



Action for Community
Development-Uganda

ACODEV
Transforming Communities



Annual Report
2022

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ACRONYMS

ACODEV :Action for Community Development
ART :Antiretroviral therapy
CHWs: Community Health workers
CSWs : Commercial Sex workers
CYP: Couple Years of Protection
DHT: District Health Teams
ED: Executive Director
HC: Health Center
HTC :HI V Testing and Counseling
MNCH :Maternal Neonatal and Child Health
NGO :Non-Governmental Organization
PLWDs :People Living with Disabilities
RA :Result Areas
RAHU: Reach a Hand Uganda
SDGs :Sustainable Development Goals
SGA :Specific Operating Grant Agreement
SGBV :Sexual and Gender based Violence
SIDA :Swedish International Development Cooperation Agency
SRHR :Sexual and Reproductive Health Rights
TWG :Technical Working Group
USAID :United States Agency for International Development
VSLA :village savings and lending associations

Introduction

Action for Community Development (ACODEV) is an indigenous Ugandan Non-Governmental Organization (NGO) operating in the country under the National Bureau of NGOs- Permit No.5656. Established in 2003, ACODEV Uganda works in partnership with the public sector, private sector and Civil Society organizations to empower individuals, families and communities in Uganda through the promotion of innovative solutions in the areas of human rights, HIV/AIDs, Sexual Reproductive, Maternal, Neonatal and Child health, Livelihoods, Education and institutional Strengthening.

Our Vision

A society where children, women and Men are health and economically productive.

Our Mission

To serve and empower, individuals, families and communities in Uganda through the promotion of innovative solutions in the areas of Human Rights, HIV and AIDS, Reproductive and Child Health and Institutional Capacity Strengthening.

Our Core Values.

- Respect for all
- Commitment
- Excellence
- Integrity

Message from the Executive Director

I am gratefully honored to welcome you to our edition of 2022 Annual report, A year of rebuilding, transition and recovering from the COVID-19 shocks!

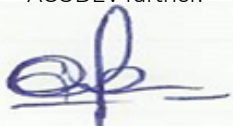
As part of our commitment to achieving our mission, ACODEV collaborated with Ministry of Health, the parliamentary committee of disability, district local governments, sub counties and service delivery institutions and individuals to strengthen capacity of health delivery teams and systems including training and equipping of over 200 health workers, 360 VHTs and 100 health facilities and provided livelihoods support, skills and strengthened advocacy for the marginalized youth to participate in the democratization processes in west Nile, Ankole, Rwenzori and Buganda. Through our deep rootedness in the community, we were able to apply community based models and approaches to reach over 150,000 individuals in settled and refugee host communities through the support of our development partners whose technical and financial support continues to give us the impetus to pursue our Mission, contribute to SDGs and support government of Uganda in realization its goals and priorities.

Within our leadership and management structure, this year brought us changes majorly on our BOD and management which witnessed a major transition where the founders of ACODEV transitioned to form a Board of Trustees and a new Board of Directors and as well as a new Executive Director were appointed. The success of this transition has brought in new hope for the organization and is seen by our partners and different stakeholders as a statement of maturity from our founders and we continue to extend our heartfelt appreciation to all our stakeholders for supporting this transition.

We are now engaging in major institutional strengthening processes including formulation of a new five-year strategy (2023-2028), review of policies, restructuring operations and rebranding as we focus on new commitments and aspirations for 2023 and beyond. In spite of all these milestones, the effects of COVID-19 are still being felt within ACODEV, like any other institution today, but we are keeping within a stable trajectory to recover from that.

Finally, join me, the Board of Directors and management in recognizing and thanking Erik E and Edith H .Bergstrom Foundation, USAID-Pathfinder International, Voice-Oxfam, Stephen Lewis Foundation (SLF), IZUMI Foundation and The Share Trust whose enduring financial and technical support has kept us alive.

Our hope is that, all our partnerships and collaboration continue to 2023 and even new opportunities shall be seized to strengthen ACODEV further.



Paul OKIRING
EXECUTIVE DIRECTOR



Paul Okiring
Executive Director

Fulfilling ACODEV's Vision and mission

In pursuit of ACODEV Mission, we contributed to the following SDGs.



PRIORITY SDG

ACODEV has worked with partners to ensure stability in families through community livelihoods support Initiatives, financial literacy trainings using VSLA groups this year as an integral aspect for most of the Initiatives we are currently running.



PRIORITY SDG

Through our Community the Sexual and reproductive Model, we have ensured universal access to sexual and reproductive health-care services, including family planning and universal access to sexual, reproductive and rights as major contribution to this SDG.



PRIORITY SDG

ACODEV has fostered equal rights to economic resources, property ownership and financial services for women; promoted empowerment of women through technology; and adopting, strengthening policies and enforcing legislation for gender equality, through engagement with the District Technical Working groups on issues of gender. We have also carried out community based dialogues to sensitize communities on effects of GBV.



PRIORITY SDG

Our community-based teams have carried out several home visits to educate communities to practice safer water and sanitation practices that would preserve the environment and at the same time result into better outcomes for healthier lives.



PRIORITY SDG

ACODEV promoted vocational skilling for the vulnerable youth under our vocational training institute located in Bwera Town council of Kasese district.

How we delivered ACODEV Mission in 2022

ACODEV implements Innovative solutions and initiatives in four sub-regions of Uganda including West Nile, Ankole, Rwenzori and Buganda Regions.

INITIATIVE 1: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

During the year, the following programs were implemented in line with our SRHR component i) Sexual Reproductive health program supported by the Frontline AIDS UK, ii) Youth skilling Innovation fund for skilling youth and recover from shocks of COVID 19 in Kabalole, Kamwenge and Kyenjojo districts under the same donor. The Sexual and Reproductive Health and Rights Umbrella program was a seven year program funded by the Swedish International Development Cooperation Agency (SIDA) and managed by Frontline AIDS. It was implemented by Ugandan NGOs across 15 districts. ACODEV has been the implementing partner in three districts of Kabarole, Kyenjojo and Kamwenge districts for the last 6 years.

The goal of this program is to offer integrated and inclusive HIV and SRHR services so that people can access them together at the same time while increasing access to sexual and reproductive health services for vulnerable and key populations.

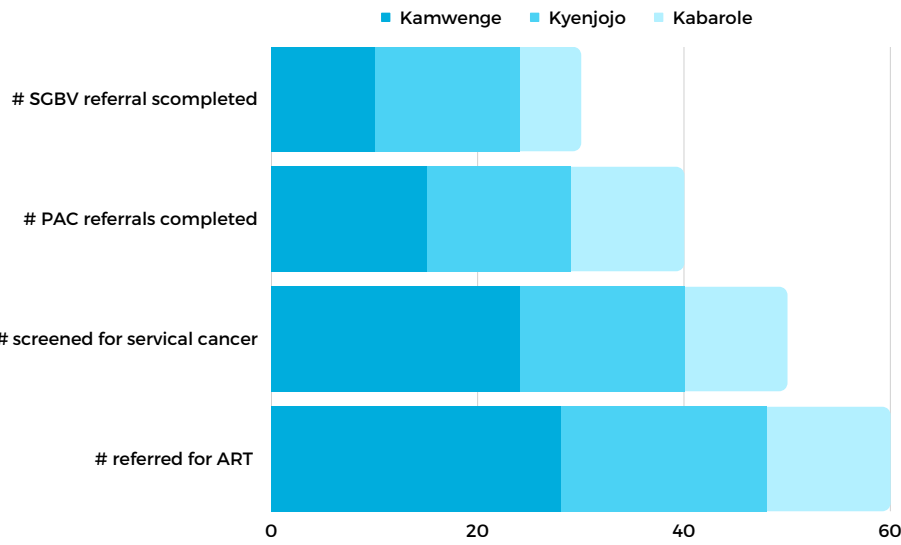
Below is a quick scan of activities and impact made by the program.

Key Indicator	Activity / Initiative	Data / Outcome
Number of client reached of integrated SRHR/HIV services	Sexual education, HTC, ART, PAC, SGBV care and Family planning services	<ul style="list-style-type: none">Reached 12,5693,893 in Kamwenge4,670 in Kyenjojo4,006 in Kabarole
Proportion of completed referrals	For ART, HTS, PAC	<ul style="list-style-type: none">Initiated 784Completed 775
Proportion of health facilities (HC II, III & IV, hospitals) that meet quality assurance standards for youth friendly services	Quality assurance audit findings	<ul style="list-style-type: none">44% of facilities ready to offer youth friendly services.

INITIATIVE 2: THE PEER-TO-PEER EDUCATOR INITIATIVE

The sexual and reproductive health rights umbrella program ended in June 2022 and the following milestones and lessons were archived as part of six year journey while implementing this program, ACODEV is on the look to sustain its reach in these districts because we have served this program area for close to 20 years of our existence through the Peer-to-Peer Approach.

Services Provided through peer educator referrals



25 Facilities supported to provide SRHR/HIV services

240 Community based outreaches

The peer educator initiative has had a lot of impact in the area in provision of youth friendly services, through trainings for health workers, equipping youth friendly spaces, recruiting peer educators and supporting district leaders in advocating for SRH rights for young people, vulnerable and key populations.



INITIATIVE 3: HOLISTIC ACCESS AND USE OF FAMILY PLANNING

Introduction

ACODEV with financial support from The Erik E. & Edith H. Bergstrom Foundation has been implementing this initiative since 2019 with the aim of enhancing and use of Family planning services. In 2022 ACODEV and RAHU continued to receive support from the Bergstrom Foundation aimed at decreasing unintended pregnancies, maternal/infant death, unsafe abortion, adolescent fertility and total fertility as a strategy of improving the wellbeing of individuals, families, communities in Kasese. The goal of this action is to achieve a Couple Year of Protection (CYPs) of 148,083. CYPs delivered through the 22 supported public health facilities over period of 6 years targeting men and women of Reproductive age.

The initiative was designed to achieve the following results;

- Improved access to quality Family Planning services and information in the (16) targeted sub-counties of Kasese District by June 2022
- Increased demand for and use of family planning services and information among targeted population in the four targeted sub-counties of Kasese district by June 2022
- Creation of an enabling environment that support sustainability of Family Planning initiatives in the (16) targeted sub-counties of Kasese district by June 2022

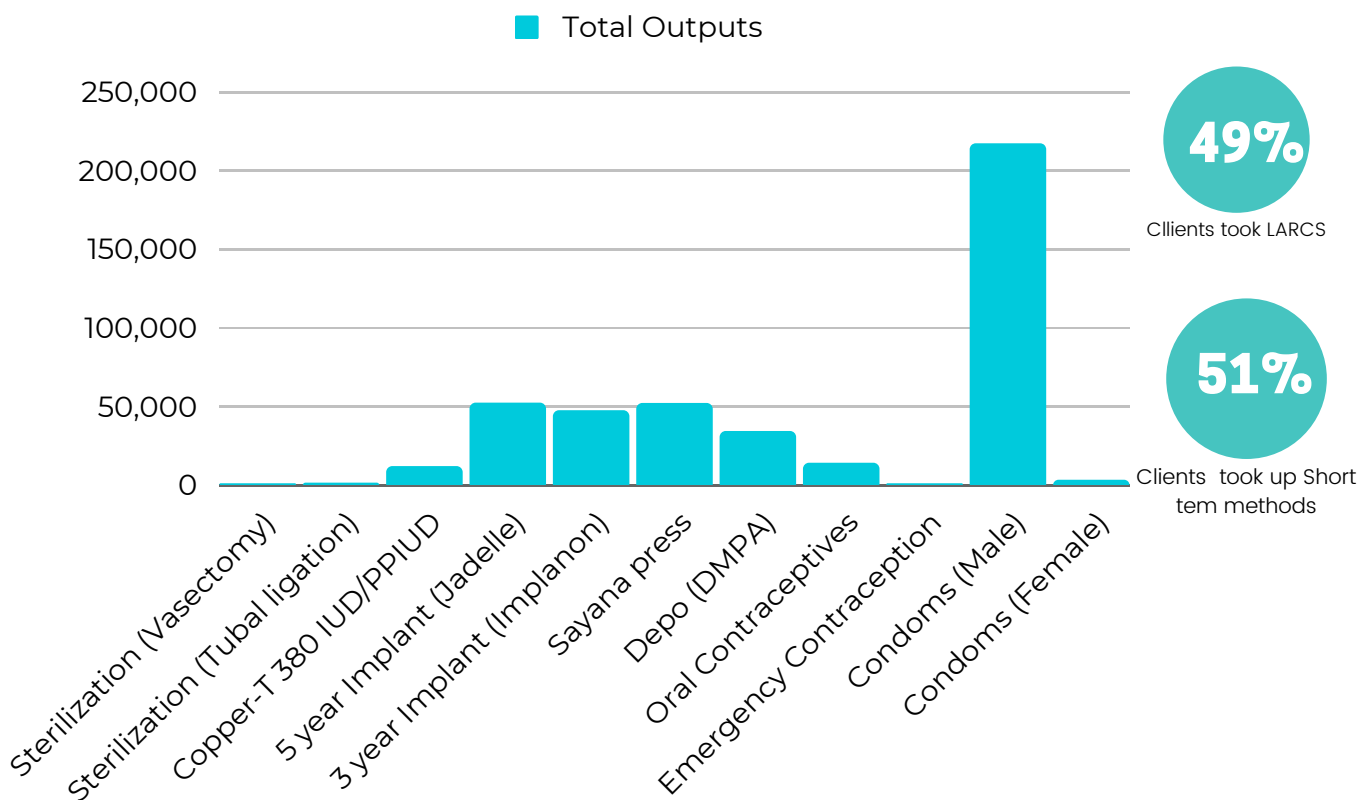
The Interventions that targeted women of reproductive age (15-49), youth (14-24) and men 50 years and above, were implemented in partnership with public health facilities.



ACODEV delivers performance based incentives for facilities in Kasese District

The following is the highlight of the achievements of this initiative; 216831 male condoms and 2863 female condoms were distributed, 13683 oral contraceptives (POPs & COCs), 51710 Sayana Press and 33878 Depo-Provera Injections were administered. 47087 Implanon, 51909 Jadelle and 11555 IUD insertions were made while 1026 BTL and 72 vasectomies were completed during the year yielding a CYP of 148,083 which was due to the huge increase in the number of IUDs and Implants in communities.

METHOD UPTAKE



During implementation of this initiative, 40% of the clients were reached through household, 53% through community, 4% through the VSLA groups and 3% were referred at the outreaches. The percentage of clients coming in through community had continued to go up i.e. 51% in previous year to 53% in this year because of an increase in community engagements like community dialogues, community outreaches, market day outreaches. However, this had a contrary effect on the house hold indicator from 43% in the previous year to 40% in the reporting year. Percentage of clients referred at outreach increased from 2% to 3% because of the significant increase in the number of outreaches that were conducted.

73%

Clients were reached directly in communities indicating success in implementing the CBFP Model

APPROACHES USED IN THIS INITIATIVE

Men Dialogues:

These are dialogues involving only men that are mobilized at their places of convenience i.e bars, working places, bodaboda stages to discuss and share about family planning specifically vasectomy. These have proved to be very effective where men freely express their concerns and share information. During the year, 12 dialogues were held at Railway, Rwesande & Kikonzo supported by KMC H.C.III, Rwesande H.C.IV and St. Paul H.C.IV respectively. These were attended by 624 men in total that is averagely 52 men per dialogue.



Distribution of PBIs:

The supported health facilities are entitled to an incentive for every referral that was completed. Every implant/IUD referral amounts to a total of 2\$ which is equivalent to 7,400 Uganda Shillings. Cumulatively these facilities achieved a substantial amount of money over year 2 of implementation. This money was equated into facility equipment worth the same value. This equipment was requested according to the facility need and is used to better FP service provision by aiding and easing the daily work of service providers. Computations were made for all referrals that were completed for year 2 stipulating the amounts accumulated by each Initiative supported facility which were approved after harmonization by Bergstrom Foundation. The approved list of monies was shared with the health facility in charges and FP focal persons who then compile a list of the equipment needed by the FP department as stated in the paragraph above. The lists from each of the 22 facilities were then shared with Bergstrom foundation for approval of the equipment to be purchased. Equipment were procured by the procurement team, engraved, delivered to the regional office in Kasese, flagged off by the DHT and Board representatives and finally delivered to the respective facilities.



INITIATIVE 4: ENABLING ACCESS TO SRHR SERVICES FOR REFUGEES

With financial support from The Erik E. & Edith H. Bergstrom Foundation, ACODEV in partnership with Reach a Hand Uganda (RAHU) are one year and half implementing a three-year family planning Initiative titled “Holistic Approach to Enhancing access and use of Family Planning Services” In Adjumani district. Operating in 8 sub counties and partnering with 10 health facilities of Adjumani hospital, Mungula HCIV, Ayiri HCIII, Bira HCIII, Nyumanzi HCIII, Pagirinya HCII&III Ayilo HC II&III and Alere HCII working with both refugees and host community.

The overall purpose of the initiative is to increase the use of modern family planning services by the refugees and host communities in Adjumani district from the current 19% to 25% with specific focus to the Long Acting Reversible and permanent methods by December 2022. The initiative is aimed at decreasing unintended pregnancies, maternal/ infant death, unsafe abortion, adolescent fertility and total fertility as a strategy of improving the wellbeing of refugees and host community in Adjumani district.

The goal of the Initiative is to achieve 75,430 CYPs targeting men and women of Reproductive age in the 6 sub-counties of Dzaipi, Pachara, Adjumani Town Council, Itirikwa, Pekele and Ukosijoni that host large numbers of refugees. Specifically, the Initiative aims at enhancing increased use of family planning method mix among the refugees and the host communities in Adjumani district by December 2022. The Initiative will particularly target 8 refugee camps: (1) Nyumanzi, (2).Alere, (3).Baroli, (4) MaajiI&II, (5) Maaji III (6) AyiloI&II with a total refugee population of 145,107 people. The Health Facilities to be targeted include: Nyumanzi HCIII, Pagirinya HCIII, Ayilo HC III, Ayiri HCIII, Bira HCIII and Mungula HC IV.

The Initiative targeted the following objectives;

01

To increase access to quality family planning services and information by 133,263 women and men in the reproductive age group 15-49 years in Adjumani district by December 2022.

02

To increase demand and use of family planning information and services for 80,130 refugees and 53,133 people in host community in Adjumani by December 2022

03

To create an enabling environment that supports the sustainability of Family planning initiatives in Adjumani District by December 2022

MAJOR ACTIVITIES DONE



ACODEV staff and VHTs during community-based outreach in Pakele sub-county

During the year, the Initiative reached 25,107 clients. 67% (16892) of the clients were new users of FP, 30% (7627), were continuing users and 3% (582) were clients counseled only without taking any FP method. 58% of these clients were reached within their households and 42% from other community engagements by the VHTs.

These results were an outcome of various interventions carried out during the year at community level.



Men dialogues

These are dialogues involving only men that are mobilized at their places of convenience i.e. bars, working places, boda-boda stages to discuss and share about family planning specifically



Men dialogues in Central A Ward, Adjumani Town Council



Health Education

VHTs are trained and mentored to provide the real information on contraceptive choices and any other health related information in relation to family planning.



VHT doing health education in Pakele Sub County to the community members during the dialogue meeting.



Community-Based outreach

To help extend services and information near communities, ACODEV stages outreaches in communities.



A health education session during a community outreach in Boroli



Permanent methods outreaches

ACODEV has trained surgeons to carry out vasectomies and BTL in public hospitals, HCIVs and Private Health centers across the district to cater for the needs of clients in need of these services.

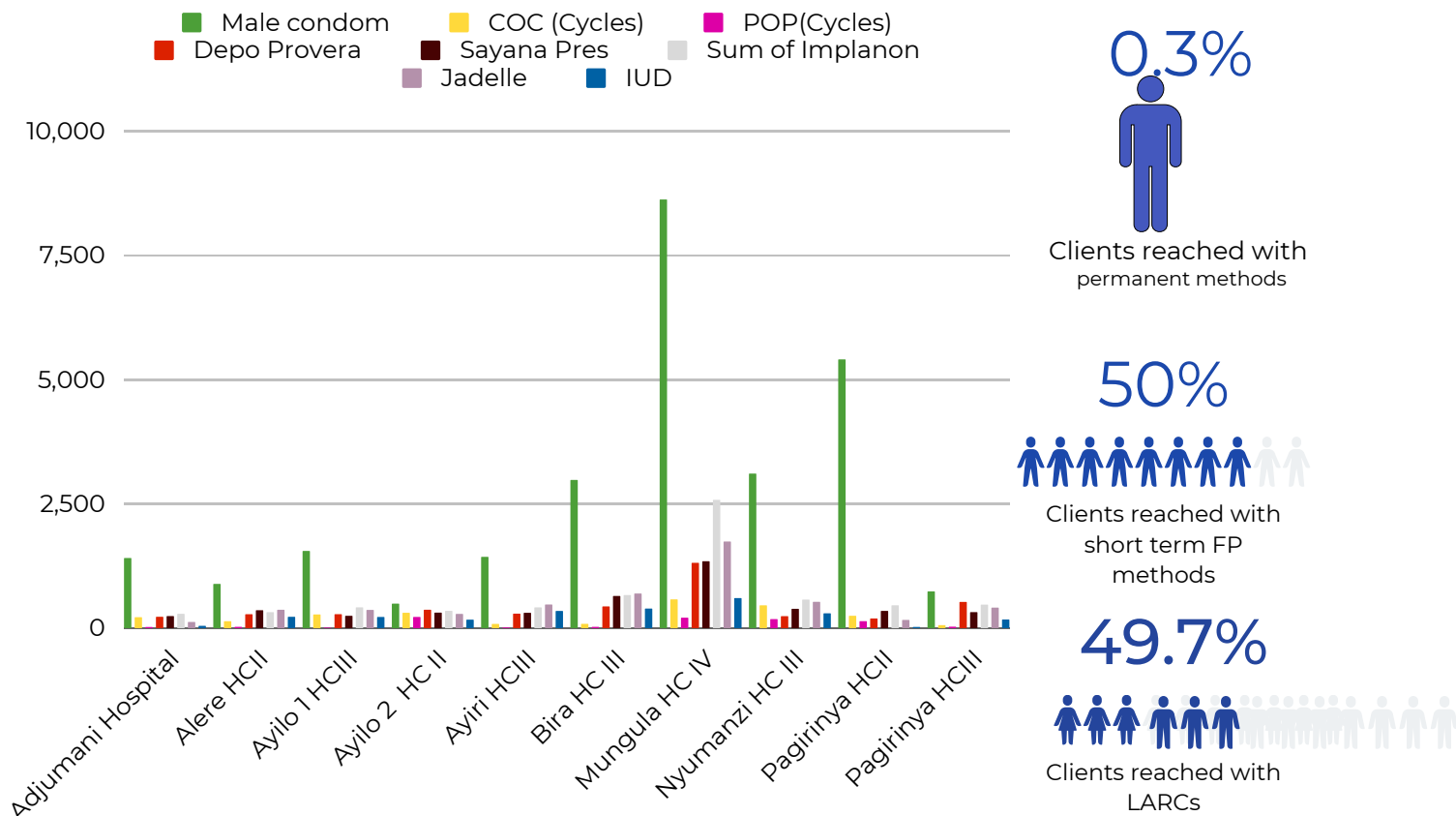


Surgeons conducting BTLs at Adjumani Hospital

Initiative Key Milestones

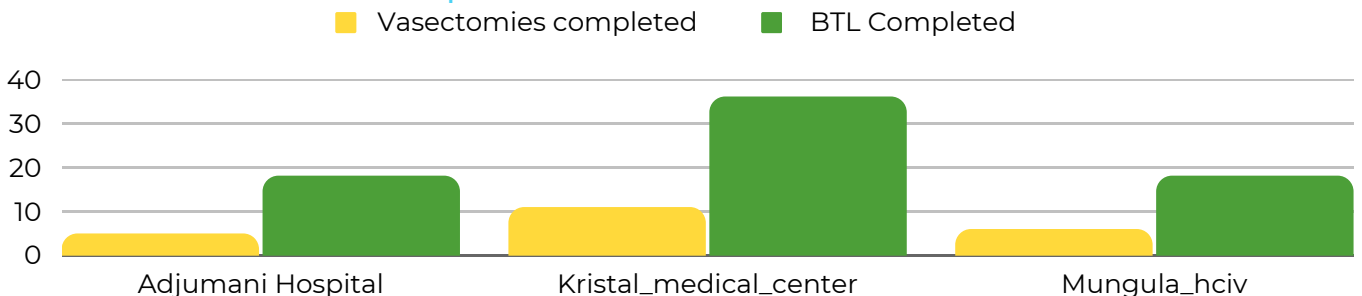
ACODEV provides a profile of the relative level of use of different contraceptive methods. A broad method mix is ensured so that the population has access to a range of different contraceptive methods. ACODEV has responded to the changing needs of the population at different stages in the reproductive life cycle, and offer reversible methods for those who desire to space pregnancies and permanent methods for those who have completed their desired family size.

Number of clients reached per fp method(short and long term methods)



Overall, we have ensured fair supply of the most required contraceptive methods, by participation in district and facility requests and Initiativeion of family planning supplies. We also collaborate with the supply chain agencies to manage shortage and overstocking of Contraceptives.

Clients reached with permanent methods



"Our well trained VHTS have successfully implemented the community based family planning model and this is evident by the number of clients reached in communities and increase in uptake of LARCs and PMs."

INITIATIVE 5: STRENGTHENING COMMUNITY BASED FAMILY PLANNING SERVICES

Action for Community Development (ACODEV) with financial support from The Erik E. & Edith H. Bergstrom Foundation is implementing a three years' Initiative in Mitooma and Rubirizi district titled "Strengthening community-based Family Planning Services".

The Initiative is aimed at decreasing unintended pregnancy, maternal/infant death, unsafe abortion, adolescent fertility and total fertility to improve the wellbeing of individuals and families and communities in Rubirizi & Mitooma. The overall goal of the Initiative is to achieve 148,215 couple Years of protection (CYP), 77,240 Mitooma and 70,875 Rubirizi respectively by March 2024.

The Initiative objective is to Increase access to quality family planning services and information to 64,763 women in reproductive age (15-49) and men in Rubirizi and Mitooma districts by 31st March 2024 and increase demand and use of family planning information and services to 64,763 women in reproductive age (15-49) and Men in Rubirizi and Mitooma district by 31st March 2024.

Initiative Goal.

The overall purpose of this Initiative is to increase access to sustainable community based FP services through strengthened community linkages with a focus on permanent and LARC Methods.

To increase access to quality family planning services and information in Rubirizi and Mitooma districts by 31st March 2024

Increase demand and use of family planning information and services in Rubirizi and Mitooma district by 31st March 2024

Create an enabling environment that supports the sustainability of Family planning initiatives in Rubirizi and Mitooma district by 31st March 2024.

OUR APPROACHES



ACODEV delivering PBI kits to Rubirizi District leadership for lastmile delivery to specific facilities.



VHT health educating VSLA members during their saving meeting.



Healthworker educating mothers during a community based outreach

PERMANENT METHODS OUTREACHES

Permanent methods outreaches were conducted in both districts of Mitooma and Rubirizi where women & men were Mobilized through community dialogues, outreaches and households, these dialogues are good channels for communicating the right FP methods and contraceptives choices and several clients accepted to be worked on for vasectomies and BTLs. in both districts of Rubirizi and Mitooma. We noted that because of the distances women come from most of them are still getting pregnant on screening and were not worked on but counseled for Postpartum BTL and some men did not turn up for the method however were followed up and later worked on. All the methods were completed by the private doctors from Rubirizi and Mitooma districts under the supervision of trained mentor doctors in these districts.

HEALTH WORKER MENTORSHIP

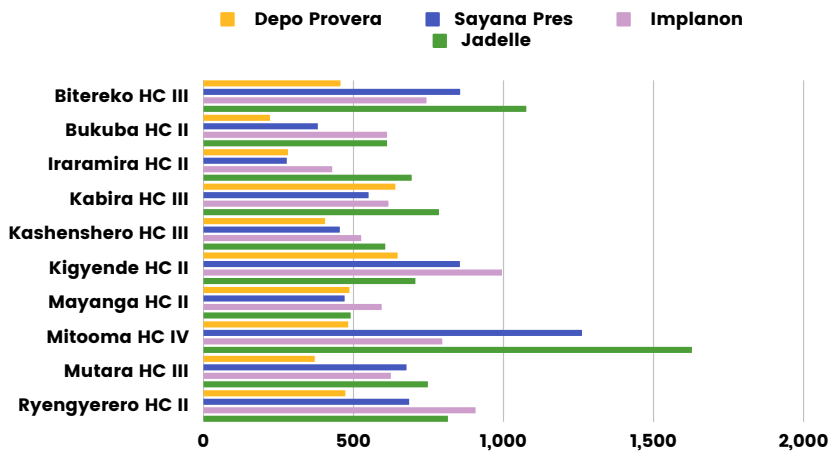
ACODEV has carried out health worker mentorships, as one day' theory overview (at AcODEV regional office kasese) and four days practical with theory (practical sites being St. Elizabeth medical Centre, Bwera hospital, Kagando Hospital, & Kyarumba HCIII in kasese district). The mentorship was conducted to equip doctors and clinical officers with knowledge and skills in performing permanent family planning methods from Mitooma district. The training was attended by two participants out of the three invited; the third did not attend because he lost a mother all from Mitooma district one clinical officer and one medical doctor. Dr. Talemwa Julius, who is a medical officer by qualification and already active in clinical practice at Mitooma HCIV, Otunga Anselimu, who is a clinical officer by qualification and already active in practice as a clinical officer at Mutara HCIII. They were mentored by two surgeons, Dr. Kapuru Asingya senior gynecologist Kagando hospital and Dr. Baluku Simon general surgeon at Bwera hospital.

A total of 17 clients (13BTLs and 4 Vasectomies) were completed across all outreach sites. Out of the 17 Dr. Julius was able to perform BTLs and Vasectomies independently under the supervision of mentors and Otunga Anselimu was able to complete BTLs and vasectomy under supervision.

RESULTS AND FP METHODS PROVIDED

This Initiative is second operation year and has registered tremendous outputs and these are attributed to better levels of acceptability of family planning season in the region, better levels of education and fair distribution of health facilities across facilities among other reasons. During the second year all milestones had over 60% performance in relation to Initiative Initiativeion except for parmanent methods which the team is striving to work around the clock to make sure all the Initiativeveions are fulfilled before the first half of the third implementation year. During the year reached 196,585 clients with FP services (12658 (64%) in Mitooma and 7027 (36%) in Rubirizi).

Number of clients reached per fp method (injectables short and long term methods)- Mitooma district



51%

New FP users

46%

Continuing FP users

3%

Given information only

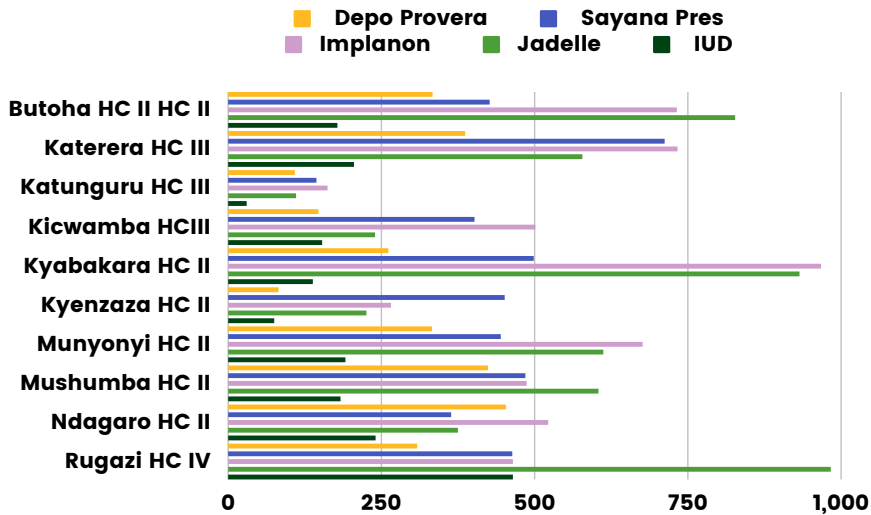
71%

Reached at household

39%

Reached through community interventions

Number of clients reached per fp method (injectables short and long term methods)-Rubirizi district



113035

Condoms distributed

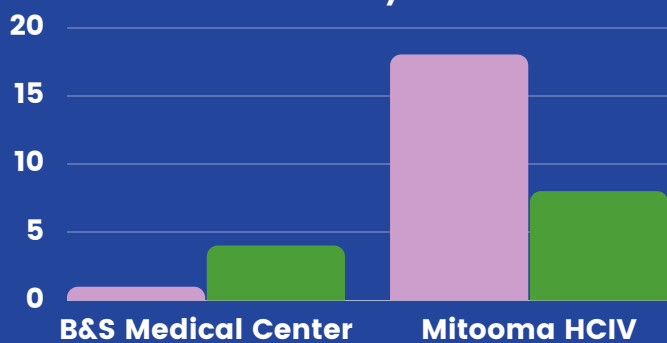
135

Clients recieved emmergency contraceptives

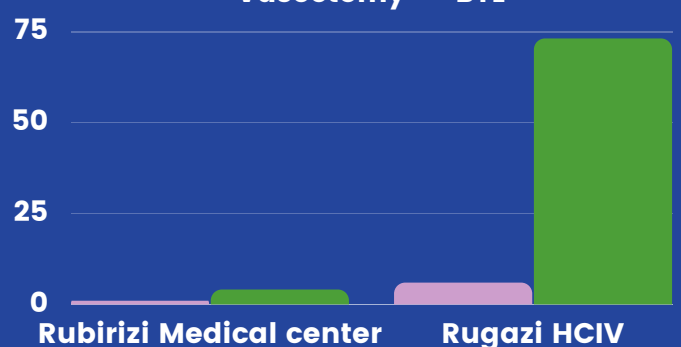
16386

Oral contraceptive cycles given

Vasectomy BTL



Vasectomy BTL



INITIATIVE 6: STRENGTHENING YOUTH INVOLVEMENT IN DEMOCRATISATION

The logo for VOICE is displayed within a teal speech bubble shape. The word "VOICE" is written in white, uppercase letters. The letter "V" is a solid white triangle pointing downwards. The letter "O" is a solid white circle. The letters "I", "C", and "E" are in a white, sans-serif font.

•ACODEV is implementing a two year influencing initiative from VOICE. (Jan-2022- Dec 2023)
Championing the notion “ANYTHING DONE WITHOUT US, IS DONE AGAINST US”

•Initiative name: Strengthening youth involvement in democratization process (SYID).

•Initiative Goal: Young people in Fort portal city are taking lead in the democratization processes of the districts on all matters affecting them.

•Area of implementation: Fort portal city (Bukwali, Kagote and Nyabukara wards)

Funding Agency;

VOICE is a five year program and one of the three programs supported by the Dutch government through the Dutch Ministry of Foreign Affairs. The grant facility to this program is co-managed by Oxfam and HIVOS in 10 countries of Africa and South East Asia. Oxfam is managing the grant in Uganda, Mali, Nigeria, Niger and Cambodia while HIVOS in Kenya, Tanzania, Philipines and Indonesia. The target is the most marginalized and discriminated groups in these countries. Its aim is to strengthen the capacity of Civil Society Organizations in the field of Influencing and policy Advocacy.

Major approaches

The initiative commenced with inception meetings, to orient stakeholders in the city about the nature of the activities the Initiative will undertake; in Picture below is the former ED (Mr. Joshua Ayinabyoona) orienting stakeholders in Fortportal city hall.



ACODEV carried out a mapping exercise to select the area for implementation, Conducted Baseline study on the legal framework ; The study revealed that 73 (65.1%) of the youth in Fort portal city have no knowledge on the policies that guide youth participation in democratic process with only 39 (34.8%) having knowledge on key policies that support youth participation in politics.

Equally, 19 (16.9%) indicated having participated in campaigns for the candidates of their choice, 41 (36.6%) agreed to actively participate in voting of candidates during election time, being critical during the voting day and 24 (21.4%) reported having joined groups for community engagement and mobilisation .

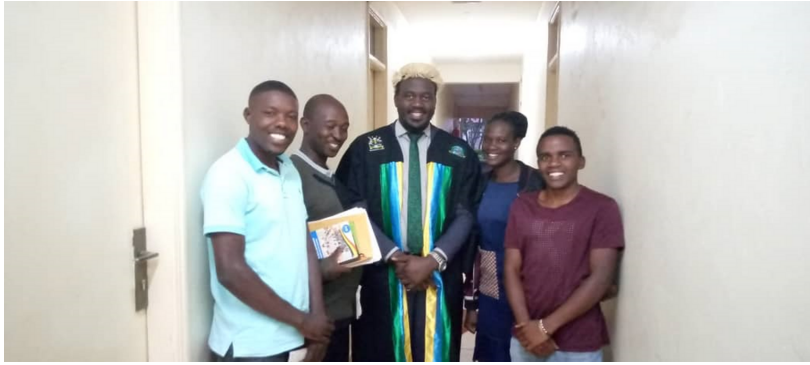
Mobilised, selected and formed rights holders groups (HIV/AIDS, CSWs, WFGBV, PLWDs and youth leaders)



Conducted live radio talk shows on good governance and service delivery.

Engaged youth from the 5 groups in quarterly debates on key development topics.

Oriented rights holders on their rights, responsibilities and the policies



We Facilitated youth leaders from the groups to attend the city council budget conference.

Activity	Achieved
Inception meetings	3
Mapping exercise	1
Baseline research	1
Rights holders groups mobilised	5 groups (each with 30 members)
Radio talk shows	6 On vot radio
Quarterly debates	2
Trainings n youth responsibilities and policies	3 (40 rights holders)
Youth attended youth council sessions	1 (10 youth exposed)
Validation meetings	3

Next steps : •Concept development and approvals for the next 12 months Jan- Dec. 2023, Implementation of the approved activities as laid down in the implementation work plan and budget and Working on the agreed upon action plans.

INITIATIVE 7: PROVISION OF SUSTAINABLE OUTCOMES FOR MATERNAL, NEWBORN AND CHILD HEALTH

Action for Community Development (ACODEV) with funding from IZUMI Foundation, has been implementing a Initiative aimed at sustaining the outcomes of Maternal Newborn and Child Health approaches in Luwero district of Uganda. This initiative has for the past two years (2021 -2022) been delivered in close collaboration with Luwero District Health Department and the District Health Teams (DHTs) creating sustainable mechanisms for the continuity of the outcomes realized by the initiative. As an inherent approach to meet our objectives and sustain results, health facilities, Village Health teams, local leaders and the media have strongly been part of the day to day activities that engaged communities – women and children. Luwero Hospital, Katikamu HCIII, Bombo HCIII, Kibengo HCIII and Bamunanika HCIII are facilities which have been and continues to deliver direct healthcare services through this initiative.



“A highly experienced and well mentored Village Health Team member by the Luwero District Health department is giving deworming tablet to a child during one of the Outreaches facilitated by ACODEV in Kibengo HCIII”



The Initiative influenced the practice of having routine reviews and updating the MNCH quality assurance standards and Standard Operation Procedures (SOPs) based on WHO standard guidelines for use by the district to monitor the delivery of MNCH services across board. Going forward, the DHO's office will from time to time avail any revised MNCH protocols to all lower level health facilities to adopt/implement.

It's through this program that ACODEV has influenced the formation of a Technical Working Group on Maternal Newborn and Child Health (MNCH-TWG); this TWG was adopted by the DHT to provide strategic guidance on community-centered approaches responding to the unmet MNCH needs. The TWG will also continue to participate in the district Health planning budgeting and allocation of health sector resources. This practice has improved the civil society organizations' involvement in the district's major plans and operations.

Key achievements

Key Indicators	Performance of relevant Indicators
<p>The outcome indicators tracked were classified into different categories; i.e. Services accessibility; Knowledge, demand and utilization of services and, collaborations and linkages for outcomes sustainability</p>	
<p>Services accessibility</p>	
<p>-Number of Health workers demonstrating the ability to provide access to quality MNCH and family planning services</p>	<p>101 front-line health workers acquired the knowledge to provide long and short term family planning and are currently providing women with IUD, implants, sayana press as FP methods; including safe birthing of mothers in their health facilities.</p>
<p>-Number of women aged 15-49 using a Modern Family Planning method.</p>	<p>4,120 women (810 for IUD – long term FP) 1011 women accessed implanon, and 2299 women received sayana press.</p>
<p>-Women aged 15-49 who were able to receive a continuum of MNCH care services with the help of a qualified medical personnel.</p>	<p>11,541 mothers from 2021-2022 accessed ANC 1st and 4th visits across five facilities and delivered under qualified health personnel.</p>
<p>-Number of children who received the appropriate doses of the recommended vaccines during immunization visits as per MoH schedules by recommended age.</p>	<p>14,310 children from 2021-2022 received the following vaccines as per the Uganda's vaccination schedule; 1)BCG and oral polio vaccine at birth (Polio0); 2)first dose of diphtheria, pertussis and tetanus vaccine (DPT1), first dose of pneucoccol conjugate vaccine (PCV1); rotavirus and polio at six weeks.</p>
<p>Knowledge, demand & utilization of services</p>	
<p>-Number of women that directly participated in the MNCH and FP community education campaigns and later utilized the available services at facilities (Note: Data was generated at 05 health facilities after the campaigns – clients interviewed seeking for services based on source of information)</p>	<p>5216 women seek and received healthcare services ranging from ANC, delivery at facilities, family planning, PNC after listening to messages through community radio campaigns on MNCH and family planning supported by ACODEV.</p>

<p>-Number of women that participated in MNCH dialogues done by ACODEV in 5 sub counties along with their male counterparts and health workers debating on improved service availability and client satisfaction.</p>	<p>511 women, 416 men, 75 local leaders and 58 health workers directly participated in community dialogues. Women and men demonstrated their knowledge on gaps existing in health facilities ranging from long waiting hours, absence of some certain medications when they come to facilities, limited spaces at facilities causing congestion in waiting rooms/spaces which affects quality of service. All these issues were taken up by local leaders/health unit management committees and health workers to resolve.</p>
<p>-Number of targeted health facilities that reported an improvement in MNCH and FP service delivery both at static and outreach levels respectively.</p>	<p>05 health facilities as targeted had improved on their operation mechanisms based on dialogues findings; more health nurses have been deployed at the triage areas to reduce on waiting time, 04 out of 05 health facilities such as Luwero hospital, Katikamu, Kibengo and Bamunanika HCIIIs respectively have put up more waiting spaces for mothers and children to reduce on congestion.</p>
<p>Collaborations and linkages for outcomes sustainability</p>	
<p>-Well-coordinated MNCH district response where challenges are timely addressed for improved access and use of quality services</p>	<p>01 functional MNCH working group was established at the district by ACODEV engaging other development partners such as Reproductive Health Uganda (RHU), Mild-May, Youth Alive, PACE and the DHT which resulted into strengthened collaboration and working relations amongst development partners for effective sustainability of MNCH and Family Planning service delivery</p>
<p>-Improved clarity of roles of each partners leading to reduced duplication of services and supporting a functional referral mechanism for MNCH services within Luwero district</p>	<p>Operational roles and responsibilities of 05 partners were agreed on during the working group meeting; focus has been on bi-annual field reports and data sharing on achievements to ensure there is transparency in information among partners – this has improved our client mapping and therefore providing services un-duplicated.</p>
<p>-Knowledge about standards and service packages of MNCH services clearly understood and applied by stakeholders resulting into provision of quality MNCH services</p>	<p>-101 health workers were oriented on the updated MNCH Protocols and later demonstrated their on-job skills and knowledge in the management of Birth Asphyxia; Care of the newborn/Failure of baby to breastfeed; Prolonged latent phase of Labor, Management of Hemorrhage due to abortion, Code prolapse and, Management of pre-Eclampsia</p>



USAID
FROM THE AMERICAN PEOPLE

INITIATIVE 8: BUILDING PARTNERSHIPS WITH CSOS IN PROVIDING FAMILY PLANNING SERVICES

INTRODUCTION

The USAID/Uganda Family Planning Activity (FPA) is a five-year initiative funded under Cooperative Agreement number 72061720CA00004 by the United States Agency for International Development (USAID).

GOAL

The goal of USAID/Uganda FPA is to support Government of Uganda to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term shifts in Uganda's modern contraceptive prevalence rate (mCPR) and fertility rate by 2025 in 11 focus districts of Bulisa, Kiryandongo, Kibale, Kyankwanzi, Kyegegwa, Kyenjojo, Ntoroko, Bundibugyo, Butambala, Gomba, and Rakai.

RA 1

Ugandan leadership and coordination strengthened to support voluntary Family Planning (FP);

RA 2

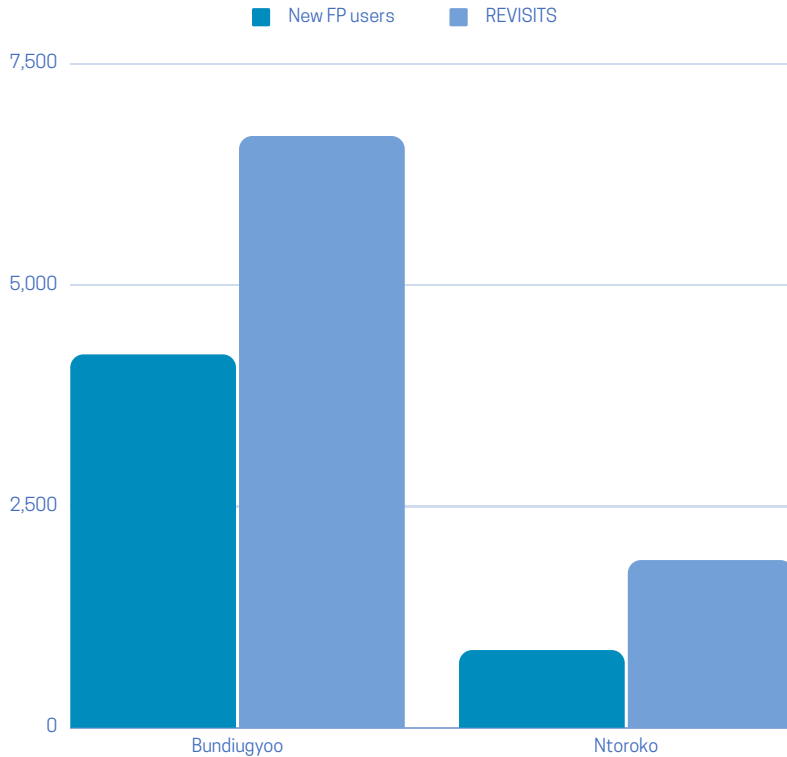
Positive social norms and behaviors enhanced to improve HTSP.

RA 3

Access to quality, voluntary FP increased.

ANNUAL PERFORMANCE

Throughout the year, several activities were implemented to deliver major milestones using the community-based model.



72
Refresher training for health workers

88
Trained in the Emanzi Approach

46
Radio Talkshows conducted

KEY INDICATOR	ACTIVITY / INITIATIVE	DATA / OUTCOME
# of clients referred by CHWs for FP service or other health related illnesses during home visit/door-to-door approach	CHWs house to house visit	<ul style="list-style-type: none"> 27 256 referrals completed
# individuals reached with Family planning and Gender information by CHWs	Household visits by CHWs and Community dialogues	<ul style="list-style-type: none"> 32 684 individuals reached
# health workers trained in administering modern family planning methods	Trainings and mentorships conducted	<ul style="list-style-type: none"> 456 health workers trained.

How did success come about?

We embarked on building internal efficiency through:

- Inauguration of a new board of directors and Appointment of the new Executive Director to oversee the operations of ACODEV.
- Creation of board sub committees that report to the board of directors.
- Operationalization of online platforms to facilitate quick decision making at all levels.
- Engaged in confidence and relationship building with our development partners and successfully renewed 5 projects that had run out and also resumed one that was on suspension.
- Embraced management principles of openness, fairness and honesty in all our communications, relationships and engagements within and the outside.
- We exercised timely detection and resolution of conflicts and complaints from stakeholders.
- Kept regular contact with staff giving them the motivation to run operations from the national to field offices through meetings and team building sessions and retreats.

Lessons Learned

- Local governments are embracing community based drug administration through supporting high impact approaches across the domains of service delivery from demand generation to advocacy to address emergent needs for continued quality family planning services. For example, our village health teams are being helped to carry out community based outreaches and dialogues without having any trouble because we have stepped up our engagements with the political and technical leaderships in communities.
- In terms of demand generation for the services we offer, media engagements have also worked miracles in terms of mobilization, ACODEV expanded its use of WhatsApp and radio to reach people with accurate and updated information on service continuity during the year and through social media engagement we have served clients directly from their homes courtesy of good media engagement.
- We have noticed low engagement of Management and technical teams in field because of donor constraints to support supervision cost which has hindered management to take full control of field operations because of limitation in finance to facilitate their movements especially the executive director , PM and heads of departments.

Challenges

- Constant drug stock outs in most of the facilities within the two districts of Mitooma and Rubirizi which has affected the Initiative results. There is also a shortage of family planning commodities more especially family planning in most facilities. We are trying to manage this through strengthening linkages and relationships with the health delivery systems and institutions.
- Seasonal harsh climate conditions characterized with heavy rains that wash away some roads and sometimes cut off some of the communities and facilities targeted by our interventions. This makes it hard to access some of the communities and facilities with our services. We are trying to manage this challenge through strengthening the community-based structures like the VHTs to reach out to the communities during such times when our staff experience difficulties in reaching out to communities.
- Misconceptions and myths surrounding family planning among the communities especially in the West Nile sub region with strong cultural practices as well as the refugee population from South Sudan whose beliefs are against birth control continues to affect the level of uptake of family planning services among the target communities. We are however, we managing this challenge through continuous public sensitizations and education during health education talks at outreaches and engagement of more community leaders to talk to communities.
- Staffing gaps in MCH unit where family planning services are provided in most health facilities hence at some times leaving the FP unit with no staff. We are addressing this challenge through continuous advocacy with the districts and ministry of health to increase the wage bill to allow recruitment of more staff in health facilities.

Our Partners



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