requirements of public health service delivery but an essential package in humanitarian intervention.
No grant to support implementation of these thematic area.

5.0: THEMATIC AREA 4: SOCIAL PROTECTION AND PSYCHOSCIAL SERVICES

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

Refugees have a fundamental right to protection, care and support by the government and its partner's especially vulnerable children, young persons, women and the elderly in communities. Our Social protection approach included; responses to protect vulnerable beneficiaries from risks, vulnerabilities and deprivations. In refugee settlements, children and women face a multitude of risks, such as abuse, early marriage, violence including sexual and gender based violence, separation from families, lack of appropriate care, deprivation and child labour. Over the year, interventions focused on handling cases related to; alternates for PSN (persons with special needs, unaccompanied minors, absent household heads collector, one time alternate collectors, non-eligible cash collector, beneficiary not found in biometrics system, relocation cases, registered beneficiaries living in another settlements, elderly and disabled persons among others have been supported. Social protection and psychosocial support services has been integrated into programmes like; HIV/AIDS and ASRH project.

Focus Groups Discussion in Mungula 1 During The 16 Days of Activism

WFP Country Director interacts with a Person with Special Need-PSN

Settling dispute with community leaders and FMC-Palorinya

Table 20: Beneficiaries served disaggregated by field location

N	Indicator	Districts		Total
		Adjumani	Moyo	
1	Litigation cases handled	5,554	7,318	12,872
2	At risks PSNs benefitted from social protection services	6,343	47	6,390
	Total	11,897	7,365	19,262

Source: Primary Data 2018/2019

6.0: THEMATIC AREA 5: RESEARCH AND INNOVATION

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

Innovation:

Developed a model on use of mobile phone application for mobilization of KPs and Communities for service delivery points. AFOD will undertake a feasibility study to assess the potential of using mobile phones to enhance KP referral mechanisms. At the local level, the study will examine phone access among KPs and frontline volunteer and workers' (e.g. peers), technology literacy, usage habits, and cultural and gender influences

Research Activities conducted:

Baseline assessment on improving adolescent SRH in Moyo, Adjumani and Obongi districts; July 2020. Findings show; low utilization of ASRH services, insufficient provision of basic hygiene materials in schools, high rate of pre-marital sex by adolescents, low use of mass media and Information Education materials (IEC) in health centers and schools and contraceptives uptake were strikingly low among adolescents.

Baseline assessment on mental health rehabilitation programme in Adjumani; August 2020. The level of substance was estimated at 46% among the surveyed population and more than 80% of those involved in DAA requires some kind of rehabilitation. Major contributing factors are idleness, unemployment, peer pressure, psychological disorders and stress accounting for more than 80 percent. Family background largely due to poor parental guidance, support and laziness contribute to the DAA as young people copy the practices from parents.

Food basket and post distribution assessments; conducted 24 on site food basket monitoring and 8 post distribution monitoring in both Palorinya-Moyo and Adjumani to assess the impact, availability/ accessibility/ appropriateness of food at the household level, results are fed back into the project cycle aimed at improving the way assistance is delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks

Risk profile and management matrix 2019/2020

Risk profiling and management plan was designed to provide the organization with a wider scope of validating and using tested method to consistently manage programme and projects risks ensuring mitigation strategies are put in place for organizational success, improvement and sustainability. This involved the processes of identification, assessment, ranking, mitigation, tracking, control and management of risks. AFOD's risk profiles are reviewed every financial year, risks that have been documented in the previous financial year and have been addressed, does not feature in the preceding year as new risks are identified and profiled.

Table 21: Risk profile:

Risk Description	Existing Measures & Controls in place	New Mitigation Actions
Context: Outbreak of the global Covid-19 pandemic which affected activity interventions in West Nile region	Surveillance by Government of Uganda Ministry of Health and Health experts and timely updates	Staff and beneficiary training on; prevention and response. Enrolment of staff on CDC health alert network for updates.
Programme: Project cost exceeds the amount budgeted.	Monitor project expenditure regularly and incase of increase due to modification of activities seek donor authorization.	Monthly reconciliation of expenditure and conducting Internal Budget Variance Analysis (BVA)
Programme: Highly volatile inflationary costs	Provision for inflation in budgets to counter volatile markets.	Monitor country inflation rates.
Institutional Risk: Untimely reimbursement of funds by donors and delayed processing of invoices	Conducting forecast and use of reserves	Negotiation with partners on upfront disbursements.
Institutional Risk: Labour Market influences staff mobility	Staff motivation and retention	Develop sustainability plan and rosters

Data source: Risk management plan 2019/2020

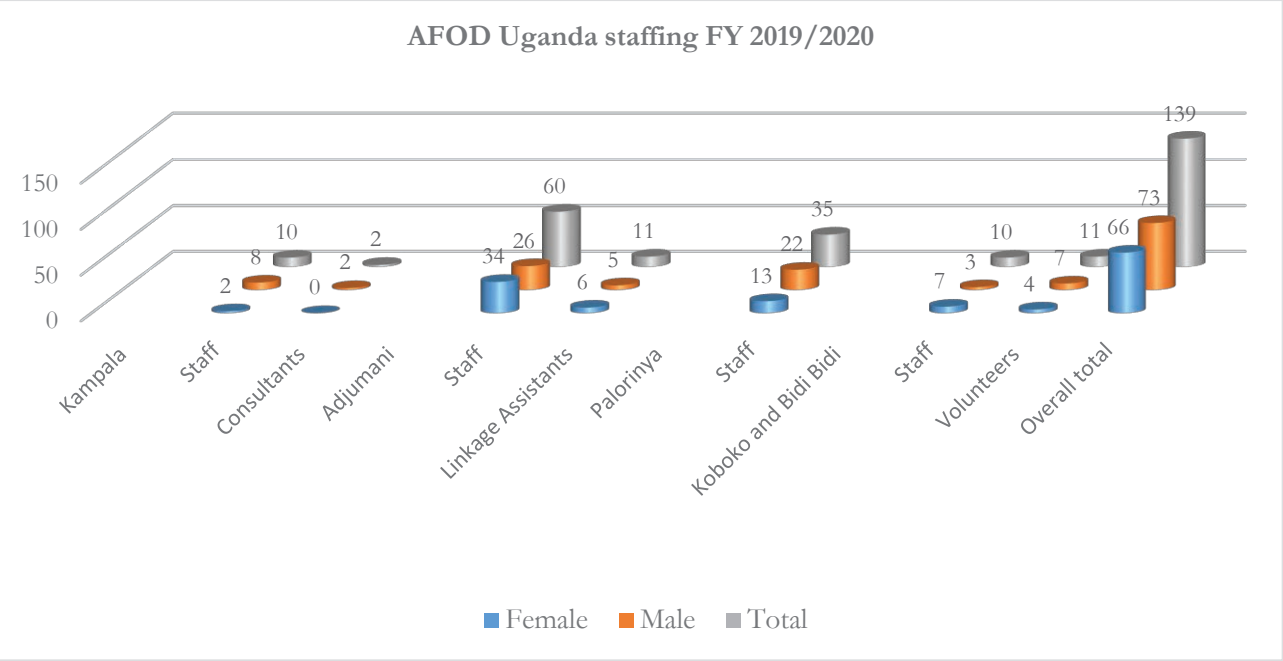
7.0 THEMATIC AREA 6: INSTITUTIONAL CAPACITY BUILDING

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

7.1 AFOD Uganda Board Members and Senior Management Team

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

Fig 12: Distribution of AFOD-Uganda Staff by location 2019/2020



Source: AFOD-Uganda HR Database, 2019/2020

7.2 Human Resource and Administrative Systems Performances

AFOD-Uganda employed a total of 139 staff (117 staff, 11 Volunteers, 11 Linkage Assistants and 2 Consultants for the period 2019/2020 in the five different locations where we operate; Kampala, Adjumani, Moyo/Obongi and Koboko/Bidi-Bidi, in terms of Gender composition, Male constituted 53% and Female 47% of the total staff employed.

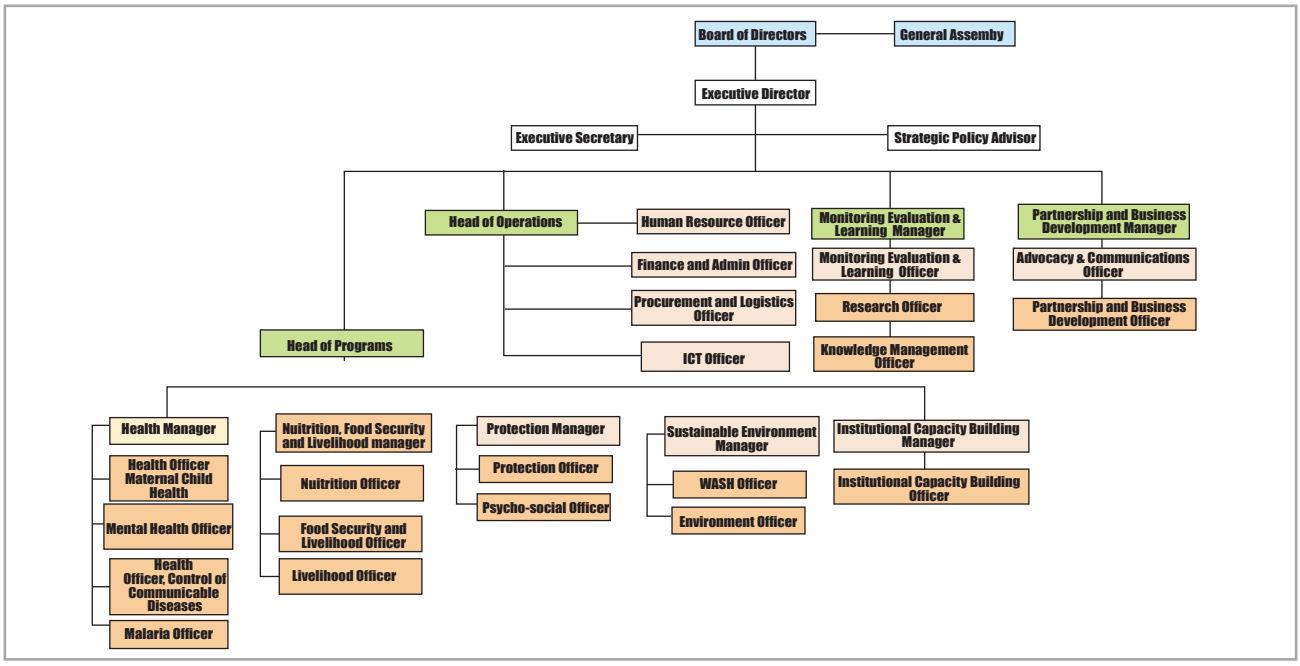


Fig 13 : Organizational Organogram

7.3. Financial management and accounting systems

AFOD Uganda has a sound financial management and accounting policy and a non-consolidated system in place manned by a vibrant and qualified team in compliance with agreed donor and international accounting and financial standards. AFOD Uganda has mobilized and managed Uganda shillings 7,051,456,743 (USD 1,905,800) in the last financial year to implement essential social services that were designed to achieve the planned objectives and results set forth in conformity with donor rules and regulations.

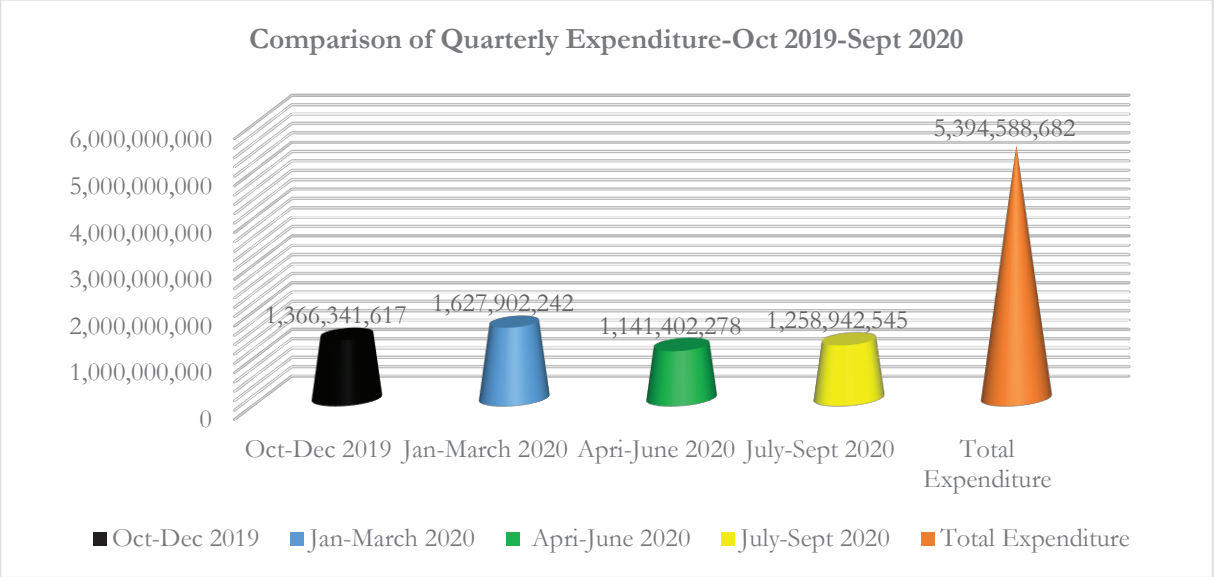
Table 22: Financial overview 2019/2020

Programmes	Planned Budget FY 2019/2020	Budget Expenditure FY 2019/2020	Variance FY 2019/2020	% Utilization
Palorinya-GFA	2,799,945,151	2,098,649,775	701,295,376	75%
Adjumani-GFA	3,317,108,240	2,522,770,409	794,337,831	76%
Adjumani-HIV	96,073,000	78,788,000	17,285,000	82%
Koboko-MCHN	648,692,550	543,352,403	105,340,147	84%
Adjumani/Moyo-ASRH	63,131,702	20,460,200	42,671,502	32%
CBT-Koboko Lobule	126,506,100	130,567,895	-4,061,795	103%
Total Planned Vs Achieved (Ugx)	**7,051,456,743**	**5,394,588,682**	**1,656,868,061**	**77%**
Total Planned Vs Achieved (USD)	**1,905,800**	**1,457,998**	**447,802**	**77%**

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

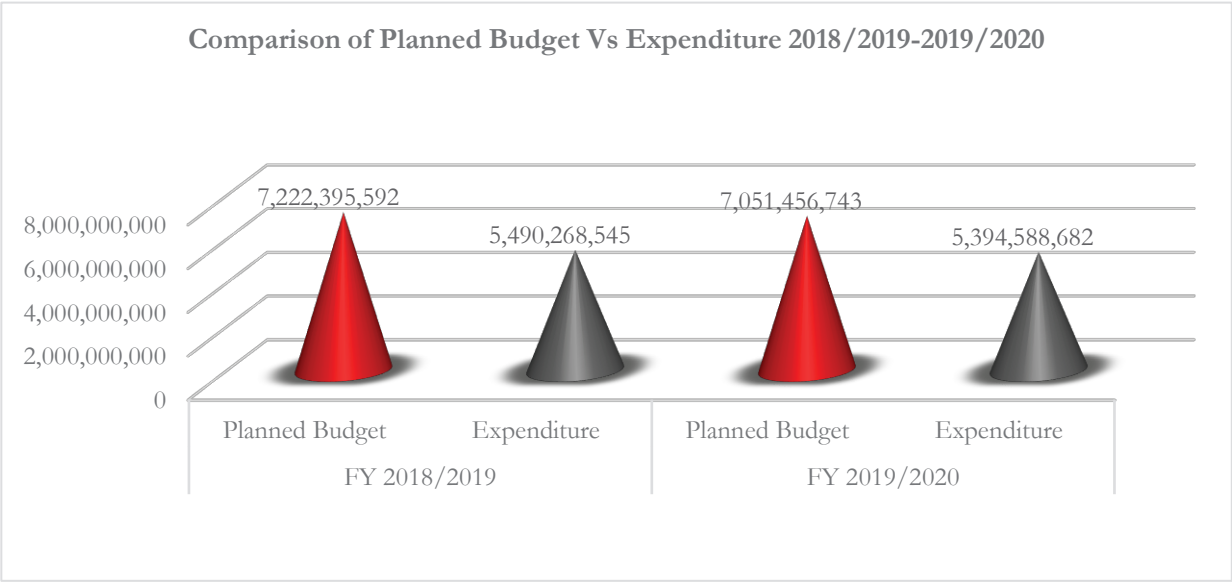
In the above table, the negative variance under CBT in Koboko was attributed to; Family re-union and previously deactivated people from the beneficiary list re-activated hence increase in CBT enrollment and expenditure thus higher budget utilization above planned.

Fig 14: Quarterly Expenditure Oct 2019-Sept 2020:



Source: AFOD-Uganda HR Database, 2019/2020

Fig 15: Budget Trends FY 2018/2019-FY 2019/2020



Source: AFOD-Uganda HR Database, 2019/2020

The total budget Grant for FY 2019/2020 was 7,051,456,743 Ugx (USD 1,905,800) and expenditure was 5,394,588,682 Ugx (USD 1,457,998) with a variance of 1,656,868,061 Ugx (USD 447,802). The variance is attributed to difference in AFOD FY (Oct-Sept) and Grants year hence overlaps in financial expenditure and reporting. The above has been made possible with donor support from; WFP, IDI/CDC; ViiV Health care foundation UK and Positive Action and ACF who were our most significant donor for the period 2019/2020. The financial reports are also indicative of a good value for money in view of programmes/administrative cost area.

7.4 Procurement and Logistics Systems

AFOD has a Procurement Policy and Procedure manual that sets forth the requirements and guidelines to assist in managing Procurement activities. The policy provides overall internal control structure, audit tests with respect to Purchasing and a set of tools for achieving the 'value for money'.

Table 23: Capital Asset Development Values

	Capital Asset	Year 2016/2017	Year 2017/2018	Year 2018/2019	Year 2019/2020	
Asset type	**Quantity**	**Value Ugx**	**Value Ugx**	**Value Ugx**	**Value Ugx**	**Total**
Tata Truck	1	-	202,800,000			202,800,000
Toyota Pickup D/Cabin	1	163,000,000	0			163,000,000
Toyota Hiace Drones	2			0	122,000,000	122,000,000
Motorcycles	2	-	37,648,000			37,648,000
Generator set 6.3KVA	2		8,000,000	0	10,000,000	18,000,000
Generator set 20KVA	1	-	54,905,400			54,905,400
Generator service parts	Assorted			999,000		999,000
Desktop Computers	8	9,700,000	3,300,000			13,000,000
Laptop Computers	13	-	20,530,000	17,550,000		38,080,000
Laptop Back Packs	10			800,000		800,000
I pad tablets for data collection	9				7,650,000	7,650,000
Printers	7	1,250,000	7,400,000	2,375,000		11,025,000
HPE, Micro Server for Internet.	1			0	2,998,380	2,998,380
Projectors	4	1,239,000			5,400,000	6,639,000
Cameras/video	6				4,500,000	4,500,000
Internet Routers	6	2,073,000	809,000		280,000	3,162,000
Cash Safes	4	-	2,400,000		985,000	3,385,000
Water dispensers	4	-	2,080,000			2,080,000
Branded Camp Tents	3	-	2,950,000	7,030,000		9,980,000
File cabinets	6	-	2,949,153			2,949,153
Office furniture assorted	103	13,644,237	17,152,289	4,910,000		35,706,526
Staff IDs	90			1,800,000		1,800,000
Visibility-T-shirts/face masks	341			6,372,500	33,535,000	39,907,500
Stationary/cartridges	Assorted			2,980,325	2,926,400	5,906,725
Vehicle Hire	11			448,500,000	574,850,000	1,023,350,000
Megaphones/PAS	10			1,000,000	900,000	1,900,000
Total Amount		**190,906,237**	**362,923,842**	**494,316,825**	**766,024,780**	**1,814,171,684**

Source: AFOD-Uganda PROLOG Database 2019-2020

AFOD Capital Asset Development Values for the period 2019/2020 was Ugx 766,024,780. ($207,034) with a cumulative overall value of 1,814,171,684 Uganda Shillings ($490,317).

3.0 CHAPTER TWO: CHALLENGES, LESSONS LEARNED, BEST PRACTICES AND PRIORITIES FOR 2020/2021

Chapter three provides an overview of the key bottlenecks encountered, mitigations, lessons learned and good practices for adoption and priorities for 2020/2021.

3.1: Key Programme Bottlenecks Encountered:

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

Table 24: Strategic Challenges and Mitigations:

No	Strategic Challenges	
	Challenges	**Mitigations**
1	Impact of Covid-19 pandemic affected programme implementation	Re-prioritization and use of innovation/technology to suit the Covid context
2	Funding mechanism with current donors suffocates smooth operation (Reimbursement mechanism).	Establishment of Public Private partnership to complement funding gaps and identifying donors with pre-payment model
3	Short project durations affect system building and impact measurement	Adopting the humanitarian-development nexus approach of implementation and strategize on Multi-year funding opportunities with bilateral donors
4	Highly Negative NGO-Donor Politics	Invest in strategic networking and alliances with donor and stakeholders
5	Funding gaps to support implementation of designed thematic areas under; WASH, protection, research and innovation, livelihoods, mental health services and yet there is increasing demand for such services	Prioritize low-cost high impact interventions to be supported by own funds as an indirect approach for attracting potential donors as well as networking through local-consortium mechanisms for resource mobilization in those thematic areas

3.2: Lessons Learned and Good Practices:

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

- Work in collaboration with government structure both national and local levels high yield of result.
- Direct interface with the community allows them to participate in identification of their own problems and suggest solutions
- Creativity, innovations and programme integration are very important in providing alternative solutions to programmatic challenges.

3.3: Our Priorities for 2020-2021

- Look to leverage strategic partnerships for transformative action in humanitarian and development interventions.
- Innovating and Adopting program models that can deliver deeper impact and attract more funding sources and philanthropic grants.
- Establishing wider levels of collaboration/consortium with other partners to ensure we collectively achieve greater impact, including governments, multilaterals, institutions and corporates.

- Focus on implementing COVID 19 resilient projects for instance maternal health and teenage pregnancy, GBV interventions and market systems strengthening
- Prioritize and or solicit funds to support pilot targeted livelihoods resilient and Nutrition sensitive interventions
- Lobbying for grants, using consortium approaches and advocating for mental health services to contribute in achieving sustainable development goals
- Increase HIV/AIDS support especially around interventions that addresses systems and KPIs as well as capacity building and community linkages services.
- Focusing on institutional capacity building at strategic and operational level through infrastructure development both movable and non-movable infrastructure.
- Engage in IGAs by establishing AFOD rehabilitation centre in West Nile and Agro-forestry development projects.

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