AFOD

Working together to empower communities

ALLIANCE FORUM FOR DEVELOPMENT ANNUAL PROGRAMME REPORT

FY OCT 2022-SEPT 2023

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IDI INFECTIOUS DISEASES INSTITUTE

FOR GOD AND MY COUNTRY

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ACRONYMS

EACAS	East Africa Center for Addiction services
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

A MESSAGE FROM BOARD CHAIR

Hon Dr. George Didi BHOKA

AFOD Uganda has remained steadfast on its commitment to work with the rural poor, marginalized and vulnerable communities to improve their social economic status and quality of life through integrated health programs, emergency relief, recovery, and resilience building, Nutrition, food security and sustainable livelihoods and other cross cutting initiatives.

The 2022-2023 Annual programme report highlights the achievements against the planned targets. Our performance has shown a steady progress in realizing our goal. Together, we can build the world we want to live in. This is a noble cause that calls for, "mobilizing the caring power of our community to advance the common good." I am excited about the achievements registered and the work ahead of us for the honorable work of helping those in unending need never ceases.

I know 2023-2024 will be a great year and I am confident that we will continue to "strive for better health care, nutrition, food security and sustainable livelihoods and embrace economic empowerment initiatives for every household in our community." I call upon all stakeholders to support AFOD Uganda to ensure the planned programmes are achieved to contribute to the realization of the vision and mission of the organization, national development agenda and sustainable development goals.

I thank you.

A MESSAGE FROM THE EXECUTIVE DIRECTOR

Primo Vunni ARIZI
PhD (student), MPH, MIH, PgD. GHTM, B. Sc. HSM, DMEP

Dear Friends,

I would like to sincerely thank all those who contributed in different ways to the successful implementation of our programmes in the FY 2022-2023. This Annual programme report highlights impactful success stories of resilience. However, new ways of working together are required to ensure a healthier tomorrow for us and the future generation thus the birth of our 2P+ Approach of strategic Integrated Community Led Mental health (ICLeM) model focusing on making mental health and mindset change the center of our program intervention, these innovative approaches is aimed at meeting the changing dynamics and trends of our communities.

During the year 2022-2023, we worked very hard to adapt and expand our programs and services to meet the new reality. In 2023-2024, we will continue with our community development programming with more focus on; grassroots efforts, C4D, SBCC while targeting beneficiaries to implement their own versions of programming in their local communities and creating welcoming spaces. Our new strategic focus for the next 5 years Oct 2023-Sept 2028 will be anchored on 3 key thematic areas of; Integrated Health Services (IHS), Nutrition, Food Security & Livelihood (NFSL), and Social Protection services (SPS) with Climate Action, WASH, Environmental Management, Research & Innovations, and Institutional Capacity Building as cross cutting areas. With these rebranding, we are confident that these will address the challenges that the future holds for our communities.

The achievements presented in this report have been made possible thanks to our Donors, Board, the leadership of the Executive Director, volunteers and our real heroes the frontline staff who brave the difficult and risky terrains to reach the most affected populations thus acting as multipliers of hope and goodwill. We will continue to work through every challenge that comes our way. To support the organisation on this milestone, join us in this journey by making a donation to support our work in 2023/2024

Please visit uga.afodi.org

EXECUTIVE SUMMARY

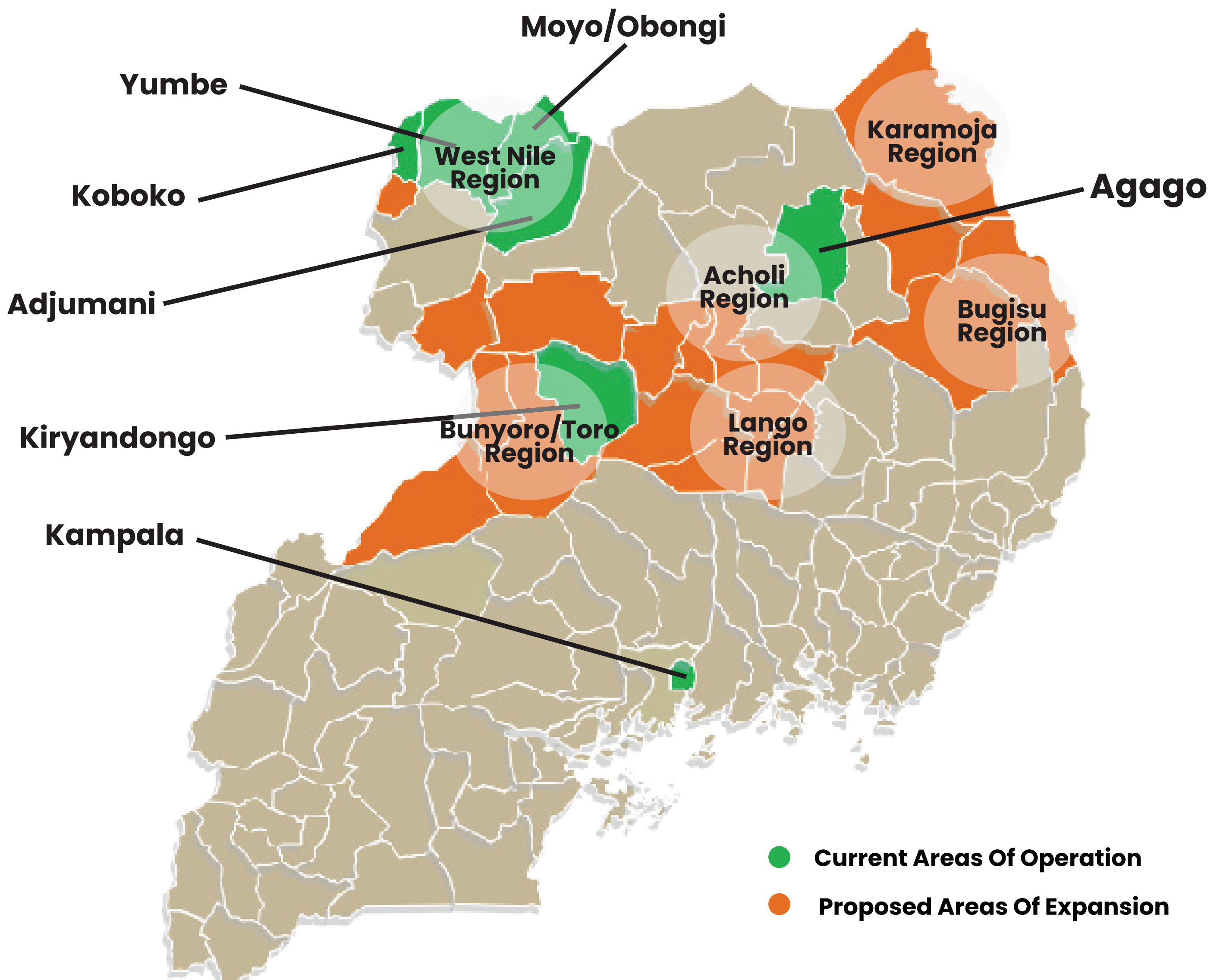
In 2022-2023 AFOD worked with a range of partners namely; United Nations World Food Programme-WFP, Infectious Disease Institute (IDI/CDC) and strong minds Uganda-SMU to support the rural poor, marginalized and vulnerable communities to improve their socio-economic status and quality of life. This report highlights an overview of AFOD's programme activities implemented in; Adjumani, Obongi and Kiryandongo Districts. In 2022-2023, AFOD employed a total of 134 staff (Female 46% and Males 54%) as compared to 126 staff in the financial year 2021/2022 which represents an increase of 6.3% in total staff employed. The total planned Grant for FY 2022/2023 was 9,508,596,948 Ugx (USD 2,569,891.1) while the income mobilized was 6,594,400,903 Ugx (USD 1,782,270.5) with a variance of 2,914,196,045 Ugx (USD 787,620.6) whereas in the FY 2021/2022, 6,076,712,056 Ugx (1,642,355 USD) was mobilized and spent. To increase access to integrated health promotion, disease prevention and curative services for children, women and men, AFOD implemented comprehensive HIV/AIDS TB community linkages and referral with the following contributions towards achievement of UNAIDS 95-95-95; 90% (1,109) of the targeted HIV Positive clients know their HIV Status; 89% (830) ART Coverage achieved, improved Viral Load Suppression from 6% (18) in 2021-2022 to 22% (39) and 69% (2,434) of targeted clients aware about TB and positive health seeking behaviour. To increase demand and utilization of integrated mental health and psychosocial health services, 75% (6,544) clients were treated for depression using IPT-G therapy disaggregated by (Livelihood 1,165, GFA 5,167 & 212 HIV/AIDS clients) with 1,000 terminated clients received tailored awareness messages to prevent relapse and address stigmatization around mental health. To contribute to increased access to and demand for nutrition, food security and sustainable livelihood services, AFOD implemented general food and cash assistance in Adjumani and Palorinya Obongi Districts where cumulatively we impacted; 95% (342,279) of the planned population reached with both in-kind food and cash vouchers which enhanced household food security and 91% (41,305,525,100 Ugx) cash vouchers disbursed to beneficiaries as a % of planned and lastly under nutrition; 599 clients were served on TSFP with 1.422 MT of Specialized Nutritious Food (SNF) commodities, 5,310 clients (1,831 children 6-23 months & 3,479 PLW) reached with MCHN services through provision of 7.965MT Specialized Nutritious Food (SNF) commodities and this this nutrition sensitive and specific activities have contributed to 45% Diet diversity score-5 food varieties and above consumed, 47% Food consumption Score-Different food groups, 57% 4th ANC Visits improvement and 75% of Households with latrines attributed to awareness initiatives. However, a few challenges still abound; limited Resources envelop to address the numerous unmet programme needs; weak community participation and yet this is paramount to the success of programmes and funding mechanism with current donors suffocates smooth operation (Reimbursement mechanism). Addressing these shortfalls would require; diversification of resource mobilization strategies, improving AFOD's visibility, expand and strengthen coordination and networks, advocate and lobbying for more resources from government and development partners, establishing a strong relationship with community structures by involving them in project design, implementation, monitoring & Providing opportunities for feedback, focusing on integrated programming for maximum impact. Our key priorities for 2023-2024 focusses on; Strengthening programme implementation using the AFOD 2P strategic approach and iCLEM program model that emphasizes systematic integration of core program components and creating synergies for programme efficiency, effectiveness and sustainability, realignment of the strategic plan anchored on 3 key thematic areas; Integrated Health Services (IHS), Nutrition, Food Security & Livelihood (NFSL), and Social Protection services (SPS) with Climate Action, WASH, Environmental Management, Research & Innovations, and Institutional Capacity Building as cross cutting areas, community engagement and empowerment; partnership and alliances; and capacity building while embracing consortium approaches and strategic partnership to resource mobilization with likeminded partners.

CHAPTER 1: BACKGROUND

AFOD-Uganda is a national non-profit humanitarian and development organization incorporated in Uganda in 2015 with NGO board registration number 11619. 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; Comprehensive HIV/AIDS services in Adjumani funded by IDI/CDC, Maternal child health and Nutrition education in Kiryandongo, food security and livelihoods (GFA in Adjumani and Obongi Districts) funded by WFP, Mental health and psychosocial support project in Adjumani District funded by Strong Minds Uganda. AFOD has a wealth of experience in implementing interventions in Nutrition, Food security & livelihood, and Integrated Health programming. 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.

1.1. OUR PRESENCE IN UGANDA, COUNTRY PROGRAM GROWTH PLAN AND TARGET POPULATION



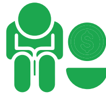
AFOD Uganda currently operates in five districts (Adjumani, Moyo, Obongi, Koboko, and Kiryandongo) in the West Nile region. Apart from the current districts AFOD Uganda is operating in, we intend to expand our scope of operation, and the expansion targets Sub-regions of West Nile, Acholi, Lango, Bunyoro /Toro, Karamoja, and Bugisu sub-regions. The above map illustrates the current areas of operation and the proposed areas of expansion.

We focussed on the following groups of people:

Women and children both in emergency and non-emergency settings.

Persons with special needs: These include; the blind, disabled, people with hearing impairment, and mentally disturbed/affected.

Marginalized, stigmatized, and discriminated populations, such populations are people living with HIV (PLWHIV), people with disability, women, and minority communities.



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 the generation of income nor access essential social services. These include the rural poor farmers.

Underserved/hard-to-reach populations: Communities affected by either geographical or cultural background, poor or inaccessible areas due to limited infrastructure and social services including health, education, agriculture, psychosocial, and/or financial services.

Special groups: This includes; the elderly, vulnerable women groups, vulnerable youth groups, and children.

Vulnerable and high-risk populations: This will include IDPs, refuges, populations exposed to high HIV infection like orphans and other vulnerable children, fishing communities, cattle keepers, border migrants, commercial sex workers, market vendors, boda-boda riders, money changers, and young people out of school among others.

VISION

A healthy, productive and peaceful society

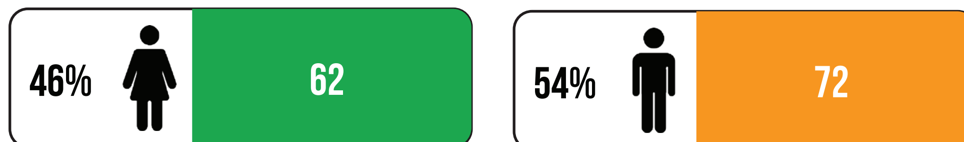
MISSION

To work with the most vulnerable communities to improve their socio economic status and quality of life through the delivery of integrated, equitable and sustainable services.

CORE VALUES

Competency, drive for results, accountability, integrity, ethical code of conduct, gender responsiveness & respect for human dignity & rights in implementing country program interventions.

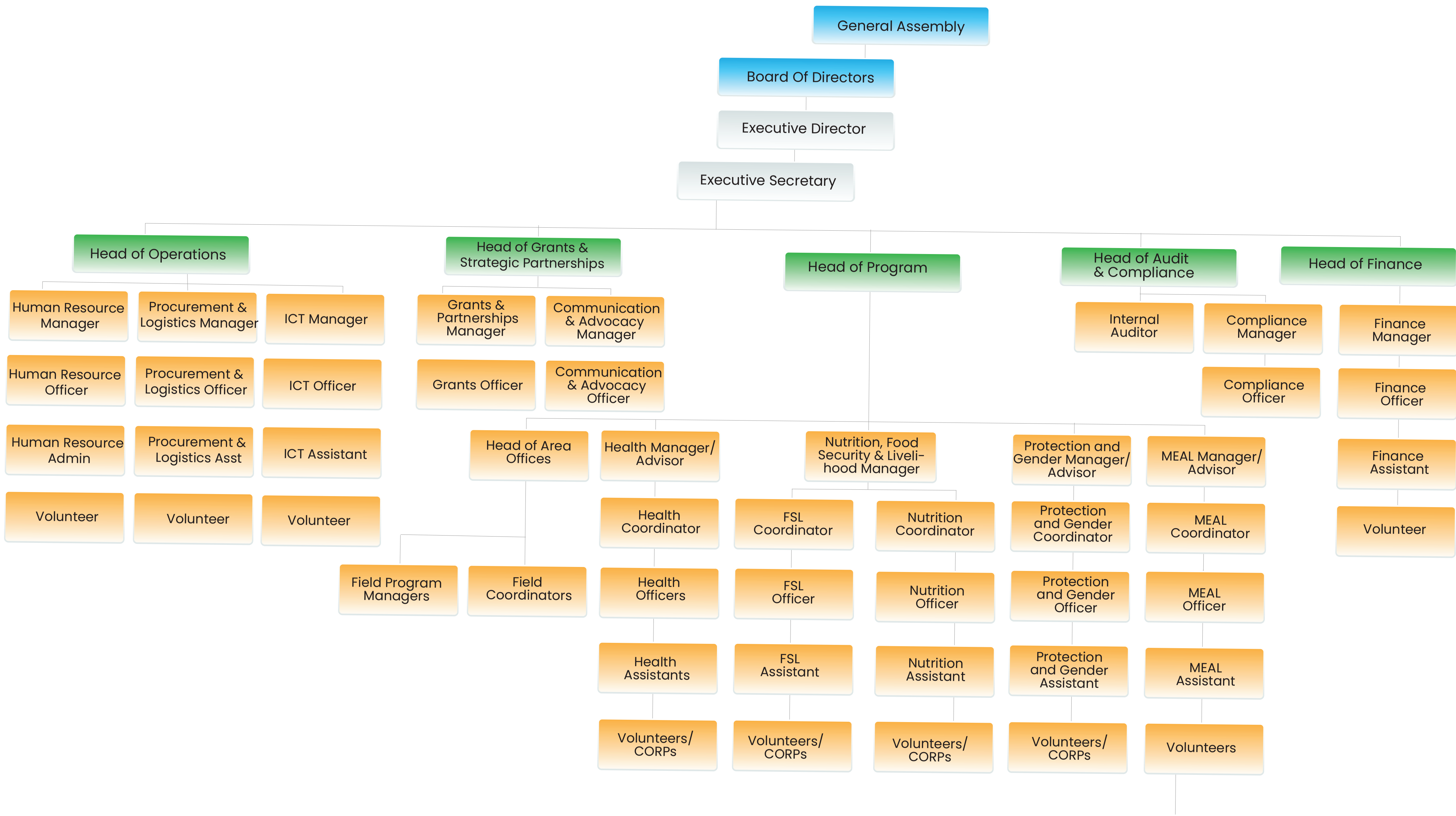
FIG 1: AFOD UGANDA STAFFING DISAGGREGATED BY SEX



Data Source: AFOD-Uganda HR Database, Oct 2022-Sept 2023

AFOD employed a total of 134 staff (Female 46% and Males 54%) as compared to 126 staff in the financial year 2021/2022 which represents an increase of 6.3% in total staff employed in 2022-2023. AFOD staff worked in six different programme locations of; Kampala, Adjumani, Moyo, Obongi, Koboko and Kiryandongo refugee settlement.

FIG 2: AFOD ORGANISATION STRUCTURE



1.2. ANNUAL FINANCIAL REPORT OCTOBER 2022-SEPTEMBER 2023

FY 2022/23: SO EH, PPSS, R&I & ICB remained unfunded though planned. The FY 2022/23 budget planned was based on the 2P approach and iCLEM Model, and the forecast was based on pre-discussed prospects for funding.

TABLE 1: PLANNED ANNUAL BUDGET VS GRANTS MOBILIZED

Thematic Areas	Planned Annual Budgeted	Annual Income mobilized	Budget Variance	% Achieved
1: Integrated Health Services	1,055,721,088	636,629,701	419,091,387	60%
2: Nutrition, Food Security & Livelihood	8,156,875,860	5,785,842,102	2,261,033,758	71%
3:WASH & Environmental Health	26,000,000	25,326,200	673,800	97%
4. Protection, PSS	205,000,000	131,602,900	73,397,100	64%
5. Institutional Capacity Building	25,000,000	15,000,000	10,000,000	60%
6. Research & innovation	40,000,000	-	40,000,000	0%
Total Ugx	**9,508,596,948**	**6,594,400,903**	**2,914,196,045**	**69%**
Total USD	**2,569,891.1**	**1,782,270.5**	**787,620.6**	

Data Source: Financial Reports Oct 2022/Sept 2023

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

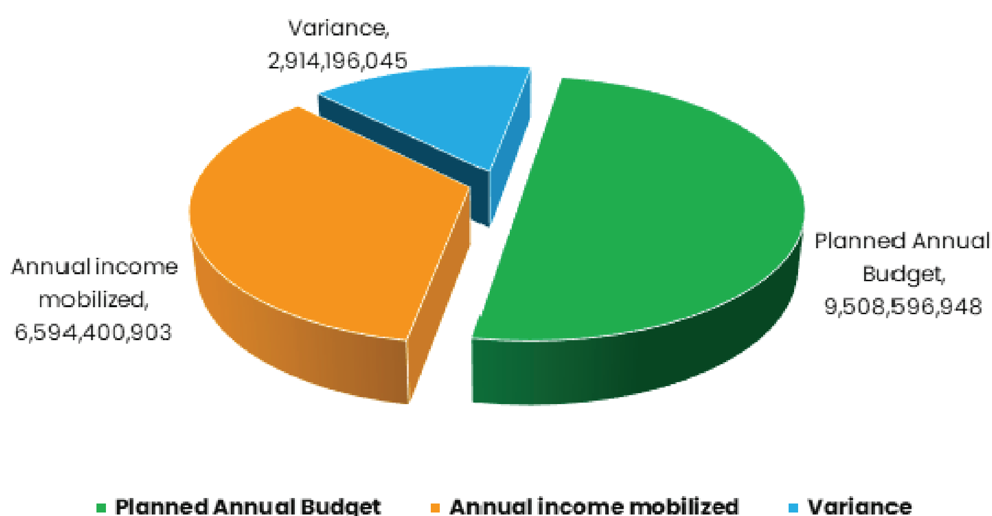
TABLE 2: INCOME MOBILIZED VS EXPENDITURE AND BUDGET VARIANCE ANALYSIS

Thematic Areas	Annual Income mobilized	Annual Expenditure	Budget Variance	% Achieved
1: Integrated Health Services	636,629,701	251,657,958	384,971,743	40%
2: Nutrition, Food Security & Livelihood	5,785,842,102	4,754,245,522	1,141,596,580	82%
3:WASH & Environmental Health	25,326,200	15,326,200	10,000,000	61%
4.Protection, PSS	131,602,900	31,602,900	100,000,000	24%
5.Institutional Capacity Building	15,000,000	15,000,000	15,000,000	100%
Total Ugx	**6,594,400,903**	**5,067,832,580**	**1,526,568,323**	**77%**
Total USD	**1,782,5270.5**	**1,369,684.5**	**412,586.0**	

Data Source: Financial Reports Oct 2022/Sept 2023

The total planned Grant for FY 2022/2023 was **9,508,596,948** Ugx (USD **2,569,891.1**) while income mobilized was **6,594,400,903** Ugx (USD **1,782,270.5**) with a variance of **2,914,196,045** Ugx (USD **787,620.6**) whereas in the FY 2021/2022, 6,076,712,056 Ugx (1,642,355 USD) was mobilized and spent.

FIG 4: ILLUSTRATION OF PLANNED ANNUAL BUDGET VS GRANTS MOBILIZED



Data Source: Financial Reports Oct 2022/Sept 2023

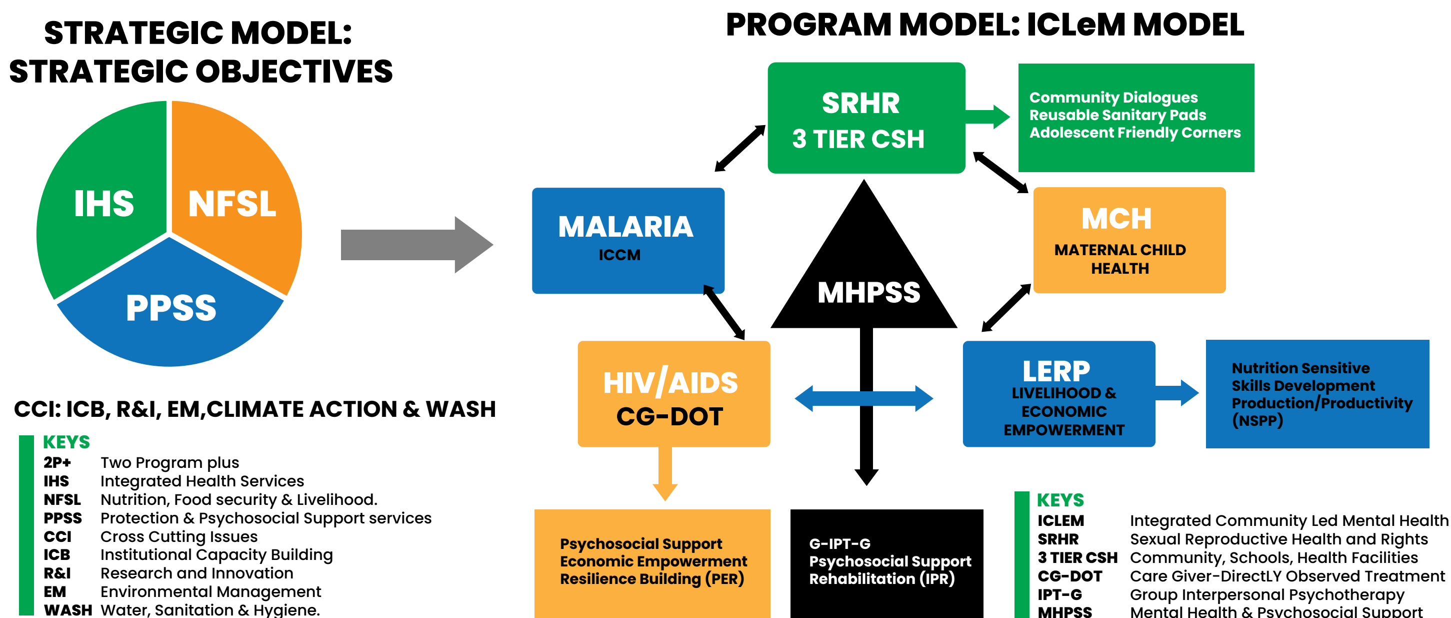
CHAPTER 2: PROGRAMME PERFORMANCE

2.0: AFOD UGANDA 2P+ APPROACH

AFOD implements a program dubbed 2 Plus Integrated Community Led Mental Health and Psychosocial Support Service-(**2P+ICLeM**) which focuses on integrating mental health interventions into SRHR, HIV/AIDS, Nutrition, Food Security & Livelihood Economic Empowerment for Resilience Program-LERP and protection aimed at achieving program outcomes.

The integration is informed by the needs assessment and unmet needs of mental health for each of the programs with emphasis on linking integrated activities to outcomes for each of the programs, the following principles of integration are being applied; effectiveness, efficiency, impact, and sustainability. Additionally, cost-benefit analysis forms a basis of policy decisions throughout the intervention.

FIG 5: 2P+ ICLEM MODEL

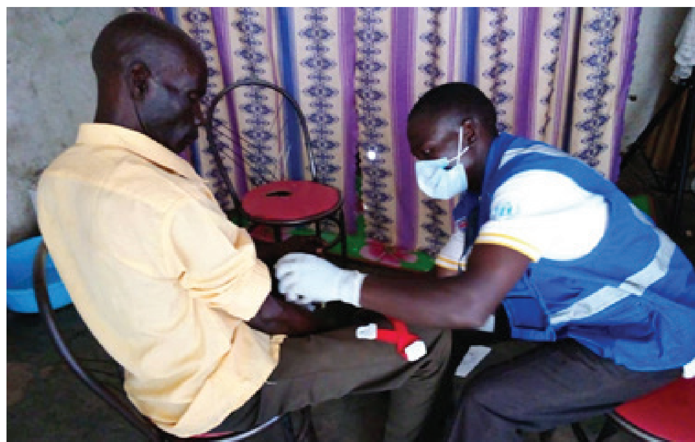


2.1 THEMATIC AREA 1: INTEGRATED HEALTH PROGRAMMES

2.1.1: COMPREHENSIVE HIV/TB IN ADJUMANI DISTRICT

AFOD Uganda with funding from Infectious Disease Institute-IDI/CDC PEPFAR has been implementing a project aimed at provision of comprehensive HIV/AIDS and TB services towards sustaining epidemic control to achieve UNAIDS 95:95:95 targets since 2017. The grant is contributing to increased access to integrated health promotion, disease prevention, and curative services.

Updating Missed appointment register with the LRA of Biira HC III



A Linkage and Referral Assistant carrying out viral load bleeding in the community

ANALYSIS OF KEY PERFORMANCE INDICATORS

TABLE 3: COMPARISON OF INDICATOR PERFORMANCE FY 2019/2020 AND 2020/2021

	FY Oct 2021-Sept 2022			FY Oct 2022-Sept 2023		
Outcome indicators	**Planned target**	**Actual**	**% achieved**	**Planned target**	**Actual**	**% achieved**
% of clients undergone HCT, received test result and aware of HIV status	1,500	1,948	**130%**	1,236	1,109	90%
% of HIV+ cases identified and linked to care and support	50	46	**92%**	52	73	**140%**
% of lost clients on care followed up and resumed care	1,200	1,741	**145%**	696	712	**102%**
% of clients screened for TB and received test results	2,400	1,921	**80%**	3,600	2,434	**69%**
ART retention rate-UNAIDS Target 95%	1,680	1,515	**90%**	928	830	89%
Viral load suppression rate- UNAIDS Target 95%	324	18	**6%**	180	39	**22%**

Data source: DHMIS Registers 2022/2023

From the above, viral load suppression and retention rate is still very low. AFOD has innovated care group directly observed treatment-CG-DOT to address these. Other best practices and lessons learned include; Right targeting of HIV clients to yield higher positivity rate, assigning targets of clients per Linkage and referral Assistants-LRAs for Home Based Counselling to improve tracking and strengthening follow up of non-suppressed clients for a repeat viral load test after home based Intensive adherence counseling-HBIAC.

Drug delivery & home based counseling for non-suppressed clients in the community

2.1.2: MENATL HEALTH AND CONTROL OF SUBSTANCE ABUSE-ADJUMANI DISTRICT

AFOD in partnership with Strong Minds Uganda implemented a project on scaling up Mental Health Support Program through integrated Mental Health using IPT-G model through creating awareness and demand for the integrated MH, enhancing the capacity of staff and community volunteers to screen and treat depression using IPT-G as well as scaling up the integration of MH interventions into livelihood, GFA and HIV/AIDS programs using iCLeM modelling.

A testimony from a beneficiary,
"We escaped a conflict-induced circumstance in search of a safe home. The circumstances we faced forced us to see the deaths of our family members, the injuries caused by bullets, the rape of women and young girls, and much more. Every day, the recollections are as fresh as if they happened only a minute ago.

Fortunately, all routes led to West Nile, Uganda, where the people provided us with refuge. In this new place, we were referred to as refugees and lived in dwellings known as camps. In the camps, we heard about suicide and devastation. We had no idea that we had carried war memories with us. We don't know or have control over what causes our minds to act inhumanely. We've witnessed depression, despair, suicide, anxiety, rape, and other mental health issues play out. The tents are too small to share or seek assistance in.

Our new home has few mental health and psychosocial resources, and there is no mental health facility for us or the host communities whose triggers we have forced on them, so they are now facing the same fate as us.

Fortunately, we were diagnosed and enrolled in group therapy provided by AFOD professionals, where we met as a group to openly discuss our mental health concerns especially depression and discover collective solutions to them. This has helped us recover while also giving us hope for a better life in our new homes."
said Jane, not her true name.

In addition to group interpersonal psychotherapy (IPT-G) sessions, AFOD is constructing a home of mental wellness, a regional rehabilitation facility, where all West Nile people and beyond, refugee or not, can receive a comprehensive package of integrated mental health rehabilitative services in one location. With your support, we can restore hope and improve the lives of countless people in need.

TABLE 3: COMPARISON OF INDICATOR PERFORMANCE FY 2019/2020 AND 2020/2021

Expert clients during an interactive session in Orungwa and Pakwinya

StrongMinds, AFOD, and Windle staff after the mid-year district MH review meeting

- **75% (6,544)** of clients were treated for depression disaggregated by (Livelihood 1,165, GFA 5,167 & 212 HIV/AIDS clients).
- **1,000** terminated clients received tailored awareness messages to prevent relapse and address stigmatization around mental health.

TABLE: MENTAL HEALTH DISORDERS IDENTIFIED AND REFERRED

Mental Health disorders	Cases Identified							Cases Referred						
	<10yrs		10-19 yrs.		20yrs and above		Total	<10yrs		10-19 yrs.		20yrs and above		Total
	M	F	M	F	M	F		M	F	M	F	M	F	
Anxiety Disorders	9	13	60	70	93	199	**444**	9	13	60	70	93	199	**444**
Unipolar Depressive Disorder	1	3	8	23	88	193	**316**	1	3	8	23	88	193	**316**
Bipolar disorder MH04	6	11	37	36	177	186	**453**	6	11	37	36	177	186	**453**
Schizophrenia MH05	3	6	29	31	209	231	**509**	3	6	29	31	209	231	**509**
PTSD MH06	0	15	10	49	40	99	**213**	0	15	10	49	40	99	**213**
Epilepsy MH07	376	379	597	629	1111	1358	**4,450**	376	379	597	629	1111	1358	**4,450**

HIV related psychosis MH08	0	0	0	2	15	19	**36**	0	0	0	2	15	19	**36**
Alcohol Dementia MH11	0	0	2	0	43	18	**63**	0	0	2	0	43	18	**63**
Alcohol Use Disorder MH16	0	0	3	6	126	71	**206**	0	0	3	6	126	71	**206**
Drug use Disorder MH17	0	0	3	6	54	23	**86**	0	0	3	6	54	23	**86**
Intellectual Disability MH19	0	0	9	21	8	22	**60**	0	0	9	21	8	22	**60**
Sub Total	**395**	**427**	**758**	**873**	**1964**	**2419**	**6,836**	**395**	**427**	**758**	**873**	**1964**	**2419**	**6,836**
Overall total	**822**		**1,631**		**4,383**		**6,836**	**822**		**1,631**		**4,383**		**6,836**

Data source: DHIMS 2022/2023

Adjumani district continues to experience a high number of mental illnesses reported annually with Epilepsy cases reported at **4,450** out of the **6,836** reported at various health facilities, with female adults 20 years and above having the highest number of cases reported (1,358). Unipolar depressive illnesses being at the center of AFOD's /StrongMinds integrated MHPSS intervention show **316** cases of depression with adult females aged 20 and above (**193**) reporting the highest number of depression, though about **453** individual experienced bipolar illnesses which accounted for more female adults above 20 years (**186**).

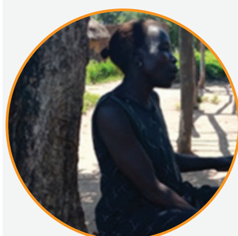
Statistically, more female adults aged 20 years and above (**2,419**) experienced different forms of mental illnesses as compared to the males (**1,964**) of the same age groups, and more females (**3,719**) across all age groups experienced mental illnesses as compared to the males (3,117) of the similar age brackets. There is evidently no doubt there is need to strengthen community structures, scale up MHPSS services and strengthening linkage and referral systems to enhance a bi-directional referral pathway between the community and Health Facilities.

BUILDING BRIDGES OF PEACE: ROSE'S INSPIRING STORY OF RECONCILIATION"

Rose is a 29-year-old mother of six living in Ayiri village in Adjumani refugee settlement. Rose had enjoyed a harmonious relationship with her husband until when he fell sick, Rose faced an unexpected and distressing turn of events when her husband influenced by external pressures and circumstances decided to take on another wife, this decision brought a period of mistreatment and neglect but on joining a group of 11 fellow women, she embarked on a journey of healing through IPT-G. Rose candidly recaps,

"My primary motive for joining the group was to restore and bridge the rift between my husband. I learnt a lot from the sessions and gained valuable insights and guidance from fellow group members. One pivotal lessons during the therapy sessions that stands out for me was the crucial homework assignment given to me to approach my husband with respect and kindness which opened the door to dialogue and reconciliation, I bravely undertook this challenge, and to my surprise, my husband responded positively and we engaged in a meaningful conversation, this small step marked the beginning of my healing journey, reconciliation and family reunion. Today, my husband provides for the family and my home is now a haven of peace."

IMPACT STORIES: ALICE'S JOURNEY OF RESILIENCE



Alice Asienzo's story shines a beacon of hope. A 47-year-old single mother of five living in Maaji III, Adjumani refugee settlement in Uganda, Alice's life has been a tale of triumph over adversity, a journey of resilience that demonstrates the transformative power of community support. Alice's life took a drastic turn when she lost her husband in Juba leaving her to shoulder the responsibility of providing for her five children. The weight of solely providing basic needs for her children impacted heavily on her health. Alice's life took a new turn when she encountered AFOD-SMU's community volunteer.

Alice recollects, *"The initial grief and loneliness I carried before attending IPT-G was replaced by a newfound strength, hope and a sense of purpose, I applied the lessons learnt which brought positive changes in my family life, the persistent headaches I once suffered vanished, my anger towards children changed. The transformation was so profound and currently our group have initiated a small weekly savings initiative where we pool our resources together to meet our collective needs. As an empowered counsellor, I have extended my newfound skills to others around me".*
My advice to single mothers; *"Seek support, reach out to community volunteers, and share your struggles".*

THEMATIC AREA 2: NUTRITION, FOOD SECURITY AND LIVELIHOOD

AFOD with funding from United Nations World Food Programme has been implementing General Food Assistance (GFA) since 2017 in Adjumani Refugee Settlement. Through the grant, we have been able to make a difference by contributing to improved access to food and ensuring that crisis-affected refugees living in the Adjumani settlement consume adequate and nutritious diets in times of need as well as enhanced individual/household access to livelihood opportunities to support self-reliance.

3.1: FOOD SECURITY-GENERAL FOOD AND CASH ASSISTANCE-ADJUMANI

AFOD SMT, District and donors field visit of AFOD livelihood farm in Maaji 3 settlement

Harvested fresh cassava by livelihood farmer group members (85 bags) Maaji 2

ANALYSIS OF KEY PERFORMANCE INDICATORS

TABLE: COMPARISON OF OUTCOME INDICATOR PLANNED VS. ACHIEVED-2021-2022/2022-2023

	FY Oct 2021-Sept 2022			FY Oct 2022-Sept 2023		
Outcome indicators	**Planned Targets**	**Actual**	**% achieved**	**Planned**	**Actual**	**% achieved**
% of planned households reached with both in kind food and cash vouchers	30,787	29,637	**92%**	31,057	28,952	**93.2%**
Quantity (MT) of food assistance distributed as a % of planned which enhanced household food security	4,347	5,993	**138%**	3,369.645	2,911.171	86.4%
% of planned population reached with in-kind food which enhanced household food security	35,071	55,004	**157%**	51,881	49,452	**95.3%**
Total Value of cash vouchers disbursed to beneficiaries as a % of planned	52,128,020,000	37,057,416,000	**71%**	38,928,694,000	37,319,464,000	95.9%
% of planned population reached with cash based transfers which enhanced household food security	195,970	170,492	**87%**	167,087	160,401	**96%**

Data source: AFOD-Uganda primary data, 2021/2022-2022/2023

Reasons for the variations in the percentage achievements are attributed to; changes in ration sizes, pipeline breaks, no show during distributions, beneficiaries crossing from food to cash and vice versa and donor conditionality of enrollment of all beneficiaries to cash as opposed to food.

- Under AFOD livelihood project, we formed 25 Livelihood farmer groups in Maaji 2&3, Mungula, Ayilo 1&2, Pagirinya, Boroli, Olua 1&2 and Nyumanzi where Maaji 3 farmer groups Harvested 45 bags of cassava
- AFOD formed 10 groups for mushroom project in Pachara Sub County with each group comprising of 15 – 20 members

TABLE: COMPARISON OF FSNA 2020 AND 2022

Impact Indicator	FSNA 2020				FSNA 2022			
Proportion of refugee HHs classified as food secure based on the CARI console	Food secure	Marginally food secure	Moderately food	Severely food	Food secure	Marginally food secure	Moderately food	Severely food
Adjumani refugee settlement	15.0%	43.1%	35.4%	6.5%	3%	39%	48%	10%
Cumulative % score of food secure & insecure refugee households	**58.1%**		**41.9%**		**42%**		**48%**	

Data source: FSNA 2020-2022

In the table above, proxy indicators are employed to measure household food security. CARI console are constructed using three indicators namely, i) food consumption score (FCS), ii) food expenditure and iii) livelihood coping strategy. The outcomes of each console indicators are converted into a standard 4-point classification scale as 1= "food secure", 2= "marginally food secure", 3= "moderately food insecure" and 4= "severely food insecure" to understand proportion of households classified as food secure.

Comparatively, in 2020, 58.1% of refugees in Adjumani were classified as food secure compared to 42% in 2022 which show a reduction of 16.1%. This calls for strengthening of livelihood and socio-economic interventions to address household food security needs.

IMPACT STORY: IN THE PROCESS OF HELPING OTHERS IN NEED, WE ENDED UP BUILDING A FAMILY.

In Adjumani district in West Nile sub-region, many households especially the Refugee communities are unable to meet their food consumption and income requirement needs due to difficulty in acquiring land and farm tools for agricultural production among others. This deters them from engaging in food production and income generating activities to supplement the General Food Assistance provided by WFP and AFOD.

In 2021, Alliance Forum for Development (AFOD) Uganda in partnership with Adjumani District Local Government (ADLG) started implementing livelihood activities in the four FDPs of Maaji 2&3, Mungula and Ayilo 1. The beneficiaries of the project are both Refugees and host community. AFOD with the help of the Office of Prime Minister (OPM) and Local Council 1 identified landlords and entered in to agreement with them. The landlords offered their land for cultivation to the groups for a period of 5-10 years and in return, AFOD provided tree seedlings and the group members planted and are maintaining the trees for the landlords.

Mr. Guma, one of the landlords in Maaji 3 offered his land for the Hadia farmers group, out of the 10 acres, 8 acres was allocated to the group members and 650 teak trees and 650 eucalyptus trees were planted on 2 acres for the landlord.
Asked how he feels about the trees, Mr. Guma said,

"I am seeing the trees are doing well and I have hope of getting some good harvest out of them in the years to come. The project has also brought unity between my family, the refugees, and other host community members and we now live as a family". He urged other nationals and refugees to embrace similar projects.

3.2: FOOD SECURITY-GENERAL FOOD ASSISTANCE-PALORINYA-OBONGI

AFOD with funding from the United Nations World Food Programme has been implementing General Food Assistance (GFA) since 2018 in the Palorinya Refugee settlement

A member of Liro farmers' group interacting with AFOD Staff during a follow-up visit in Zone III

AFOD Staff with the Members of Longita farmers' group watering their tomatoes plants-Zone II

ANALYSIS OF KEY PERFORMANCE INDICATORS

TABLE: COMPARISON OF OUTCOME INDICATOR PLANNED VS. ACHIEVED-2021-2022/2022-2023

	FY Oct 2021-Sept 2022			FY Oct 2022-Sept 2023		
Outcome indicators	**Planned Targets**	**Actual**	**% achieved**	**Planned**	**Actual**	**% achieved**
% of the households reached with both in kind food and cash vouchers	27,322	26,190		25,179	24,170	96%
Quantity (MT) of food assistance distributed as a % of planned which enhanced household food security	16,695	14,915.626		8,071.39	7,720.464	**96%**
% of the planned population reached with in-kind food which enhanced household food security	114,562	113,730		111,356	110,169	**99%**
Total Value of cash vouchers received by the beneficiaries as a % of planned	1,116,230,000	1,555,437,800		6,649,753,000	3,986,061,100	**60%**
% of planned population reached with cash based transfers which enhanced household food security	4,108	6,994		31,817	22,257	**69.9%**

Data source: AFOD-Uganda primary data, 2021/2022-2022/2023

Reasons for the variations in the percentage achievements are attributed to; changes in ration sizes, pipeline breaks, no show during distributions, beneficiaries crossing from food to cash and vice versa and donor conditionality of enrollment of more beneficiaries to cash as opposed to food.

TABLE: COMPARISON OF FSNA 2020 AND 2022

Impact Indicator	**FSNA 2020**				**FSNA 2022**			
Proportion of refugee HHs classified as food secure based on the CARI console	Food secure	Marginally food secure	Moderately food	Severely food	Food secure	Marginally food secure	Moderately food	Severely food
Palorinya refugee settlement	11.6%	29.3%	50.7%	8.4%	5%	50%	44%	1%
Cumulative % score of food secure & insecure refugee households	**40.9%**		**59.1%**		**55%**		**45%**	

Data source: FSNA 2020-2022

In the table above, proxy indicators are employed to measure household food security. CARI console are constructed using three indicators namely, i) food consumption score (FCS), ii) food expenditure and iii) livelihood coping strategy. The outcomes of each console indicators are converted into a standard 4-point classification scale as 1= “food secure”, 2= “marginally food secure”, 3= “moderately food insecure” and 4= “severely food insecure” to understand proportion of households classified as food secure.

Comparatively, in 2020, 40.9% of refugees in Palorinya were classified as food secure compared to 55% in 2022 which show a progressive improvement of 14.1%. This still calls for concerted efforts aimed at strengthening livelihood and socio-economic interventions at households to address food security needs.

AFOD with support from WFP set up vegetable demonstration gardens and nutrition education corners at Food Distribution Points (FDPs) in Refugee settlements to provide trainings on backyard gardening for households to supplement their household nutrition needs.
Lubajo Mike Joseph, a 38-year-old South Sudanese refugee living in Palorinya refugee settlement is one of the beneficiaries trained and has replicated vegetable gardening at his home. He shares his experiences;

"During distribution, I always listened to the pre-recorded messages on nutrition education and attended demo garden trainings. Being a man with 2 families, I had a lot of responsibilities which were not met by the monthly food rations. When I learnt that I can improve my family's nutrition with vegetable growing and that I could do it on a small piece of land, I became interested and setup my backyard garden to plant different vegetables".

"I used my small savings from the casual labour work I provide at WFP FDP to buy cabbage, tomato and onion seeds, and fortunately when I planted, I realized good yields for both consumption and sale which raised enough money to pay for my five children's school fees balance,". I have turned vegetable gardening into a livelihood opportunity. I am now using the knowledge and skills acquired and my vegetable garden as demo plot to teach and encourage other refugee households to embrace vegetable growing as the only way to supplement on the ration and have a variety of foods."

3.3: MATERNAL CHILD HEALTH AND NUTRITION-KIRYANDONGO DISTRICT

AFOD in partnership with UN World Food Programme implemented a nutrition programme aimed at prevention of malnutrition and other forms of under nutrition targeting children aged 6-23 months and pregnant lactating women-PLWs through a care group approach using community structure to educate and build resilience through integration of SBCC with nutrition sensitive and livelihoods programs. The health facilities of operation include; Diika HC II, Kiryandongo General Hospital, Nyakadoti HC II, Panyadoli HC IV, Kicwabugingo HC111 and Panyadoli Hill HC III.

Nutrition Coordinator counselling mothers on proper feeding during pregnancy and lactation at Panyadoli HC III

AFOD staff taking the lentgh of a child during nutrition screening at the the reception Centre in Kiryandongo District

ANALYSIS OF KEY PERFORMANCE INDICATORS

TABLE: SUMMARY OF HEALTH FACILITY SCREENING DATA

Categories screened	Normal		MAM		SAM	
	M	F	M	F	M	F
Children –Refugees	650	798	7	14	9	7
Children –Nationals	1672	1709	4	15	20	11
PLW –Refugees		1213		17		0
PLW –Nationals		3558		56		0
Total	2322	7278	11	102	29	18

Data source: Nutrition screening tally books 2023

The total number screened was 9,760 disaggregated by 4,916 (2362M, 2554F) children and 4,844 PLW. Out of these, 113 were moderately malnourished while 47 were severely malnourished. The proxy Global Acute Malnutrition (GAM) rate was (1.77%) The GAM rate is less representative of the host community (1.48%) than the settlement (2.56%) in accordance to the tabulated data above. This could probably be attributed to a number of reasons including the reduced GFA rations and low coverage of livelihood interventions, especially categories.

TABLE: SUMMARY OF ADMISSIONS TO TSFP PROGRAM

Category	Children – Refugees		Children-Nationals		PLW-Refugees		PLW-National		Total			
	M	F	M	F	<18	≥18	<18	≥18	M	F	PLW	Total
MAM	7	14	4	13	4	13	18	38	11	29	73	111
From OTC	0	0	0	02	0	0	0	0	0	0	0	2
Total	**7**	**14**	**4**	**15**	**4**	**13**	**18**	**38**	**11**	**29**	**73**	**113**

Data source: Integrated Nutrition Registers 2023

Beneficiaries served: 599 individuals served on the TSFP were; 235(78M, 157F) children, 364PLW (111 below 18 years and 253above 18 years).

SNF distributed: 1.422 MT was distributed including 0.33MT of RUSF to children and 1.092MT to PLW respectively. Generally, performance indicators were within the acceptable sphere standards (Cure rate at 89.5%, Defaulter rate at 6.4%, and non-response rate at 4.1%).

TABLE: SUMMARY OF HEALTH FACILITIES DISAGGREGATED BY SERVICES PROVIDED

Health facility	ANC services	PNC services	YCC services		LBW		Under Weight	
			M	F	M	F	M	F
Nyakadote HC III	485	165	750	913	1	2	1	2
Panyadoli HC IV	702	445			6	13	1	4
Kichwabugingo HC II	335	108	441	548	0	0	2	3
Panyadoli Hills HC III	196	77	306	339	1	3	0	1
TOTAL	**1,718**	**795**	**1497**	**1800**	**8**	**18**	**4**	**10**

Data source: ANC, PNC, YCC and maternity registers 2023

TABLE: SUMMARY OF EPI SERVICES PER HEALTH FACILITY

Location	Immunized		Dewormed		Vitamin A supplementation	
	M	F	M	F	M	F
PHC IV	117	201	146	101	209	151
PHHC III	324	329	92	128	91	99
KHC II	470	549	32	32	54	52
NHC III	807	827	104	97	101	107
TOTAL	**1718**	**1906**	**374**	**358**	**455**	**409**

Data source: EPI registers 2023

Summary of services offered during MCHN; 3624 (1718M, 1906F) were immunized, 732(374M, 358F) were dewormed and 864(455M, 409F) received Vitamin A supplementation. This signifies improved service uptake and health seeking behaviors.

New admissions: with the desire to provide timely care for the MCH clients, referrals were made from the different contact point. A total of 1,700 individuals including 565(306M, 259F) children 6-23 months, 36 PLWs aged 12-17years and 1099 PLW aged 18-59years were enrolled into the MCHN program.

Beneficiaries served: In a bid to prevent stunting, a total of 5310 individuals including 1831(942M, 889F) children 6-23 months, 3361 PLW aged 12-17years and 118 PLW aged 18-59years were reached with MCHN services.

SNF distributed: MCHN program is mandated to prevent stunting in the first 1000 days of life through provision of Specialized Nutritious Food (SNF) commodities Accurately 7.965 MTN was distributed 2.7465 MTN were distributed to children and 5.2185 MTN were distributed to PLW.

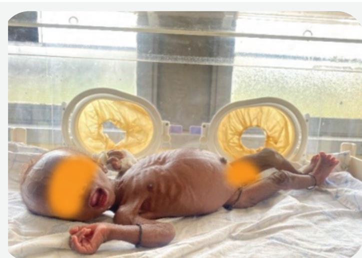
TABLE: IMPACT INDICATORS COMPARISON BASED ON FSNA 2020 - 2022

Impact indicators	FSNA 2020	FSNA 2022
Food consumption score-Different food groups	52.5%	47%
Diet diversity score-5 food varieties and above	52%	45%
GAM prevalence (< 10% is low in a refugee population)		12%
Anemia- Severe-37% above; Moderate-17%-36% & Mild 15%	32.5%	51%
ANC Visits 4-7 times	73%	57%
Households with latrines	55%	75%
Households with wash (Soap and water)	56.1%	12%

Data source: 2020 and 2022 FSNA Results

Correlating WASH assessment findings with the Care Group Approach implemented as measured by the households with WASH facilities (hand washing with water and soap) shows an improvement in 2022 compared to 2020. This could be attributed to the intervention to improve nutritional knowledge among PLW and children aged 6-59 months.

IMPACT STORY: MALNOURISHED NEWBORN SURVIVES AND THRIVES


Sunday before enrollment

Sunday after enrollment

At one month and 3 weeks, Sunday Christopher was born preterm at 36 weeks with a birth weight of 2.4 kg and thus admitted to the pediatric ward of Kiryandongo General Hospital with convulsions and inability to breastfeed. His mother Kawala, a 17-year-old first-time mother shared,

"Sunday breastfed for only 3 weeks and suddenly stopped. After many attempts to re-initiate breastfeeding in vain and after a worrying decrease in his weight, I started giving him diluted cow's milk for about 3 weeks but the child's condition worsened with the development of diarrhea which led to our admission to Kiryandongo Hospital for two weeks. Once enrolled in the AFOD nutrition program, my skills and competence in caring for my small, sick, and high-risk infant child were built through infant and young child feeding counseling sessions.

Today, I am full of joy that the program contributed to the quick recovery and improved weight gain of my son now at 4.8 kg". AFOD is continuously following up with the mother to ensure livelihood synergy is established for the family.

CHAPTER 3: KEY CHALLENGES, BEST PRACTICES AND PRIORITIES FOR 2023/2024

Chapter three provides an overview of the key bottlenecks encountered, mitigation measures, lessons learned, and good practices for adoption and priorities for 2023/2024.

TABLE 15: CHALLENGES AND PROPOSED MITIGATIONS MEASURES

No	Key challenges	Mitigation measures
1	Limited Resources envelop to address the numerous unmet MHPSS and other programme needs of the community.	-Diversify resource mobilization strategy and pinpoint organization niche. -Strengthen the 2P approach, and iCLEM model and improve AFOD's visibility, expand and strengthen coordination and networks -Advocate and lobby for resources from government and development partners for service delivery in the health sector. -Coordinate with the private sector to benefit from its expertise; financial and technical resourcefulness

2	Weak community participation and yet this is paramount to the success of programmes.	-Establish a strong relationship with community structures by involving them in project design, implementation, monitoring & Provide opportunities for feedback -Conduct community audits and embrace participatory rural appraisals and learning approaches for issue identification.
4	High inflation increases operation costs and creates donor fatigue	Focus on integrated programming for maximum impact
5	Funding mechanism with current donors suffocates smooth operation (Reimbursement mechanism).	Create and invest in parallel IGAs

3.1. GOOD PRACTICES AND LESSONS LEARNED

- ✓ Behaviour change interventions require investment in SBCC materials to communicate to communities.
- ✓ Good program delivery strategies should be sustained and or replicated e.g. making re-usable pads using locally available materials
- ✓ Capacity building of community structures, linkage, and referral pathways improves case identification as well as local leadership involvement creates an easy pass for AFOD.
- ✓ Investment in climate-smart agriculture provides an opportunity for smallholder farmer groups for continuous production during long dry spells.
- ✓ Embracing innovation and virtual technology is a new norm for the continuous implementation of planned activities and monitoring.
- ✓ Strategic positioning, networking, and alliances are a precursor for keeping current donors and attracting new ones.

3.2. OUR PRIORITIES FOR 2023-2024

01. Strengthening program implementation using the AFOD 2P model that emphasizes systematic integration of core program components and creating synergies for program efficiency, effectiveness, and sustainability
02. Systems building, M&E, Operational System, Finance, Program management system, etc., and operationalization of the balanced scorecard to measure the holistic performance of the organization across the departments.
03. Quality program implementation and documentation through Data quality audits, outcome, and impact Reporting
04. Improve AFOD's visibility, and expand and strengthen coordination and networks to attract potential donors.
05. Align AFOD programmes to the priorities of the humanitarian donors.
06. Strengthen accountability and transparency mechanisms in the implementation of projects to maintain trust with key stakeholders.
07. Strengthen capacity to innovate and exploit opportunities offered by the evolving technological environment.
08. Expand relationships with the Government and community in all operations.
09. Continue to embrace the consortium approach to seeking funding and improving partnerships.
10. Consortium approaches and strategic partnership to resource mobilization with SRH alliance and likeminded partners; UNHCR, UNICEF, TASO, and USDAD Renewable Energy for improving MNCH (RE-MNCH)
11. Sustaining the current partnership and expanding the scope to corporate entities, UN, and bi-lateral organizations.
12. Investment in strategic advocacy and communication for development

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