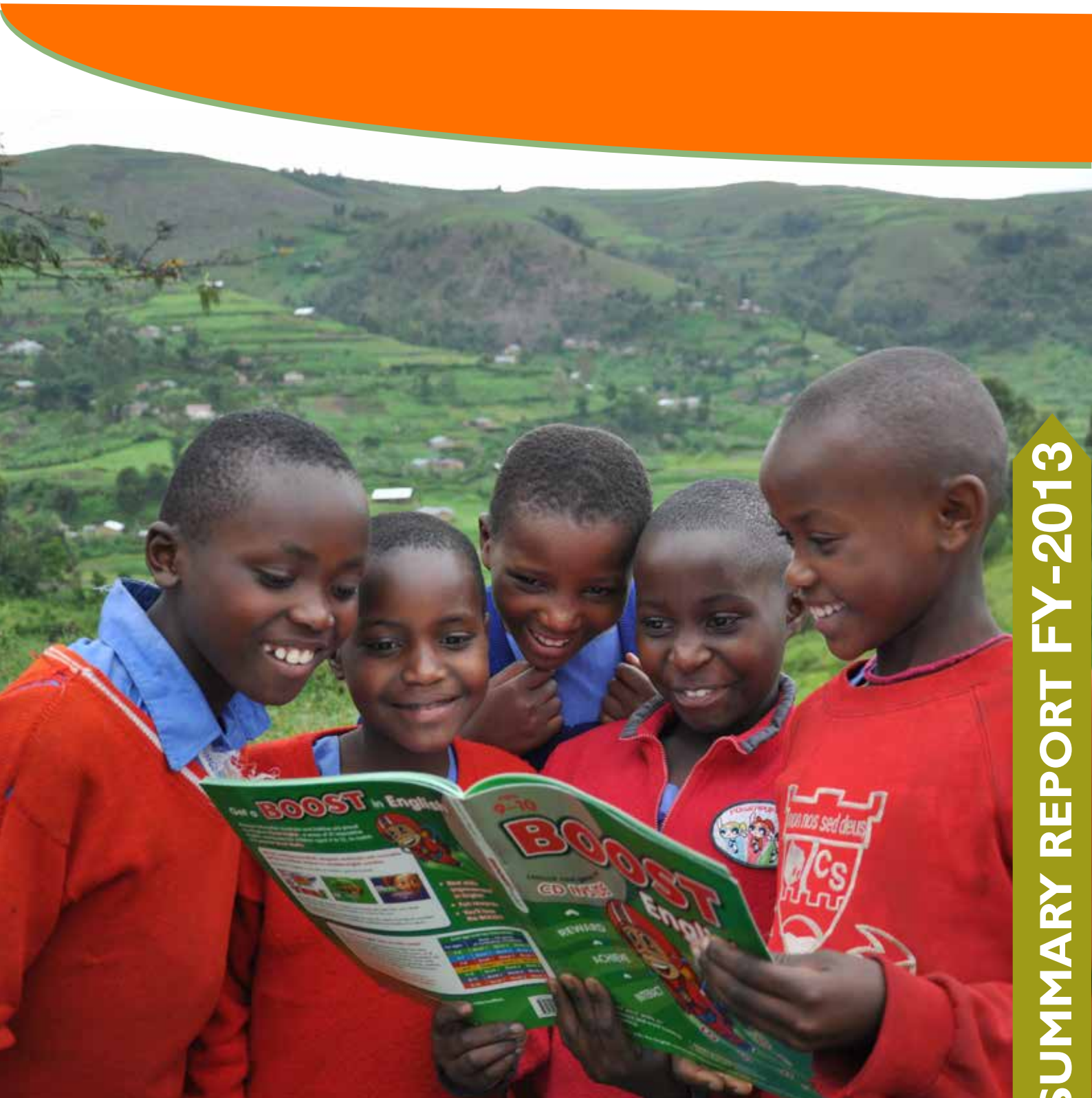


World Vision®

Uganda

# WORLD VISION UGANDA CONTRIBUTION TO CHILD WELL-BEING



SUMMARY REPORT FY-2013

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## List of acronyms

ADP	Area Development Programme	LVCD	Local Value Chain Development
AHSPR	Annual Health Sector Performance Report	M&E	Monitoring and Evaluation
AIDS	Acquired Immune Deficiency Syndrome	MDGs	Millennium Development Goals
ANC	Antenatal Care	MNCH	Maternal Newborn and Child Health
ARP	Area Recovery Program	MoES	Ministry of Education and Sports
BCC	Behaviour Change Communication	MOH	Ministry of Health
BEIP	Basic Education Improvement Plan	MOU	Memorandum of Understanding
CBO	Community Based Organisation	NAADS	National Agricultural Advisory Services
CCCs	Community Care Coalitions	NARO	National Agricultural Research Organisation
CDF	Community Development Facilitator	NGO	Non Governmental Organization
CHN	Child Health Now	ORT	Oral Rehydration Therapy
CLTS	Community Led Total Sanitation	OVC	Orphans and Vulnerable Children
CPA	Child Protection and Advocacy	PDCs	Parish Development Committees
CVA	Citizen Voice and Action	PHA	People Having AIDS
CWB	Child Well Being	PLE	Primary Leaving Examinations
DEO	District Education Officer	PMTCT	Prevention of Mother to Child Transmission
DHO	District Health Officer	PTA	Parent Teachers Association
DLG	District Local Government	RC	Registered Children
DME	Design Monitoring and Evaluation	SMC	School Management Committee
ECD	Early Child Development	TDMS	Teacher Development Management System
EMIS	Education Management Information System	UBOS	Uganda Bureau of Statistics
FBO	Faith Based Organisation	UCRNN	Uganda Child Rights NGO Network
FGD	Focus Group Discussions	UDHS	Uganda Demographic Health Survey
FMNR	Famer Managed and Natural Regeneration	UN	United Nations
FY	Financial Year	UNDP	United Nations Development Programme
GIK	Gifts in Kind	UNEB	Uganda National Examinations Board
GIR	Gross Enrolment Ratio	UNFPA	United Nations Population Fund
GIS	Geographical Information System	UNHCR	United Nations High Commissioner for Refugees
GMP	Growth Monitoring Progress	UNICEF	United Nations Children's Fund
HCT	HIV Counseling and Testing	UPFC	Uganda Parliamentary Forum for Children
HEA	Humanitarian Emergency Affairs	USD	United States Dollar
HIV	Human Immunodeficiency Virus	UWASH	Uganda Water Sanitation and Hygiene
ICCM	Integrated Community Case Management	VHT	Village Health Team
IDPs	Internally Displaced Persons	VSLA	Village Saving and Loan Association
LEAP	Learning Through Evaluation with Accountability and Planning	WHO	World Health Organisation
LLG	Lower Local Government	WVU	World Vision Uganda
LLIN	Long Lasting Insecticidal Nets	ZARDI	Zonal Agricultural Research and Development Institute
LQAS	Lot Quality Assurance Sampling		



## Forward by the National Director

On behalf of World Vision Uganda, I am glad to share with you the third Annual Child well-being summary report for 2013 since its launch in FY 2011. The report shows our plausible contribution to child well-being in light of the four country strategic priorities in health, food security, education and child protection.

I would like to underscore the improvement made this year in areas of: essential health services among children and their families particularly immunization for children 12-23 months, antenatal including HIV/AIDS counseling and testing services for expectant mothers; literacy and numeracy levels for boys and girls and year round access to food for children and their families. In this period senior leadership focused more on supporting field operations that has contributed to quality programming and demonstrated evidence as shown in this report.

The centrality of child well-being in Uganda is the main impetus for the current strategy 2013-2015 which seeks to contribute to improved and sustained well-being of 1,300,000 most vulnerable girls and boys by 2015. In 2013 World Vision Uganda made strides towards contributing to CWB, which is measured by the four child well-being targets in areas of improved well-being, health, nutrition and education as reported by 46 out of 53 programs including one area recovery program.

This report has been developed to provide the national office with evidence of WV contribution to CWB as well as key actionable recommendations to improve the effectiveness of programming approaches, in order to fulfill the strategic objectives and to increase accountability to the children, communities and donors we serve. The learning from 2012 report provided useful insights for informing 2013 report and this is the way national office will always endeavor to go as a learning organisation.

Reporting effectively on CWB requires both the country strategy and programs to be strongly aligned to Child Well-being Outcomes (CWBO). WVU continued with the mapping of programs in order to support them to improve alignment to the national office strategy and child wellbeing outcomes; finalised technical approaches and standard log frame to inform programming. We further prioritised M&E system strengthening for providing quality and timely data for evidence based decision making at all levels. A data base for tracking program data at national level linked to the strategy has been instituted and is currently being used to inform reporting. There has been increased integration of Geographical Information System solutions and Lot Quality Assurance Sampling methodologies in monitoring and reporting.

Our focus for 2014 is strengthening monitoring and reporting; integration of all M&E systems in programs, (grants and sponsorship); child protection and increasing our accountability to communities, children, the government and donors. To further strengthen the link between the country strategy and programming, national office mapped out three clusters of Kooki, Oyam and Kibale to serve as integrated learning sites.

I am thankful to the staff who prepared this report and the district partners of Kiboga, Nakasongola, Kibale and Rakai for their participation in the stakeholder engagement meeting on validating data and their practical insights and recommendations.

Once again I am grateful for your continued support financially, materially, socially and any other support that enabled progress in 2013 and I look forward to continued engagements with you.

May the Lord continually bless you.

A handwritten signature in black ink, appearing to read 'K. Kamanga', with a date '2013' written at the end of the signature.

Gilbert Kamanga  
National Director



# Executive Summary

The summary on key findings presented here is in line with country strategic objectives and is based on the analysis from 46 out of 53 programs including one area recovery program report produced in 2013; as well according to number of programs contributing to specific indicators outlined in the country strategy 2013-2015

## SO1. Improved Health and nutrition status of children under five & women in the reproductive age

1. All the five programs that tracked indicator on essential vaccine coverage, were above the national average of 52%
2. Of the five programs that tracked and reported indicator on improvement in the appropriate treatment of diarrhea in children under five years, four performed above the national average of 48%, with the highest score at 79.9% .
3. Proportion of children sleeping under long lasting net showed improvement from baseline in all 10 programs that tracked this indicator eight performed above the national average of 63% with the highest score of 99% and the lowest at 61.1%
4. All the six programs that tracked indicator on increase in pregnant women testing for HIV and knowing their results, were above the national average of 72%, with the highest performance at 96.8% and lowest being 83.6%.
5. As pertains to prevalence of underweight in children under five, three of four reporting programs performed better than the national average of 33%, however only one program was within the acceptable WV threshold of 10%

## SO2. Improved food security and community resilience among the most vulnerable populations

1. All seven programs that measured indicator on proportion of households with sufficient diet diversity, showed improvement from baseline and five of them performed above 50%
2. All nine programs that measured indicator on % of households with year-round access to sufficient food for the family's needs showed improvement from baseline of which seven performed above 50%.

## SO3. Improved equitable access to and quality education for girls and boys

1. In regard to children who are functionally literate, two out of four programs that measured this indicator performed above the national average of 54%
2. In relation to proportion of children who complete primary education, five out of seven programs that measured this indicator performed above the national average of 52%

## SO4. Increased protection, care and nurture of girls and boys

1. All six programs that measured and tracked indicator on percentage of children aged 0-59 months with a birth certificate were above national average of 16.5% although all scored below the acceptable WV threshold of 95%.
2. There was an improvement from baseline on percentage of children who know at least one formal or informal mechanism they can use in case they experience child abuse in all three ADPS, the highest scored 88.9% and lowest being 79.2%.

## Key learning

1. Standardizing programing tools, reporting and intentional tracking of indicators is the best way of ensuring program alignment to strategy
2. Parallel reporting systems undermine efforts for having a unified M&E system for integrated and evidence base program reporting and accountability.
3. Even when programs have aligned to the strategy, it is not a guarantee that they will deliver on program quality unless there is intentionality to track progress and adherence to quality standards.

## Key recommendations

1. Continue to improve program alignment to strategy so that all programs report on child wellbeing indicators
2. Continue to hold staff at all levels accountable on delivery of quality programs and CWB reporting
3. Scale up key DME process and outcome monitoring in all ADPs across the National Office
4. Grant funded projects to be integrated in the main stream reporting systems at all levels

# I Introduction

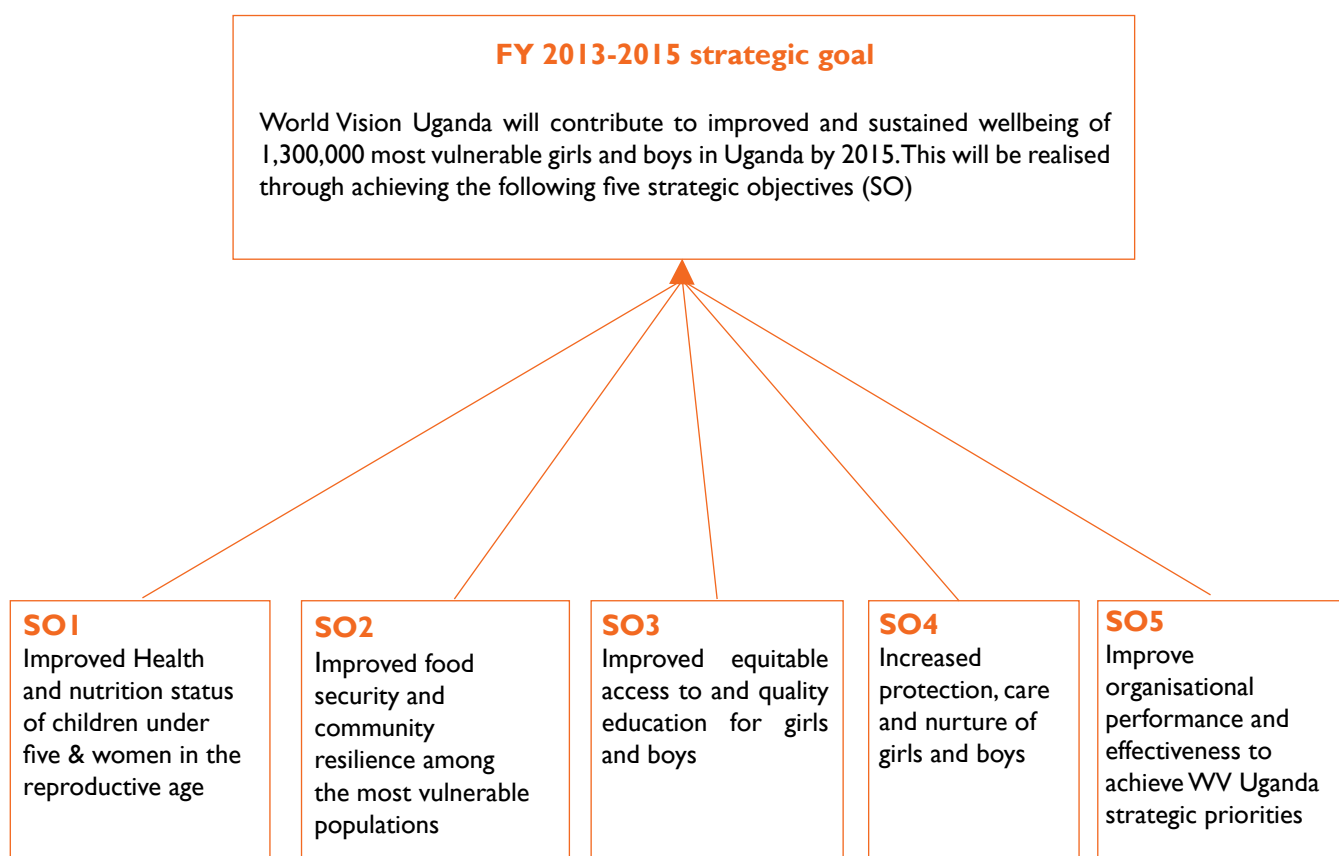
World Vision Uganda (WVU) started in 1986 as a relief organization responding to the needs of the victims of 1981 – 1986 guerrilla war. By end of FY 2013, WVU had 53 ADPs and 32 grants implemented in 41 districts.

This report is about WVU plausible contribution to child wellbeing based on reports developed in Financial Year (FY) 2013 and has been structured around the country strategy. Its purpose is to provide WVU decision makers and partners with key information on learning, change and innovations relating to child wellbeing, and actionable recommendations to improve the effectiveness of programming approaches. This will further help fulfill the strategic objectives and increase

accountability to the children, communities and donors we serve.

World Vision Uganda's commitment to child wellbeing is the main impetus for FY 2013 – 2015 National Strategy.

WVU completed mapping of programs and projects and supported them to increase alignment to strategy and accomplished the strategy baseline and performance monitoring plan using data from programs and projects.



The prevailing vulnerabilities surrounding child wellbeing in the Ugandan context is the whole reason why the national office chose to include and report on all the four child wellbeing targets in the strategy and selected standard indicators relevant to Uganda's context.

## Child well-being targets (CWBT) reported on

1. Children report an increased level of well-being
2. Increase in children protected from infection and disease (ages 0-5)
3. Increase in children who are well nourished (ages 0-5)
4. Increase in children who can read by age 11

## 2 Progress

### 2.1 Progress since 2012 CWB reporting

Table 1: Progress

Recommendations in 2012 report	Action taken	Progress made
Preparation of the CWB report should be phased in such a way that initial summaries are prepared at the program level and consolidated at the national office.	✓ NO developed template and cascaded it at program level for tracking specific indicators by programs	✓ All programs summarised progress made in line with strategic indicators and shared with national office for consolidation
Revise the protocols guiding implementation of DME activities like baselines and evaluations by external consultants to include a session of measurement of CWBT as part of the inception meeting with the program teams.	<ul style="list-style-type: none"> <li>✓ Staff participate in conducting baselines and evaluations</li> <li>✓ Induct consultants on CWB modules, tools and measurement</li> </ul>	<ul style="list-style-type: none"> <li>✓ Staff independently conducted 31% of baselines and 17% of evaluations. Reports developed by staff yielded equally good results compared to those done by external consultants. Confidence and skills of staff in doing the same have been enhanced.</li> <li>✓ Consultants were oriented to help them use some of the CWB modules and they provided required data as guided by staff.</li> </ul>
Require and train all technical staff and CDFs in report writing as a key competence.	✓ Review reports developed from programs	✓ National office reviewed reports developed by programs and provided documented feedback. The joint review with sector specialists supported them understand the process but also what is expected of them in developing a good report. Regional DME specialists coached CDFs on report writing.
Pilot measurement of contribution to CWB through conducting annual program outcome monitoring surveys.	✓ Conduct annual outcome monitoring	✓ All 53 programs were supported to conduct outcome monitoring. This made it easy for programs to develop 2013 management reports based on this data
Recommendations specific to each of the four ministry objectives	✓ Support M&E systems strengthening	<ul style="list-style-type: none"> <li>✓ Completed mapping of programs and projects and supported them to increase alignment to strategy. By end of FY 2013, 85% of programs/projects demonstrated strong alignment to the current strategy.</li> <li>✓ Completed the strategy baseline and performance monitoring plan using data from programs and projects.</li> <li>✓ Technical approaches and standard logframe were developed and currently being used in programs.</li> <li>✓ A national office database was developed and being used to track standard and priority indications from programs and projects.</li> </ul>

Source: WVU national Office reports, 2013

### 2.2 Beneficiaries

Table 2: Beneficiaries

Targeting approach	Direct (adults and children)	Direct children	Indirect (adults and children)	Indirect children
Sponsorship (RCs)	161,867	161,867	226,260	226,260
Advocacy	4,000	4,000	19,042,000	10,853,940
GIK	7,006,786	3,993,868	-	-
HEA	31,797	18,124	-	-
SPEAR	266,595	151,959	6,180,846	3,523,082
Vision Fund	11,907	6,787	37,763	21,525

Source: WVU national office reports, 2013

In Uganda, children account for 57% of the population hence forming the direct beneficiary totals shown above.

### 3 Methodology

Table 3: Methodology

Theme	Approach used
Populating national M&E database	<ul style="list-style-type: none"> <li>✓ National M&amp;E database linked to the country strategy and contributing programs/projects was populated with data from the following reports developed in 2013: 13 baseline reports, 46 outcome monitoring reports/ annual management reports. This was coordinated by National Office DME staff</li> <li>✓ WVU developed another template to aggregate data from six evaluation reports and their baselines.</li> </ul>
Reflect on 2012 CWB report, validate data and develop 2013 report fact sheets	<ul style="list-style-type: none"> <li>✓ A team of 45 staff from clusters and national office had a three day workshop to reflect on 2012 report. It was learning for all participants on where we performed well, where we did not perform well and strategies to improve on future programming. The same participants validated data by reviewing presented data against original reports to check for consistency, missing data and reliability. Working groups for different ministry objectives were selected to work on fact sheets, analyse data under the guidance of sector specialists and DME teams.</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>✓ The DME team put together the fact sheets using the standard methods and tools developed by World Vision global center for developing the CWB report. A provisional report was discussed together with sector specialists to perform further analysis and generate learning and recommendations per indicator.</li> </ul>
Report discussion with stakeholders and submission to East African Regional Office	<ul style="list-style-type: none"> <li>✓ A one day stakeholder meeting which involved 42 persons comprised of; WVU managers, senior leadership team and specialists including government technical representatives from four selected districts of Rakai, Nakasongola, Kiboga and Kibale was held. Participates in the meeting reviewed findings from 2013 report to broaden interpretation, deepen analysis of current evidence of WVU contribution to CWB and develop specific recommendations to improve on future programming and reporting.</li> </ul>
Approach to measurement, tools and sampling	<ul style="list-style-type: none"> <li>✓ Programs used both Quantitative and qualitative methodologies at baseline and evaluations. Quantitative data was analysed majorly by SPSS; while qualitative data was analysed majorly by categorizing and coding responses and interpretations as done together with selected community representatives.</li> <li>✓ Programs used different sampling methodologies to collect data. At evaluations sampling methodologies were agreed upon between the consultant and WV staff before data collection; while at baselines and outcome monitoring, both LQAS and other sampling methodologies were adopted.</li> <li>✓ At baseline child well-being modules were contextualised by different ADPs based on indicators in their designs while at evaluations different programs used different tools adapted from baseline prior to beginning of the phase but also as agreed by consultants.</li> <li>✓ Part of the analysis was based on evidence from government of Uganda/MDG and WV data and standards for added value to the report.</li> </ul>
Types of WV data included	<ul style="list-style-type: none"> <li>✓ Humanitarian/DRR response, advocacy, Church partnership, Sponsorship, GIK, Vision Fund and program</li> </ul>
Major secondary data sources	<ul style="list-style-type: none"> <li>✓ Uganda Bureau of Statistics country reports, Millennium Development Report for 2013, district reports from areas of operation</li> </ul>

#### Limitations

1. Not all programs measured all outcome indicators; for example at baseline eight programs had included “Prevalence of underweight in under five children” however at outcome monitoring only three ADPs and one ARP measured this indicator. This is attributed to limited capacity of the partners to integrate ongoing measurement for this indicator.
2. Most indicators measured in six evaluations could not be used to assess progress made towards current country strategy because their designs were done 4-5 years ago before current strategy became operational. It therefore became hard to compare performance between baseline and evaluations on most key national office priority indicators.
3. The M&E systems for grants data capture could only provide data on some monitoring indicators and was not possible to get data on

outcome indicators. This is also due to the fact that M&E system strengthening in WVU has focused more on sponsorship programs than grants funded projects.

4. It was not possible getting disaggregated data by gender in most of the reviewed reports
5. Data from two ADPs on some indicators were rejected due to suspected data quality queries with no clear explanation of the abnormal curves between baseline and 2013 outcome monitoring data.

In 2014, WVU will work at mitigating these limitations by: (1) supporting programs track all indicators in M&E plans on periodic basis, (2) all programs designing now or conducting baselines will use standard technical approaches and logframes for good comparisons in future evaluations, (3) integrate grants project M&E into sponsorship programs and (4) ensure data quality checks at all levels.



## 4 Context Factors

Enabling factors ↑ Disabling factors ↓



### ECONOMIC

#### Internal

- ↑ Improved funding portfolio in US \$ from 68,613,014 in 2012 to 78,573,349 in 2013. Approximately four million vulnerable children directly reached through the various ministry components.

#### External

- ↑ Locally generated funding from government of Uganda and other local donors amounting to US \$ 7,271,247 were realised
- ↑ The tight monetary policies have brought down inflation to a single digit of 3.5% and this is good for checking price changes of most commodities used by our target populations.
- ↓ FY14/15 government of Uganda budget had increases in taxes on kerosene the major source of light for most rural households and the restoration of value added tax (VAT) on piped water. This tax policy had an effect on rural communities where most of our programs operate.



### SOCIAL

#### Internal

- ↑ Improved accountability to partners in WVU programming areas

#### External

- ↑ Improved engagement with partners at national and local levels for example Child Health Now campaigns (CHN),
- ↓ Dependency syndrome in some programs and projects affected sustainability efforts



### TECHNOLOGY

#### Internal

- ↑ Use of LQAS for annual outcome monitoring in 2013 from the target of five to 40 programs in a cost effective manner

↑ A manual country database is being used to track performance of strategy indicators for all program outcome and monitoring level data.

- ↑ Using geographical information system (GIS) to communicate results contributed to improved practices of data collection, analysis and reporting with a combination of tables, diagrams and maps.
- ↓ Migration of data on horizon 2.0 for 26 programs could not be completed because of systems failures

#### External

- ↑ One of the partners STAR east has trained district contact persons in LQAS who were a vital resource in adoption of LQAS by WVU field staff and other partners



### LEGAL

#### Internal

- ↑ 91 MOUs were signed with partners in government and local donors to formalize our operations for sustained wellbeing of children

#### External

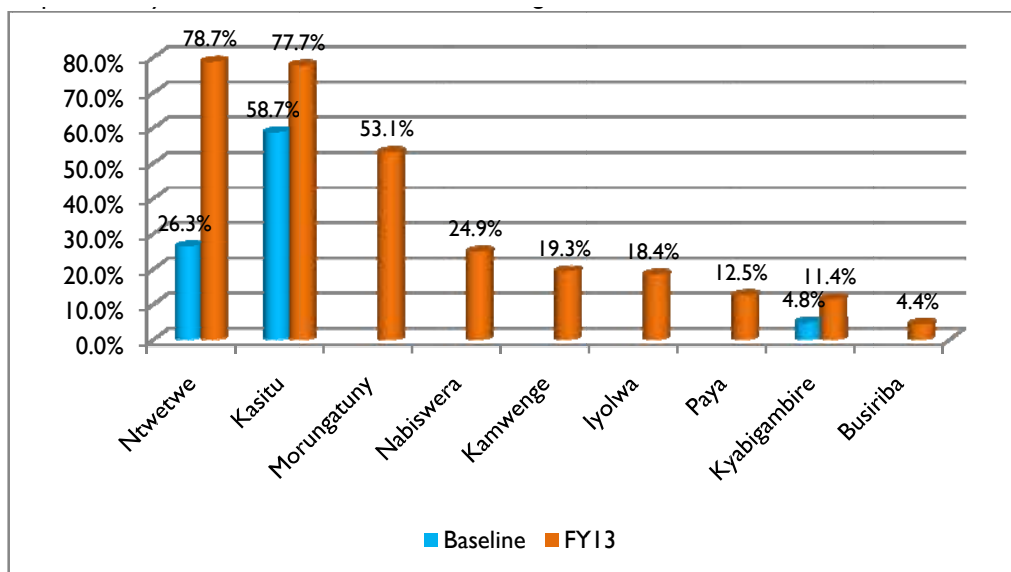
- ↓ There are cases where some reported child abuse are not given justice, to the extent that police and local authorities connive to frustrate justice to the affected children and their caretakers.

# 5 Achievements

## 5.1 Children Report an increased level of well-being

<b>Strategic objective</b> Increased protection, care and nurture of girls and boys	<b>Outcome:</b> Children are respected participants in decisions that affect their lives
	<b>CWBT I:</b> Children report an increased level of well-being
	<b>CWB indicator measured:</b> Proportion of youth who rank themselves as thriving on the ladder of life
	<b>Implementing models:</b> Age appropriate value based life skills, Child protection, advocacy and Citizen Voice and Action (CVA)
	<b>Tools:</b> Youth Healthy Behaviour Survey

**Figure 1: Proportion of youth who rank themselves as thriving on the ladder of life**



Source: WVU programs/grants monitoring data, 2013

### Analysis

**ADP life in years:** Iyolwa 13, Kasitu 9, Ntwetwe 5, Paya 4, Nabiswera 3, Kamwenge and Busiriba 2 Morungatuny 1.

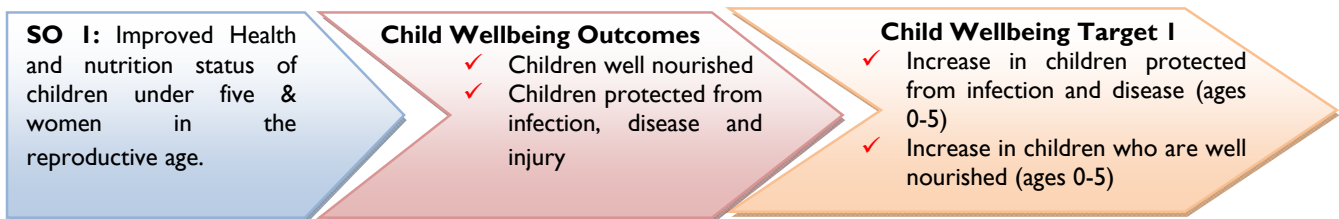
Nine programs reported on youths who rank themselves as thriving on the ladder of life in 2013 outcome monitoring. All three that had done baselines showed improvement in performance of which Ntwetwe made tremendous progress at 52.4%. ADPs that had not prioritised this at baseline will track these indicators in subsequent years to help analyse trends and see whether progress is being made or not. Six ADPs that scored below 50% is a pointer to the fact that majority of youths are either struggling or suffering. Progress made is mainly attributed to collaborative efforts by local government, civil society organisations, churches and community members in carrying out empowerment of children in lifeskills, child led advocacy and CVA. Increased empowerment among children and adults in

the community has created a protective environment for children. Youths have also specifically been targeted with lifeskills, income generation and vocational studies. In Ntwetwe ADP, 40 (24m;16f) youth were trained in life skills, catering, hairdressing and tailoring.

*“I have been able to form discussion groups with my friends to discuss school work and other health related issues. I have also been able to make the right friends who are well behaved and disciplined. These friends have been very supportive in my studies because they help me to understand what I have not understood well in class especially mathematics” (Nawante Judith, youth Ntwetwe ADP).*

Innovations and learning	Recommendations
<p>Programs seem to focus more on interventions that do not have impact on youth. This is also attributed to lack of knowledge on the real life issues that youth face because of absence of data on this age group</p>	<ol style="list-style-type: none"> <li>1. Programs should integrate youth health behavior surveys in the ongoing monitoring system if evidence based response targeting youths is to be made</li> <li>2. ADPs should start tracking progress being made on key indicators in order to accurately measure contribution to CWB and progress being made towards delivering on an indicator.</li> <li>3. Effective programing that focuses on data capture for young people.</li> </ol>

## 5.2 Health and HIV/AIDS Strategic Objective



### Summary of logic

The child mortality rate in Uganda is 90 deaths per 1,000 live births (MDG Report for Uganda 2013). Child morbidity and mortality still remain issues of critical public health concern in this country. Every year an estimated 141,000 children under five years of age die; of whom over 50% die before their first birthday (UNICEF, 2013). According to UDHS (2011), more than one third of these deaths occur in the first month

of life. In 2012/13 the most commonly diagnosed causes of under-five mortality included malaria 30.7%, pneumonia 12.2%, anaemia 11.6%, perinatal conditions 8.5%, neonatal septicemia 4.8% and diarrhea 3.4% (AHSPR 2013). Nationally, the proportion of children aged 12 – 23 months fully immunized is 52% (UDHS, 2011).

#### Actions taken

- ✓ WVU has prioritized a preventive approach through delivery of the primary health care package at community level, including capacity building of Village Health Teams (VHTs).
- ✓ CHN and CVA campaigns for engaging decision makers at all levels to address structural challenges in the health system
- ✓ The key priority populations for WVU are pregnant women, newborns and children under the age of five using a life cycle approach.
- ✓ Delivery is through the 360 degree approach models namely; *family-oriented, community based services and policy environment*
- ✓ Implemented health and HIV projects in 28 ADPs

#### Partners

- ✓ Ministry of Health
- ✓ Ministry of Water and Environment
- ✓ Local governments in 41 districts
- ✓ FBOs, CBOs in health

#### Inputs

GIK medical equipment and pharmaceuticals

**Key project models:** Timed and Targeted Counseling, PD Hearth and Care Group Model, Community Prevention of Mother to Child Transmission of HIV (cPMTCT), Integrated Community Case Management (iCCM), Child Health Now (CHN) campaign, Citizens Voice and Action (CVA), Comprehensive HIV interventions, Community Led Total Sanitation (CLTS), PHAST, and Water self-supply model

Table 4: Major contribution by WVU

Indicator	Achievements
# of trained and functional CHW/VHTs ( <i>providing health services at HH level</i> ) in the past six months by gender	365
# of CHW who have completed the competency based training course using a standardized curriculum (i.e., basic VHT package) by gender	365
# of functional CVA groups in the past six months	12
# of HIV/MNCH policy or advocacy issues identified	7
# of pregnant women attending antenatal care four or more times	2,170
# of mothers delivering from a health facility	264
# of care givers attending nutrition education sessions	300
# of pregnant women receiving iron supplements	2,726
# of households with a safe water source	10,428
# of households in a village with clean safe latrine	3,778
# of pregnant women who were offered and accepted counseling and tested for HIV and received results.	6,270
# of boreholes drilled	166
# of spiritual nurture children clubs participating in outreaches for sanitation improvement	5,810 (2,529M; 3,281F)

Source: WVU programs/grants monitoring data, 2013

The table above shows major interventions World Vision Uganda contributed to that led to the changes highlighted in the indicators discussed within the strategic objective on health

Table 5: Key monitoring indicators on STEP

Indicator	2011	2012	2013
% of RC with reported health concerns that require follow up	1.8%	1.5%	1.1%
% of RCs not participating in health/nutrition activities	16.3%	52.5%	66.4%
# of RCs underweight (severely malnourished)	140	20	125
# of RC - Health status not satisfactory	1,086	1,851	1,407
# of RC died in Last 12 months	126	114	141

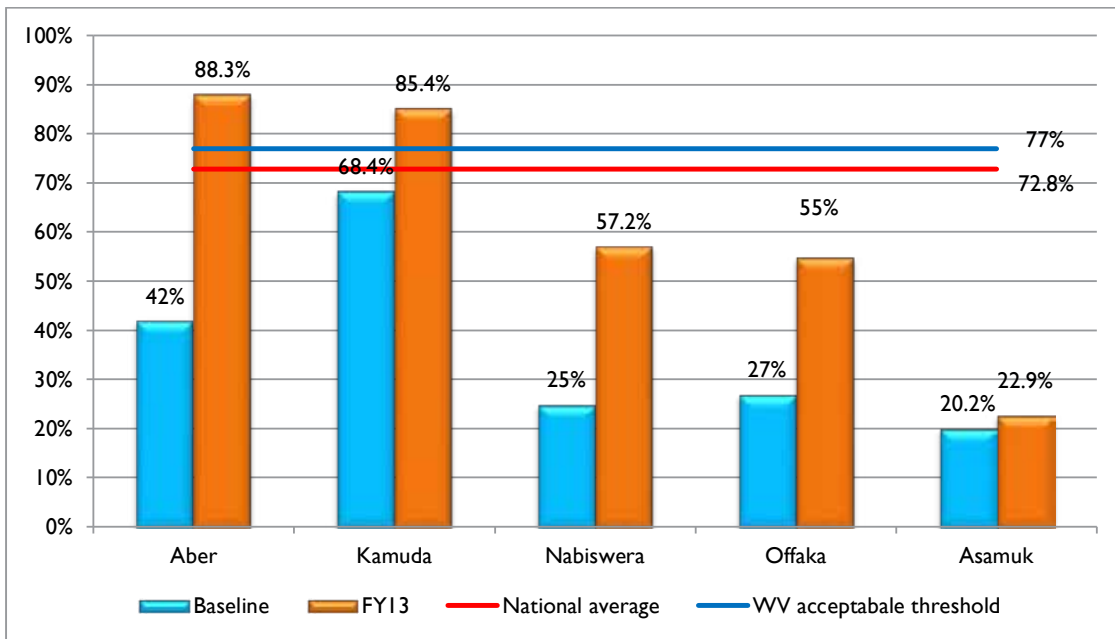
Source: WVU Step data for 2011, 2012, 2013 for all ADPs

### Analysis

The trends indicate unstable patterns on children participating in health/nutrition activities. This could explain equally unstable patterns in health data rated as not satisfactory. More follow up on cases is being done due to increased training and mobilization of VHTs in WV intervention areas to monitor children. However, more RCs are dying due to mainly malaria attributed to lack of timely, effective intervention at community level which includes community case management of malaria as well as timely referral to health facilities. Lack of participation is attributed to inadequate data quality checks on information related to RCs and the inadequacy of age appropriate interventions.

Innovations and learning	Recommendations
Most programs do not deliberately encourage participation of RCs of different age groups in health interventions because the nature of interventions are not age appropriate for all	<ol style="list-style-type: none"> <li>1. Ensure plans deliberately target RCs of different age groups</li> <li>2. It is vital to continue with social marketing of mosquito nets for prevention of malaria as well as local level advocacy for improved service delivery by all stakeholders including government.</li> <li>3. Strengthen availability of medicines at community level for integrated community case management of malaria and referrals while working with VHTs and other partners</li> <li>4. Integration of RC and programme monitoring for improved information utilization for programming.</li> </ol>

**Figure 2: Households with access to hygiene and sanitation facilities**



Source: WVU Baseline and outcome monitoring data, 2013

**Analysis**

**ADP life in years:** Offaka 9, Kamuda 7, Aber 6, Nabiswera 3, Asamuk 2.

The five programs with outcome level data showed improvement from baseline. Kamuda and Aber had a significant improvement and performed above the national average of 72.8% and MDG target of 77%. Whereas data from 2013 outcome monitoring showed that Asamuk water coverage is at 96.5%, yet access to hygiene and sanitation facilities merely 22.9%, indicating poor integration of community policing and education campaigns in WASH activities; additionally, being a young ADP it is still in the process of developing its community structures. Nabiswera performed better

than Offaka, despite the latter being older by six years; the flat sandy terrain of Offaka contributes to the collapse of sanitation infrastructure. Improvement in performance across programs is attributed to awareness campaigns, and engaging key stakeholders to implement Community Led Total Sanitation (CLTS) programming. Through spiritual nurture clubs, there is increased involvement of children in community development work as an expression of their faith. 5,810 (2,529M, 3281F) children in spiritual nurture clubs took part in outreaches which involved improving sanitation and hygiene in their communities and helping vulnerable persons such as OVC and elderly persons.

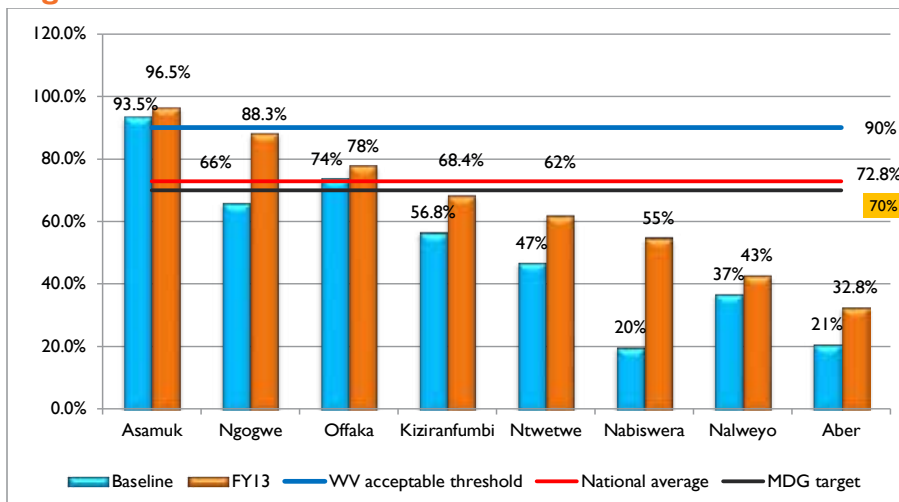
**Innovations and learning**

1. High water coverage does not necessarily lead to good sanitation delivery at community level
2. Self water supply model is a more sustainable option

**Recommendations**

1. All water interventions should be comprehensive with sanitation interventions
2. Scale up the self water supply model to ADPs across the NO

**Figure 3: Year round access to sufficient and safe water**



Source: WVU Baseline and outcome monitoring data, 2013



## Analysis

**ADP life in years:** Offaka 9, Nalweyo 8, Aber 6, Kiziranfumbi and Ngogwe 6, Ntwetwe 5, Nabiswera 3 and Asamuk 2.

There is a marked improvement in the access to sufficient safe water across all eight reporting ADPs, three of which have achieved well beyond the national average of 72.8%. Nabiswera showed significant improvement from baseline due to the installation of 18 water harvesting tanks and three water sources, as well as training three water committees in the maintenance

and management of water sources. Nabiswera, Nalweyo and Aber sub county water coverage is generally low at 55%, 43%, and 33% respectively. Particularly Aber water coverage is still low due in part to large populations who are still returning to their homes after decades of civil strife, only to find abandoned and poorly functioning water points. Whereas Asamuk does not have direct interventions on water access the water coverage is higher than older ADPs, this is because the Office of the Prime Minister and WERA Development Association (WEDA) drilled boreholes in the sub county.

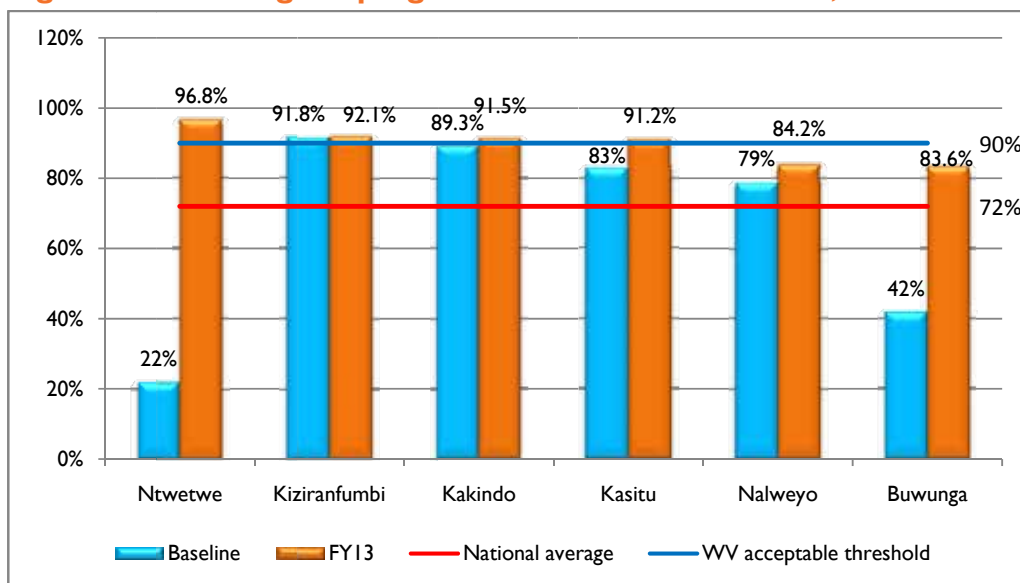
### Innovations and learning

Though not reported among the eight ADPs above, an innovative self-supply of water pilot project in Koro-Bobi-Gulu cluster was able to demonstrate decreased cost of infrastructure and distance to water source and increased sustainability. Working with Ministry of Water and Environment, WVU is set to lead the development of a self water supply learning centre in Uganda where other ADPs and other development actors will learn from.

### Recommendations

1. The U-WASH program should focus its efforts in Aber, Nalweyo, Nabiswera where access to safe water is still an ongoing challenge
2. Replicate and integrate self-supply water initiatives to improve performance of ADPs where this technology is feasible such as Aber ADP.
3. Increased use of service mapping is necessary to guide programming so as to reduce duplication

**Figure 4: Percentage of pregnant women tested for HIV, and know their results**



Source: WVU Baseline and outcome monitoring data, 2013

## Analysis

**ADP life in years:** Kasitu 9, Nalweyo 8, Kakindo 7, Kiziranfumbi 6, Ntwetwe 5 and Buwunga 1.

The percentage of pregnant women who have tested for HIV and know their results has increased in all programs. All six ADPs performed above the national average of 72% with only two scoring below the WV acceptable threshold. The highest performance was in Ntwetwe at 96.8% and the lowest in Buwunga 83.6%. WV has worked with the Ministry of Health to

support HIV Counseling and Testing (HCT) services through facility based and integrated community based outreaches targeting pregnant women. ADPs facilitated awareness campaigns and training of VHTs while the District Health Office and AIDS Information Centres delivered testing reagents and ensured their personnel were on site in all the targeted areas.

*“We monitored closely the work of trained VHTs to ensure services are reaching the right people” said the DHO of Bugiri District”.*

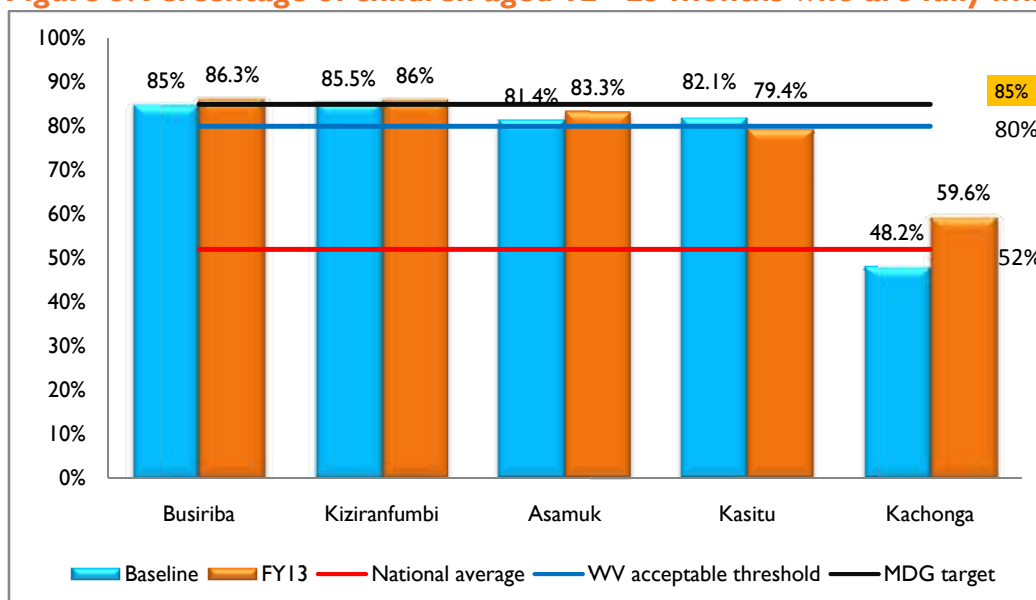
## Innovations and learning

Whereas HIV/AIDS information has reached every community in Uganda, behaviour changes are still a big challenge and continuous reminders to the community with key targeted messages will encourage more to access the services.

## Recommendations

1. Ensure PMTCT is fully integrated into ANC package
2. Continue promotion of HCT and sensitisation through outreaches

**Figure 5: Percentage of children aged 12 - 23 months who are fully immunized**



Source: WVU Baseline and outcome monitoring data, 2013



Child Immunization/innocent Muhumuza

### Analysis

**ADP life in years:** Kasangombe 17, Kooki 16, Kasitu 9, Kachonga 8, Kiziranfumbi 6, Asamuk and Busiriba 2

All five reporting ADPs have essential vaccine coverage above the national average of 52% while Busiriba and Kiziranfumbi performed slightly above the MDG target of 85%. Performance in Asamuk and Busiriba improved because World Vision Uganda signed a Memorandum of Understanding (MoU) with Ministry of Health in conducting Child Days Plus outreaches in those districts. Generally there have been continued

immunization outreaches because of WV engagement with the health centres and VHTs. The Child Health Now campaign continues to strongly advocate for improved child wellbeing, including childhood vaccine coverage which has also greatly contributed to improved performance across ADPs. Four out of five ADPs performed above WV acceptable threshold. Kachonga was affected by challenges in Butaleja district where majority of vaccine carriers have broken down hence affecting vaccine distribution.

### Percentage of children aged 12 - 23 months who are fully immunized

Table 6: Evaluation findings

Kasangombe		Kooki		Budumba	
Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
50.4%	86.3%	40.80%	67.30%	N/A	50.4%

Source: WVU evaluation data, 2013

Evaluation findings showed Kasangombe (86.3%) and Kooki (67.3%) performance was above the national average of 52% on coverage of essential vaccines. Budumba had no baseline data and still its performance is below the national average. Budumba and Kachonga highlighted above are in the same district that has challenges of breakdown of vaccine carriers.

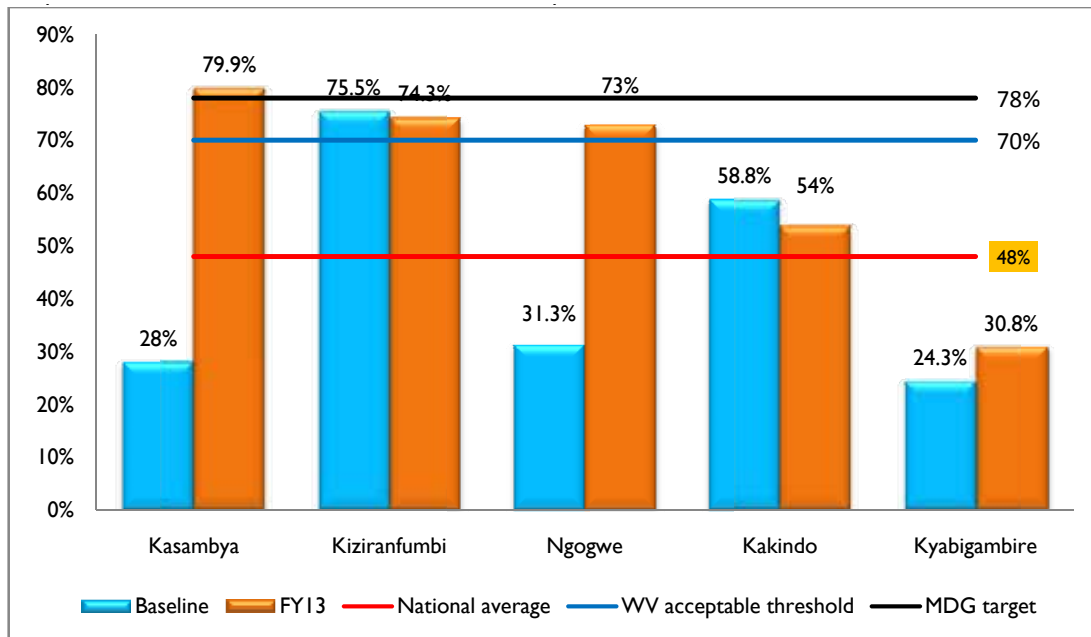
## Innovations and learning

When there are no systems for holding duty bearers accountable, well-being of the community specifically children is affected. This is from the fact that in Butaleja districts where vaccines are available, services are not getting to the community because of breakdown of vaccine carriers.

## Recommendations

Ensure health system strengthening and empowerment of communities to hold duty bearers accountable through CVA.

**Figure 6: Proportion of children under 5 with diarrhoea in the past two weeks who received ORT + zinc**



Source: WVU Baseline and outcome monitoring data, 2013

### Analysis

**ADP life in years:** Kasambya and Kakindo 7, Ngogwe, Kiziranfumbi and Kyabigambire 6

Three out of five reporting ADPs, indicate moderate to significant improvement in the appropriate treatment of diarrhoea in children under five years. Four of the five ADPs performed above the national average of 48%. Kasambya performance was at 79.9% and scored above the national average, MDG target and WV acceptable threshold. ADPs facilitated training of VHTs and campaigns on health seeking behaviour while the VHTs and sub county authorities ensured ORT and zinc is available in all health centres. Despite VHTs efforts to sensitize mothers on prevention and management of diarrhoea in Kakindo there was reported reductions in appropriate diarrhoea treatment due to caregivers'

preference to treat diarrhoea with local herbs or simply using ORT without zinc. In Kakindo ADP, campaigns on hygiene and sanitation have been carried out targeting 399 households. In Kiziranfumbi, the ADP empowered VHTs to sensitize mothers on prevention and management of diarrhoea before being referred to the health facility for the right treatment. However, in some cases mothers prefer to give local herbs for treatment of diarrhoea and others give only ORT fluids signaling the need for continued education to achieve sustainable behaviour change.

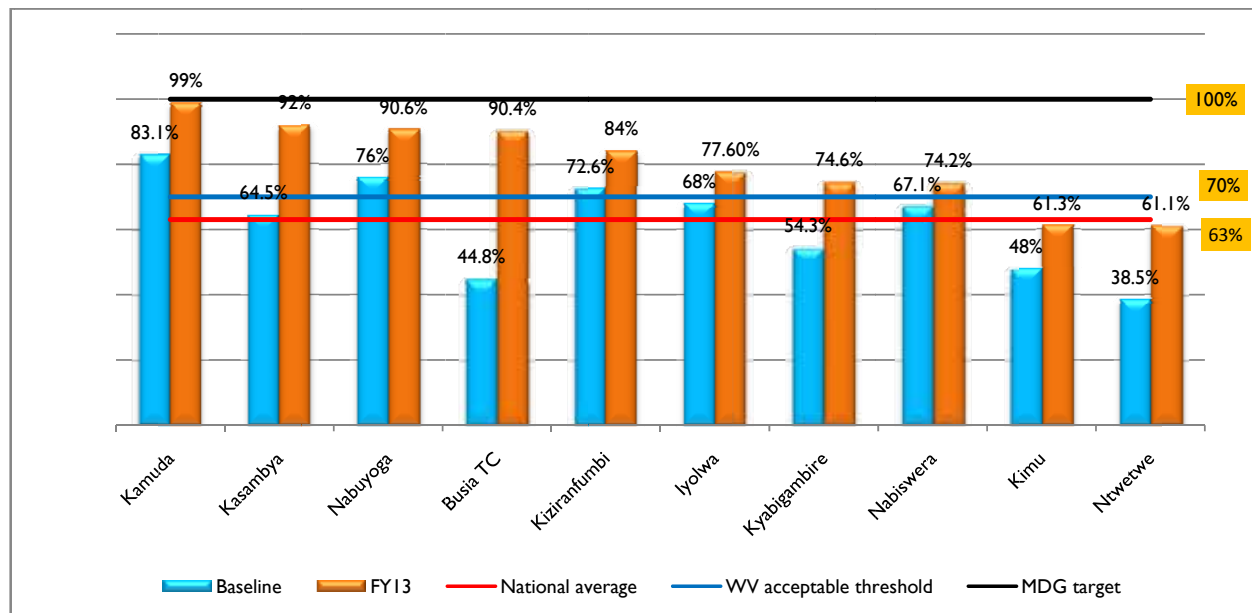
## Innovations and learning

Traditional health care systems is still strong among some communities and negatively affect use of recommended health care models.

## Recommendations

1. Roll out implementation of iCCM, which focuses on correct management of diarrhea, pneumonia, and malaria
2. Improve community engagement on prevention methods, and seeking early treatment

**Figure 7: Percentage of households where all children less than 5 years slept under LLIN**



Source: WVU Baseline and outcome monitoring data, 2013



Mosquito net use/Charles Igga

because national distribution of LLINs has not yet reached Kiboga district where these ADPs are. World Vision Uganda implemented a grant worth \$3M USD under the Stop Malaria in Uganda project (SMUP) where 500,000 Long Lasting Insecticidal-treated Nets (LLINs) were procured and distributed in Soroti and Busia district. Sub county leadership and VHTs sensitized the communities on malaria prevention and management, organized community outreaches, conducted quarterly community reviews and monitored LLIN utilization, especially among children under 5 and pregnant women.

## Analysis

**ADP life in years:** Iyolwa 13, Kamuda 7, Kimu, Nabuyoga and Kasambya 7, Kiziranjumbi and Kyabigambire 6; Ntwetwe 5, Nabiswera and Busia 3

There is improvement in all ADPs from baseline to 2013 performance whereby eight out of 10 ADPs performed above the national average of 63% on LLIN usage. Kimu and Ntwetwe performed below the national average

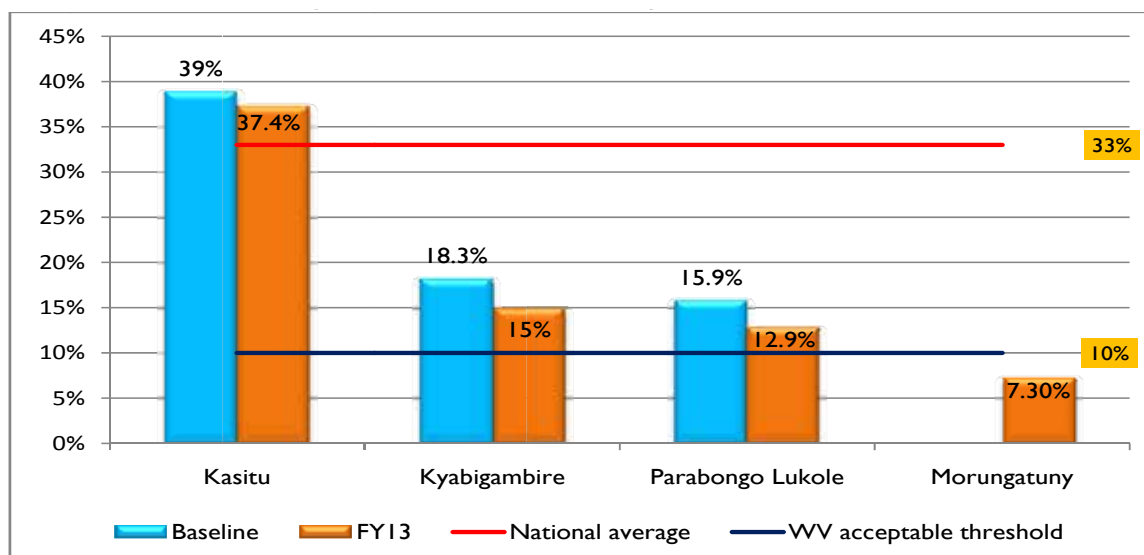
## Innovations and learning

1. When people have poor knowledge on correct and consistent use of LLIN they will always have an attitude that there is treatment for malaria or it is not a big problem to their health
2. Ongoing universal coverage campaign by GoU should improve LLIN ownership significantly; however, ownership does not imply usage
3. Barrier analysis methodology can highly inform BCC strategy and messages

## Recommendations

1. Emphasize and plan for BCC as much as LLIN distribution
2. Develop messages addressing these key barriers for behavior change communication (BCC)

**Figure 8: Prevalence of underweight in children less than 5 years**



Source: WUV Baseline and outcome monitoring data, 2013

### Analysis

**ADP life in years:** Kasitu 9 and Kyabigambire 6, Lukole Parabongo ARP 3 and Morungatuny 1

Three out of four programs showed a drop in levels of underweight in children from baselines. Three programs performed better than the national average of 33% and only one within the acceptable WV threshold. The worst performance was 37.4% and the best was 7.3%. Apart from Morungatuny, the rest of programs have worrisome levels of malnutrition above the acceptable threshold of 10%. The

performance of Morungatuny is low despite lack of baseline data. Most of the food security and livelihood projects being implemented have mainly been focusing on farmer training and inputs with no specific interventions on child nutrition and this is partly the reason why there are still cases of malnutrition among children. While eight programs conducted baselines on underweight, only four programs could track performance of this indicator at outcome level and this is attributed to limited capacity of the partners to integrate ongoing measure for this indicator.

## Innovations and learning

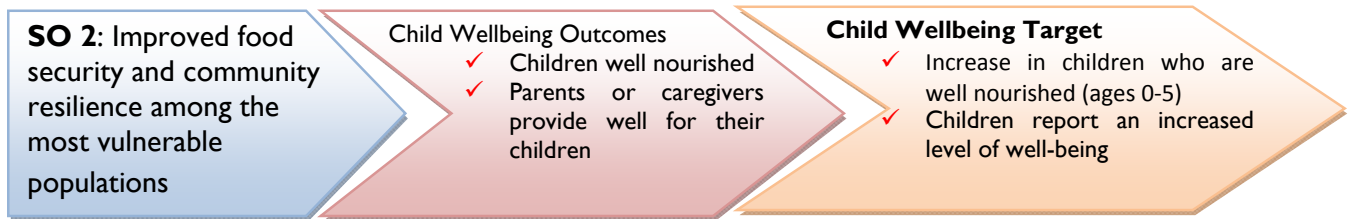
Communities that do not conduct child growth monitoring will deny children the opportunity to access good health and will have an impact on general health status of the child

## Recommendations

All programs implementing health intervention to conduct growth monitoring on continuous basis at least once a quarter



### 5.3 Food Security Strategic Objective



#### Summary of logic

There is low food supply at community level, coupled with lack of knowledge on good nutrition for children, poor feeding and cultural practices thus affecting child nutrition. Since the beginning of 2011, Uganda experienced increases in food prices, fuel and most consumer goods. The overall impact of food price levels on poverty is not easily deduced but research has revealed that poor households in Uganda tend to be net buyers of staple foods and therefore suffer welfare losses when food prices increase. Most of the existing social protection initiatives are inadequate in scope and coverage and in many cases do not benefit vulnerable groups. Drought, floods and economic shocks such as high prices for goods and inputs and low prices of farm produce are the most reported risks.

According to the expenditure review for Uganda 2012 by the Directorate of Social Protection in the ministry of gender, *67% of Ugandans are either poor or highly vulnerable to poverty. The 67% represented both Ugandans who spend below the poverty line of \$ 1.20 (about sh3,170) per day and those who are below twice the poverty line, \$2.40 (about sh6,340) per day (New Vision 2013).*

*“Even those who are below twice the poverty line are likely to fall back into poverty,” (Dr. Fred Matovu, a senior lecturer of economics at Makerere University.) 1.2% of the population was in phase three (crisis) with food consumption gaps, high GAM rates (FAO 2013)*

#### Actions taken

Promoted improved agricultural production and productivity, Economic development models such as the VSLAs, natural resource management through introducing FMNR initiatives and soil management practices by use of biogas slurry, value addition and improved household nutrition in ADPs.

- ✓ WorldVision fostered working in partnership with District Local governments and Farmer groups in supporting all interventions geared towards improving food availability, access, utilisation and incomes at household level.
- ✓ Programs worked with extension service providers in districts to support households and farmers' groups with multiple skills in modern farming practices and monitored their progress.
- ✓ Affected households were supported with skills on self-initiated and voluntary Group savings &

lending, including linkages with Vision Fund Uganda to get capital to invest in profitable businesses. Vision Fund Uganda (VFU) has provided and increased financial services to the low income entrepreneurs within the 35 World Vision Uganda Area Development Programs (ADPs) aimed at empowering them economically. By end of September, 2013 VFU had reached out to 11,097 clients (53% of the entire clientele) with a portfolio volume of USD 2,370,176 reaching out to 37,763 children of which 8,768 are orphans and vulnerable children (Vision Fund report 2013).

- ✓ Integrated environment related activities in all food security and sponsorship projects that included activities like environment awareness creation, dialogue meetings on wetland management, promotion of tree planting and environmental sanitation.

#### Partners

- ✓ National Agricultural Advisory Services (NAADS), National Agricultural Research Organisation (NARO) Zonal Agriculture Research and Development Institutions (ZARDIs) and District/sub county agricultural departments, Makerere University College of sciences

#### Inputs

- ✓ Seeds, heifers, ox-ploughs

#### Project models

- ✓ Farmer Field Schools, Local Value Chain Development (LVCD), Micro Enterprise development in collaboration with Vision Fund Uganda, Village Savings and Loan Associations (VSLA), Farmer Managed and Natural Regeneration (FMNR)

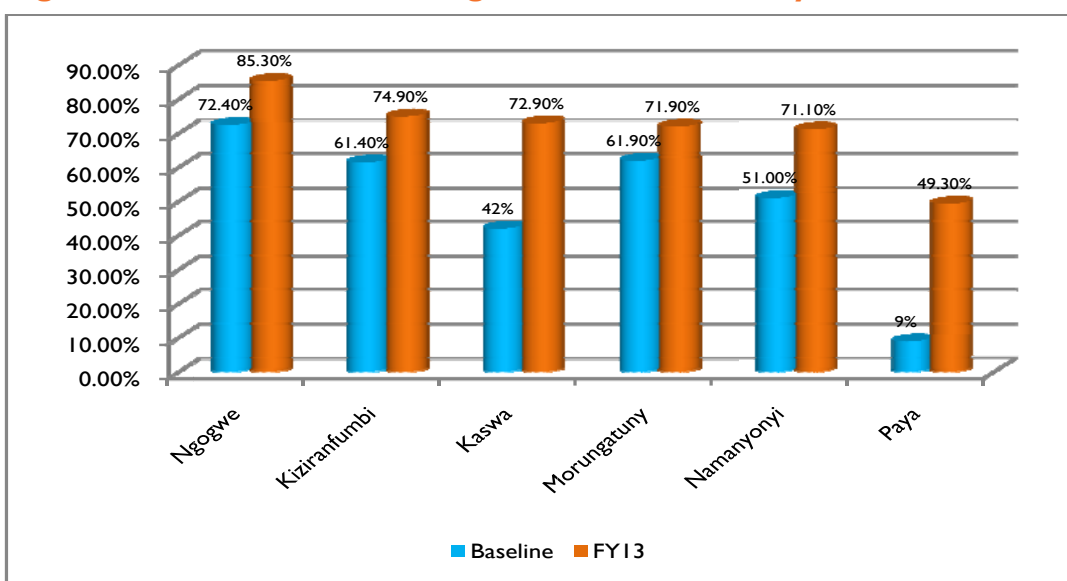
Table 7: Major contribution by World Vision Uganda

Indicator	Number	No ADPs
# of farmers with knowledge and skills on post harvest technologies	1915	6
# of farmers accessing improved seed and planting material	1459	5
# of farmers accessing micro finance services	1910	6
# of households with more than one sources of income	2196	4
# of farmers attending a training on marketing and value addition	1126	4
# of households that can employ coping strategies in disasters.	2076	6

Source: WVU programs/grants monitoring data, 2013

The table above shows major interventions World Vision Uganda contributed to that led to, the changes highlighted in the indicators discussed within the strategic objective on food security and community resilience.

Figure 9: % of households having at least 2 meals a day



Source: WVU Baseline and outcome monitoring data, 2013

### Analysis

**ADP life in years:** Kaswa 15, Namanyonyi 7, Kiziranfumbi and Ngogwe 6, Paya 4, Morungatuny 1

The graph above shows that there is increase in community members consuming at least two meals per day. The biggest increase was realised in Paya, however the low baseline value (9%) was attributed to massive flooding that occurred in 2010. At the time when baseline was conducted for Paya (April 2011) most of the households were just recovering from the flood aftermath. ADPs worked with district extension staff in conducting trainings and sensitisations, provided

agricultural inputs. These interventions contributed to improved farming methods in 2012 and 2013 hence boosted food production among households. There was also an increase in yields of major food crops for the ADPs for example Paya 2013 outcome monitoring data showed increase from 29% at baseline to 56.6% in 2013. Whereas Morungatuny is in the first year of implementation, there is no significant difference with Kaswa which is in the last year and this is attributed to fact that new ADPs have adopted DPA approach and emphasis has been on facilitation through partners other than through direct implementation and service delivery that was the approach in the older ADPs.

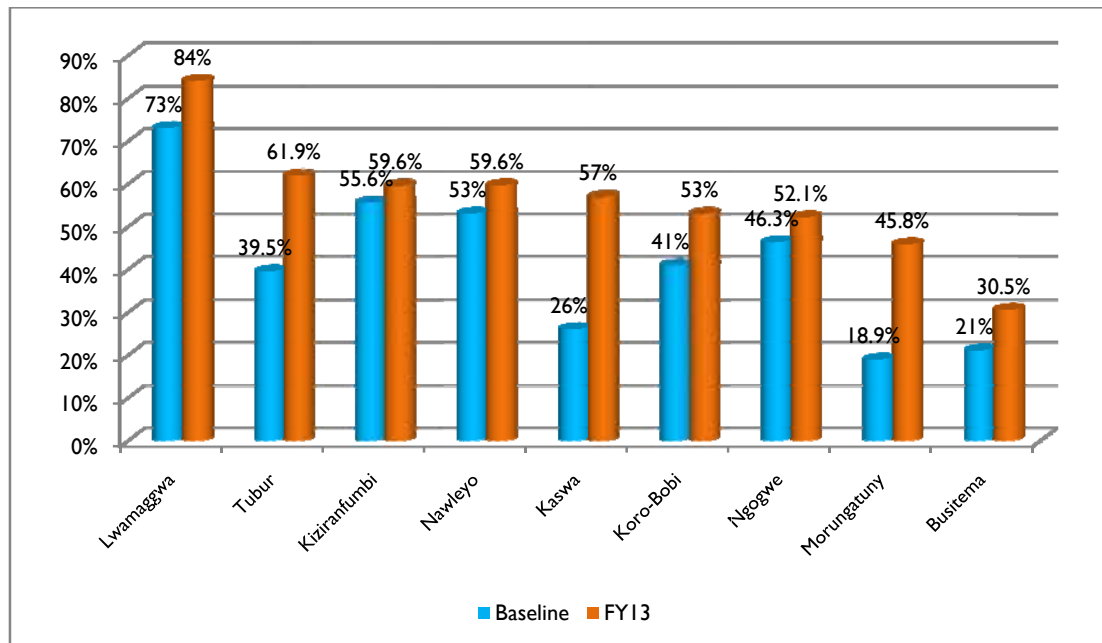
### Innovations and learning

Timely data can enhance effective decision making on key community indicators, for example baseline findings for Paya was a wakeup call for the sub county leadership that hastily moved to reverse the number of meals consumed per day

### Recommendations

All programs to develop actions following recommendations in reports and how they have been applied

**Figure 10: % of households with year-round access to sufficient food for the family's needs**



Source: WVU Baseline and outcome monitoring data, 2013

### Analysis

**ADP life in years:** Kaswa 15, Tubur 14, Nawleyo 8, Kiziranfumbi, Ngogwe, Lwamaggwa, Koro, and Busitema 6, Morungatuny 1

Out of the eight ADPs that reported on this indicator, overall there has been progressive increase in households that reported having year round access to sufficient food. The highest was reported by Lwamaggwa (84%), followed by Tubur (61.9%) and the lowest was Busitema (30.5%). Whereas Kaswa and Busitema are among the old ADPs, young ADPs like Morungatuny performed well because ADP focus was on operation through project models, emphasis on facilitation through partners other than direct implementation and service delivery earlier emphasized in older ADPs. ADPs facilitated the training of farmers, provision of agricultural inputs especially for commercial farmers and strengthening commercial farming initiatives, supply of improved seeds and tools while the district extension staff conducted the trainings, provided ongoing advisory services and monitored performance of farmers.



Household food supply/Simon Peter Esaku

*“I remember the days we did not have enough food due to poor farming methods. Today, we have food that can take us to the next planting season thanks to the knowledge acquired from World Vision, especially on agronomics which have contributed to changing the life of my family and the entire group as a whole,”*  
Chairperson Angorom Multipurpose (AM) farmer group; Busitema ADP”

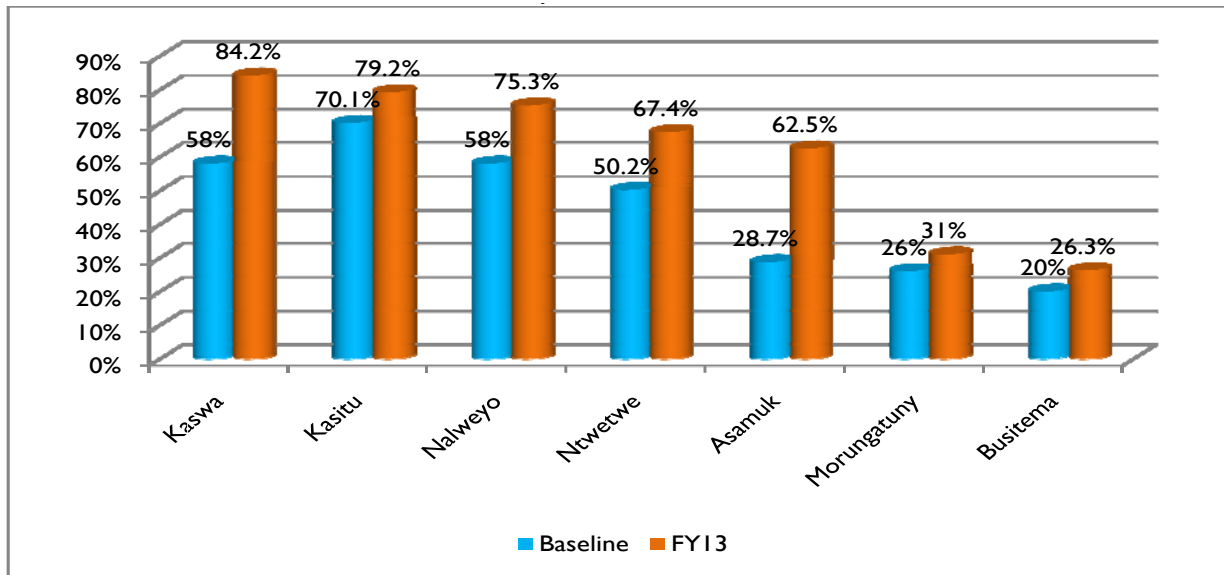
### Innovations and learning

Increased monitoring and accountability is enhanced through regular planning and reflection with the local government

### Recommendations

Programs should use approach of facilitation through partners as opposed to direct implementation and service delivery

**Figure 11: % of households with sufficient diet diversity**



Source: WVU Baseline and outcome monitoring data, 2013

**Table 8: % of households with sufficient diet diversity**

Kasangombe		Gweri		Budumba	
Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
43.50%	82%	Not available	58.20%	Not available	63.6%

Source: WVU evaluation reports, 2013

**Analysis**

**ADP life in years:** Kasangombe 17, Gweri 5, Kaswa 15, Kasitu 9, Nalweyo 8, Busitema 6, Ntwetwe 5, Asamuk 2, Morungatuny 1

All seven programs showed there is improvement from baseline in diet diversity at household level and five ADPs performed above 60%. Household diet diversity in all programs ranged between 84.2% and 26.3%. The biggest increase was reported in Asamuk (33.8%) and the smallest increase in Morungatuny (5%). Busitema is still performing low because being at the boarder with Kenya, most farmers don't stock enough crops instead end up selling them. Value addition, accrual market research and distinguished peer information sharing was promoted in programs. Programs also supported group formation and equipped them with skills in value addition. ADPs worked with Vision Fund to train and provide loans to farmer groups for improved food productivity and diversity to 35 ADPs. For example in Kaswa there are 20 VSLA groups in total across

the three Sub Counties in the ADP catchment area with each group having an average membership of 30 farmers. The VSLA use savings from groups for buying diverse food for consumption for example, in Kaswa ADP, a group called Kaswamade makes items like candles for lighting, washing soap as well as baking cakes which have since gone on the market.

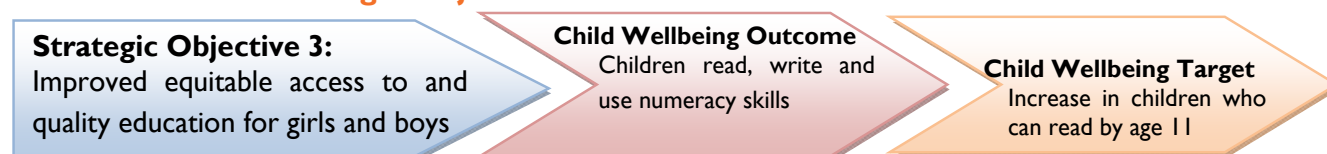
*“We developed this idea four people and now we are eight members (3M; 5F). Before we started enjoying the benefits of our group, our lives were hard because we could hardly afford the basics in our households. Children would go without the proper feeding and even the required necessities for school and we were not having enough food at home because of selling off most of the food we would harvest yet still not getting enough money from selling the food crops alone” Miss Nakateete, the group chairperson, Kaswa ADP*

Kasangombe showed a significant performance (82%) of household with sufficient food diversity from baseline due to the building of farmers' capacity in partnership with the district agricultural department. There are gaps in Gweri and Budumba evaluation reports that had no baseline data to compare with apart from qualitative data coming from evaluation participants. However the national office has prioritised its M&E system strengthening both at programs and national level where most of programs that re/designed in 2011 onwards have clear baselines for all indicators

Innovations and learning	Recommendations
Level of household incomes can have an effect on food stocks available for consumption for both adults and children	Prioritise food security messaging in communities on importance of food stocks



## 5.4 Education Strategic Objective



**Summary of logic** (Equitable access, Quality and parental/community engagement)

<b>Key 2013, facts on education</b>
<ul style="list-style-type: none"> <li>✓ In Uganda, there are 8,337,069 children in Primary schools (4,168,939 males and 4,168,130 females) The Gross enrolment Ratio is 115.4% (males 115.6% and females 115.2%) and the Net enrolment Ratio is 83% (83.9% males and 82.1% females); Trends in educational attainment by successive age groups indicate that, despite free universal primary education, 33 percent of girls and 34 percent of boys age 6-9 have never attended school (UBOS, 2012).</li> <li>✓ Level of proficiency in numeracy at primary six is 54.9% (58% males and 52.1% females) and literacy primary six is 50.3% (49.72% males and 50.78% females) (UNEB 2012).</li> <li>✓ Quality of learning outcomes continue to be poor because of a weak community action</li> <li>✓ Absenteeism of both teachers and pupils is a common phenomenon,</li> <li>✓ Social economic factors are among the leading causes for high dropout rates ,</li> <li>✓ Ineffective teaching and learning, Lack of management skills by SMC, Inadequate support supervision</li> </ul>
<p><b>Action from WV &amp; partners</b></p> <ul style="list-style-type: none"> <li>✓ 35 ADPs contributing to the education strategic objective.</li> <li>✓ Strengthening the capacity of school management committees and Capacity building for teachers</li> <li>✓ Strengthening partnership for education</li> <li>✓ Provision of scholastic materials</li> <li>✓ Life skills development for children</li> <li>✓ Participation of girls in education through creation of peer to peer groups and role models.</li> <li>✓ Monitoring education service delivery</li> <li>✓ 523,651 children benefited directly (255,941 boys &amp; 267,710 girls) and 89,754 men and women</li> </ul>
<p><b>Project Models used</b></p> <ul style="list-style-type: none"> <li>✓ Basic Education Improvement Plan (BEIP), Teacher Development Management System (TDMS) and Child Friendly School Model (CFS), literacy, boost, NiE</li> </ul>
<p><b>Inputs</b></p> <ul style="list-style-type: none"> <li>✓ GIK text books- <i>“We appreciate World Vision so much for this offer which will boost our students’ reading culture, academic performance, and moral disposition. As the school we are proud to be associated with World Vision in providing good quality education.”</i> Head Teacher St. Mary’s Secondary School-Mpigi cluster</li> </ul>
<p><b>Key partners</b></p> <ul style="list-style-type: none"> <li>✓ SMC/PTA, Mango tree, UNICEF, British Council, Monitor publications, MoES, UNEB, Makerere university and District Local Governments</li> </ul>

**Table 9: Major contribution by World Vision Uganda**

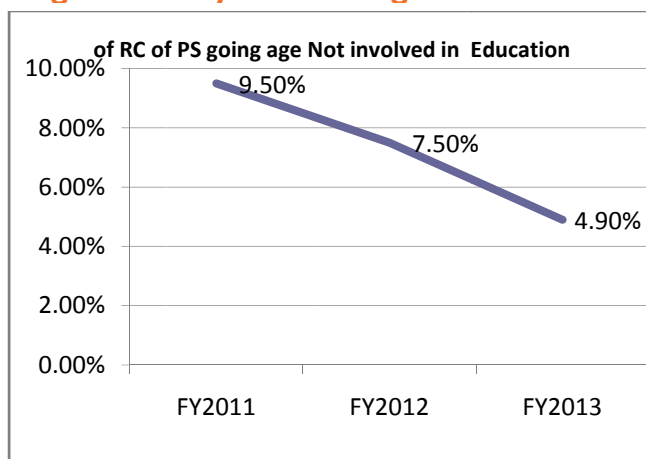
<b>Progress made on monitoring indicators</b>	<b>Achievement</b>
Number of schools with improved learning environment for boys and girls as per MoES (pupil desk ratio, pupil latrine ratio, classroom pupil ratio,)	58
Number of children currently enrolled in and attending a structured learning institution	12,546
Number of teachers applying child friendly teaching methodologies	668
Number children able to read in the language of instruction at primary three	1,544
Number of teachers trained in the child friendly methodologies.	214
Number of schools with appropriate instructional materials, pupil textbook ratio, and appropriate teaching aids	6
Number of schools monitored as per the ministry of education standard(consider stakeholders participation)	29
Number of schools with functional management committees	258
Number of community structures and systems (groups) supporting education of children	126
Number of existing community structures participating in education activities	115
Number of boys and girls applying /demonstrating life skills	8,396
Number of community resource centre established from GIK text books	3
Number of teachers trained as TOTs on life skills and spiritual nurture for children	151
Number of schools with active spiritual nurture clubs	120
Number of children participating in spiritual nurture clubs (M-3,366 ; F-5,197)	8,563

Source: WVU programs/grants monitoring data, 2013

The table above shows major interventions World Vision Uganda contributed to, that led to the changes highlighted in the indicators discussed within the strategic objective on education



**Figure 12: Key monitoring indicators on STEP**



Source: WVU 2011, 2012, 2013 step data

**Analysis**

Three year trends in Sponsorship Tracking and Enhancement Programme data for the % of Registered Children of primary school going age not involved in formal/non-formal education shows a decline from 9.5% in 2011 to 4.9% in 2013. This is attributed to improved community support to education activities and increased partner involvement.

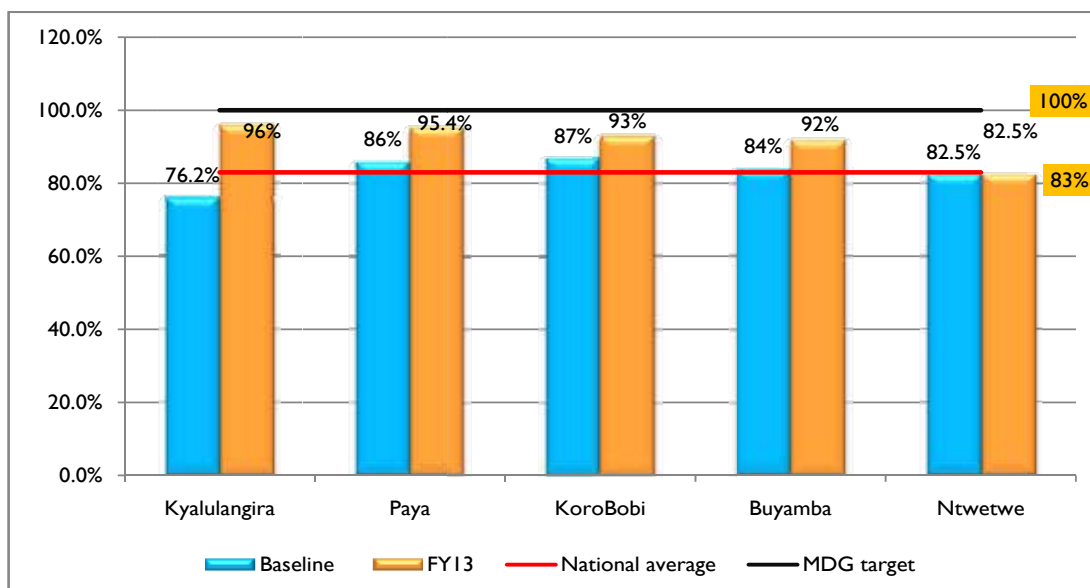
**Innovations and learning**

Completing primary level does not guarantee registered children participation in education in cases where guardians cannot afford post primary education for those above 14 years in ageing ADPs.

**Recommendations**

Since some parents cannot afford to pay for secondary education, there is need to invest in vocational skills training for those children who are unable to proceed with secondary education

**Figure 13: Net enrolment ratio**



Source: WVU Baseline and outcome monitoring data, 2013

**Analysis**

**ADP life in years:** Buyamba 8, Kyalulungira and Koro 6, Ntwetwe 5, Paya 4

Overall, District education departments worked together with ADPs to carry out educational campaigns in all targeted communities including enforcement of existing bylaws by community leaders. There was notable community support in form of monitoring activities, reporting parents of children not in school and ensuring their own children are in school. Government instituted committees like the school management committees and parish development committees were active in ensuring school going children are enrolled. The above interventions led to an increase in net enrolment in WVU areas of operations as highlighted for Kyalungira, Paya, Korobobi, Buyamba graphical

presentations. For example, apart from Ntwetwe ADP that showed no progress between 2012 baseline and 2013 progress, the rest of ADPs Net Enrolment ratio increased above the national average of 83%. The above is further confirmed by what one of the school administrators in Korobobi ADP .

*“I am happy for the parents of this school; there is very strong relationship with the parents now unlike the previous years. Within a period of one year, they built huts for my teachers and we are now staying within the school. Out of the 13 teachers I have here, now 12 stay within. Where can you get such an achievement in these rural schools of ours where the war has destroyed our values of helping hands?”* Lucy, the H/ Teacher Labwormor primary school Koro ADP

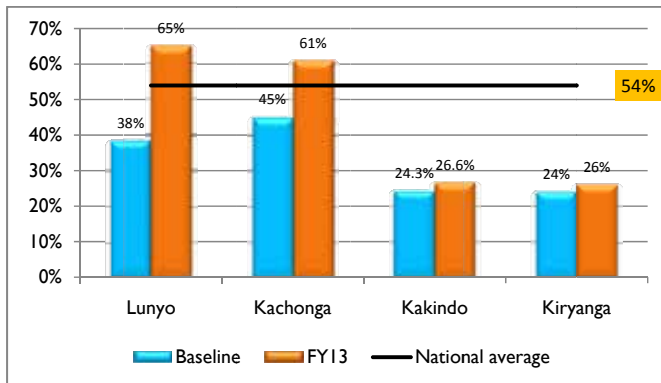
## Innovations and learning

- Information to communities and children on importance and benefit on education can reduce on dropout rates in communities

## Recommendations

Develop parental engagement materials on age appropriate enrolment and engage communities in ECD activities.

**Figure I4: Proportion of children who are functionally literate**



Source: WVU Baseline and outcome monitoring data, 2013



Reading and writing /Simon Peter Esaku

## Analysis

**ADP life in years:** Kachonga 8, Kakindo 7, Lunyo 6, Kiryanga 4

There was improvement from baseline in functional literacy among the children in all four ADPs. Outcome monitoring data from Lunyo, and Kachonga show a significant improvement above the national average of 54%. Although Kakindo and Kiryanga in Kibale district performed below the national average; they still registered an improvement from their baseline figures. Kibale district education report for 2013 shows that on average schools literacy level is at 15% (District education report 2013). The progress indicated across all ADPs is as a result of concerted efforts by the programs working together with partners in the district to invest in education sector among which are: education campaigns, parents support to education,

Citizen Voice and Action (CVA) campaigns and children exposure to education articles in the local media. ADPs also supported communities to create and adapt locally-relevant resources e.g. teachers have started making their local reading materials to supplement on those got from government. The teachers have also started supporting children to make their own reading materials in form of stories.

*“No much attention has been given to the lower classes as all the good teachers are allocated to the higher classes and thus children loose out right from the start in primary one and the reading and writing materials for pupils in school are still limited and not adequate enough to ensure that each child fully participates in learning”. Kyaboona John DEO, Kibale District.*

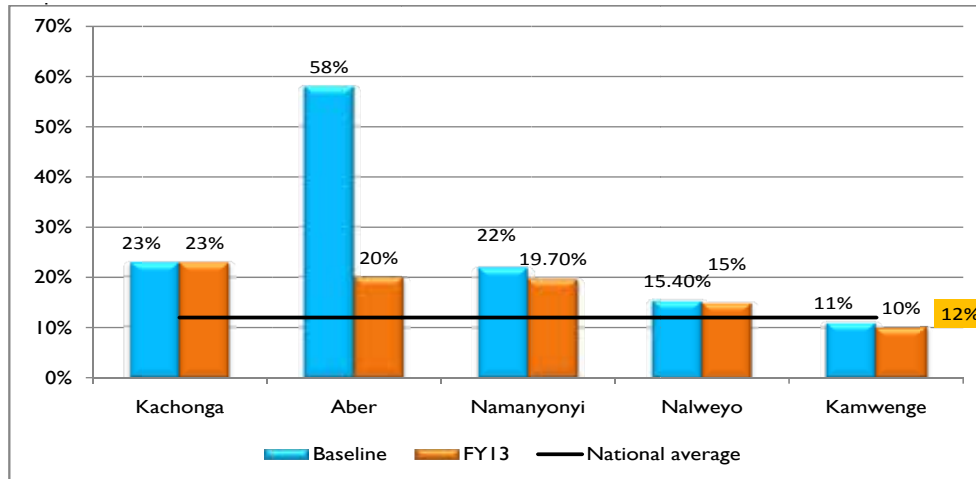
## Innovations and learning

- Education articles (Newspapers in Education Programme) in the local media is a good approach that attracted children to read all papers. The constant supply of these newspapers, which normally includes Primary Leaving Examination Questions and guiding answers led to active participation of teachers in routine classroom lessons.
- While infrastructure development may yield to increased enrolment, it may not necessarily lead to improved literacy. Thus a comprehensive approach that uses both community and school based initiatives will have a great impact on education.

## Recommendations

- Continue with Newspapers in Education to provide children with a variety of reading materials and roll out Newspapers in Education to other schools in ADPs.
- Promote local learning materials development among school management committee members

**Figure 15: Dropout rate**



Source: WVU Baseline and outcome monitoring data, 2013

**Analysis**

ADP life in years: Kachonga and Nalweyo 8, Namanyonyi 7, Aber 6, Kamwenge 2

WVU interventions have contributed to a reduction in the school dropout rate apart from Kachonga ADP which stagnated at 23% during baseline and outcome monitoring of 2013. A big decline in dropout rates, has however been realised in Aber from 58% to 20%, and is attributed to improved livelihood conditions for the population that has just emerged out of political instability. In Kamwenge and Nalweyo large scale poverty, illiteracy and poor attitude to girl child education have contributed to high drop out of girls and early marriages. The drop out has reduced

in areas where sub county and district Partners have worked together with ADPs through organised dialogue meetings to especially advocate for provision or increase on the number of teachers in schools, teachers' capacity building, improved children' learning environments, increased child to teacher engagement and lunch to pupils in primary schools. Aber also has a unique community structure of the Association of School Management Committees which has increased the level of parental and community engagement. Although the three ADPs show a reduction in the dropout, they are still above the national average. This is largely because of late enrolment of children, rice growing in Eastern Uganda, large scale illiteracy, poverty, ineffective teaching and non functional SMCs

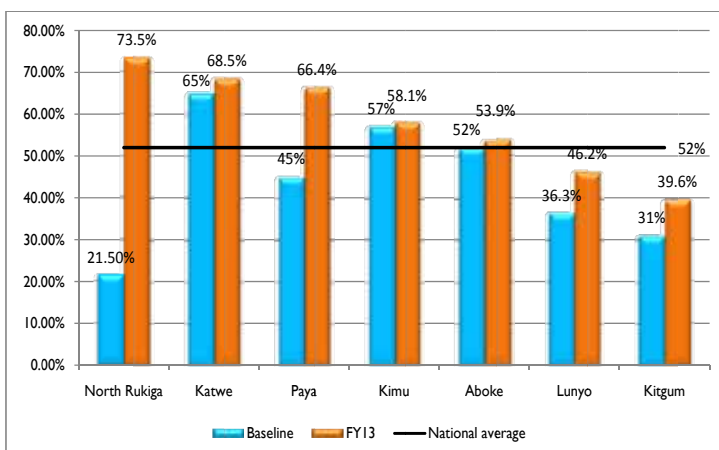
**Innovations and learning**

1. Community empowerment through provision of information to communities and children on importance and benefit on education can reduce on dropout rates in communities.
2. Enrolment age has a strong relationship with drop-out rates from schools. Children who enroll at age eight and above are likely to drop out of school or marry off when they reach primary five and six at age of 13 and 14 years respectively.

**Recommendations**

1. Strengthen community engagement through management training of SMC and sensitization of parents.
2. Improve teacher capacity for effectiveness
3. Increase stakeholder monitoring of education activities
4. Create school based peer support structures for children to help one another
5. Support Early Childhood Development (ECD) centres.
6. Increase community mobilization through the media. (radio talk shows, spot messages)

**Figure 16: Proportion of children completing seven years of primary education**



Source: WVU Baseline and outcome monitoring data, 2013



Enhancing literacy / Davinah Nabirye

## Analysis

ADP life in years: Kitgum 19, Katwe 17, Rukiga 11. Aboke and Kimu 7, Lunyo 6, Paya 4

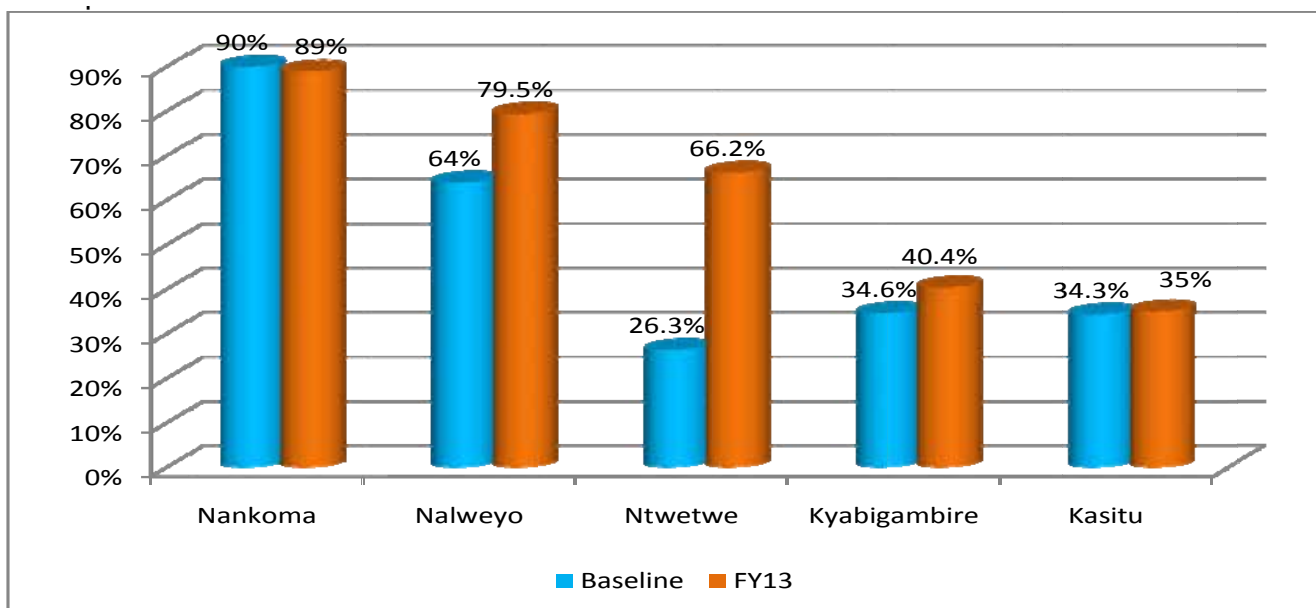
Over all, there has been a general improvement in completion of the seven years of primary education schooling. All the seven ADPs that reported on this indicator showed an improvement from the baseline out of which five ADPs show a completion rate above the national average of 52%. Kitgum and Lunyo ADPs which are still below the national average are still well above the baseline figures and showed a significant improvement in 2013. Kitgum being one of the oldest ADP performed below Paya (15 years younger), because the ADP has gone through a long time of political instability and communities have just settled down from Internally Displaced camps (IDPs).

ADPs constructed classrooms, facilitated education campaigns and training of SMC while the districts ensured the required numbers of teachers were posted, monitored education activities and sensitized parents.

*“I used to solve many conflicts among teachers in Aber but now days we spend a year without receiving any cases of conflict from teachers as compared to other sub counties”* says Oyam District Education Officer- Okello Norman. In addition, Mark who is a chairperson of a SMC *“During the monitoring visits we asses the general impression of the school, management and implementation of the curriculum, utilization of resources, maintenance of hygiene and sanitation facilities, observe the teaching methodologies, observe teacher professionalism and cross check functionality of staff, teacher and school management committees. At the end of the exercise, we award marks and share the findings on-site with the Head Teacher, and agree on areas of improvement. These improvement areas recommended are followed up on subsequent visits”*. Programs also facilitated churches to work with schools to promote children participation in the clubs. Such children exhibit more discipline and the clubs have contributed to instilling morals; *“I have learnt how to be disciplined from my Junior Scripture Union Club”* Christine a member of a spiritual nurture club.

Innovations and learning	Recommendations
<ol style="list-style-type: none"> <li>1. Joint involvement of partners in school monitoring increases community ownership and improves accountability by teachers and head teachers.</li> <li>2. Functional SMC support teacher effectiveness and increase community support to schools.</li> <li>3. Monetary incentives are not a motivating factor for teacher effectiveness.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase parent's participation in the Basic Education Improvement plan through PTAs</li> <li>2. Support joint monitoring of schools</li> <li>3. Improve teacher motivation through non monetary incentives like certificates of recognition, best teacher awards, letters of appreciation, etc</li> </ol>

**Figure 17: % of children (6-12years) who demonstrate the application of essential life skills that contributes to their own development and that of their communities**



Source: WVU Baseline and outcome monitoring data, 2013



## Analysis

**ADP life in years:** Kasitu 9, Nalweyo 8, Kyabigambire 6, Ntwetwe 5, Nankoma 3

Lifeskills development is a critical element in the lives of boys and girls if they are to get the required confidence and competitive levels to pursue their aspirations within the schools and communities they operate. Apart from Nankoma, all programs showed an increase in the level of life skills development from baseline. While Nankoma ranked highest at both baseline and progress in 2013, there was a one point drop between baseline and evaluation; Nankoma in its 3<sup>rd</sup> year of implementation performed better than older Kasitu which has just started implementing an education project. The increase in performance on this indicator is attributed to the efforts made by programs to integrate life skills activities in all education programs.

ADPs also worked with churches in training teachers as TOTs on life skills and spiritual nurture of children. The training targeted teachers who are leading spiritual

nurture clubs who have integrated life skills messages during weekly spiritual nurture club meetings. *“It is not good to teach a child the word of God when they don’t know who they are, how to keep their bodies healthy and pure sexually, what they can do and what they stand for as children”*. Ssemiyingo Ereneo, teacher-Buyamba ADP

Teachers now have required skills for engaging children in Churches. *“I acquired life skills such as making friends and decision making and the friends have been very supportive in my studies because they help me to understand what I have not understood well in class especially mathematics”*- Josephine Namuddu Magala memorial primary school Ntwetwe ADP.

Children who are part of the clubs where life skills are also taught have reported gaining confidence to take on leadership positions; *“Besides learning Bible reading, my time at the club has given me confidence to stand in front of the school and speak to my fellow students”*. Gertrude Nakayumba, a female student in primary six at Cornerstone Primary School, Rakai.

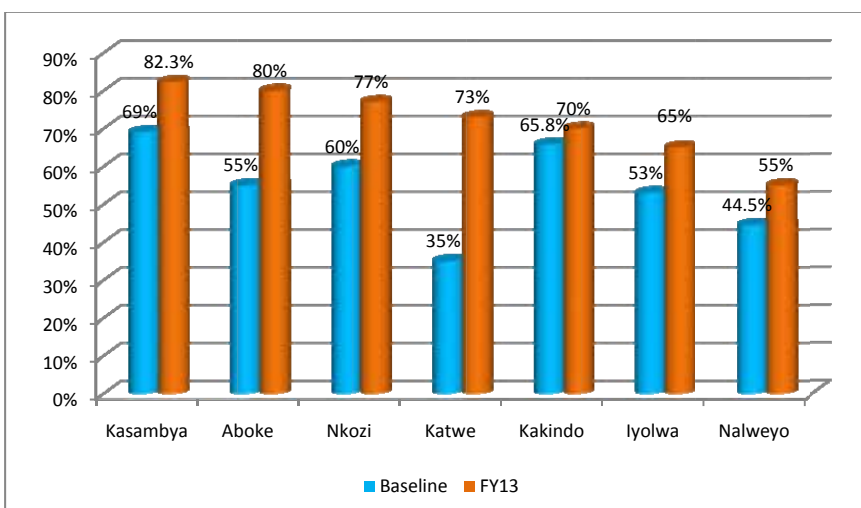
## Innovations and learning

1. Integration of life skills development in the lives of school children at an early age will help them have positive attitude to education.
2. Co-curricular activities have been found to be a pull factor for children enrolment and retention in school since they get emotionally, psychologically and physically involved.

## Recommendations

1. Programs and projects redesigning and developing annual operations plans will use the technical approaches guide on education to ensure component on life skills is clearly included in their plans

**Figure 18: % of parents taking initiatives to enhance learning in and out of school**



Source:WVU Baseline and outcome monitoring data, 2013

## Analysis

**ADP life in years:** Katwe 17, Iyolwa 13, Nalweyo and Nkozi 8, Aboke, Kasambya and Kakindo 7,

The graph above shows that there is an increase in all programs where by parents have taken initiatives to



Parent initiative to enhance learning/  
Davinah Nabirye

enhance their children’ learning in and out of school. The percentage of parents taking initiatives to enhance learning in and out of school can be confirmed where by Kasambya registered (82.3%) which was the highest and Nalweyo lowest (55%). Sub county authorities having realised that Katwe is transitioning and seeing its

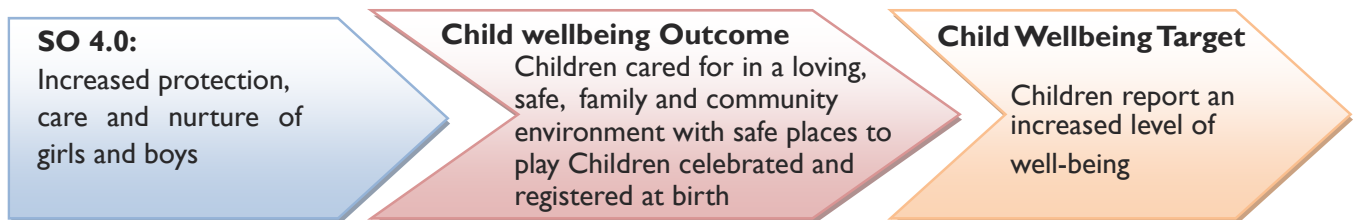


performance at baseline (35%) embarked on developing the capacities of local structures like the SMC, PTAs and PDCs that resulted in sensitizing parents on the

need for their support for enhancing child learning out of school.

Innovations and learning	Recommendations
<ol style="list-style-type: none"> <li>1. Learning takes place at school, at home and in the community through teachers, parents and community volunteers</li> <li>2. Increasing access to reading resources in homes motivates children to read</li> <li>3. Community support to ECD activities provides a strong foundation for Early grade reading</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish community resource centres for after school and out of school reading activities such as reading buddies, storytelling and supporting children with home work</li> <li>2. Provide parents with skills to read for and with children and creating a learning environment at home.</li> <li>3. Support establishment of ECD centres by communities</li> </ol>

### 5.5 Child Protection Strategic Objective



#### Summary of logic

Child marriage continues to be a major problem with 12% of young girls getting married at 15 years while 46% are married by the age of 18 in Uganda (UNFPA 2012). This makes child marriages one of the critical child protection issues in Uganda. Defilement has continued to be the leading sex crime in Uganda with 7,564 reported cases by 2011. The Adolescent birth rate is 156 per 1000 women (UDHS 2011, UNICEF 2012).

Many children still remain unregistered in Uganda today with a national coverage of 33%. The challenges in the registration of children and hence inability to prove ages of children leaves them vulnerable to abuses such as defilement, trafficking, recruitment to armed conflict and recruitment into the worst forms of child labor. Without proof of age, children can be married off early and perpetrators of abuse will go unpunished.

One of the continuing challenges remains functionality of child protection structures and systems within WV Uganda operational areas. The level of child abuse cases remains high with defilement, child marriage and child neglect in the lead. For effective management of child abuse incidents there is need for a functional reporting and referral mechanism which is dependent on existence of functional child protection structures. Therefore where structures are non-functional child abuse continues unabated in the country thus affecting overall child wellbeing.

#### Actions taken

In FY 2013 WVU implemented interventions that were geared towards improved child protection with focus on strengthening the child protection systems and structures, prevention of harmful practices, engaging in advocacy for child protection and empowering children to protect themselves.

The 'End child marriage campaign' was initiated and rolled out in the Western region of Uganda covering 14 ADPs. This was geared at ensuring that harmful practices such as defilement and child marriage are reduced. The campaign included evidence based research, community engagements and dialogues from village to district levels, children conferences and media campaigns. Some of the major results included increased awareness on the effects of child marriage, commitments to end child marriages through increased resource allocation, follow up of reported child abuse cases, education of the masses and increased coordination of child protection structures.

The CVA model has been used to engage the communities and increase conscientisation on issues affecting children at community level. Some of the communities have been empowered to generate and implement homegrown solutions such as by-laws to curb child labor and truancy. In some instances funding for Community Development Officers has been allocated to support effective management of child protection issues.

The child protection structures and systems were strengthened in 28 ADPs. Structures such as the OVC Committees at district and sub country level and child protection committees engaged in management of child abuse incidents. Capacity building in case management, reporting and referral was conducted in 28 ADPs resulting in increased ability to respond to child protection issues.

**Project Models:** Child Protection and Advocacy (CPA), Citizens Voice and Action (CVA), Empowering Children as Peace Builders, Social Norm Change methodology

### Partners

Ministry of Gender Labour and Social Development, Local Governments, Uganda Child Rights NGO Network (UCRNN), Uganda Parliamentary Forum for Children (UPFC), HumaneAfrica and Community Based Organisations.

### Inputs

- ✓ Funding of US \$ 12,827,699 of which US \$ 3,000,000 was from GIK
- ✓ Assorted GIK like toys, soccer balls, clothing, footwear and school bags.

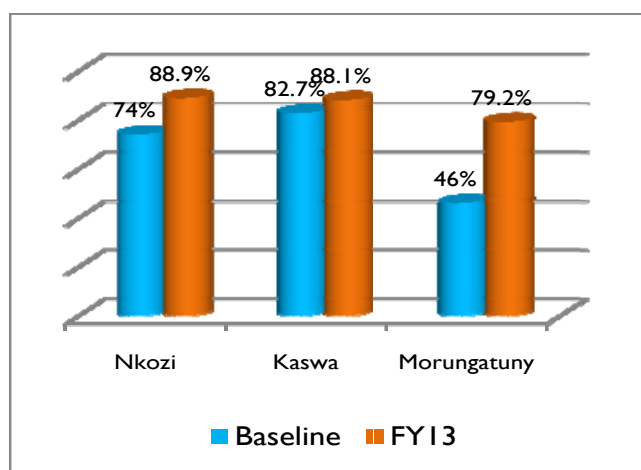
**Table 10: Major contribution by World Vision Uganda**

Indictor	#
# of trained staff and partners applying the skills acquired to protect children	6,203
# of children being free from harmful practices	3,043
# of community members educated on and able to articulate child rights, participation and protection issues	1,582
#of children's groups functioning well	26
# of children participating in children's groups and activities	7,075
# of parents or caregivers who give examples of how children participate in the community	63
# of child protection incidents reported	7,82
# of households that report CP incidents/concerns using child protection structures or mechanisms	6
# of child protection mechanisms or structures that are known by children and have been used to report child protection incidents	6,288
# communities actively demanding for reforms that prevent child abuse, protect and respond to child abuse, exploitation and neglect	2
# of community members empowered to demand for improved services	557
# of services that have improved due to community engagements	3
# of joint partner M&E plans developed.	4
# of government structures/partners participating in CP joint monitoring visits	11

Source: WVU programs/grants monitoring data, 2013

The table above shows major interventions World Vision Uganda contributed to, that led to the changes highlighted in the indicators discussed within the strategic objective on child protection

**Figure 19: % of children who know at least one formal or informal mechanism they can use in case they experience a child abuse**



Source: WVU Baseline and outcome monitoring data, 2013

### Analysis

**ADP life in years:** Kaswa 15, Nkozi 8, Morungatuny 1

There was an improvement in terms of children who know at least one formal or informal mechanism they can use in case they experience child abuse in ADPs such as Morungatuny, Nkozi and Kaswa. An increment from 79.2% to 46% was reported in Morungatuny ADP which is only one year old. This was attributed to the fact that the new ADP prioritized community mobilization and education on not only children's

rights but also the reporting and referral mechanisms which include structures that handle child abuse cases e.g. in Nkozi an increase to 88.9% from 74% has been attributed to the close collaboration between District Local Government and other child protection structures especially the police whereby in 2010 about 80 – 100 cases were reported per month but in 2013, less than 10 cases per month were reported.

The District Probation Departments in collaboration with World Vision have been key in mobilizing communities to engage in child protection activities,



Child participation/Charles Kabogozza

follow up mechanisms and coordinating Child Protection OVC meetings at all levels. Due to the presence of the CVA working groups, the trained child protection committees/groups have been engaged in community awareness on child protection and advocacy through drama and songs.

In FY13 children increasingly participated in their own protection through child advocacy by engaging policy makers at community to international levels; reported and followed up on child abuse cases, educated fellow children as well adults in their communities on child protection and participated in community development initiatives.

*“A child was being mistreated in my area; we went and talked to the child. The child told us everything. We went to police and talked to the Office Commander and right now the child is fine” said 16 year old Senyonjo a member of a children’s committee in Nkozi ADP when asked about what the children’s committee does.*

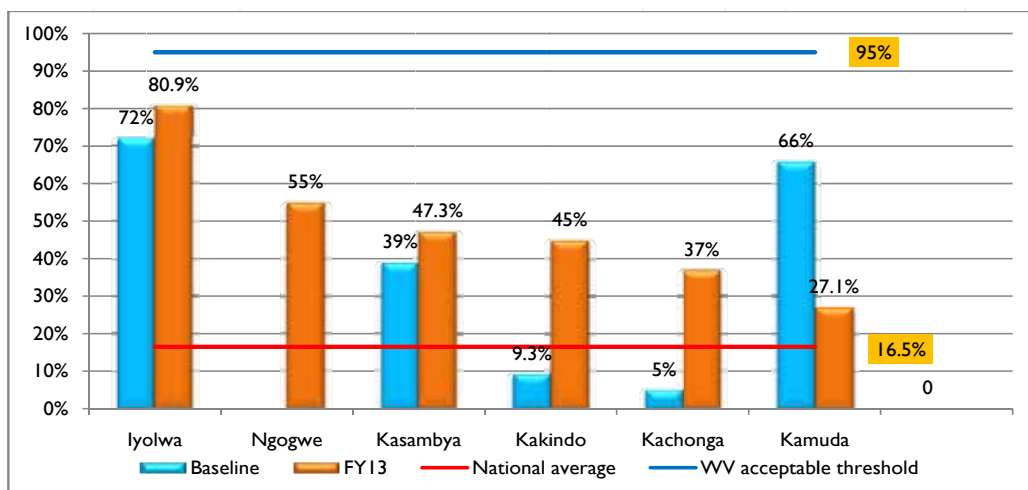
### Innovations and learning

1. Joint engagements with both formal and informal structures, easily solve many issues. It’s in such forums that informed resolutions are generated to address issues that affect children since the issues are presented right from the grass root level
2. Despite the fact that the 53 programs have a component on child protection, progress documented in reports has been limited to interventions on formation of child protection committees and raising awareness.

### Recommendations

1. Support programs to ensure key indicators on child protection are tracked and reported on
2. Projects should align their child protection interventions to the country strategic priorities
3. Use a uniform data collection tool for child protection indicators across WVU programmes and projects

Figure 20: Percentage of children aged 0-59 months with a birth certificate



Source: WVU Baseline and outcome monitoring data, 2013

## Analysis

**ADP life in years:** Iyolwa 13, Kachonga 8, Kamuda, Kasambya and Kakindo 7, Ngogwe 6

All six programs performed above the national average of 16.5% and below the WV acceptable threshold of 95% on children with birth certificates. Four ADPs showed improvement from baseline apart from Ngogwe which had no baseline data. The increase is attributed to WV support to massive sensitization on importance of birth certificates and integrated child monitoring by

programs with the support of community members and local partners. Iyolwa being an older ADP has conducted ongoing campaigns and built child protection structures that have facilitated birth registration activities hence the high performance of 80.9%. Kamuda dropped from 66% to 27.1% because UNICEF had a project of birth registration in Kamuda however this project ended and the sub county did not prioritise this in their plans. Ngogwe ADP collaborated with the sub county and district leadership to register over 2500 children.

Innovations and learning	Recommendations
<ol style="list-style-type: none"> <li>Deliberate integration of child protection in other programmes such as health and education can reach many beneficiaries and partners at a reduced cost for all stakeholders involved.</li> </ol>	<ol style="list-style-type: none"> <li>Ensure intentional integration of child protection interventions and outcomes statements/indicators in other programmes to ensure child safety across the organisation.</li> <li>All ADPs to work with the respective Local Government to aggressively embark on birth registration and establish mechanisms that will ensure continuity of the same.</li> </ol>

## 6 Sustainability

Table 11: Sustainability

Drivers of sustainability	Progress made
Local ownership:	<ul style="list-style-type: none"> <li>✓ The following programs Gweri, Kirewa, Budumba, Acaba and Parabongo redesigned in FY 2013 in a participatory manner engaging stakeholders at different levels. This involved joint identification of key child wellbeing needs, vulnerable groups, existing assets and exploring of local government contributions and its roles towards improving child wellbeing. Children specific tools like spider diagrams were used to facilitate engagement meetings with children for them to identify the priority needs and focal problems affecting their education, health, protection and safety including identification of community groups, individuals, organisations and institutions they go to for support.</li> <li>✓ The community and Project specific partners such as children clubs, VHTs, CCCs, Farmer groups were involved in the monitoring of various ADP activities and collected information on project specific indicators defined within the context of the community. Periodic reflections were done on quarterly basis to discuss progress made in the various sectors, share lessons and strategies to address implementation challenges.</li> <li>✓ Through participatory approach of all partners in planning and budgeting processes, WV supported projects have been owned by the partners and community. <i>“we participated in the needs assessment, we were there and it’s us who prioritized these projects HIV/AIDS, child sponsorship and food security”, (KII/VHT member Gweri Parish)</i> Also the community structures (VHTs &amp; local leaders) have mobilized mothers &amp; men to participate in outreach activities like immunizations, PMTCT, sanitation and hygiene leading to improved health status of children and their mothers.</li> </ul>
Partnering:	<ul style="list-style-type: none"> <li>✓ Partnering with local government structures and other civil society agencies has led to community led development projects. WV has played the role of building the capacity of the partners (local government and civil society agencies).</li> <li>✓ World Vision has worked with other agencies to advocate and demand for improved services from Government as the duty bearers to ensure services get to the communities for example Rakai referral hospital has realised increased ARV drug stocks to support PHA.</li> <li>✓ A total of 91 MOUs were signed which has enhanced effectiveness in partnering and collaboration at local and national level. Signed MOUs were with key government ministries like Ministry of Health, Office of the Prime Minister, Ministry of Education and Ministry of Gender and Social Development. All Clusters/ADPs have partnership agreements with the respective DLG and LLGs. Partnerships with Churches, FBOs and CBOs has continued to grow and get formalized. MOUs with UN specialized agencies such as; WHO, UNDP and FAO are in place and operational. Innovations are beginning to take root through local partnerships in some of the Clusters. For example clusters in the Eastern region have ventured into a partnership in developing biogas to support recycling of waste materials from animal farming. This is being done in partnership with Heifer international. In Northern Uganda, WASH trained local artisans in drilling low cost shallow wells and are collaborating with them to provide these services to the local communities in Gulu. This has reduced the cost of providing safe water by 75%. Initially WVU was paying contractors USD. 4,025. But now WVU is paying about USD. 196.</li> </ul>

Transformed relationships:	<p>✓ In Aber ADP, The program supported interventions to reduce stigma against people with disabilities. The ministry of education through continuous ADP advocacy on disability has recruited more three teachers to Aber disability unit. The cultural leaders who were involved in organising and negotiating early marriages have formed a group to fight early marriages in the community and other child abuse cases through child protection and advocacy approach. In Rakai trickle down effects were notable in congregation members who had learnt from their church leaders how to handle children. <i>“My mindset has changed, before I used to ignore children and put focus on adults but now I know that children are the future of the church. Besides I have discovered children are easier to evangelise because they take what they give them wholly”</i>. <b>Senior Pastor Calvary Chapel Rakai</b></p>
Social accountability:	<p>✓ Through a WV led CVA model, community dialogues were fostered in all ADPs implementing education project. These dialogues have been used as a means of encouraging community ownership of plans but also to identify ways of how the community can contribute to its own development. SMC and PTA have played key roles to ensure parents and guardians actively engage in the education of their children. The parents have been able to play their roles and obligations in ensuring that their children pursue education and become responsible citizens. During Child health now campaign in Sir Tito Winyi Primary school, children were quoted as saying <i>“our parents used not to pack for us lunch”</i> However after the campaign and the CVA dialogue, more than 90% of the pupils in the school are having packed lunch. (source: Sir Tito Winyi primary school record)</p> <p>✓ The government PDCs, sub-county technical and leadership have taken active role in the planning and decision making processes on issues to do with child protection. In Acaba ADP, the chairperson School Clubs executive noted that Early pregnancies have reduced in some of the schools. <i>We sensitize our peers about their rights and responsibilities. We also go to the villages and sensitize parents about the dangers of child abuse. We can say that cases of abuse have reduced.</i> In Busia district with 3 ADPs, the district probation officer noted <i>“It would be a lie if anyone said that the people of sikuda and Busitema are not aware of children rights - we have reached virtually all the key relevant stakeholders on issues of children”</i>. <b>In Kasangombe</b>, there was demand for accountability exerted from different stakeholders within the community especially in the area of education. There was also more boldness to obtain justice by following up of issues of child protection. <i>“As community members, we have now learnt how to hold the teachers accountable by telling teachers it is our children we want to see in first grade and not children outside the community.”</i> <b>Female FGD participant from Kasangombe.</b> <i>“I have seen the community doing arrests of criminals and reporting criminals to police which used not to be the case”</i> <b>Sub county chief Kasangombe</b></p>
Resilience and risk reduction:	<p>✓ The promotion of farmer to farmer technology transfer through the model farmers approach and establishment of local seed banks have enabled sustainable skills and knowledge development, contributing to increased production and enhancement of the local economy using resources and capacities generated from within. Empowerment of farmers through model farmer groups and farmer field schools, farmers are able to monitor and train their fellow farmers. Through WV VSLA model, a culture of saving has been created amongst members. <i>“There is increased saving culture among women and men in the community and has allowed farmers access loans for doing business and have developed mechanisms of sustaining their group and also their initiatives.”</i> <b>FGD for farmers in 2013 Kooki evaluation report.</b></p>

Source: WVU national office program reports, 2013

## 7 Humanitarian Emergency Affairs (HEA)

In 2013, disasters occurred in several operational areas of WVU. It is increasingly becoming evident to all implementers in HEA that vulnerable children are at a greater risk when a disaster occurs. In FY 2013, WVU made deliberate effort to respond to emergencies mainly focusing on children in emergencies issues. Responses were to both man made and hydrological disasters.



Table 12: Humanitarian Emergency

Disaster	Direct Beneficiaries						
DRC Refugee Influx- Bundibugyo district- <i>Category I</i>							
Age group	Male		Female		Total		
Children (0- 4)years	1,713		2,514		4,227		
Children (5- 11)years	1,876		2,116		3,992		
Children (12-17)years	1,329		1,381		2,710		
Adults (18-59) years	3,568		4,774		8,342		
Adults(+60)	283		242		525		
<b>Total</b>	<b>8,769</b>		<b>6,011</b>		<b>19,796</b>		
Floods- Kasese district- <i>Category I</i>							
House-holds	Male	Female	Pregnant women	Breastfeed-ing mothers	PWDS	Children<12 yrs	Total
1,091	2,001	4,915	55	131	58	3,715	10,875

Source: WVU HEA reports, 2013

### Analysis

Following the conflicts in Eastern Democratic Republic of Congo, a number of refugees took shelter in Uganda. World Vision Uganda responded and implemented activities in various sectors including, water hygiene and sanitation, preventive health, Children in Emergencies (child protection, psychosocial support, establishment of child friendly spaces) and provision of non Food Items (NFIs). This was done in partnership with other agencies especially the Office of the Prime Minister, Uganda Red Cross Society, Save the Children, UNHCR. Interventions included; identification and

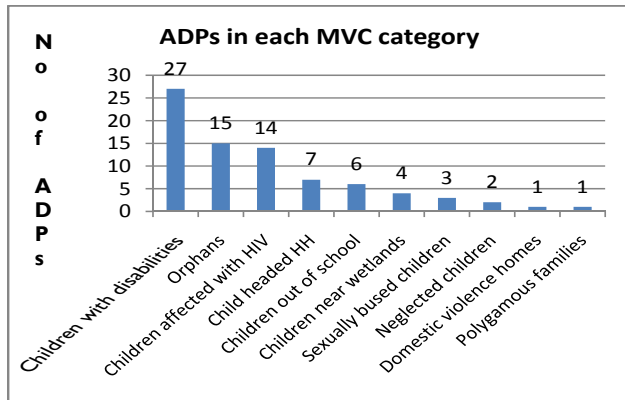
registration of beneficiaries from affected communities and distribution of NFIs. Strong relationships with UNHCR enabled easy entry into the whole process of refugee management as it is a highly specialized and guarded area. A number of affected refugees were able to receive the immediate life saving support; a number of changes were noted in the lives of children, women and men for example trauma cases were counseled and took on a more positive attitude to life funding was accessed from the National Emergency Response Fund where all ADPs make an annual contribution to respond to any un anticipated emergency.

*"I have six children and some of them were attending school in Congo before the rebels displaced us. When we arrived here in July, all my children were registered at the child friendly space, even the very young ones are always carried by their brothers and taken to the child friendly space to study. My children now can write their names, have good manners and have the love for attending school. In case we go back to Congo, at least they have a beginning point at school"* (Mrs Muhereza, in Bubukwanga Transit centre, Bundibugyo District).

Innovations and learning	Recommendations
<ol style="list-style-type: none"> <li>1. Composition of the response team with different technical expertise enabled the response team to effectively participate in coordination meetings especially sectoral committees for Water and Sanitation, Health and Child protection.</li> <li>2. WV and Save the Children are always given interventions related to children because of the innovative ways of dealing with children in emergencies.</li> </ol>	<ol style="list-style-type: none"> <li>1. There is need to improve on the visibility of the organization during emergency responses. This can be through involving the media, providing response jackets to volunteers who support during the distribution of items to beneficiaries.</li> <li>2. National office should constitute a disaster reduction response team at regional level that should be provided with the basic emergency training. This should be comprised of staff with different technical skills in child protection, psychosocial support, water and sanitation, health and education among others.</li> <li>3. Build capacity of DME staff by the Communication's department to be able to do documentation to the expected quality – inclusive of photographing, report writing and success story development.</li> <li>4. Strengthen National Level engagement with key stakeholders while ensuring that the face representing World Vision in these engagements is maintained.</li> <li>5. Preposition for fundraising; map out donors; establish key contacts; document best practices; follow up meetings and reflections both informal and formal.</li> </ol>

## 8 Most Vulnerable Children (MVC)

Figure 21: MVC



Source: WVU programs reports, 2013

### Analysis

The most common type of vulnerability in children are: disability, orphan hood and children affected with HIV. Effects of vulnerability varied from program to program, however the common mentioned included: inability to access schools having sign language teachers, suffer from isolation, stigma, and denial of their rights, mistreatment and neglect. Thus many of these children have low self esteem,. Others included negative cultural beliefs towards children and people with disabilities, lack survival skills and opportunities. In some cases MVC services do exist however access is not guaranteed for all children particularly those from poor families and those with non caring parents/guardians. The Church partnership project supported 14,413 children (M-5804, F-8609) in life skills development and character formation including working with hope teams to help with scholastic materials and other materials for playing

### Who else contributed?

- ✓ ADPs in collaboration with local government departments of community development, probation and social welfare, police, child protection committees, Sub-County development committee, District and sub county councilors and leaders, teachers, and CBOs/FBOs. For example the probation office and police sensitised community on human rights and followed up cases of rights violation.
- ✓ Government health centers conducted child growth monitoring while others were referral centers
- ✓ Districts and CBOs participated in sensitising, training, counseling and guidance
- ✓ At village levels, programs worked with VHTs to ensure monitoring through periodic child growth monitoring

### Decisions made to address vulnerability

- ✓ All ADPs advocated for involvement of MVC in development. E.g. through the advocacy work by the ADP, the ministry of Education has recruited more three teachers to Aber disability unit.
- ✓ Referral of children with severe medical conditions to access medical care (five children in Aber and 13 in Busitema)
- ✓ During selection of beneficiaries for project interventions and in allocation of GIK equipments MVC were specifically targeted. E.g. in Budumba ADP, the programme supported 10 deaf children and one physically handicapped to access special needs education. In Buhimba ADP, the programme supported 1265 (596 Boys and 669 Girls) vulnerable children with various life skills under the education project and also provided them with improved seeds for self sustainability. In Buyamba, 200 identified OVCs, including child headed households were supported with Income Generating Activities
- ✓ Vulnerability mapping that identified the MVC continued to be part of programs interventions
- ✓ In Busia the ADP supported vulnerable youths to engage in gainful employment through trainings and IGA support. This has resulted in increase from 51 to 97 (46M, 39F) youths with a fairly stable income (earning a monthly income of \$ 80 and above) within the past year. In Kakindo, the ADP supported vulnerable children to acquire vocational skills.

*“My parents supported my education up to senior one but they were elderly and weak and I dropped out of school. World Vision supported me to attain vocation training and start up kit that helped me start a carpentry workshop where I have been able to get clients from the community members that give me work ranging from making simple furniture to roofing. With the earnings, I buy stationery for my young siblings who are still in school. I’m also in position to support our family with the basic necessities at home like soap, salt and paraffin; I have been in position to save money and with the savings, I intend to start a pineapple growing project, go back to a vocational institution to acquire more skills.”*

### Innovations and learning

1. Child protection cannot be effective if key stakeholders are not adequately engaged if a wider voice to support the MVCs is to be effected
2. The OVC can only be transformed with deliberate efforts to enhance their participation and in order to achieve success; most vulnerable people need to be prioritised.
3. The involvement of MVCs in programming cannot be achieved without changing their attitudes and perceptions
4. Integration of development targeting affected children may not necessarily be achieved by one set of intervention
5. Challenges facing vulnerable households are integral and therefore for interventions to be effective, should target care providers in the household.

### Recommendations

1. Advocacy for the MVCs should be integrated in programming with intentional partner engagement and participation
2. Map out vulnerabilities to ascertain intervention approach for each MVC category
3. Support to the MVC needs to be done in the context of their home environment and community

## 9 Accountability

World Vision recognizes that the essence of accountability is to respect the needs, concerns, capacities and disposition of those communities with whom we work and to account for our actions and decisions.

World Vision Uganda adopted and integrated programme accountability to implement their commitment in ensuring that children, communities and other stakeholders are informed of World Vision programme, consulted, participating, collecting and acting on feedback/complaints.

### A. Providing information

- ✓ Sharing of the ADP plans and budgets during budget conferences
- ✓ Interface meetings on quarterly and annual basis with local government leaders and other stakeholders
- ✓ Children's parliaments and quarterly reflections
- ✓ Validation and discussion of monitoring reports, audit reports, evaluation and baseline reports

#### Outcomes

- ✓ Enhanced rights and duties in service provision and coordinated response to child wellbeing.
- ✓ Concerted child rights advocacy agenda and policy influence.
- ✓ Participatory approach in translation and dissemination of relevant messages.

### B. Consulting with communities

- ✓ Starting of new programs/projects
- ✓ RC registration and selection of beneficiaries
- ✓ Mapping of vulnerabilities and primary focus area selection
- ✓ Scheduling meetings, setting agenda

#### Outcomes

- ✓ Appropriately community priorities/needs were identified
- ✓ Ownership and sustainability of WVU interventions
- ✓ Joint implementation and monitoring of World Vision interventions.

### C. Promoting participation

- ✓ Participatory planning and budgeting processes preceding annual plans; redesign and evaluation processes for five programs in 2013 were highly participatory
- ✓ joint monitoring of program activities with sub county and district leadership
- ✓ Implementation of programme activities
- ✓ Working with established government structures like PDC, VHT, water and children committees
- ✓ Contributing resources to match WV funding e.g. locally available materials, periodic subscription fees
- ✓ Working with beneficiaries, children and guardians of RCs in monitoring children and program interventions
- ✓ Integration of plans and budgets into the district development plans

#### Outcomes

- ✓ Ownership by beneficiary communities
- ✓ Effective selection of programme beneficiaries

### D. Collecting and acting on feedback and complaints

- ✓ Whistle blower with hotline to the country disclosure focal person.
- ✓ Feedback to un successful shortlisted job applicants and consultants/suppliers that were not successful
- ✓ Suggestion boxes used to capture the complaints from staff and community.
- ✓ Implicated personnel have been held accountable
- ✓ Enhanced project effectiveness and accountability
- ✓ Appropriate action taken on identified project gaps
- ✓ Improved trust from clients, beneficiaries and service providers.

Innovations and learning	Recommendations
<p>I. Intentional implementation of programme accountability is essential in improving quality of our programming</p>	<p>1. Need to improve on mechanisms to ensure feedback and complaints is done e.g. suggestion boxes in operational areas</p> <p>2. WorldVision in collaboration with other partners need to establish formal mechanisms of feedback and complaints handling based on those selected by the community</p>

## 10 Conclusion

The NO having learnt from the three year of annual reporting has continued to improving on delivery of quality programs and will continue to implement specific recommendations highlighted in this CWB report.

### Key learning

- ✓ Standardizing tools, reporting and intentional tracking of indicators is the best way of ensuring program alignment to strategy
- ✓ Parallel reporting systems undermine efforts for having a unified M&E system for program quality delivery and accountability.
- ✓ Even when programs are aligned to the strategy, it is not a guarantee that they will deliver on program quality unless there is intentionality to track progress. This comes from the background where 46 programs showed contribution to the CWB reporting, however in some cases only 7% of programs contributed to a specific indicator either due to failure to measure the indicator at outcome monitoring or very few programs are contributing to it. *“I was surprised when my ADP Buhimba was missing in the report, but I realized that Buhimba did not realign to NO strategy”* Sajjabi ADP manager Hoima.
- ✓ Intentional inclusion of staff at all levels in writing of CWB report enhances ownership of findings; it also motivates them to address existing gaps in their programming in relation to providing relevant timely and evidence based data in their reports

### Key recommendations

- ✓ Continue to Improve program alignment to strategy so that all programs report on child wellbeing indicators
- ✓ Continue instituting a system for holding staff at all levels accountable on CWB reporting and delivery of quality programs
- ✓ Scale up process and outcome monitoring in all ADPs across the country
- ✓ Staff at different levels to continue participating in CWB reporting
- ✓ Ensure all programs and projects adapt the annual CWB reporting processes and formats for reporting on CWBO/T at cluster level
- ✓ An integrated M&E system with standard process, procedures and tools will be adopted across the program. Grants funded projects should be integrated in the main theme reporting systems at all levels
- ✓ Involvement of community members and children in producing CWB report
- ✓ Use of lessons generated from the reporting process to inform decisions
- ✓ Strengthen capacity for quality reports through good measurement and documentation.

## II Annexes

### Acknowledgement

The substantial achievement of completing this third CWB report, in time history of WVU reporting on CWBO is due to the tireless efforts and contributions of staff within and outside World Vision Uganda. Gratitude and deep regards goes to the National Director, Gilbert Kamanga, the Integrated Programmes Director, Tom Mugabi and other members of senior leadership for their overall leadership and guidance in compiling this report. Special credit also goes to the Programme Managers and the Community Development facilitators for their efforts in contributing to improving child well-being status summarized in this report.

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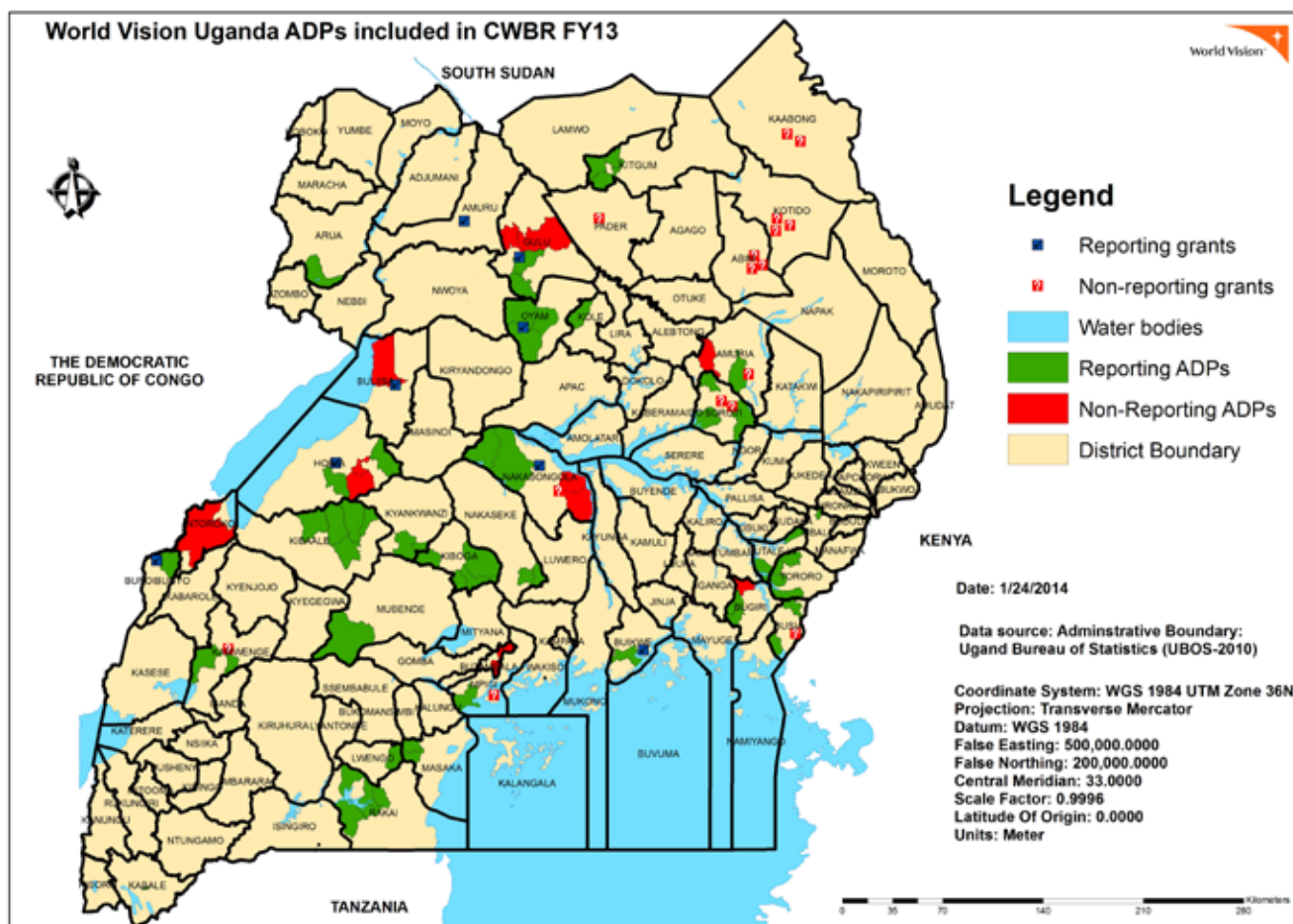
World Vision Uganda

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12. World Vision Uganda: (2013) ADP Baseline Reports
13. World Vision Uganda: (2013) ADP Evaluation Reports
14. World Vision Uganda: (2013) Annual Management Reports from 45 ADPs
15. World Vision Uganda: (2013) Outcome Monitoring Reports from 46 ADPs
16. World Vision Uganda: (2013) Vision Fund report



## Map of Uganda - WVU operations



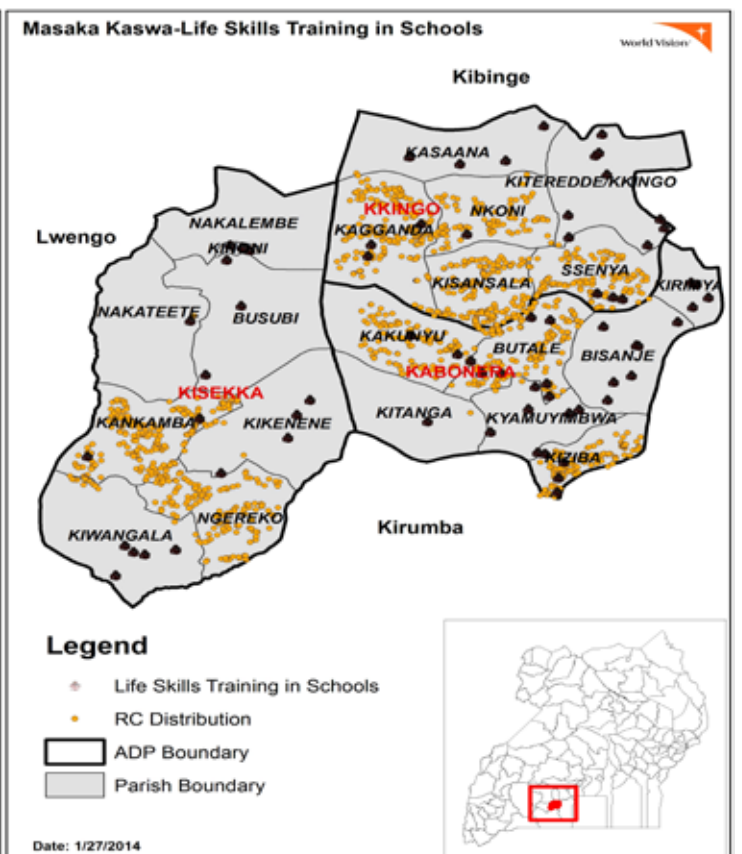
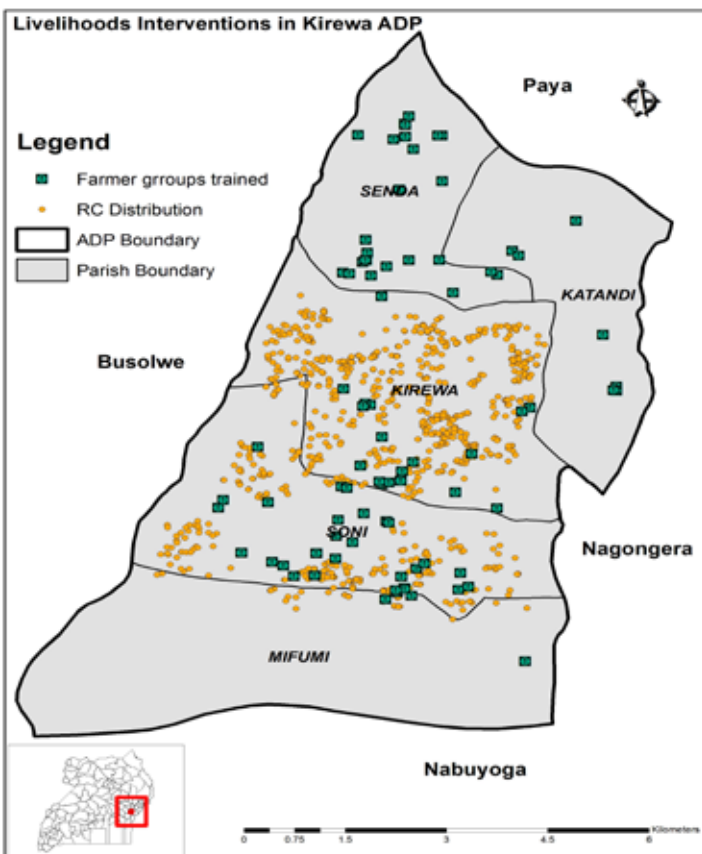
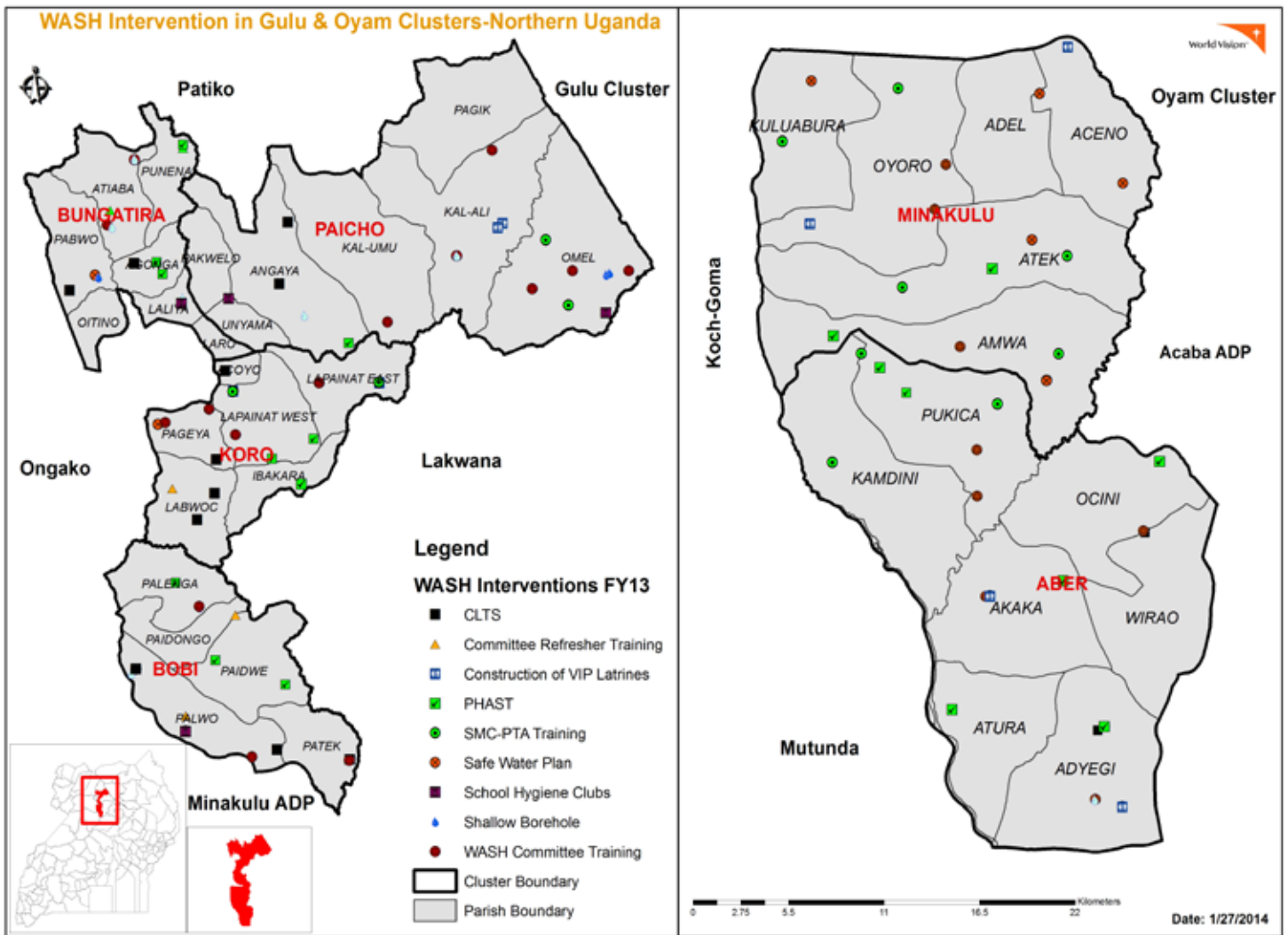
### ADPs and reports reviewed

#### ADP

- Aber
- Aboke
- Acaba
- Asamuk
- Budumba
- Busia T/C
- Busiriba
- Busitema
- Buwunga
- Buyamba
- Gweri
- Iyolwa
- Kachonga
- Kakindo
- Kamuda
- Kamwenge
- Kasamba
- Kasangombe
- Kasitu
- Katwe
- Kibiga Mulagi (KIMU)
- Kirewa
- Kiryanga
- Kitgum
- Kiziranfumbi
- Koro-Bobi
- Kyabigambire
- Kyalulangira
- Lunyo
- Lwamaggwa
- Masaka Kaswa
- Minakulu
- Morungatuny
- Nabiswera

- Nabuyoga
- Nalweyo
- Namanyonyi
- Nankoma
- Ngogwe
- Nkozi
- North Rukiga
- Ntweetwe
- Offaka
- Paya
- Rakai Kooki
- Tubur
- Other reports**
- Church Partnership
- HEA
- Child health now
- Lokole Parabongo ARP

# Integration of GIS solutions in monitoring



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