



AFOD UGANDA PROFILE

"Working together to empower communities"



BACKGROUND

Alliance Forum for Development (AFOD) Uganda is a national, nongovernmental, non-profit, humanitarian, and development organization implementing programs to address the needs of vulnerable people. AFOD was incorporated in Uganda in 2015 with an NGO board registration number 11619.

THE GOAL:

To improve the socio-economic status and quality of life of the most vulnerable communities in Uganda by 2028.

FUNDERS:

AFOD Uganda is supported by the United Nations World Food Programme-UNWFP, Infectious Disease Institute-IDI under CDC/PEPFAR, USDAF, USAID/JSI-MRA, StrongMinds Uganda, ViiV Health Care Foundation UK, and Positive Action and ACF-USA as its key donors for the current programs.



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.

VISION

A healthy, productive and peaceful society

CORE VALUES

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

2023-2028 STRATEGIC THEMATIC AREAS

DEVELOPMENT AND EMERGENCY PROGRAMMES

S01 Integrated Health Services; HIV/AIDs & TB, Mental health, SRHR, MCH and Community Malaria Control, Treatment and Prevention.

S02 Nutrition, Food Security and Livelihood: MIYCAN. Emergency GFA/CBT, Youth and Women Economic Empowerment, SHF - Climate Smart Agriculture & Value Addition)

S03 Protection and Psychosocial Support (SGBV and Child Protection)

Other cross-cutting areas include; WASH, Research and Innovation, Climate resilience and risk mitigation, and Institutional Capacity Building activities.

STRATEGIC OBJECTIVES;

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

All programs are aligned to SDGs:

- 1: No poverty;
- 2: Zero Hunger,
- 3: Good Health and well-being;
- 9: Industry, innovation, infrastructure, and
- 17: and Partnerships for the goals respectively.

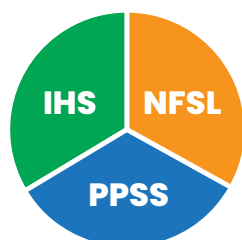
AFOD UGANDA 2P+ APPROACH

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.

AFOD UGANDA 2P+ APPROACH

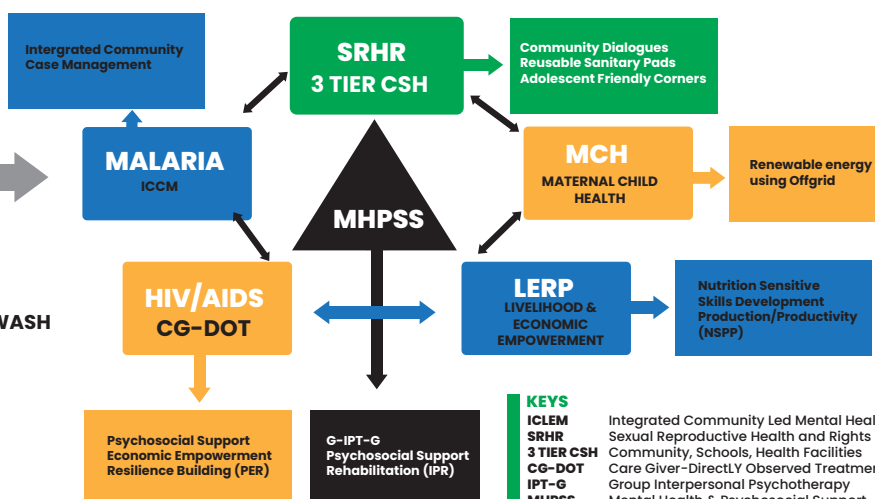
STRATEGIC MODEL: STRATEGIC OBJECTIVES



CCI: ICB, R&I, EM, CLIMATE ACTION & WASH

KEYS	
2P+	Two Program plus
IHS	Integrated Health Services
NFSL	Nutrition, Food security & Livelihood.
PPSS	Protection & Psychosocial Support services
CCI	Cross Cutting Issues
ICB	Institutional Capacity Building
R&I	Research and Innovation
EM	Environmental Management
WASH	Water, Sanitation & Hygiene.

PROGRAM MODEL: ICLeM MODEL



KEYS	
ICLeM	Integrated Community Led Mental Health
SRHR	Sexual Reproductive Health and Rights
3 TIER CSH	Community, Schools, Health Facilities
CG-DOT	Care Giver-DirectLY Observed Treatment
IPT-G	Group Interpersonal Psychotherapy
MHPSS	Mental Health & Psychosocial Support

SO 1: INTEGRATED HEALTH SERVICES

1.1: HIV/AIDS & TB



AFOD-Uganda in partnership with the Infectious Disease Institute (IDI) under CDC PEPFAR funding has been implementing a project aimed at improving access to comprehensive HIV/AIDS & TB care through capacity-building initiatives and community linkages in Adjumani and Moyo District since October 2017 to date

APPROACH

We use Care Givers Directly Observed (CG-DOT) which is a family support model created to address social factors leading to non-adherence and non-viral load suppression. The caregivers are identified, profiled, and linked to clients in each household.

The caregivers then perform several activities ranging from Provision of Mental Health and Psychosocial Support Services to clients on ART, Family dialogue, and psychotherapy for clients and family members.

To build resilience and sustainability of the model, the caregivers are enrolled in VSLA groups and supported with economic empowerment interventions such as startup capital and financial literacy.

OUTCOME AND IMPACT INDICATOR PERFORMANCE:

- ✓ 90 % of clients undergone HCT, received test results, and are aware of HIV status
- ✓ 69% of clients screened for TB received test results and are aware of the dangers of TB
- ✓ 89% ART retention rate for clients-UNAIDS Target 95%. The achievements have been due to the Right targeting of HIV clients from the households, the use of Home Based Counselling to improve tracking, and the strengthening household follow-up of non-suppressed clients for a repeat viral load test after home-based Intensive adherence counseling -HBIAC



Tracking ART clients from the Missed appointment register with the LRA of Biira HC III



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



1.2: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In October 2022 following a successful partnership with StrongMinds Uganda to provide equitable and cost effective MHPSS services, we integrated AFOD 2P+ ICLEM model with Community IPT-G approach which draws the community volunteers from the treatment population.



Expert clients during an interactive IPT-G session in Orungwa and Pakwinya

APPROACH: ICLEM MODEL



Inevitably due to the prioritization policy that saw a drastic reduction in the food ration and or scrapping of some refugee beneficiaries from GFA, poor retention of HIV/TB clients coupled with low viral suppression prompted the need for Community Led Mental Health (ICLeM) model of integrating MH into Livelihood, General Food Assistance (GFA) and, Comprehensive HIV/AIDS/TB community linkage and referral programming for better outcomes.

This is done through programme integration; community psychosocial education, tailored family and community dialogues to stimulate personal and collective reflections and critical thinking to trigger psychosocial support, identification and support management of depression.

HOME OF MENTAL WELLNESS PROJECT

To support individuals with severe mental health issues from the therapy sessions, AFOD Uganda launched a fundraising drive to establish a regional specialized one-stop Mental Health Rehab facility, which shall be established in Adjumani district to provide comprehensive services in the entire West Nile and Northern Regions, national and neighboring countries of South Sudan and DRC

AFOD went on to secure 7 acres of land in.....village in Adjumani district and is currently fundraising for the construction of the facility by 2028 with an esteemed budget of over 5 billion Ugandan shillings.



Acquired land for the construction of the mental health facility

OUTCOME AND IMPACT INDICATOR PERFORMANCE:

- 75% (6,544) 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.

However, Adjumani district still continues to experience a high number of mental illnesses reported annually with Epilepsy cases reported at 4,450 out of the 6,836 which calls for the 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.

Based on our two-year experience and data, it has become evident that approximately 30% of the cases dealt with by our outreach and prevention services necessitate advanced levels of rehabilitation management, either at the secondary or tertiary level. However, these services are not readily available in the West Nile and Northern regions.

In addition to IPT-G, AFOD Uganda also conducts mental health awareness sessions in the regions by organising mental health camps and outreaches as well as conducting referrals to health facilities for severe cases ensuring comprehensive support is given to the clients.

This facility is expected to offer various services;

- ✓ Treat and rehabilitate severe mental health patients including drug-related disorders referred from lower-level health facilities and communities.
- ✓ Train and equip recovered patients with soft skills e.g. Hairdressing, carpentry, metal fabrication, good agriculture techniques, etc.
- ✓ Community outreaches to follow up cases to mitigate relapses support re-integration into communities and fight stigma.
- ✓ Becoming a reference and facility for mental health awareness.
- ✓ Providing soft skills to patients after recovery for safe reintegration into the community.



The architectural design for the mental health rehab facility in Adjumani

1.3: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR)



AFOD in partnership with Viiv Health care foundation UK LTD and Positive Action implemented Sexual Reproductive Health and rights which addresses Sexual Violence and SRHR for Vulnerable Adolescent Girls and Young Women-AGYW in Adjumani, Moyo and Obongi Districts from May 2020-Aprill 2022 and currently impact monitoring is ongoing.

APPROACH

AFOD uses an innovative model tagged a 3-Tier Approach in Communities, Schools and Health Facilities (CSH) to address the root causes of Violence Against Women & Girls (VAWGs) among refugees and host communities in West Nile region of Uganda.

At community level, targeted community dialogues are conducted to address issues related to stigma, cultural practices related to SGBV, identification of survivors and referral for management. In schools, focus is on improvement of menstrual hygiene management through production of reusable sanitary pads using locally available materials among adolescent girls and young women to address triggers to unwanted pregnancies, risks from transaction sex, exposure to STIs and HIV/AIDS hence mitigating school dropouts.

And at the health facility level, focus is on supporting friendly spaces for youths to access mental health and psychosocial support, SRHR including GBV and mitigating stigmatization.



A change champion Anzoo Gladys talking to children about body changes and hygiene.

OUTCOME AND IMPACT INDICATOR PERFORMANCE:



AFOD trainer demonstrating to the pupil how to operate a sewing machine to make re-usable pad

- 15.4% of pupils used family planning contraceptives from 5.1% (Evaluation report 2022)
- 8.7% increase in the average school attendance by girls from 63.3% -72%
- 1% increase in access to education by girls (From baseline 46%-47%)
- 90% of the health facilities had carried out at least one outreach to promote SRH and increase adolescents' use of services in 2022 and
- 90% of the targeted Health Facilities had temporal youth-friendly corners

“Through this project, I have become a change champion in my community. Now, parents seek me out to address issues impacting their children, and I proudly champion menstrual hygiene in schools. I ensure adolescent corners in health centres around me remain active and safe spaces for young people to connect and advocate for themselves.”

ANZOA GLADYS- AFOD Change Champion

S02: NUTRITION, FOOD SECURITY AND LIVELIHOOD

2.1: FOOD SECURITY-GENERAL FOOD AND CASH ASSISTANCE



A livelihood beneficiary who have turned vegetable gardening into a livelihood opportunity

With funding from United Nations World Food Programme AFOD has been implementing General Food Assistance (GFA) since 2017 in Adjumani and Moyo/Obongi Refugee Settlements.

Through the grant, AFOD have been able to make a difference by contributing to improved access to food and ensuring that crisis-affected refugees living in the settlements consume adequate and nutritious diets in times of need as well as enhanced individual/household access to livelihood opportunities to support self-reliance.

Under livelihood, the goal is to improve household income and nutrition status of vulnerable food insecure households through improved agricultural production and increased access to markets through farmer groups and village saving and loans associations



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



AFOD Staff distributing food to the POC at a distribution center in Obongi

OUTPUT AND OUTCOME INDICATORS PERFORMANCE

- 95% (53,122) of planned households reached with both in kind food and cash vouchers in Adjumani and Palorinya
- 10,631.635 MT of food assistance distributed to enhance household food security in Adjumani and Palorinya
- 97% (159,621) of planned population reached with in-kind food which enhanced household food security
- 41,305,525,100 Ugx cash vouchers disbursed to beneficiaries representing 83% of planned population with enhanced household food security
- 25 Livelihood farmer groups formed in Maaji 2&3, Mungula, Ayilo 1&2, Pagirinya, Boroli, Olua 1&2 and Nyumanzi
- 10 groups under mushroom project formed in Pachara Sub County with each group comprising of 15 – 20 members.

2.3: MATERNAL CHILD HEALTH AND NUTRITION KIRYANDONGO DISTRICT

APPROACH

The care group model seeks to improve maternal and child health, nutrition, and water, sanitation, and hygiene (WASH) practices in the community by reaching out to mothers at the household level where frequent and credible sources of nutrition and health information is primarily passed through peer-to-peer dialogue from Care Group lead volunteers during home visits.

The CGVs are comprised of 10 -15 Lead Mothers, who are volunteer community-based health educators with each Lead Mother responsible for 10-14 households who are grouped into a Household Caregiver Group.



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

OUTPUT INDICATOR PERFORMANCE



- 9,760 screened disaggregated by 4,916 (2362M, 2554F) children and 4,844 PLW.
- 599 individuals served on the TSFP disaggregated by 235(78 M, 157 F) children, 364 PLW (111 below 18 years and 253 above 18 years).
- 3624 (1718M, 1906F) were immunized,
- 732(374M, 358F) dewormed
- 864(455M, 409F) received Vitamin A supplementation.
- 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.

OUTCOME AND IMPACT INDICATORS PERFORMANCE



- Cure rate at 89.5%, Defaulter rate at 6.4%, and non-response rate at 4.1%.
- 47% Food consumption Score-Different food groups
- 45% Diet diversity score-5 food varieties and above
- 12% GAM prevalence (< 10% is low in a refugee population)
- 57% ANC Visits 4-7 times
- 75% of Households with latrines.

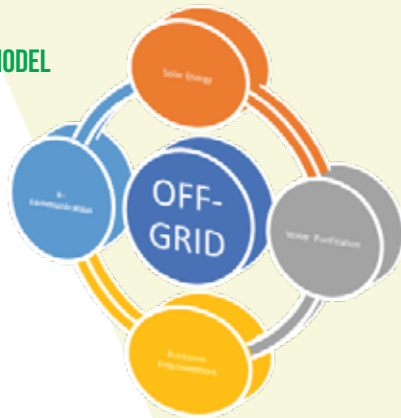
OFF-GRID SUSTAINABLE CLEAN ENERGY PROJECT

AFOD collaborated with Off-Grid Box Inc. in the implementation of a pilot and scalable renewal energy to contribute to the improvement of maternal and child health outcomes in the West Nile Sub-region of Uganda.

GOAL:

To contribute to improved MCHN outcome through health facility solar electrification, provision of clean and safe water and economic empowerment of the community of Adjumani, Moyo, Obongi and Koboko districts

THE OFFGRID MODEL



Off-grid sustainable clean Energy project fits in bigger AFOD's Integrated Community Led Model (iCLEM).



OffGrid Box with Solar Panels on the Roof

4 Health centre IIIs to be supported

1. Adjumani District; Pagirinya Health Centre III, estimated target population 15,000
2. Moyo District; Dufile Health Centre III –estimated target population 4,000
3. Obongi District; Aliba Health Centre III –estimated target population 8,000
4. Koboko District: Pijoke Health Centre III– estimated target population 5,000

By promoting sustainable clean renewable energy through off-grid electrification, the challenges arising from weak energy infrastructure and insufficient service provision in rural health facilities can be addressed.

S03: PROTECTION AND PSYCHOSOCIAL SUPPORT (SGBV AND CHILD PROTECTION)

APPROACH

We provide comprehensive and coordinated GBV response services including livelihood support for survivors, facilitate advocacy against GBV, train CORPs, local authorities, law enforcement and judicial officers on GBV and provide counselling to victims of GBV.

Additionally, we strengthen child protection system to prevent and respond to protection concerns and promote Gender action learning-(GALS) to create a conducive environment for women and men to share their personal experiences and challenge cultural norms and systems that discriminate against and disadvantage women by: empowering the most vulnerable women and men to develop, negotiate, implement and monitor their own plans for increasing productivity, reducing livelihood risks and increasing gender equality within households.

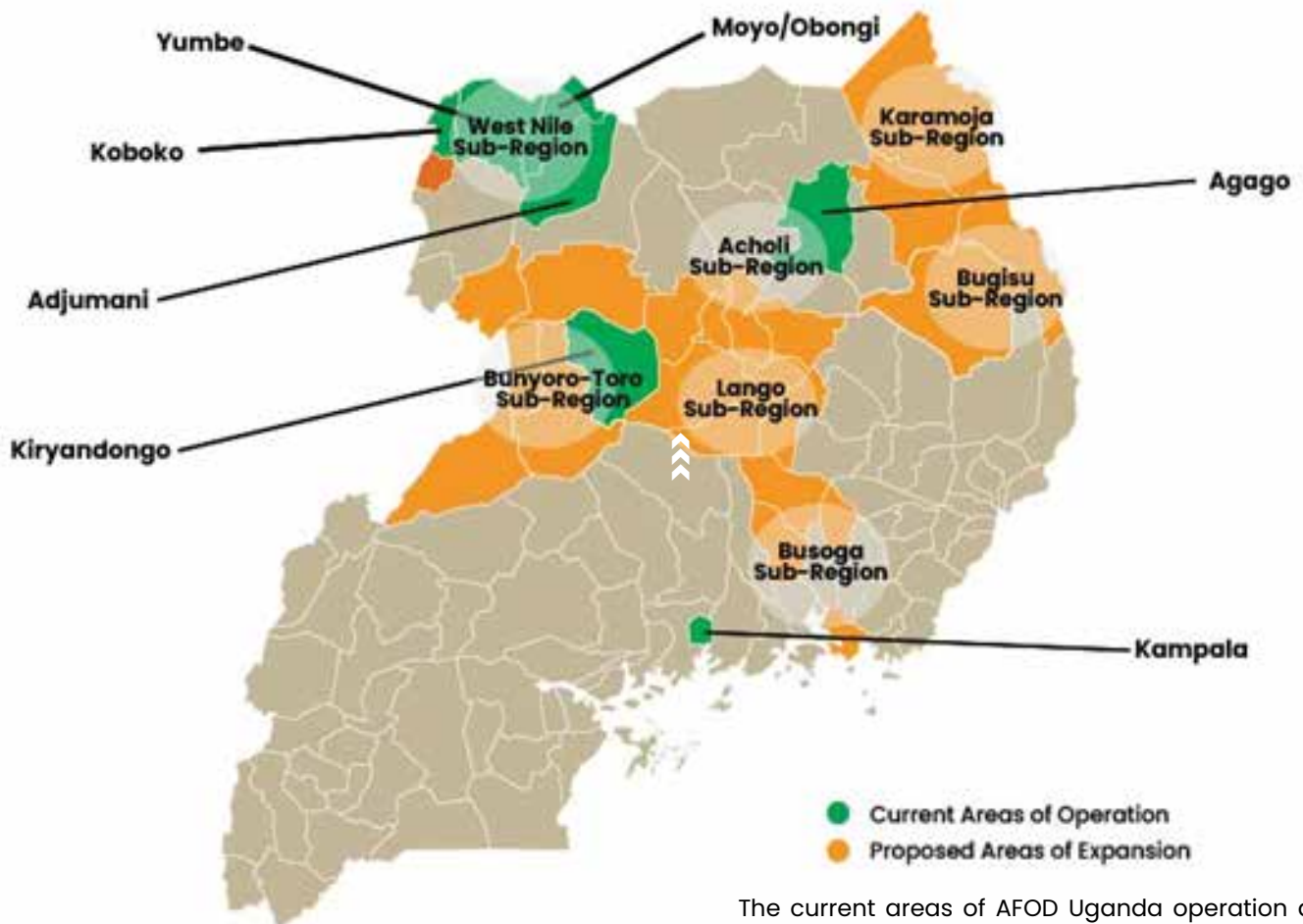


AFOD Protection and Gender Officer training womens group on gender rights

OUTPUT AND OUTCOME INDICATOR PERFORMANCE

- 16 SGBV cases identified from the community and referred for clinical care
- 13,626 Child protection cases identified and referred for appropriate assistance under GFA
- 1,371 Unaccompanied minors added to supplementary food manifest.

GEOGRAPHICAL COVERAGE AND EXPANSION STRATEGY IN UGANDA



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.

LAYERS OF MANAGEMENT OF PROGRAMME ACCOUNTABILITY & EFFICIENCY

BOARD OF DIRECTORS

Responsible for providing oversight management, policy formulation and compliance, as well as resource mobilization.

SENIOR MANAGEMENT TEAM

Responsible to provide the required technical assistance to steer programming, planning, implementation and monitoring; and finally, capacity building.

PROGRAM MANAGEMENT TEAM

Responsible for the day to day project management and supervising the support teams.

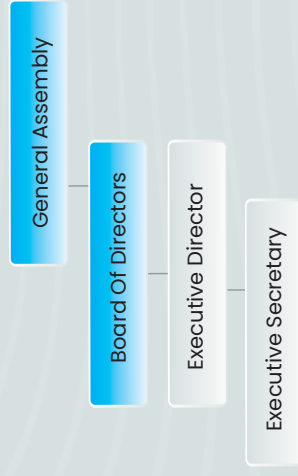
EXECUTIVE COMMITTEE

Responsible for supporting the Board of Directors in decision making, ensuring implementing of decisions, supporting and monitoring the SMT.

PROGRAM SUPPORT TEAM

They are solely responsible for day-to-day support functions to the implementation of the AFOD Uganda programmes in close collaboration with communities and other stakeholders.

AFOD ORGANISATION STRUCTURE





Alliance Forum For Development (AFOD)
 Plot 3973 Block 216, Kanfirst Drive,
 Canon Road off Kyambogo Road
 Buye-Kigowa Ntinda
 P.O Box 11003 Kampala
 +256 392001694
 info_u@afodi.org