

Multi Community Based Development Initiative

**MUCOBADI
ANNUAL
REPORT ²⁰₁₉**

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LIST OF ACROYNMS

CCAs	Community Change Agents
CDO	Community Development Officer
CPC	Child protection committees
CPCs	Child protection Committees
EGREarly	Grade Reading
F	Female
IPC	Interpersonal Communication
LARA	Literacy Achievement and Retention Activity
M	Male
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender Labour and Social Development
MUCOBADI	Multi community Based Development Initiative
PSWs	Para Social Workers
PTA	Parents Teachers Association
SMC	School Management Committee
RTI	Research Triangle Institute
SBCC	Social Behavioral Change Communication
SCAs	School Change agents
USAID	United States Agency for International Development
VCCMC	Village Child Case management committees
VHT	Village Health Team
VSLA	Village savings and Loan Association



MESSAGE FROM THE BOARD CHAIRPERSON

It is with great pleasure that I present to you the MUCOBADI 2019 Annual report. The annual report is a document that gives an account to our members, staff, development partners, and stakeholders in terms of what we have been able to implement and achieve, resources utilized, challenges encountered, lessons learnt and recommendations made for improved service delivery.

For about 20 years, MUCOBADI has meaningfully contributed to the betterment of vulnerable families through a wide range of interventions. As the chairperson of the governance body, I appreciate the technical and support team for the hard work.

MUCOBADI has continued to network with likeminded actors at national and subnational level to collectively deliver services to KP and PPs, young people, women, OVCs, CLHIV/PLHIV, and the vulnerable communities and this has fostered evidence-based implementation and reporting of results.

On behalf of MUCOBADI, I would like to appreciate our donors and development partners including; USAID, World Education/BANTWANA, RTI International, University Research Council, Chance for Childhood, Center for Disease Control for the generous support.

Finally, I would like to sincerely appreciate the Government of Uganda specifically the Ministry of Gender, Labour and Social Development, Ministry of Education, Science and Technology and Ministry of Health, members of the Board and the staff of MUCOBADI for harmoniously working together in furthering the development agenda in the best interest of vulnerable people in our areas of operation.

A handwritten signature in black ink, appearing to read 'Balyegisagha Beza'.

Mr. Balyegisagha Beza
Chairperson Board

FOREWORD FROM THE EXECUTIVE DIRECTOR

Greetings to all our partners and various stakeholders, I would like to take this opportunity to congratulate MUCOBADI stakeholders upon the successful completion of the year 2019. This annual report details MUCOBADI's interventions, remarkable achievements against set targets and some of the strategic challenges encountered through out the year.

On behalf of the management, I appreciate the Board of Directors, staff and volunteers for their dedicated service and selfless contribution to the growth of MUCOBADI. In 2019, the organization continued to implement unique interventions geared towards the attainment of the 5 strategic objectives as laid in the strategic plan 2017-2021. These include ; Improved access and utilization of health services for vulnerable and key populations, improved coverage and uptake of water, sanitation and hygiene services, responsive and accountable community systems that promote a safer environment for equitable services and wellbeing of children and women, vulnerable households empowered to stay economically stable and strengthened systems/institutional for effective service delivery.

MUCOBADI is grateful for the generous contribution made by the funding partners including GOAL-Uganda, USAID, World education/Bantwana, University Research Council, Research Triangle institute, Chance for childhood, Mild may, and Centres for Disease Control and prevention.

I would also like to thank management for their tireless efforts made in strategic tasks including support resource mobilization, policy review, quality assurance, implementation and establishing robust management systems.

This year, the organization had many running programmes/projects and we managed to close some of them successfully. These included; LARA, RHITES-EC, Incubation for Girls' Future. On this note therefore, I thank the District Local Governments of Bugiri, Busia, Mayuge, Kamuli, Namayingo and Tororo for accepting to work with us as well as rendering support whenever requested and we hope to continue with this relationship as we serve our vulnerable communities.

In the coming year, we including USAID Uganda Literacy Achievement and Retention Activity implemented in Luweero district, USAID/RHITES-EC project implemented in Busia district is in Working at MUCOBADI, I believe like in other similar institutions it is no easy task to accomplish. To do this kind of work, we draw our strength from the support we receive in the course of our day to day work. Therefore, our sincere gratitude to Government Ministries, Agencies and Departments, District Local Governments, sub county authorities and community structures for accepting to work with us in 2019 and we donot take your support for granted. In the coming year, we will continue to build on the successes, minimize the weaknesses and challenges and above all make use of the lessons learnt to inform MUCOBADI planning agenda beyond 2020.

We hope you enjoy reading this report.



Executive Director
Moses Mutumba

1.0 WHO WE ARE?

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 Organisation (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.

MUCOBADI is steered by a Board of Directors 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.

Over the past 5 years, MUCOBADI implemented programmes with grants targeting the East Central region, Northern Uganda and Karamoja region in Uganda and has grown to construct an office block and opened branch offices in all areas of operation, has accumulated a pool of resources that facilitates the implementation of programmes. This has come with sound financial management policies, procedures for both financial management and administration and accounting.

With the continuous commitment to supporting more vulnerable people, we are set to creating change for thousands of vulnerable, poor and disadvantaged people in Uganda. More recently, MUCOBADI extended her coverage to some parts of Karamoja, Eastern, Central and Northern Uganda, with more focus on accountable service delivery and strengthening interventions for care givers, mothers, key and priority populations, children, adolescents and young people.

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

CORE VALUES

- Transparency
- Accountability
- Teamwork
- Mutual Respect
- Equity
- Volunteerism
- Integrity
- Partnership
- Commitment

HOW WE WORKS

MUCOBADI implements her interventions following 5 Organisation themes of Health, WASH, Livelihoods, Rights and Accountability and Institutional Development. To achieve this, MUCOBADI adopted a number of strategies including Behaviour change communication, peer support, linkages, referrals and follow ups, research and evidence, community led engagements, youth and adolescent friendly services, influencing policy and development, coalitions and alliance building, early child development, linkages and access to markets, value chain and market development among others strategies. This is aimed at contributing to improved access and utilization of health services for vulnerable and key populations, coverage and uptake of water, sanitation and hygiene services, establishing responsive and accountable community systems which promote a safer environment for equitable services and wellbeing of children and women, vulnerable households empowered to stay economically stable and strengthened systems/institutional for effective service delivery. Importantly, all these contribute to MUCOBADI vision and mission.

MUCOBADI theory of change

In order to address the challenge of increased HIV incidences among KPs and PPs, MUCOBADI hypothesizes that IF demand, linkage, referrals and coverage of quality MCH, sexual-reproductive health and HIV services is increased THROUGH SBCC, condom education, HTS and peer navigation THEN it will lead to improved access and utilization of health services among the targeted communities.

When vulnerable people (young people and women in vulnerable households) are supported to access employable and marketable skills (skills that are transferable to an individual to make them access/create a job which in this context include; Apprenticeship and Business skills).

They are able to start and own their own business or access jobs from potential employers and when such individuals are mobilized to form micro-credit groups /linked to financial institutions, they are in position to save or borrow from their respective groups to enable them grow their businesses. When those engaged in production are supported to develop producer organizations for input purchases which include high yielding crop varieties and training in farm management practices (including exposure to climate smart agriculture practices). This is coupled with collective bulking, marketing and linkage to financial institutions which will result into increase in production and advocate for policy and fair prices for their products. This will ultimately contribute to economic stability among vulnerable households.

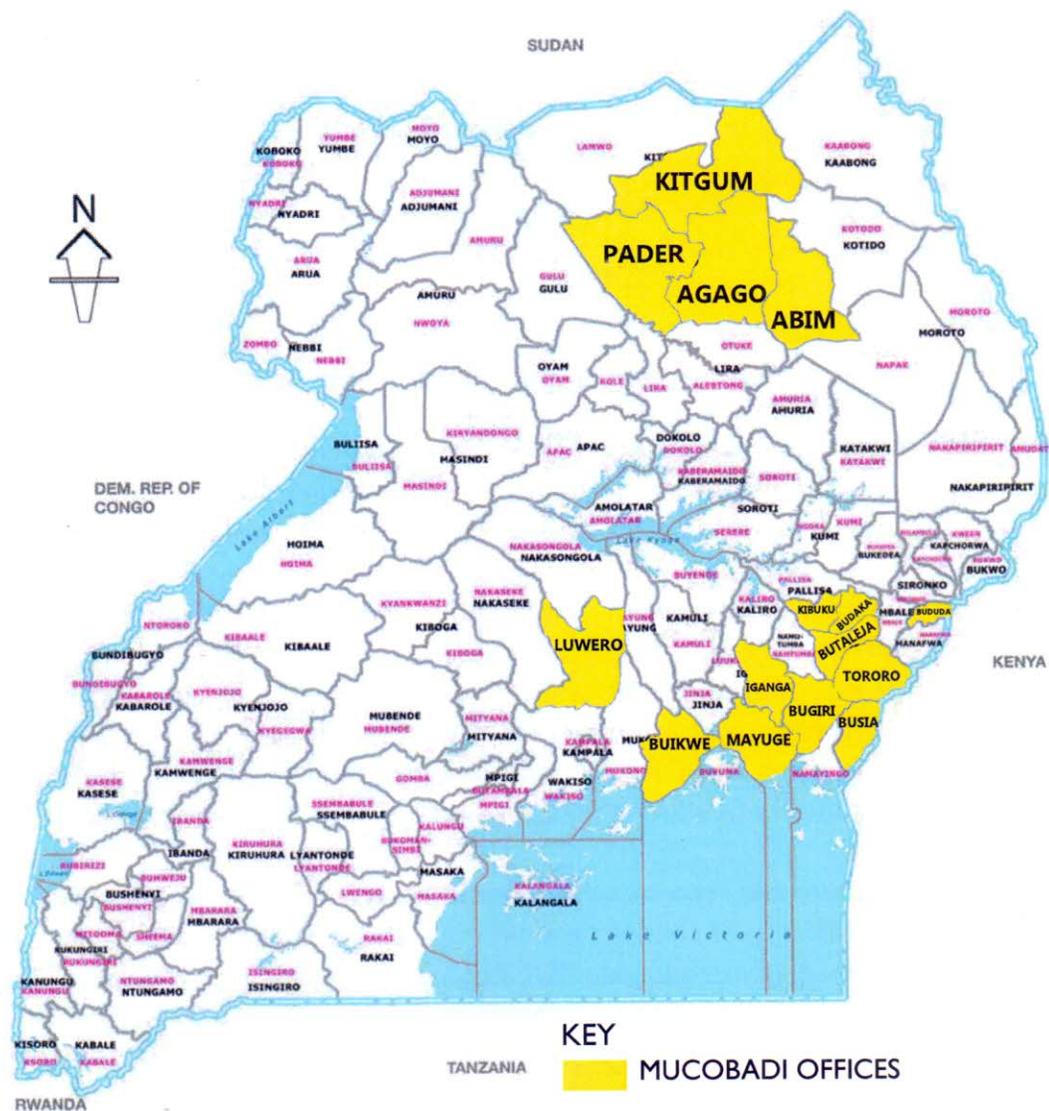
When hygiene practices are promoted in communities and schools through barrier analysis and triggering for hand washing, this greatly contributes to positive hygiene practices among households. And when households access sanitary facilities, clean safe and sustainable water supply through demand driven approaches like Demand Responsive Approach and promotion of institutional sanitation using the DRA. This directly contributes to increased community/household access to and quality of water, sanitation and improved hygiene practices.

A Responsive and accountable community systems that promote a safer environment, equitable services and wellbeing of children and women is where incidences of violence cases against children and women have reduced. MUCOBADI therefore hypothesizes that if child protection structures are built capacity and communities are engaged in policy analysis and social accountability, then violence against children and women will reduce and they will live a safe environment free from violence where children are protected and retained in schools

MUCOBADI recognizes that an improved economic, health and social wellbeing of the vulnerable and key populations in the targeted communities can be attained through the 4 programmatic interventions alone. Strengthened institutional systems in service delivery which include functional governance, financial, program, M&E, HR and procurement systems are critical in the achievement of results at all levels. With These systems, MUCOBADI will be in position to effectively and efficiently implement with a quality lens which will lead to a change among the targeted group.

The underpinning hypothesis of the MUCOBADI theory of changed is fivefold; First if there is improved access and utilization of health services for vulnerable and key populations; secondly if there is Increased community access to and quality of water, sanitation and improved hygiene practices; thirdly if there is responsive and accountable community systems that promote a safer environment, equitable services and wellbeing of children and women and furthermore if Vulnerable households are empowered to stay economically stable with presence of effective systems for service delivery, then it will ultimately contribute to Improved economic, health and social wellbeing of the targeted communities.

WHERE WE WORK?



1.1 EXECUTIVE SUMMARY

The year 2019 presented itself with enormous opportunities for MUCOBADI including NUPAS exercise, SIMs with the aim of assessing the Organisations systems in preparation for USAID Direct funding. Therefore, in preparation, MUCOBADI reviewed her policies with the aim of strengthening the Organisation systems to be able to deliver and serve the vulnerable communities. Additionally, the review intended to prepare MUCOBADI as a prime receipt on USAID direct funding.

In 2019, MUCOBADI registered some achievements including but not limited to serving 15883 OVCs including 7990 female and 7983 males were served.

- * 24347 individuals were reached with reproductive health services.
- * 1349 male and 2438 female HIV positive individuals were served.
- * 25,067 individuals including 15,430 female and 69637 male participated in the community dialogue meetings
- * 76,944 story cards as information, communication and education materials were distributed in 229 schools in Luweero district.
- * 2698 pregnant women were reached with HTS and ANC services
- * 2269 parents/care givers were reached with Behaviour change towards education and parenting sessions was conducted.

1.2 2019 IN NUMBERS: SUMMARY OF RESULTS

In the period between January and December 2019, MUCOBADI was able to achieve significant results in the 5 thematic areas through implementing various interventions and approaches aimed at contributing to; Improved health status among key priority and Most at risk Populations, Reduced incidences of water borne diseases, Responsive and accountable community systems that promote a safer environment, equitable services and wellbeing of children and women, Vulnerable households empowered to stay economically stable and institutional development.

Focus was on measuring output indicators in order to assess the contribution on both district and national indicators.

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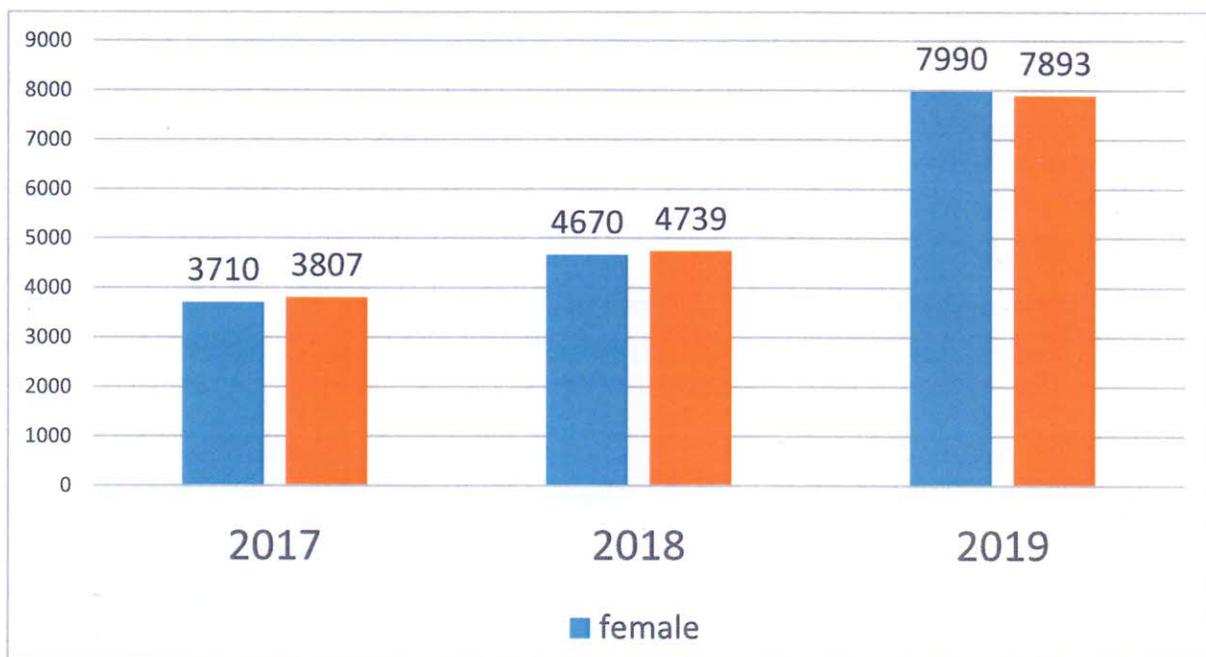
- * 11439 youth were reached through the rollout of youth curriculums including Stepping stone, Journeys and No means No.
- * 02 Operational Researches were conducted.
- * 52 MUCOBADI staff benefited from on job capacity development sessions both at head office and branches.
- * 1503 youths out of school were supported to attain vocational training in the targeted area
- * 2124 GBV cases were handled.
- * 4723 households were supported to access improved sanitation
- * 09 strategic policies/program guidelines were developed and operationalized

2.0.1 THEMATIC AREAS: NOTABLE ACHIEVEMENTS FOR THE YEAR 2019

2.0.2 THEMATIC AREA I - HEALTH

Under Health, MUCOBADI focuses on sustainable improvement of people’s health by: Improving both the ‘supply’ of health services (the availability and quality of services) and the ‘demand for’ services (uptake), Taking an integrated approach, MUCOBADI strengthens the health systems and addresses the greatest health needs among the most affected, focusing on improvements in the health of women of child-bearing age, children under five and adolescents, engaging families and communities in promoting positive health-related behavior. Under this thematic area, MUCOBADI has registered the following achievements;

Comparison of OVC_SERV (0-17) 2017-2019

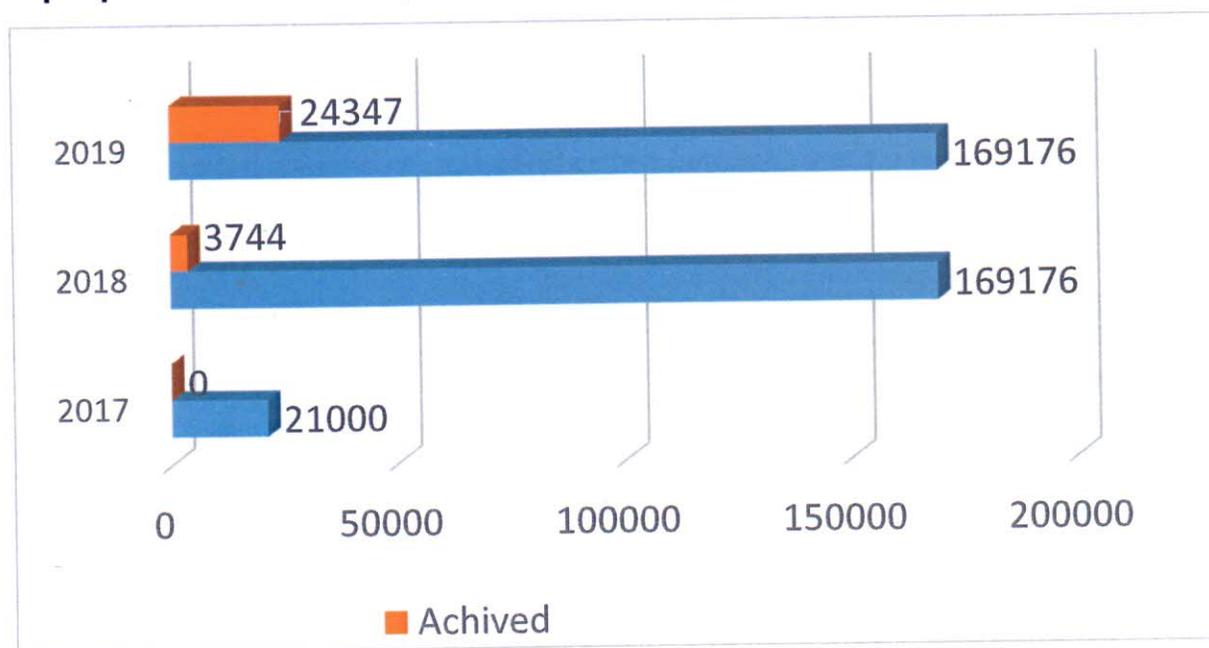


During the year 2019, MUCOBADI served 15883 OVCs (7990 female and 7983 male) were served. The services provided included OVC fund to support in the acquisition of scholastic materials, counseling, Psychosocial support among other services. The attainment of results has been possible due to increment in the number of districts of implementation of the BOCY project activities as it is directly targeting them.

Beneficiaries reached with nutritional services



of people reached with reproductive health services-2017-2019



HIV positive beneficiaries supported

A total of 3787 HIV positive individuals including 1349 male and 2438 female were reached with information and services in the 15 districts that MUCOBADI implemented activities. To be able to realize the achievements, MUCOBADI worked with health facilities through linkage facilitators to conduct follow ups for missed appointments, viral loading monitoring and tracking at facility level. However, at community, program officers and VHTs/PSWs conducted home visits to the households to mobilize them for services as well as conducting counseling for adherence. This can be illustrated in comparison to the three consecutive years as below

2.0.3 THEMATIC AREA 2-WASH

Under this theme, MUCOBADI uses the 'three prongs' of WASH (Water, Sanitation, and Hygiene) as an integrated program. Interventions are designed and selected so that they are appropriate to the specific circumstances of the people (particularly the most vulnerable). The WASH programs designed by MUCOBADI address existing needs of communities and contribute to reduced vulnerability to future hazards while addressing immediate water, sanitation and hygiene needs of the populations. MUCOBADI has registered the following achievements this year;

Number of Households supported to access improved sanitation



Through an integral implementation approach, 4723 households were supported to access improved sanitation and hygiene facilities. During the routine home visitations, community dialogues and other platforms, issues of water, sanitation and hygiene were integrated which has partly contributed to reduction in oral-fecal diseases.

2.0.4 THEMATIC AREA 3-LIVELIHOODS

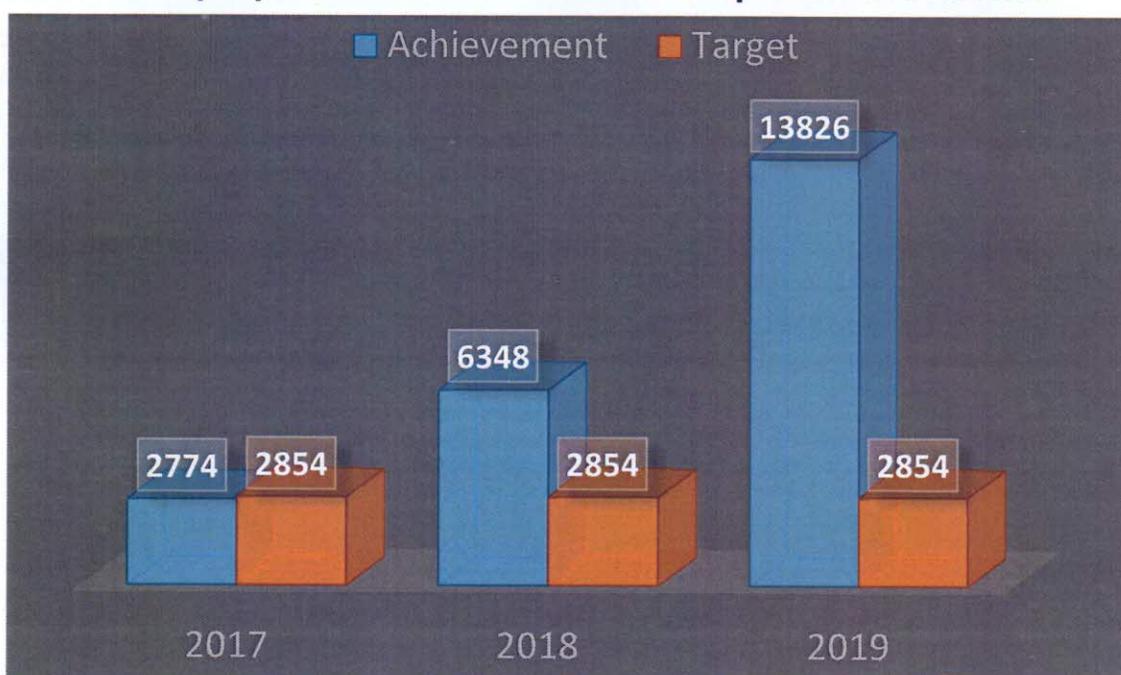
This year, MUCOBADI focused on lowering investment risks, broadening markets for the vulnerable and strengthening private and public-sector capacities to expand investment with a view of supporting vulnerable households through sustainable, inclusive productivity, value addition and access to markets approaches. The following are some of the achievements registered;

In 2019, MUCOBADI contributed to the education sector through the provision of scholastic materials to vulnerable children in Luweero as one of the mechanisms of retaining them in school. Children supported under education initiative and subsidy, more and more girls have been supported to access education through OVC_ plus up, NFE, and VSLA+ TCS. The sharp increase is also attributed to MUCOBADI's efficiency in its jurisdiction



Some of the children supported with scholastic materials

Number of people reached with economic empowerment services



In 2019, 13826 individuals (female 10342 and male 3485) were reached with economic strengthening services. As compared to other years, 2019 has seen a drastic improvement in the number of people reached, largely attributed to the increase in MUCOBADI geographical and technical scope.

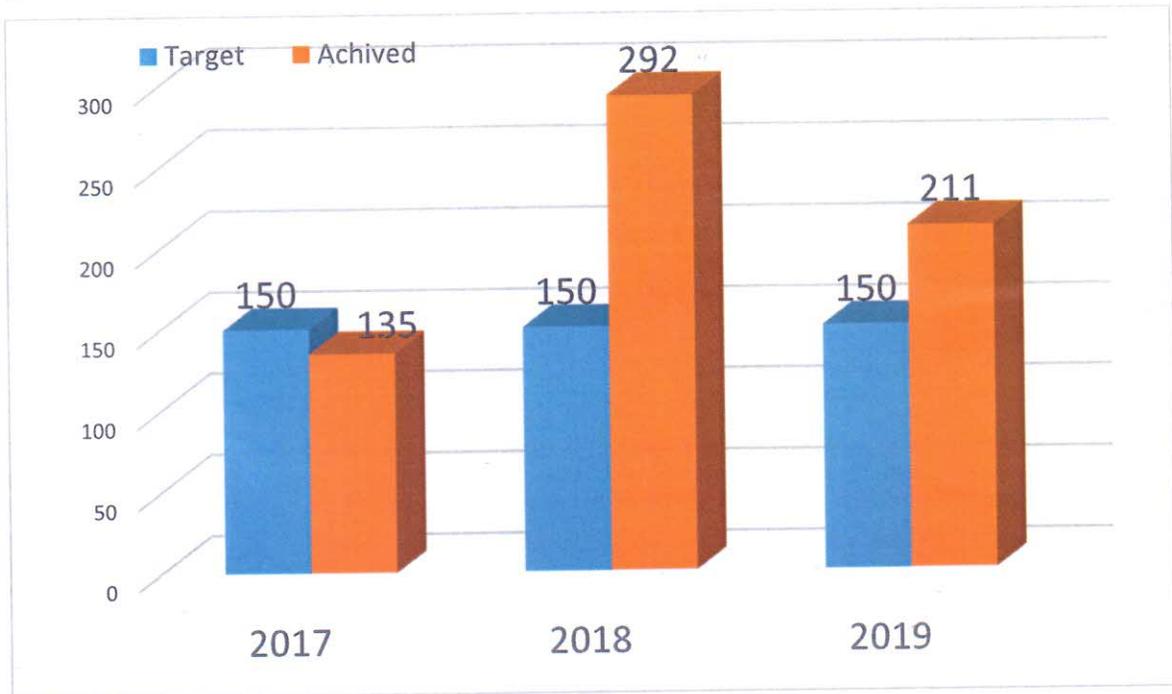


Some community VSLA group members taking part in the saving exercise

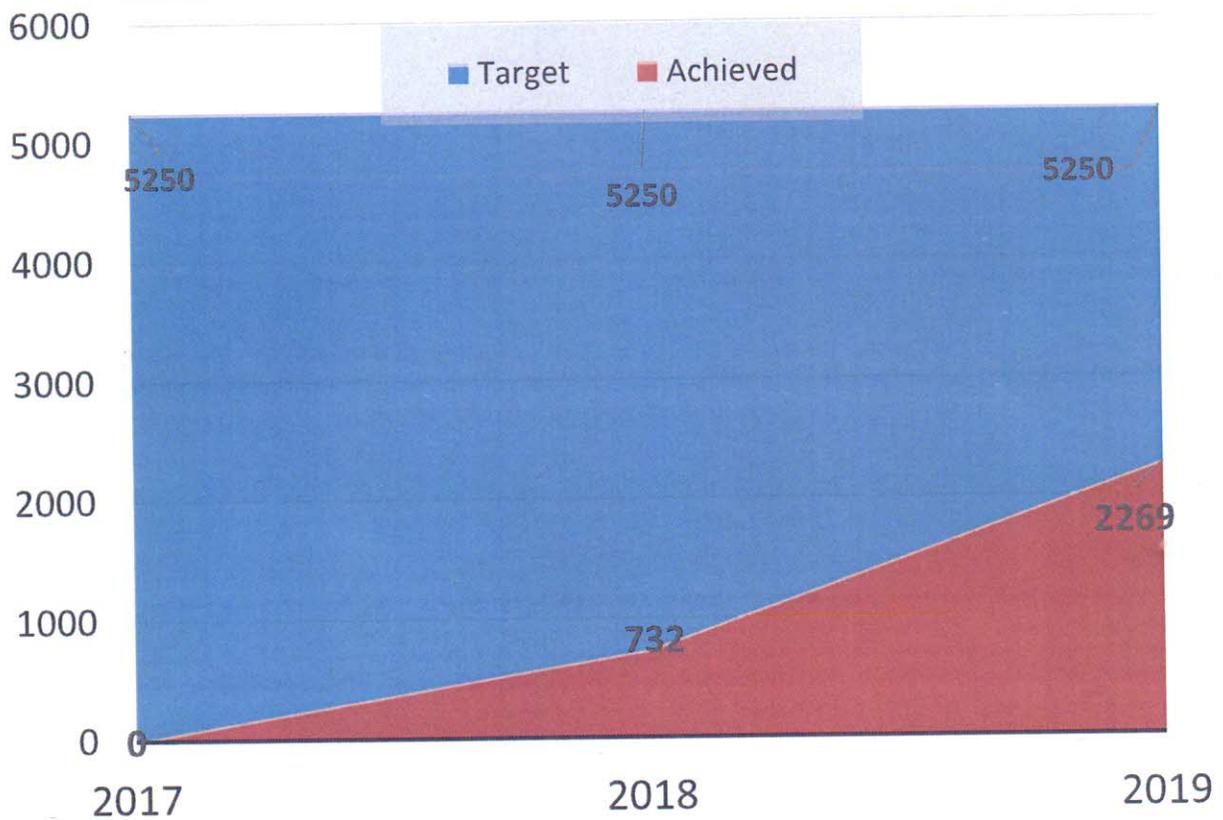
2.0.5 THEMATIC AREA 4-RIGHTS AND ACCOUNTABILITY

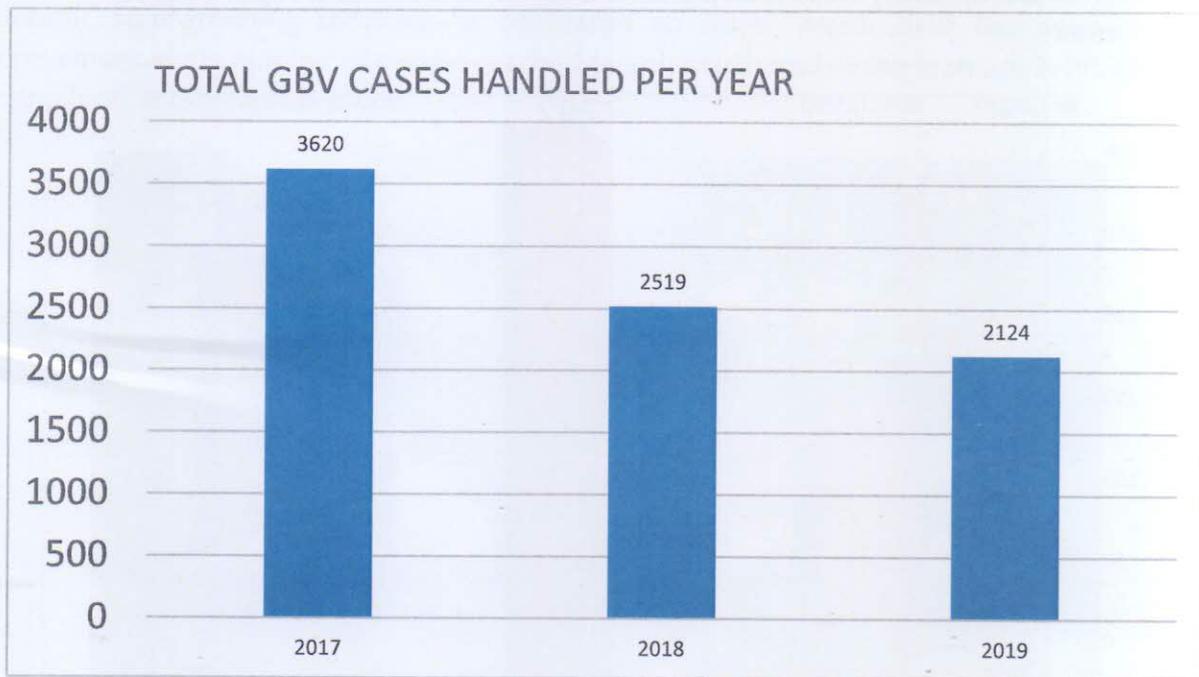
MUCOBADI applies a human rights-based approach to rights and accountability programming which aims to promote participation, equality, empowerment and accountability. We believe that the lives of women, girls and children change sustainably through community led approaches that ensure that they are represented and manage their own agenda. Under this program theme, MUCOBADI implements interventions that address the underlying causes of inequality and rights abuse and develop and implement evidence-based approaches that demonstrate positive change. Here below are some of the significant achievements registered under this theme;

Number of Community Resource persons trained to track and report cases of violence



of Parents supported with positive parenting skills including behavior change towards education





Community Members from Kasiiso School community attentively listening to the CDO during Journey session of Community Based Case Management

76,944 story cards as IEC materials were distributed in 229 schools across the 13 sub counties and Town councils of Luweero district. These enabled teachers of EGR to support children improve on their early grades through lending reading materials to children this was made easier by the delivery of story cards. It is however important to note that, teachers continued to report more confidence in comprehension and literacy among the pupils. *“I used to think involving parents in reading of their children is not so important but during the IPC session I was exposed to different ways through which parents can better be engaged in reading with their children through the local stories with the guidance of RTI/LARA story cards and this has greatly improved on the reading levels of my pupils, wish more new stories will be delivered”* Says Nabuule Prossy.

In a bid to target young people and adolescent youth with interventions on prevention against violence, access and uptake of HTS related services, MUCOBADI with funding from WEI/ Bantwana and URC organised trainings for District Based Trainers, and program Officers in stepping stones and Journeys. This was intended to equip them with linguistic skills to be able to roll out to both community and in school youth. Due to this intervention, a total of 11439 youth were reached through the rollout of youth curriculum in stepping stone, Journeys and No means No. This has enabled and influenced the decisions and choices made by young people regarding their sexuality.

MUCOBADI to be able to achieve in the year 2019, worked with 211 Community resource persons including PSWs, CCAs, VHTs among others. The resource persons were trained in audience mapping and targeting, mobilization skills, referrals and linkages, tracking, documentation and reporting of violence cases in their communities. The training was also intended to introduce community mobilisers to contemporary SBCC approaches to enable them mobilize the targeted audiences. These trained community mobilisers were able to track and report 2124 GBV cases in their communities against children and women hence creating an enabling environment for everyone to live in.



Left (Luweero) and Right (Busia) Some of the community resource persons during the training

In order to contribute to the reduction in the occurrence of GBV cases reported in communities, MUCOBADI in collaboration with Bugiri district local government successfully hosted the US Ambassador during the flag off of 16 days of Activism. To MUCOBADI, this is a remarkable event where the Organisation showed case on some of the approaches that she is using to curb the cases happening. These included the No Means No approach where empowered women can use their voices to say No Meaning No. This approach is worth reporting that has working in Tororo and MUCOBADI is to scale the approach to all her districts and communities of operation.



MUCOBADI Executive Director and Head of Programs, US Ambassador listens attentively during the flagging off of 16 days of Activism

2.0.6 THEMATIC AREA 5-INSTITUTION DEVELOPMENT

In order for MUCOBADI to enhance learning, 02 Operational Researches were conducted. The researches were aimed at assessing the effectiveness of the No Means No model and Teachers attitude & knowledge about corporal punishments. The researches were conducted in Tororo and Luweero districts respectively. The intention was to generate evidence to aid MUCOBADI's evidence-based policy advocacy and program implementation.

52 MUCOBADI staff benefited from on job capacity development sessions. In order for MUCOBADI to be able to stand the test of all the time, embarked on building on the knowledge and skills of the core staff. This was conducted

after a scan in the needs of staff through the appraisal exercise. It is worth noting that, job capacity was done through a number of processes and the most notable one was the during the annual review of project achievements and strategizing to stand in the next year.



Staff members during annual review, one of the platforms for on job capacity building

3.0 Key learnings for 2019

During project implementation, MUCOBADI had the following quick learnings from the researches, and field activities.

Parental involvement is critical in violence prevention

MUCOBADI social enterprise-MFI aids in diversification of funding for the Organisation.

Scaling up action research and operationalizing the learning plan will enhance evidence-based implementation

Learning questions present routine opportunities to consider the evidence base and test the logic and durability of the program interventions so that they can be adapted prior to scale-up.

Success story

Collective response through VCCMC has improved SRGBV case reporting & response in Kiiso school community.

MUCOBADI through USAID-LARA/RTI project in collaboration with community development officers established Village Child Case Management Committees in October/November 2018 to strengthen the Reporting Tracking Response and Referral mechanism through operationalization of the Ministry of Education and Sports RTRR guidelines in Luwero District. 89 VCCMCs were identified, formed, oriented and equipped with knowledge in response to violence against children, reporting and tracking of cases in communities. In the month of October 2018 after the orientation of VCCMC members, there was an acute increase in cases of violence against children in schools that were reported (60 cases were reported from Kamira Sub County of which 39 resolved and 21 pending and in January 2019 there was an increase in the number of cases being resolved compared to the previous month of October 2018 where 12 cases were resolved and 3 pending and this has seen a reduction in the number of pending cases).

In response to mitigate the situation, MUCOBADI supported CCAs who conducted community awareness through journeys which informed communities about the existence of VCCMCs and their roles in case management. Surprisingly as a result VCCMC establishment, there was mass increase of cases against children being reported to authorities. A case in point is Kaddu Madinah a VCCMC chairperson/ Para social worker of Kiiso school community in Kabunyatta village, Kitenderi parish Kamira Sub County who said "Before this committee was established we would pursue cases on individual basis which in turn was so challenging as the community would see me as a problem to them and perpetrators would intimidate me for reporting cases to authorities, but with the establishment of the VCCMC it has been collective efforts in handling cases against children because the committee consist of community members who jointly handle and manage cases as a team as opposed to individuals." This improvement has been attributed to the efforts and existence of VCCMC in communities.