

Multi Community Based Development Initiative

**MUCOBADI
ANNUAL
REPORT 2018**

Table of Contents

Abbreviation	i
Letter from Executive Director	ii
About us	1
Board and Management	1
Our program coverage in 2018	1
Vision	1
Mission	1
Our program areas	2
Achievements	3
From 2011-2018	3
AMAZING SUCCESS STORIES IN 2018	11
Financial Status 2018	12

Abbreviation

CBO:	Community Based Organization
CCA:	Community Change Agents
GBV:	Gender Based Violence
MOU:	Memorandum of Understanding
MUCOBADI:	Multi Community Based Development Initiative
NGO:	Non-Government Organization
OVC:	Orphan and vulnerable children.
PSW:	Para social workers
VCCMC:	Village Child Case management Committees
VHT:	Village health teams
WASH:	Water Sanitation and Hygiene

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Letter from Executive Director



MUCOBADI programming in 2018 has been guided by its five-year Strategic plan (2017-2021) which focuses on four thematic program areas including; health, livelihoods, rights and accountability and WASH.

I am glad to reported that in the year 2018, we have surpassed our targets and we have reached the target beneficiaries with a range of services including; family strengthening interventions, integrated health services, case management and child protection services, social behavior change communication information, and Water hygiene and sanitation services among others.

We have closely worked with a range of partners (government, CSOs and private sector) and government agencies including Ministry of Gender labor and social development, Ministry of Health, Ministry of education and Sports in order to strengthen systems for improved access and utilization of SRHR services and information and increase resource allocations for SRHR, OVC and Maternal and child health.

At District and National level, MUCOBADI has advocated for improved health commodities for maternal and child health, improved learning and retention of children in schools among others.

MUCOBADI management and staff is therefore grateful to USAID-WEI/BANTWANA, RTI, URC, Chance for Childhood for the generous support and funding they rendered to the Organization that enabled us to serve our beneficiaries in the 14 districts of operation.

A handwritten signature in black ink, appearing to read 'Moses Mutumba'.

Executive Director
Moses Mutumba



About us

MUCOBADI was started in 2000 in Bugiri District Uganda by Community Development Volunteers to bring development to the area, but in particular to support productive and active people to live longer and continue contributing to the development of the area. First registered as a CBO in 2003 and later in 2008 by the National NGO Board as a Non-Government Organization (No: S.5914/7569) and incorporated as a company limited by guarantee, MUCOBADI has signed MOUs and worked with more than 15 Local Governments in Northern Uganda, Eastern Uganda, Central and Karamoja region

Board and Management

MUCOBADI is steered by a Board of Directors (BoD) who set policy guidelines to allow for the operation of the secretariat. MUCOBADI's secretariat has grown over time and is managed by a 48-person team headed by an Executive Director and assisted by experienced and qualified Programs, M&E, and Finance management teams. The staff are experienced in project planning and management, livelihoods, HIV, reproductive Health programming, policy analysis, monitoring & evaluation, civic empowerment and use of several transformative and behavior change approaches.

Our program coverage in 2018

In 2018 MUCOBADI implemented programmes with grants targeting the East Central region, Northern Uganda and Karamoja region in the Districts of Bugiri, Tororo, Namayingo, Busia, Namutumba, Kitgum, Agago, Lamwo, Pader, Luwero, Mayuge and Luwero

Vision

A self-sustaining health community

Mission

To partner with communities to identify, analyze and respond to social economic barriers affecting the most vulnerable communities

Who do we target?

We support children, women, men, youth and societies affected with high rates of HIV/AIDs, poverty, food insecurity, families affected with GBV. We work with children and their families that are not in position to access basic needs to

Our program areas

1. HEALTH

Strategic goal: Strengthen Community Health Systems to Respond to HIV/AIDS, Reproductive Health, Maternal and Child Health

- * Increase uptake and utilization of quality HIV care and prevention services among the Key, Priority and Most at Risk Populations (MARPs)
- * Improve coverage and access to high impact maternal and child mortality reduction services in high-burden populations
- * Increase availability and access to safer sexual and reproductive health services among adolescents and young people

2. WASH:

Strategic goal: Increase access to and Availability of Sustainable Water, Sanitation and Hygiene Services.

- * Improve access to clean, safe and sustainable water supply for domestic purposes
- * Improve the sanitation practices among the most vulnerable using integrated approaches
- * Improve the hygiene practices of the most vulnerable through sustainable approaches.

3. RIGHTS AND ACCOUNTABILITY:

Strategic goal: Strengthen accountability and community responsiveness to inequality, exploitation, social-economic and health rights of the most vulnerable

- * Strengthen Capacity of Community structures to protect and respond to rights abuse, exploitation and violence against children and women.
- * Improve access to safe environments that promote learner retention, child safety, well-being and development
- * Empower ordinary citizens to undertake policy analysis and social accountability for equitable, accessible and accountable

health services.

LIVELIHOOD

Strategic goal: Empower vulnerable HHs to overcome poverty and food insecurity through sustainable inclusive productivity and access to market

Objectives

- * Strengthen community capacity in production, post-harvest handling, mitigation and adaptation to climate change among poor HHs
- * Strengthen relationships between producers and improve their access to financial institutions and broader markets
- * Address barriers to gainful employment through skills enhancement, secure tenure and capital among young people and women

5. INSTITUTIONAL DEVELOPMENT:

Strategic goal: Strengthen Organizational Efficiency and Effectiveness in Service Delivery

Objectives

- * Improve staff performance through internal reviews and skills development
- * Strengthen capacity to develop and implement quality internal control mechanisms, policies, procedures and systems
- * Strengthen research, monitoring, evaluation and learning systems

Achievements

From 2011-2018

348,816 Individuals reached and benefiting from our work

48,300 Most at Risk Populations reached with HIV prevention and care

152,110 Mothers reached with maternal health

972 Girls and young women economically empowered

27,391 Adolescents reached with SRHR services

552 Benefit from WASH efforts with 99 communities supported to access safe and clean water.

98 water user committees built capacity

54359 Individuals reached with rights and social accountability effort with 26085 child protection cases referred and resolved,

681 community advocates built capacity

1,965 Farmers benefiting from on farm and off farm support

394 credit and saving groups formed with UGX 557,230,200 cumulative savings by individuals

Joseph one of the 2,015 youth entrepreneurs supported



Kipoi Joseph is a resident of Mufumi Village, Nabijingo Parish in Bulidha Sub-county, Bugiri District. Aged 23 years, Joseph is a father to one child and his wife is a member of Bright Star Peer Educators' club (PEC).

Under Micro franchising arrangement, Joseph is one of our beneficiaries who were given 10 kilograms of maize in 2018 and he harvested 300 kilo grams out of this investment. As a result of club activities, Joseph has been trained in mechanics at Bwali Vocational Institute and he gained elementary skills in repairing motorcycle. He is looking forward to establishing a garage in Mufumi village where he hails.

Joseph has been able to make more friends including project staff from MUCOBADI who have in turn built his life skills. He has also been advised on essential savings skills and he has been able to accumulate savings to ugx.180,000 in Tugemere Walala Savings Group.



Abbo Jacinta one 972 youth economically empowered

"I earn ten thousand shillings (10,000/=) per day depending on the style of hair and out of the money I get from the skill I have acquired, I do savings in the young savers club"



Naigaga Sarah 29 years and a mother of 2 children but also takes care of four (4) other children as a step mother. Sarah lives with her husband- Wejuli Peter aged 50 years. She resides in Ngochi village, Busitema parish, in Busia district in Eastern Uganda. Sarah says "life was a little hard because of the low income earning in the household, I used to entirely depend on my husband's income who was also earning very little but when I joined VSLA, I was able start my own business and I, am able to sustain my family. I earn 5000/=per day"

Participating in the Village Saving groups has uplifted my economic status - Anyango Miriam of Akworot central, Mukuju parish Mukuju Sub County Tororo district.



As a vulnerable widow, Miriam could not meet the basic necessities for her children such as scholastic materials, food and clothing.

She was mobilized by Community Based Trainer from MUCOBADI who encouraged her to join Badayakazi VSLA+ group in Mukuju parish and was trained in financial literacy, business planning, selection planning and management.

She started saving her little earnings in the group which enabled her obtain a small loan from the group worth UGX 35000=.

With this, she started up her own business of selling silverfish (Mukene and Fish) which is now flourishing.

SINOVUYO Training sessions influence children's participation in decision making at home - a case of Achieng Eunice

Achieng Eunice is a 16-year-old student at Great Aubbrey Senior Secondary School in Tororo District. She together with her 4 siblings and parents are members of Makirokiberi SINOVUYO group. Before the family joined Makirokiberi SINO group, her parents would not involve the children in decision making. Her father was a drunkard and would drink alcohol from morning until night. Eunice's parents constantly quarrelled and fought until her mother left the home. Their father failed to pay school fees in time because he would spend whatever little earnings he got on alcohol. In January 2018, this family was identified by MUCOBADI and enrolled to benefit from SINOVUYO training. The entire family joined SINOVUYO group and the lessons learnt enabled the family develop a saving plan as well as the ability to plan together as a family. The mother returned to the home, the parents now live in harmony and the children are involved in decision making on matters regarding the family.



Achieng Christine right and the colleague left smartly dressed in uniform at school

Our contribution to UNAID 90, 90, 90 target by increasing access to HTS and other health services among our targeted communities

In order to contribute to the 90% strategy in communities where we work, we collaborate with clinical partners where we facilitate community structures (VHTs, PSWs) to mobilize most at risk Household members to access HTS through door to door testing, Assisted partner notification among others. As a result, 16500 individuals were tested in 2018 through collaboration and coordination with health workers and community structures. Intergenerational dialogue meetings are organized where health workers and MUCOBADI team orient individual on the importance of knowing their HIV status, ART adherence and retention on treatment while testing of individuals is incorporated into the meeting.



20% reduction in malnutrition cases in our targeted communities

We Create awareness and develop skills to scale community-led efforts against malnutrition. MUCOBADI trained community structures with support from our funders in case managements both at house hold level and community. Para social workers provide education to households and in groups to care givers on the value of giving children different varieties of food for better grow

and development of a child. We have registered success due to reduced cases of malnutrition before the intervention. Malnutrition cases reported in 2017 stood at 30% and in 2018 we only received 10% cases in line with mal-nutrition identified in household, care plans are developed to ensure that child affected is given immediate attention and monitored for improvement

Promoting of behavioral change among adolescents through peer led approaches

In 2018, MUCOBADI formed 187 youth clubs between the age group of 10-14 and 15-17 years with a composition of 5610. The youth were taken through a curriculum that prepares the mind set to reason in the positive way, able to express themselves and be in position to plan for the future. The out school youths were trained in VSLA methodology so that they are in position to appreciate the value of saving. The modules included; life skills, education for life, alternative skilling among others. This has the confidence and ability of youth to live a positive life in the community.

Child testifying how training he has benefited from the protection and economic empowerment club in the picture below



Capacity enhancement for community structures



418 community volunteer's (Community change agents and Para social workers) were trained in community case management and journeys curriculum in Bisia, Namyingo and Luwero District. They were equipped with knowledge and skills in the 7 steps of cases management including; identification, assessment, intake, care planning, monitoring of care plan and closure. This has improved their knowledge and skills in handling child protection cases thereby leading to increased reporting and management of cases in the community.

I save with a reason

“Before joining VSLA group we had no clear saving mechanism, we could not sometimes afford to eat two meal day, children had dropped out of school and we used to live in a grass thatched house”, Abbo Rebecca , a mother to 8 children from Totokidwe B zone in Petta parish, Mukuju Sub County Tororo district member of AINAKINA VSLA.



The photo above shows Rebecca in her semi-permanent home she constructed using her saving

After joining VSLA+ group she received a numbers of trainings such as VSLA methodology, financial literacy and SPM that encouraged her to improve on her savings share value. During the start of the savings cycle, her goal was to build a semi-permanent house such that she can rest from looking for grass for thatching the house on seasonal basis. She was able to build her semi-permanent house as per her saving goal.

“Positive parenting through SINOVUYO has given me breathing space in my family after the death of my husband” Juliet Adongo

Juliet Adongo (42 years), a widow mother of 2 children from Kayoro C village, Kayoro parish Osukuru sub county-Tororo district. She is a member of MUCOBADI supported SINO group (Akimori-Ichan).

SINOVUYO session influenced me to start involving my children in budgeting and planning and in our business even when I want to sell anything in the house I consult them and when they refuse I do not do so because they are also part of planning” and this has brought peace in the house .



AMAZING SUCCESS STORIES IN 2018

Strengthening systems and institution through conducting DOVCCs enables survivors of GBVs to get justice and reconcile with their families

DOVCCs are forums where stakeholders from different departments and NGOs convene to discuss issues that affect service delivery to clients who need them. Nabwire Mirabu from Mutumba sub county Bulule parish a member in SINOVUYO group is one of the beneficiaries who received service as result of DOVCCs in Namayingo district. Mirabu found her husband with another wife and she was beaten badly that she missed Sinovuyo sessions but she feared to seek for service at the health facility because she did not have money to give the health workers for form 3 to be referred to police but "when I went to the health facility, I received service without paying any money to the health workers" she said later received justice and reconciled with my husband and they are living happily

Male engagement in positive parenting puts families free from violence

Basadha Nibene male group in Bugiri district Bulidha s/c Wakawaka in Kibuye village was formed after realising minimal engagement of males in parenting roles, HIV /GBV prevention, joint planning for family resources and saving in VSLA. This kind of men never assumed that men have a great impact in altering the life of their families through positive parenting. Playing cards (Matatu), was more imperative for them rather than taking development activity. They would disappear home from morning and return in the evening to sleep. After forming the group they discussed all the topics in line with parenting which has altered their minds to plan together with their families, spending special time, saving and they were trained in VSLA methodology and they have started saving.

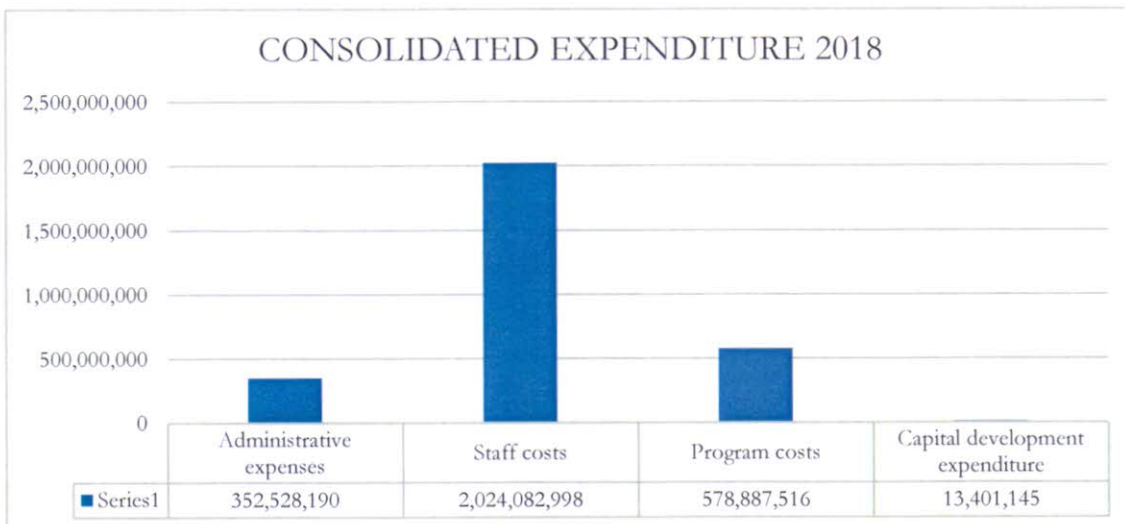
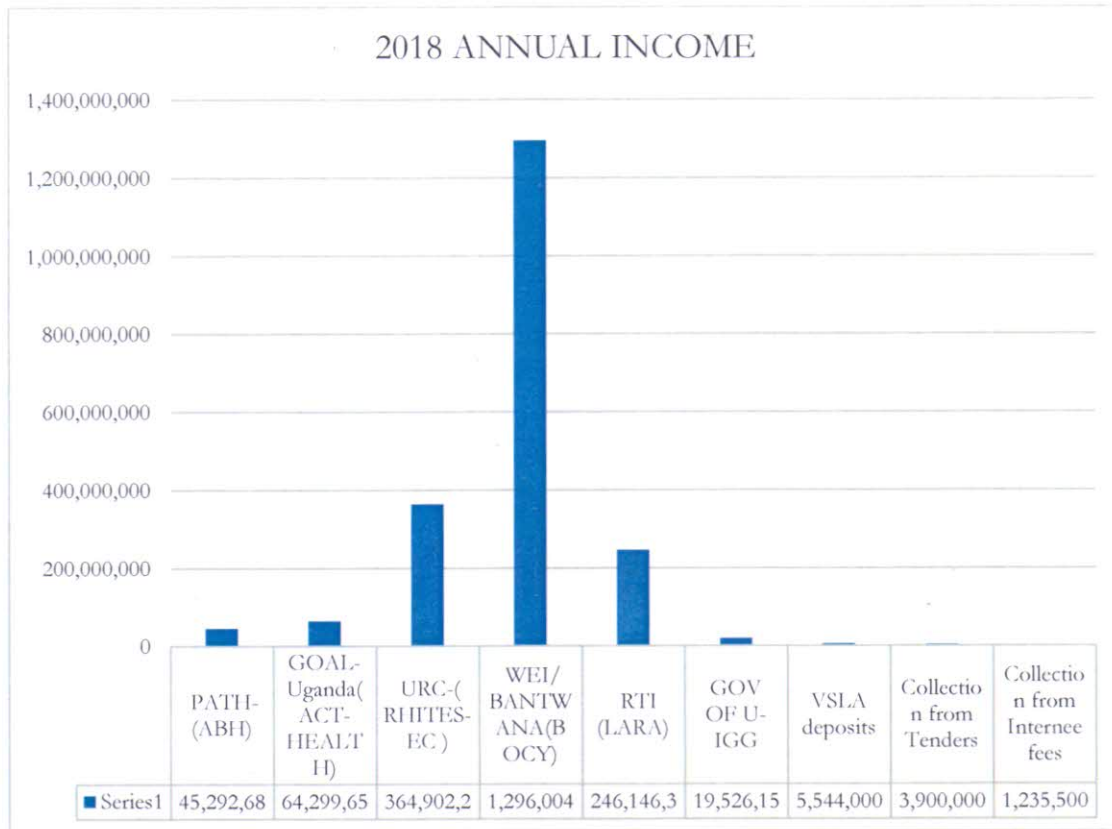
Empowering youth through trainings in enterprise development leads to self-employment

Achieng Margaret a direct beneficiary from Asinge, Nyalokot parish Osukuru s/c never had a mind of establishing any business despite the vulnerability levels she was living in. After joining Nyalakot GIC she received a number of trainings in enterprise development. This opened her mind on way of getting capital to start up a business. She is now operating her business of silver fish with other items this makes her meet the basic necessities.

Collective response through Village Child Case Management Committee has improved SRGBV case reporting & response in Kiiso school community in Luwero District.

Kaddu Madinah is a Village Child Case Management Committee (VCCMC) chairperson of Kiiso school community in Kabunyatta village, Kitenderi parish Kamira Sub County. She commends the establishment and training of the VCCMC by MUCOBADI. Madinah appreciates that now there is collective management and referral of cases against children in her community. Prior to the establishment of these committees, she handled the cases alone and the community viewed her as a problem thus subjecting her intimidation.

Financial Status 2018



DONORS

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