SEXUAL REPRODUCTIVE HEALTH AND RIGHTS UMBRELLA PROGRAM

JULY 2021 – JUNE 2022

ANNUAL REPORT

Team from Frontline Aids and Alive Medical Services while at CEDO Hoima Field Office during one of the regular SRHRU monitoring Visits, June 2022.

HOIMA AND KIKUUBE DISTRICTS

FRONTLINE AIDS

CEDO
Child Rights Empowerment and Development Organization

ALIVE
MEDICAL SERVICES

SRHR Umbrella Annual Report (Year 6)

Name of organization	**Child Rights Empowerment and Development Organization (CEDO)**
Reporting period	**JULY 2021 – JUNE 2022**

Executive summary

The Sexual and Reproductive Health and Rights Umbrella (SRHR Umbrella) is a 7-year (2016-2023) Program funded by the Swedish Embassy in Uganda (SIDA), and managed by Frontline AIDS, with a local coordinating entity, Alive Medical Services (AMS).

The Umbrella Program aims to contribute to improved SRHR and HIV outcomes in Uganda by strengthening the civil society response for Sexual and Reproductive Health and Rights (SRHR). CEDO implements the program in Kikuube and Hoima Districts, in the Mid-Western Region of Uganda. The program responds to SRHR and HIV needs of vulnerable populations in Uganda.

Priority populations identified by this program include:

- ✓ Children aged 10 to 14, adolescents aged 15-19 and young men and women aged 20-24 years
- ✓ Young people living with HIV, orphans, street children, children with disabilities and slum dwellers
- ✓ Sex workers, truckers, fisher folk and men who have sex with men
- ✓ The general population is not targeted directly but is nonetheless reached through interventions such as mass media and community dialogues and benefits from the changes that result from advocacy and engagement with policy makers, cultural and religious leaders.

Throughout the last six years of program implementation, key program interventions have included: The provision of integrated SRHR/HIV services to the target population as well as mentorship and coaching of service providers in SRH/HIV provision; Condom education and distribution to end-users; distribution of SRHR/HIV related information and education communication (IEC) materials; holding community dialogues and small group discussion sessions on socio-cultural/gender-based/ other structural drivers of the HIV epidemic. Others include the participation of young, vulnerable and key populations in district planning, budgeting, monitoring and supervision of service delivery; engaging policy makers and district heads of departments in formulating budgets and implementing guidelines and policies

for SRHR service and information delivery, engaging community gatekeepers to champion adoption of safer sex practices among young, vulnerable and key populations, training and mentoring community SRHR advocates to develop and implement an advocacy strategy on SRHR and HIV for young, vulnerable and key populations, conducting radio talk shows and quarterly review meetings with key district stake holders and peer educators.

During year under review (July 2021 – June 2022), the program directly impacted 51,193 (21,822 males, 29,370 females, 1 Others) beneficiaries with integrated SRH/HIV services. Also, 1,183 referrals for SRH/HIV services were made and 1,172 referrals were completed 20 of health facilities that implement the SRHRU program in Hoima and Kikuube districts met the quality assurance standards, 460 (154 male & 306 female) health workers were mentored on the provision of comprehensive SRH/HIV youth friendly services to adolescent youth, young people and key populations, 137 health workers were mentored for the first time under the program. A total of 1,072,619 condoms and 74,276 IEC materials were distributed amongst direct beneficiaries. In addition, 252 community gatekeepers who champion adoption of safer sex practices among young, vulnerable and key populations were reached through community dialogues during the period.

Key highlights of the reporting period included: Donor and Frontline Aids monitoring visit; SRHRU performance review meetings at Grand Imperial Hotel and Monthly monitoring visits by the in country coordinating partners (AMS).

1. Performance progress on outcome 1: expanded access and increased use of quality, inclusive and integrated SRHR and HIV services among vulnerable and key populations

1.1. **Progress against planned activities.** You do not need to describe each activity here but please provide a status update and the measurable output of activity including number of people reached. The output should be in line with the deliverable on your workplan. Later sections provide an opportunity to give more details about specific activities.

Act. Code	Planned activity	Status: - Completed (when) - Started - Not started	Output in the reporting period
1.01	Facilitate community-based outreaches for delivery of integrated HIV and SRHR services and	**Completed (These were conducted throughout all the month of year 6)**	248 out of the planned 252 community-based outreaches were conducted during the reporting period. The outreaches reached out to 14,853 (6,953 male 7,898 female) young people and KPs.

	information		Beneficiaries were reached with SRH/HIV services including health education, HTS, STI screening and management, modern family planning methods, condom education and distribution, post SGBV counselling, among other SRH/HIV at various hot spots in the districts of Hoima and Kikuube. Out of the 14,853 beneficiaries who were reached during the outreaches, 6,192 (3,170 male, 3,022 female) tested for HIV and received their test results. **36 beneficiaries tested** HIV positive and were linked to care. 2,938 beneficiaries were reached with modern family planning methods.
1.02	Facilitate 24 targeted moonlights for delivery of integrated HIV and SRHR services and information	**Completed (These were conducted during the months of September 2021, December 2021, March 2022, and June 2022)**	All the planned 24 moonlights were conducted successfully for delivery of integrated HIV/SRH services and information to key populations during the reporting period. 1,157 (486 male, 671 female) beneficiaries were reached with integrated SRH/HIV services and information. 508 (207 male, 321 female) were tested for HIV and received test results were by **12 KPs** tested positive and were linked to care. **193** KPs were reached with modern family planning methods.
1.03	Provision of SRHR/HIV AIDS and GBV response services using toll free line hot helpline and case case follow ups	**(These were conducted throughout all the months of year 6 implementation)**	981 cases were received via the toll-free helpline and provided with mental health psychosocial first-aid support and SRH/HIV information. Categorically 494 were classified as physical; 190 sexual; 154 economic; and 143 emotional. Of the cases received, 106 were referred, 205 were closed, and 43 were still under follow up by end of the reporting period. GBV survivors were offered 5 essential GBV services- MHPSS, emergency

			contraception (EC), post-exposure prophylaxis (PEP), prophylaxis for sexually transmitted infections (STIs) and vaccination against tetanus and hepatitis B as well as referrals made for legal services.
1.04	Conduct coaching and mentorship of service providers in provision of friendly comprehensive SRHR services for young and most vulnerable people	**Completed (These activities were conducted on a quarterly basis throughout all the 4 quarters)**	92 onsite coaching and mentorship sessions with health service providers were planned and all conducted during the reporting period. During the sessions 460 (154 male & 306 female) service providers were taken through provision of comprehensive quality SRH youth friendly services, GBV screening and management and supported disclosure for the positive living clients.
1.04b	Conduct Health facility quality assurance audits to assess quality of service delivery	**Completed (These activities are bi annual where by the first assessments were conducted in the first half of the year and the others in the second half of the year)**	Health facility assurance audits were conducted in two phases throughout the 23 health facilities under the SRHRU program. The first audit was conducted in the mid-year and the other was conducted in the second half of the year. The quality assurance audits were aimed at assessing if the health facilities meet the SRHR quality assurance standards for the adolescents and the young people. Out of the 23 facilities, only 20 facilities met the quality standards as of the last audit that was carried out however the other three are being supported to meet the quality standards.
1.05	Support the establishment and scale up of youth corners	**Completed (This was conducted in the first quarter of year 6)**	05 New safe spaces were support and each received: 3 benches, 1 Television screen, 1 Zuku decoder, indoor games (chees Board, and, Ludo,) 1 notice Board, 1 condom dispenser and 1 condom Box. These items attracted more adolescents and young people in the supported facilities and this has been evident through the number of young people met during the peer-to-peer dialogues conducted at safe spaces.

1.2 Concise description of good practices identified, and lessons learned during the reporting period (400 words max)

During the program year ended, integrated community-based outreaches and targeted moonlights were instrumental in taking SRH/HIV services closer to adolescents, young people and key populations constrained by the long distances to health facilities to access SRH/HIV services. These outreaches provided these population categories with a one stop centre for SRH/HIV services.

Onsite coaching and mentorship sessions were employed as well, used as platforms to follow up on the continuous quality improvement action plans developed during assessment and health facility support visits/supervision by the project staff. During the mentorship and coaching sessions conducted at health facilities, 137 health service providers were met and taken through provision of quality comprehensive SRH services, GBV screening and management, and supported disclosure for the positive living clients for the first time under the program.

The use of the toll-free helpline in Provision of SRHR/HIV and GBV response services enabled safety of those who wished to report such GBV cases, yet wishing to remain anonymous (whistle blowers). One of the most difficult tasks in GBV response is case reporting and witness protection, since associating with GBV cases subjects complainants and witnesses to threats. Hence the toll free helpline keeps victims and whistle blowers safe within their communities as they may not be directly attributed to or blamed for case disclosure.

During assessment of health facilities, facility staff received instant feedback on the performance of the facility and action points were drawn to improve on areas of weakness. This helped the health facilities and the SRHRU program staff to jointly work on areas where the facility was found weak to improve on the quality of SRH/HIV services provided to the target population. The results of the assessments also helped health facilities to plan better i.e. knowing areas that might be necessary to improve on the capacity of its staff.

Supporting and establishing new safe spaces/youth corners ensured continuous involvement of peer educators through dialogues at safe spaces which has helped in reaching more young people with SRHR/HIV information and services. This is because the young people trust in their fellow peers than any other person hence opening up to our peer educators. The peer educators were also of great help during mobilization of program activities in communities.

Use of community theatres/drama and the public address system did not only provide edutainment for the young people during community based integrated outreaches but also provided a major mobilization strategy for the young people to come and access SRH/HIV services during the outreaches.

1.3 What are the main implementation challenges met during the reporting period and how were they addressed? Please use this section to comment on any variances with the workplan (activities not completed or not fully completed) and any variances between your results and your targets (refer to latest M&E update) (400 words max)

During the year, no major challenges were faced except that only four (04) out of the planned 252 community-based outreaches were not conducted. This was due to the high cost of fuel in the country which depleted the fuel and transportation budget. To avoid over spending, 04 community outreaches remained un done.

On the other hand, the demand for SRH commodities like STI management drugs, STI screening kits, HIV test kits, and lubricants, mostly affected by commodities' stock outs, affected service delivery to the target population during the year. By the end of the year, steps taken as results of engagements of DHO's Office by the program staff and the Young Advocates had resulted into increased vigilance by H/Cs to budget and request supply orders in time. Besides, redistribution of SRH/HIV commodities to facilities with stock outs had also been implemented to address stock-out challenges.

It was also unfortunate that only 86.7% (that is 20 out of the 23) of the H/Fs that implement the SRHRU Program had met the quality standards. However, by end of the program year, follow-ups on action points shared during QAAs and other QI strategies were being implemented to ensure all HFs meet the quality standards.

1.4. What other results or changes are you observing, as a result of the programme's work more widely? This may be changes resulting from activities conducted in previous years and/or led by other partners. (Optional. 300 words max)

During field monitoring visits, it was noted during the year that some H/Fs had taken an extra effort to integrate other H/F programs like immunization and ANC during community-based outreaches, which is a positive step towards program sustainability.

Improvements in behaviour change for adolescents and other young people in communities where the program is implemented had also been observed. Across all the facilities that implement the umbrella program, a reduction in number of young people enrolling on ART was noted, compared to the early years of the program when more young people were being on ART. This was also evident during community based integrated outreaches where by the positivity level had gone down.

Positive trajectory in change in mind set of adolescents and young women was observed. More young adolescents and young women were now taking up modern family planning methods compared to previous years when they felt that these methods were only meant for the adults. This had increased uptake of modern family planning methods. For example, at Dwoli health centre III, uptake of modern family planning methods had risen by 15% during the third quarter of the year.

2. Performance progress on outcome 2: Increased adoption of safer sexual practices among vulnerable and key population

2.1 Progress against planned activities

Activity code	Planned activity	Status	Output to date
2.01	Support peer to peer dialogues for young people and most vulnerable people in safe spaces	**Completed (These were conducted throughout all the three months of the year**	250 peer to peer dialogues were planned for the year and 293 dialogues were implemented at safe spaces, targeting young - and the vulnerable people throughout year 6. The dialogues were conducted by peer educators and covered issues on gender-based violence, sexual health, HIV prevention, seeking of SRH services by young people and key populations. In total, 4,035 (1,218 Males, 2,817 females) were reached during the dialogues, and attracted to access SRHR services at the various youth corners.
2.02	Mass media campaigns on SRH for young people (radio, TV where possible)	**Completed (These were conducted every last month of each quarter – September 2021, December 2021, March 2022, and June 2022)**	04 peer led radio talk shows were planned for the year but 05 peer led radio talk shows were conducted during the reporting period. The talk shows were conducted with support from the district health teams of Hoima and Kikuube aimed at bringing to light the roles and responsibilities of different stakeholders in strengthening SRHR service delivery especially for adolescent youth and key populations.
2.03	Engage family protection unit in community to conduct sensitisation on SGBV	**Completed (These were conducted every last month of each quarter – September 2021,**	40 sensitization session were planned and were all conducted (10 sessions each quarter). These meetings were facilitated by police officers as lead facilitators from the

		December 2021, March 2022, and June 2022)	family protection unit; sub county CDOs, LC III vice chair persons, probation officers at sub county level, and other resource persons with knowledge of GBV management. 978 (358 males, 620 female) were reached. The GBV sensitisation meetings were aimed at mitigating GBV and other forms of Violence in communities.
2.04	Conduct men's only dialogues and women's only dialogues	**Completed (These were conducted every first month of each quarter – July 2021, October 2021, January 2022, and April 2022)**	40 men alone and 40 women alone dialogues were planned and were all conducted in Hoima and Kikuube districts. The dialogues reached out to 913 (425 males, 488 female). The men alone and women alone dialogues were aimed at addressing gender imbalances caused by society stereo typing.
2.05	Conduct community-based dialogue meetings with gatekeepers (local leadership, religious leaders, and cultural leaders), parents and young and most vulnerable people	**Completed (These were conducted every second month of each quarter – August 2021, November 2021, February 2022, and May 2022)**	40 community dialogue sessions were planned and were all conducted during the reporting period. The dialogues reached 600 (308 males, 292 females) in Hoima and Kikuube districts and were aimed at addressing factors that hinder access to SRH/HIV services by young people and other socio-cultural/gender-based/ other structural drivers of the HIV epidemic.

2.2 Concise description of good practices identified, and lessons learned during the reporting period (400 words max)

Supporting peer to peer dialogues by program staff and health workers has over time helped adolescent youth, key populations and other program beneficiaries to get clarifications on areas that peer educators might not be in the best position clarify on. With support of health workers, SRH concerns by young people during and after the dialogues are worked on/addressed instantly. Supporting peer to peer dialogues also gives the audience confidence in peer educators.

Provision of refreshments to young people during the dialogues at safe spaces at health facilities has encouraged more young people to continue coming to health facilities not only for the dialogues but also to seek for SRH/HIV services.

Cultural leaders and religious leaders have joined the SRHRU implementation team during engagements like men's only and women only dialogues, dialogues with gatekeepers and during GBV sensitizations to share with community members especially the men the need to respect and value women as a way of addressing gender imbalances in communities and reducing on the cases of gender-based violence.

Five peer led program radio talk shows were conducted during the reporting period. This was as a result of more funds on that activity as a result of the service provider not playing SRHRU Program spot messages. However, program staff participated in another one radio talk show from another partner working on gender-based violence issues. The radio talk show was aimed at sensitizing communities on the dangers of GBV and the referral pathways in managing and addressing GBV.

2.3 What are the main implementation challenges met during the reporting period and how were they addressed? Please use this section to comment on any variances with the workplan (activities not completed or not fully completed) and any variances between your results and your targets (refer to latest M&E update) (400 words max)

There are tendencies of some clients not taking into consideration of recommendations and referrals made via the toll-free helpline. This is addressed by program staff carrying out physical follow ups to find out whether the advice was taken or not. If not taken, the program staff supports the clients to get the services from the concerned service providers.

2.4. What other results or changes are you observing, as a result of the programme's work more widely? This may be changes resulting from activities conducted in previous years and/or led by other partners. (Optional. 300 words max)

Through synergy and partnerships with other implementing organizations like Reproductive Health Uganda during men only and women only dialogues, male champions have been identified and are supported/facilitated by RHU in Hoima district. The male champions are used to mobilize fellow men to support their partners in accessing medical care including antenatal care, and SRH/HIV services. They also carry out sensitizations on GBV and home-based counselling interventions to married to reduce the risk of GBV.

Two peer advocates participated in a three Y+ Summit at Hotel Africana (25th – 27th April 2022) that was organised by Uganda Network of young people living with HIV & AIDS (UNYPA). The summit was aimed at creating a platform for learning and sharing best practices for effective HIV/SRHR programming for young people. The peer educators were taken through how to amplify voices for advocacy wins, Mental health integration for YPLHIV, and AGYWs being at the forefront of ending new HIV infections

3 Performance progress on outcome 3: an enabling SRHR and HIV environment for vulnerable and key populations

3.1. Progress against planned activities

Activity code	Planned activity	Status	Output to date
3.01	Conduct advocacy and lobby meetings to implement guidelines and policies for SRHR service and information delivery (using the SRHR advocacy platforms)	**Completed (These were conducted during the month of March 2022)**	An advocacy and lobby meeting with departmental heads was conducted with an aim of drawing attention of policy implementers and influence them appreciate the unique needs of young people at various levels. 16 (05 male, 11 female) district heads of departments and key policy makers participated in the advocacy and lobby meeting.
3.02	Conduct policy dialogue with policy makers to increase political commitment and technical capacity among government structures to address community needs, HIV and SRHR service and information access,	**Completed (These were conducted during the month of March 2022)**	As a result of the advocacy and lobby engagement conducted before the policy dialogue, 01 policy dialogue meeting with policy makers (Political wing including district counsellors, secretary for health and representatives of the health committee) was conducted.

	and GBV.		The meeting was attended by 16 (05 male, 11 female)
3.03	Showcase SRHRU at national and international policy events		CEDO participated in commemoration of international days like the commemoration of the international world Aids Day in December 2021, international women's day through conducting GBV sensitizations with support from the Polices' unit of family protection, and the day of the African Child. The sensitisations were aimed at addressing imbalances towards women and young people.

3.2 Concise description of good practices identified, and lessons learned during the reporting period (400 words max)

As a result of the engagement with district heads of departments and technocrats, key action points were shared with an intention of improving service delivery to adolescents and other young people, and other community members. For instance, the Acting District Health officer for Hoima district committed to work together with the planning unit of the district to lobby for development and new health facilities to address issues failure to access medical services because of long distances, and to elevate health centre IIs to health centre IIIs as a way of improving service delivery.

Still through engagements of district stakeholders, the representative of the LC V Kikuube (Miss Munguriek Everce) asked the district health department to include procurement of virginal models in the budget for the next financial year during an advocacy and lobby meeting as she would follow it up closely and ensure the district counsel passes it and have them procured.

The district health teams for both districts of Hoima and Kikuube promised to continue engaging other implementing partners like Baylor and Reproductive Health Uganda to continue mentoring health workers in screening and management of cervical cancer among the beneficiaries.

3.3 What are the main implementation challenges met during the reporting period and how were they addressed? Please use this section to comment on any variances with the workplan (activities not completed or not fully completed) and any variances between your results and your targets (refer to latest M&E update) (400 words max)

There were no major challenges under this outcome during the year.

1.4. What other results or changes are you observing, as a result of the programme's work more widely? This may be changes resulting from activities conducted in previous years and/or led by other partners. (Optional. 300 words max)

Through engagement of district heads of department and technocrats and during implementation of program activities, it was noted that most health workers lacked skills in cervical cancer screening. The district health offices contacted other implementing partners (Baylor and RHU) who have more expertise in screening and management of cervical cancer and these partners have started mentored health workers in cervical cancer screening.

4 Performance progress on outcome 4: Strengthened institutional capacity of implementing organizations (NGOs) to deliver quality and inclusive SRHR and HIV program in Uganda

4.1 Progress against planned activities

Activity code	Planned activity	Status	Output to date
4.01	Quarterly project review meeting with stake holders with in the district (4 Hoima and 4 for Kikuube)	**Completed (These were conducted every last month of each quarter – September 2021, December 2021, March 2022, and June 2022)**	08 quarterly review meetings for Hoima and Kikuube were planned and whereby 07 meetings were conducted during the year. The review meetings reached out to key district stake holders and other implementing partners. During the first three quarters of the year, each implementation district had a separate project review meeting and the last quarter the meeting was combined. This was as a result of not having enough funds for conducting two different meetings

			The meetings were attended by members of the office of the district Chief Administrative office, district health teams from both districts, health facility in charges, SRHRU focal persons, officers from the district community departments, and other partners from both districts.
4.02	Quarterly progress review meetings with Peers educators	**Completed (These were conducted every last month of each quarter – September 2021, December 2021, March 2022, and June 2022)**	04 quarterly review meeting with peer educators were conducted as was planned. The review meeting targeted all the SRHRU Program peer educators from both districts of Hoima and Kikuube. The quarterly review meetings with Peer Educators were used to assess the progress, successes, and challenges of the project and the peer educators and incorporate learnings and best practices in planning.
4.03	Bi-annual Joint Project field monitering and implementation progress review by SMT staff and District departmental Heads	**Completed (This was conducted during the months of January 2022)**	The project field monitoring was conducted by members of the Senior Management Team that comprised of the Head of Program, Finance manager and the regional coordinator. During the visit the SMT monitored progress of the program, and visited the district health teams and various health facilities which helped in strengthening the working relationship with CEDO.
4.04	Donor and Frontline AIDS monitoring visit	**Completed (This was conducted during the months of February 2022)**	During the quarter, CEDO hosted a team from the Swedish Embassy and Frontline Aids. The visit was aimed at assessing implementation, impact of the SRHRU program and provide technical support to CEDO staff.
4.05	Attend 2 performance review meetings	**Started (Two performance review meetings were attended by CEDO staff, one in March**	During the quarter, CEDO staff attended 02 SRHRU program performance review meetings. The meetings brought together all the SRHRU implementing partners in

		and the other in June 2022)	Uganda to share on their performance. However, the meeting that was conducted in June 2022 also included key stakeholders from the various implementing districts in country.

4.2 Concise description of good practices identified, and lessons learned during the reporting period (200 words max)

The quarterly project review meetings with stake holders ensured sharing of project progress, (Targets Vs. project achievement), challenges; best practices realised and seeking for support from the various stakeholders to support the project activity implementation.

The quarterly review meeting with peer educators is a platform for peer educators to share experiences on implementation of program activities but also to get feedback from their supervisors to ensure the quality of data collected is good.

The donor and Frontline Aids visit to CEDO helped in addressing specific concerns with the organization, peer educators and program beneficiaries. This was through interactions with organisation staff, program peer educators, and program beneficiaries during the visit. The visit also important in the sense that it strengthened more the partnership of the organization and the district stake holders.

The monitoring visit by members of CEDO SMT provided is always an opportunity for the senior management and project staffs to share updates in program implementation, challenges met and how they can be overcome during activity implementation and how to improve on the weak points.

The SRHRU Program performance review meetings with all implementing partners have continuously helped implementing partners to learn from each other and share best practices. The June performance review meeting was even more unique as in included key stake holders from the implementing districts and captured their feeling on where the program is doing well and where it needs to implement differently. This was also a very good strategy to ensure the key stake holders provide ideas that will support continuity of the program when it comes to an end.

4.3 What are the main implementation challenges met during the reporting period and how were they addressed? Please use this section to comment on any variances with the workplan (activities not completed or not fully completed) (200 words max)

Out of the planned 08 Quarterly project review meeting with stake holders for the two districts of Hoima and Kikuube, only seven were conducted as a result of not having enough funds for conducting two different meetings for the last quarter. However, instead of have a review meeting with only one district stakeholders, stake holders for both districts were brought together for the very last project review meeting for year 6.

4.4 What other results or changes are you observing, as a result of the programme's work more widely? This may be changes resulting from activities conducted in previous years and/or led by other partners. (Optional. 300 words max)

N/A

5 Other activities implemented during the reporting period and their outputs (this is an optional question) – 300 words max

N/A

6 Gender transformative programming (300 words max)

A gender transformative HIV response not only seeks to address the gender-specific aspects of HIV, but also to challenge and change existing structures, institutions and gender relations to ones based on gender equality. Gender-transformative programmes recognise and address gender differences.

6.1 In your context, what are the harmful gender norms and gender power relations that you want to change? How do these harmful norms or power imbalances act as barriers to SRHR?

Traditionally in Africa gender norms were favouring the men more that the women and this has in a way found its way to the present day to day life. Hoima and Kikuube districts were the SRHRU program is implemented have not been exceptional were by they also have gender norms that promote power imbalances in community. Among the harmful norms include; Men having powers to determine number of wives to marry, number of children to produce regardless of a woman's wish; Women are prohibited from taking up leadership positions in homes and the community, if they are to take up these positions, approval must be given by men; prohibiting women from inheriting property compared to their counterparts the men, or even owning huge assets of their own.

The above-mentioned community norms act have led sexual gender based violence which has affected the women most as well as creating a lot of barriers to SRHR service access in a sense that; women have to seek approval from their counterparts the men to seek SRHR services including family planning and even HIV Testing Services, which affects the quality of life of women. The notion of men having powers to decide on the number of wives and number of children to be produced not only exposes women to STIs, HIV and cervical cancer but also lowers women choice of SRHR services they would access. Besides, women being prohibited from inheriting assets, owning huge assets lowers their economic power to purchase SRHR commodities and services, which is worsened by stock

outs at health facilities.

Women's prohibition from taking up leadership positions or if they are to take up the said positions to first seek approval from their counterparts the men, limits their ability to advocate for quality, affordable and inclusive SRH/HIV services. This leaves them more vulnerable especially un educated women and girls in SRH/HIV services of their choice thus acting as barriers to SRHR

6.2 What activities have you done, to help achieve this change? (Please reference the activities in other parts of the report which address gender inequality, and add anything which is not already documented above)

As a result of Men's only and women only dialogues, they have shaped and are continuing to shape men's powers of determining when, where and why their wives access SRHR services especially family planning. Activity 2.05 (Conduct community-based dialogue meetings with gatekeepers - local leadership, religious leaders, and cultural leaders, parents and young and most vulnerable people) has helped in denouncing any barrier to accessing SRHR services like women taking up leadership positions. CEDO has also used radio talk shows supported by the program and other implementing partners to sensitise masses on gender inequality.

6.3 What *specifically* did you hope or expect to achieve by implementing these activities – what was the purpose of the activity/ies?

CEDO undertook the above activities with aim to transform any form of gender/power imbalances within communities and empower women to make informed choices and to be able to decide when and how and why they are to access SRHR services including family planning, HTS among others. Besides, the said activities were undertaken to seek support from cultural and religious leaders to influence men's decisions and thinking about women rights to accessing health care services without seeking male approval, right to inherit and own property which would in turn empower women purchasing power even when SRHR service commodities are not available at health facilities due to stock outs.

6.4 What measurable changes (outputs and/or outcomes) have you been able to record or document?

As a result of involving the religious leaders in the implementation of some activities most especially in the GBV sensitization and community gate keepers' sensitization meetings, they formed a youth group of 45 members in Kakindo village Kyabigambire sub county whom they meet on a monthly basis with an aim of giving information on SRHR/HIV prevention, condom education as well as ending early child marriages in the communities. This has led to the dissemination of the right SRH information including GBV to the young people and the adolescent youth as well as accessing all the necessary resources within the communities for the young people to benefit.

6.5 Was there any learning from these activities that you can build on?

The involvement of the cultural and religious leaders has greatly increased on the visibility of the SRHRU Programme in the two districts of Hoima and Kikuube. These have also enabled easy dissemination of SRH information to the young, adolescents and key population within the communities. The above are also being used as a mobilization strategy to deliver all the required information to the targeted population and this can be built on to ensure sustainability of the SRHRU program activities.

7 Staffing and stakeholders

7.1. Please list all staff working on the project (50%LoE or over), and their start date (if started during the reporting period)

Position	Name	Start data (if applicable)
Head of Programs	Wandera Herbert	May 2018
Finance Manager	Nsemere Bernard	May 2018
Monitoring and Evaluation	Alituha Mary	July 2021
Project Officer-Hoima	Asobora Joel	May 2018
Project Officer-Kikuube	Musiime David	September 2021
Project officer-Innovation	Sseruwada DeusDedit	October 2021
Program Assistant	Kuganyira Gladys	July 2021
Data Entrant	Womugisa Machriss	September 2021
Data Entrant	Nyakato Winnie	September 2021
Psychosocial support officer	Kugonza Justus	01st October 2021

7.2. Please provide number of peer educators working on the project in the reporting period, disaggregated by gender and population group

No.	NAMEs	SEX	Population Group
1	TUMWESIGE ROBERT	M	TRUCKER
2	MUGISA COLLINS	M	SLUM DWELLER
3	MURUNGI KENNETH	M	SLUM DWELLER
4	BAINOMUGISA JOSEPH	M	YPLHIV
5	AJUNA CLEOPHAS	M	SLUM DWELLER
6	NUWAGABA BILL CLINTON	M	MSM
7	NAMANDE PROSSY	F	SLUM DWELLER
8	KABAJUNGU TEDDY	F	SLUM DWELLER
9	AYESIGA JOANITAH	F	SLUM DWELLER
10	KYALIGONZA IVAN	M	TRUCKER
11	ATUGONZA JUMA	M	TRUCKER
12	AYEBALE MACKLINE	F	FISHERFOLK
13	KISEMBO MONICA	F	FISHERFOLK
14	FAIDAH ANNET	F	SW
15	NYABIGAMBO FARIDAH	F	SLUM DWELLER
16	MURUNGI BENSON	M	SLUM DWELLER/YPLHIV
17	AYESIGA ABRAHAM	M	SLUM DWELLER
18	TUMUKUNDE FRANK	M	SLUM DWELLER
19	ATUHURA COMFORT	F	SLUM DWELLER
20	ATEGEKA JESCA	F	SLUM DWELLER
21	MAMBEYI ROLLAND DOMINIC	M	SLUM DWELLER
22	FREDRICK AMANYIRE	M	SLUM DWELLER
23	KATUSABE JOVIA	F	SW
24	ASABA STELLA	F	SLUM DWELLER
25	MUGABI ERIYA	M	SLUM DWELLER
26	KEMIGISA RESTY	F	SLUM DWELLER
27	AKUGIZIBWE WILSON	M	FISHERFOLK
28	AHARIKUNDIRA JUSTINE	F	YPLHIV
29	NYANGOMA FLAVIA	F	SLUM DWELLER
30	OGENRWOTH ROGGERS	M	FISHERFOLK
31	OMIRAMBE KIZITO	M	FISHERFOLK
32	UROM GODFREY	M	SLUM DWELLER
33	KOBUSINGE JOAN	F	SLUM DWELLER
34	ANICHIYA JUSTINE	F	SLUM DWELLER
35	MBABAZI MAJERI	F	SLUM DWELLER
36	KATUSIIME VIOLET	F	YPLHIV
37	TIGALYOOMA BEATRACE	F	SLUM DWELLER
38	MUSIMIIRE GILLIAN	F	SLUM DWELLER

39	BABYESIZA GEOFREY	M	SLUM DWELLER
40	ORYEM CHRISTINE	F	FISHERFOLK
41	TUSINGWIRE JOHN	M	SLUM DWELLER
42	OYER NELLY	M	FISHERFOLK
43	NINSIIMA RUTH	F	YPLHIV
44	KABAHINDA SCOVIA	F	SLUM DWELLER
45	BUSOBOZI IBRAHIM	M	SLUM DWELLER
46	AYEBALE MELLAN	F	SLUM DWELLER
47	KWICHINY SUNDAY	F	FISHERFOLK
48	KYAMANYA JOSEPH	M	SLUM DWELLER
49	KABASAIGI LYDIA	F	FISHERFOLK
50	ATUGONZA MARY	F	SLUM DWELLER

8 Financial management overview.

Please provide your actual expenditure vs budget figures for the overall year and for activities. You can use your financial reports for this.

	Y6 budget	Expenditure to date	Burn rate (%)
Total budget			
Activity budget			

9 Outputs: attach any key project outputs achieved during the reporting period (success stories, case studies, activity reports, materials produced)

INCREAMENT IN THE REPORTING AND RESPONSE TO GBV CASES

Officer In-Charge-Police -CFPU- Nampijja Grace, stationed at Hoima Police Station in Hoima District

Am called Captain Nampijja Grace, am the Officer in-charge of the Police Child Family and Protection Unit at Hoima Police Station. I have been net-working with CEDO since 2016 to date. While networking with this organization, a lot of success have been registered in my department, most especially in the aspect of GBV as well as uplifting the rights of the marginalized children and women in various communities where awareness and sensitization have taken place. Before working and networking with CEDO-Uganda, there were few GBV cases that were reported and registered. This is because, the community members feared police and others had a negative attitude towards reporting of GBV cases. Many GBV victims/survivors suffered in silence while others did not know the reporting procedures once they arrived at the police station.

Net-working with CEDO-Uganda has really uplifted our Hoima Police Flag high; we have been in position to engage ourselves in community sensitization meetings hence making the community members understand their roles and responsibilities towards the promotion of the child rights as well as women's rights, most especially when it comes to property ownership. GBV referral pathways have been strengthened right from the village to district level. this has been done through development and displaying of GBV referral directory clearly showing GBV cases that are handled at different levels. As CFPU department, we have been in position to work hand in hand with CEDO's trained gate keepers such as the cultural and religious leaders, local council structures as well as local government structures right from the sub counties of operation to the district level most especially the Community development, probation and welfare department as well as making awareness creation through Radio Talk Shows.

The Police CFPU involvement in the above mentioned activities, has greatly improved on the reporting of GBV cases. As a result of these, 1,470 GBV cases have been reported and registered at Hoima Police Station. These included; -Physical = 955, Sexual = 170, Economic = 278 and Emotional = 67 and these have received services while others are still on follow up waiting for their files to be closed.

As CFPU department, we take this great opportunity to thank CEDO-Uganda together with their funders, Frontline Aids, for having actively involved the police in the implementation of the GBV activities as strengthening the Gender Transformative Approach.

Compiled by:

Kugonza Justus – Psychosocial Support Officer

LIVING A BETTER LIFE- THROUHG TOLL FREE HELPLINE-GBV SURVIVOR

The community gate keeper, conducting a home based counseling intervene with GBV survivor-

My name is Akampulira Kevin, am 10 years, am the first born in the family of two children and a native of Nyakakonge village, Kakindo Parish in Kyabigambire sub county in Hoima district. I lost my biological father in 2021. Since he was a bread winner, life worsened after his departure as my mother could not afford to cater and meet all our basic needs. It reached to the extent of having one meal or none at all. As a result, my mother decided to get married to another man with the hope that our step father would look after us.

What would be a better life turned out to be the worst life any other child would undergo. Our step father was a drunkard, who hated me so much that battering and insulting me became the order of the day in my life. I was forced to drop out of school (Kakindo primary school), and always forced me to leave his home or else he would kill me. Many times I was denied food, clothes and accommodation since I would be locked out of the house at night by my step farther. My mother would not intervene as she feared for her marriage to end.

One day as I was beaten and threatened never to return home, I decided to leave home wondering where my next destination would be. It was during these wee hours when I met a good Samaritan at Kakindo Trading center who wondered why I was moving at night a lone with no adult company. I narrated to him my painful experience and he was touched. He remembered CEDO- Uganda sharing a toll free helpline for providing Psychosocial Support to the victims of GBV during the 16 days of GBV activism.

The Psychosocial support officer was called upon using the toll free helpline. My mother and step father were counselled with the help of CEDO staff and gate keepers in our communities, who were informed and sensitized them on my rights as a child. My step father was cautioned never to batter me again and my mother to always protect me no matter the circumstances.

I now live a better life, my parents took me back at school (Kakindo primary school), no more locking me out of the house at night and beatings and am loved like any other child in a home.

I applaud my changed life to CEDO –

mother and step father after case mediation at their

Uganda, who counselled my parents through a toll free helpline which resulted in to a home based intervene hence creating peace in our family.
Long live CEDO-Uganda.

Compiled by:

Kugonza Justus –PSS Officer.

A peer educator attached to Kabaale HC III registering a trucker for SRH/HIV services during an outreach at Kigaaga hot spot. 21/10/2021

A health worker from Kikuube HC IV providing HIV testing services to a beneficiary during one of the moonlight activities conducted during the year. 11/12/2021

The Hoima DHO sharing the challenges faced by health facilities in Hoima district in a bid to provide quality SRH/HIV services during an advocacy & lobby meeting. 18/03/2022

A religious leader giving recommendation for continuous implementation of out-reaches by CEDO Uganda in a bid to improve service delivery at Buswekera. 21/02/2022

The CDO Buraru Sub County stressing a point of collective responsibility for both partners in a family during a GBV sensitization at Buraru Village in Hoima city. 19/03/2022

The SRHRU project coordinator sharing with health workers of Buhimba health centre III in Kikuube district on the need for screening for GBV survivors and victims' during a mentorship session.

A CEDO staff sharing with community gatekeepers of Kikuube district on how to support adolescents and other young people to access SRH services.08/09/2022

The M&E officer administering the quality assurance audit to health workers of Kabwoya HC III during one of the visits at the facility. 10/03/2022

The OC Bulindi Police post cautioning community members to always report GBV issues in community such that their issues are addressed timely. 26/11/2021

A peer educator conducting health education with adolescent youth before an outreached that was conducted at Kabango hot spot in Kikuube district. 02/12/2021

A team from Frontline aids and Alive Medical Services having a discussion with the Principle health inspector of Hoima district during one of the visits. 21/06/2022

CEDO's M & E Officer making a presentation on the gaps identified during QAA sessions in health facilities during an Advocacy and Lobby meeting. 18th /3/2022

Report reviewed by (name, designation)	**Mwesigwa David**, **Program Manager**
Report submitted by (name, designation)	Abdallah Byabasaija, Executive Director
Date of submission	28th July 2022