



World Vision

Uganda



CHILD WELL-BEING REPORT

FY 2015



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List of Acronyms

ADP	Area Development Program	LLIN	Long Lasting Insecticide Nets
AIDS	Acquired Immune Deficiency Syndrome	LQAS	Lot Quality Assurance Sampling
ARI	Acute Respiratory Infections	LVCD	Local Value Chain Development
ART	Anti-Retroviral Therapy	M&E	Monitoring and Evaluation
BCC	Behaviour Change Communication	MAAIF	Ministry of Agriculture, Animal Industries and Fisheries
CBO	Community Based Organisation	MNCH	Maternal Newborn and Child Health
CFS	Child friendly Spaces	MOES	Ministry of Education and Sports
CLTS	Community Led Total Sanitation	MOH	Ministry of Health
CPA	Child Protection and Advocacy	MOU	Memorandum of Understanding
CPC	Child Protection Committee	MVC	Most Vulnerable Child
CVA	Citizen Voice and Action	NGO	Non-Governmental Organization
CWB	Child Well-being	ORS	Oral Rehydration Salts
CWBO	Child Well-being Outcomes	ORT	Oral Rehydration Therapy
DM&E	Design Monitoring and Evaluation	OVC	Orphans and Vulnerable Children
DPA	Development Program Approach	PMTCT	Prevention of Mother to Child Transmission
DRR	Disaster Risk Reduction	RMNCH	Reproductive Maternal Newborn and Child Health
EARO	East African Regional Office	SCALE	School Community Accountability for Literacy Enhancement
EMIS	Education Management Information System	SLT	Senior Leadership Team
ECaP	Empowering Children as Peace Builders	SMC	School Management Committee
ECD	Early Childhood Development	TtC	Timed and Targeted Counseling
EMIS	Education Management Information System	UBOS	Uganda Bureau of Statistics
FAO	Food and Agricultural Organisation	UCRNN	Uganda Child Rights NGO Network
FMNR	Famer Managed and Natural Regeneration	UDHS	Uganda Demographic Health Survey
FY	Financial Year	UN	United Nations
GC	Global Center	UNHCR	United Nations High Commissioner for Refugees
GIK	Gifts In Kind	UNICEF	United Nations Children's Education Fund
HEA	Humanitarian Emergency Affairs	USD	United States Dollar
HIV	Human Immune deficiency Virus	VHT	Village Health Team
HMIS	Health Management Information System	VSLA	Village Saving and Loan Association
ICCM	Integrated Community Case Management	WFP	World Food Program
LEAP	Learning through Evaluation with Accountability and Planning	WVI	World Vision International
LLIN	Long Lasting Insecticide Nets	WVU	World Vision Uganda

Foreword by the National Director



Dear Colleagues,

FY 15 has been a remarkable year for World Vision Uganda. Building on the achievements of the previous year, we enabled vulnerable households live a dignified life. This report outlines key learnings and achievements realized in the year towards improving child well-being. It is structured around the National Office Strategy 2013-2015 whose goal was to contribute to improved and sustained well-being of 1,300,000 most vulnerable girls and boys in Uganda by 2015.

Operating in 71 (63%) out of the 112 districts in Uganda, World Vision Uganda implemented projects in 53 Area Development Programmes (ADPs), four major grants and 25 small private non sponsorship projects. During the year, we continued to meet our obligations towards sustaining CWB outcomes in the communities we serve.

We celebrate a total of **19,363** children immunized, **84** classrooms constructed, **1300** teachers (822 Females and 478 males) trained in training instruction methodologies, **9570** households reached with improved agricultural technologies, knowledge and information, **287** child protection clubs equipped and **11,562** children reached with life skills to mention but a few.

What is key is that behind every statistics presented in this report, there is a human story. The individuals and households whom we reached are our champions together with the village health teams and many other volunteers who made it happen.

WVU has developed a new strategy (2016 – 2020) that will build on the successes of the previous years. We look forward to a WVU that will continue to collaborate and engage with both internal and external stakeholders as we address child wellbeing issues in Uganda

Thank you all

A handwritten signature in black ink, appearing to read 'Gilbert Kamanga', written over a light blue rectangular background.

Gilbert Kamanga (National Director)

Executive Summary

This report is a summary of World Vision Uganda's contribution to children wellbeing. Its overall purpose is to provide information on key learnings, change stories and innovations related to child well-being for improved programming.

It is structured around the National Office's Strategy for 2013-2015 and highlights the progress towards child well-being outcomes in 53 programmes, four large grants and 25 private non sponsorship projects. It analyses all four CWBO target indicators and the National Office strategic objectives.

World Vision Uganda approach to CWB is to facilitate empowerment of communities, work with partners, the government and other actors to contribute to its goal of improved and sustained wellbeing of 1,300,000 most vulnerable girls and boys in Uganda by 2015.

The major CWB issues WVU is trying to address include among others: maternal and child health, malnutrition, access to health services; small scale subsistence farming depending on hand hoes; high school dropout rates; child neglect, defilement, and breakdown in child protection systems.

In order to realise key successes highlighted below, WVU integrated proven approaches that include among others: Citizen Voice and Action, Child Protection and Advocacy, Channels of Hope Basic Education Improvement Plan (BEIP), Farmer Field Schools (FFSs), Timed and targeted counselling and **PD hearth**

Some of the challenges experienced were weak government service delivery, household food insecurity, drought, ethnic conflict in Rwenzori sub region and low revenues.

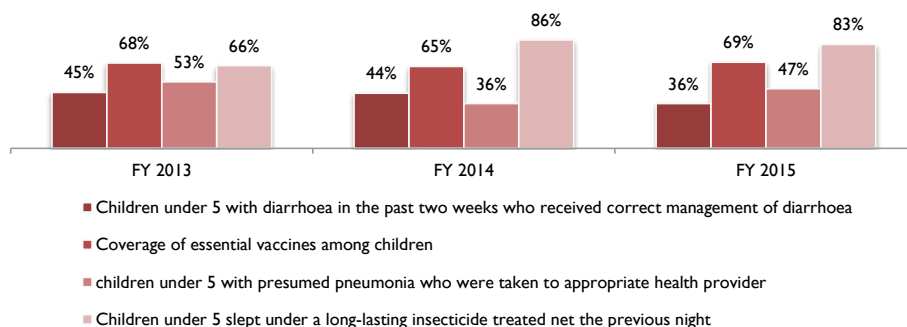
Key learning from the findings and this reporting process

- ✓ Limited flexibility on allocation of resources to respond to context needs leading to uneven pattern in performance of indicators. For example in Kimu and Ntwetwe the health related indicators are good but it is the opposite for poverty at household levels.
- ✓ Performance in some indicators was affected by the context like electioneering that requires being cautious and developing contingency plans.
- ✓ Food security contributes significantly towards achieving other child well-being outcomes like nutrition, household income, and school attendance.

Key successes are highlighted below according to different strategic objectives

SO1. Improved health and nutrition status of children under five & women in reproductive age

Overall, there is improvement in protection of children from infection and disease as well as access to essential health services. Increased investments in integrated community outreaches ensured access to immunization services particularly for children in hard to reach areas.



6,949 pregnant women received iron supplements



738 trained and functional Community Health Workers provided health services at the household level

19,363 children 0-12 months received age-appropriate immunization

10,457 pregnant women were offered and accepted counseling and testing for HIV and received their test results

1. Coverage of essential vaccines for children 12-23 months, 18 out of 24 programmes performed above the national average of 52%; of which 12 programmes showed improvement from baseline performance.
2. Management of diarrhea in children 0-59 months using ORT and Zinc, 11 out of 26 Programmes (42%) realized improvements in the treatment gap for diarrhea among children under-five years. Highest and lowest performance is 89% and 4% respectively
3. Management of Acute Respiratory Infections in children 0-59 months, 36% of the Programmes registered performance above both the national average of 72%.
4. Use of LLIN by children under-five, 29 out of 30 programmes registered performance above the national average of 68% and the WVI threshold of 70%.
5. 100% of the 25 programmes performed at or above the national average for pregnant women testing for HIV and receiving results. Highest and lowest performance is 100% and 73% respectively
6. As regards underweight, all programmes with the exception of two program areas (Kaabong and Kotido) achieved a decrease in underweight levels from baseline to levels below the national average of 14%. Highest and lowest performance is 4.5% and 35% respectively
7. Seven out of eight programs showed increase in performance in prevalence of wasting from baseline; highest and lowest performance was 5.3% and 16% respectively
8. Households having year round access to safe water; 22 out of 25 programs registered increase from baseline with 92% of the programs performing above the national average of 65%.

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



- ✓ **9570** households were reached with agricultural technologies, knowledge and information.
- ✓ **456** producer groups with total membership of **12636** savers with a saved amount of **\$247,245**. (WVU MIS Data base, 2015).
- ✓ **679** groups assisted by programmes, total assets worth **383,372,858 million**

1. Year round access to sufficient food at household level, 70 % or 14 out of 20 programmes revealed an increase compared to their baselines. 11 programmes performed above the national average of 30%
2. Households with sufficient diet diversity, 10 out of 18 programmes showed improvement compared to baseline. Highest and lowest performance was 87% and 34% respectively.
3. Households having at least 2 meals per day, 16 out of 24 programmes showed improvement from baseline. Highest and lowest performance is 97% and 54% respectively

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



- ✓ **375,600** children reached directly in 626 primary schools of 35 ADPs
- ✓ **1300** teachers (822 Females and 478 males) trained in EGRA methodology
- ✓ 84 classrooms constructed
- ✓ **30,414** boys and girls participating in school curricular and co-curricular activities
- ✓ **600** School Management committee members trained
- ✓ 612 (Males=316, Females=296) youth supported for vocational skills

1. On functional literacy in children at primary six, 16 out of 19 programmes performed within or above the national average of 40.0%; 10 out 19 (52.6%) programmes reported an increase from their baseline. Highest and lowest performance is 76% and 22% respectively
2. Completion rates at primary seven, 15 out of 19 Programmes showed an improvement from the baseline. Only two programmes show completion rates above the national average of 71%. Highest and lowest performance is 82% and 20% respectively

3. For the 12-18 year olds demonstration of life skills, 9 out of 10 programmes performed at or above the national average of 37.0%, 6 out of 10 programs showed increase from baseline.

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

1. For adolescents thriving on the ladder of life, 12 out of the 20 programmes performed above the baseline with Kyabigambire (a district?) having the highest increase of 69%. Only 5 programs showed performance above WV threshold of 50%.
2. Regarding adolescents who have strong connection with caregivers, 9 out of 13 programmes performed above the WV threshold (50%); highest and lowest performance is 84% and 51% respectively and only 5 programs showed improvement from baseline



- ✓ Supported 53 community child development forums attracting **5,653** parents,
- ✓ **7,049** children reached in five child friendly spaces for refugee children affected by the South Sudan conflict
- ✓ **7,564** community members to identify, respond and prevent child abuse, neglect and exploitation of children
- ✓ **287** child protection clubs equipped **11, 562** children reached with life skills for their protection

1.0 Introduction

This report is a summary of World Vision Uganda contribution to child wellbeing and has been structured around the National Office's Strategy for 2013-2015. It highlights progress toward child well-being outcomes in 53 programmes, four large grants and 25 private non sponsorship projects. Analysis on all four CWBT indicators (report on children increased level of wellbeing, protection from infection and disease, nourishment and ability to read at 11 years. The overall purpose of this report is to provide information on key learnings, change stories and innovations related to child well-being for improved programming.

1.1 FY 2013-2015 Strategy

Goal: World Vision Uganda will contribute to improved and sustained well-being of 1,300,000 most vulnerable girls and boys in Uganda by 2015. This will be achieved through the following five strategic objectives (SOs). See strategy map in the annex

- SO1 Improved health and nutrition status of children under five & women in the reproductive age
- SO2 Improved food security and community resilience among the most vulnerable populations
- SO3 Improved equitable access to and quality education for girls and boys
- SO4 Increased protection, care and nurture of girls and boys

The 2013-2015 has now completed its 3rd and final year of implementation. 2015 is also a transition year in which WVU developed a new 2016-2020 strategy where WVU treasures concerted efforts and collaboration with its stakeholders/partners to ensure its operations have maximum impact on the wellbeing of children, especially the most vulnerable.

Levels of change and progress achieved

The table below shows standard indicators WVU has been tracking over the period of three years. At the beginning of the strategy 2013-2015, WVU did not set targets for the different indicators being tracked. Different programs also conducted baselines in different years; only one indicator data was not available (N/A) for baseline. Data shows 55% of indicators increased in performance from baseline and the rest shows a drop and details on trends are explained in each of the indicators under progress made for the different sectors.

Table 1 progress made on standard indicators

Standard indicator	Indicator performance			
	Baseline	FY2013	FY2014	FY2015
Proportion of adolescents who report having birth registration certificate	N/A	47.7%	51.5%	43.2%
Proportion of adolescents who have a strong connection with their parent or caregiver	40.80%	57.6%	63.4%	56.5%
Proportion of adolescents who rank themselves as thriving on the ladder of life	31.40%	34.5%	39.5%	35.2%
Coverage of essential vaccines among children	70.60%	68.1%	65.3%	68.7%
Proportion of children under 5 with presumed pneumonia who were taken to appropriate health provider	75.20%	52.9%	35.7%	47.4%
Proportion of children under 5 with diarrhea in the past two weeks who received correct management of diarrhea	51.50%	44.6%	43.9%	35.6%
Proportion of households where all children under 5 slept under a long-lasting insecticide treated net (LLIN) the previous night	65.10%	65.8%	86.4%	82.8%
Proportion of women who were offered and accepted counseling and testing for HIV during most recent pregnancy, and received their test results	78%	91.8%	85.5%	89.8%
Prevalence of underweight in children under five years of age	15.20%	12.3%	12.1%	11.7%
Prevalence of wasting in children under five years of age	3.60%	1.7%	9.2%	9.4%
Proportion of children who are functionally literate	23.10%	45.7%	44.4%	54.5%

1.2 Key changes based on last year's recommendations

Several recommendations were made in last year's CWB report based on different sectors, however the following four are critical because other recommendations have been taken care of in the following actions

Table 2 recommendations and key changes

Recommendation	Key action/changes made	Challenges encountered	Result of the change
The board should hold SLT/ management accountable in implementation of CWB recommendations.	Institutionalised SLT/Board joint project monitoring visits. This informed their understanding of operating context and guided formulation of appropriate policies for effective delivery of CWBO.	None	The household development model piloted in Rakai has been recommended for scale up.
All key priority indicators should be tracked and reported on by all programs, reported on and resources redirected towards indicators that are performing poorly.	Child well-being monthly tracking tool was developed and currently World Vision effectively tracks achievements and budgets against CWBO.	It took time for program teams to appreciate and use the new reporting tools	This tool is being used to track performance on monthly basis
SLT should ensure all programs and projects are supported to scale up project models and technical programs	For effective contribution to CWBO, World Vision Uganda aligned all programmes and	It took a long time to convince support office to buy in the new	There is increased utilisation of project models at program

that have proven effective in increasing access to services and addressing high demand generated through community mobilization	structures to 2016 – 2020 Strategy consistent with LEAP 3 framework.	strategic direction WVU was taking	levels with this alignment
Develop detailed protocol for guiding data collection, analysis and reporting with a focus on sector standards in interpretation of findings.	WVU has developed data management tools and protocols	Data quality remains a challenge in some programs	Compared with previous years, there is great improvement in quality of data coming from programs

1.3 Key learnings from child well-being reporting

- ✓ Limited flexibility on allocation of resources to respond to context needs leading to uneven pattern in performance of indicators. For example in Kimu and Nwetwe where there is commendable performance in health related indicators but the contrary for poverty at household.
- ✓ Performance in some indicators was affected by the context such as electioneering. We therefore need to be cautious and develop contingency plans
- ✓ Food security contributes significantly towards achieving other child well-being outcomes like child nutrition, household income, and school attendance.

1.4 Context factors

Table 3 context of CWB

External	Internal
Environmental <ul style="list-style-type: none"> • Some parts of the Eastern region experienced a long period of drought from December 2014 to March 2015 • Cholera outbreak in some parts of the country 	<ul style="list-style-type: none"> • Some programs in the Eastern belt were affected by this drought which had an effect on the performance of nutrition indicators for children • Integration of proven project models e.g. FMNR and FFS has contributed to improvement in environmental practices • Partnership with Uganda National Meteorology Authority to support farmers to access timely weather and climate information developed in 17 local languages. This has contributed to improvement in agricultural practices and hence food accessibility.
Economic <ul style="list-style-type: none"> • Prices of fuel and commodities continued to rise in 2015. This increased the cost of living 	<ul style="list-style-type: none"> • The increased cost of living resulted in inadequate provision to children well-being • Drop in sponsorship funding and premature closure of LIFE project affected WVU delivering on the CWB promises. Drop in performance in some of the indicators is because most of the caregivers are not coping with the increasing commodity prices for providing well for their children
Peace building: <ul style="list-style-type: none"> • Inter-tribal tensions in Bundibugyo and Kasese districts have led to loss of life and displacement of some communities who are currently in IDPs 	<ul style="list-style-type: none"> • Tribal conflicts in Kasitu ADP (Bundibugyo District) resulted in interruptions of programme implementation.
Political <ul style="list-style-type: none"> • Political campaigns begun from June 2015 and concluded in February 2016 leading to election of political office bearers right from Local Council I-V, members of parliament and the President. 	<ul style="list-style-type: none"> • Political campaigns affected 100% of programmes and this interrupted programme implementation hence affected CWBO.

<ul style="list-style-type: none"> • Due to conflicts in neighbouring countries, Uganda is currently hosting a total of 426,444 refugees from three countries: (Congo = 191,848, South Sudan= 200,786 and Burundi= 33,810). The government of Uganda together with UNHCR has set up transit centres for delivering emergency assistance to refugees. The Government and host communities have allocated land to refugees in designated settlements in Uganda. Increase in refugee population is leading to scarcity in plot sizes that are shrinking to accommodate new arrivals The Government also: registers and issues civil identity documents to individual refugees; decides on asylum applications and appeals; deploys civil servants, health workers and teachers to refugee settlements; and contributes medical supplies and staff to refugee operations. 	<ul style="list-style-type: none"> • WVU in conjunction with WFP, OPM and other partners have assisted 189,712 Sudanese refugees and their children to access education child protection, and provided food and non-food items
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1.5 About the data

Table 4: data in 2015 CWB report

Issue	Action
Report development	<ul style="list-style-type: none"> ✓ EARO reflection meeting to harmonise the reporting processes ✓ SLT together with specialists and national level functional managers held a meeting to discuss the CWB reporting requirements. ✓ DME garnered data and used it to populate the national level data base. ✓ Sector specialists used data to draft sector specific reports. ✓ A national level two-day stakeholder meeting with program teams, partners, SLT and specialists was held to review draft report from specialists, broaden interpretation; deepen analysis, implications, lessons learned and recommendations. ✓ Members of SLT further read the report to ensure strategic priorities are well articulated and included recommendations. ✓ An editorial team further reviewed the report and had it designed before sharing.
Data sources	<ul style="list-style-type: none"> ✓ Program annual management report, program monitoring reports, grants/HEA reports, data from existing national systems such as EMIS, HMIS and National office M&E database. ✓ Majority of programmes used outcome monitoring data apart from the following that used evaluation data: Tubur, lyolwa, North Rukiga, Kamuda.
National Office's approach to evaluation and outcome monitoring	<ul style="list-style-type: none"> ✓ For evaluations, WVU, worked with consultants and the District Local Government in data collection, analysis, reporting and dissemination of findings. Rigorous cluster sampling technique was employed for quantitative and a comprehensive qualitative approach was likewise employed ✓ For outcome monitoring WVU staff together with community partners were responsible for data collection, reporting and analysis. Programs used both quantitative and qualitative techniques. Quantitative data was collected using smartphones with Global Positioning System (GPS). LQAs was adopted where a random sampling methodology that involved taking a small random sample at supervision, identification of priority areas by indicator. ✓ Evaluation findings were presented to communities, government and other partners to analyse and critique findings as well as provide feedback. ✓ Data validation was done both at community and national level ✓ Sampling methodologies were discussed and agreed upon before data collection; qualitative and quantitative methodologies were used.
Limitations	<ul style="list-style-type: none"> ✓ Lack of most recent data from the landscape to compare with program performance ✓ Competing priorities including strategy baseline, bi annual report, programme implementation and response to requests for proposals

Advocacy Activity/campaign/model	Number of children reached			
	East	West	North	Total
CVA specific numbers in 49 ADPs	11,000	14,000	20,000	45,000
Gulu Water and Sanitation ordinance			27409	27409
End child marriage campaign activities	1,200,000	700,000	300,000	2,200,000 children throughout the country
Global Week of action in following districts: Butaleja, Oyam, Busia, Kabale, Arua, Tororo, Kampala, Mbale, Bugiri, Lira, Kole, Amuru, Kiboga, Mpigi, Rukungiri, Pallisa	2,000,000	1,000,000	1,500,000	4,500,000 children (approximately)
Total				6,772,409



**NATIONAL
IMMUNISATION
DAYS (NIDs / SNIDs)
CARD**

UNEP, MCH
P.O. Box 2272
KAMPALA, UGANDA

IMMUNISATION

... complete the immunisation card

Child's Name	
Age	
Sex	
Address	
Signature	

2.0 Achievements

2.1 Health:



Summary of Logic

Problem

- **386** children aged less than five years die daily in Uganda; over 140,000 every year mainly from preventable causes.
- **60%** of deaths among children under-five years are associated with malnutrition.
- **14%** of children under five are underweight and 33% are stunted
- Disparities in access to health services are the key driver of maternal and child mortality in Uganda.

Causes

- Poor health seeking behavior.
- Low levels of awareness about proper child care, health and nutrition practices.
- Low dietary diversity and high levels of micronutrient deficiencies.
- Food insecurity due to poverty, and adverse climatic conditions.
- Low capacity to hold duty bearers accountable.
- Weak service delivery due to inadequate health financing.

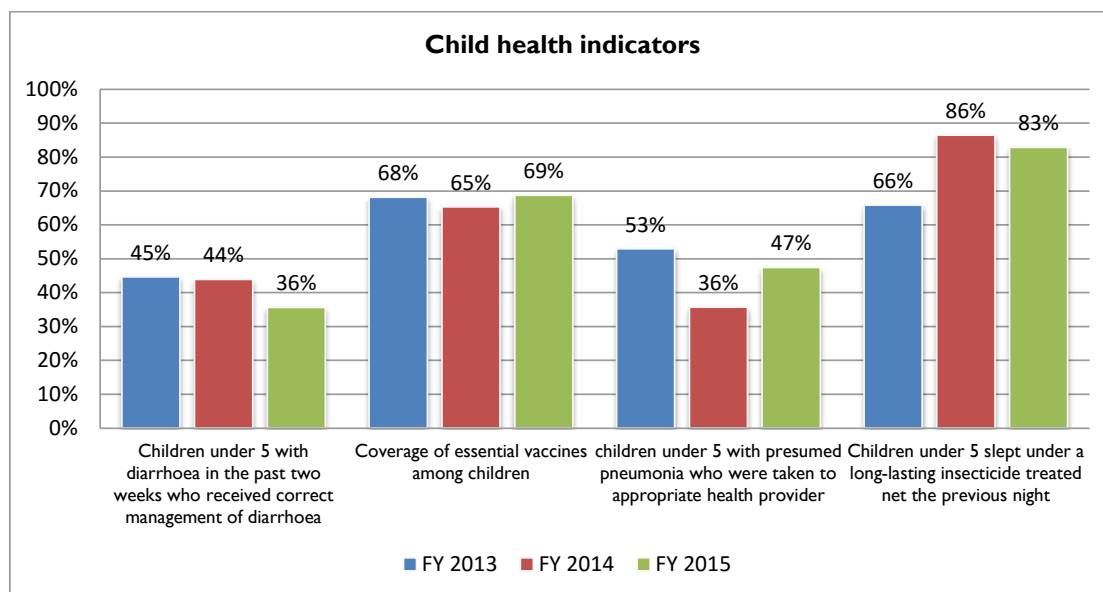
World Vision Uganda' contribution

- In FY 2015, World Vision Uganda gave technical assistance and committed a total of US\$10,238,136 million for implementation of MNCH, Nutrition and HIV programs in 36 ADPs.
- **19,363** children below one year were fully immunized.
- **224,300** children served through growth monitoring and feeding programmes; 129,132 served through GFD
- **5,060** children supported to enroll into community based nutrition Program (PD Hearth) sessions.
- **10,457** pregnant women supported to test for HIV and receive their results.
- **756** district leaders drawn from 108 districts were reached with information on how to improve maternal new born and child health. This improved prioritization of MNCH in districts.
- **14,687** care givers attended nutrition education sessions
- **2,147** children initiated on breast feeding within 1 hour of delivery

Partners: Ministry of Health, UNFPA, UNICEF, Clinton Health Access Initiative, Makerere University, FANTA(U), FHI, Mbarara University, Drexel University, Civil Society Coalition for RMNCH, Uganda Civil Society Coalition on Scaling Up Nutrition (UCCOSUN)

Progress made in health

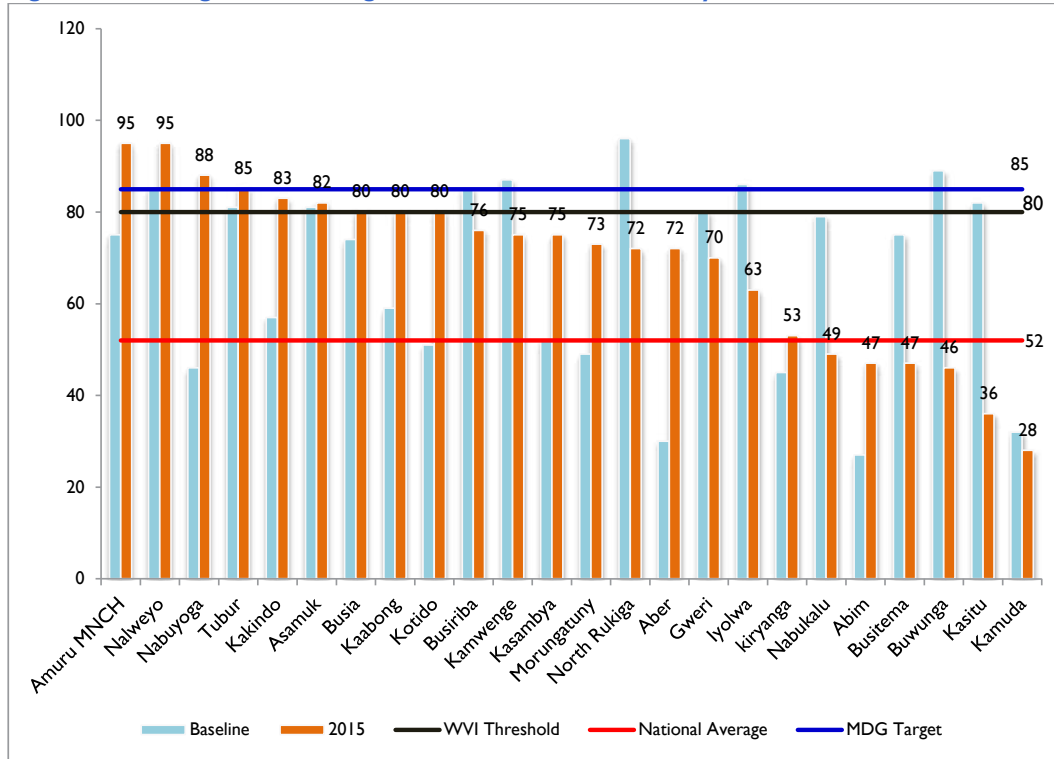
Figure I Summary trends in key child health indicators



Overall, there is improvement in protection of children from infection and disease as well as access to essential health services. Increased investments in integrated community outreaches ensured access to immunization services particularly for children in hard to reach areas. Training, equipping and supporting CHWs (VHTs) to identify and refer children for timely treatment improved management of ARIs among children. Utilization of LLINs by children under five dropped slightly due to decreased BCC messaging that accompanied mass LLIN distribution campaigns in 2014. Children receiving correct management of diarrhea also decreased due to slow uptake and demand for zinc for diarrhea management at community level.

Child Wellbeing target 2 – Increase in children protected from infection and disease

Figure 2 Percentage of children aged 12 – 23 months who are fully immunized



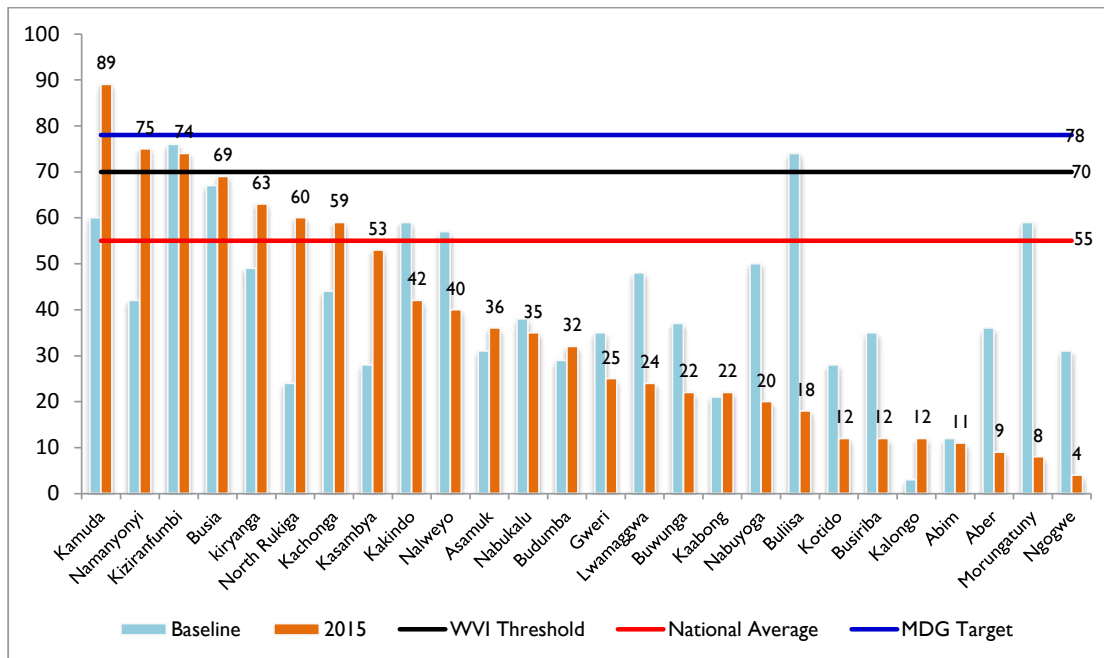
(*Busia and Iyolwa is evaluation data, rest of programs is outcome monitoring data)

"I thank World Vision for training and encouraging VHTs and health workers who go around holding outreaches and mobilizing all the mothers in different villages to go for immunization and that is why all my five children have been immunized" Akumu Teopista, Mawele,

18 out of 24 programmes performed above the national average of 52%; 13 programmes showed improvement from baseline performance. Programmes scaled up support for integrated maternal, newborn and child health community outreaches across health programmes country wide. This has translated into immunization coverage rates above the national average of 52% for the majority of Area Development Programmes. In Amuru district, the MNCH project registered the highest percentage of children 12 – 23 months fully immunized, contributing factors included increased awareness of caregivers through ttC, routine monitoring, follow up and referral of children for immunization by the 300 supported

VHTs who integrated community outreaches resulting to access to immunization services. In the low performing ADPs multiple contextual factors contributed to declines or persistent low performance. In Buwunga ADP, a directive from the district, streamlined outreaches under one partner resulted into inadequate coverage of hard to reach areas, while in Kasitu ADP sporadic conflicts disrupted service delivery to remote locations. Kamuda ADP continued to operate in a context of weak service delivery with low staffing levels and vaccine stock outs affecting immunization coverage.

Figure 3 Proportion of children 0-59 months with diarrhea, who received ORT and Zinc



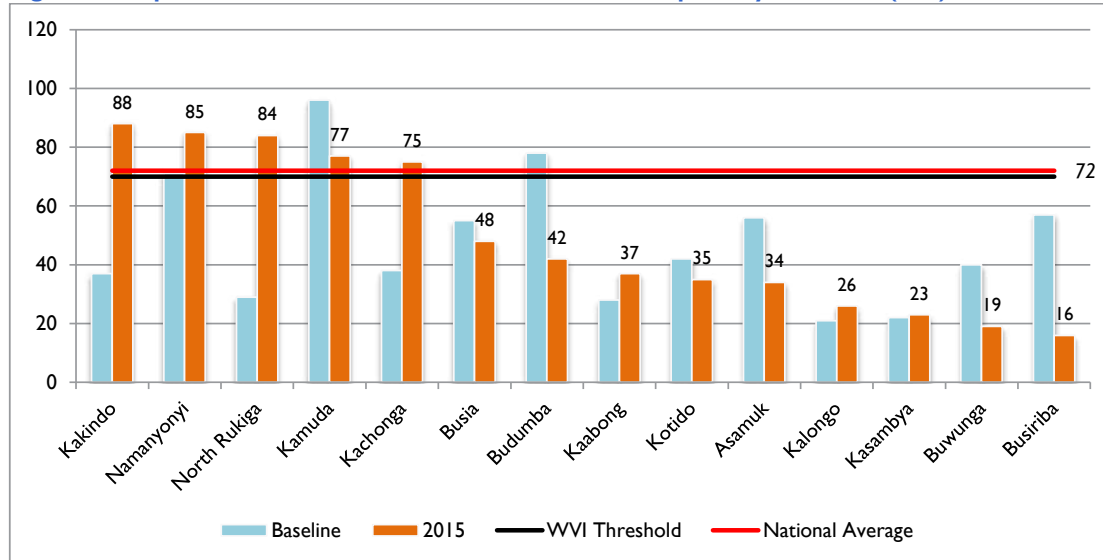
(*North Rukiga and Kachonga evaluation data, rest of programs is outcome monitoring data)

World Vision Uganda has complemented the government of Uganda efforts to scale up ICCM through social mobilization support, referrals and the preventive aspects of ICCM. As a result, 11 out of 26 programmes (42%) that reported on this indicator realized improvements from baseline in the treatment gap for diarrhea among children under-five years. Uganda launched the Protection 2015, which prioritises promotion of the combined ORS/ZINC treatment for children suffering from diarrhea. In Kamuda and Namanyonyi ADPs, training and equipping VHTs for ttC rollout has improved thier functionality resulting into early identification and referral of children with diarrhea to health facilities for treatment. This is a tangible benefit of the ttC model.

World Vision Uganda also entered into a collaboration with CHAI to scale-up demand and utilization of ORS and zinc to reduce child mortality by diarrhea in North Rukiga and Kasambya ADPs. It trained VHTs and provided them with demonstration materials to support transfer of knowledge and skills to care givers in diarrhea management. In these and seven other ADPs, the project trained 927 VHTs specifically in diarrhea management who in turn reached out to over 3000 caregivers in cascade trainings.

However, as indicated the majority of ADPs registered declines in performance of this indicator implying that referral does not automatically translate into appropriate treatment with ORS and Zinc. These declines are most notable in Bullisa and Morungatuny. In these ADPs, access to the ORS/ZINC co-packs remained limited with caregivers resorting to use of ORS only for diarrhea management.

Figure 4 Proportion of children 0-59 months with Acute Respiratory Infections (ARI) who received antibiotics

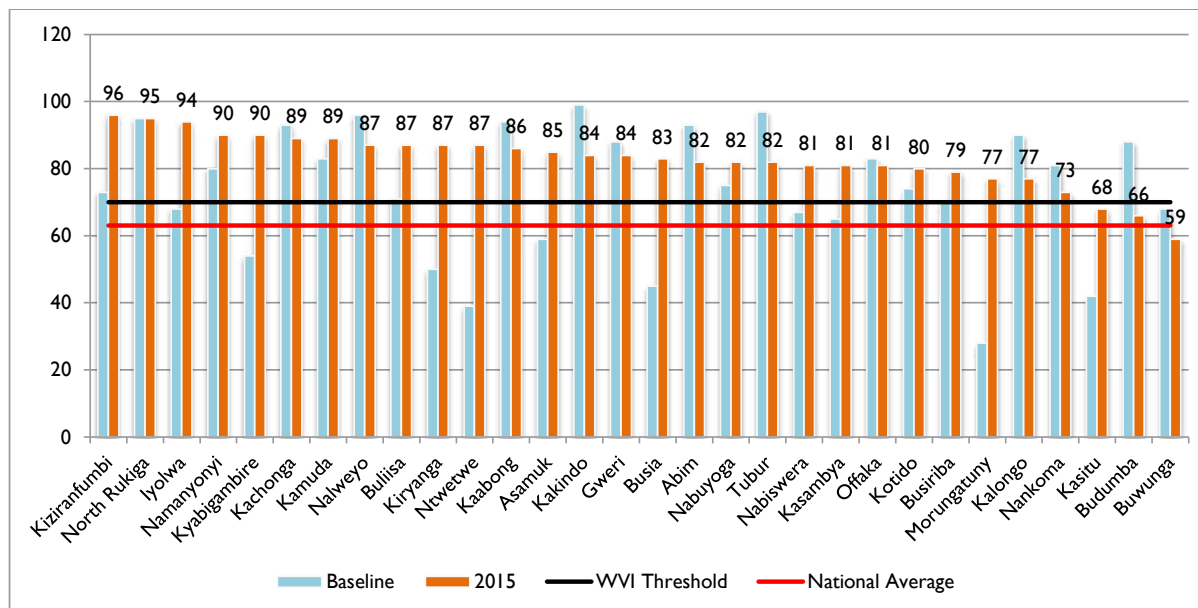


36% of the programmes that reported against this indicator registered performance above both the national average and WVI threshold. As with the management of children with diarrhea, management of children with ARIs was positively influenced by functional VHTs who have been trained, equipped and are supported to provide information and treatment or referral services at household level.

In Kakindo, Namanyonyi and North Rukiga ADPs, World Vision is implementing ttC through 619 VHTs whose household based counselling has led to improved health seeking behaviours, increased service utilization and demand for ARI treatment.

World Vision Uganda piloted the Busiriba ADP as part of a MoH-led national pilot to test a new delivery model in which the National Medical Store (NMS) regularly distributed a pre-determined kit of essential medicines, designed and quantified at the national level to health facilities and VHTs. Although largely effective, preliminary findings from the pilot project indicated that while existing structures have the capacity to integrate iCCM commodities into the national supply chain, challenges in timeliness of NMS deliveries and commodity availability need to be addressed. World Vision will continue to support the prevention and social mobilization components of ICCM in addition to strengthening social accountability in health services provision to address persistent

Figure 5 Proportion of households where all children less than five years slept under LLIN the previous night



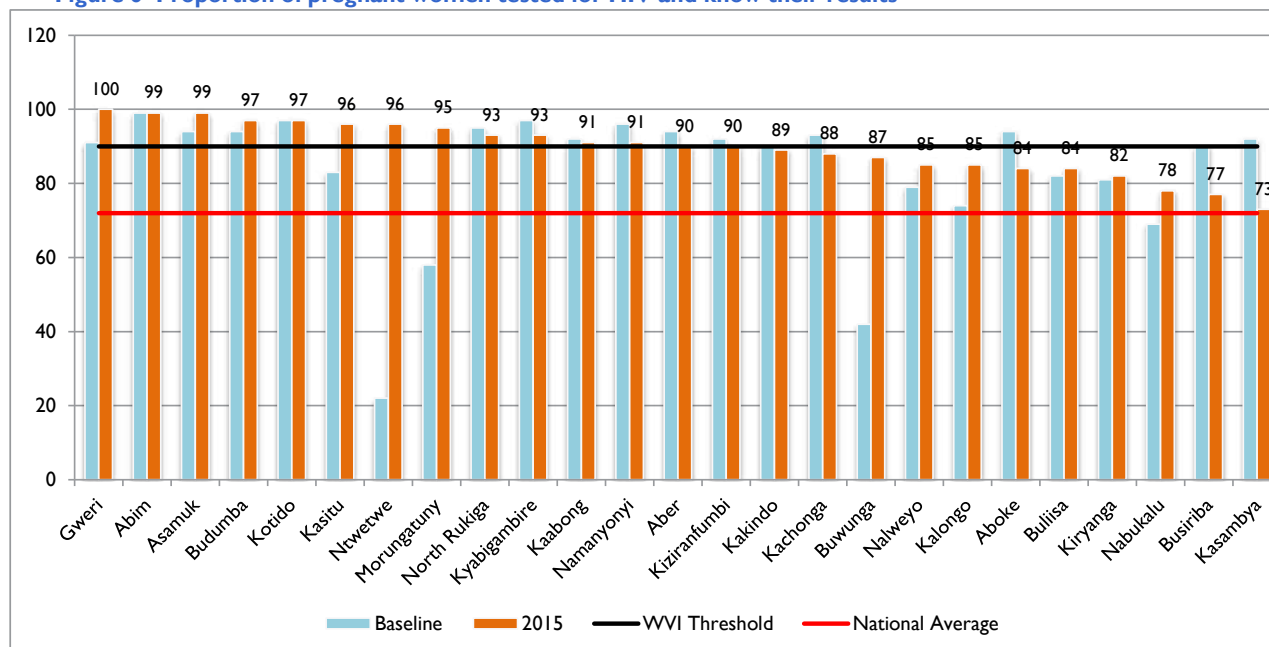
(* Namanyonyi, Kachonga, Busia and Nabiswera is evaluation data, the rest is outcome monitoring data)

29 out of 30 programmes (97%) who reported against this indicator registered a performance above the national average and the WVI threshold. This was attributed to support from World Vision towards distribution of LLINs, behavior change communication and close follow-up in its areas of operation. Kiziranjumbi, North Rukiga and Kyabigambire ADPs supported mass distribution of LLINs in late 2014, through community outreach sensitizations and follow up on adoption practices through VHTs at household level.

For all ADPs, 2015 represented the universal LLIN post-distribution phase. During this period, ADPs focused on sustained behavior change communication interventions mainly through interpersonal communication by VHTs using the timed and targeted counselling model. Evidence from evaluations conducted in Busia and Soroti indicate that barriers to correct and consistent utilization of LLINs such as low perceptions of action efficacy, low perceived self-efficacy and poor perceptions of prevention versus treatment are still persistent.

Once intensive BCC campaigns accompanying distribution of LLINs are not done, communities show a tendency to regress to pre-BCC behaviours, perceptions and practices. The regression is higher between periods when BCC stopped and when outcomes were measured. A few ADPs, therefore, registered declines in LLIN utilization for children below five years compared to the baseline levels. Budumba and Buwunga ADPs for example, which performed at or below the national average and showed decline from baseline were located in districts that benefited from the earliest waves of the universal distribution of LLINs and concurrent BCC campaigns between September 2012 and November 2013. This signals a need to

Figure 6 Proportion of pregnant women tested for HIV and know their results



(*Evaluation data is for Kachonga and for the rest of programs is outcome monitoring data)

All (100%) of the 25 ADPs reporting against this indicator performed at or above the national average. World Vision Uganda effectively integrated c-PMTCT into the timed and targeted counselling model. This was done through addressing c-PMTCT in ttC trainings, training materials, registers and monitoring tools. Community-based PMTCT messages were integrated within ttC and delivered through the same VHT approach. Through this integration, 10,457 pregnant women were tested for HIV and received their results. In addition, World Vision Uganda scaled up support for integrated community outreaches in 36 ADPs. The integrated health outreaches provide immunization services, deworming, Vitamin A supplementation, ANC, PNC, family planning, nutrition education as well as HIV counselling and testing. Through these outreaches, World Vision has ensured increased access to HCT for pregnant women and their spouses. It has also supported procurement of HIV test kits as a stop gap measure which contributed to improved coverage rates.

Change Story: Timed and Targeted Counselling Restores Family Hope

Thirty year old Justine Namuleme with her husband and three children live in Mugereka village, Kigando Parish, Mulagi Sub County, Kyankwanzi District. In this district, HIV prevalence is high at 9.5% compared to the national HIV prevalence rate average of 7.3%. This problem is compounded by the low access and utilization of health services, which has resulted into many people not testing for HIV. Namuleme's family was not any different; they too never tested for HIV.

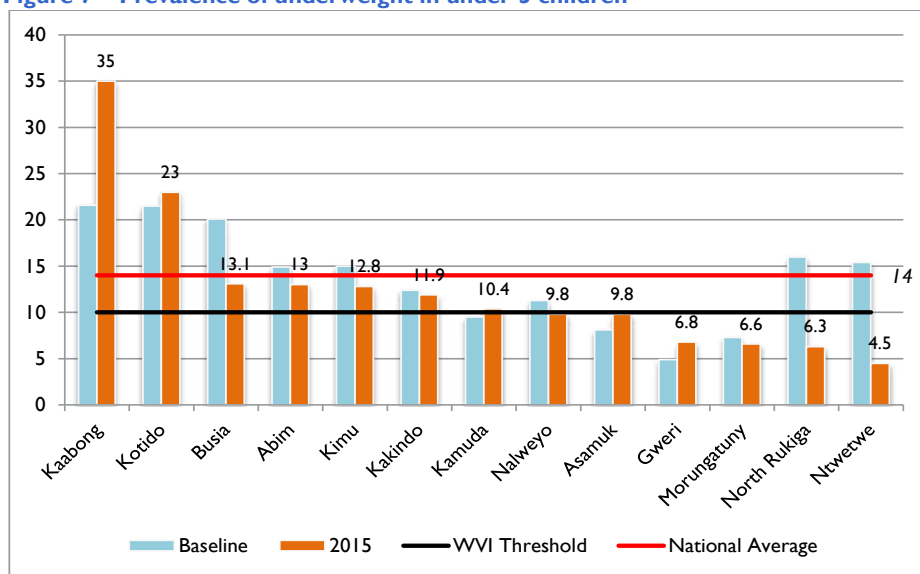
However, this situation improved following the functionalization of the VHT system in the district by World Vision Kiboga programmes. VHTs were trained on a number of packages including the timed and targeted Counselling (ttC) model. When Namuleme got pregnant, she was identified for follow up and counselling by Vincent Kakooza, a VHT member as is stipulated in the ttC guidelines. Kakooza counselled Namuleme on the importance of ANC during pregnancy, which she accepted to attend.

At her first ANC visit, Namuleme was 3 months pregnant and as the routine at all health facilities, she was counselled and tested for HIV. She was shocked when her HIV results were positive. This devastated her and she started worrying about infecting her unborn baby plus the challenges of disclosing her status to her husband. But the cordial relationship and trust she had with Kakooza made it easier to confide in the VHT who promised to counsel her husband and persuade him to take an HIV test. Namuleme's husband took the test and was found HIV positive too.

The young family was sad and traumatized. But the VHT started to visit and offer counseling continuously to the family until they accepted the situation. The couple was then started on ART and with counselling from the VHT managed to adhere. Throughout her pregnancy, Namuleme was supported by her husband and health workers and she delivered a healthy baby girl in Kiboga hospital.

Since the baby was delivered through PMTCT, she was tested and confirmed to be HIV negative. “I felt like a heavy load was lifted off my shoulder realizing my child had survived HIV infection” said Namuleme. All her children are now healthy and two of them in school. This restored hope in their family and since then the family has lived a healthy life and are working harder for the future of their children. Through hard work, the couple has built a house where they live now, and also cultivate a variety of food crops to guarantee a nutritious diet for the family. Namuleme said she is conscious of eating a nutritious diet because her family needs to stay healthy. (Kiboga PPA Project End Term Report, July 2015).

Figure 7 Prevalence of underweight in under-5 children



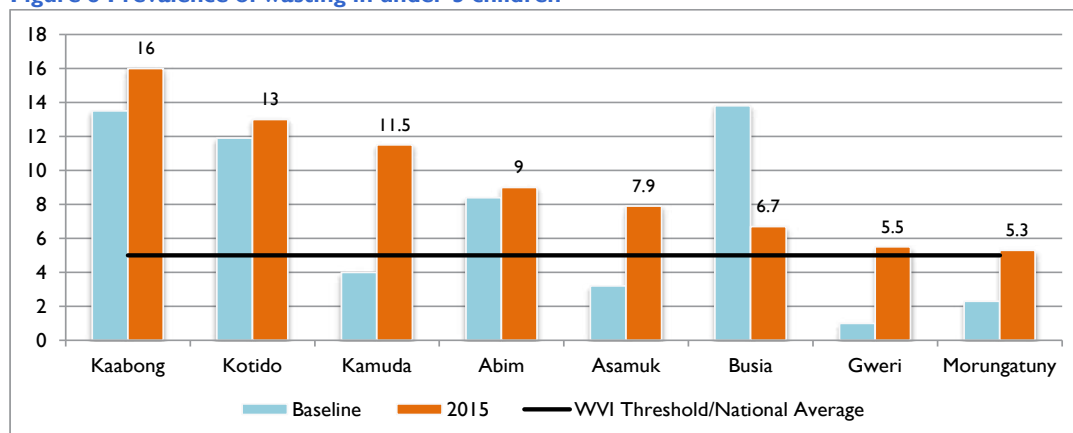
(*Kimu and Nankoma is evaluation data and monitoring data for the rest of the programs)

All ADPs reporting on underweight with the exception of two program areas (Kaabong and Kotido) achieved a decrease in underweight levels from baseline to levels below the national average of 14%. Programmes implemented positive deviance hearth and nutrition care group models to address malnutrition among children aged less than five years. 4900 caregivers were supported to attend nutrition education sessions through 328 nutrition care groups in 11 programmes in nine districts of; Amuru, Kitgum, Kotido, Abim, Kaabong, Ntwetwe, North Rukiga, Busitema, Lunyo, Nkozi and Budde-Kalamba.

Nutrition care groups equipped caregivers with knowledge and skills in the uptake of essential nutrition actions using curricula which integrate knowledge in WASH, family planning and MNCH. In North Rukiga and Ntwetwe ADPs, nutrition care groups were combined with PD hearth which resulted in a notable decline in underweight from baseline status.

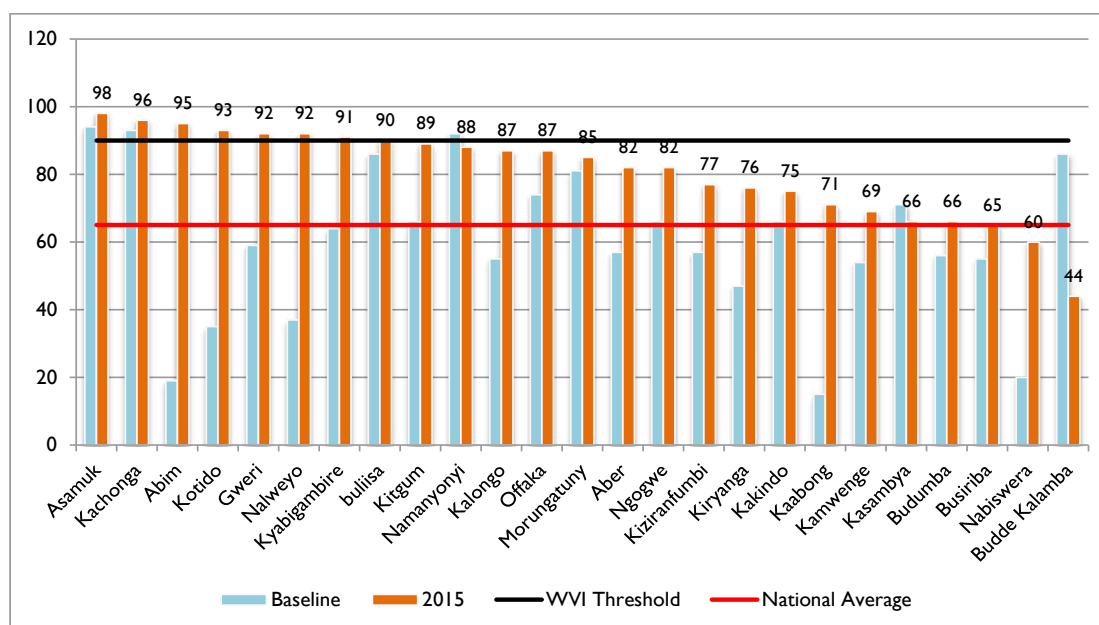
Kaabong, Kotido and Abim are located in Karamoja region where World Vision is supporting 106 nutrition care groups with a total of 1,506 members to achieve changes in nutrition, maternal and child care practices at household level. Although promising results can be observed in Abim, household food insecurity in Kaabong and Kotido persists. 73% of households in Kabong and 65% of households in Kotido are food insecure compared to 26% households in Abim against the regional average of 46%.

Figure 8 Prevalence of wasting in under-5 children



Prevalence of wasting increased from baseline in seven out of eight programs that reported on this indicator. Increasing trends from baseline are partly explained by the reducing or stagnant trends in access to effective treatment for diarrhea in Kaabong, Kotido, Abim, Morungatuny and Gweri. In addition, Kamuda, Morungatuny, Asamuk, Busia and Gweri ADPs are located in the Eastern belt, which experienced a long period of drought from December 2014 to March 2015. Intensification of active case finding of malnourished children through VHTs supported by World Vision combined with increased access to treatment for diarrhea contributed to decline in wasting prevalence from baseline levels in Busia.

Figure 9 Proportion of households with year round access to safe water



(* Kachonga, Namanyonyi and Nankoma is evaluation data, the rest is monitoring data for other programs)

23 of the 25 programs registered an increase from baseline in year round access to water with 92% of the programs performing above the national average of 65%. This is due to interventions by World Vision and other partners in increasing access to safe water by constructing new water points. Budde and Kalamba ADP registered a significant reduction from the baseline. This is due to non-functionality of existing facilities resulting from over usage and failure

to repair. The increased operation and maintenance requirements for the existing water sources due to high population growth rate remain a challenge and there is need to increase the number of draw points, but also to improve collaboration with district local governments and hand pump mechanic associations to ensure ongoing maintenance and timely repairs of established water points.

Most vulnerable children

- ✓ World Vision Uganda supported 68 vulnerable children in Asamuk, Busiriba-Kahunge, Gweri, Kamuda, Kasitu and Kiziranfumbi ADPs with direct medical expenses to cater for illnesses that required referral and management at tertiary facilities. In Kimu, 34% and 33% of OVCs and PHAs respectively accessing health services and support can be attributed to the work of HOPE teams that were trained by the ADP in caring for the most vulnerable children. HOPE teams were able to conduct support, monitoring and home visits to the vulnerable children.
- ✓ 42 children with disabilities were assessed and provided with wheel chairs to ease their movement and this increased their participation of in education and other aspects of life The support was provided in collaboration with child protection committees and Motivation Africa.
- ✓ Programmes provided services for community based rehabilitation of children with severe, moderate and mild underweight. 5,060 children were enrolled into PD Hearth sessions, rehabilitated or referred and followed up.
- ✓ The Mental Health-Gap Action programme worked in Jinja, Kamuli and Kitgum districts. This project reached 193 children using interpersonal group psychotherapy (169 former child soldiers and 24 children with depression.) The project also contributed to the development of GoU policy guidelines on management of children affected by mental, neurological and substance use disorders.

Table 5 Sustainability in health

Sustainability driver	Actions taken to strengthen sustainability
Partnering	World Vision maintained strong partnership with government at national and local levels. Government-initiated programmes included the universal coverage campaign for LLINs, the national pilot for ICCM, continued rollout of Option B+ and expanded programs for immunisation have been supported by World Vision. Within districts of operation, World Vision continued to collaborate with other NGOs such as PACE, Malaria Consortium, UNICEF and CHAI to ensure increased access to life saving commodities for children and women such as antimalarials, ORS/ZINC, antibiotics, family planning commodities and neonatal resuscitation devices. World Vision led a five-member NGO consortium to implement recommendation 7(demand creation) under the Uganda catalytic plan on Life Saving Commodities for women and children.
Local and National level advocacy	Through Citizen Voice and Action (CVA), 16 Area Programmes engaged communities towards improved health service delivery. These include; Aboke, Kitgum, Ntwetwe, North Rukiga, Butaleja, Aber, Nkozi, Offaka, Kiziranfumbi, Kiryanga, Kalongo, Kachonga, Namanyonyi, Budumba, Amuru and Kitgum. World Vision is the secretariat for the CSO Coalition for nutrition and the civil society coalition for RMNCH with the aim of influencing health policies on maternal and child health and RMNCH financing.

Table 6 Key learnings and recommendations

Key learnings	Recommendations
Supply side constraints in the health system present challenges for realizing maximum benefits from demand creation interventions	<ul style="list-style-type: none"> • Strengthen social accountability through CVA in health services provision to address health system weaknesses. • Increase investments in equipment, infrastructure and commodities to support health services provision.
Investment in functionality of CHWs through training, equipping and facilitating household visits has far reaching impact on timely identification and referral of sick children for appropriate treatment as well as active case finding of malnourished children.	<ul style="list-style-type: none"> • Conduct VHT functionality assessments where this has not been done to identify gaps and support district action planning to improve VHT functionality. • Roll out ttC as a core model for community health interventions in World Vision Uganda.
Scale up of interventions to increase food access is critical to strengthen dietary diversity and food utilization interventions through community based nutrition education sessions	<ul style="list-style-type: none"> • Improve efforts to integrate nutrition in agriculture through supporting uptake of bio fortified crops and other approaches to increase availability of food at household level



2.2 Food Security and Community Resilience:



Summary of Logic

Problem

More than 80% of population depend on agriculture, majority (68%) are small scale subsistence farmers using poor farming techniques (use poor seeds, rudimentary/very inefficient technologies/equipment like hand hoes, weather dependent, their resilience not strong (MAAIF, 2010).

Consequences

30% of country pop. (~10.5 million pp) are food insecure (FAO IPC TWG, 2015). More than half of the women are **vitamin A deficient**. 33% children suffer from chronic malnutrition (stunting), 14% are underweight & 5% are wasted (UDHS, 2011). Farmers grow local crops varieties that are less nutritious such as white sweet potato. There is high dependency on staples and cultural beliefs limiting nutrient intake. 9% of the households in Uganda consume one meal per day (UBOS, 2014).

In some cases, families have food access but utilization is a problem where households may not eat the number of required meals because men sell it to earn income thus contributing to gender based violence.

Root causes

- Low production & productivity due to under-utilization of land, declining soil fertility and environmental degradation. Most farmers cannot afford the high cost of agro-inputs and they have limited access to extension services (knowledge, information, and technologies),
- Poor quality of produce due to poor storage and post-harvest handling practices.
- Low value addition
- Limited market access, Low incomes

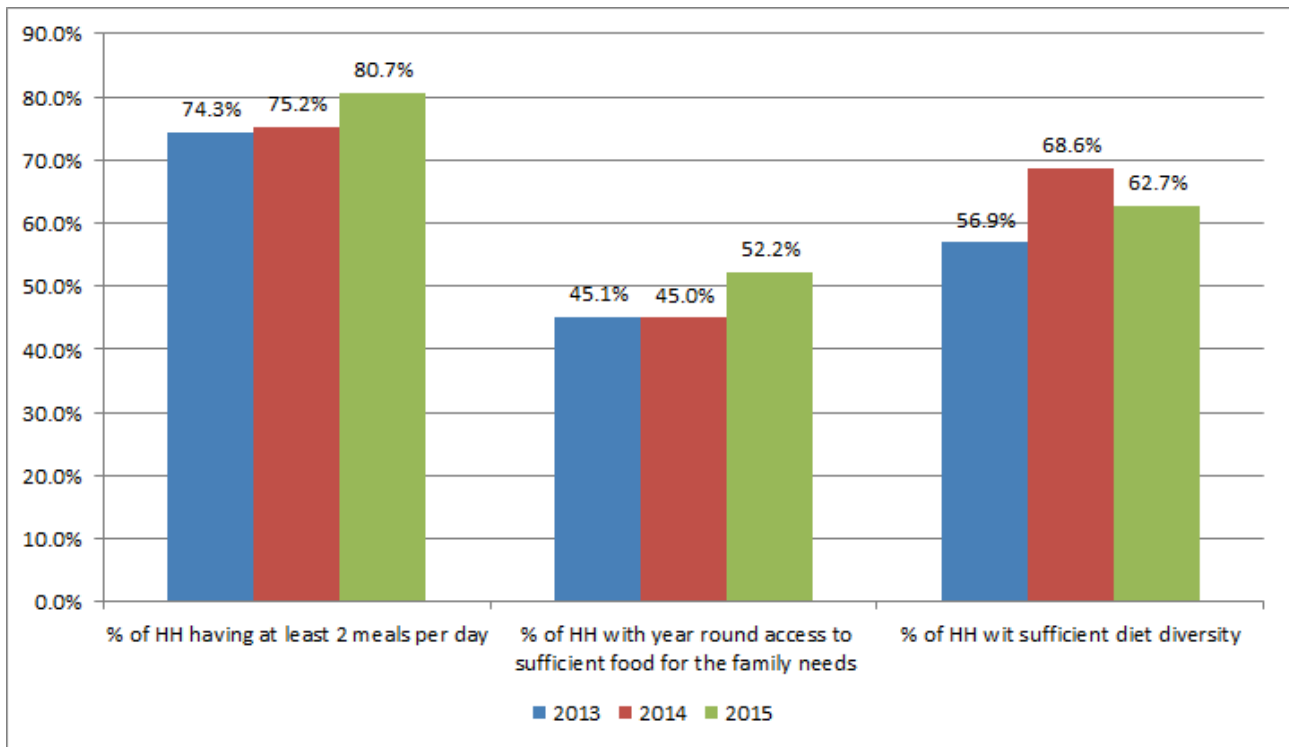
WVU Contribution

- ✓ In FY 2015, World Vision Uganda gave technical assistance and committed a total of US \$10,129,605 million in implementing agriculture, livelihoods and nutrition projects in 43 ADPs.
- ✓ 9570 households were reached with agricultural technologies, knowledge and information.
- ✓ 456 producer groups with total membership of 12636 savers with a saved amount of \$247,245. (WVU MIS Data base, 2015).
- ✓ 679 groups assisted by Programs, total assets worth 383, 372, 858 million

Partners WVU rallied partners from public & private institutions including DLG, NARO, Makerere University, CBOs, HarvestPlus, NGOs/ ACCRA, Vision Fund, AgriNet.

Models 37 programmes used Farmer Field Schools (FFSs), 25 projects and five ADPs used Local Value Chain Development (LVCD)
18 ADPs used Savings Groups
FMNR, Food for work, nutrition smart agriculture, food assistance were also used.

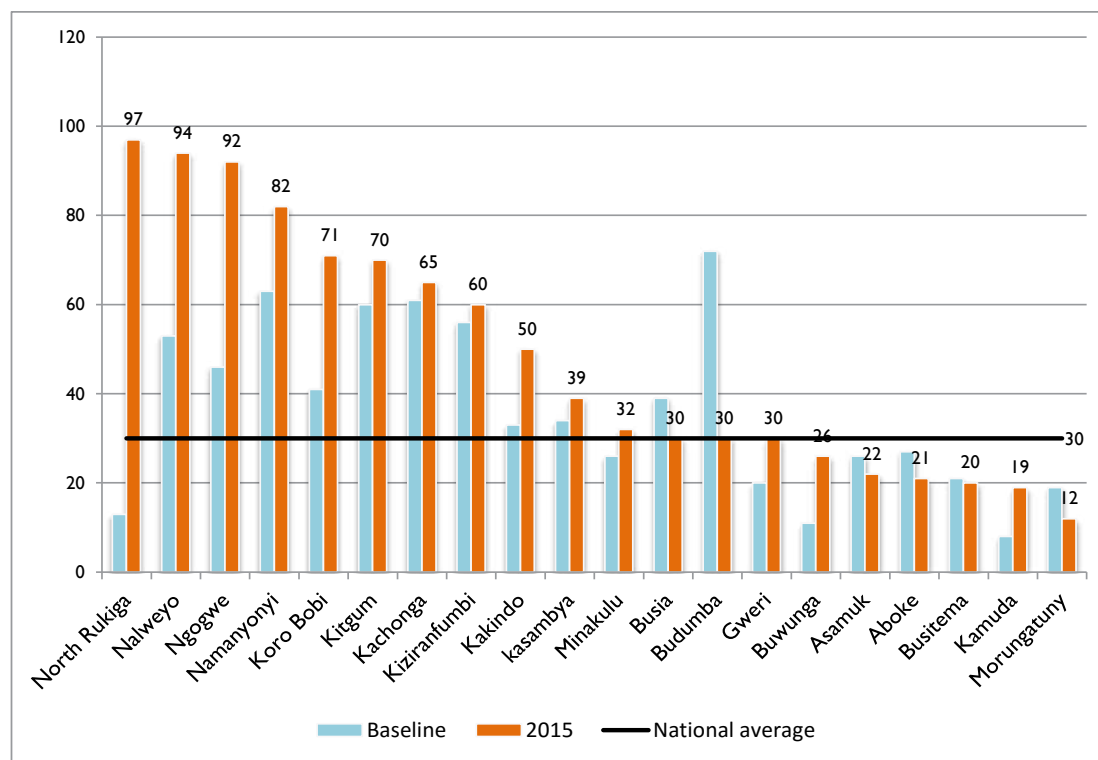
Figure 10 trends on key indicators on food security



The chart above shows a three-year performance trend (2013 – 2015) of the food security and community resilience indicators. There is positive increase with the three indicators apart from diet diversity that shows a drop in 2015. There was improvement in food security indicators that were monitored for the last three years as shown in the graph above. Detailed analysis of each of the indicators is indicated below:

Figure 11 Proportion of households with year-round access to sufficient food for the family's needs

The graph below shows progress made during FY 2015 with indicator outcome measured against respective ADP baseline.



Outcome monitoring reports from 14 out of 20 programmes (70%) in 2015 revealed an increase of households reporting year round access to sufficient food for the family needs compared to their baseline. 11 Area Programmes performed above the national average of 30%. Reasons for these overall improvements across the 14 Area Programmes are attributed to but not limited to the following:

Parents/care-givers were mobilized into over 780 groups and their capacities in food productivity were enhanced through hands on training and demonstration gardens. Over 11,491 farmers gained knowledge and skills in good farming practices. They were also supported with improved technologies and inputs to increase productivity. 2,349 farmers received improved seeds and planting materials of beans, maize, soya beans, cassava, banana, and goats. Others received oxen ploughs and opened more land for cultivation. 271 farmers adopted irrigation technologies, and 1,811 households employed coping strategies to mitigate disasters including planting trees and using energy saving stoves. 560 households used energy saving stoves, 920 farmers practiced agroforestry techniques, and 721 farmers practiced organic farming. This led to improved production and productivity.

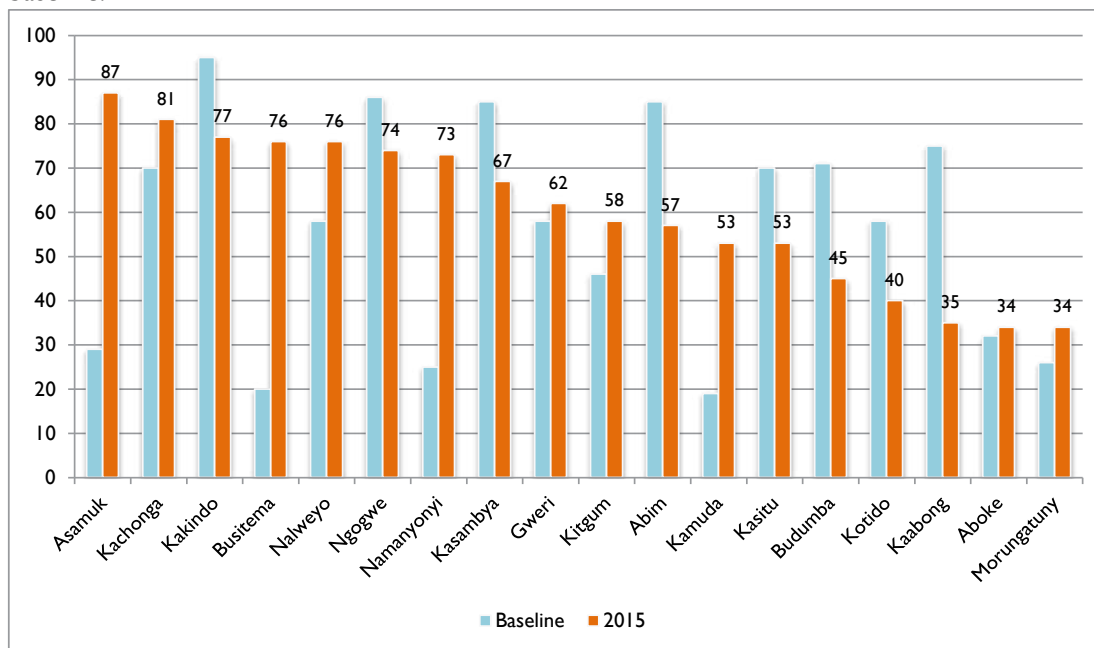
WVU worked in collaboration with strategic partners including district local governments for extension services on good agricultural practices, research and development with institutions (NARO, Makerere University, CBOs, NGOs/institutions including ACCRA) for technologies/best practices. These efforts led to adoption of good agricultural practices, which contributed greatly to increased productivity and availability of various foods. In addition to supporting agricultural production, WVU contributed to formulation of the draft National Seed Policy, which will control the quality of seeds.

North Rukiga excelled with an increase of 84% of the total beneficiaries reporting improved year round access to food. This resulted from improved farmers' capacity to stock from own production, purchase from the market using income obtained from sale of agricultural produce, savings groups, and engaging in income generating activities.

On the other hand, Busia, Budumba, Asamuk, Aboke, Busitema and Marungatuny area programmes that declined in their performance compared to baseline were affected by vagaries of nature like drought, pests and diseases. For instance, in Budumba ADP with the highest decline of 42%, farmers never had good yields/harvests for three consecutive seasons due to drought and slow pace in adoption of improved farming practices. They had not reached advanced stages of integrating climate change adaptation or mitigation measures into their programmes.

Figure 12 Percentage of households with sufficient diet diversity

Dietary diversity is about food availability and knowledge of food utilization. The indicator on sufficient diet diversity was monitored in FY 2015 and the graph below shows progress made against respective ADP baseline.



Regarding households with sufficient diet diversity, 10 out of 18 programmes showed improvement in dietary diversity compared to baseline. This was attributed mainly to: increased adoption of growing nutritious dense foods including bio-fortified crops rich in vitamin A (Orange Fleshed Sweet Potato and High Iron Beans), kitchen gardens, small livestock, and fruit trees. Over 156 acres were planted with orange fleshed sweet potatoes, 126 acres with high iron beans, 1,549 households kept small livestock and 2,594 households practiced kitchen gardening and growing of vegetables in sacks.

This led to improved feeding practices and dietary diversity for better nutrition of children and their care-givers at households' level. For example; WVU collaborated with Harvest Plus in Northern Uganda and Heifer International in Namanyonyi, Kachonga, Budumba, and Paya in Eastern Uganda to promote dietary diversity and boost household production and productivity. At the national level, WVU worked in collaboration with the CSO coalition scaling up nutrition and advocated for implementation of the National Nutrition Action Plan. By the end of FY2015, 10 districts had established District Nutrition Coordination Committees.

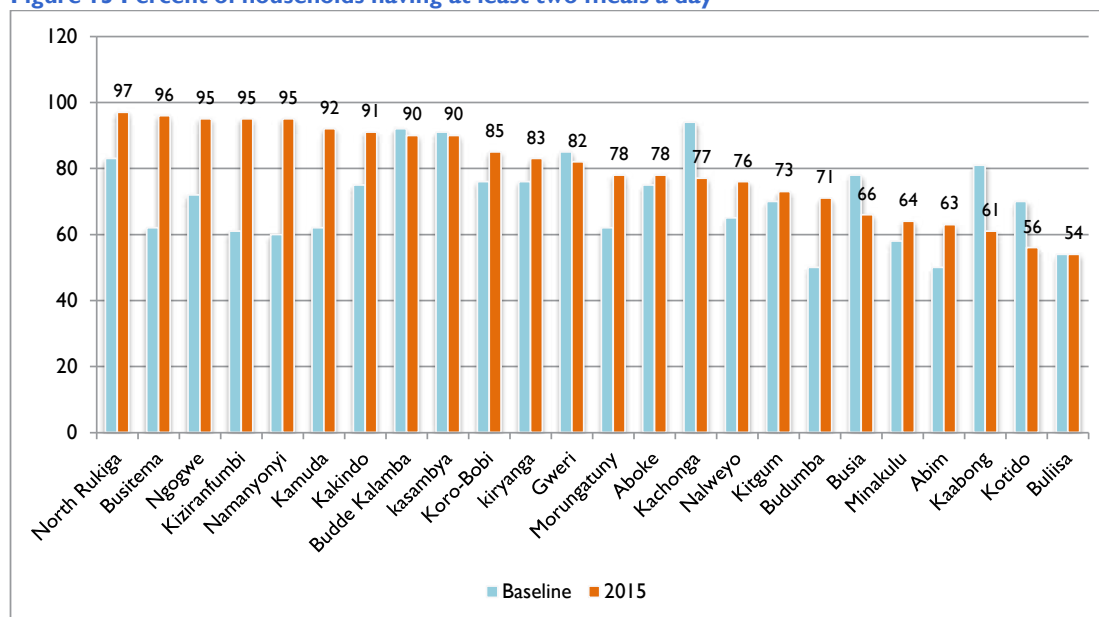
Asamuk registered the highest increment of 58% followed by Busitema (56%), Namanyonyi (48%) and Kamuda (34%). This was as a result of training mothers and care givers on dietary requirements, improved farming technologies, opening of more arable land with the provision of oxen and training on environmental conservation. Farmers were also provided with improved seeds/vines, nutritional information and extension services.

In Namanyoni Programme Area, six schools were supported to establish school gardens to boost/promote dietary diversity where school children learn and share with their caregivers.

Saving groups acted as safety nets as households used the income generated to purchase other foods stuffs that are not produced at the household e.g. cooking oil, meat, butter. 18 Area Programmes showed that 456 producer groups had 12,636 savers with a total amount of \$247,245 (WVU MIS Data base, 2015)

The highest decline of 40% was recorded in Kabongo, followed by Abim (28%) and Budumba (26%). Food access and utilization in Karamoja and Teso regions was affected by low purchasing power, high prices of goods, poor feeding habits, poor childcare practices, hygiene and sanitation, food preparation practices, pest and disease incidences and poor storage facilities. Despite the effort of promoting bio-fortified technologies (OFSP and high iron beans), kitchen gardens, small livestock and fruit trees, there were still challenges of malnutrition, limited knowledge about nutrition and income generation activities. Farmers continued to grow their local crops varieties that are less nutritious such as white sweet potato.

Figure 13 Percent of households having at least two meals a day



The number of meals eaten in a day is one of the indicators that can be achieved as the result of improved access and availability of food. Findings from 2015 DATA revealed that 16 out of 24 programmes showed improvement of households reporting having at least two meals per day from baseline. Due to promotion and adoption of interventions leading to increased crop production and productivity, the hunger months reduced and the majority of households had enough food for almost 10 months from their own production and markets, and could afford two meals a day. Some even had enough food at the peak of food scarcity of about 2 months, when food stocks in store and gardens were getting depleted, and farmers were waiting to restock from new harvest. Meaning they accessed food throughout the year during plenty and scarcity periods.

Overall, the majority of households 79.5% across the 24 Area programmers reported to have eaten at least two meals a day compared to 70.9% at baseline.

Namanyoni ADP had the highest percentage of 97%, an increase of 35% from the baseline. This was as a result of increased production, adoption of modern farming practices and use of improved seeds, which led to increased food availability and consumption. In addition, 8680 farmers gained knowledge on post-harvest technologies, some processed their products, added value, (e.g. yogurt making and coffee packaging at small scale) which earned them extra income. Through the saving group activities, communities also earned extra incomes, and those bordering

Uganda/Kenya boarder engaged in various economic and trade activities. 2,589 households had more than one source of income which was used to purchase food and other non-food items.

WVU in collaboration with district local governments supported households to improve food production and productivity for nutrition. Key implementation strategies used included farmer field school methodology, seed multiplication techniques, provision of improved and labour saving technologies.

However, there was an observed decline especially in Kaabongo, and Kotido because the Karamoja region experienced a dry spell between April up to September. Food availability in Karamoja was thus affected by low purchasing power because of low incomes, poverty, high prices of goods and poor road access. There was also excessive alcohol consumption and exchange of food for Waragi and poor storage facilities. Safety nets programmes continued for the vulnerable households throughout Karamoja including food assistance, school and clinic feeding programmes.

Table 7 Sustainability in food security

Sustainability driver	Actions taken to strengthen sustainability
Local ownership	Community members were involved in planning, setting priorities, implementation, monitoring and evaluation of programme/project activities. Local accountability platforms/community meetings were organized for reviews, reflections and dialogues on programmes contributing to child wellbeing. Development models including SG and LVCD were used to empower communities to sustain the achieved progress and eliminate dependence on hand-outs. Farmers also contributed local resources including land and labour for demonstration sites.
Partnering	Collaboration with identified strategic public and private partners to support communities especially vulnerable families with improved agricultural technologies, knowledge and information. These included; DLG for agricultural extension services, NARO and MUK for improved technologies, NGOs/INGOs like Wageningen UR Uganda/Integrated Seed Sector Development Project, IITA (N2Africa) for capacity building and effective production technologies as well as value chain development. Private sector (VFU, AgriNet and other buyers) for business development services and financial access, seed companies like Grow More Seeds for improved seeds.

Most vulnerable children

- ✓ 1,229 MVCs supported in the following areas: vocational skills, heifers, broiler birds; training in better farming methodologies and provision of inputs.
- ✓ 5,022 MVC households were mobilized to join savings groups and engaged in savings and borrowing to boost household income.

Key Learning

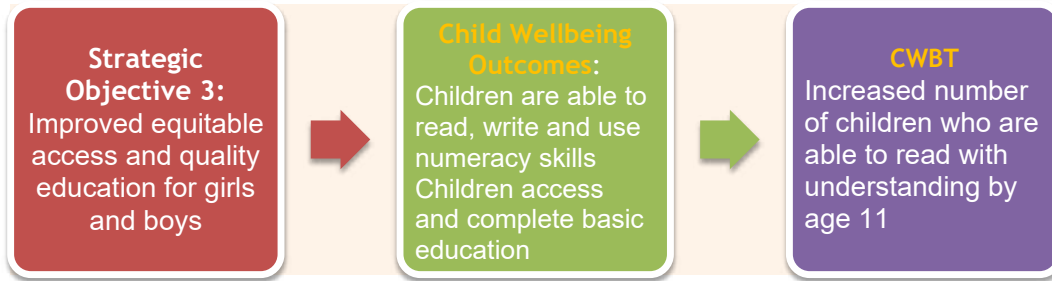
1. Food security contributes significantly towards achieving other child well-being outcomes like nutrition, household income, school attendance.

Recommendations

1. Promote integration of food security interventions in other technical programme approaches.



2.3 Education:



Summary of logic

The problem

- 12%** Drop out per year
- 71%** Completion rate
- 40%** Functional literacy at Primary 6
- 37%** Life skills for 6-12 years
- 93.5%** Net Enrolment Ratio
- 58%** Survival rate at P5
- 32%** Survival rate at Primary 7



Root cause analysis

- Limited access to school (long distance to school)
- Inadequate parents support to literacy
- Poor school infrastructure
- Limited capacity of teacher in EGR methodologies
- Absenteeism of teachers and children
- School based violence

WVU contribution

- ✓ \$ 5,572,405 spent on Education in 2015 representing 14%
- ✓ 375,600 children reached directly in 626 primary schools of 35 ADPs
- ✓ 1300 teachers (822 Females and 478 males) trained in Early grade Reading methodology
- ✓ 84 classrooms constructed
- ✓ 36 Staff Houses constructed
- ✓ 19,025 books bought
- ✓ **30,414** boys and girls participating in school curricular and co-curricular activities
- ✓ **600** School Management committee members trained
- ✓ 612 (Males=316, Females=296) youth supported for vocational skills

Models

- ✓ Basic Education Improvement Plan (BEIP)
- ✓ Teacher Development Management System (TDMS)
- ✓ Child Friendly School Model (CFS)
- ✓ Citizens Voice and Action (CVA)

Partnerships

- ✓ Ministry of Education Science Technology and Sports (MoESTS)
- ✓ District Local Governments and District Language Boards
- ✓ School and Teacher Innovation for Results (STiR)
- ✓ British Council
- ✓ Universities (Ndejje, Uganda Martyrs, Kyambogo)

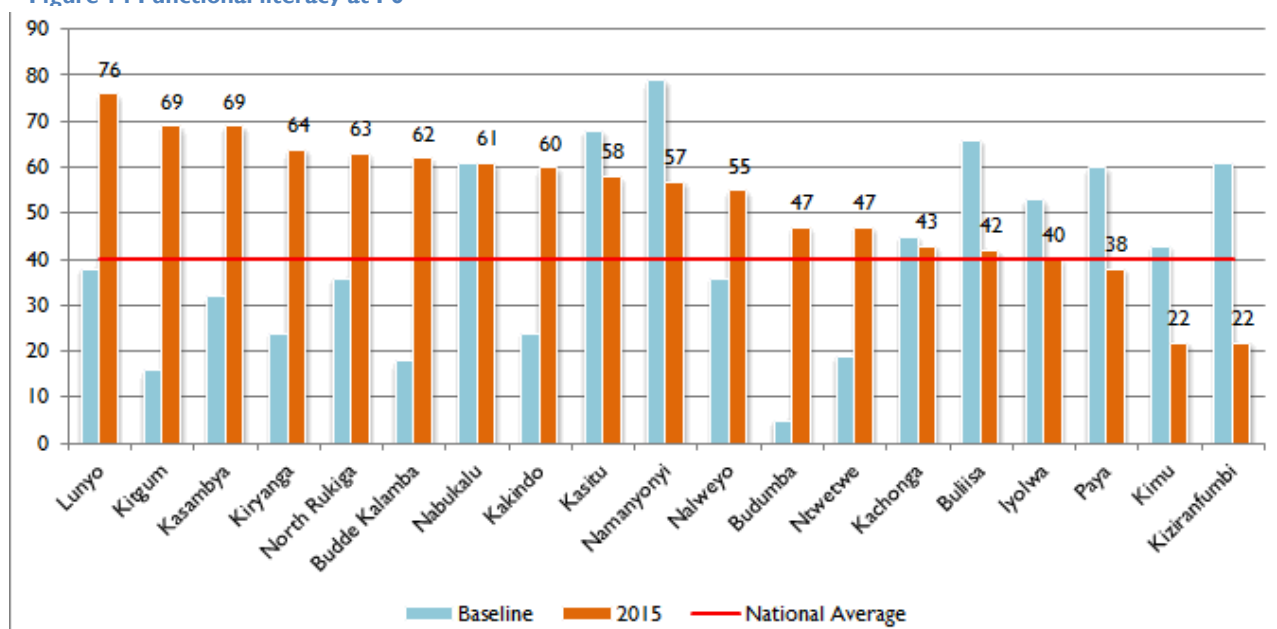
Progress made in education

Proportion of children who are functionally literate at primary six

In Uganda on average, 40%¹ of children are able to read with comprehension at primary six. To increase functional literacy at primary six, WVU rolled out the School Community Accountability Literacy Enhancement (SCALE) model, Citizen Voice Action (CVA) and infrastructural development to address functional literacy in primary schools.

The number of ADPs reporting on this indicator increased from 23 in 2014 to 26 in 2015. The graph below illustrates data from 19 ADPs out of 26 which had the baseline values and FY15 outcome monitoring measurements was conducted for comparison purposes.

Figure 14 Functional literacy at P6



A total of 16 out of 19 programmes performed within or above the national average of 40.0%, while 10 out of 19 (55%) programmes reported an increase from their baseline. 11 out of the 19 (57.8%) programmes that reported on literacy are well above the “Extreme Risk” rating (50%) of literacy by World Vision. This can be attributed to the use of appropriate literacy programming to increase the number of children that read with comprehension and the roll out of the School Community Accountability Literacy Enhancement (SCALE) model, which emphasises parent support to learning. The capacity of 600 School management committees was built to monitor school attendance and performance by head teachers and teachers. Faith leaders and founding bodies have also been instrumental in community awareness raising, spiritual nurturing of children, monitoring, learning and teaching.

However, 6 out of 19 or (31.6%) programmes declined from their baseline values. In Kiziranfumbi, the oil rush led to eviction of communities and caused general panic in the population thus affecting pupils’ school attendance. In Kasitu, the ethnic conflicts displaced many communities and impacted negatively on pupils’ learning. In Buliisa, the teacher to pupil ratio is more than 1:100 and this affects teaching and learning. In addition, prolonged drought in 2015 coupled

¹ Ministry of Education, Science, Technology and Sports (MoESTS) EMIS data 2013

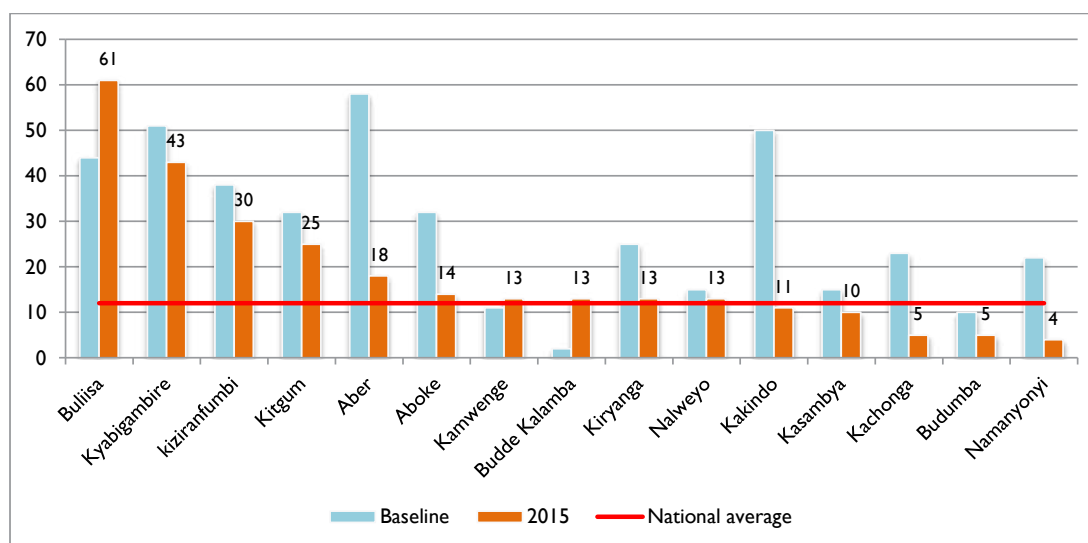
with increased cases of gender based violence and the pastoral nature of the communities negatively impacted school attendance.

Percentage reduction in drop-out

On average, 12.0% of children who enroll for primary school in Uganda drop out every year. In order to address this problem, WVU used an integrated approach that included the roll out of community engagement, advocacy campaigns, school feeding and improvement of the learning environment through infrastructural development.

In 2015, 24 programmes reported a drop out compared to 16 that reported on the same indicator in 2014. The graph below shows data from 15 ADPs out of 24 programmes with both baseline and FY15 outcome monitoring data showing progress on reducing pupil drop out from schools.

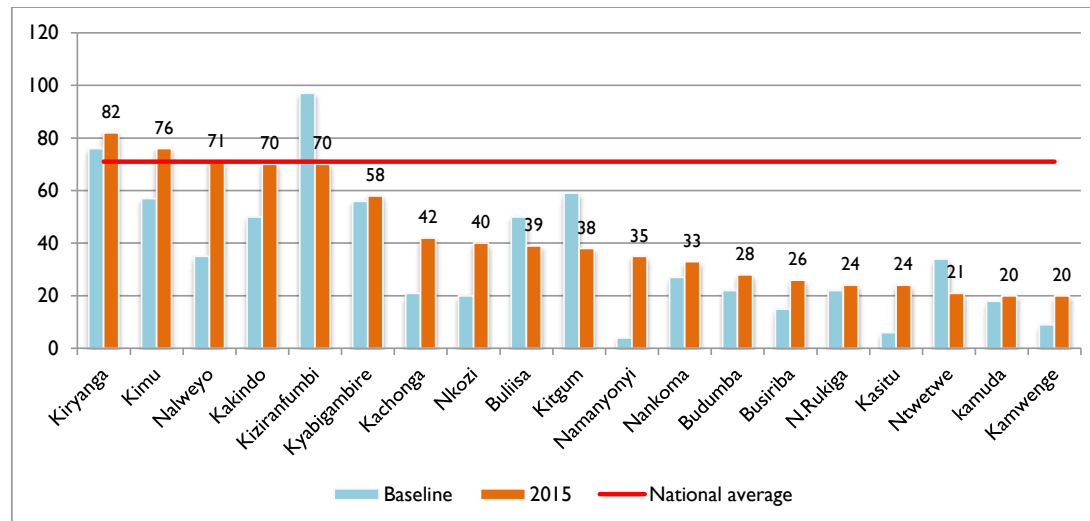
Figure 15 Drop out rates.



For school drop out, 12 out of 15 programmes indicated an improvement from baseline with 33% of the programmes performing below the national average of 12%. But where the SCALE model was piloted in 2014, the performance was much better than others in reducing the dropout rate. The reduction in drop out in Kimu and Ntwetwe is attributed to the successful CVA that has increased community support to education through school feeding. In Kachonga, Budumba and Namanyonyi, it is attributed to the improved school learning environment. In Kakindo and Kasambya, it is attributed to working with partners. Similarly, Kiryanga has improved from 25% at baseline to 13% in 2015 because of increased partner engagement. This can also be attributed to the role of the founding bodies and participation of faith based leaders in mobilizing communities for education.

Three out of the 15 programs are below the national average of 12%. Buliisa has not registered any improvement and this is attributed to the pastoral nature of the communities that do not value education. The region experiences constant migration and a long drought that hit the Albertine region in 2015. Worse still Buliisa has a very high teacher pupil ratio of more than 1:100, which affects teaching and learning and contributes to absenteeism and drop out.

Figure 16 Primary school completion rates



Regarding primary school completion, 15 out of 19 ADPs showed an improvement from the baseline. Only two ADPs show completion rates above the national average of 71%. This improvement is attributed to the successful CVA that has increased community support to education through school feeding, while in Nalweyo and Kiryanga it is attributed to increased local partner support. There is an improvement in retention and completion of girls in school because of improved menstrual hygiene management initiatives. 19 ADPs trained 1,564 adolescent girls, 579 boys, 316 women and 271 men as TOTs in menstrual hygiene and management that included making reusable sanitary towels and life skills. In Paya ADP, the number of girls trained in 2015 was 2,680 and this reduced absenteeism and improved participation in class and co-curricular activities.

“This year, we have not yet lost any girl due to pregnancy and I think this is because of the training. The girls no longer frequent my office for pads because they now make their own. During the parents’ meeting, I addressed the issues with parents and they appreciated that it is cheaper than buying the already made pads and some have started buying the materials for their children”. Senior Woman Teacher Paapa Primary School in Pader District

Parents have appreciated that it is their cardinal responsibility to provide for their children at school. The completion rate in Buliisa reduced (or increased) not only because of nomadism, prolonged drought and famine, but also because of acute lack of water. According to the Ministry of Education Report on the progress on Quality Enhancement Initiative of 2013, the teacher pupil ration is more than 1:100.² In Kiziramfumbi the problem was displacement of communities as a result of rush for land due to the exploration of oil in the area. Kamwenge has suffered an influx of refugees and this has a strong bearing on the livelihoods of the community. This has contributed to child marriage and gross sexual abuse such as reported sexual abuse cases on the Kamwenge – Fortportal road construction project that was recently suspended by the World Bank.

The majority of ADPs below the national average experience high levels of child marriages and the drop out rate in public education has increased because of increased school charges and poor learning achievements as children

² Baseline report on QEI by the Ministry of Education (2012)

approach Primary Leaving Examinations (PLE). There is still a lot of screening as children approach the national examination period and this excludes a large number of children. Child labor in some ADPs such as is the case in the rice growing areas of Budumba, Nankoma and Namanyonyi , fishing in Buliisa and general lack of family support undermine completion. As children approach the end of Primary school cycle, the school charges increase because of the need to purchase examination materials. This can also be attributed to a declining learning environment and limited community engagement in public schools³. Community voices in public schools has declined as the elites and well to do prefer to take their children to private schools.

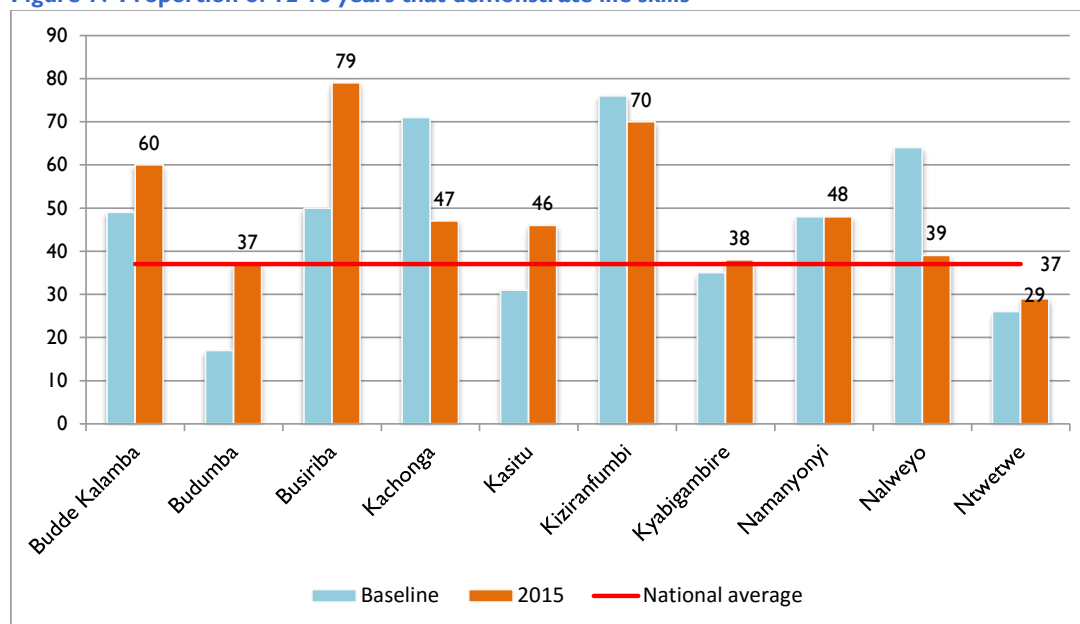
Proportion of adolescents 12-18 years that demonstrate life skills

On average, 37% of adolescents (12-18 years) demonstrate the application of essential life skills (make good judgments, can protect themselves, manage emotions and communicate ideas) at national level.

WVU supported child friendly approaches that promote child participation in both curricular and co-curricular activities to promote life skills among adolescents in and out of school. Children participated in spiritual nurture activities, in policy dialogues, debates, music, dance and drama as well as in games and sports competitions. The school family initiative supports peer interaction and protection.

In 2015, 10 programmes reported about life skills compared to 13 that reported on the same indicator in 2014.

Figure 17 Proportion of 12-18 years that demonstrate life skills



A total of 9 out of 10 programmes performed within or above the national average of 37.0% while 7 showed an increase from baseline. This performance was attributed to increased spiritual nurture activities, life skills training, peer education activities and child participation in clubs and societies in schools. The involvement of faith leaders in promoting ECD has facilitated life skills development for children. In 2015, World Vision Uganda led the ‘End Child Marriage Campaign’ in which children participated to raise awareness on child marriages. An evaluation report on the impact of spiritual nurture activities on life skills conducted in 2015 also shows that children who participated in spiritual nurture activities had more life skills and even performed better in literacy than those who did not

³ Ministry of Education, Science, Technology and Sports/UNICEF BRMS Mentorship Phase 2, Impact Assessment End line Report, January 2016

participate in the activities.

However, there is slow progress on this indicator largely because teachers have limited ability to integrate life skills. A lot of teaching is still theoretical and examination-centered and children have little or no opportunity to learn by doing. Explaining the declining performance in Primary Leaving Examinations, the Secretary Uganda National Examinations board (UNEB) said, “teaching is largely by coaching children for examination questions and this undermines their ability to answer questions that require analysis, understanding and application.”⁴ This is visible in any classroom visit and is demonstrated in limited pedagogic practice and instructional strategies; non-participatory nature of classroom work; under-use of instructional materials; limited attention to different needs and under-utilization of continuous assessment. It is evident that teachers have not mastered the required skills despite the training.

Previously, perceptions that government funded schools were absolutely free were common. And such uncorroborated views were reportedly brought into play, whenever parents were called upon to fulfil their cardinal responsibility to provide for their children at school. The CVA approach is undoing all this, although some challenges still exist. (*Wilson Ssembajjwe, Head teacher, Kyabasiita Primary school in Kiboga PS*)

MOST VULNERABLE CHILDREN

World Vision promoted inclusive WASH programmes in Kyangwali and Adjumani refugee settlements. In Adjumani Early Childhood Development Centres were established in Nyumanzi and Ayilo refugee settlements with an enrolment of 2,123(1,078 boys, 1,054 girls) children. With support from UNICEF, World Vision has implemented an education and peace building project that reached more than 10,000 children through training of 482 peace club members (222 boys and 260 girls) that reached out to their peers with peace building messages. World Vision has also implemented the youth empowerment project for destitute and street children in Busia, which has supported 45 children with life skills through a partnership with the Deliverance Church. In addition, the Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation for the Youth (UPLIFT) in Kampala supported 95 (47 male and 48 female) out of school youth training in vocational skills in Makindye and Nakawa divisions. Seven of the beneficiaries are children with disabilities. To address barriers to education for children with disabilities, World Vision has constructed disability friendly infrastructure and supported learning through provision of braille machines and training of teachers in special needs in partnership with Kyambogo University. Nkozi ADP supported children with 6 braille machines, braille paper, and games equipment for children with visual impairment to Nkozi Demonstration Primary School.

World Vision also works in partnership with Motivation Africa to screen, assess and fit wheel chairs for children living with disabilities. In 2015, 42 children received wheel chairs through the GIK wheel chair project supported by World Vision Australia.

⁴ Statement on the release of PLE Results 15th January 2015

Table 8 Sustainability in education

Sustainability driver	Actions taken to strengthen sustainability
Local ownership	<ul style="list-style-type: none"> • Capacity of school management committees has been strengthened to promote community voice for literacy and numeracy • Community empowerment sessions were conducted to increase their participation in planning, setting priorities, implementation, monitoring and evaluation of programme/project activities. • Community literacy volunteers were trained to promote community action for literacy improvement. • Local accountability platforms/community summits were organized for reviews, reflections and dialogues on programme contribution to child wellbeing.
Partnering	<ul style="list-style-type: none"> • World Vision education approach focuses on strengthening partnership with the district local government and the core primary teachers' colleges in improving school management, continuous professional development of teachers and school monitoring and support supervision. • There is a working partnership between World Vision Uganda and British Council in strengthening the capacity of teachers in English language teaching and management of transition to the use of second language in Primary four. • The National Curriculum Development Centre supports training of teacher mentors and development of reading materials for children. • World Vision Uganda is working with different tertiary institutions especially Universities e.g. Uganda Martyrs University in building capacity of teachers in teaching methodology. • Through working with vocational institutions, World Vision Uganda supported training of out of school youths in different enterprises/skills for self-reliance. • Special needs education amongst schools was strengthened through World Vision partnering with Kyambogo University Department of special needs education.

Key Learning

1. Successful rollout of the Citizen Voice and Action model yielded recognizable gains in enhancing community ownership and participation in education activities. As a result, communities have registered increased literacy levels and reduced school dropouts.
2. Creation of teacher networks and provision of forums for teachers to support each other is very motivating for teachers. In 2015, 10 teachers (five from Rakai, four from Busia and one from Kibaale) qualified for the Education Innovators' Award which were awarded at a national ceremony organized by STiR in partnership with World Vision. Hundreds of other teachers have submitted their innovations for assessment in 2016.
3. Engagement of faith leaders and foundation bodies in spiritual nurture and monitoring of schools improves learning achievements for children.
4. Community social mobilization where communities are taking the lead in the fight against child marriage is key in boosting enrolment, retention and completion at primary and secondary level. In Ngogwe ADP, girl children who had dropped out of school because of pregnancy/marriage were mobilized by parents and other stakeholders (community volunteers) to go back to school.

Recommendations

1. There is need to develop ADP context specific advocacy frame works in education programming to address child marriages and other child protection issues like GBV and community support for education.
2. There is also urgent need for civic education, a community monitoring score card of local services, a social audit, monitoring of government standards, an interface meeting which brings together all stakeholders, and a community-driven advocacy based on evidence gathered from the other activities.
3. Community faith based organizations should be supported in all programs to spearhead positive parenting engagement in literacy numeracy and life skills (in and out of school children).
4. Teacher mentoring and building of teacher networks should be strengthened to improve peer support and the motivation of teachers.
5. There is need for initiatives that encourage development and provision of literacy materials



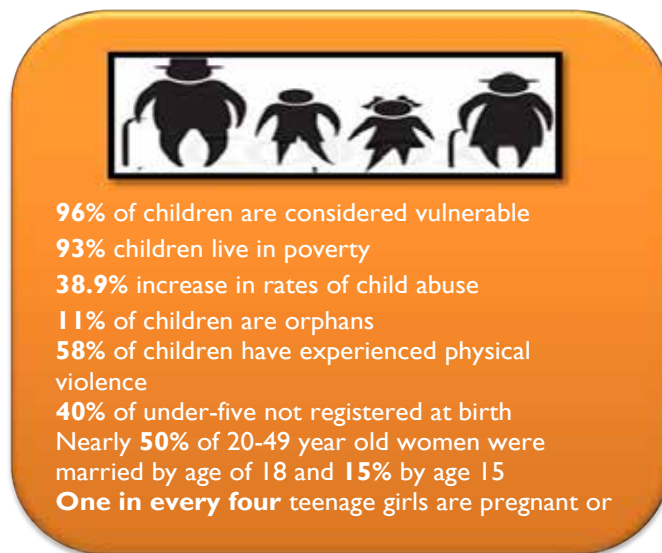
2.4 Child Protection



Summary of Logic



Problem



Causes

Child neglect, defilement, domestic violence, breakdown in child protection systems for managing abuse, harmful social and cultural norms, and inadequate capacity of stakeholders, weak and uncoordinated child protection systems and structures, poverty

WVU contribution

- ✓ Supported 53 community child development forums attracting 5,653 parents,
- ✓ Supported 7,049 children in five child friendly spaces for refugee children affected by the South Sudan conflict
- ✓ Supported 7,564 community members to identify, respond and prevent child abuse, neglect and exploitation of children
- ✓ Supported 287 child protection clubs and equipped 11, 562 children with life skills for their protection
- ✓ Contribution to the amendment of the Children Act Amendment Bill 2015.
- ✓ Conducted End Child Marriage Campaigns in 10 districts

Partners

Ministry of Gender Labor and Social Development, DLG
Civil Society Organizations, Uganda Child Rights NGO
Network (UCRNN), CARNAC, Scripture Union of Uganda,
Faith Based Organisations, Parliament of Uganda,

Models

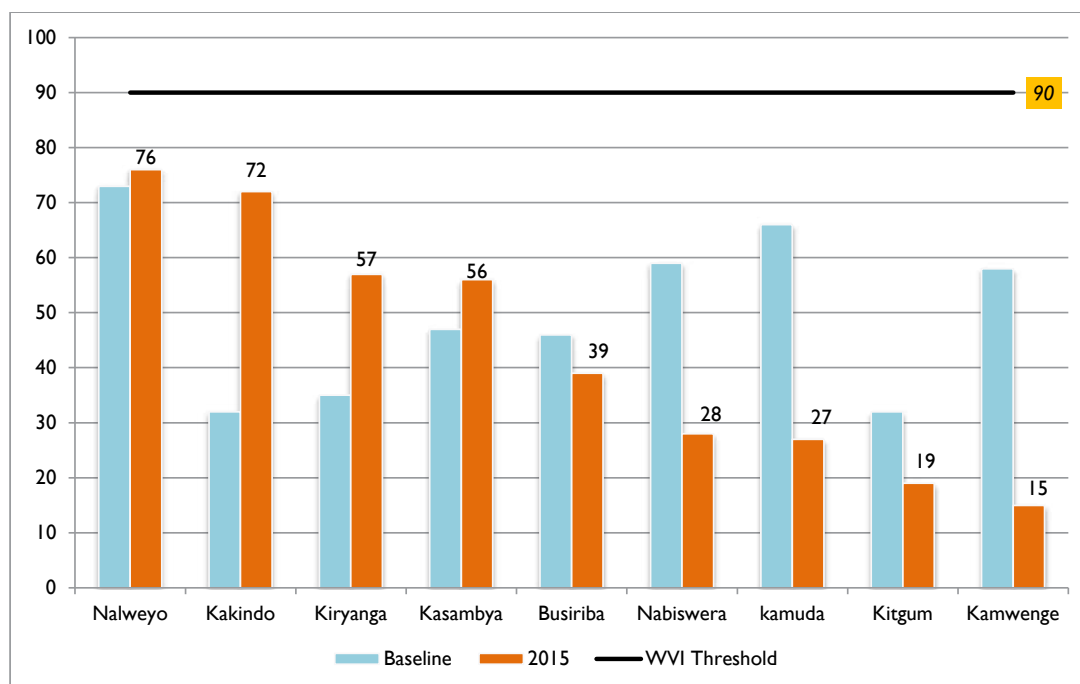
Celebrating Families Curriculum, Citizen Voice
and Action, Child Protection and Advocacy,
Channels of Hope, Peace Road and ECAP
Amber Alert Model

Progress made in child protection

Proportion of adolescents who report having birth registration certificates

Birth Registration is one of World Vision's CWB outcomes and a key factor in protecting children from abuse, neglect and exploitation. A birth certificate as proof of age provides evidence for access to justice for abused and exploited children. Birth registration is also one of the most important instruments for ensuring that children access a range of services and interventions. The graph below presents results from nine programmes, which measured progress on birth registration from baseline and outcome monitoring in 2015.

Figure 18 Proportion of adolescents who report having birth registration certificates



Graph I: Youth 12-17 Birth Registration

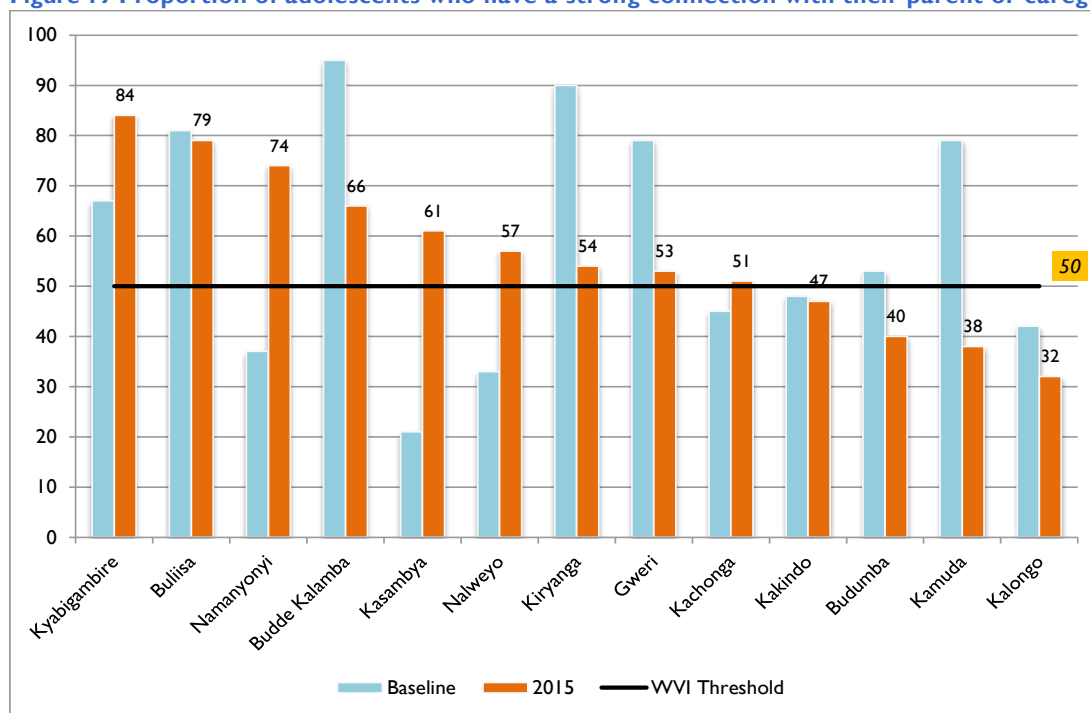
Four (Nalweyo, Kakindo, Kasambya and Kiryanga) of the nine programmes who measured this indicator showed an improvement in performance against respective baseline data in 2015. Despite the halt by the local governments, the four ADPs continued to engage with their local governments and were given a go ahead to issue birth certificates. 1,006 (496 boys, 510 girls) children in Nalweyo registered for birth certificates; and 1,000 children in Kakindo. This was achieved in collaboration with district technical teams who identified, supplied and distributed the birth certificates. In addition to collaboration with local leaders, programmes contributed through community sensitizations on the importance of birth registration, stakeholder engagements on their roles, supporting the procurement of birth certificates and advocating for subsidization of costs for registration especially for MVCs.

Results indicate that all the nine programmes performed below the World Vision threshold of (90%). This can be attributed to local governments halting the issuance of birth certificates in all districts in an effort to harmonise the processes of the Long and Short birth certificates and the charges in securing birth certificates, which are (\$2 to \$4). Parents have not attached value to a birth certificate and are not willing to pay for it calling for continuous dialogue with local governments through advocacy to drop the prices attached to birth certificates.

Proportion of adolescents who have a strong connection with their parent or caregiver

Proportion of adolescents with a strong connection to their Parent or Caregiver, is calculated by low connection, medium connection, or strong connection and measured using the Youth Health Behaviour Survey (YHBS). The graph below presents results from 13 programmes, which measured the progress on relationship of children (12-18 years) with their primary caregivers using baseline and outcome monitoring 2015 data.

Figure 19 Proportion of adolescents who have a strong connection with their parent or caregiver



Nine out of 13 programmes performed above the WVI threshold of (50%) reflecting a strong connection with primary caregivers in respective programmes ranging from Kyabigambire (84%) to Kachonga (51%) and only 5 showed increase from baseline.

This can be attributed to interventions implemented by respective programmes contributing to creating positive relationships with caregivers by enhancing positive parenting, child participation, strengthening the spiritual nurture in schools, strengthening capacities of churches to improve spiritual wellbeing of children and strengthening child protection community structures including parents and caregivers to love and care for their children in a child friendly environment.

- In **Kyabigambire**, 33 partners were trained on the CPA reporting and referral procedures; families were taken through the celebrating families curriculum focused on positive parenting; 64.2% youth and children reported a high level of self-reported wellbeing and 64.2% of caregivers felt that their community is a safe place for their children to grow. 311 parents and caregivers were trained on their roles to support their school going children through the family peace initiative.
- 71% of parents and caregivers in **Bulisa**, say their community is a safe place for their children; 79% of children, feel supported by their families as a result of strengthened child protection structures; 70.3% of children have understanding and awareness of God; 79.0% of the children point to acts of love and kindness from family, 70.3% of children have an opportunity to demonstrate God's love and presence in their life through church efforts. Seven churches have functional channels of hope programmes. Nine schools have functional spiritual clubs with 500 children participating. 79% of

caregivers reported that children feel safe in their community against the FY15 target of 80%.⁵

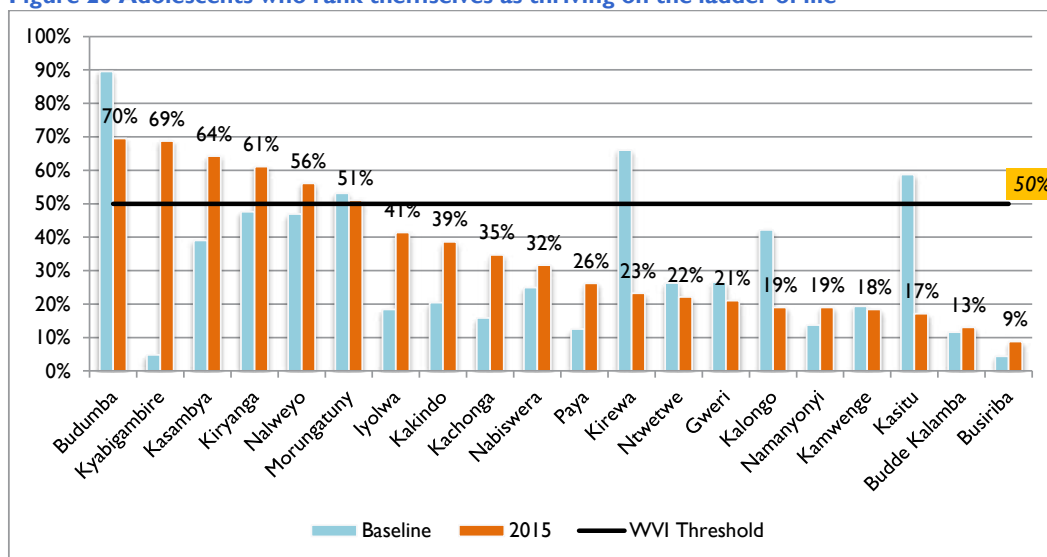
- In **Namanyonyi**, **79 % of caregivers felt that their children were safe most of the time; 1,700** (902 females, 798 males) children in **Namanyonyi** schools were trained on the roles of child protection structures and systems for their protection.
- 1,027 children in **Kiryanga** participated in club related activities;
- 61.1% youths felt a positive connection with their caregivers ⁶

More families and the Communities are valuing their children more, protecting and showing them acts of love and kindness.

Adolescents who rank themselves as thriving on the ladder of life

The Proportion of adolescents thriving (ladder of life), indicator is calculated by suffering, struggling, or thriving. The graph below presents results from twenty programmes, which measured progress on adolescents who ranked themselves as thriving on the ladder of life using baseline and outcome monitoring 2015 data.

Figure 20 Adolescents who rank themselves as thriving on the ladder of life



Results show 12 out of the 20 programmes performed above the baseline with Kyabigambire having the highest increase of 69% variance. Only 5 programs showed performance above WW threshold of 50%.

Progress in performance is attributed to interventions undertaken to empower children and youth with essential life and vocational skills achieved mainly through peace road training, capacity building for children in clubs, senior women teachers as TOTs to deliver quality and timely life skills to adolescents. This has resulted in increased proportion of children and youth with at least three essential life skills improving their ability to apply, communicate, critically think, and build relationships contributing to their own thriving and that of their communities.

10,055 (4,980 boys and 5,075 girls) in Kasambya participated in peer based life skills activities. This has contributed to an increase in the percentage of households that report child rights violations from 73.4% in 2014 to 83.2% in 2015.

- **2,455** children and youth were supported to acquire essential life skills in Budumba programme area, **285** adolescent girls trained on menstrual hygiene and how to make re-usable sanitary pads; **18** youths (7 girls, 11 boys) were trained in

⁶ Annual Outcome Monitoring , 2015

hairdressing, tailoring, electrical and mechanics engineering skills and 13 youth who completed were supported with business start-up kits;

- 136 youths in Lyolwa ADP enrolled for vocational skills and opened up saloons, motor bike repair, tailoring and carpentry workshops.
- 56 youths (32 boys, and 24 girls) in Paya ADP were trained in plumbing, motor vehicle mechanics, building and concrete practice skills;
- 306 (124 boys and 182 girls) of between 6-12 years in Ntwetwe ADP demonstrated application of essential life skills in school curricular and co-curricular activities including debate, net ball, football and athletics.

Most vulnerable children:

The most common vulnerable children supported by programmes in FY15 include: orphans, children with disability, child headed households; children living and affected by HIV/AIDS and sexually abused children.

Programmes deliberately targeted the most vulnerable children to participate and air out issues affecting children during the day of the African Child, children forums, children parliament and spiritual nurture activities. Other MVCs were supported with agricultural and animal inputs like seedlings, goats, heifers, oxens and ox-ploughs. Basic necessities like blankets, bags, and books were also provided to uplift their income. Children with disabilities were also enrolled for special needs education. Youth from vulnerable households were supported to enrol for and complete short courses in vocational training like hair dressing, carpentry and joinery, concrete practices, mechanical and electrical engineering.

Table 9: Sustainability in child protection

Name of Sustainability Driver	Actions taken to strengthen sustainability
Local Ownership	Linkages between the formal and informal community child protection structures like SOVCCs & CPCs, was strengthened. Programme areas conducted ADAPT to map out existing capacity gaps and the results used to inform programming and capacity building plans for respective structures. The SOVCCs and CPCs were trained on their roles and responsibilities in line with the MoGLSD coordination guidelines. 7,564 community members were educated and able to articulate child rights, participation and protection issues.
Partnering	Key partners engaged included district and sub county local government structures, specifically community development departments and the Police's child and family protection unit.
Transformed Relationship	Teachers, children were trained on peace road as well as celebrating families for faith based leaders and their spouse and couples as a way of fostering peaceful co-existence and positive relationships in the community.

Key learning

1. Use of the behavior and a Norms Change approach can yield amazing results when used to confront harmful practices that continually violate adults and children's protection and other rights.
2. Using CPCs alone will not yield expected results in caring for and protecting children without regular sensitization and campaigns.
3. Routine transfers of trained police officers, uncoordinated with other stakeholders, can potentially reverse good child protection work.
4. Community participation removes communication barriers, builds ownership and boosts involvement.

Recommendation

1. Continue with the use of behaviour and Norms Change approach in scaling out child protection interventions.
2. Use the CVA approach, child focused laws and policies to conduct regular community sensitisation on child protection.
3. Train all new police officers those already trained have been transferred.

Continue with community involvement and participation to enable effective communication between caregivers or parents and the school administration.

3.0 Disaster Management

3.1 Disaster response

World Vision Uganda has designated high risk disaster prone locations in all parts of the country. In 2015, Uganda experienced El Nino rains leading to cholera outbreaks in some parts of the country where 202 cases were reported (57 of these were five years and below with two deaths).

The NO strategy ensures DRR structures are functional and highlights integration of different components that include: prevention, mitigation, early warning, preparedness, response and recovery.

WVU has a running MoU with the Uganda National Meteorology Authority (UNMA) to support farmers access timely weather and climate information for preparation and prepositioning for planting seasons. UNMA has so far translated weather forecasts into 17 local languages, which are disseminated on a quarterly basis using different local FM radios, community meetings, churches and schools.

In the Kibaale cluster (Kiryanga, Kakindo, Kasambya, Nalweyo ADPs), 546 copies of district environmental ordinances were produced and distributed to all the 35 lower local government staffs. Additionally, 100 acres of land were earmarked for the FMNR project and 296 farmers are practicing FMNR. A vulnerability assessment was also done in the district, the findings of this assessment enabled four ADPs to integrate environmental practices in their interventions; as a result, 200 households have been supported to construct improved energy saving stoves.

In Aboke, the Disaster risk reduction committee received training. As a result of this 98 households have been reported to employ coping strategies to mitigate disasters at the community level. The coping strategies being adopted include: planting trees, reducing un-necessary cutting of trees for timber and fire wood.

In Minakulu ADP, DRR committees supported communities form task forces in the different parishes to manage wetland and environmental related issues in the community. In Buikwe, 300 households were sensitised on adaptation strategies to enhance application of at least one strategy on environmental protection that resulted in the formation of 12 environmental conservation clubs in 12 schools.

Key learnings

Understanding risk is the foundation for sound disaster risk reduction thus most of the DRR activities implemented were a result of risk analysis.

Recommendations

All ADP's must carry out a risk analysis to ensure they are implementing the right programmes and targeting the right people. Early warning must be carried out in all.

B Disaster Response

When the situation in South Sudan deteriorated in early December 2013, there was an influx of refugees into Uganda. The situation outside Juba has continued to deteriorate leading to the current flocking into Uganda of refugees from South Sudan now totalling up to 207,620.

WVU in conjunction with WFP, OPM and other partners have assisted 189,712 refugees and their children to continue accessing education, live peacefully and so that children are protected, get nutritious foods as well as have access to clean and hygiene practices. A total of \$25,353,438 was received from WV Germany, EARO, WV Korea, UNICEF, WFP, WV Finland, NEPRF and GIK.

9,264 refugees benefited from water sanitation and hygiene; of these **1,481** are PWDs

5096 (3913 women, 1183 men) refugees benefited from water sanitation and hygiene

6682 (3936 boys, 2746 girls) displaced children received protection services

3006 children (1465 boys, 1541 girls) benefited from education support

3006 children (1465 boys, 1541 girls) benefited from education support

105,523 (39982 men, 65541 women) received assistance in food ratios

7447 households benefited from NFIs

223,800 participated in peace building practices

The situation with South Sudanese refugees is now tending towards early recovery. Due to the decrease in sources of funding, future activities will focus on livelihoods such that the refugees are able to earn their own living and thus strengthen their resilience. "I feel lucky being listened to by my peers at the CFS. I am the captain of our football team at the centre and so glad that I can now write my name. It is a good feeling being able to join school again." (16 year boy)

Key learnings

It is not easy to get funding for child protection issues as there are not many calls for proposals to that effect.

Recommendations

For continuity, it is better to use our own internally generated resources to fund child protection issues in disaster management.

4.0 World Vision's Development Programme Approach

4.1 Program Accountability

World Vision Uganda focused its efforts towards being accountable to partners and stakeholders through its PAF that is being implemented across 48 programmes in the NO. In FY15, 82% of the programmes used at least three accountability mechanisms that include; providing information, promoting participation, information sharing, consulting communities and collecting and acting on feedback across the programmes. Below are the achievements across the four accountability mechanisms during the FY 2015.

PROVISION OF INFORMATION

- 100% programmes provided information to its partners & stakeholders through; budgeting & planning, monthly reflection meetings, dissemination of output, outcome and evaluation reports, LEAP 3 redesign process.
- Kakindo AP piloted ACRP using video coverage. *"Today has been a special day for us as we are able to see what's happening in the different parts of our community in a glance and be able to make decisions for next FY", VHT*
- 100% programmes shared their Annual Plans with communities. *"World Vision always shares with us their plans and during the district technical planning meetings, we discuss progress of implementation and agree on the support needed from the district", Deputy ACAO Health.*

PROMOTING PARTICIPATION

- 82.0% programmes promoted participation through joint monitoring at district and sub county level & WVU & the community get feedback for effective and efficient programme implementation.
- WVU engaged communities during the redesign process across 50 programmes in the national office. *"We are great full that WV has involved us in this process of change which we hope will contribute to the wellbeing of children in our community", CCT in Kasambya ADP.*
- 100% programmes engaged communities during the ARP process *"We have an approach we have developed with World Vision. It's called District Led Programming where we programme and plan with World Vision and we implement together," ACAO Kibaale*
- In 100% programmes, WVU engages communities for joint implementation and monitoring of project progress. Child participation was enhanced in 90% of programmes through drama groups, school clubs, essay writing competitions.

COMMUNITY CONSULTATION

- Communities were consulted during the DPA process across 100% programmes. LEAP 3 Technical Programmes developed were a compilation and refinement of views and ideas sought from the community consultations.
- 100% programmes consulted communities during the Annual Review and Planning process. Communities were consulted on the developed plans and consensus was sought from communities as to whether the plans were tackling key issues at community level.
- Selection and identification of project beneficiaries was done in consultation with the communities during planning and budgeting process. *"We were consulted on where to construct two bore holes in our community. Through this approach, we were able to advise WVU officials on the right communities in which to sink the bore holes since we knew communities that were actually in need", narrates Health Assistant Kakindo ADP.*

COLLECTING AND ACTING ON FEEDBACK/COMPLAINTS

- Through reflection meetings and joint monitoring of projects with communities, WVU is able to get feedback from the communities on progress of project implementation. Action plans are developed that enable WVU act on the agreed actions.
- 100% of programmes have suggestion boxes which are accessed by both staff, community and other partners and stakeholders.
- The whistle blower policy has been displayed in all 50 programmes where it can be read by the community. This provides communities with an opportunity to give feedback on key concerns for action.
- Evaluation, baseline and outcome monitoring reports are disseminated to the community and feedback is sought from them on the status of the findings. Communities help answer some of the "why" questions based on what has been shared.

4.2 Key Learnings on operationalizing DPA

- ✓ DPA processes eliminate vertical programming but also ensure systems strengthening lens when programming. The development of national level TPs was done using a bottom-up approach in which local Area TPs were developed and merged into a national level TP and cascaded to all programmes.
- ✓ Conducting stakeholder's engagements and orientation for partners and stakeholders allows buy-in before the rollout of LEAP 3 with increased participation of the most vulnerable children and families throughout the DPA process.
- ✓ Engagement of local partners and stakeholders especially the district & SC leadership in DPA and macro programming ensures programmes are strategically aligned to District Development Plans and WV National and Regional priority agenda.

4.3 Participation of children in programme design and M&E

Majority of programs went through DPA processes in aligning to the new strategy. Programs took time to read and internalize the concept of child participation in the identification of the vulnerability issues that affects them as well as giving recommendation of what needs to be done using the four questions of; Who should implement the action on child vulnerability, what needs to be done, when should it be done and where the actions agreed upon needs to be taken into consideration by the relevant stakeholders, parents and communities on the child vulnerabilities. During critical path steps one to four, there was intentional engagement of children and the categories. During DPA children leaders were on the fore front to discuss with their fellow children and came up with issues that affect their education, health, livelihoods and protection / participation in the development interventions. Children's ideas were also generated through group discussions, drawings, drama and songs developed by children themselves on the issues affecting them. Children were also involved in identifying the key partners and stakeholders in their community that can address some of their challenges but also how their challenges can be addressed. All ideas generated from children's forums and discussions were thus mapped on a problem and objective tree through which Programme designs were developed in comparison to ideas generated from adults in the community. Recommendations made by children were considered during prioritization of projects. During outcome monitoring, baselines and evaluation specific tools were developed to get views from children that included YHBS, FLAT; children were also engaged in FGD. Dissemination of M&E data was profiled in such a way that it is easily understood by children e.g. by use of drawings and plays. Children in sponsorship programs were meaningfully engaged in writing sponsor letters, APRs, Christmas cards among others.

4.4 Working with partners

Partnering and collaborations were key enablers in the progress made towards achieving the Child Well Being Outcomes in 2015. In food security the sector began zoning commercial crops and identifying partners to work with. The partners were: Wageningen UR Uganda's Integrated Seed Sector Development (ISSD) programme, International Institute of Tropical Agriculture (IITA)'s /N2Africa project, and AgriNet Uganda Limited. The partnerships built the capacity of farmers in seed business, strengthened the competitiveness of smallholders in selected grain legume value chains and building farmers' capacity in farming as a business respectively, which resulted in increased reach to farmers, in the number of farmer groups and linkage of farmers with the markets.

In health system strengthening, WVU has been in partnership with the Ministry of Health and the Local Governments that contributed to the increase in the numbers of Village Health Teams (VHTs) trained in the year. The VHTs supported health programming through rolling out and implementing health models such as ttC and PD Hearth. They also supported households in managing malaria and diarrhea cases among other diseases and conducted referrals where there was need for medical attention. To increase coverage of ORS and zinc for childhood diarrhea, WVU partnered with CHAI. The sector also partnered with the FANTA project, which placed partner nutrition fellows in the MNCH projects in Amuru and Hoima districts. The membership to UCCOSUN a nutrition network, which World Vision Uganda hosts, increased mobilization on nutrition advocacy and support towards the Uganda Nutrition Action Plan, which is now tabled before the Parliament of Uganda. World Vision also partnered with UNICEF and UNFPA in reducing maternal and child mortality.

In Education, World Vision Uganda worked with the Ministry of Education, District Education departments and School Management Committees in 623 schools. The SMCs were involved in school monitoring and school supervision. Together with Research Triangle International, WVU mobilized resources for education and health

programmes. This contributed to more engagement of parents, ensuring more support from communities and better protection of children in school.

The Peace and Protection sector collaborated with the Parliament of Uganda and Local Governments through the Child Protection Committees, SOVCs and DOVCs to advocate and promote child protection. The field Programmes also collaborated with Children's Clubs and Faith Based institutions like the Anglican, Pentecostal and Roman Catholic Churches to implement models like ECaP and the Channels of Hope models respectively. In addition, Scripture Union and CaRNac established spiritual nurture clubs in World Vision Constructed schools. As a result children learnt life skills, which has built their confidence, resilience and skills in conflict resolution. Children in the spiritual nurture clubs also reported improved grades unlike those that were not in the clubs. This is attributed to the discipline that the spiritual nurture clubs instill in them (World Vision Uganda, Spiritual Nurture Club Evaluation Report, April 2015).

The practice of joint monitoring of Programme interventions at district and sub county level has been a niche to the organization and the districts at large as it is through this avenue that the different partners and stakeholders both the technical and political leaders have not only been able to realize how much the organization has done but also addressed the challenges that programmes are facing in relation to achieving key project and Programme milestones.

4.5 Recommendations for improvement

- ✓ Continue developing the capacity of partners and WVU staff in accountability framework
- ✓ Ensure all activities are budgeted for in future project designs and included in log frames. Currently, this is done in food assistance, but there is a gap in other sectors.

5 Learnings from the CWB Reporting process

- ✓ Limited flexibility on allocation of resources to respond to context needs leading to uneven pattern in performance of indicators. For example in Kim and Ntwetwe where there is recommendable progress in health related indicators poverty at household remains high.
- ✓ Performance in some indicators was affected by the context such as electioneering. We therefore need to be cautious and develop contingency plans
- ✓ Food security contributes significantly towards achieving other child well-being outcomes like child nutrition, household income and school attendance.

Table 10: Financial report according to different CWBO

CWBO	2015 Expenditure
Adolescents ready for economic opportunity	1,142,086.00
Children access and complete basic education	2,210,798.00
Children and their caregivers access essential HEA	799,136.75
Children are respected participants in decisions	2,708,784.84
Children cared for in a loving, safe, family and	3,503,559.76
Children celebrated and registered at birth	947,020.00
Children enjoy positive relationships with peers	1,172,890.98
Children grow in their awareness and experience of God	1,240,518.34
Children have hope and vision for the future	2,119,914.00
Children make good judgments, can protect themselves	3,179,195.95
Children protected from infection	5,858,505.04
Children read, write and numeracy skills	3,193,660.14
Children value and care for others and their environment	1,613,525.97
Children well nourished	6,515,036.06
Not analysed	360,004.20
Not applicable	5,281,083.12
Parents or caregivers provide well for their child	2,897,802.85
Total	44,743,522.00

WV Uganda's NO Strategy Map 2013-2015

World Vision Uganda will contribute to improved and sustained wellbeing of 1,300,000 most vulnerable boys and girls by 2015.

CWBA 1: Children enjoy good health
 CWBA 2: Children are educated for life
 CWBA 3: Children experience love of God and their neighbors
 CWBA 4: Children are cared for, protected, and participating

Child Wellbeing

1. Improved Health and nutrition status of children under five & women in the reproductive age
 2. Improved food security and community resilience among the most vulnerable populations
 3. Improved equitable access to and quality education for girls and boys
 4. Increased protection, care and nurture of girls and boys

Funding and donor relations

Strengthen financial management and accountability
 Strengthen resource acquisition and mobilization for financial sustainability

Internal Process

Strengthen corporate governance and enhance organizational structure to deliver strategic priorities
 Strengthen organizational business processes and systems
 Strengthen staff performance management, engagement and spiritual nature
 Enhance organizational capacity to prepare and respond to emergencies
 Strengthen Sponsorship management

Other Partners

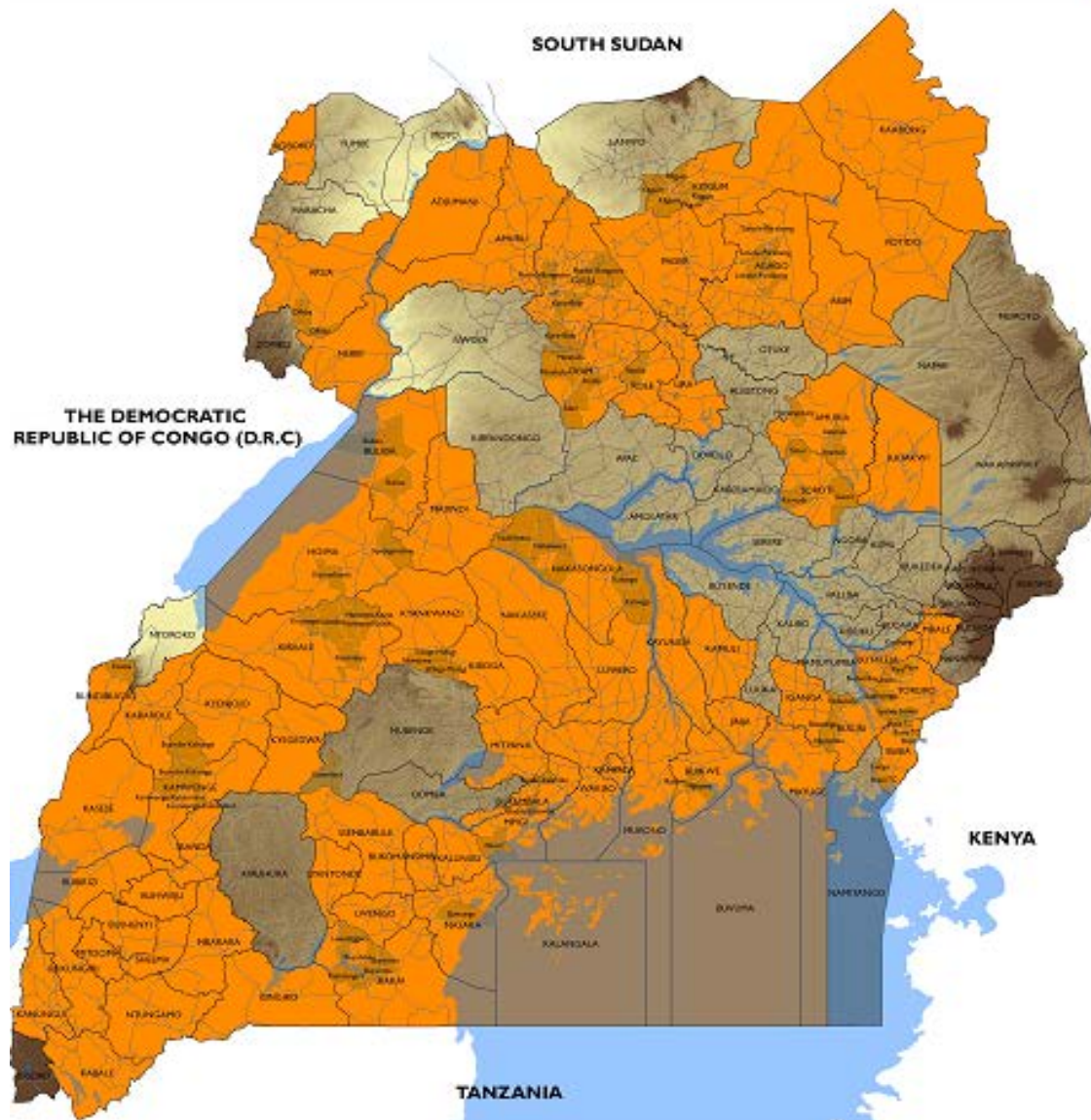
Strengthen Organization's Brand, Visibility, Communication, External Engagements and Partner Relations

Organisational Learning and Growth

Improved DM&E processes, accountability practices, research, learning and Innovation
 Enhance Organizational Development

Improve organisational performance and effectiveness to achieve WV Uganda strategic priorities

Our Vision for every child, life in all its fullness; our prayer for every heart, the will to make it so.



Legend

- Roads
- Water body
- Current Districts of Operation
- District Boundary
- Area Development Programme

Data source: Administrative Boundary Uganda Bureau of Statistics (UBS 2014)

Coordinates: UTM Zone 18M UTM Zone 18M
 Projection: European Mercator
 Datum: WGS 1984
 File Extent: 500000000
 File Name: 0000000000
 Contour Interval: 20,000
 Scale Factor: 0.9996
 Latitude Of Origin: 0.0000
 UTM Meter



Background

World Vision is a Christian, relief, development and advocacy organization dedicated to working with children, families, and their communities to reach their full potential by tackling the causes of poverty and injustice. It is committed to working with girls and boys, families, and their communities worldwide to overcome poverty and injustice.

Our Vision

Our vision for every child: life in all its fullness. Our prayer for every heart: the will to make it so!

Strategic Goal:

To contribute to improved Household Resilience, Protection and Sustained Well-Being of 6,000,000 Children, especially the most vulnerable by 2028.



Vision:

Our vision for every child, life in all its fullness; Our prayer for every heart, the will to make it so.

Mission:

Our mission is to follow our Lord and Savior Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God.

Core Values:

We are Christian

In the abundance of God's love, we find our call to serve others.

We are committed to the poor

We are called to relieve their need and suffering, engaging a relationship between the poor and the affluent.

We value people

We regard all people as created and loved by God, each with a unique claim to dignity, respect and intrinsic worth.

We are stewards

We are faithful to the purpose for which we receive resources and manage them in a manner that brings maximum benefits to the poor.

We are partners

As members of the World Vision partnership, we accept the obligation of joint partnership, shared goals and mutual accountability.

We are responsive

We are responsive to life threatening emergencies as well as complex social economic situations requiring long-term development.

World Vision Uganda

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