ALLIANCE FORUM FOR DEVELOPMENT
ANNUAL PROGRAMME REPORT
FY OCT 2023-SEPT 2024

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AFOD team distributing improved cooking stoves to Sales Agents at Kiryandongo refugee settlement- Sept 2024

Refugees at Kiryandongo settlement buying improved cooking stoves at Panyadoli food distribution centre Nov 2024

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ACRONYMNS

AFOD	Alliance Forum for Development-Uganda
ANC	Anti Natal Care
CBT	Cash-Based Transfers
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
IGAs	Income Generating Activities
IPT-G	Interpersonal group therapy
IYCF	Infant and young child feeding
LRA	Linkage and referral Assistants
LTFU	Loss to follow up
MBCP	Mother Baby Care Point
OPM	Office of the Prime Minister
PLW	Pregnant and lactating women
PLWHIV	Persons living with HIV
PSFU	Private Sector Foundation Uganda
PSNs	Persons with Special Needs
RBF	Result Based Financing
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.

At the heart of our organization lies a commitment to governance excellence, ensuring that every decision we make is grounded in integrity, transparency, and accountability. Guided by the principles of good governance, we have strived to uphold the highest standards of ethical conduct, ensuring that the resources entrusted to the organization are managed responsibly and utilized effectively to maximize impact

The 2023-2024 Annual Programme report highlights the impact achievements against the planned targets. Our performance shows 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 2024-2025 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 towards 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 and Valued partners,

AFOD Uganda is indebted to all the partners who contributed in different ways to the successful implementation of our programmes in the FY 2023-2024. For 10 years now, AFOD has worked with governments, the private sector and different partners to build responsive health care systems, nutrition, food security and livelihood, and protection and psychosocial support services to respond to the needs of the most under-reached. AFOD has planned to expand its areas of operation in the next five years to cover, Karamoja, Bugisu, Busoga, Bunyoro, Acholi and Lango; in addition to the West Nile sub region. This inspiration cannot be realized without the generous support of our partners, the national and local government, the BOD, the management team and the communities we serve.

The fact that countless communities in our areas of operation live their lives with inadequate services is a gut-wrenching reality that we can't ignore. This explains the reasons we have continued working hard to reverse the tide and keep pushing toward our goals in our new 2023/2028 country strategy which lays down the vision, mission, goal and the strategic objectives which we shall pursue in the next five years along the thematic areas of; Integrated health services (IHS), Nutrition, food security and sustainable livelihoods (NFSL) and Protection and Psychosocial Support (PPSS). These three themes will form the pillars of the 2023/2028 strategy with environmental health, research and innovation and institutional capacity building integrated as cross cutting themes envisaged to amplify and add value to the strategic programmes.

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 organization on this milestone, join us to run the race together by making a donation to support our work in 2024/2025. Please visit uga.afodi.org

EXECUTIVE SUMMARY

In 2023-2024 AFOD worked with a range of partners namely; United Nations World Food Programme-WFP, Infectious Disease Institute (IDI/CDC), strong minds Uganda-SMU, Private Sector Foundation Uganda-PSFU and the United States African Development Foundation-USDAF 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, Moyo, Obongi, Koboko and Kiryandongo Districts. In the FY, AFOD-Uganda employed a total of 134 staff members, including 87 full-time employees and 47 volunteers in the different locations of; Kiryandongo, Adjumani, Koboko, Moyo/Obongi, and Kampala offices The total planned Grant for FY 2023/2024 was Ugx 9,508,596,948 (USD 2,569,891) while income mobilized was Ugx 6,793,505,561(USD 1,836,082) with a variance of Ugx 1,091,489,351 (USD 294,997) whereas in the FY 2022/2023, income mobilized and spent was 6,594,400,903 Ugx (USD 1,782,270.5). To increase access to integrated health promotion, disease prevention and curative services, AFOD implemented comprehensive HIV/AIDS TB community linkages and referral with the following contributions towards the achievement of UNAIDS 95-95-95; 131% (2,001) of lost clients were followed up and resumed care; 97.2% (70) ART retention rate-above UNAIDS Target 95% was realized. Under mental health and psychosocial services, 5,264 clients enrolled were treated for depression using IPT-G therapy with 98.8% healing rate. Under nutrition, food security and sustainable livelihood services, AFOD implemented general food and cash assistance in Adjumani and Palorinya in Obongi Districts where cumulatively we impacted; 94.1% (341,682) of the planned population reached with both in-kind food and cash vouchers which enhanced household food security and 98% (33,931,084,500 Ugx) cash vouchers disbursed to beneficiaries as a % of planned; under nutrition; Cumulatively the project served 89,020 (19,474male, 69,546 female) beneficiaries with super cereal plus (CSB++). Distributed 302.6975 mt to 89,020 beneficiaries; 38,368 (43%) children with 130.2765mt and 50,652 (57%) PBW/G with 172.421 mt of CSB++; including 32,589 (37%) refugees and 56,431 (63%) nationals. Impactfully, 2,040 (582 nationals, 1,458 refugees) beneficiaries exited from the program. Under the PSFU project, 904pcs of affordable energy cooking stoves were sold to 902 households (342 refugees and 560 nationals) in Kiryandongo refugee settlement and host community and this enabled the people who live below the poverty line to afford the cooking stoves. Under climate action, 4 off Grid boxes were installed in the 4 Health centre IIIs of; Adjumani; Pagirinya Health Centre III, with estimated target population of 15,000; Moyo; Dufile Health Centre III –estimated target population 4,000; Obongi; Aliba Health Centre III –estimated target population 8,000 and Koboko District at Pijoke Health Centre III- estimated target population 5,000. The off-Grid intervention is aimed at enhancing Night delivery support, provide 24 hours' cold chain refrigeration; Water for clean delivery and Safe drinking by patient and Support prompt communication by staff for referral. However, few challenges hampered our progress; limited Resources envelop to address the numerous unmet Programme needs thus addressing the shortfall 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, focusing on integrated programming for maximum impact. Our key priorities for 2024-2025 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.

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 2023-2028 focusses on; Integrated Health Services, Nutrition, food security and sustainable Livelihood and Protection and Psychosocial support with cross cutting focus on; Environmental Health (Water, Sanitation and Hygiene and Sustainable Environmental Management), 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, Strong Minds Uganda, Infectious Disease Institute, USDAF and Private Sector Foundation Uganda-PSFU 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, Off Grid project in Adjumani, Moyo, Obongi and Koboko District and USDAF energy cook stove in Kiryandongo. 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.

The Programme Goal:
To improve the socio-economic status and quality of life of the most vulnerable communities in Uganda by 2028, AFOD Uganda intends to achieve the vision by focusing and delivering services on the following three key thematic areas:

1. Integrated health services (HIS)
2. Nutrition, food security and sustainable livelihoods (NFSL) and
3. Protection and Psychosocial Support (PPSS).

These three themes form the pillars of the 2023/2028 strategy with environmental health, research and innovation and institutional capacity building integrated as cross cutting themes. The cross-cutting themes are important as they are envisaged to amplify and add value to the strategic programmes. The three thematic programmes have sub programmes which are coined to help AFOD in achieving the three key objectives of the programme.

1. Integrated health Services (IHS). The following sub programmes will be implemented under this programme:
   i. Sexual Reproductive Health & Rights (SRHR)
   ii. Malaria through ICCM strategy
   iii. HIV/AIDS
   iv. Mental Health and Psychosocial support and
   v. Maternal Neonatal and Child Health (MNCH)

2. Food Security, Nutrition and sustainable Livelihood NFSL). Under this programme, the following sub programmes will be implemented
   i. Nutrition
   ii. Food security and
   iii. Livelihoods and economic empowerment for resilience building.
3. Protection and Psychosocial support programme (PPSS). The following sub programmes will be implemented under:
   i. Gender Based Violence (GBV)
   ii. Child Protection services.

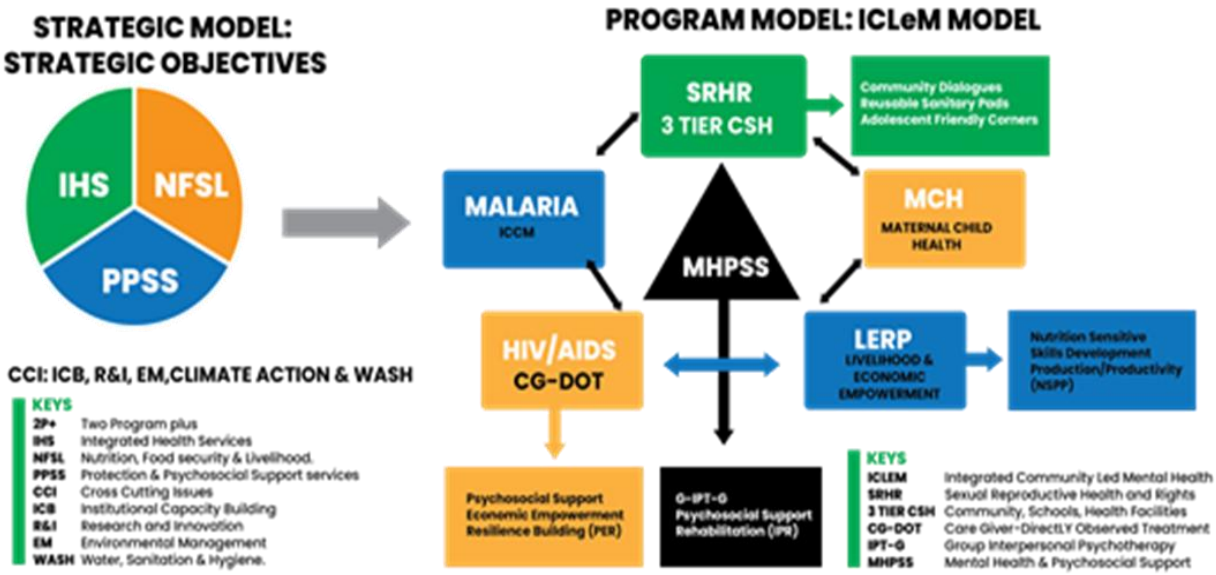
The strategy has three interlinked objectives or sub-purposes which AFOD pursues to achieve the stated vision and goal of the country strategy. These objectives are:

1. To increase access to and utilization of integrated health care services for children, women and men in the districts of focus by 2028.
2. To improve nutrition, food security and livelihoods for the most vulnerable and needy communities in the districts of focus by 2028.
3. To increase access to and utilization of social protection services for children, women and other vulnerable persons in the districts of focus by 2028.

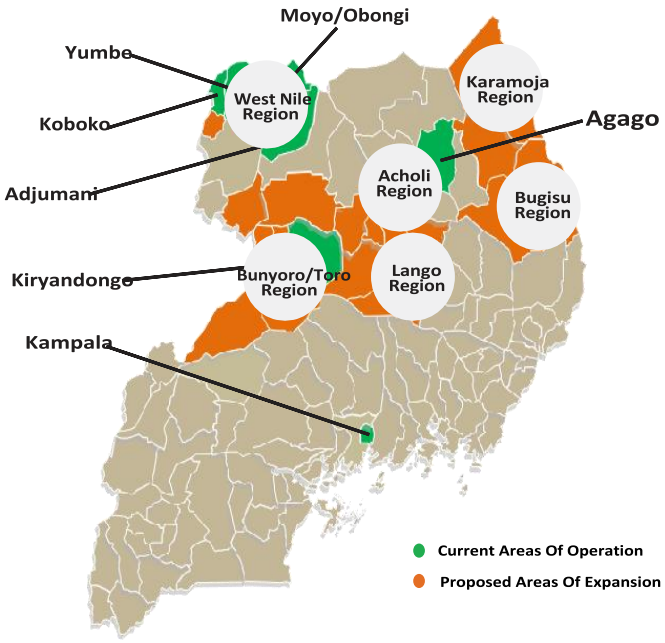
AFOD Uganda 2P+ Approach

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

Fig 4: 2P+ ICLeM Model



1.1. Our Presence in Uganda and Country program growth plan



The current areas of AFOD Uganda operation are highlighted in green in the map, they include; Moyo, Obongi, Yumbe, Koboko, Adjumani, Kiryandongo and Agago Districts. The organization has proposed to expand its areas of operation in the next five-year strategic period to other sub-regions of Uganda, particularly; Karamoja, Bugisu, Busoga, Lango, Acholi and Bunyoro/Toro sub-regions.

1.2. The Vision:

A healthy, productive and peaceful society

1.3. The 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.

1.4. Core Principles and Values.

The culture of AFOD or the way it executes its mandate is guided by the following core principles or values:

a): Competency: AFOD shall always strive to provide capable and experienced human resources to manage and implement the country programme. Individuals who are proficient (multi-skilled) and have the right attitudes shall be deployed based on their professional expertise, required experience and the needs of the organization. AFOD shall always provide in-house training, mentoring and coaching and where resources are available, formal training to its personnel based on their areas of expertise and the needs of the organization.

b): Drive for results: AFOD shall implement result-based management where we shall be known by what we have done for the communities and the organization by strengthening our reporting, monitoring and evaluation function to ensure programme performance is timely assessed and divergences are timely identified and corrected. We will ensure that appropriate project reviews are always conducted monthly, quarterly and annual reports are always produced and shared with key stakeholders

c): Accountability and transparency: AFOD shall always be accountable for its actions. The organization is aware of its responsibility to the country, the partners/donors, the communities, the stakeholders and the personnel. AFOD shall be open in its dealings and shall disclose its activities to the donors and government through both financial and programmatic reports.

d): Integrity: AFOD shall always promote and uphold the culture of honesty and reliability in our financial management and programme implementation while upholding quality in programming.

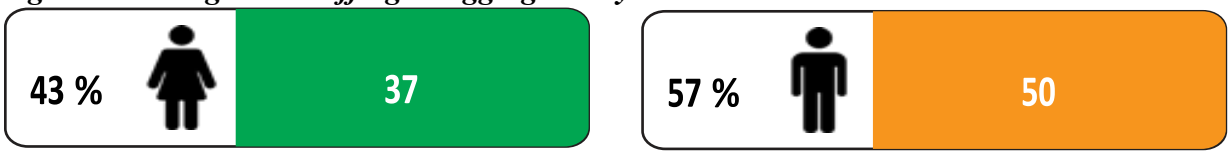
e): Gender responsiveness: AFOD is an equal opportunity employer organization and shall always be sensitive to the different needs of men, women, boys and girls. The principles of gender equality and equity shall be upheld in all undertakings with programmes tailored to meet the needs of the most vulnerable, especially the women, the children, the elderly and People Living with Disabilities and chronic conditions such as HIV/AIDS and Tuberculosis.

f): Respect for human dignity and rights: AFOD shall respect the values and beliefs of its beneficiaries and treat everyone it deals with as humans. We shall promote cultural diversity in the organization and shall strive to find a balance in respect to the cultures and traditions of personnel visa-a-vie the needs and policies of the organization.

1.5. Human Resource performance

In the FY 2023-2024, AFOD-Uganda employed a total of 134 staff members, including 87 full-time employees and 47 part-time or volunteers in the different locations of; Kiryandongo, Adjumani, Koboko, Moyo/Obongi, and Kampala offices. The workforce reflected a diverse range of skills with female staff comprising 37 and 50 Males. This diversity enhances our ability to address community needs effectively.

Fig 1: AFOD Uganda Staffing disaggregated by Sex



Data Source: AFOD-Uganda HR Database, Oct 2023-Sept 2024

Recruitment and Retention. In 2023-2024, AFOD implemented a strategic recruitment process to fill 30 new positions across various departments, focusing on enhancing our capacity in program delivery and administration. Our retention rate improved from 75% to 85%, reflecting our commitment to employee satisfaction through competitive benefits and a positive work environment.

Training and Development. We invested significantly in employee training, with 12 sessions of professional development provided to staff. Key initiatives included; leadership training, project management workshops, and skill-building sessions in areas such as data analysis, complaint and feedback management and community engagement. This investment not only improved individual performance but also strengthened our organizational capabilities, especially on beneficiary management.

Employee Engagement. To foster a culture of engagement, AFOD conducted employee satisfaction survey through evaluation of the appraisal scores, yielding an improvement rate from 65%- 81% average. The results indicated a high level of commitment to the organization's mission

Performance Management. AFOD implemented a new performance management system to align individual goals with organizational objectives. Regular feedback sessions and performance reviews were conducted, resulting in enhanced clarity around roles, expectations and recognizing high performers and identifying areas for further development.

1.6. Annual financial statement: October 2023-September 2024

Table 1: Planned Annual Budget Vs Grants mobilized

Thematic Areas	Planned Annual Budgeted	Annual Income mobilized	Budget Variance	% Achieved
1: Integrated Health Services	967,248,311	486,847,701	480,400,610	50%
2: Nutrition, Food Security & Livelihood	7,696,123,637	6,156,875,860	1,539,247,777	80%
3.Protection, PSS	845,225,000	149,782,000	830,246,800	18%
Total Ugx	**9,508,596,948**	**6,793,505,561**	**2,140,894,210**	**71%**
Total USD	**2,569,891**	**1,836,082**	**578,620**	

Data Source: Financial Reports Oct 2023/Sept 2024

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

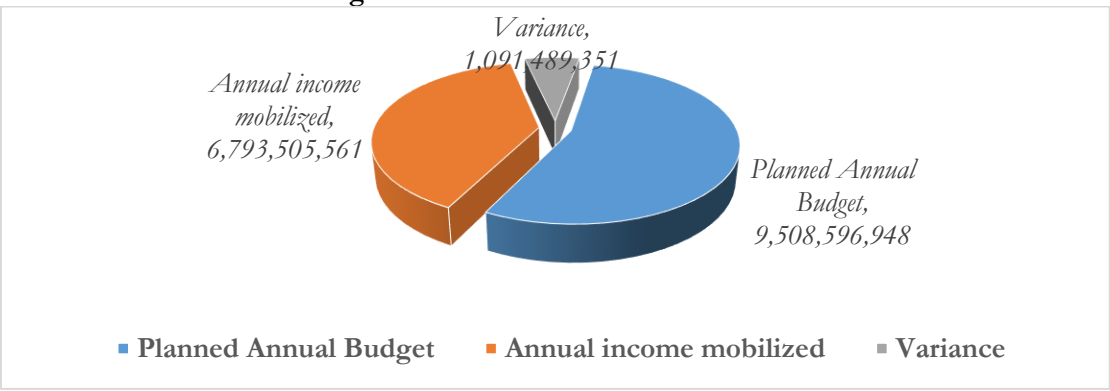
Table 2: Income mobilized Vs Expenditure and Budget Variance Analysis

Thematic Areas	Annual Income mobilized	Annual Expenditure	Budget Variance	% Achieved
1: Integrated Health Services	486,847,701	492,663,040	(5,815,339)	101%
2: Nutrition, Food Security & Livelihood	6,156,875,860	5,065,453,907	1,091,421,953	82%
3.Protection, PSS	149,782,000	143,899,263	5,882,737	96%
Total Ugx	**6,793,505,561**	**5,702,016,210**	**1,091,489,351**	**84%**
Total USD	**1,836,082**	**1,541,085**	**294,997**	

Data Source: Financial Reports Oct 2023/Sept 2024

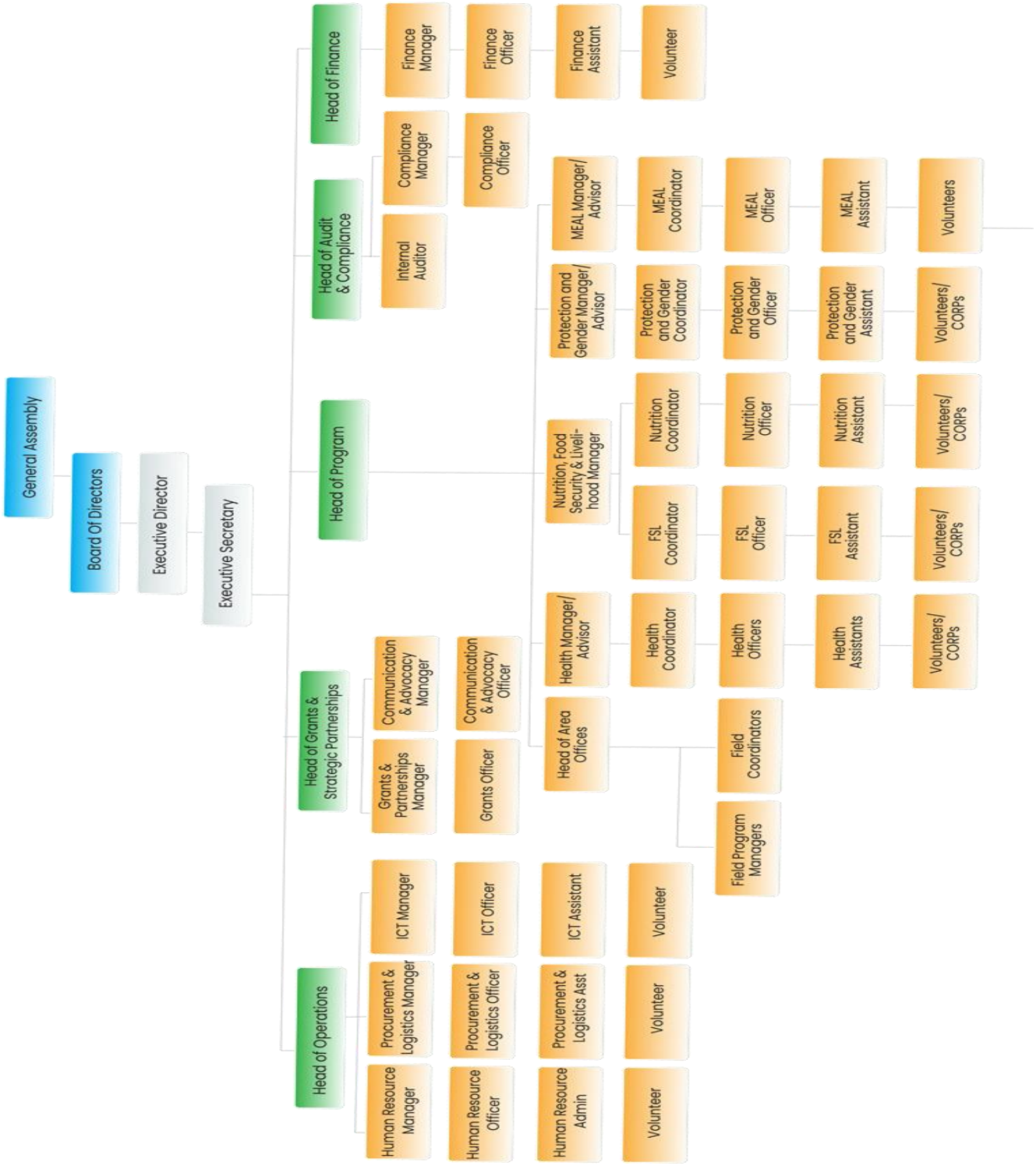
The total planned Grant for FY 2023/2024 was Ugx 9,508,596,948 (USD 2,569,891) while income mobilized was Ugx 6,793,505,561(USD 1,836,082) with a variance of Ugx 1,091,489,351 (USD 294,997) whereas in the FY 2022/2023 was, Ugx (USD) was mobilized and spent was 6,594,400,903 Ugx (USD 1,782,270.5).

Fig 2: Illustration of Planned Budget Vs Grants Mobilized FY 2023-2024



Data Source: Financial Reports Oct 2023-Sept 2024

Fig 3: Organizational Organogram



CHAPTER 2: PROGRAMME PERFORMANCE

2.1 THEMATIC AREA 1: INTEGRATED HEALTH SERVICES (HIS)

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.

ANALYSIS OF KEY PERFORMANCE INDICATORS

Table 2: Comparison of indicator performance FY 2019/2020 and 2020/2021

	FY Oct 2022-Sept 20223			FY Oct 2023-Sept 2024		
Outcome indicators	**Planned target**	**Actual**	**% achieved**			
% of clients undergone HCT, received test result and aware of HIV status	1,236	1,109	90%	385	500	130%
% of HIV+ cases identified and linked to care and support	52	73	140%	30	29	97%
% of lost clients on care followed up and resumed care	696	712	102%	1,524	2001	131%
ART retention rate-UNAIDS Target 95%	928	830	89%	72	70	97.2%

Data source: DHMIS Registers 2023/2024

The above achievement is attributed to; Right targeting of HIV clients and efforts by Linkage and referral Assistants towards Home Based adherence Counselling which improved tracking and follow.

Table 3: Outcome indicator performance. ART retention rate per facility

N	Facility	# original Cohort	Transfer in	Transfer out	Net current cohort	Dead	lost	LTFU	Net alive	% retention
1	Adjumani Hospital	19	0	6	13	0	0	1	12	92.3
2	Ayiri HCIII	2	0	1	1	0	0	0	1	100.0
3	Ukusijoni HCIII	3	0	0	3	0	0	0	3	100.0
4	Ciforo HCIII	5	0	2	3	0	0	0	3	100.0
5	Openzinzi HCIII	3	0	0	3	0	0	0	3	100.0
6	Mungula HCIV	21	0	6	15	0	0	0	15	100.0
7	Ofua HCIII	5	0	3	2	0	0	0	2	100.0
8	Bira HCIII	1	0	0	1	0	0	0	1	100.0
9	Pagirinya HCIII	8	0	2	6	1	0	0	5	83.3
10	Dzaipi HCIII	6	1	0	7	0	0	0	7	100.0
11	Nyumanzi HCIII	3	0	0	3	0	0	0	3	100.0
12	Elema HCIII	2	1	1	2	0	0	0	2	100.0
13	Pakele HCIII	8	0	2	6	0	0	0	6	100.0
14	Arinyapi HCIII	0	0	0	0	0	0	0	0	0
15	Ayilo HCIII	9	0	2	7	0	0	0	7	100.0
Total		95	2	25	72	1	0	1	70	**97.2**

Data source: Health facility Data-September 2023-September 2024

In all the 15 Health facilities supported by AFOD, the ART retention rate at 12 months is 97.2%, and 100% for 12 out of 15 health. Though this is above the UNAIDS goal of at least 95% retention on care, it still signifies the need for greater efforts to ensure that 100% retention is achieved.

Scovia's triumph journey to low viremia"

Scovia a 41-year-old resident of Pakele shares her story about the journey from high viremia to low viremia. About 17 years ago, Scovia got married for two years to a man who was taking his ART from Gulu but never informed her. *"I recall moving three times with my husband for antenatal but he refused to take his samples". My major source of livelihood then was brewing alcohol. When my husband died, I got a second husband but shortly started experiencing rashes all over my body and skin blisters. I went to Maryland Kocoa HC III and was given some medication but there wasn't any improvement. One day I visited the in charge of Pakele Health Center III who tested me for HIV/AIDS and the result turned positive. I was referred to Adjumani Hospital and started on Septrin for 6 months and later on, enrolled on ART because by then Pakele Health Center III wasn't offering ART services. "I thought of committing suicide and killing my husband but he was already dead. I accepted the results and didn't refuse treatment because of the sores, blisters, and rashes on my skin and the pain I was going through which made me feel uncomfortable",* she narrated.

My on-and-off travels between Adjumani, Elegu, and sometimes Kenya made me miss taking my drugs. Due to a heavy family burden and overdrinking alcohol, I started to default which resulted to non-suppressed viral load of 1705 copies/mL and CD4 count of 384 cells/mm3 in February 2023, I felt uncomfortable with the result. *"The people who helped me to cope during this period are a male expert client, my current husband, and AFOD Linkage and Referral Assistant who advised me to change my schedule for taking ART to morning hours and also to reduce on the alcohol consumption. Since August 2023, I have been taking my ART in the morning and I have never missed". In December 2023, I achieved low viremia (<400 copies/mL). I was bled for PMTCT in February 2024 where the CD4 count was 644 cells/mm3. The reduction in alcohol consumption greatly improved my life and currently I am laying bricks, brewing alcohol, and operate a hotel. I advise the newly identified positives to accept their HIV/AIDs status, and know that they can live longer when they take their drugs well.*

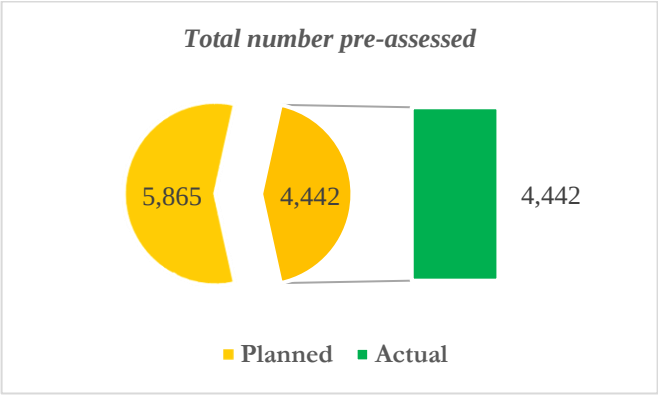
2.1.2: MENATL HEALTH AND CONTROL OF SUBSTANCE ABUSE-ADJUMANI DISTRICT

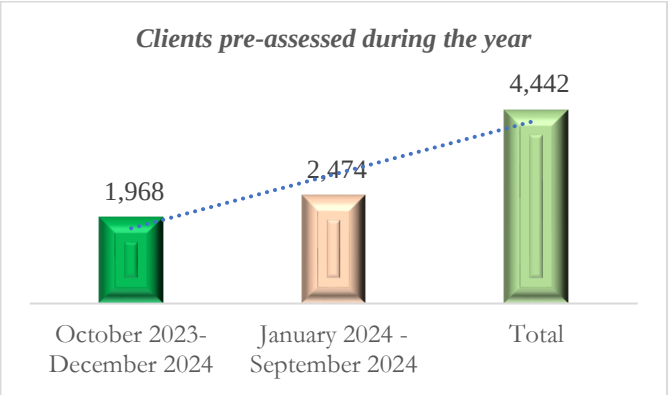
AFOD in partnership with Strong Minds Uganda implemented a project on scaling up Mental Health Support Programme using IPT-G model by creating awareness and demand for the integrated MH, enhancing the capacity of staff and community volunteers to screen and treat depression using IPT-G as well as integration of MH interventions into livelihood and general food assistance-GFA project. The project was implemented in the three Sub counties of; Dzaipi, Ukusijoni and Itirikwa and later scaled up to Olia prison, Pakele and Ciforo Sub Counties in Adjumani district.

A volunteer conducting IPTG session in Maaji III Refugee Settlement

Mental Health project Assistant conducting pre-group quality assessment

Figure 5: Clients pre-assessed during the year.

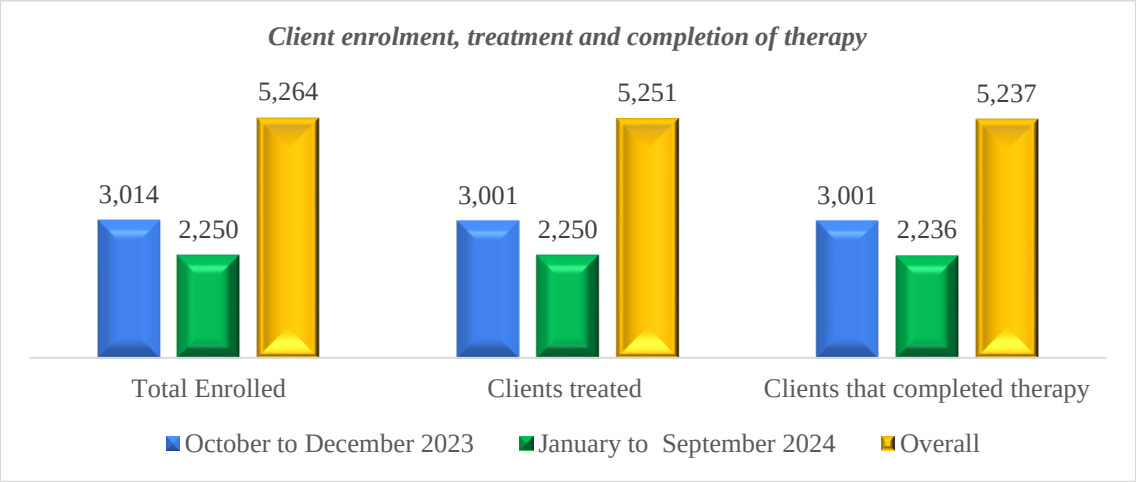




Data Source: Primary Data source: 2023-2024

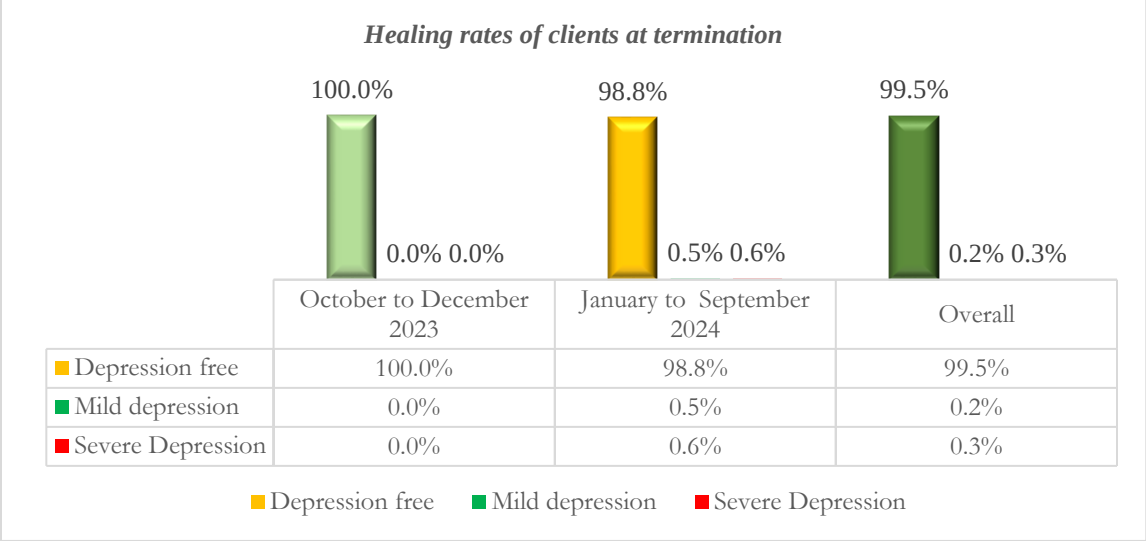
4,442 clients were pre-assessed out of the planned **5,865**. The greatest number of clients were pre-assessed during January to September 2024. The project was only implemented for one cycle in 2024 and only in Adjumani and wasn't scaled up to the new locations as was earlier on planned.

Figure 6: Client enrolment, treatment and completion of therapy during the year.



Primary data source: 2023-2024

Figure 7: Healing rates of clients during the year.



The figure above indicates that there was a slight decrease in the healing rates of clients that completed therapy from 100% depression free in October to December 2023, to 98.8% in January to September 2024. The clients had a PHQ-9 endline score of between 0 to 4. This can be because of the new volunteers brought on board without strong therapy experience. MH is still a key unmet public health need in West Nile region which hosts over 960,000 refugees from South Sudan and Democratic Republic of Congo - with a 13% case rise in the last decade. Adjumani district reported highest cases of mental health conditions in the past 2 years; over 5000 cases reported each year including rising incidents of suicide (15-20 in the last Quarters of FY2020/2021) and yet it remains neglected. Thus, there is need to focus on integrating mental health interventions into various programs.

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

ANALYSIS OF KEY PERFORMANCE INDICATORS

Protection and gender officer conducting PSEA training for the contracted Security personnel.

AFOD staff conducting pre-address to PoCs in Ayilo 1 FDP.

Table 4: Comparison of outcome indicator Planned Vs. Achieved-2022-2023/2023-2024

	FY Oct 2022-Sept 2023			FY Oct 2023-Sept 2024		
Outcome indicators	**Planned Targets**	**Actual**	**% achieved**	**Planned**	**Actual**	**% achieved**
% of planned households reached with both in kind food and cash vouchers	31,057	28,952	**93.2%**	31,000	28,621	92.3%
Quantity (MT) of food assistance distributed as a % of planned which enhanced household food security	3,369.645	2,911.171	86.4%	2,104.732	1,969.379	93.6%
% of planned population reached with in-kind food which enhanced household food security	51,881	49,452	**95.3%**	40,213	39,064	97.1%
Total Value of cash vouchers disbursed to beneficiaries as a % of planned	38,928,694,000	37,319,464,000	95.9%	31,679,526,000	30,460,462,000	96.1%
% of planned population reached with cash-based transfers which enhanced household food security	167,087	160,401	**96%**	188,517	180,773	96%

Data source: AFOD-Uganda primary data, 2022/20223-2023/2024

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.

Table 5: Comparison of FSNA 2022 and 2023 in Adjumani

Impact Indicator	FSNA 2022				FSNA 2023			
Proportion of refugee HHs classified as food secure based on the CARI console	Food secure	Marginally food secure	Moderately food insecure	Severely food insecure	Food secure	Marginally food secure	Moderately food insecure	Severely food insecure
Adjumani refugee settlement	3%	39%	48%	10%	0.9%	23.8%	59.9%	15.4%
Cumulative % score of food secure & insecure refugee households	**42%**		**48%**		**24.7%**		**75.3%**	

Data source: FSNA 2022-2023

In the table above, proxy indicators are employed to measure household food security. CARI console is 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 2022, 42% of refugees in Adjumani were classified as food secure compared to 24.7% in 2023 which show a decline of 17.3%, these are majorly due to changes in ration sizes and beneficiary categorization into; highly vulnerable, moderately vulnerable and self-reliant who receive no assistance. This calls for strengthening of livelihood and socio-economic interventions to address household food security needs.

3.2: FOOD SECURITY-GENERAL FOOD AND CASH ASSISTANCE-PALORINYA

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

In-Kind Food Beneficiaries in the queue to access their ration in Konyokonyo FDP

A PWS being scooped maize during cycle 3 food distribution in Ibakwe FDP

ANALYSIS OF KEY PERFORMANCE INDICATORS

Table 6: Comparison of outcome indicator Planned Vs. Achieved-2022-2023/2023-2024

	FY Oct 2022-Sept 2023			FY Oct 2023-Sept 2024		
Outcome indicators	**Planned Targets**	**Actual**	**% achieved**	**Planned**	**Actual**	**% achieved**
% of the households reached with both in kind food and cash vouchers	25,179	24,170	96%	24,170	23,153	96%
Quantity (MT) of food assistance distributed as a % of planned which enhanced household food security	8,071.39	7,720.464	**96%**	7,099.719	6,852.586	96.5%
% of the planned population reached with in-kind food which enhanced household food security	111,356	110,169	**99%**	104,740	102,481	97.8%
Total Value of cash vouchers received by the beneficiaries as a % of planned	6,649,753,000	3,986,061,100	**60%**	3,471,308,500	3,470,622,500	99.98%
% of planned population reached with cash-based transfers which enhanced household food security	31,817	22,257	**69.9%**	19,364	19,364	100%

Data source: AFOD-Uganda primary data, 2022/2023-2023-2024

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 7: Comparison of FSNA 2022 and 2023 in Palorinya

Impact Indicator	**FSNA 2022**				**FSNA 2023**			
Proportion of refugee HHs classified as food secure based on the CARI console	Food secure	Marginally food secure	Moderately food insecure	Severely food insecure	Food secure	Marginally food secure	Moderately food insecure	Severely food insecure
Palorinya refugee settlement	5%	50%	44%	1%	0.0%	20.1%	59.4%	20.5%
Cumulative % score of food secure & insecure refugee households	**55%**		**45%**		**20.1%**		**79.9%**	

Data source: FSNA 2022-2023

In the table above, proxy indicators are employed to measure household food security. CARI console is 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 2022, 55% of refugees in Palorinya were classified as food secure compared to 20.1% in 2023 which show a decline of 34.9%, these are majorly due to changes in ration sizes and beneficiary categorization into; highly vulnerable, moderately vulnerable and self-reliant who

receive no assistance hence calls for concerted efforts aimed at strengthening livelihood and socio-economic interventions at households to address the food security needs of the refugees.

NFA/LWF tree nursery site at Palorinya Base camp where AFOD sourced seedlings on 16th April 2024

Livelihood Coordinator monitoring the vegetable garden for Ngarakita group in Zone 1, Palorinya

3.3. MATERNAL CHILD HEALTH AND NUTRITION-KIRYANDONGO DISTRICT

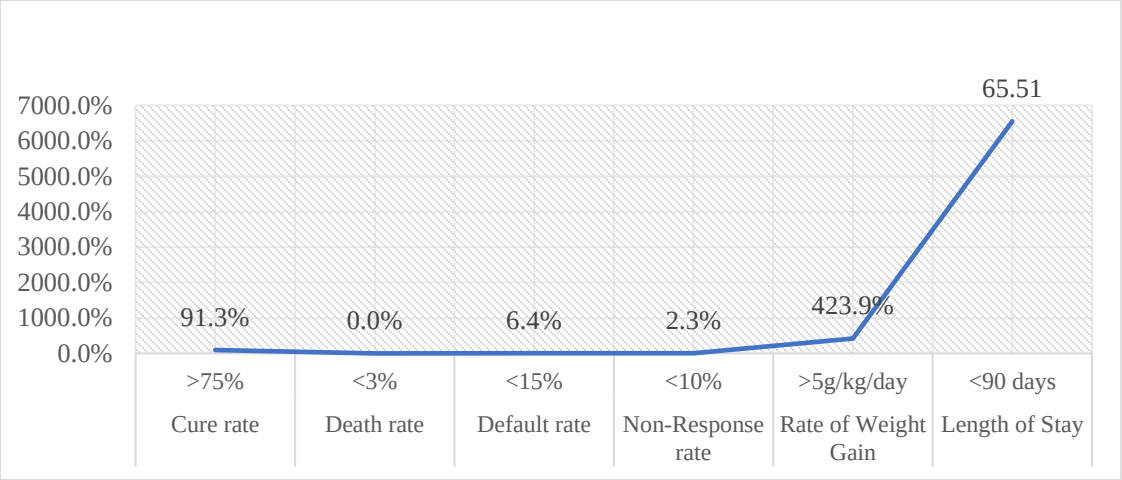
AFOD in partnership with UN World Food Programme implemented a nutrition Programme aimed at prevention of malnutrition and other forms of under nutrition targeting children aged 6-23 months and pregnant lactating women-PLWs through a care group approach using community structure to educate and build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

Nutrition education

Table 8: Key performance indicators

Indicators	Cure rate	Death rate	Default rate	Non-Response rate	Rate of Weight Gain	Length of Stay
Recommended	**>75%**	**<3%**	**<15%**	**<10%**	**>5g/kg/day**	**<90 days**
Oct 2023	80.30%	0	15.40%	4.30%	4.77	63.8
Nov 2023	96.10%	0	2.60%	1.30%	5.04	61.29
Dec 2023	90.90%	0	6.80%	2.30%	3.87	60.33
Jan 2024	91%	0	9%	0%	3.79	66.75
Feb 2024	99.10%	0	0.90%	0%	4.11	69.19
Mar 2024	91.80%	0	4.10%	4.10%	3.91	71.56
Apr 2024	84.70%	0	10.60%	4.70%	3.52	75.58
May 2024	88.30%	0	10%	1.70%	3.77	68.87
June 2024	90%	0	7.50%	2.50%	4.26	59.26
July 2024	94.20%	0	4.10%	1.70%	4.21	70.07
Aug 2024	95%	0	3.30%	1.70%	3.83	54.04
Sept 2024	94%	0	3%	3%	5.79	65.32

Primary Data Source: 2023-2024



Primary Data Source: 2023-2024

Cumulatively the project served 89,020 (19,474male, 69,546 female) beneficiaries with super cereal plus (CSB++). Distributed 302.6975 mt to 89,020 beneficiaries; 38,368 (43%) children with 130.2765mt and 50,652 (57%) PBW/G with 172.421 mt of CSB++; including 32,589 (37%) refugees and 56,431 (63%) nationals. Impactfully, 2,040 (582 nationals, 1,458 refugees) beneficiaries exited from the program.

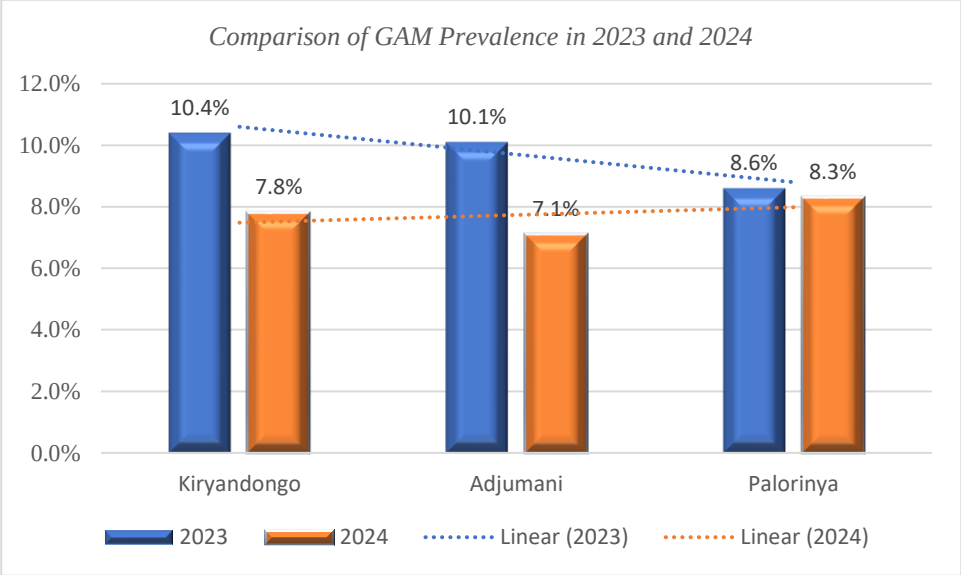
Table 9: Impact indicators comparison based on FSNA 2022 - 2023

Impact indicators	FSNA 2022	FSNA 2023
Food consumption score-Different food groups	47%	49.3%
Diet diversity score-6-12 food varieties and above	45%	31.15
GAM prevalence (< 10% is low in a refugee population)	12%	7.8%
Anemia- Severe-37% above; Moderate-17%-36% & Mild 15%	51%	48.0%
ANC Visits 4-7 times	57%	88.7%
Households with latrines	75%	97%
Households with wash (Soap and water)	12%	68.1%

Data source: 2022 and 2023 FSNA Results

Correlating WASH assessment findings with Care Group Approach implemented as measured by the households with WASH facilities (hand washing with water and soap) show an improvement in 2023 compared to 2022. This could be attributed to the intervention to improve nutritional knowledge among PLW and children aged 6-59 months. Improvements are also evident on; food consumption scores, reduction in GAM, ANC visits and households with latrines. However, a lot is required to address; diet diversity and anemia. Anemia is a major concern among women, leading to increased maternal mortality and poor birth outcomes as well as reductions in work productivity.

Fig 8: GAM Prevalence in Adjumani, Palorinya and Kiryandongo Districts



Data Source: FSNA 2023-2024

The Combined GAM (cGAM) in 2023 for Adjumani (10.1%) and Kiryandongo refugee settlement (10.4%) categorized as serious and Palorinya (8.6%) poor. Conversely, in 2024, cGAM prevalence in Adjumani 7.1%, Kiryandongo 7.8% and Palorinya 8.3% are all categorized as serious.

Much as there has been improvements comparatively, concerted efforts are required to; Promote nutrition-sensitive food and healthy dietary practices for sustainable livelihoods and self-reliance through integrated approaches to ensure behavioural change practices towards diversified household food production and sustained pathways to improve diets.

From three to six unplanned children in a twinkle of an eye

"Finding out that I had triplets was the worst news I received in life because I felt stressed, "shares ***Akum Jennifer about her 3 children;*** Opio Missah, Achan Blessing, and Adoch Faith; 2 girls and 1 boy. Jennifer is a single mother of 6 children. She could not imagine how she would take care of the triplets given the fact that she was unemployed. No wonder, the two girls suffered malnutrition while the boy remained healthy.

Jennifer's journey started right from giving birth, as the breast milk was inadequate for the three children. Thank God, everybody was willing to offer her a hand; she received milk substitutes from Panyadoli HCIV. However, at 7 months, the two girls became malnourished and were enrolled on the Targeted Supplementary Feeding Programme (TSFP). They were given weekly rations of RUTF for 4 weeks and the mother given constant counselling on best feeding practices, balanced diet (including proteins, carbohydrates and vitamins) and hygiene. At 1 year and 4 months, the children are all healthy, they rarely fall sick, play well and take their food well. *"I can now go and sell my boiled maize leaving them at home with their sisters"* Jennifer said. "*After coming back, they keep a smile on my face till I sleep off, they are a source of happiness and I never regret having them in my life unlike when I had just given birth*" she added.

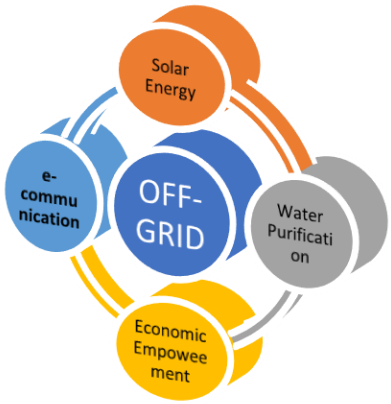
3.4. RENEWABLE ENERGY PROJECT

AFOD partnered with Off-Grid Box Inc. to implement a pilot on scalable renewable energy project, this is expected to contribute to the improvement of maternal, child health and nutrition through health facility solar electrification, provision of clean and safe water and economic empowerment of the community of Adjumani, Moyo, Obongi and Koboko districts in West Nile region of Uganda.

The 4 Health centre IIIs supported with the project include; Adjumani District; Pagirinya Health Centre III, estimated target population 15,000; Moyo District; Dufile Health Centre III –estimated target population 4,000; Obongi District; Aliba Health Centre III –estimated target population 8,000 and Koboko District: Pijoke Health Centre III- estimated target population 5,000

Above: Water harvester at Dufile Health Centre III in Moyo and Below is; installed Off Grid box at Aliba Health Centre III in Obongi District

Fig 9: Health Facility Off-Grid Model



The above intervention is aimed at enhancing Night delivery support, provide 24 hours' cold chain refrigeration; Water for clean delivery and Safe Water for drinking by patient from water harvester and supply from UNHCR during dry season, Provision of Waste Water for vegetable production and Support prompt communication by staff for referral. The outcomes expected are; improved delivery outcome, immunization coverage, nutrition through dietary diversification, 24hrs e-communication for prompt referral and improved referral of patience for complicated delivery

4.1. CROSS CUTTING AREA:

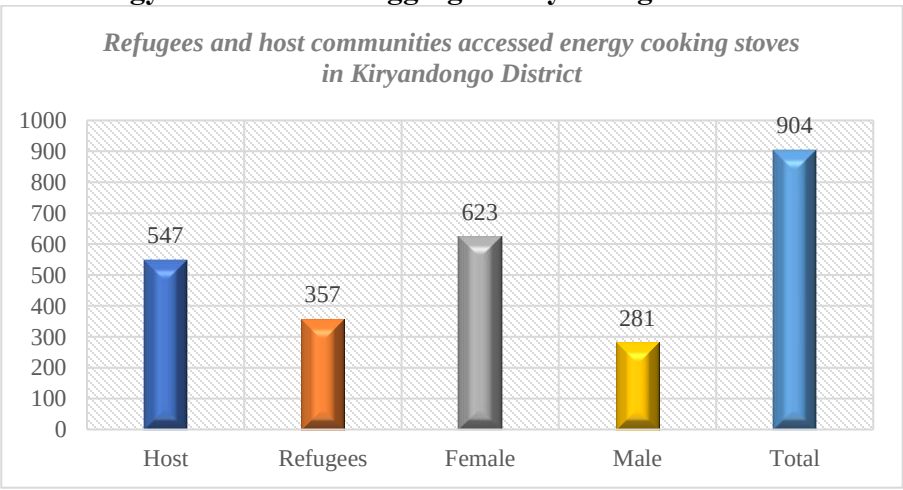
4.1.1. CLIMATE ACTION AND ENVIRONMENTAL MANAGEMENT

AFOD is implementing the demand Side Results-Based Financing (RBF) Project with support from private sector foundation Uganda.

20 Sales Agents (12 male and 8 females; 15 nationals and 05 refugees) were successfully enrolled & 904pcs of cook stoves were sold to 902 households (342 refugees and 560 nationals) individuals in Kiryandongo refugee settlement and host community

The demand for renewable energy products among low-income consumers is growing, unfortunately, most of the potential clients in the refugee settlement and host communities are unable to pay the cost of the devices. AFOD with support from EnDev/PSFU is implementing clean cooking stoves project built on the "*Learn, Engage and Build Model*". This approach aims at providing a low priced and efficient household cooking solution. This unique model has enabled the people who live below the poverty line to afford the cooking stoves.

Fig 10: Access to energy cook stoves disaggregated by Refugees and host community



CHAPTER THREE: KEY CHALLENGES, BEST PRACTICES AND PRIORITIES FOR 2024/2025

Chapter three provides an overview of the key bottlenecks encountered, mitigations measures, lessons learned and good practices for adoption and priorities for 2024/2025.

Table 10: 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 2P approach, 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 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 cost and creates donor fatigue	Focus on integrated programming for maximum impact
5	Funding mechanism of reimbursement with current donors suffocates smooth operation.	Create and invest in parallel IGAs

3.1. Good practices and lessons learned

i. Behavior changes interventions require investment in SBCC materials to communicate to communities.
ii. Good Programme delivery strategies should be sustained and or replicated e.g. MCHN Programme in Kiryandongo to Obongi
iii. Investment in climate smart agriculture provides opportunity for small holder farmer groups for continuous production during long dry spell.
iv. Embracing innovation and technology is a new norm for continuous implementation of planned activities and monitoring.
v. Strategic positioning, networking and alliances is a precursor for keeping current donors and attracting new ones.

3.2. Our Priorities for 2024-2025

i. Strengthening programme implementation using the AFOD 2P model that emphasizes systematic integration of core program components and creating synergies for Programme efficiency, effectiveness and sustainability
ii. Systems building, M&E, Operational System, Finance, Program management system etc.
iii. Improve AFOD's visibility, expand and strengthen coordination and networks to attract potential donors.
iv. Sustaining the current partnership and expanding the scope to corporate entities, philanthropist and bi-lateral organizations.
v. Identification & Establishment of long-term partnership with reliable fix donor-(multi-year projects)
vi. Establishment of Public-Private-Partnership (PPP) for profit and not for profit and Development of Business Plan for Income Generating Activities-IGAs.
vii. Seek for funding opportunities from government projects and programmes through close collaboration with Central and local government entities e.g. PDM, DRDIP.

Conducting School sensitization on WASH, Nutrition and menstrual hygiene management

Conducting Integrated community outreach at Kichwabugingo catchment area