MUCOBADI

Quality Life & Sustainable Development

ANNUAL REPORT

Multi Community Based Development Initiative

01 January- 31 December 2021

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARPA	American Rescue Plan Act
AVAT	Adolescent Vulnerability Assessment Tool
C/ALHIV	Children and Adolescents Living with HIV
CCLAD	Community Client ART Led Distribution
CDDP	Community Drug Distribution Point
CDO	Community Development Office
DAC	District Action Center
DTG	Dolutegravir
FBG	Facility-Based Group
FBIM	Facility-Based Individual Management
FTDR	Fast-track Drug Refill
G2G/JRRH	Government to Government/ Jinja Regional Referral Hospital. The name of the Activity Implemented by Government JRRH with support from USAID
HBC	Health Behavior Change
HEI	HIV Exposed Infants
HHs	Households
HIV	Human Immunodeficiency Syndrome
HVAT	Household Vulnerability Assessment Tool
IAC	Intensive Adherence Counselling
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying (for Malaria Vector Control)
JSI	John Snow Incorporated
KPIF	Key Population Investment Fund
LPHS/MJAP	Local Partner Health Services. The name of the Activity Implemented by Makerere University Joint AIDS Program with support from USAID
LSDA/ UPMB	Local Service Delivery Services. The name of the Activity Implemented by Uganda Protestant Medical Bureau with support from USAID
MJAP	Makerere University Joint AIDS Program
MMD	Multi-Month Drug Dispensation
MoU	Memorandum of Understanding
MUCOBADI	Multi-Community Based Development Initiative
OVC	Orphans and other Vulnerable Children
PCR	Polymerase Chain Reaction
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PSWO	Probation and Social Welfare Office
RHITES-EC	Regional Health Integration to Enhance Services in East-Central Region. The name of the Activity Implemented by JSI with support from USAID
SBCC	Social Behavior Change Communication
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organization
TB	Tuberculosis
UPMB	Uganda Protestant Medical Bureau
USAID	United States Agency for International Development
USAID/ ICARE	United States Agency for International Development /Improving Care and Resilience for Children and Youth in East Central Uganda. The name of the Activity Implemented by MUCOBADI with support from USAID.
Ushs	Uganda Shillings
VHT	Village Health Team
VL	Viral Load
VLR	Viral Load Result
VLS	Viral Load Suppression

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Statement from The Board Chair

The Board of Directors has the pleasure of presenting the Annual Report of *Multi-Community Based Development Initiative (MUCOBADI)* for 01 January to 31 December 2021.

We are delighted to report yet another year of victory in the life of *MUCOBADI*. As the accounting authority, we attribute this excellence to strong financial and program performance management. Moreover, despite the COVID-19 global pandemic and its related effects on program operations and hardships, *MUCOBADI* maintained excellence in meeting its strategic tasks as set out in its 2021 annual work plan. This year, we have seen remarkable progress in reaching children with care and treatment services, ending child-related abuse and empowering young people to voice and access justice and dignified and fulfilling work. Thanks to the collective work of our members, staff and partners.

MUCOBADI has become a beacon to other local partners in Uganda and has continued to build a reputation for fostering collaboration and partnerships with local governments and non-state actors in harmonising efforts to improve the lives of vulnerable persons.

Our work is not without challenges, particularly in mobilizing funding to support development initiatives in Uganda. This calls for more efforts to secure increased funding locally and externally to improve *MUCOBADI's* effort to contribute to Uganda's development agenda. In doing so, we are grateful to the Government of Uganda and the respective local and lower local governments with whom we work. We are equally thankful to our development partners, including; the United States Government President's Emergency Plan for AIDS Relief (PEPFAR) through the *United States Agency for International Development (USAID)* and *Centers for Disease Control and Prevention (CDC)* and other partners; *Terre Des Hommes/Netherlands, GOAL, Mastercard Foundation, Global Fund for Prevention of HIV, Malaria and Tuberculosis* among others. Without your benevolence, MUCOBADI would not have registered its successes. We are thankful. As Chairman Board, I take this opportunity to acknowledge my fellow board members for their excellent work in steering *MUCOBADI*.

Our oversight role was made more accessible by the commitment of the Executive Director and his team, who are at the forefront of reaching out to vulnerable populations. We are delighted with the work you do.

Rt. Rev. Bishop Samuel George Bogere Egesa
Chairperson Board: MUCOBADI,
31 March 2022

Message from The Executive Director

2021 was the last year of our five-year strategic plan that guided MUCOBADI's delivery of livelihoods, health, WASH (Water, Sanitation and Hygiene) and rights and accountability programs to the most vulnerable. We are proud to report another year of great success, delivering on our mission.

This year saw *MUCOBADI* expand its geographical coverage from 18 to 36 districts across Uganda's East, Central and Northern parts. This 100% growth in coverage demonstrated our commitment to reaching more vulnerable persons. MUCOBADI's 21 years of existence offer an opportunity to reflect on our dynamic history and focus on ensuring that the future remains as bright for our community.

Our beneficiary scope grew massively by over 30%, from about 24,536 direct beneficiaries to over 34,950 with known risk factors. These include those at risk of HIV, tuberculosis, malaria, violence, key populations, children of female sex workers, fisher folk communities along the shores and on the islands of Lake Victoria, slum dwellers in peri-urban centres along the Malaba-Kampala international highway and communities living as refugees in Northern Uganda.

MUCOBADI focuses on improving people's health through supply and demand creation. It takes an integrated approach that strengthens health systems and addresses health needs for children, and key and priority populations, engaging families and communities in positive behaviour changes, tackling social barriers and building capacity for referrals and linkages. Our rights and accountability approach seeks to support the responsible and accountable use of public resources, hold duty-bearers accountable, and protect and promote the rights of the most vulnerable. In water and sanitation, MUCOBADI innovated around private sector approaches to hygiene and sanitation marketing to improve sanitation and hygiene among vulnerable communities. The year 2021 again marked a pivotal point in supporting livelihoods in Northern Uganda, empowering young men and women, refugees and youth with disabilities through voice to access new skills, credit, farm inputs and agricultural markets.

COVID-19 undesirably impacted MUCOBADI operations; however, we quickly adapted and continued to implement our work in collaboration with the district local government task force with strict adherence to Ministry of Health guidelines on prevention measures. We provided necessary personal preventive equipment (PPE) and information, education and communication (IEC) tools to frontline community structures to enable differentiated service provision interfaces at household, facility and community safe spaces to continue unhindered during the government-instituted lockdown.

The 2021 new data demonstrates that our efforts are still disproportionate to the scale of child marriage, teenage pregnancies, new HIV infections, treatment adherence and the social and economic effects of COVID-19. All these realities had devastating consequences for children, vulnerable adults, their families and our societies. More investments are needed to reverse these alarming statistics. Partnerships will be more critical than ever, and at MUCOBADI, this is our guiding philosophy.

We continue to live by our core values of Accountability, Transparency, Partnership, Commitment, Teamwork, Integrity, Mutual Respect and Voluntarism. These form the spine of *MUCOBADI,* and these ideals appeal to you all to continue working with us. None of our work would be possible without the determined enthusiasm and commitment of our programme participants, civil society partners, government, our staff team and our donors, *'MUCOBADI-Does-Not-Disappoint'*. To you all, on behalf of MUCOBADI, I extend my warmest appreciation for your continued support.

Mr Moses Mutumba,
Executive Director and Secretary to the Board of Directors: MUCOBADI,
31 March 2022

Who we are

Background

Founded in 2000 by development volunteers, Multi Community Based Development Initiative (MUCOBADI) aims to bring development to communities, but in particular to support populations affected by HIV and other adversities to be healthy, live productively and thrive.

Our vision

A Self-Sustaining and Healthy Community.

Our mission

To Partner with Community to Identify, Analyse and Respond to Socio-Economic Barriers of the Most Vulnerable Persons.

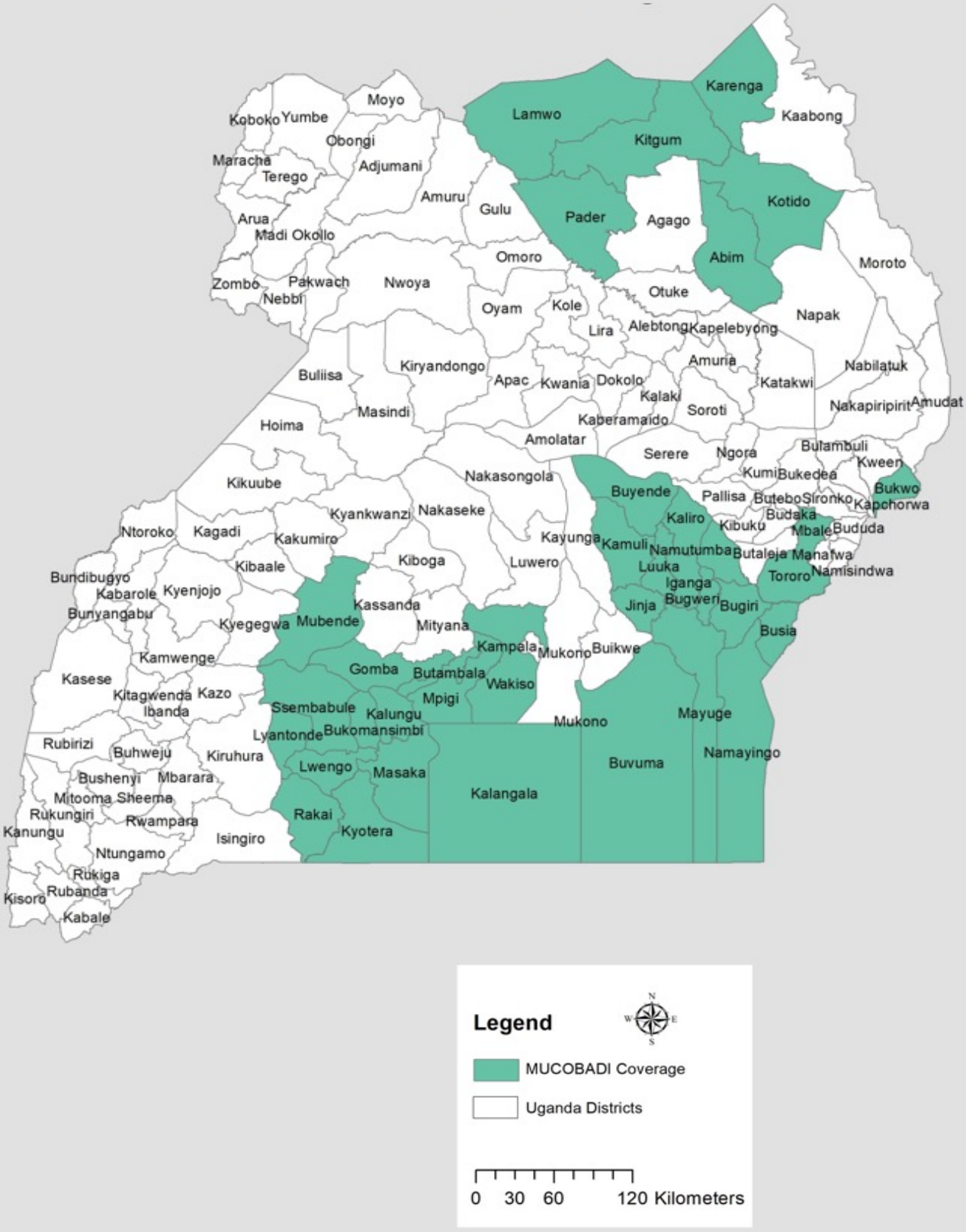
Our Values

- Transparency
- Accountability
- Team Work
- Mutual Respect
- Equity
- Voluntarism
- Integrity

Themes

MUCOBADI Geographical Scope

Footprint covers 36 districts in North, East and Central Uganda; Abim, Bugiri, Bugweri, Bukomansimbi, Bukwo, Busia, Butambala, Buvuma, Buyende, Gomba, Iganga, Jinja, Kalangala, Kaliro, Kalungu, Kamuli, Karenga, Kitgum, Kotido, Kyotera, Lamwo, Luuka, Lwengo, Lyantonde, Masaka, Mayuge, Mbale, Mpigi, Mubende, Namayingo, Namutumba, Pader, Rakai, Sembabule, Tororo and Wakiso.



THEME ONE

Health

In pursuit of better health for all, *MUCOBADI*, in collaboration with clinical partners, the Ministry of Health, and Local government, continued to strengthen health service delivery to enhance good health and well-being for children, adolescents and women. Approaches taken included: 1.1) provision and support to access HIV care and treatment services; 1.2) provision and support to access sexual violence prevention for adolescents; 1.3) provision and support to access tuberculosis (TB) prevention and treatment services; 1.4) provision and support to access malaria control services; 1.5) provision and support to access family health and maternal-child health services and; contribution to community health systems strengthening.

1.1

HIV Care and Treatment Services

HIV care and treatment continued to be the mainstay of health interventions by *MUCOBADI*, with substantial efforts deployed to contribute towards the realization of *UNAIDS* global and *Uganda AIDS Commission* (95-95-95) targets for ending the HIV epidemic. MUCOBADI signed a Memorandum of Understanding (MoU) and implemented priority interventions with clinical and community partners, district local governments, Global Fund, PEPFAR and non-PEPFAR supported partners, *Jinja Catholic Diocese, Makerere Joint AIDS Program (MJAP), Uganda Protestant Medical Bureau (UPMB), University Research Co (URC)* and private sector entities among others. This provided avenues for leveraging technical, management and logistical resources and increased visibility and service delivery for beneficiaries in urban, rural and hard-to-reach communities.

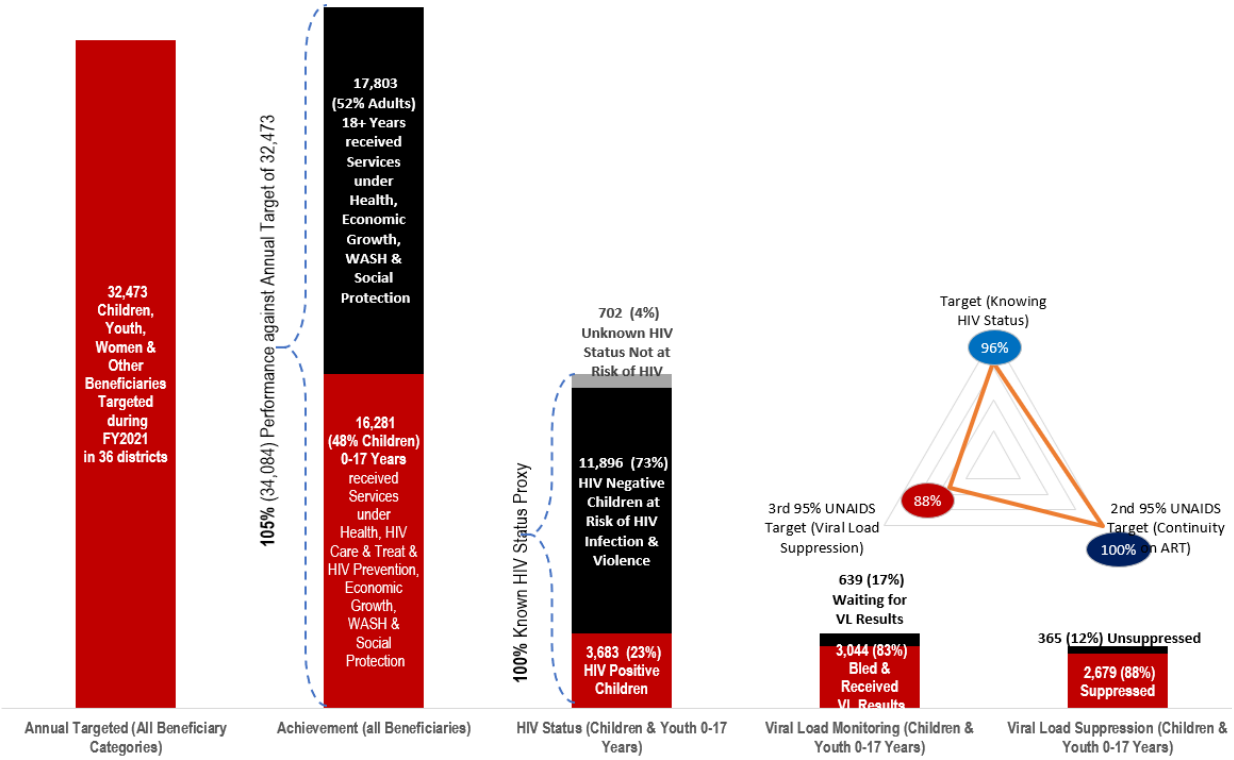
MUCOBADI supported behavioural, biomedical and structural interventions through index client and routine HIV testing, continuity of treatment, adherence support, provision of care and treatment commodities through differentiated models, placement of case care workers, appointment reminders, regimen optimization and responses to treatment and virologic failures through improving household economic growth, food security, psychosocial support and mental health services.

Performance Summary:

Reached
34,084 (105%) of 32,473
targeted beneficiaries
with health services including **7,896 (23.2%)** under Global Fund for HIV, Malaria & TB, **1,200 (3.5%)** under KPIF and, **24,988 (73.3%)** under USAID/ ICARE support.

Among 34,084;
48% (16,281)
were children
and of these; **96%** reported known HIV status including **3,683 (23%)** HIV positive, **100%** on antiretroviral therapy and, **11,896 (73%)** HIV negative children targeted with HIV and violence prevention education.

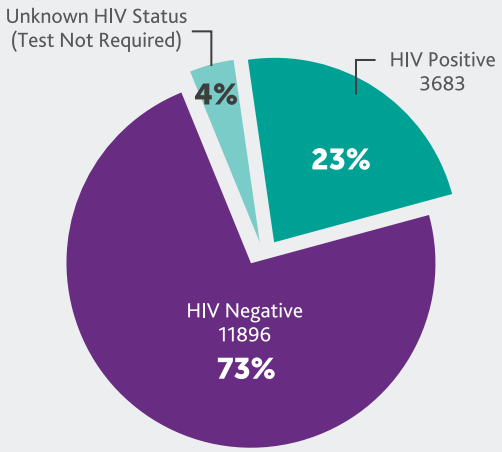
Among 3,683 HIV positive children,
83% (3,044)
were monitored for viral load
with **88% (2,679)** suppressing.

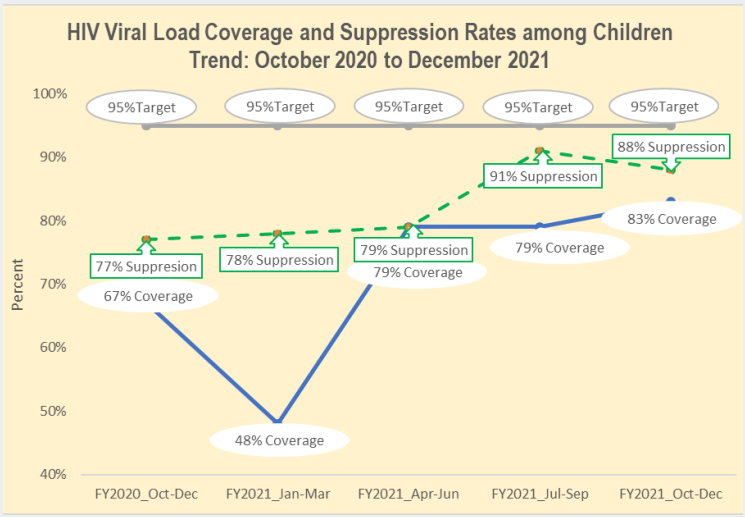


Additional HIV Care and Treatment Services Provided During FY2021;

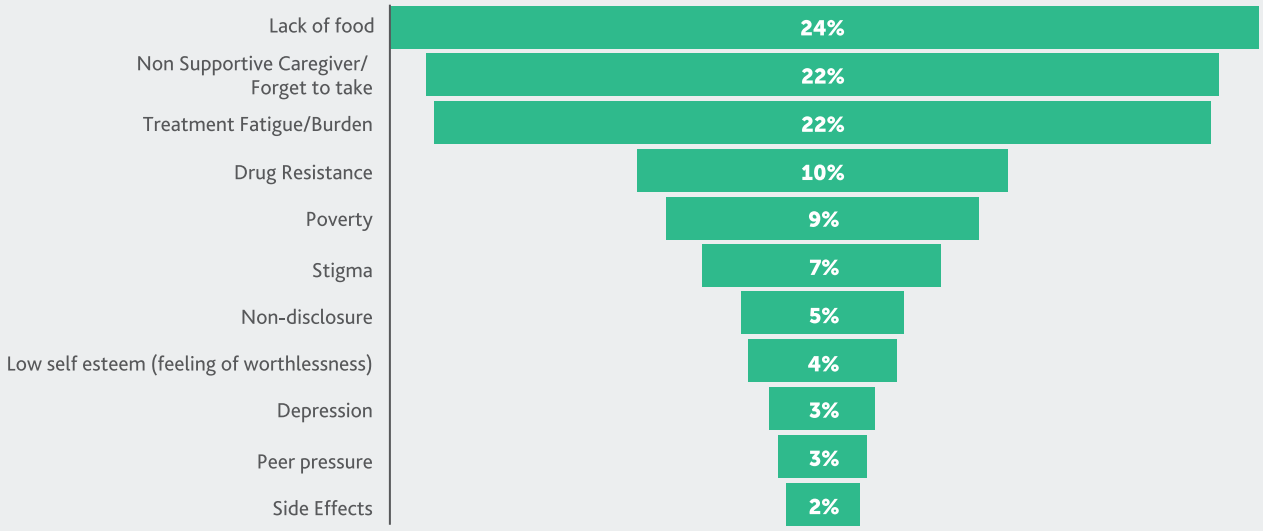
1. Attained a 100% known status proxy (KSP) with 15,579 of 16,281 children (0-17 years) disclosing a known HIV status: 23% (3,683) as HIV positive; 73% (11,896) as HIV negative and; 4% (702) reported unknown HIV status. The 702 children needed to be provided index testing services to know their status.
2. 100% (3,683) of children and adolescents living with HIV (C/ALHIV) were supported to continue treatment, including 70 that interrupted treatment and were traced and returned to care.
3. 83% (3,044) of 3,683 C/ALHIV received viral load VL results, with 88% (2,679) suppressed and 12% (365) unsuppressed. The 83% was a significant improvement in tracking viral load results (VLR) compared to 48% coverage at the beginning of the year. At the same time, 17% (639) of children were waiting for results. The 88% VLS is an improvement from the 77% VLS the previous year.
4. Deficiencies for non-suppression implicated multiple factors: poor nutrition and food insecurity (24%); depression (22%); poor livelihood alternatives (22%); unsupportive caregiver (22%) and; pill fatigue, non-disclosure, mental health and violence. The Household Vulnerability Assessment Tool (HVAT) survey indicated 42% of households with malnourished children. All 239 non-suppressed enrolled on Intensive Adherence Counselling (IAC) and supported in developing care plans to respond to underlying deficiencies and virologic failures.
5. With COVID-19 lockdown on movements and constrained access to the health facilities, MUCOBADI made adaptations by advocating for

HIV Known Status Proxy





Root-Causes of Treatment Failure & Viral Load Non-Suppression

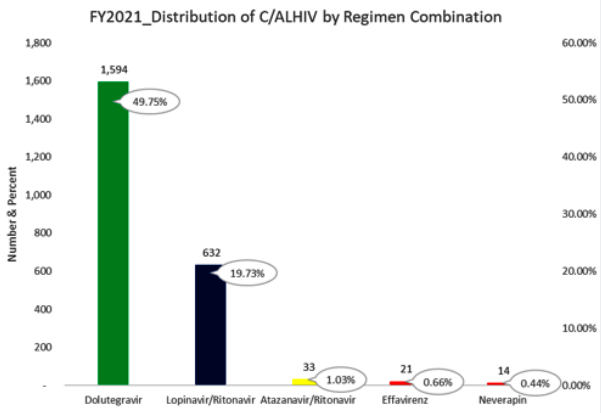


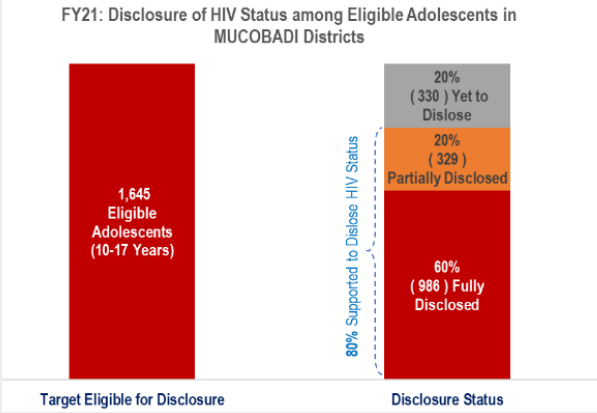
transitioning of the HIV-positive children under its OVC program to enrol on multi-month drug dispensing (MMD) and community dispensing models (Community Client-led ART Delivery [CCLAD], and Community Drug Distribution Point [CDDP]). With this effort, 68% of C/ALHIV transitioned to MMD, 14% were on monthly dispensing and; 3% (118) were on community dispensing (CCLAD and CDDP) while 79% were on facility-based dispensing models [facility-based group (FBG), fast-track drug refill (FTDR) and facility-based individual management (FBIM)].

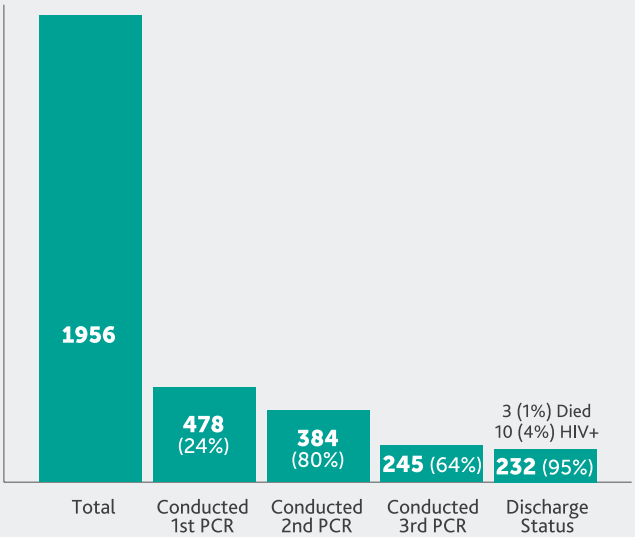
6. Supported 49.7% (1,594) of C/ALHIV to transition to a DTG combination therapy. 19.73% (632) enrolled on a lopinavir/ritonavir combination therapy; 1.03% (33) enrolled on atazanavir/ritonavir combination therapy; 0.66% (21) and 0.44% (14) C/ALHIV enrolled on less desired combinations of efavirenz and nevirapine. Some reasons for the delayed transition to recommended combinations included low weight gain, inappropriate age, MMD and non-suppression. Among 14 C/ALHIV on nevirapine, 57% (08) had not attained the required weight and stamina for transition.

7. Oriented 103 health workers in 28 health facilities on disclosure of HIV status toolkit for pediatric and adolescent populations. As a result, up to 80% (1,315) of the targeted 1,645 adolescents living with HIV disclosed. Among these, 60% (986) fully disclosed, 20% (329) partially disclosed, and 20% (330) are being followed up for disclosure support.

8. Of 1,956 HIV Exposed Infants (HEI), 478 were bled for 1st PCR, 384 for 2nd PCR and 245 for confirmatory PCR. Of these, 232 were discharged HIV-negative, while ten seroconverted and initiated on ART.







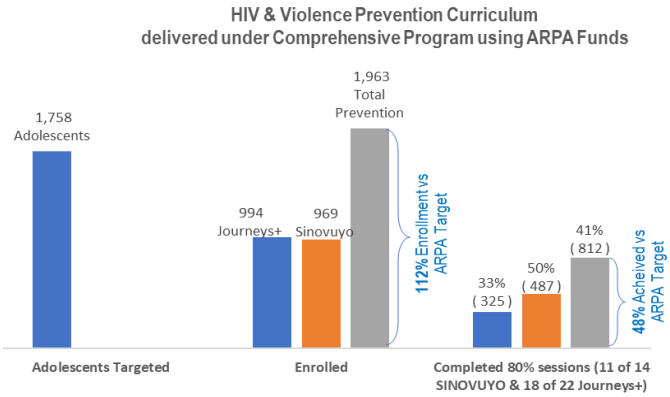
- With the support of Case Care Workers, Parasocial Workers and the health facility, MUCOBADI tracked 1,956 HIV exposed infants, however, towards the end of the year, emphasis was placed on HEI whose mothers had unsuppressed or borderline viral load. During the Year, up to 528 mothers received treatment literacy on PMTCT.
- Of the total 1,956 HEI, 24% (478) HEI were supported to conduct 1st PCR and other post-natal care services like immunization, nutritional screening and weight monitoring. Up to 80% (384) of those that had conducted first PCR were supported to conduct 2nd PCR and other post-natal care and treatment services. 64% (245) of the 384 children reached the appropriate age and conducted confirmatory PCR. 95% (232) of 245 children that conducted confirmatory test were discharged HIV negative while three died and 4% (10) turned seropositive.

1.2

HIV Prevention Services for Adolescents

Through multifaceted case management approaches, MUCOBADI provided health education and social protection interventions that benefitted over 6,123 households with 16,345 children [54% (8,759) females and 46% (7,586) males] with known risk factors. Among the 16,345 children, 22% (3,583) are HIV-negative adolescents. During the year, MUCOBADI conducted an adolescent vulnerability assessment which indicated that 62% (3,583) adolescents reported several vices, namely; sexual violence, teenage pregnancy, abuse and limited knowledge of HIV prevention. Through its community structures, youth champions and SINOVUYO facilitators, *MUCOBADI* enrolled 55% (1,963) of these 3,583 HIV-negative adolescents (10-17 years) at risk on Journeys+ and *SINOVUYO*/ parenting curriculum. These included 1,046 girls and 917 boys. Among these, 77% (1,511 of 1,963) of adolescents reported improved knowledge acquisition.

A follow-on Vulnerability Assessment at the end of the Year indicated that 42% (2,482) of adolescents at risk subjected to the adolescent vulnerability assessment tool (AVAT) noted reduced occurrence of violence and improved knowledge of prevention measures. This could be due to the Journeys+ and SINOVUYO sessions and community education through a multipronged approach to change behaviour.



During the year, *MUCOBADI* enrolled 1,963 HIV-negative adolescents (10-17 years). These included 994 adolescents (10-14 years) under Journeys+ and 969 adolescents (10-17 years) under *SINOVUYO*. Overall, 41% (812) adolescents, including 33% (325) under Journeys and 50% (487) under *SINOVUYO*] completed 80% of sessions. On average, 48% of adolescents have completed sessions against the target of 1,758 adolescents. This suboptimal performance was caused by: delayed rollout due to COVID-19 SOPs on group engagement, inadequate time allocation in schools – pressure to catch up with formal syllabus and rigidity in private schools due to their competitive nature (close coaching of children) compared to public schools.

With the relaxation of regulations on COVID-19 prevention measures, *MUCOBADI* continued to work through community structures and school administration to negotiate a reasonable time for the children to attend sessions within allowable COVID-19 guidelines.

During FY2021, *MUCOBADI* supported District Probation and Social Welfare Offices (PSWO) to respond to cases reported through the District Action Centers (DACs), PSWO and case conferences at sub-county community development offices (CDO).

Towards the end of the year, 637 civil and criminal cases were reported and handled by functional DACs. Among these included; sexual violence at 4% (26), physical abuse at 4% (26), neglect at 33% (211), emotionally abused at 37% (237), and 22% (137) other categories, including land grabbing and denial of rights among others. In addition, of the 637 social protection cases, 8% (50) were referred out to other partners for economic growth, education and clinical services; 38% (242) were handled to a logical conclusion through mediation, litigation and other dispute resolution methods; 54% (271) cases which are majorly civil were pending further action, and one criminal case of defilement was referred to a higher jurisdiction court for litigation.

	Nature of Case							Case Status							
District	Sexual	Physical	Neglect	Emotional	Other forms	HIV related	Total	Resolved	Pending	Referred	Transferred	% Resolved	% Pending	% Referred	% Transferred
Iganga	0	6	10	3	0	0	19	18	1	0	0	95%	5%	0%	0%
Namayingo	1	1	4	2	0	0	8	7	1	0	0	88%	13%	0%	0%
Jinja	15	16	39	17	23	0	110	79	2	28	1	72%	2%	25%	1%
Mayuge	1	0	123	215	90	0	429	138	269	22	0	32%	63%	5%	0%
Bugiri	9	3	35	0	24	0	71	0	71	0	0	0%	100%	0%	0%
Total	**26**	**26**	**211**	**237**	**137**	**0**	**637**	**242**	**344**	**50**	**1**	**38%**	**54%**	**8%**	**0.2%**

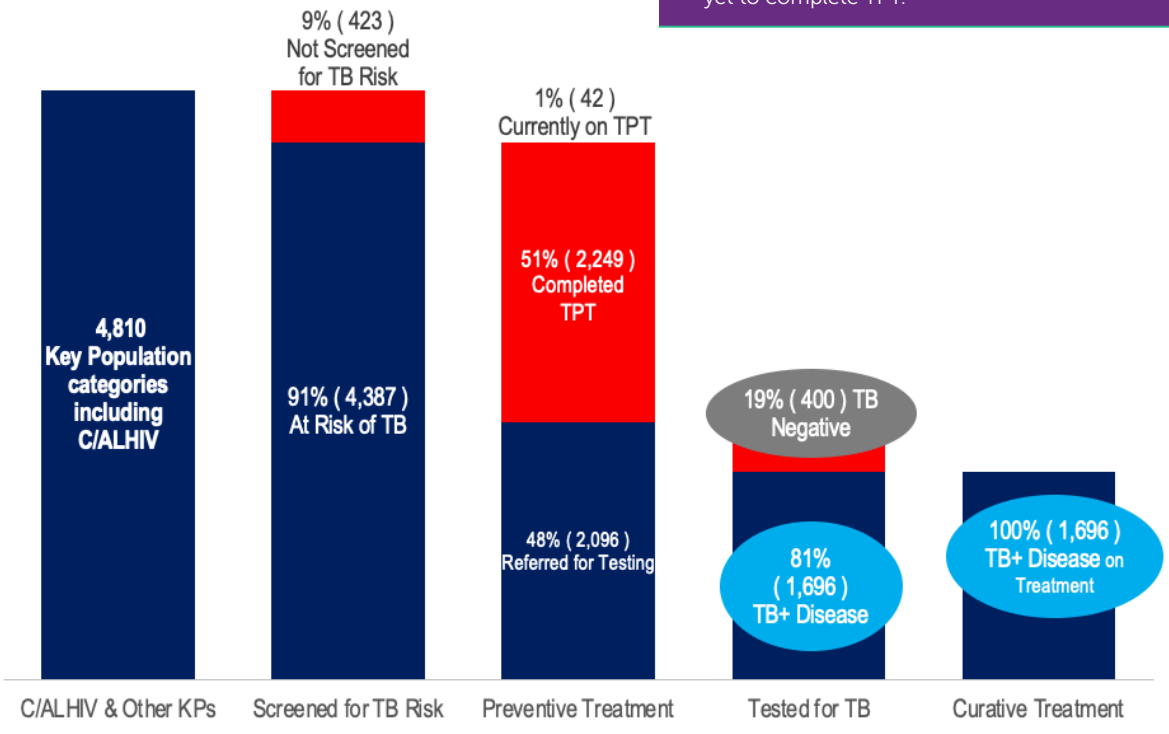
In collaboration with *MILDMAY-Uganda*, MUCOBADI scaled up the Key Population (KP) led community approaches to accelerate ending the epidemic among 1,308 persons at risk. We tailored prevention services, including Pre-Exposure Prophylaxis (PrEP), risk reduction counselling, condom promotion, and Sexually Transmitted Infection (STI) treatment. In addition, MUCOBADI established drop-in centres where KPs access stigma reduction services and free spaces for HIV prevention commodities and services such as HIV counselling and testing, STI treatment and family planning services.

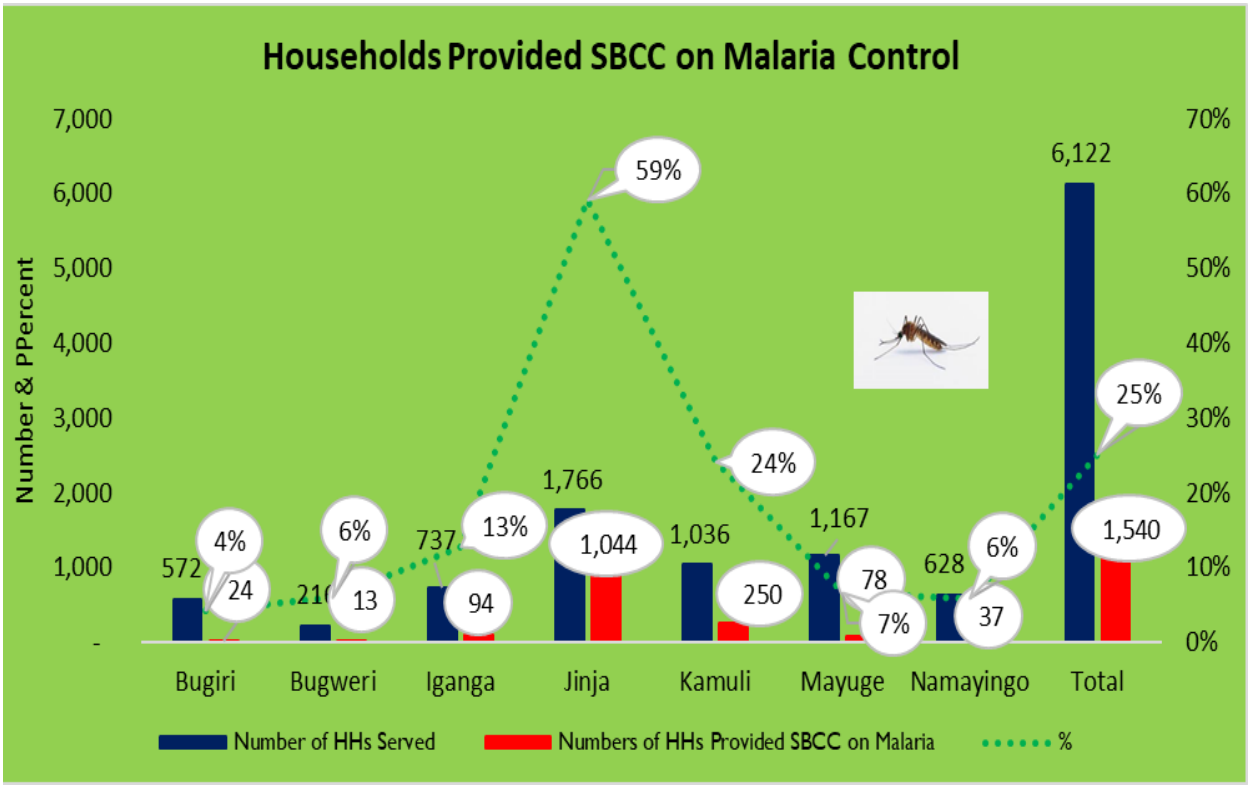
1.3 Tuberculosis (TB) Prevention and Treatment Services

Tuberculosis is one of the significant causes of death among persons living with HIV (PLHIV). Uganda is one of the 30 countries with a high TB burden countries and among the 20 countries contributing to 83% of people missing with TB. In this regard, *MUCOBADI* supported community awareness, screening, testing, prevention and treatment to end TB. In addition, efforts were made to detect new and relapse TB patients from the community. *MUCOBADI* used several implementation models, including household visitation by community structures (parasocial workers), community outreaches in safe spaces, deployment of treatment supporters to deliver drugs, and holding dialogue meetings and case conferences at facility and community levels. Further, *MUCOBADI* deployed various interventions to change behaviour, including dissemination of information, education and communication materials on TB prevention, community mobilization and education on TB prevention and collaboration with clinical partners to harmonize data on TB prevention.

MUCOBADI collaborated with clinical partners, including *USAID/RHITES-EC, USAID/LPHS-EC, USAID/LSDA* and *USAID/G2G-Jinja* and under its Global Fund project to influence TB response. *RHITES-EC* oriented *MUCOBADI* program technical team on community TB, and that knowledge was cascaded to 340 community structures (PSWs and CCWs categorized additionally as cough monitors). The 340 cough monitors were equipped with TB job aids and screening tools. Community structures were instrumental in following up treatment retention and completion of treatment through sputum collection, pill count, barrier analysis and literacy talks, routine assessment, contact tracing and referral. To effectively respond to TB-related deficiencies, MUCOBADI integrated related services into household improvement and care plans for deliberate implementation and monitoring. With support from Global Fund, MUCOBADI supported 152 TB diagnostic and treatment units (DTU) to conduct TB contact tracing for early diagnosis of index client's contacts and ensure adequate care and treatment for index clients.

- Out of 4,810 individuals targeted, 91% (4,387) confirmed completion of screening and among those screened, 48% (2,096) were referred for TB testing. Of 2,096 tested for TB, 1,696 were found with TB disease and were supported to enroll on curative treatment. While 86% (2,249) had completed TB preventive treatment (TPT) and 1% (42) C/ALHIV were yet to complete TPT.





1.4

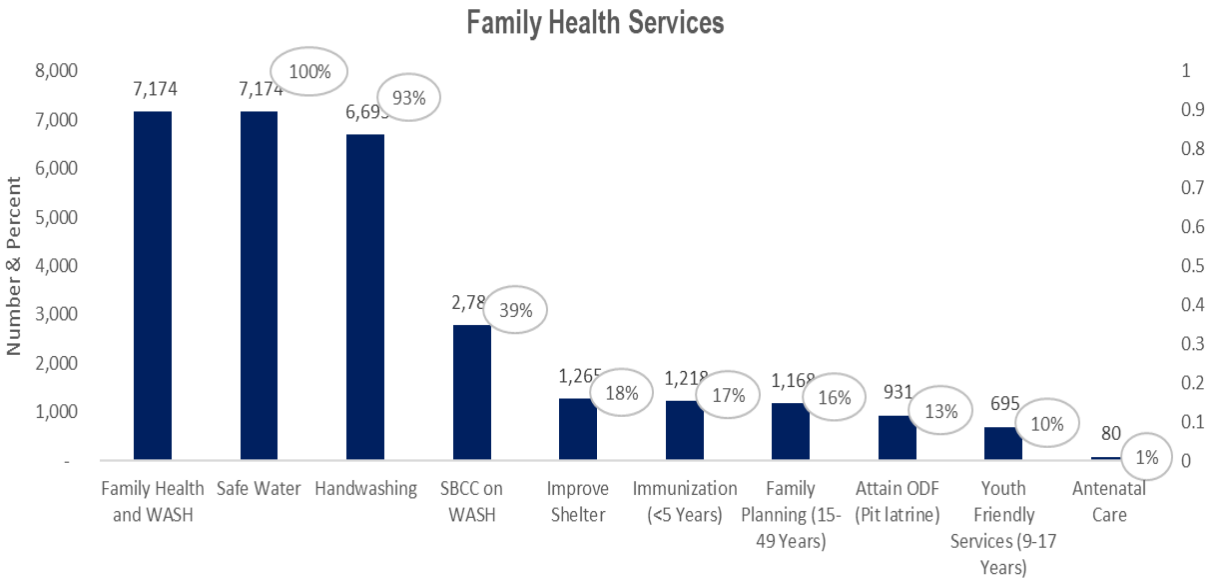
Malaria Vector Control

Malaria continues to be a leading killer disease among children. It presents itself as an acute opportunistic infection upsetting HIV care and treatment and a challenge to attaining economic stability. Of 6,122 households targeted with health services, *MUCOBADI* reached ¼ (1,540) with health behaviour change communication (SBCC) on malaria control and prevention. Through collaboration with *USAID/Presidential Malaria Initiative (PMI)*, 5% (70) of 1,540 households provided SBCC were additionally reached with indoor residual spraying (IRS) for vector control. Furthermore, through referrals, 1,251 children (0-4 years) of mothers living with HIV were supported to receive long-lasting insecticide-treated mosquito bed nets from antenatal care clinics. Additionally, 36 mothers received Intermittent Preventive Treatment (IPT) for malaria during pregnancy. In the coming year, *MUCOBADI* will endeavour to reach out to more households in Uganda's eastern and central regions through its Global Fund support to control malaria.

1.5

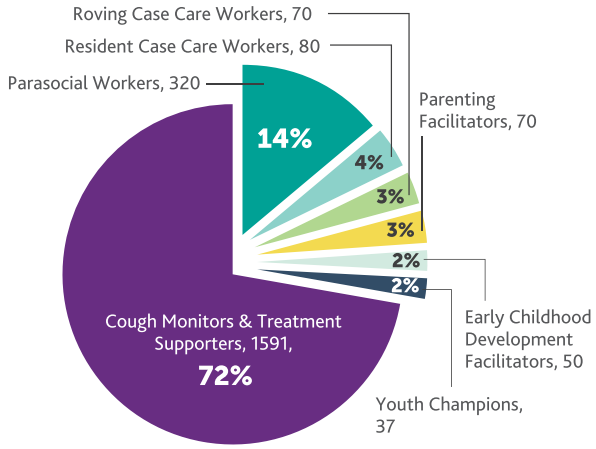
Family Health and Maternal-Child Health Services and; Contribution to Community Health Systems Strengthening

MUCOBADI undertook interventions that contributed towards general population health, including WASH, family planning and immunization. Out of 32,884 reached with health services, 21% (7,174) were reached with family health services. All 1,435 households reached were supported to access safe water, and 93% of households were supported to improvise and install handwashing facilities and practice handwashing for health promotion. Other services provided during the year included; immunization targeting the under five-year-old, family planning for mothers of reproductive age (15-49 years), and erecting and utilization of pit latrines for proper disposal of human excreta.



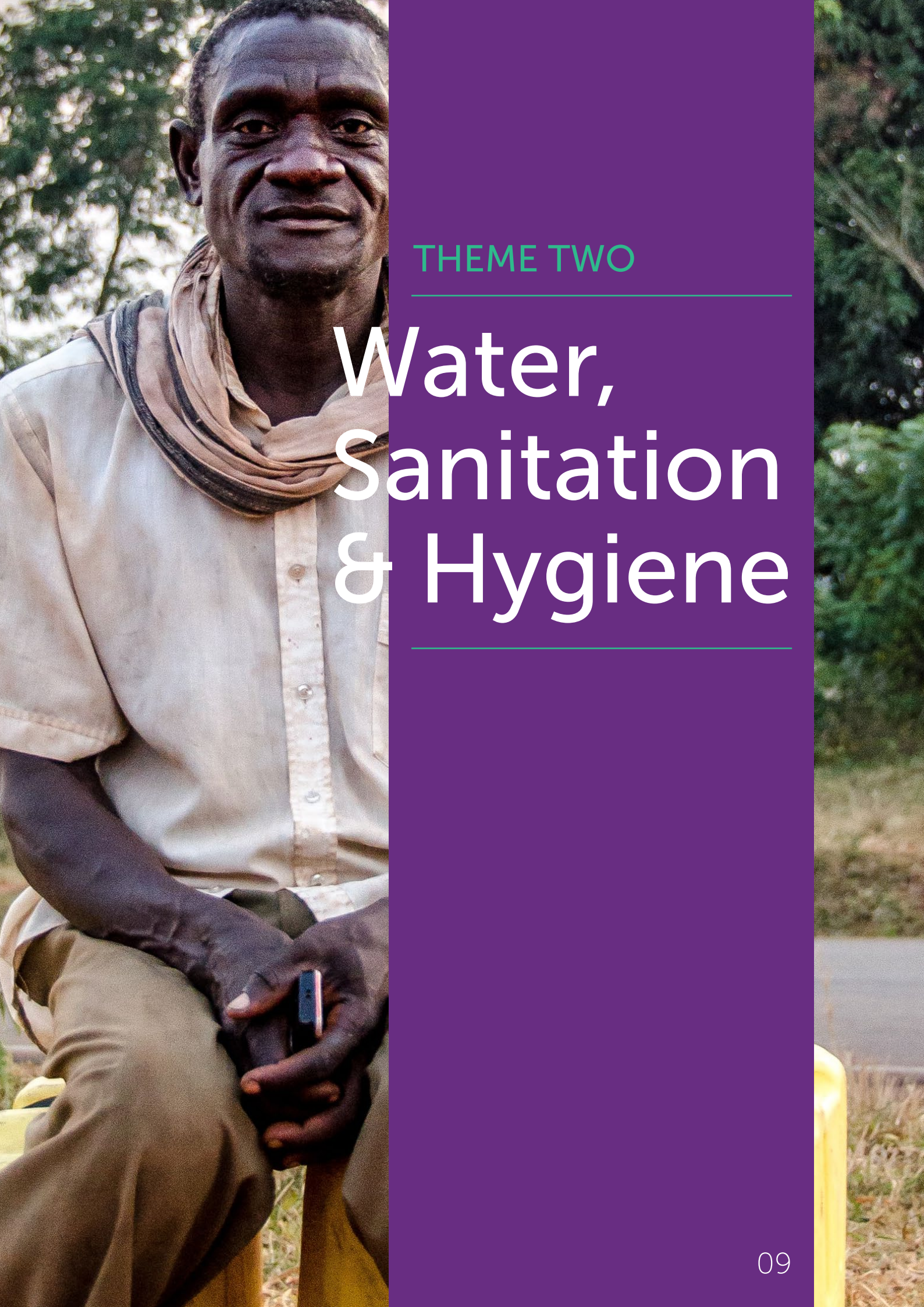
To improve community health service delivery, *MUCOBADI* signed MoU with clinical partners to improve linkage and referral of beneficiaries. During FY2021, *MUCOBADI* mobilized and strategically placed over 1,591 (627 under ICARE and 954 under Global Fund) community structures across the country to link health facilities and community service points. These include parasocial workers, case care workers at health facilities and community safe spaces, *SINOVUYO* training facilitators, youth champions and cough monitors. The placement of structures in over 99 health facilities and community safe spaces has continued to improve access, visibility and service delivery for vulnerable groups. However, a significant challenge remains in sustaining community structures through mobilizing logistics for communication, transport and stationary and facilitating routine capacity enhancement activities to motivate reach.

Distribution of MUCOBADI Supported Community Structures



MUCOBADI collaborated with the Ministry of Health (MoH) to equip community structures with the requisite skills to create an enabling environment to address gender and human rights challenges to access HIV, TB, malaria, and child rights abuse services. As a result, a total of 1,591 community resource persons (VHTs, linkage facilitators, religious/cultural and political leaders, expert clients, community groups and networks/forums and PLHIV advocates) have been equipped with skills to enhance social mobilization, building community linkages and coordination to build an enabling strengthened community system. However, continued support towards reducing stigma and discrimination among PLHIV and TB clients remains critical in addressing human rights and gender barriers in enabling the environment and breaking cultural and traditional barriers, which required co-opting traditional institutions to improve treatment uptake and retention in care.

With support from USAID under the American Rescue fund (ARPA) for COVID-19 and, in collaboration with TASO and MoH, aware of the effect of COVID-19 on systems strengthening, MUCOBADI provided personal protective equipment (sanitiser and masks) and built the capacity of 2,066 village taskforce structures with 6,267 members trained as part of the COVID-19 response and management through the Ministry's community engagement and home-based care strategies seeking to improve surveillance, psychosocial support, supporting the continuum of care under health behaviour change (HBC) including management of information and referrals relating to COVID-19. Further, 2,089 villages with 5,782 village committee members have been trained on their roles and responsibilities in HBC and surveillance. In addition, over 1,561 VHT and community structures have been oriented on HBC data management to enhance reporting.



THEME TWO

Water, Sanitation & Hygiene

A key component of MUCOBADI's contribution to public health promotion has been the emphasis on behaviour change communication, knowledge, attitude and practices to improve water, sanitation and hygiene indicators. In addition, efforts dwelt on hygiene promotion, excreta disposal, and access to safe and quality water. This was done through harnessing community platforms such as parenting (SINOVUYO) groups, Early Childhood Development (ECD) groups and Economic Growth associations (VSLA) for demand creation and service provision.

In 2021, MUCOBADI signed and implemented MoU action plans with three health promotional partners, including; Water for People, an international charity supporting communities in the districts of Bugiri, Bugweri, Iganga, Jinja, Kamuli, Mayuge and Namayingo and USAID/RHITES Family Health Activity in Iganga district and Sole Hope to leverage resources and promote family health and avail sanitation solutions. As a result, working with the respective local and lower local governments, MUCOBADI reached 795 households with a target to improve WASH indicators which benefited 5,958 people, and 86% (5,111) of 5,985 beneficiaries improved the quality of water.

As a long-term strategy, MUCOBADI built technical, management and logistical capacity of community delivery structures, including case care workers, parasocial workers and VHT, to integrate WASH in their compassionate duties and, enhance bidirectional referrals, linkages and streamline documentation and provide enduring awareness for social belief and behaviour change. As a result, community structures have continued to relay WASH behaviour change messages and promote household hygiene and sanitation practices.

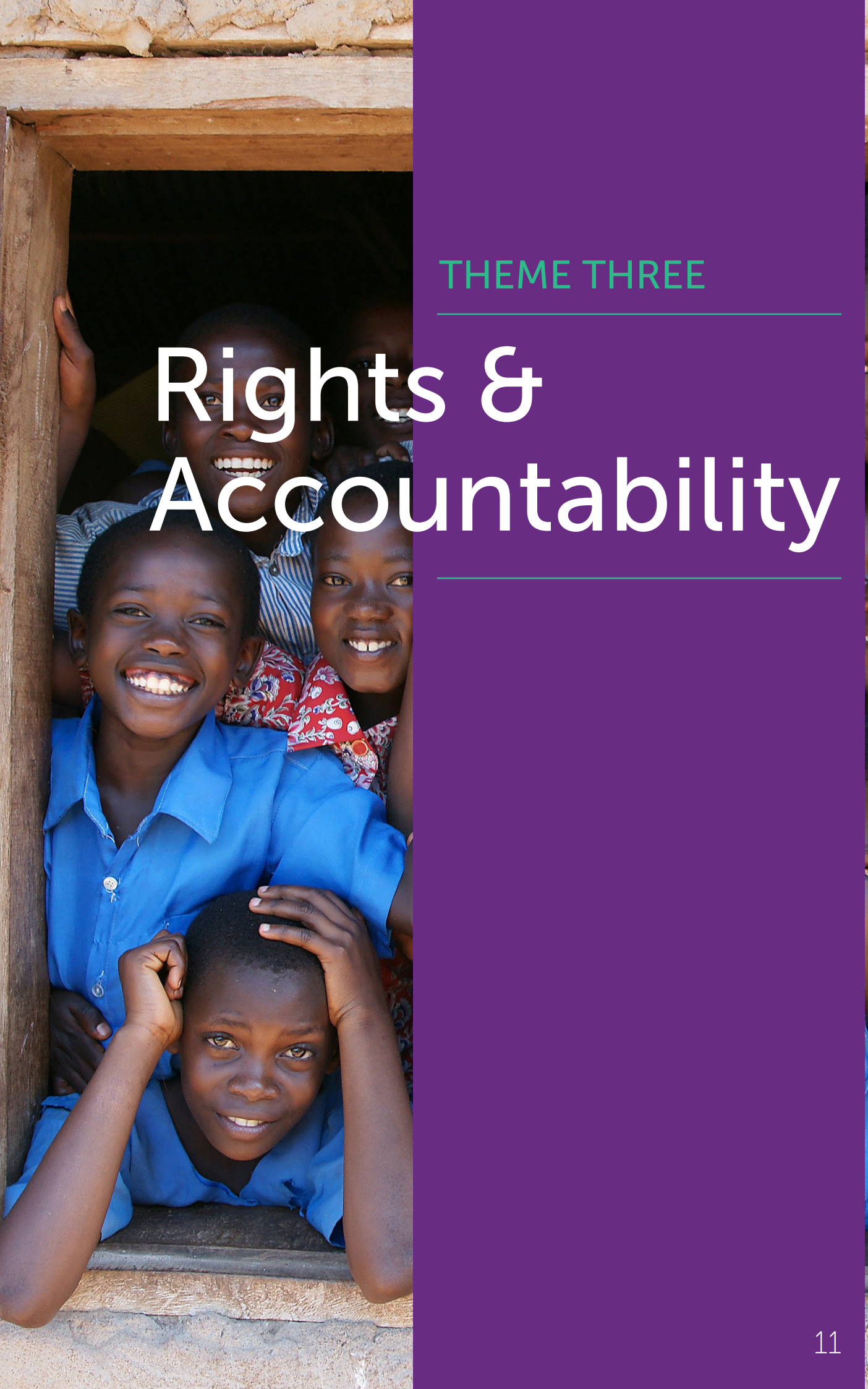
Community structures have been helpful in the functionalization of various public health strategies and have upscaled the implementation of transformative approaches at individual and community levels for health promotion with corresponding SOPs for health promotion and disposal of wastes generated directly or indirectly through MUCOBADI footprint at the health facilities, schools and in community safe spaces.

Community Session on Health Promotion in Jinja.

5,958
community members provided awareness for behaviour change on WASH

5,111
community members supported to improve & consume safe water

759
households provided with SATOPAN covers & supported to improve pit latrine coverage & attain open-defecation-free indicator



THEME THREE

Rights & Accountability

During the year, MUCOBADI implemented interventions that strengthen community engagement to demand services, meaningfully contribute to decision-making, and counter and end cultural, religious and normative harmful practices that perpetuate risk. Through consortiums under SHE Leads Project, Young Africa Works Project and ICARE Activity, MUCOBADI promoted awareness for community activism and advocacy for the implementation and adoption of policies and practices that address harmful social, cultural, religious and traditional beliefs and practices that expose children, adolescents and communities to risk. As a result, the capacity of community leadership has been built to improve knowledge and rally access to appropriate sexual reproductive health information and services, reducing risk incidence and ending community acceptance of early marriage and relationships of power imbalances.

To improve advocacy strategy as a rights-based approach to service delivery, MUCOBADI developed a private sector engagement strategy and used it to rally actors in health, education and vocational development, hospitality and economic growth, social services and legal protection to provide tailored services. Through rights-based approaches, MUCOBADI increased access to service delivery for;

21,159 vulnerable people who accessed mental health and psychosocial support to build resilience.

10-14yrs

1,973 adolescents (10-14 years) at risk of HIV and violence were trained on the Journeys Plus curriculum, a rights-based approach to HIV and violence prevention.

10-17yrs

648 adolescents (10-17 years) were trained on SINOVUYO/ parenting sessions

34 survivors of sexual violence against children (SVAC) were provided post-violence trauma counselling.

100% (33) of the SVAC were given pro bono legal support through litigation and mediation.

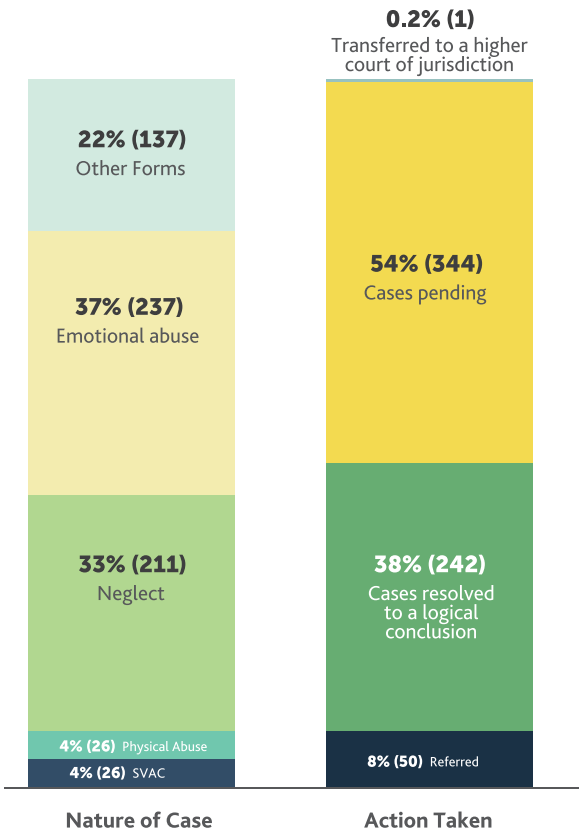
110 children (0-5years) births were registered at the sub-county

96 children were withdrawn from child labour in sugarcane plantations and artisan mineral mining sites.

During the Year, 637 civil and criminal cases were reported and handled by *MUCOBADI-supported* functional District Action Centers (DACs) in Bugiri, Iganga, Jinja, Kamuli Mayuge and Namayingo districts. Among these included; Sexual violence at 4% (26), Physical abuse at 4% (26), Neglect cases at 33% (211), Emotional abuse at 37% (237) and 22% (137) were other categories including land grabbing and denial of child rights.

Of 637 social protection cases, 8% (50) were referred out by DACs to partners for economic growth, social protection, education and clinical services; 38% (242) cases were logically concluded through mediation and litigation; 54% (271) cases which are majorly civil were pending further action, and one criminal case of defilement was transferred to a higher jurisdiction court for litigation.

Nature of Probation Cases & Actions Taken



Under the *SHE Leads* consortium, joint efforts have increased and sustained the influence of Girls and Young Women (GYW) on decision-making, transforming gender norms in formal and informal institutions as a pathway for change. The change process is context-specific and shaped by factors such as the openness of the political system, available civic space, conflict, the strength of civil society and the prevalence of harmful norms. In addition, MUCOBADI-created platforms for GYW-led advocacy at the sub-county, county, district and national levels have ensured multi-sectoral involvement for effective inclusion.

In a bid to support the meaningful participation of GYW in decision-making processes of Government, MUCOBADI has supported the building of robust social movements and groupings of priority, and key populations, including child mothers, young women, orphans, people living with HIV, girls with disabilities alongside like-minded civil society-initiated girl-led groups to ensure collective action and activism. As a result, a total of 680 GYW, 31 GYW-led groups and 20 like-minded CSOs have engaged stakeholders for collective action to influence participation of GYW.

Campaigns for Digital Inclusion

She Leads built the confidence of GYWs; **the case of** Betty Habene, 21 years. Betty is a She Leads advocate for the rights of girls and young women through social media platforms and conferences. Due to her confidence, she was seconded as a Country Representative on the Pan African Girls Board. Betty has been engaged in high-level national advocacy engagements presenting views of GYW for consideration. Her presentations have been widely shared on social media platforms.

MUCOBADI has established networks from the village, parish, sub-county, district and national levels to ensure collective leadership within society for an inclusive social movement where girls are leading and can advocate for gender equality. Safe spaces have been created for peer-to-peer learning and for developing shared advocacy agendas.

Gender norms can shift when influential traditional/religious leaders publicly question the validity of current norms and when societies are increasingly aware of their harm. To address harmful social gender norms rooted in culture, *MUCOBADI* continued to engage 336 cultural, political, and religious leaders. As a result, the leaders and community members publicly condemned these norms, including child marriage, teenage pregnancy and school dropout.

STOP Sexual Violence Against Children:

Passionate to stop SVAC, Sophie is a 19-year-old mother. She has been vocal on the radio advocating to end sexual gender-based violence. During 16 Days of Activism against GBV launch in Bugiri district, Sophie called stakeholders to action to stop SVAC with particular emphasis on addressing the effect of COVID-19 on pursuing education goals for GYW.

Sharon's Call for a Government Secondary School in Buluguyi Sub-county: Sharon, a 19-year-old She Leads GYW advocate, interfaced with multiple stakeholders to amplify views of GYW. Sharon participated in district budget conferences, sub-county level meetings and other safe spaces where she freely amplified voices and called partners to action. She used the platforms to lobby Bugiri district government stakeholders to construct a government secondary school in the Buluguyi sub-county to ease girl child access to school.

To strengthen youth voice and influence in 2021, MUCOBADI implemented Mastercard Foundation's Young Africa Works (YAW): Markets for Youth program, which is a market systems development intervention aimed at directly enabling 4,875 rural young women and men to access dignified and fulfilling work over four years across two sub-regions in the Karamoja and Acholi regions of Uganda in six districts. During the year, 1,599 young rural women and men were reached.

1,037 (71%) young women

210 (14%) refugees

81 (6%) youth with disabilities

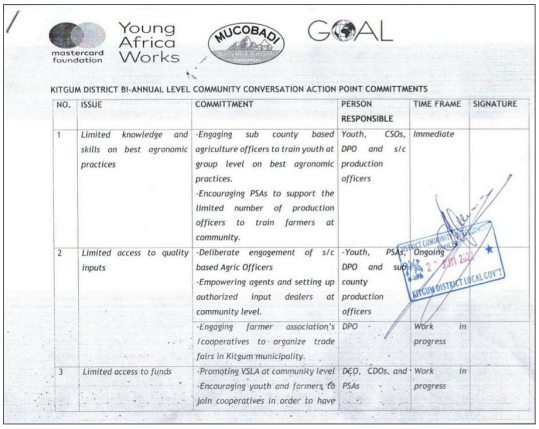
376 (26%) other young men

In addition, the program envisions benefiting 9,750 people indirectly through the multiplier effect of the different program interventions, such as access to informal and formal financial services and products, access to skills training, market intelligence and learning opportunities, access to input and output markets and finally enhance youth voice and influence.

Also, through these efforts, rural young women and men collectively and collaboratively worked together to increase their purchasing and influence power in the agricultural market system by tackling both supply and demand side of opportunities and constraints in the agriculture sector. Accountability and participatory approaches that included community conversations, youth-led research and dialogues between young people and key stakeholders within the agricultural market systems were used. As a result, young people influence demand and supply side actors within a market system, which directly correlates to the behaviours

Issues Presented by Youth	Commitment	Progress
1. Limited access to food bulking centre to support during harvest 2. Limited knowledge and skills on best agronomic practices 3. Limited access to funds 4. Outbreak of pests and diseases 5. Limited access to land by youth 6. In ability to access good and reliable market 7. Limited access to quality inputs 8. Limited access to information on existing government programs 9. Lack of information on current market prices. 10. Negative attitude of youths towards commercial agriculture. 11. Attacks by wild animals that destroy crops. 12. Lack of agricultural equipment's e.g. tractors. Labor costs are high. 13. Poor roads network. 14. Insecurity. 15. Inadequate finance to support agriculture. 16. Low price of Agricultural products.	• Regular contact with focal point persons(Production officers and CDOs) for information • DCO has been tasked to set up market boards at big centers where community can access market prices. • YCs training fellow youths and district stakeholders to bring on board cultural leaders. • Linkage to Parish Development model & FFIs ,VSLA promotion. • Production and commercial officers, PSAs to support access to reliable market for the products • Sub county Agricultural Officers to identify quality seed suppliers and create linkage for access to quality inputs at affordable prices. • Community Conversation ,radio talk-ins, sports event, show cases, to target more youth for mind-set change. • Engage Wild life authority on possibility of compensation. • Planting crops like simsim which is not eaten by elephants, stop planting in the animal corridor. • During the BI-annual level meeting DCO and stakeholders confirmed that they have constructed food stores and so youth need to start farming and they will have access to available stories. • Sub county Agriculture Officers, PSAs to do training. • PSAs are ready to buy produce at fair price. Youth have been advised to engage respective production officers who have committed to support linkage to fair markets. • Youths should ensure they produce high quality produce . • Youths will be linked to financial institutions for finances by DCO. • RDC to give in his contact number for consultations about security issues. • All roads to be graded by the districts. • Youths should show interest to the Office of the Commercial Officer so that they can negotiate with the tractor owners and youths access tractors cheaply. • Youths to write to the Sub- County requesting for inputs • Youths should compile the kind of pests destroying their crops and share with Agric Officer. • First embrace local markets even what's produced is not enough. Incase of bulk, consult of DCO. • Youths should always write to the Sub- County showing interest on which input they need.	• Parents have provided land and 4 youth in Omiya Nyima have cleared their gardens and ready for planting. • PSAs are supplying quality seed. • Short term, OPM distributed food to affected families due to CC. **54 F,21 M** received posho and beans- 7 and 5 Kgs respectively. • Engagement of UWA, planting hot pepper and keeping bees in the offing to curb on elephants. • PSAs have trained agents and 25 youths (7male, 18 female) have been trained on best agronomic practices thus cascading. • The district organized agric trade show where youth had access to acquiring inputs. • RDC's number given to youth. • Youths compiled the pests destroying their crops and shared with Agric Officers and they were given pesticides. • Some Youths have also offered to their groups land for cultivation • Youths are using their savings for cultivation • Roads have been graded both the major roads and the access roads in Abim.

and relationships of key players. Through community conversations, young people identified issues/ challenges affecting their participation in the agriculture market system, worked together and presented themselves as a united front, a singular voice in promoting their needs and demanded improved services and products that spoke to them and their situation. Using created and available platforms, young people presented issues to the critical community, sub-county, district and other agricultural actor stakeholders. Engagement between young people and stakeholders resulted in commitments that were implemented.

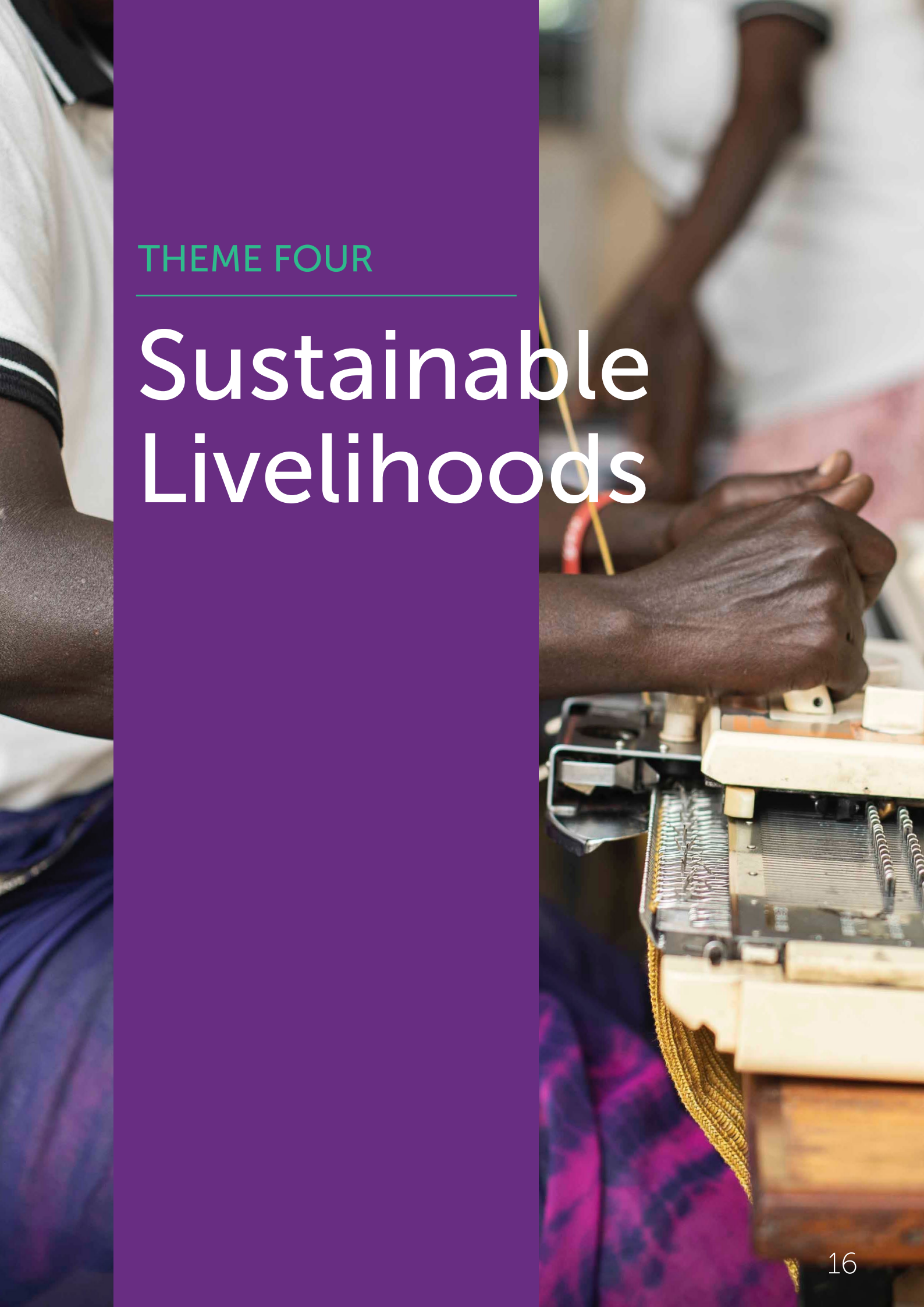


KITGUM DISTRICT BI-ANNUAL LEVEL COMMUNITY CONVERSATION ACTION POINT COMMITTMENTS

NO.	ISSUE	COMMITTMENT	PERSON RESPONSIBLE	TIME FRAME	SIGNATURE
1	Limited knowledge and skills on best agronomic practices	-Engaging sub county based agriculture officers to train youth at group level on best agronomic practices. -Encouraging PSAs to support the limited number of production officers to train farmers at community.	Youth, CSOs, DPO and s/c production officers	Immediate	
2	Limited access to quality inputs	-Deliberate engagement of s/c based Agric Officers -Empowering agents and setting up authorized input dealers at community level. -Engaging farmer association's /cooperatives to organize trade fairs in Kitgum municipality.	-Youth, PSAs, DPO and sub county production officers DPO	Ongoing Work in progress	
3	Limited access to funds	-Promoting VSLA at community level -Encouraging youth and farmers to join cooperatives in order to have access to savings and credit. -Supporting youth groups to benefit frorp parish development model -Linkage to formal financial institutions	DCO, CDOs, and PSAs	Work in progress	
4	Youth in ability to access good and reliable market	-Market linkages to PSA within the district to buy farm out puts especially at community since the towns are sorted. -Training farmers on post-harvest handling mechanisms. -Encouraging youth to adopt bulking so as to attract better market.	DPO, S/C Agricultural Officers, DCO and PSAs	Immediate	
5	Negative attitude of the youth towards commercial agriculture	-Participating in community conversation meetings and using radios to talk to youth to adopt agriculture	CSO partners, Cultural leaders and all stakeholders	Immediate	
6	Attack by wild animals that destroy crops in Orom sub county and beyond.	-Engaging wild life authority in meetings to push back wild animals to the park. -Encouraging youth to adopt chill & hot pepper production that is a threat to wide animals. -Encouraging youth to adopt bee keeping that is already a threat to elephants as source of income.	DPO, Agricultural officers	Immediate	
7	Lack of functional food stores (bulking centers)	-Food stores within the district and sub counties will be made functional and accessible by the youth. -Engaging partners/PSAs dealing in agriculture to build food stores at community level	DCO	Immediate	

DISTRICT COMMUNITY DEVELOPMENT OFFICER
2 - JUN 2022
KITGUM DISTRICT LOCAL GOV'T

OKELLO JAMES P'OKIDI
DCDO - 0772890583.



THEME FOUR

Sustainable Livelihoods

Expansion of the economic base for poor and vulnerable persons is key to building resilience, entrepreneurship and livelihood safety. Therefore, notwithstanding the dire effect of the COVID-19 lockdowns and the continually evident impact of climate change on the economy and livelihoods, during FY2021, MUCOBADI directed efforts to improve incomes and productivity of its beneficiaries and endeavoured to sustain food security and nutrition for poor persons in rural and semi-urban settlements. This was based on the understanding that a growing economy and sustaining livelihoods correlate with and has resultant effects on the attainment of indicators of good health, education and development for all.

FY2021 strategies for sustaining livelihoods focused on four key facets;

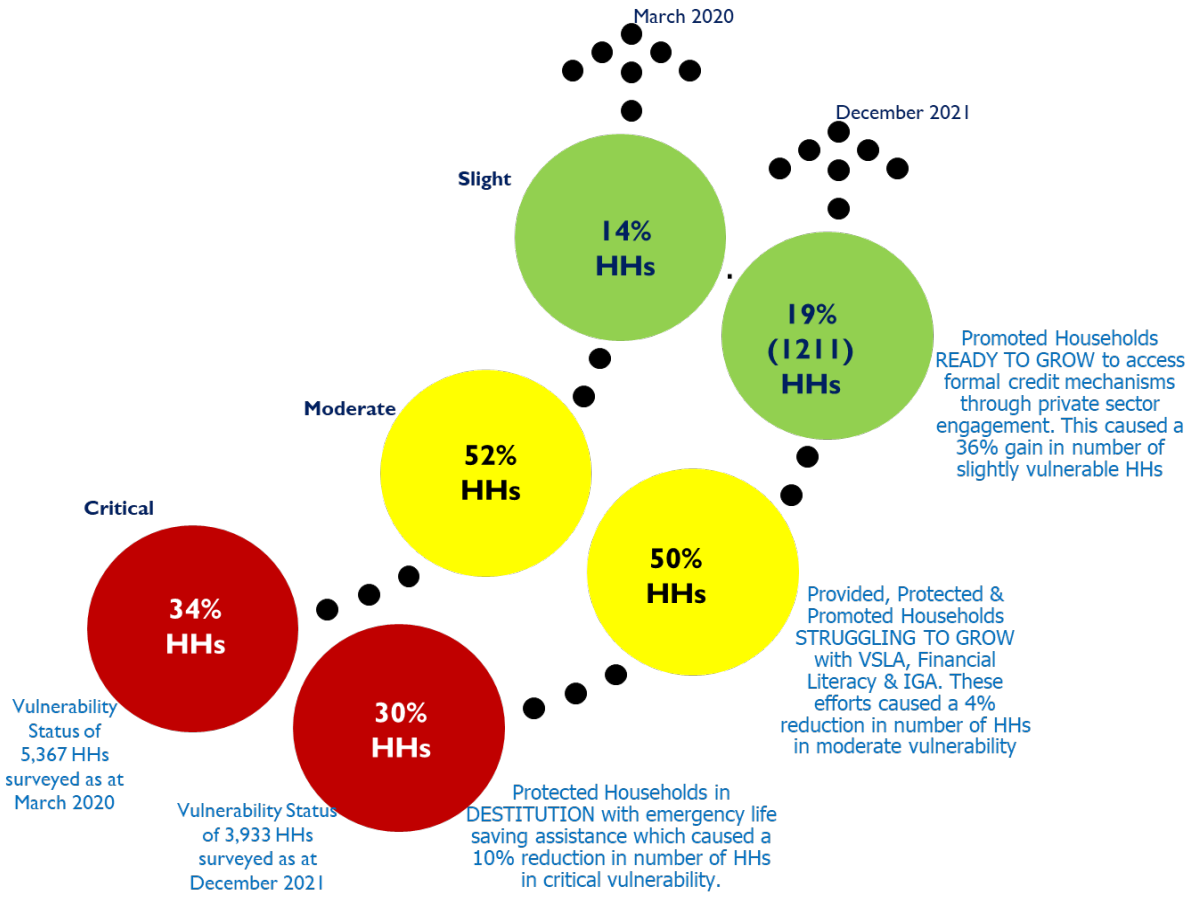
- **Household income growth.**
- **Food and nutrition security.**
- **Education and development for formal and non-formal sectors.**
- **Environment and nature conservation.**

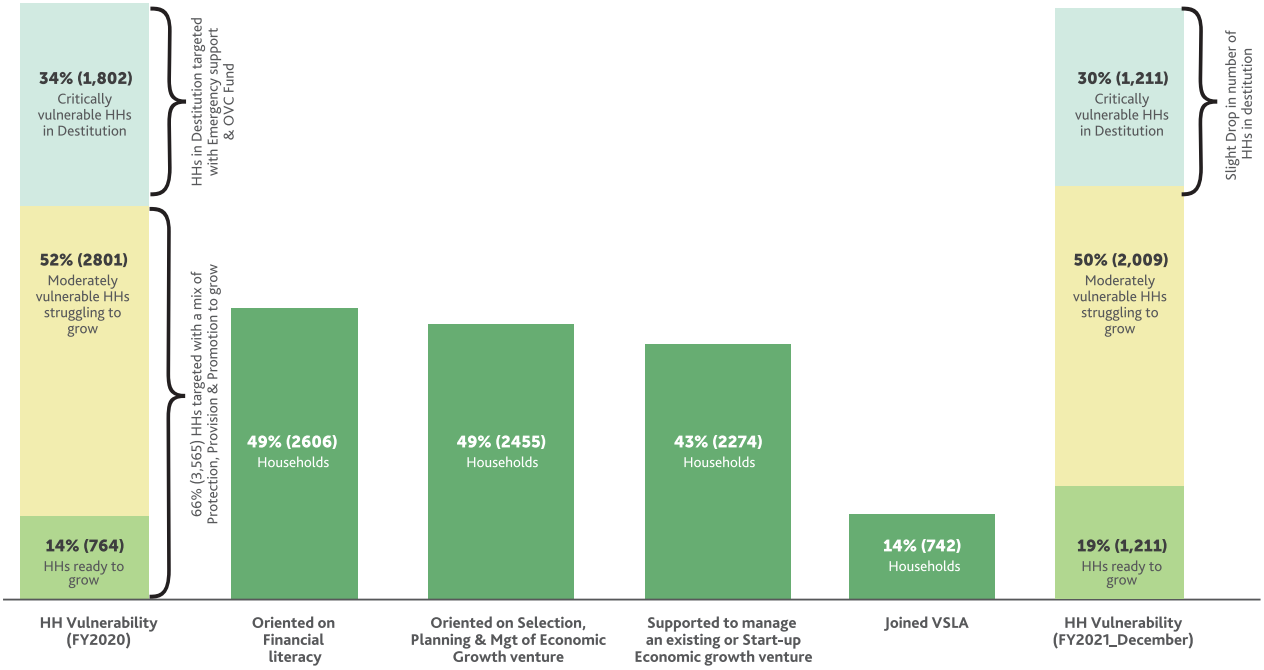
All these were geared towards empowering poor Households (HHs) to overcome poverty, food insecurity and insufficient nutrition through sustainable, inclusive productivity and access to markets.

4.1 Household Income Growth

In FY2021, *MUCOBADI* strengthened community capacity and linkages to address barriers to economic growth through the signing of MoU with private sector partners, orientation on business development skills, acquisition of income generating ventures; provision of Financial Literacy (FL) in Selecting, Planning and Managing (SPM) of Income Generating Activities (IGA); establishing marketing systems and linkages; value addition to farm produce and; budget advocacy during dialogue with local and lower local government levels. In addition, COVID-19 SOPs were deployed to enhance reach to vulnerable HHs during the lockdown, which registered relief.

MUCOBADI implemented an economic growth model that classified its 5,367 households into three categories; those ready to grow (slightly vulnerable), which constituted 14% in FY2020, those struggling to grow (moderately vulnerable), which constituted 52% in FY2020, and households in destitution (critically vulnerable) which constituted 34% in FY2020. To improve the economic well-being of these HHs, MUCOBADI deployed a cadre of Community-Based Trainers (CBTs) and targeted HHs with a mix of prevention, promotive and protective services, including 49% trained on FL, 46% trained on SPM, 43% managed IGA, 14% joined Village Savings Groups (VSLA) and linked 300 HHs to private sectors.





As a result of these interventions, many households have continued to benefit from financial literacy sessions and linkages to credit; HHs have realized a change in vulnerability, with the proportion of HHs ready to grow increasing to 19% from 14% and, HHs in destitution reducing from 34% to 30%. *MUCOBADI* will continue to support the Ready to Grow to access Market Value Chain to increase their economic profitability while supporting those struggling to grow to access affordable credit and other economic strengthening opportunities.

During the Year, *MUCOBADI* formed 183 VSLAs with 742 households participating. The groups saved Ushs 369 million, which was shared at the end of the year and progressively accumulated over Ushs 10 million in OVC funds, with over 60% (six million) given out to rescue 958 OVC and their households in emergency need. It is important to note that 35% of the VSLA members were males, demonstrating the effort to promote male engagement in household livelihood improvement. Over 6% (346) of 6,070 HHs have active IGAs. Assessment findings in districts with livelihood improvement interventions reported that only 54% (3,278) of 6,070 HHs surveyed were economically unstable and would not absorb livelihood shocks without selling a vital family asset if available.

Youth in Uganda bulged, with 78% of the population aged 30 years and below representing 31.2 million people, creating both an opportunity and a challenge. Youth unemployment is growing; each year, 400,000 youth enter the labour market and compete for only 80,000 formal jobs. Unemployment is compounded by a mismatch between skills required for labour markets and knowledge produced by training institutions. To equip youth with employable skills

to increase household incomes and participate meaningfully in agriculture, MUCOBADI, under YAW-Markets for Youth, linked 232 Youth (131 male, 101female) to Shalom Ventures and were trained on tractor operation and maintenance during the year. With the availability of the Atiak Sugar factory in the region, we look forward to seeing many youths access dignified and fulfilling work in Agriculture.

To economically empower youth and enable them to access financial services for agriculture, 76 youth groups were trained on VSLA methodology. Training has seen youth groups start saving components within their respective groups, and so far, 280 youths (280) households are into saving. Eleven youth groups (14.4%) began VSLA saving across the six districts with a total membership of 280 (169 females, 111 males), of which 59 (31M, 28F) are persons with disabilities (PWDs). Total savings stand at Ushs 12 million, and with access to VSLA and training on business skills, youth have been able to start enterprises which include; retail shops, produce buying and selling, chapatti making, mandazi baking, Phone accessories, food stores, drug shop among others.

To boost youth incomes and also enable youth to access dignified and fulfilling work in agriculture across Acholi and Karamoja sub-regions, MUCOBADI has enabled Youth groups and individual youth into agriculture.

Twenty youth groups started farming with 521 (356F, 165M) members with 144 acres, and 921 individual youths (616F, 305M) are into agriculture with 1,265 total acreages, producing soybeans, sunflower, green grams, maize, and cassava, among other crops.

4.2 Food and Nutrition Security

MUCOBADI paid attention to improving agricultural productivity for multipronged food security benefits, nutrition and economic growth for poor households. This has been done through monitoring the quality and quantity of food produced and consumed, improving crop yield and productivity, controlling and treating livestock and crop pests and diseases, and land use advocacy for farm size expansion without compromising biodiversity and environmental conservation. For example, in the Busoga region, aware that most of the land is occupied for commercial sugarcane farming, advocacy efforts were made at local government and community levels during the year to promote agroforestry products and allocation of acreage for food crop productivity and planting of woodlots (both timber and fruit trees).

Vulnerability surveys conducted in March 2021 (before the COVID-19 lockdown) and July 2021 (upon lifting the lockdown) reported an increment from 51% to 76% HHs without a secure food source. This prompted *MUCOBADI* to strategize and support 21,371 beneficiaries to benefit from nutritional education, and 941 HHs established vegetable gardens. Poor weather exacerbated food insecurity, with crops planted in June 2021 withering due to a shortage of rainfall. This resulted in low food productivity and yield. With the effect of COVID-19, 57% of HHs could not consume three food groups at least three times a week, which increased more in peri-urban HHs than rural HHs. During the year, cases of malnutrition rose to 61% of HHs, worsened with children showing signs of undernourishment.

To enhance young people's learning and replication, nine youths (four female) from the Kotido district participated in the agricultural fair in the Moroto district. They learned from what different private sector actors were doing and other youths across the region who exhibited their various trades and value chains. Participation in the agricultural fair inspired the youths to share their learning with other youth within their respective groups, resulting in 547 (136M, 411F) youth getting involved in farming under different value chains.

No of rural young men and women involved in farming

District	Male	Female
Abim	15	29
Kotido	9	61
Karenga	11	36
Kitgum	7	28
Pader	23	61
Lamwo	71	196
Total	**136**	**411**

OPERATIONS & FINANCIAL LEADERSHIP IN 2021

5.0 Statement of Income and Expenditure

	Note	2021 Ushs	2020 Ushs
Incomes			
Direct Contributions - Donors	8.6	8,194,565,297	2,988,175,821
Other Income	8.7	86,822,118	86,621,797
Total Incomes		**8,281,387,415**	**3,074,797,618**
Expenditure			
Labour (Salaries & Wages)	8.8	2,350,979,538	659,127,522
Fringe Benefits	8.9	260,402,999	116,561,630
Travel and Transportation	8.10	38,619,211	18,107,360
Equipment, Vehicles, and Freight	8.11	24,985,000	5,000,000
Supplies	8.12	7,959,958	16,790,810
Program/Project costs	8.13	1,477,657,818	1,558,375,735
Other Direct Costs	8.14	845,259,341	590,977,567
Indirect Costs	8.15	223,020,963	54,413,999
Financing Transactions	8.16	-	302,776
Project Closure Refunds	8.17	9,754,531	-
		5,238,639,359	**3,019,657,399**
Surplus/(Deficit) for the year		**3,042,748,056**	**55,140,219**
Accumulated Fund b/f		122,425,681	53,085,462
MFI Loan Repayment		-	14,200,000
Accumulated Fund c/f		**3,165,173,737**	**122,425,681**

Statement of Financial Position

Multi-Community Based Development Initiative (MUCOBADI)
Annual Report and Financial Statements
For the Year ended 31st December 2021

6.0 Statement of Fund Balance

	Note	2021 Ushs	2020 Ushs
Assets			
Cash and Bank Balances	**8.3**	2,880,261,147	122,425,681
Accounts Recievable	**8.4**	284,912,590	-
		3,165,173,737	**122,425,681**
Represented By:			
Liabilities and Accumulated Fund			
Accumulated Fund	**8.5**	3,165,173,737	122,425,681
		3,165,173,737	**122,425,681**

The financial statements on pages 8 to 14 were approved by MUCOBADI Management on ..... 2022 and signed on its behalf by:

Board Chair Person .....

Executive Director .....

Finance & Operations Director .....

Statement of Cash Flows

Multi-Community Based Development Initiative (MUCOBADI)
Annual Report and Financial Statements
For the Year ended 31st December 2021

7.0 Statement of Cash Flows

	2021 Ushs	2020 Ushs
Surplus/(Deficit) for the year	3,042,748,056	55,140,219
MFI Loan Repayment	-	14,200,000
Adjustments for:		
Operating Cash flows		
Changes in Accounts receivable	(284,912,590)	46,633,071
Changes in Accounts payable	-	(78,973,938)
Net cash Changes in operating activities	**2,757,835,466**	**36,999,352**
Net Increase in Cash and Cash equivalent	2,757,835,466	36,999,352
Cash and cash equivalent at 1st Jan	122,425,681	85,426,329
As at 31st Dec	**2,880,261,147**	**122,425,681**

Statement of Reconciliation of cash and cash equivalent

Closing Cash and Bank balances	2,880,261,147	122,425,681
	2,880,261,147	**122,425,681**

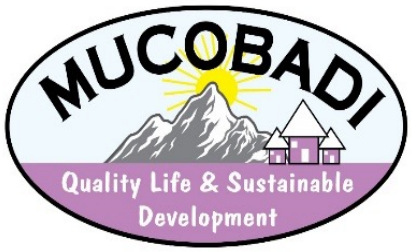
ANNEX

ANNEX I: PERFORMANCE INDICATOR TRACKING TABLE

Activity	Contributing Project	Target	Achieve-ment	Per cent	
Strategic Goal: Improved economic, health and social well-being of the vulnerable and key populations					
Result 1: Improved access and utilization of health services for vulnerable and key populations (Program theme health)					
IR 1.1: Increased availability of safer sexual and reproductive health services.					
1. Conduct SBCC outreaches and public health improvement campaigns on GBV & HIV prevention.	ICARE, YAW & She Leads & Global Fund	140	99	71%	
2. Support/ rollout of HIV/GBV high impact curriculum: stepping stone & journeys	ICARE	1,758	812	46%	
3. Map and develop a referral directorate	ICARE	1	1	100%	
4. Refer/link identified key and priority populations (KP and PP) to HIV and GBV prevention and treatment, nutritional support and food security services	ICARE, YAW, She Leads & Global Fund	10,000	16,345	163%	
5. Facilitate HIV Testing & Treatment Services (HTS) outreaches at community level	ICARE	140	99	71%	
6. Support/accelerate new case findings and identification and enrolment of HEI & vulnerable C/ ALHIV, particularly non-suppressing children	ICARE	4,300	5,159	120%	
7. Orient/train community structures (VHTs, Parasocial workers, youth peers, CBTs, Community/ facility linkage facilitators on case identification, referrals & linkages, SBCC, etc.)	ICARE, YAW, She Leads & Global Fund	500	590	118%	
8. Conduct targeted family health, contraceptive services, reproductive health & HTS integrated friendly service outreaches targeting KPs/PPs	ICARE, YAW, She Leads & Global Fund	10,000	6,122	61%	
IR 1.2: Improved coverage of high-impact maternal and child mortality reduction services.					
9. Support Early Childhood Development (ECD)/ SINOVUYO facilitators to conduct sessions among 2,100 caregivers for knowledge building around infant feeding.	ICARE	70			
10. Link/ refer pregnant and lactating mothers for HTS, FP and RMNCH services	ICARE	500	257	51%	
IR 1.3: Increased demand, linkage and referrals for quality HIV care and prevention services					
11. Support the formation of teen mother clubs at health facilities	ICARE & She Leads	70			
12. Conduct integrated outreaches on HIV Testing Services (HTS) targeting adolescents	ICARE	700	168	24%	
Result 2: Increased community access to and quality of water, sanitation and improved hygiene practices (Program theme WASH)					
IR 2.1: Improved hygiene and sanitation practices among the vulnerable households					
13. Organize water, sanitation and hygiene information/ campaigns	ICARE & YAW	520	547	102%	
IR 2.2: Improved access to sanitary facilities, clean, safe and sustainable water supply.					
14. Link and support households to access clean and safe water	ICARE & YAW	520	547	102%	
15. Support households to construct hand washing facilities in their homes for improved sanitation	ICARE & YAW	5,000	3,836	77%	
16. Conduct menstrual hygiene orientation and training for girls and boys in upper primary	ICARE, YAW & She Leads	1,500	1,963	130%	
Result 3: Responsive and accountable community systems that promote a safer environment, equitable services and well-being of children and women (Rights and accountability)					
IR 3.1: Strengthened community structure capacity to protect and respond to rights exploitation and violence					
17. Conduct community Campaigns/dialogues on the promotion of children's and women's rights	ICARE, YAW & She Leads	520	547	105%	

18. Facilitate 13 District and 130 Sub County OVC coordination committee meetings as advocacy and sharing platforms	ICARE, YAW, She Leads & Global Fund	143	143	100%	
19. Conduct community and national-level legal and policy advocacy campaigns targeting policy actors and duty bearers	ICARE, YAW, She Leads & Global Fund	500	143	27%	
20. Train/Mentor community structures in evidence collection and utilization	ICARE, YAW, She Leads & Global Fund	225	590	197%	
21. Rollout evidence-based curricula on life skills (Journeys+ & SINOVUYO)	ICARE, YAW & She Leads	2	2	100%	
22. Support paediatrics and adolescents to enrol in vocational/ Artisan centres for the acquisition of alternative skills	ICARE & YAW	700	0	0%	
23. Facilitate the functionality of district action centres in MUCOBADI communities of operation	ICARE	7	6	100%	
24. Conduct home-based counselling to HIV-positive clients through home visits to offer psychosocial support	ICARE	3,000	3,204	107%	
25. Train community resource persons in identifying, tracking and reporting cases of violence	ICARE, YAW & She Leads	300	590	197%	
26. Conduct case conference meetings in 70 Sub counties as platforms for sharing with stakeholders, action planning and implementation of actions	ICARE, YAW & She Leads	840	840	100%	
IR 3.2: Citizens empowered to undertake policy analysis and social accountability					
27. Facilitate the training of identified community change agents in case identification, referral, linkage and management to support in addressing the rampant SRGBV	ICARE, YAW & She Leads	300	590	197%	
28. Conduct integrated Community awareness and advocacy dialogues against violence to create an enabling/free environment	ICARE, YAW & She Leads	500	267.	53%	
29. Support community ECD facilitators to conduct Community integrated ECD outreaches	ICARE	140	70	50%	
IR 3.3: Improved access to safer environments that promote learner retention, child safety, well-being and development					
30. Train and empower Community based advocacy structures to engage with duty bearers	ICARE	225	270	120%	
31. Map and identify Youth advocacy groups	ICARE	225	270	120%	
32. Work with 225 Communities to conduct surveys on service performance and service delivery	ICARE	225	270	120%	
33. Support documentation of Commitments and actions plans developed between community and duty bearers	ICARE, YAW, She Leads & Global Fund	4	4	100%	
Result 4: Vulnerable households empowered to stay economically stable (Program theme livelihood)					
IR 4.1: Improved access to gainful employment among young people and women.					
34. Provide non-formal subsidies for 700 adolescents (aged 15-17) out-of-school	ICARE & YAW	700	232	33%	
35. Support short-term skill training in market for 7000 young people	ICARE & YAW	7,000	9,750	140%	
36. Support the formation of youth VSLA	ICARE & YAW	14	4	29%	
37. Facilitate training of farmers' groups in financial literacy, value chain & marketing	ICARE & YAW	14	76	500%	
38. Support farmer groups to access postharvest handling facilities	ICARE & YAW	14	76	500%	
IR 4.2: Strengthened linkage between financial institutions and value chain actors.					
39. Map, identify and enrol 300 Youth out of school to attain vocational training	ICARE & YAW	300	120	40%	
40. Work with the district production officer and link 150 Farmer organizations to legally recognized financial institutions	ICARE & YAW	150	30	20%	
IR 4.3: Improved knowledge and adaptation to GAPs by the targeted communities					
41. Form and support youth groups to attend entrepreneurs' camps	ICARE & YAW	14	4	29%	

42. Support the formation of community microcredit groups	ICARE & YAW	7	4	57%	
IR 5.1: Improved staff performance through internal reviews and skills development					
IR 5.1: Improved staff performance through internal reviews and skills development					
43. Conduct bi-annual experience-sharing, learning and adaptation sessions for MUCOBADI senior management and staff	MUCOBADI	2	2	100%	
44. Conduct job capacity development and professional sessions benefiting core MUCOBADI Staff	MUCOBADI	10	10	100%	
45. Support line managers/supervisors to conduct annual performance appraisals of all staff MUCOBADI staff in the respective Organizational branches	MUCOBADI	1	1	100%	
46. Conduct 56 Support supervision to offer technical support and guidance to implementation teams	MUCOBADI	56	56	100%	
47. Establish one resource centre	MUCOBADI	1	0	0%	
48. Support and facilitate trained staff to develop an Organizational resource mobilization strategy as a fundraising mechanism	MUCOBADI	1	1	100%	
49. Conduct quarterly and annual performance meetings	MUCOBADI	4	4	100%	
IR 5.2: Strengthened capacity to develop and implement quality internal control mechanisms.					
50. Develop or update policies as deemed necessary and operationalize them	MUCOBADI	5	5	100%	
IR 5.3: Strengthened research, monitoring, evaluation and learning systems					
51. Improve/update MUCOBADI project-based Management information system	MUCOBADI	1	0	0%	
52. Conduct quarterly joint monitoring and support supervision with Local governments	ICARE, YAW, She Leads & Global Fund	4	4	100%	
53. Conduct quarterly integrated monitoring and support supervision of MUCOBADI cluster offices/ branches	MUCOBADI	4	4	100%	
54. Conduct quarterly M&E support visits to coach and mentorship the program team & M&E staff	ICARE, YAW, She Leads & Global Fund	4	4	100%	
55. Conduct semi-annual data quality assessments in four sampled/selected projects/activity	ICARE, YAW, She Leads & Global Fund	3	3	100%	
56. Conduct two service quality assessments in two sampled Districts	ICARE, YAW, She Leads & Global Fund	2	2	100%	
57. Conduct four beneficiary satisfaction surveys in two MUCOBADI sampled districts	ICARE, YAW, She Leads & Global Fund	4	3	75%	
58. Organize one annual performance review meeting	MUCOBADI	1	1	100%	
59. Conduct 4 Performance reviews and feedback meetings with key stakeholders	MUCOBADI	4	4	100%	
60. Conduct Annual and Semi-Annual Household vulnerability assessments & enrolment in selected MUCOBADI Districts of operation	ICARE	2	2	100%	
61. Conduct operational research to inform programming	ICARE	5	5	100%	
62. Conduct a rapid gender assessment	ICARE	1	0	0%	
63. Document and disseminate key program learnings	ICARE, YAW, She Leads & Global Fund	5	5	100%	



Multi Community Based Development Initiative