

ANNUAL REPORT 2012

Strengthening
Partnerships
for
Improved
Child
Wellbeing



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

MISSION

To follow our Lord and Saviour 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.

VISION

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

CALL AND ASPIRATION

World Vision Uganda aspires to a Uganda in which children (girls and boys) are empowered to enjoy their well-being; with households and communities committed and empowered to provide and demand for the physical protection, psychosocial and spiritual needs of their children. We are called to live out our Christian identity to empower and work in partnership with government and community-based institutions.

CORE VALUES

- We are Christian
- We are committed to the poor
- We value people
- We are stewards
- We are partners
- We are responsive

Cover photo: Five-year-old Betty Claudia Amero, from Abim District, shows fruits from seedlings provided by World Vision/Simon Peter Esaku.

Back photo: Five-year-old Ronald Kagame, from Mukono District, carries his brother Lucky Mark Rwigyema/Davinah Nabirye.

TABLE OF CONTENTS

Acronyms	4
From the Board Chair.....	5
From the National Director	6
Introduction	7
Chapter One: Enabling children to enjoy good health	8
Churches engaged in prevention and response to HIV and AIDS	11
SPEAR.....	12
Water, Sanitation and Hygiene.....	13
Chapter Two: Support to quality education in Uganda	15
Chapter Three: Toward food security and community resilience	19
The Northern Uganda Early Recovery Project	22
Karamoja Drought Response Food Programmes.....	22
VisionFund	24
Chapter Four: Advocacy – Speaking for the voiceless and marginalized	26
Child Health Now	26
Citizen Voice and Action.....	28
Chapter Five: Support to child protection, care and participation	30
Gender Mainstreaming in interventions	33
Chapter Six: Saving lives through efficient, effective and rapid responses to emergencies	36
People and Culture: Becoming an employer of choice.....	39
Financial Report	40, 41
Board of Directors	43

ACRONYMS

ADP	Area Development Programme	MARPs	Most at Risk Populations
AIMH	Access to Infant and Maternal Health	MED-Net	Micro Enterprise Development Network
ANC	Antenatal care	MNCH/MCH	Maternal, Neonatal and Child Health/ Maternal and Child Health
ANCP	AusAID NGO Cooperation Program	NiE	Newspapers in Education
ARVS	Anti retrovirals	PD Hearth	Positive Deviance Hearth
AusAID	Australia Aid	PITC	Patient Initiated Testing and Counseling
BCA	Behaviour Change Agents	PMTCT	Prevention of Mother to Child Transmission (of HIV)
BEIP	Basic Education Improvement Plan	SMC	School Management Committee
CFS	Child-friendly Spaces	TDMS	Teacher Development Management System
CHN	Child Health Now	ttc	Timed and Targeted Counseling
CoHG	Channels of Hope for Gender	UNDP	United Nations Development Programme
CT	Care and Treatment	USAID	United States Agency for International Development
CVA	Citizen Voice and Action	USDA	United States Department of Agriculture
DFID	UK Department for International Development	VHC	Village Health Committee
ENP	Essential Nutrition Package	VHT	Village Health Team
EU	European Union	VMC	Voluntary Male Medical Circumcision
FMNR	Farmer Managed Natural Regeneration	VSLA	Village Savings and Loans Association
FY	Financial Year	WATSAN	Water and Sanitation
GBV	Gender-based Violence	WFP	World Food Programme
GIK	Gifts in Kind	WVU	World Vision Uganda
HBCT	Home-based Counseling and Testing		
HCT	HIV Counseling and Testing		
IYCF	Infant Young Child Feeding		
KOICA	Korea International Cooperation Agency		
LLITNs	Long-lasting Insecticide-treated nets		

FROM THE BOARD CHAIR



It gives me great pleasure to introduce to you World Vision Uganda's (WVU) annual report for the financial year 2012. Looking back at what we did and planned to do last year, I am humbled to give glory to God and thank our partners and staff, on behalf of the entire Board. In my view WVU enjoyed a successful FY2012 and it can look to the future with confidence and more determination to raise the bar even higher.

In 2012 WVU completed its three-year strategy, which started in 2010, and laid a good foundation for the next strategy. The last strategy focused on three major goals within three sectors:

- Increased proportion of girls and boys completing primary school education.
 - Increased access for girls and boys to utilisation of quality health and HIV and AIDS services in World Vision-supported communities by 2012.
 - Improved livelihood security.
- This annual report presents a reflection of some of the work we did towards fulfilling the specific goals and objectives in this strategy, which we have done with great success despite

the changes in our operating environment. One message that has continued to come through is not to take anything for granted but to remain committed to God for his provisions of grace and mercy to keep our partnerships effective in reaching the vulnerable children in the areas we serve. Working together in partnership with communities, organisations, government departments, individuals and many other stakeholders has enabled us to achieve great strides in delivering better outcomes for the children.

We specifically thank our Support Offices, sponsors and donors for supporting us through their generous contributions that have kept our programmes running. Thank you for the tireless efforts and sacrifices made towards raising resources to ensure that our vision of children enjoying life to the fullest is achieved.

We are committed to continuing to work closely and effectively with all our partners with whom we share similar aspirations as we implement our newly developed strategy for 2012-2015. The period ahead will see WVU actively promoting its visibility both locally and internationally. This is at the core of the current and future strategic plans.

The Board and Management are committed to creating an environment in which staff performance and innovation are recognised and rewarded. We plan to make WVU synonymous with innovation and excellence in the development of new ideas towards reliable delivery of services. We shall continue to integrate our programs and activities within and with our partners in order to provide as comprehensive

a package as possible to support and facilitate the communities to improve the wellbeing of children.

Probity and best practice will continue to be at the heart of every activity undertaken by WVU as we increase our focus on staff empowerment and performance. The morale of our staff is high and our ongoing commitment is centered on fully developing their talents and skills to enable them deliver exceptional service to the beneficiaries and communities that we serve. In this year, we bade farewell to our energetic and innovative National Director, Ms Rudo Kwaramba, who left on promotion to become the Regional Leader for Southern Africa. In return, we welcomed an equally resourced, result-oriented and enthusiastic Mr. Gilbert Kamanga as a replacement. I invite you all our partners and staff to offer him the best support as we go forward.

The three-year National Office Strategy sets ambitious targets on many fronts, which we are confident Mr. Kamanga and the team will enable us all to achieve by the grace of God. Throughout, the Management has continued to provide leadership to the organisation and the Board is grateful for the help and support they have provided to us.

Given our progress in FY2012, I am confident that we are well-placed to grow and expand our operations in the communities that we serve to ensure World Vision Uganda's long-term sustainability and impact.

Thank you,

A handwritten signature in black ink, appearing to read 'Fred K. Muhumuza'. The signature is fluid and cursive, written over a light-colored background.

Fred K. Muhumuza, PhD.

FROM THE NATIONAL DIRECTOR



Welcome to the World Vision Uganda (WVU) 2012 annual report. The year that has passed has been a year of celebration on many fronts. There were significant successes in improving the quality of life/wellbeing of children as evidenced in our *Child Wellbeing Report* and in responding to emergencies such as the influx of refugees from the Democratic Republic of Congo. The response to the refugee influx included the establishment of 10 Child-Friendly Centres in the resettlement camp in Rwamwanja. These centres continue to provide the refugee children a place to unwind – they can play, learn lifeskills and, most important, get psychosocial assistance to help them overcome the effects of the war.

FY12 was the last year of implementation of the WVU three-year strategy (2010-2012). As such, we developed another three-year strategy for 2013-2015. World Vision Uganda continues to focus on achieving child wellbeing outcomes through partnerships and systems

strengthening, which is combined with local governance interventions for increased demand, utilisation and accountability of service delivery to the poor. This is done through the Citizen Voice and Action model.

Through the grace of God, in 2012 World Vision Uganda implemented 53 Area Development Programs and 20 grant/special funded projects that reached 2,000,000 people in 41 districts of Uganda. The partnership with Vision Fund Uganda has led to increased economic independence of several households.

Our focus on education has not only increased education performance in the supported schools and districts, but also led to reduced early marriages. Information, Communication and Technology centres for teachers and students have been established in areas such as Gulu District in order to strengthen the competence of teachers for better learning outcomes.

Maternal, newborn and child health continued to be a focus in 2012. With support from different donors, we have been able to reduce the number of maternal deaths. The number of deliveries taking place in health facilities where mothers are attended to by a skilled birth attendant has increased. In collaboration with the Ministry of Health, we have continued to strengthen the functionality of village health teams (VHTs) in the communities where we work. We have also continued to implement safe male circumcision in an effort to curb HIV infection which is on the rise in some parts of Uganda.

Increasing household access to clean water through the Uganda Water, Sanitation and Hygiene (UWASH) project has been one of the major celebrations for World Vision Uganda. The focus on innovation has led to diversified sources of clean water being available to communities. Social entrepreneurship has also been introduced to ensure sustainability.

The continued donor and government support has enabled WVU to carry on providing support in Northern Uganda and Karamoja where there have been significant successes in improving household resilience.

The achievements in 2012 have been possible because of the talented and dedicated staff and Board of Directors, the cooperation and goodwill from the communities (including boys and girls), the Government of Uganda (at all levels), donors (private and public), support offices and the private sector. To all of them I say 'Webale Nnyo!' (Thank you very much).

As we look forward to 2013 and beyond, WVU will continue to focus on systems strengthening through partnerships. Evidence from our programming in the communities will be used for policy dialogue and influence. Child protection governance for increased accountability and value for money will continue to guide all our programs. Once again, thank you for taking time to read this report.

A handwritten signature in black ink, appearing to read 'Gilbert Kamanga'.

Gilbert Kamanga.

INTRODUCTION

During the financial year 2012, World Vision Uganda implemented activities guided by the National Office strategy for FY10-12. This strategy, whose goal was to enable WVU contribute to the wellbeing of 1,030,000 children, their households and communities by 2012, focused on:

- Increased proportion of girls and boys completing primary school education.
- Increased access for girls and boys to the utilisation of quality health and HIV and AIDS services in WV-supported communities by 2012.
- Improved livelihood security.

This report looks at what the organisation fulfilled in line with the above strategic areas of focus.

Geographic Coverage and priority districts

World Vision currently covers all the sub-regions in Uganda as shown in the map below.

Table I: Current and prospective districts of operation

Sub national region	Current operational districts	Forecast additional districts
Karamoja	• Abim, Kotido, Kaabong	-
North	• Kitgum, Lamwo, Pader, Agago, Otuke, Gulu, Amuru, Oyam, Kole, Nwoya, Alebtong, Lira	Amolatar, Dokolo
Central 1	• Masaka, Rakai, Lwengo, Mpigi, Butambala	•
Central 2	• Kyankwanzi, Kiboga, Nakaseke, Nakasongola, Mukono, Buikwe	-
East Central	• Bugiri, Busia	• Mayuge, Namutumba
Eastern	• Soroti, Amuria, Mbale, Butaleja, Tororo	• Bukwo, Kween, Katakwi
Kampala	-	• Kampala
Western	• Bundibugyo, Ntoroko, Kibaale, Hoima, Buliisa, Kamwenge	-
Southwestern	• Kabale	-
West Nile	• Arua	-

CHAPTER ONE:

Enabling children to enjoy good health

Introduction

World Vision Uganda has made a strategic choice of investing in maternal and child health by promoting high impact health interventions to promote primary health care using the 360 degrees approach that focuses on three levels: individuals, systems and the policy environment.

The organisation's approaches have emphasised partnership with the Ministry of Health and other stakeholders to ensure delivery of quality health/nutrition services at the community level. Central to this are the village health team members who are community volunteers selected from within their communities to provide accurate health and nutrition information, primary healthcare support and proper linkages between the household and greater health service delivery system with the purpose of fostering behavior change at household level and empowering children and their caregivers to keep themselves healthy. Presently 5,400 VHTs have been trained and supported in partnership with 43 districts.

WVU's approach also involves building the capacity of community groups to address and monitor local causes of illness, death and malnutrition, advocate for quality health service delivery, monitor home-based care services and ensure enabling environments for positive health outcomes. These include: The village health committees (VHCs) and child-focused stakeholder coordination (Community Committees).

Improving health and nutrition status of children under five and women of reproductive age

During FY12, WVU implemented the following core interventions to improve the survival of pregnant mothers and newborns.

➤ Training and equipping of VHTs to enhance the delivery of appropriate health promotion messages and actions to pregnant women and care givers. Twenty six ADPs and four Maternal, Neonatal and Child Health (MNCH) projects trained 1,540 VHTs across the country.

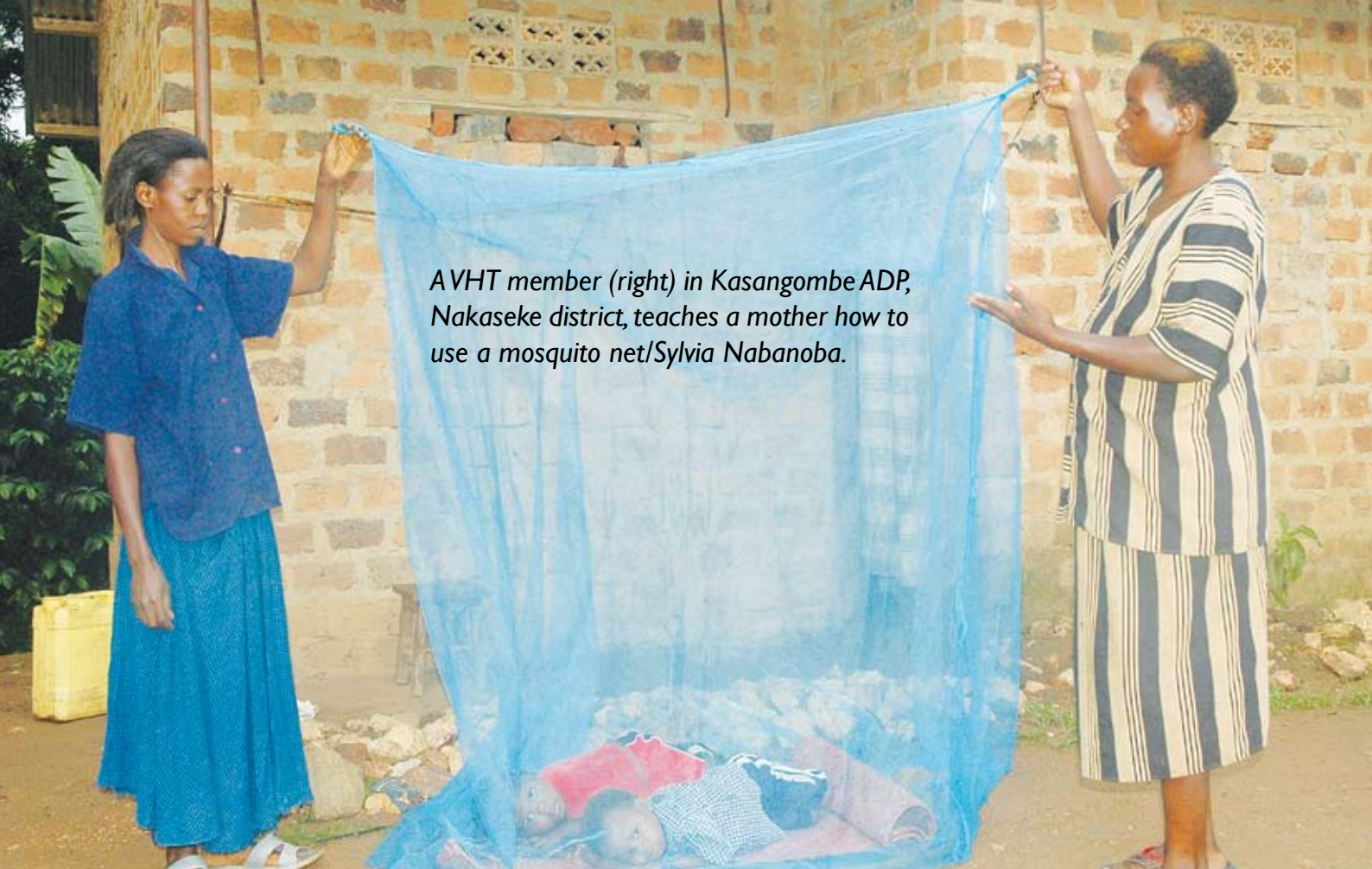
The VHTs were trained in targeted and timed counseling, an innovative approach of disseminating the right messages at the right time to the right person. The purpose of engaging VHTs was to create demand for services, especially to motivate pregnant women to utilise ante-natal care services. As a result of this community health systems approach, health facilities within WVU program areas are reporting an increased utilisation of antenatal care services and delivery at the health facility.

➤ WV focused on working with health facilities to bridge existing gaps at facility level, especially ensuring the availability of medical drugs, physical infrastructure, hiring and training of health workers. As a result of the facility focused strengthening interventions combined with demand creation by VHTs, 1,325 women delivered at a health facility by skilled birth attendant and 1,206 women were reported receiving family planning services respectively.

➤ Improved protection of children under five from childhood illnesses by implementing three inexpensive solutions – vaccinations for preventable diseases, community treatment of diarrhea and pneumonia, LLITN (long-lasting insecticide-treated nets) distribution and behavioral communication.

Partnership with Ministry of Health through Child Days Plus

One of the child survival strategies in the country, the bi-annual **Child Days Plus** was conducted in the months of April and October. This was intended to help accelerate the progress towards achieving the goals of universal (>95%) coverage with core life-saving interventions for children and mothers. Activities implemented include vitamin A supplementation for children aged 6-59 months, de-worming of children aged 1-14 years, promotion of key family health care practices such as nutrition education,



AVHT member (right) in Kasangombe ADP, Nakaseke district, teaches a mother how to use a mosquito net/Sylvia Nabanoba.

breastfeeding, use of LLITNs, hygiene and sanitation and catch up immunisation for children under five. In order to support district implementation of the Child Days Plus activities, the Ministry of Health partnered with WVU in 46 districts and supported districts with supplies and micro planning. WVU donated 7,800,000 de-wormers and 3,000,000 Vitamin A tablets to the ministry to support the campaigns. As a result, 2,020,953 children aged 6-14 years were de-wormed and 1,653,559 given Vitamin A supplements in 31 districts where WVU operates.

Through the EAMNCH project (funded by AusAid), WVU worked with Kitgum district to hire and place midwives in six hard-to-reach health facilities and 26 health workers from six health centres have so far been mentored by four senior staff.

➔ Improved nutritional status of children under five years and pregnant and lactating mothers.

The key nutrition interventions included promotion of early, exclusive and prolonged breastfeeding, complementary feeding, vitamin A supplementation as well as growth monitoring and referral of complicated malnutrition cases to facilities for treatment, relying heavily upon trained VHTs to counsel families. In this financial year, 26 ADPs trained 755 VHTs in Infant Young Child Feeding (IYCF), timed and targeted counselling (ttc) and Positive Deviance Hearth to equip them with the necessary knowledge and skills to educate and mobilise mothers and their children for appropriate nutrition services and practices.

Promising Practice – Men attending Positive Deviance Hearth. A total of 9,458 men participated in feeding programs

A mother in Rwamwanja refugee camp, Kamwenge district, feeds a child suffering from malnutrition at a health centre supported by World Vision/Sylvia Nabanoba.



Nutrition-related indicator cascade table

#	Indicator	Output
1	# of pregnant women attending ANC	32,500
2	# live births	31,525
3	# women who delivered at health facility	18,525
4	# of women supported to initiate breastfeeding within one hour after birth	16,708

Increased utilisation of core HIV prevention services and adoption of safer sexual behavior

During this financial year, WVU implemented projects with a focus on prevention of mother to child transmission of HIV and life skills enhancement. This was aimed at reducing paediatric HIV cases and new HIV infections among children and youth. It was coupled with creating an enabling environment where communities are empowered to provide the basic needs (food, clothing, medical care, education and socio-economic support) of those infected and affected by HIV and AIDS. Under this, three main projects were implemented – the Church Partnerships (WV US), Care, Treatment and Support (WV Australia) and SPEAR (USAID-funded) projects.

Key highlights

- 720 HIV positive mothers attended four of the recommended ANC visits
- 735 HIV positive received ARVs for preventing MTCT
- 523 HIV positive mothers delivered with the help of a skilled birth attendant
- 413 men attended at least one ANC/ PMTCT
- 313 HIV positive mothers utilised family planning services
- 522 (01 disabled and 521 non disabled) children received ARVs for PMTCT
- (46%) fathers of HIV exposed infants able to identify at least 03 benefits of PMTCT
- 03 active community resource groups promoting PMTCT, maternal, newborn and child health care services campaign
- 340 HIV positive mothers reported improved quality of PMTCT services
- 1 maternity ward constructed as result of CVA
- 978 exposed children born with normal weight by HIV positive mothers

Churches engaged in Prevention and Response to HIV&AIDS – the Church Partnerships Project

Building capacity of faith leaders

Religious leaders received training on HIV risk reduction. Through the Channels of Hope model, 148 church leaders and 305 congregation members were trained on prevention and response to HIV and AIDS. Seventy six hope teams have been formed reaching communities where the project is implemented with messages on HIV and AIDS prevention, adherence to drugs and access to voluntary counseling and testing.

Churches advocate for children's well-being

Given the background that gender-based violence remains a key driver of HIV transmission, the Church Partnerships project trained 79 church leaders in Reclaiming the Wonders of Sexuality and gender and development. As a result faith leaders have integrated key messages on sexuality in their HIV prevention sessions so as to dispel and demystify myths and misconceptions on social constrictions that make women and children vulnerable to HIV infection and other forms of abuse.

During the reporting period, two interfaith dialogue meetings were held in Kachonga and Budumba ADPs in Butaleja district. Through these meetings, Muslim and Christian leaders formed an advocacy agenda for maternal and child health, which was presented to district leaders.

The faith leaders also developed action plans to support birth and death registration programmes for children.

Promising Practice

Faith leaders have established an interfaith forum to enhance dialogue and advocacy. Through the meetings, faith leaders formed an advocacy agenda for maternal and child health, which was presented to district leaders. Faith leaders developed action plans to support birth and death registration programmes for children.

Care, Treatment and Support to improve the health of HIV-positive pregnant mothers and HIV-exposed children below five years

During the reporting period, WVU contributed to improving the health of HIV-positive pregnant mothers and children below five years who are exposed to HIV by working with 16 Ministry of Health centres in the districts of Rakai, Masaka, Kalungu and Mpigi. World Vision also partnered with three community resource groups – Ntaayi Women’s Group, Asiika Obulamu drama group and Twegatte Women’s Group – as well as peer educators and VHTs to carry out community mobilisation and awareness campaigns for increased PMTCT service utilisation. This was coupled with mentoring and offering support supervision to health workers in order to improve PMTCT service delivery.

Supporting Public Sector Workplaces to Expand Action and Responses against HIV&AIDS (SPEAR)

The SPEAR¹ Project continued to support behavior change agents (BCA), Village Health Teams (VHT), community mobilisers and HIV experts to deliver comprehensive sexual and behavior prevention interventions focusing on risk reduction, counseling and promoting health behavior among adults and young people in institutions of higher learning. 129,896 individuals accessed prevention services including risk reduction counseling, counseling and testing and like skills for HIV prevention with support from the program in 76 districts.

Prevention for Most At Risk Populations (MARPs)

SPEAR supported over 2,000 work place-based health educational talks for HIV prevention among the uniformed forces and most at risk populations (MARPs) in 66 districts. HIV prevention campaigns were conducted through small group discussions in police units, barracks and drinking/eating places around the barracks. The discussions led by BCAs offered opportunities to discuss risk factors at

workplaces, sharing experiences and to come up with solutions to HIV risk reduction in their communities. The discussions were geared towards empowering men and women in uniform and their spouses to adopt health behavior including information on condom use and distribution of condoms.

The discussions also focused on the benefits of fidelity, and getting off the sexual network. The MARPs reached were also mobilised for and supported to access HIV counselling and testing (HCT) and voluntary male medical circumcision (VMMC). Over 50,800 MARPs were reached with behavior change interventions as indicated in the table.

MARPs that benefited from BCC interventions by sector

MARPs-Sector	First	Repeat	Grand Total
Police	25,030	4,306	29,336
Prisons	14,037	2,184	16,221
Private Security	4,761	482	5,243
Total	43,828	6,972	50,800

Access to and utilisation of HCT services by target public sector workers

A comprehensive package of HCT services was provided to 60,999 (61% above the target=38,000). SPEAR employed a mix of strategies including HCT campaigns, home-based counselling and testing (HBCT), patient-initiated testing and counselling (PITC) and integration of care and treatment (CT) into VMMC camps and staff wellness events organised by the ministries and sectors. Of the total number reached, 2.6% (1,606 clients) accessed HCT services as couples. In summary, of the total number reached, 54% were public sector employees, 11% were their family members and 35% were community members.

¹SPEAR is funded by USAID and implemented by World Vision and Research Triangle International (RTI)

WATER, SANITATION AND HYGIENE (WASH)

Improved access to safe water and sanitation and adherence to good hygiene practices by households and children

To contribute to the above outcome, WVU seeks to improve child well-being by enabling families and communities to achieve sustainable access to adequate safe water and improved sanitation facilities. Families and communities also need to practice good hygiene with focus on the prevention and control of water, sanitation and hygiene-related diseases in children and families.

Under the Uganda Water, Sanitation and Hygiene Project (U-WASH), which is implemented in 10 ADPs covering Northern, Western and Central Uganda, interventions included constructing boreholes, wells and water harvesting tanks.

These efforts in the water sector directly benefited 95,448 people, while 104,987 benefited indirectly. The following table summarises WVU's interventions in the water sector through U-WASH.

Table illustrating WVU interventions to improve access to safe and clean water

Activity	Planned	Actual
Construction of deep boreholes	115	171
Construction of shallow boreholes	28	28
Construction of hand dug wells	10	16
Rehabilitation of deep wells	51	51
Protecting springs	46	47
Construction of rainwater harvesting tanks for schools	16	16

World Vision establishes water committees wherever a water source is introduced, which committees ensure that the water source is well utilised and maintained. The organisation established 289 WASH committees in the communities and offered them training in financial management, operation and maintenance, environmental-related management and hygiene and sanitation.

Furthermore, in FY12, the U-WASH project paid particular attention to schools, in a bid to improve the facilities used by pupils. This was aimed at ensuring good hygiene that would prevent illnesses among the children from sanitation-related causes.

WASH interventions in schools

Item	Planned	Actual
Latrine stances constructed for pupils in schools	558	609
Latrine stances constructed for teachers in schools	105	117
Handwashing facilities provided in schools	128	95
Refuse pits constructed by schools	52	37

To promote the sustainability of the programme, U-WASH² has begun training community members in the areas where it operates in drilling of water sources as illustrated below:

Success story: Local people learn to drill their own wells

Many water wells require a significant investment – an expensive drilling rig and a crew to run it. Imagine creating a clean water source for a community in a short period of time and at an affordable price. That's what World Vision's water, sanitation and hygiene (WASH) program envisioned when it started an innovative project to train communities to dig their

²This project is funded by World Vision US through the For Every Child Campaign.

own shallow wells and equip them with hand pumps. In Gulu, the project has been identifying and training local entrepreneurs with small welding and drilling businesses to enable them to fabricate the necessary parts and have a thorough working knowledge of rope pump and manual drilling technology. Using local businesses contributes to the project's sustainability and community ownership.

One of the participants, Polycarp, has been drilling shallow wells since 2007 with four colleagues. With experience as a Red Cross volunteer training communities in internally displaced people's camps on good sanitation and hygiene practices, Polycarp has a good foundation in helping others. In addition, he and his colleagues have training in manual drilling.

Asked what difference the training will make for the community, Polycarp simply said, "Health. People in the community will have safer water. A big percentage of the beds in hospitals are taken by people with waterborne diseases."

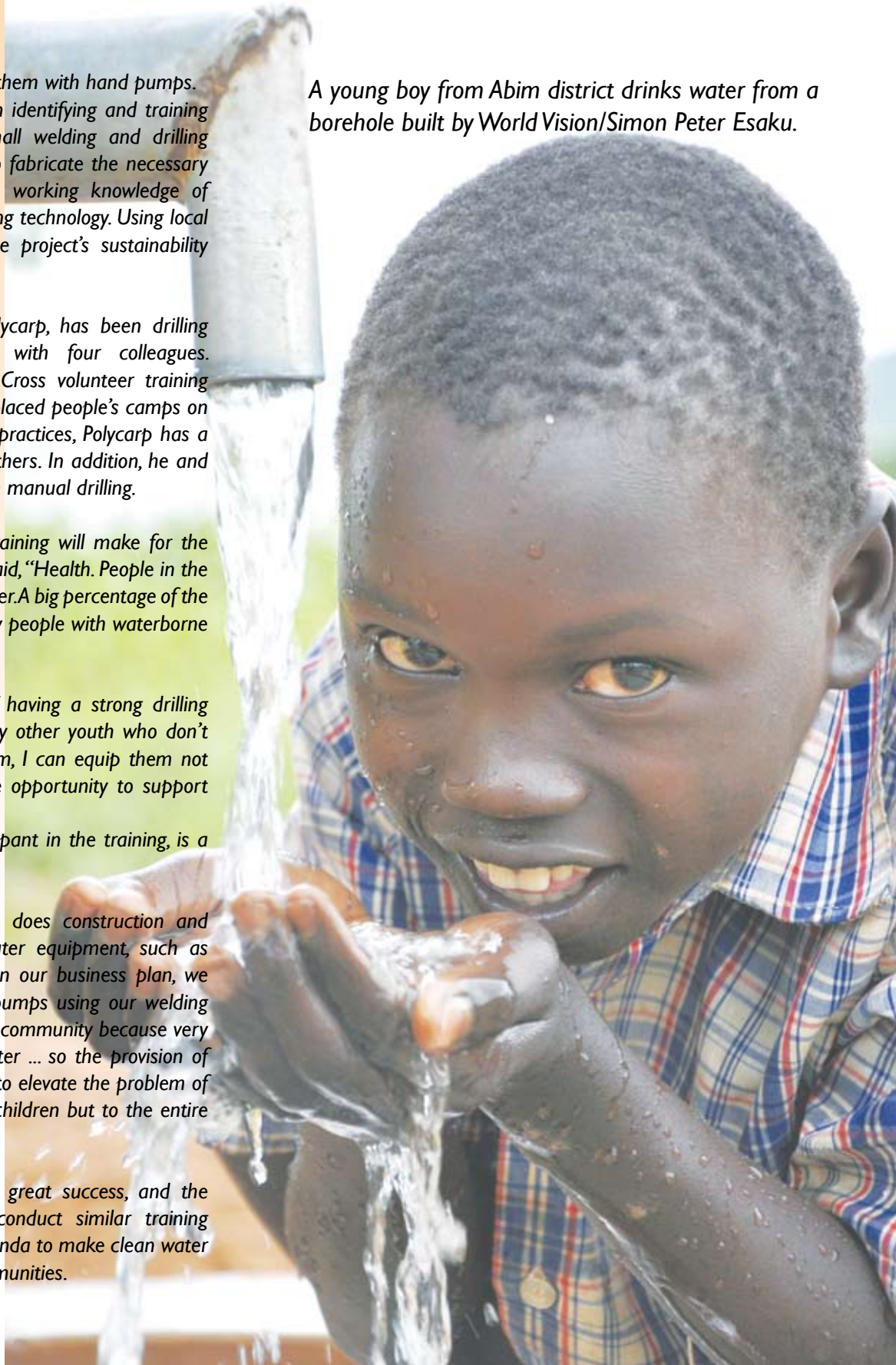
He added, "I also dream of having a strong drilling business. I want us to employ other youth who don't have work. In employing them, I can equip them not just with a skill, but also the opportunity to support their family"

Richard Okot, another participant in the training, is a welder and fabricator.

"Our welding company also does construction and things like production of water equipment, such as storage tanks and the like. In our business plan, we planned to fabricate water pumps using our welding skills. This will do a lot for the community because very many people are lacking water ... so the provision of these pumps will at least try to elevate the problem of safe water - not only to the children but to the entire community."

The training in Gulu was a great success, and the WASH program plans to conduct similar training sessions in other parts of Uganda to make clean water more accessible to rural communities.

A young boy from Abim district drinks water from a borehole built by World Vision/Simon Peter Esaku.



CHAPTER TWO:

Support to quality education in Uganda

In 2012, World Vision's education interventions in Uganda covered 29 Area Development Programmes (ADPs) and four education projects – Kotido Improved Education, Wol Education Project, Pader Improved Education and the Needy Children Education Scheme. The interventions, which cost about \$8.5 million, benefited over three million children. The bulk of these beneficiaries were children registered with World Vision.

This investment was in line with the National Office strategic objective of increasing the proportion of girls and boys completing primary school education from 30% to 50% by 2012.

Summary of interventions in FY12

Intervention	Quantity
Classrooms built	142
Staff houses built	71
VIP latrines (stances) built	325
Twin desks supplied	2,556

These interventions contributed to government efforts in improving access to education and significantly reducing the distances that children have to walk to school. They also gave children access to a child-friendly learning environment, coupled with ensuring that teachers lived close to school and had enough time for teaching. More than 400,000 children have directly benefited from the improved safe and attractive environment and reduced pupil-classroom ratios.

In FY12, WVU supported children in areas affected by conflict and hard-to-reach areas with school uniforms and exercise books. This was in a bid to ensure that these children do not miss out on education. Over 200,000 exercise books and 11,000 uniforms were supplied to this category of children.

Apart from support to basic education, scores of WVU education interventions in the past three years also included support to secondary education, vocational skills training, adult basic education and tertiary education. In FY12, nine students from Gulu and Kitgum districts were selected and admitted to Ndejje University where World Vision supports them under the Needy Students Scheme.

Partnerships


Local, national and international partnerships enable players in the education sector, such as World Vision, to expand their reach while supporting government's initiatives. By partnering with various organisations, World Vision has been able to meet its targets through learning from and supporting its partner organisations.

In 2012, WV participated in the advocacy for education financing in partnership with other Forum for Education NGOs in Uganda (FENU) members and has supported the network's activities. In collaboration with the British Council, World Vision organised five district-based children's forums in Gulu, Nakasongola, Tororo, Hoima and Kabale through which children were able to articulate issues affecting their learning.

In each of these districts an education forum for stakeholders was organised to address the challenges and develop an action plan on the way forward. This led to the development of a local advocacy agenda in the districts to address context-specific issues affecting children.

In addition, World Vision and British Council collaborated in the establishment of two Information Technology community hubs in Gulu district. This was in recognition of the importance of supporting teachers and community members to access information for capacity building, enterprise development and life skills.

WVU has worked with The Monitor Publications to promote a reading culture through the Newspapers in Education (NiE). About 60,000 children in 116 primary schools benefitted from this partnership in 2012. WV Uganda works with The Monitor Publications Ltd. to provide a child-appropriate newspaper pullout every

A young boy in a red and white checkered shirt is smiling broadly at the camera. He is sitting at a desk in a classroom, holding a pencil over an open notebook. Other children are visible in the background, some looking towards the camera and others looking away. The classroom has a wooden ceiling and green walls.

In February 2012, WVU, in collaboration with Plan International, facilitated an education policy dialogue for Tororo District. As a result of this dialogue, the district resolved to address the high pupil-teacher ratio. The meeting directed immediate recruitment of more teachers, leading to the recruitment of 123 teachers for primary schools. This reduced the pupil-teacher ratio from 75:1 to 63:1/Davinah Nabirye.

Monday for eight weeks in a term. Each school receives 150 copies of the newspapers, which are given to children of P4-P7. In each of the schools there is a readers' club whose members support their peers to read. Individual children develop their own NiE books and charts and write their own stories.

Working with and strengthening existing structures

Community, teacher and parent involvement in education nurtures a supportive environment in which children learn better. School Management Committees (SMCs) support parents and teachers who work together to improve and support the school structure and governance. Through these SMCs, schools are held accountable and are managed by the community.

Strengthening the capacity of SMCs and Parents and Teachers' Associations (PTAs) to increase involvement and participation in education is therefore key to World Vision's work. It is important to recognise the fact that education incorporates the building of community learning and awareness to help parents and other adults take charge of their future development and program sustainability. In total, 1,704 members of SMCs were trained in community action planning, school monitoring and community mobilisation.

The best results of community engagement can be seen in Aber ADP where there is a cluster SMC that oversees functionality of specific SMCs. This cluster SMC supports school improvement initiatives such as construction of staff houses and provision of lunch to children. In Aber ADP, parents rehabilitated eight teachers' houses. As a result most teachers stay at school and the school performance in the Primary Leaving Examinations (PLE) is the best in Oyam District (improved to 27 children in Division 1 compared to one child in 2009). Aber sub-county performance in PLE has also improved from four children in Division 1 in 2009 to 47 in 2012. Similar initiatives have been taken on in Aboke and Acaba ADPs where parents provide lunch to children in nearly all schools.

The year 2012 was also a year of strategic reflection for WorldVision Uganda. In the new FY2013-2015 strategy, the

strategic objective for education focuses on the learning outcomes of literacy, numeracy and life skills. There is a growing concern that the investment in infrastructure has not translated into a commensurate improvement in the education quality, which necessitates paying more attention to the school and classroom activities that impact directly on the learning outcomes.

Using the Basic Education Improvement Plan (BEIP) model, Literacy Boost model, the Ministry of Education and Sports' Teacher Development and Management System (TDMS) model, the UNICEF Child Friendly School (CFS) model and other models, WV will make a contribution towards quality education through the following approaches:

- Partnering for quality education
- Community engagement
- Capacity building of teachers
- Abundant, relevant and localised teaching and learning materials
- Effective monitoring and evaluation.

Working with and through partners will promote learning outcomes and sustainability of World Vision's interventions in the education sector.

Improved Education for Kotido District

Improved Education for Kotido district is a European Union-funded project, targeting 10,000 Alternative Basic Education for Karamoja (ABEK) pupils in 51 centers. The grant also targets 823 community school pupils in 12 community schools, 180 primary school teachers in 26 primary schools, 136 ABEK teachers in 51 centers, 20,000 school children in 26 primary schools, 15 scholarship Jie children in Kotido Primary College and 100 community elders.

The project seeks to break the cycle of low education rates in Kotido District, which are linked to many of the problems that are endemic to the region. Currently, children growing up in Kotido are still taught to prioritise livestock and their care, and rarely see an alternative means of livelihood or way of life, including being taught the value of education.

The project's expected results are:

- 1) Increased appreciation of importance of education amongst Kotido population.
- 2) Improved adaptability of education to pastoralist lifestyle
- 3) Increased enrolment and retention rates of students at local schools
- 4) Improved infrastructure of local schools in collaboration with communities
- 5) Kotido students committed to remaining in their home district as teachers

In August 2012, WVU piloted the localisation of reading materials using the shell book software in the communities of Iyolwa, Nabuyoga and Paya in Tororo District. Some materials produced by the community have been published. The shell book will be rolled out in Oyam, Kole and Kiboga clusters in 2013.



Children read the **Newspapers in Education** pullout/Sylvia Nabanoba.

CHAPTER THREE:

Toward food security and community resilience

During FY12, a total of 34 Area Development Programmes across all regions of the country implemented livelihood projects through agriculture, economic development and environmental protection. Through this, they contributed to the improvement of the well-being of over 150,000 children by improving income and food security.

Improved agriculture skills for sustainable farming

During the reporting period, WVU carried out activities aimed at improving the agricultural skills of vulnerable households in communities for sustainable farming and marketing. In the targeted ADPs, there are indications that at least 50% of the households targeted with skills and agricultural inputs are practicing improved farming methods. As a result, households' capacity to sustainably improve their livelihood has increased since they are able to eat at least two meals a day and raise money to meet household needs, children's health care and education.

In Minakulu ADP, the 80 oxen given out to be used on ox-ploughs helped plough 50 acres of land, increasing the acreage under cultivation. Seventeen fish farmer groups that received fish fries are maintaining the fish ponds well and expect their first sale soon.

Increased agricultural production was further achieved by improving the capacity of farmer groups in extension services provision, agro-processing, marketing and saving as well as demanding for better agricultural services. In Katwe ADP, Kiboga district, farmers were able to access agricultural extension services from 42 groups. Furthermore, in 2012, the NAADS (National Agricultural Advisory Services) coordinator and extension workers

monitored 177 farmer households in Muwanga area, compared to 91 in 2010 (NAADS coordinator report for August 2012).

This was a result of CVA efforts through which the community demanded access to better agricultural services. The increased access to extension services has enabled farmers improve their animal breeds through accessing artificial insemination services.

Adoption of sustainable natural resource management

Sustainable natural resource management is important for communities to realise an increase in agricultural production and productivity. Communities in the ADP areas promoted tree-planting, particularly of fruit trees. However, it was realised that the survival rate of trees planted in the community is 40%. Offaka ADP piloted the farmer managed natural regeneration (FMNR) approach that promotes re-growth of trees through pruning and other practices. In this way, trees are able to re-grow to maturity in about three years compared to when they are planted.

This concept is gradually being taken up by the communities of Offaka and Anyiribu sub-counties. Up to 130 acres of land in the two sub-counties have over 6,000 trees being regenerated using the FMNR practices. In addition, four schools in Offaka ADP are already practicing FMNR on two acres of land where trees were cut down. These trees act as windbreakers for the classrooms as well as preventing soil erosion. The involvement and participation of children in tree pruning in the four schools enabled them to develop interest in caring for the trees on their school compound.

In partnership with Heifer International, Arapai ADP trained and supported 10 community members in making biogas digesters in a bid to promote environmental conservation. The digesters reduce the amount of firewood used while increasing soil fertility as their bi-products are used as fertilisers. This further creates a positive impact in the lives of children since they do not have to walk long distances in search of firewood. They can revise even at night since the digesters assure homes of light. The

fertilised fields also guarantee increased food production, enhancing the well-being of children in the ADP.

Improved household incomes through micro enterprise development

ADPs that promoted economic development strategies realised increases in household incomes. The ADPs emphasised partnership with VisionFund (formerly MED-Net) for training in micro enterprise development and linking farmers and households to loan opportunities with them.

In Minakulu ADP for instance, 1,389 people (210 adults, 895 children and 284 OVCs) who benefitted from loans reported increased agricultural productivity. These loans enabled the farmer groups to buy seeds for planting in the following season, take their children to school, meet medical bills for their children and start up small businesses to sustain their households.

Buhimba ADP implemented an economic development project with an objective of contributing to sustainable household incomes. Results indicated that the proportion of households able to meet their basic needs rose from 36% to 55%, while 61.7% households were reported to be more food-secure, compared to 36% in 2011.

Farmer groups in various ADPs were equipped with knowledge and skills and supported with machinery that included maize mills, rice hullers and groundnut processors for value addition. They are now able to target markets better with long-shelf-life products.

Through developed agriculture value chains, in conjunction with the community, Arapai ADP identified cassava and groundnuts as the crops for which to promote value addition. In collaboration with the district local government, the ADP set up a plant where an association of farmers can process cassava and groundnuts after buying the raw material from other farmers in the community. The farmers' association, AFAMCOS (Arapai Farmers' Cooperative Society), is further seeking external market linkages with the support of the district local government and the export promotion board for opportunities of export.

Village Savings and Loans Associations (VSLA)

The VSLA is one of the product models of economic development that World Vision is promoting. Out of the merger income of vulnerable households, VSLAs have inculcated a saving culture, acting as safety nets but also enabling the community to borrow for better income opportunities. Group members can borrow money to support them while opening up land for planting, meeting domestic needs, paying school fees and starting up small-scale businesses to diversify their incomes.

In Karamoja, through the Fortifying Families in Kaabong project, the VSLA methodology has been embraced. Routine visits to the VSLA groups indicate progress, with average cumulative savings per group up to about UGX1,910,000 (US\$764), while group savings, welfare and funds in circulation through loans given out to members total UGX17,040,000 (US\$6,816). Group members borrow money within a range of UGX50,000 and UGX300,000. Through this methodology, community cohesion and solidarity have been promoted. There is also reduced redundancy because people have to work in order to save.

Food security and livelihood grants

World Vision initiated a three-year livelihood response project – Kaabong Livelihoods Enhancement Project (KLEP) in Kaabong to improve the level of food and income security among the agro-pastoralists in the district.

The project focused on increasing agricultural production and increasing access to business and financial services through establishing farmer field schools, supporting improved farming practices, encouraging proper health and nutrition practices, promoting income security through introducing VSLAs and increasing water availability for crop production through the establishment of solar powered irrigation schemes. It is envisaged that this will boost the level of productivity and income security among the communities, increasing their ability to meet household needs and income on a sustained basis.



The solar-powered irrigation scheme supports food production in drought-prone Kaabong/Sylvia Nabanoba.

As a result the project has contributed to increased agricultural production in greenbelt areas through the farmer field schools, which focus on improved/modern farming practices, the use of high-yield seeds and modern environmentally sound agronomy practices and methods to maximise the utilisation and productivity of available land.

Secondly, there is increased access to financial services and business support through the promotion of VSLAs, capacity building on selection of profitable enterprises and vocational support to the very poor, especially women and disarmed youth. Members are able to borrow in order to set up income-generating activities to support their families.

Partnerships for increased food security

ADPs partnered with research institutions such as the National Research Organisation (NARO) and Makerere University for improved technologies. ADPs in Oyam and Soroti clusters accessed 'maksoy' (improved soy bean) seeds from the Makerere University School of Agriculture and Environmental Sciences. This variety, which is high-yielding per unit area, was aimed at increasing household production and better nutrition and incomes through the products of maksoy. World Vision also partnered with the Serere Animal Research Institute (SARI) to support ADPs in the eastern region to set up demonstrations in the communities for better farming methods and varieties.

The Northern Uganda Early Recovery Project (NUERP)

World Vision Uganda implemented the Northern Uganda Early Recovery Project (NUERP) which was funded through the United Nations Trust Fund for Human Security (UNTFHS), by the Government of Japan. The project was implemented jointly by three UN Agencies: the United Nations Development Programme (UNDP/lead agency) with WVU as implementing partner, the World Health Organisation (WHO) and the World Food Programme (WFP) and their partner agencies.

The main goal of the project was to support the rapid and self-sustainable recovery of people who had been affected by conflict and were returning home in the Lango sub-region through an integrated service delivery and community-based approach. The project was implemented in the districts of Lira, Otuke, Alebtong and Oyam until 30th November, 2012 when it phased out. Through NUERP, 8,000 households were provided with assorted agricultural inputs and improved seeds including 75,000kgs of maize; 69,000kgs of soya beans; 60,000kgs of beans; 24,000kgs of simsim; 42,000kgs of groundnuts; 1,500kgs of sorghum; 7,260 hand hoes, 6,000 pangas to support land clearance; 1,080 oxen and 540 ox-ploughs. In addition, the capacity of 12,578 households was built on improved basic agronomic practices, animal traction and health.

Through NUERP, 3,084 households from 112 village savings and loans association (VSLA) groups in Oyam, Alebtong, Lira and Otuke districts were trained on business skills, entrepreneurship management and mentored on VSLA methodology. The provision of savings kits to these groups improved safety and transparency among VSLAs during and after savings. The groups have been actively saving with 100% of each of the savings group members actively contributing to the savings on a weekly basis. Cumulative savings obtained from the sampled 60 groups amounted to Ush43,702,600 (US\$16,808) within 11 months.

In addition, the project built the capacity of 1,190 district/local government staff and religious, cultural and political leaders of Lira, Oyam, Otuke and Alebtong districts in

participatory development, management, human rights and judicial mandates, peace building and conflict resolution, transparency and accountability.

Peacebuilding

The Northern Uganda Early Recovery Project (NUERP), which was implemented in Lira, Otuke, Alebtong and Oyam districts established and built the capacity of 'peace rings' in the communities to promote harmonious living. A total of 480 peace ring members were trained in peace building, conflict resolution and mediation skills. Each of them got a bicycle to facilitate their work. The table below illustrates the work of the peace ring members during FY12.

District	Total no. of cases reported	Cases resolved through mediation	Cases pending	Cases referred to local council
Oyam/Otuke	2,456	1,789	532	367
Lira/Alebtong	1,821	929	273	387
Total	4,277	2,718	805	754

Karamoja Drought Response Food Programmes

World Vision Uganda has been partnering with the World Food Programme (WFP) in implementing a drought response project in the Northern Karamoja districts of Abim, Kotido and Kaabong since January 2009. From 2010 up-to-date, the project has been implemented through two main approaches – the General Food Distribution (GFD) component that targets extremely food insecure households with free food rations and NUSAF 2 (FFW/FFA) targeting the moderately food insecure households with conditional food transfers.

In FY12, 56,415 extremely vulnerable individuals received free food rations to a tune of 3,696.804 metric tonnes (MT), as indicated in the table below.

General Food Distribution to Extremely Vulnerable Individuals

Items	Planned	A c t u a l Achieved	Remarks
Number of Beneficiaries	57,650	56,415	Beneficiaries served in the life of the project period
Food tonnage (MT)	3,696.804	2,554.788	Half ration was given due to pipeline break.

Early Childhood Development Project

Items	Planned	A c t u a l Achieved	Remarks
Number of Beneficiaries	5,600	4,158	Beneficiaries served in the life of the project period
Food tonnage (MT)	45.155	43.532	Food ration was affected due to pipeline break.

The partnership between World Vision Uganda, WFP and the Government of Uganda also saw the implementation of the NUSAF Phase 2 project in the districts of Abim and Kotido. This mainly targeted moderately food insecure households with the aim of creating community and individual assets through an integrated approach at the community level. Some of the components included:

(a) Livelihood infrastructure development, i.e. community access roads and culverts, watershed management and livestock watering points

(b) Environmental conservation i.e. reforestation, energy saving stoves

(c) Enhancement of traditional livelihoods i.e. provision of seeds, training on improved farming practices, animal traction, post-harvest equipment

(d) Diversification of livelihoods i.e.

provision of vegetable seeds, simsim, groundnuts, cassava, gum Arabic and honey production.

The table below shows Food/Cash for Work Beneficiaries

Items	Planned	A c t u a l Achieved	Remarks
Number of Beneficiaries	38,625	37,054	Beneficiaries served in the life of the project period
Food tonnage (MT)	4,692.94	4,430.84	Food ration was affected due to pipeline break.
Cash Transfer Value (UGX)	65,052,000	65,052,000	Cash given to beneficiaries who fulfilled work norms

The following are some of the achievements of the food/cash for work sub-projects:

Public Works Projects (PWP).

The selected public works activities in this phase included road works, building of charco dams, rock catchments construction and tree planting/FMNR projects. These were the main FFW projects for which one would qualify to get food after participating in execution of the set activities, which would eventually lead to creation of the asset.

Sub-projects	Achieved	Remarks
Road Construction using labour based	06 roads totalling 28.4 km were constructed. 426 Project Implementation Committees (PICs) were trained on road construction and also given inputs especially tools for road construction. In addition, 56 culverts of 600mm were installed on nine culvert points.	Construction was done under close supervision of WV and the District technical staff. The completed roads now link villages to one another and to markets.

Charco Dam (These dams are usually excavated manually by individuals near their homesteads for watering livestock and for domestic purposes)	Five charco dams were constructed to help hold water for animals and domestic use.	Technical assessments done in collaboration with the district officials, mapping
Reforestation/tree planting enterprises	75 acres of fruit trees were planted at household level, in health centers, schools, and sub-county offices and on communal land, shrines and individual land.	These were planted both in communal woodlots and institutions like health centres and schools.
Farmer Managed Natural Regeneration (FMNR)	The community has allocated 59 acres of land for FMNR tree conservation and regeneration	This is a new approach that seeks to conserve the environment through pruning and nurturing existing trees to help them grow

Household income support projects

These projects mainly targeted activities that contribute to food security and increase household income levels. Enterprises chosen under this category included agriculture, animal traction, beekeeping and poultry.

VISIONFUND: Boosting livelihood security through microfinance

By 30th September, 2012, VisionFund³ (Micro Enterprise Development Network) had a total loan portfolio of Ush 8,420,906,150 with 13,974 clients in 13 branches and three field offices. Formerly called MED-Net, the organisation rebranded and is now known as VisionFund.

Integration of Micro Enterprise Development Network in the WVU ADPs

By the end of FY12, MED-Net had operations in 34 WVU ADPs across the country after expanding to Tororo Cluster

this FY12 with four ADPs. A total of Ush4,119,446,916 (loan amount) had been disbursed to 6,096 households within the ADPs which is a 43% of the total clientele. We have served a total number of children equivalent to 23,417 of which 5,497 are orphans and vulnerable children (OVCs).

Success story: VisionFund enables Judith to educate her children

Judith Luyiga, 49, a mother of nine, from Kingo in Kaswa ADP, joined MED-Net (now VisionFund) in 2010 under Bivamuntuuyo Farmers' Group after attending a MED-Net sensitisation meeting.

Judith first borrowed UGX200,000 (USD\$80) in 2010, which she used to buy farm inputs for her agriculture enterprises. She later learnt of the school fees loan product and applied for it to cater for her children's school fees. She received UGX543,500 (USD\$217) for John, Peter and Joseph's school fees.

"As a family, we thank God for the financial support we are getting from MED-Net to improve our incomes and pay school fees for our children," says Judith.

In June, the family harvested 600kg of coffee, which was sold at UGX2,000 per kg. They also have a cow, which produces 15 litres of milk a day. This is sold at UGX600 per litre, yielding a monthly income of UGX270,000 (USD\$108). "I use the money to pay back the loan and also take care of the household," Judith says.

Today Judith runs a loan of UGX2,490,000 (USD\$996) for agriculture use and school fees. Judith and her husband Andrew are happy that one of their children, John, is in his second year at the university.

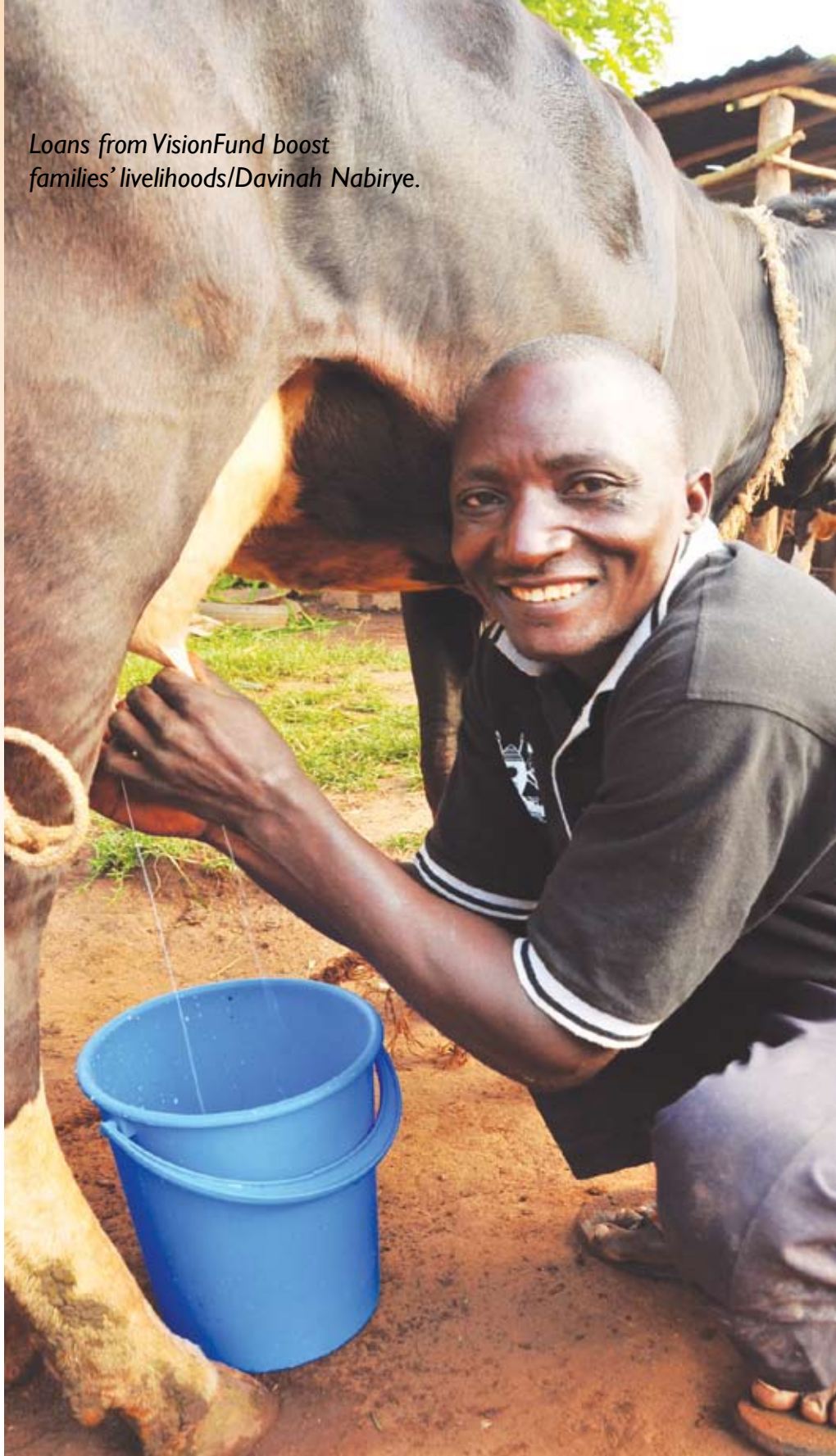
"Our future plans are to work harder with MED-Net to keep all our children in school and see them complete their education," they say.

³ The Microfinance Development Network (MED-Net), an affiliate of World Vision International, has changed its name to VisionFund International.

VisionFund offers the following six products to the communities and all economically active clients qualify for these products.

- ✓ Vision asset loan (All clients who have a need to own any kind of property/Asset)
- ✓ Vision small to medium entrepreneurs loan (For clients we have grown/new clients who need bigger loans for their businesses i.e. Ush6,000,000 to Ush3,000,000)
- ✓ Vision individual micro loan (For clients with small businesses that require loans from Ush500,000 to Ush5,000,000)
- ✓ Vision group micro loan (Clients who have registered groups, borrow from Ush100,000 to Ush2,000,000 each)
- ✓ Vision school fees loan (All clients with school fees/tuition needs at all levels of education, from Ush50,000 to Ush5,000,000)
- ✓ Vision agricultural loan (Both individual and group clients, from Ush100,000 to Ush10,000,000)

Loans from VisionFund boost families' livelihoods/Davinah Nabirye.



CHAPTER FOUR:

Advocacy – Speaking for the voiceless and marginalised

Introduction

World Vision upholds advocacy as one of its pillars, therefore the Advocacy and Justice for Children (AJC) strategy is focused on promoting justice for all children and improving their wellbeing. The advocacy work amplifies WV's existing relief and development work in priority sectors – health and nutrition, child protection, food security and community resilience and education.

Over the last financial year 2012, World Vision's staff became courageous promoters of justice by listening to and making heard the voices of children, which had a positive impact on the well-being of the vulnerable girls and boys.

This section highlights World Vision's advocacy initiatives with focus on the Child Health Now Campaign and the Citizen Voice and Action approach.

Child Health Now: Putting an end to preventable deaths of children

Established with the goal of contributing towards the reduction of under-five child mortality from 137 deaths to 56 deaths per 1,000 live births by 2015, the Child Health Now (CHN) campaign is in its third year. The campaign focuses on combating malaria, malnutrition and other preventable causes of under-five deaths at the household, community and national levels. WVU works through partnership with the Ministry of Health and other civil society players to achieve the objectives of the CHN campaign.

During FY12, the campaign made a number of milestones.

- a) *Influencing the maternal and child health agenda during the Inter Parliamentary Union⁴ (IPU): The maternal and child health resolution that was presented by civil society organisations (CSOs) under the Uganda Civil Society Organisations to Scale Up Nutrition (UCCOSUN)⁵ was adopted during the 126th Inter-Parliamentary Union (IPU) delegates' conference.*
- b) *Parliament influences Government to increase health budget allocation: In this fiscal year, Parliament influenced the Government to increase health financing by Ush49 billion (US\$19 million). This stems from the health financing research conducted under CHN, its findings have been discussed with the legislators. The financial boost will lead to the recruitment of 6,172 health workers and better motivation for health sector staff through an increase in their allowances and salaries.*
- c) *Positive Deviance (PD) Hearth Guidelines to guide the Integrated Community Case Management of Malnutrition. The CHN campaign facilitated a technical workshop to review and adopt PD hearth guidelines as a strategy for the Ministry of Health to address malnutrition at community level. The guidelines were presented during the World Health Assembly by the Uganda Minister of Health as an implementation plan for infant and young child nutrition. Through influencing the Ministry of Health policies, the campaign has strengthened systems that will address malnutrition at community level.*
- d) *Community mobilisation for maternal and child health: From the nine districts reached by the campaign, 8,193 out of the targeted 13,200 women and children were reached this year with essential maternal and newborn child health services. This initiative has promoted partnership with respective district health services to promote access to malaria screening and treatment, immunisation, sanitation and hygiene, antenatal care, essential nutrition package, PMTCT, cervical cancer screening and exhibition of key family care practices (including 7-11 interventions).*
- e) *Contributed to 60% national increase in coverage of*

⁴The Inter Parliamentary Union held its 126th meeting in Kampala, Uganda from March 31-April 5, 2012

⁵WVU is involved with the Scaling Up Nutrition (SUN) movement at the national level, particularly through the group: Uganda Civil Society to Scale Up Nutrition (UCCOSUN). WVU is the secretariat for UCCOSUN



The CHN campaign uses community theatre to sensitise people about malaria prevention and control/Davinah Nabirye.

LLITNs: Working with the health and nutrition team, MCH projects and clusters, the campaign has led to increased access and utilisation of LLITNs. In this financial year, 72,000 nets have been distributed during community events such as health fairs, outreaches and Child Days Plus. 45,360 of these have been distributed to children under the age of five years and 26,640 to women.

f) As a country program, the campaign won two global awards in the first ever advocacy awards, whose ceremony was held in Oxford, United Kingdom. The campaign won in two categories:

- 1) The most innovative CHN campaign award*
- 2) People's choice award, the best campaign worldwide - third best.*

CITIZEN VOICE AND ACTION

Empowered citizens hold leaders accountable

The goal of the Citizen Voice and Action (CVA) project is to see citizens empowered in order to increase accountability and responsiveness by governments for primary health and education services. Citizens have engaged in community gatherings, sub-county and district dialogues as a way of getting their voices heard. This project was implemented in Nkozi, Kammengo, Iyolwa, Aboke, Wabinyonyi, Arapai, Offaka, Kalongo, Kimu, Ntwetwe and Rukiga ADPs. Another arm of CVA, the Citizens' Voice for Mother and Child Survival, was implemented in Nabiswera and Wabinyonyi ADPs.

WorldVision Uganda has integrated CVA into its FY2013-2015 strategy as one of the operating models to be used in all its four strategic priorities of health and nutrition, food security and community resilience, quality and equitable access to education and child protection.

The CVA approach is also integrated into ADP programming as the approach for local level advocacy. In FY12, thirty nine ADPs had integrated CVA into their detailed implementation plans and were using the approach for local advocacy. These ADPs are at different phases in the CVA cycle; some are still at the 'enabling citizen engagement' stage, others at 'community gathering

stage' while others are at 'policy influencing'.

In addition to ADPs, the CVA approach is also being integrated in projects such as the Care, Support and Treatment project, Christian Commitment, AIIIM and the Maternal and Child Health project.

Focus on the most vulnerable

The main vulnerable categories in the areas of operation include children, widows, orphans, elders, persons with disabilities (PWDs) and People Living with HIV/AIDS (PLWA). The project has focused on ensuring that their health and education issues are heard and addressed by the leadership.

Women and children were involved separately in focus group discussions where they were facilitated to come up with the health issues affecting them. They have also been empowered to present those issues during interface meetings and continue following up on their fulfilments.

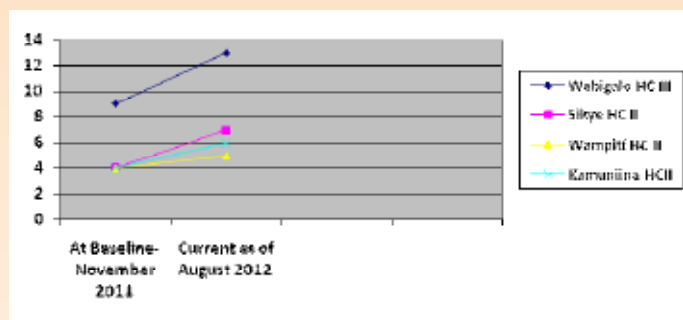
There has been purposeful involvement to ensure that persons with disabilities and persons living with HIV/AIDS are invited to the community gatherings and their issues heard. No separate focus group discussions have been conducted for them, partly to avoid marginalisation.

Working with partners

The CVA project works through the existing local governance structures (school management committees, health management committees and village health teams) and community-based organisations to sensitise communities on education and health policies, enabling them to demand for improved service delivery.

CVA's goal is to see citizens empowered in order to increase accountability and responsiveness by governments

Graph showing changes in staffing in selected health centres in Nakasongola as a result of CVA engagements



Project successes

Communities enact bye-laws

Some communities came up with bye-laws and district ordinances to ensure that children's welfare is catered for. Tororo district came up with an ordinance to have parents pay for their children's midday meal at school. As a result of the ordinances, the majority of the children are now having midday meals at school.

Improved access to health services

In Busia ADP, Busia district, construction of an out-patient department and antenatal unit commenced at Busia Health Centre IV after the community agitated for improved services.

In Rukiga ADP, Kabale district, Bukinda Health Centre III has got a second ward, three delivery beds and an ever-present in-charge.

At Kasambya Health Centre II, the citizens advocated for and were able to get a motorcycle for transport, a fridge for storing vaccines, 10 bicycles for VHTs, a new functional Health Management Committee and a sexual health program to promote maternal health.

Increased awareness on government policies

In Nabuyoga ADP, Tororo district, 90% of the citizens within the sub-county are knowledgeable on education policies after receiving sensitisation from WVU. The sensitisation was done in partnership with the district

leadership. The construction of a five-stance pit latrine in Mawere Primary School and a 10-stance pit latrine at Bujwala Primary school took place after the community demanded for them.

Reduction of domestic violence

Domestic violence was also an issue in Nabuyoga sub-county, Tororo district. With increased sensitisation on the issue, cases have reduced. The citizens' demand for improved service delivery has resulted into improved child wellbeing.

Lessons learnt

- The division of district dialogue participants into homogeneous groups such as political and technical leaders, advocacy/CVA teams in their different parishes to discuss the issues presented and give feedback results into effective deliberations and commitments.
- Teamwork and networking at both community and national level are crucial for the success of CVA and advocacy in general.
- Community gatherings/dialogues are very instrumental in getting citizens engaged and in improving service delivery.
- Peer reviews are effective for guiding CVA implementers on how to strengthen their work.
- Involvement of different stakeholders such as political leaders, technical persons, government officials and ordinary citizens strengthens CVA teams and results into effective interventions.

Programme Partnership Agreement

With funding from the United Kingdom Department for International Development (DFID), World Vision is implementing three Programme Partnership Agreement (PPA) projects in child protection, social accountability and maternal and child health in the districts of Kiboga and Kyankwanzi.

Through PPA, the children and communities, especially the most vulnerable, are accessing quality services. Through the Social Accountability approach, which uses the CVA model, systems and structures responsible for service delivery were strengthened and made accountable to the people. The approach created demand for better services with leaders being held accountable for the plans and funds in health and other sectors.

CHAPTER FIVE:

Support to child protection, care and participation

Child protection is a key element which ensures the realisation of children's rights. Children have the right to survive, to be safe, to belong, to be heard, to receive adequate care and to grow up in a protective environment.

Summary of interventions in FY12

Category/Structure	Interventions
Children committees	Establishing, training, facilitating them for outreaches and engaging in advocacy activities and programming
Caregivers, local leaders, other stakeholders	Ensured adherence to child protection standards and joint monitoring, media campaigns
Child protection committees and village health teams	Reporting, responding and referral systems supported in child abuse case management
Sub-county and district leadership	Engaged in community, sub county and district dialogues to improve school feeding and reduce child abuse incidents.
Staff and stakeholders	Capacity building in child protection standards, policy issues and allegation management among others.
Children below the age of five years	Birth registration and provision of certificates.
Children between nine and 17 years	Participation in advocacy events/activities and programmes.

World Vision Uganda identifies child protection as one of the core programs that achieved accelerated progress in 2012. During the year, various approaches were used to ensure children were protected. These included children's engagements through child protection committees at sub-county level, child rights clubs in primary schools and advocacy events at sub county, district and national levels.

Aboke ADP used these structures to engage the community and stakeholders in the promotion of adherence to child protection standards. As a result, major child abuse cases such as child sacrifice and defilement reduced to 45%, way below the 87% in the previous financial year.

Budumba ADP enhanced community awareness on the child rights reporting and referral systems. Community members were identified to work with child protection committees and village health teams to report child abuse cases and critically ill children.

In Kiziranfumbi ADP, the Child Protection Project worked with the Police, sub-county probation office and the LC I chairpersons to strengthen reporting and follow up of child rights violations in the community. Child abuse cases have reduced as seen in the Kiziranfumbi sub-county police report that shows a total of 15 child abuse cases reported from October 2011 to September 2012 compared to 21 cases reported between October 2010 and September 2011.

In Busitema, eight teaching staff (five teachers and three head teachers) were arrested and imprisoned for being perpetrators of child sexual abuse in schools, and 141 cases of abuse were reported at Busia Police Station during July, August and September. For Iyolwa ADP in Tororo, child protection success is reflected in data from the Family and Child Protection Unit of the Police in Tororo district. Important to note here is the fact that 76% of the caregivers said they felt safe reporting cases of child abuse and knew which appropriate authorities to report to.

In Kasitu and Rwebisengo ADPs, one of the key child protection issues being tackled is birth registration. According to the evaluation report for 2012, both ADPs are at 44% and 42% respectively which is higher than the



Child protection initiatives ensure that children have safe places to play and participate/Simon Peter Esaku.

national percentage at 30% higher still in Kaswa ADP with 48% of children below five years having birth certificates. Birth registration is a critical factor in management of child abuse incidents. This trend is expected to improve in the current and following FYs.

Nankoma ADP registered a significant increase in the level of knowledge on child rights from 32% to 66.2%. Apart from raising the level of child protection awareness from 0% to 21%, the establishment and training of the child protection committees and other stakeholders was a milestone in creating and strengthening the child protection structures, which are very instrumental in ensuring that children are cared for and protected. In Busitema ADP, training and sensitisation meetings on child protection were held in collaboration with the Child Protection Coalition. This yielded increased awareness on the issues of child protection, especially the provision of food for children at school. Six out of the 10 schools involved have adopted the school feeding programme.

In its child protection efforts, Asamuk ADP supported three staff to undergo child protection advocacy training which equipped them with knowledge and skills on how to handle and manage child abuse allegations and incidents as per the World Vision International Child Protection Policy and Standards which provide the basis for every World Vision office and entity to ensure fulfillment of responsibilities regarding protection of children.

Partnerships/Collaborations

EAC Children's policy engagements:

World Vision Uganda collaborated with the Ministry of East Africa Community Affairs, Ministry of Gender, Labour and Social Development, as well as other International organizations and agencies to advocate for the development of a regional children's policy. This process involved children from Busia programmes who represented other children in Bujumbura. Recommendations were generated and are to be further discussed at the regional level while member states were also tasked with implementation of specific actions relating to child protection. This was the first regional children's conference of its kind geared towards improving the wellbeing of children not just in Uganda but the East African Region.

National Child Protection Systems Mapping:

World Vision Uganda collaborated with the Ministry of Gender, Labour and Social development to contribute to a national child protection systems mapping process along with other international organisations. This mapping at community level (7 districts) was conducted using the WVI CPADAPT tool. This mapping will provide a basis for child-focused organisations, agencies and government to programme effectively for child protection.

Child-friendly Spaces (CFS):

WVU was for the first time able to establish and run child-friendly spaces (CFS) as an intervention for responding to children in emergencies. This initiative was geared towards rehabilitating children psychosocially, ensuring their protection and acquisition of skills to promote self sustainance. This initiative will go a long way in enhancing staff capacity to intervene meaningfully in emergencies for effective child protection building on the experience gained. Over 5,000 children had their psychosocial wellbeing, protection and skills enhanced during the six months of operation.

Success stories

Skillful Parenting

As a result of community dialogues and radio talk shows on skilful parenting, elders and model parents in the villages of Mawero, Arubaine, Marachi and Mugungu in Busia District have started weekend reflection meetings on how to promote traditional skilful parenting methods that will enhance proper skilful parenting methods. This has also been replicated by the Muslim leadership in Busia District who have started using model parents in their six mosques to lead group discussions every Friday evening on how to integrate the traditional positive parenting skills in the current modern world. Some community organisations and local politicians have started a bi-weekly elders' think tank" to discuss the core problems affecting families as well as the challenges affecting parents in raising children. The project has accelerated informal dialogues and debates among the different communities on the importance of using traditional parenting skills in raising children.

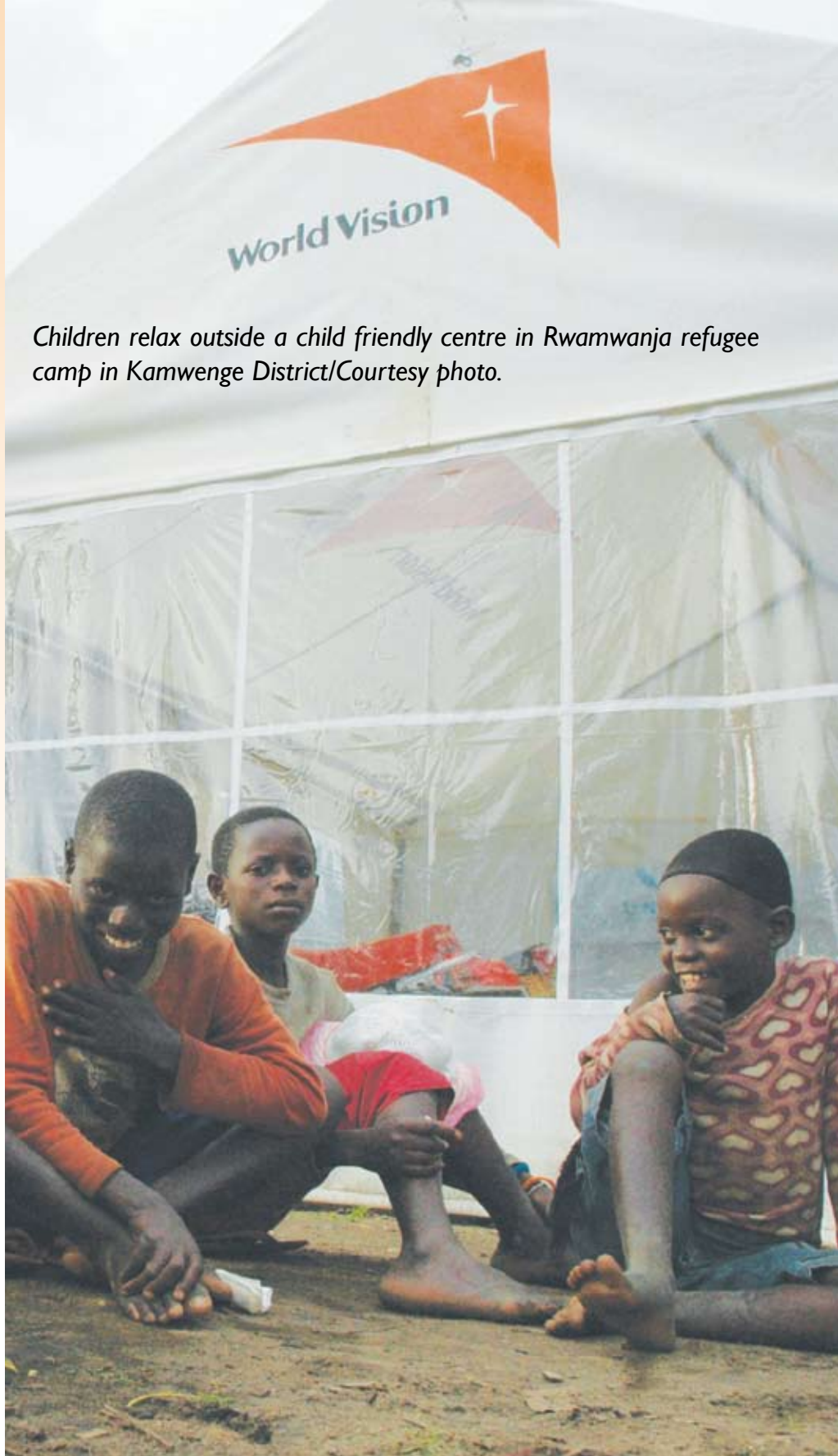
Lessons learnt/promising practices

➔ There is need to strengthen the child protection systems to enhance child protection. This could be done through the promotion of child protection, increased advocacy and building strategic partnerships.

➔ For birth registration to improve in Uganda/areas of operation, deliberate efforts by WVU, community stakeholders, development actors and the local governments have to be made in handling child abuse incidents.

➔ Critical for effective management of child abuse incidents is strengthening of the child protection system such that all relevant or supporting functions are operational. For instance knowledge/capacity on child protection response built, coordination mechanisms functional, accountability mechanisms a combination of interventions not just one.

➔ Children are the best agents of their own protection; therefore no amount of intense training of adults can yield good results without children intensively being involved in their own protection. When children are targeted, they are able to influence duty bearers and provide early warning information in relation to issues that affect them.



Children relax outside a child friendly centre in Rwamwanja refugee camp in Kamwenge District/Courtesy photo.

GENDER MAINSTREAMING IN INTERVENTIONS

WorldVision Uganda recognises that to create a better world for both boys and girls, gender inequality must be addressed and gender relations in families and the communities where they live transformed. As a crosscutting theme, gender mainstreaming is emphasised in all the WVU priority sectors of Education, Health/WASH, Child Protection, Food Security and other thematic areas to attain sustainable wellbeing of children and alleviate poverty.

Equal representation and participation of boys and girls, women and men in projects interventions resulted in improved relationships between men and women in Ntwetwe ADP; the evaluation survey for the ADP cited a reduction in domestic violence, involvement of women in decision making both in the household and communities; and increased freedom on women's mobility and participation in development groups. There was also a reduction in child labour work from 30% to 20% and an increment in the income spent on children from 20% to 40%.

During FY12 gender mainstreaming interventions focused on the following:

Women's participation and economic empowerment

ADP efforts to improve the livelihood of vulnerable households recognise the importance of equitable participation of both men and women and the role women play in sustaining families. Livelihood projects encouraged the participation and involvement of women in farmer groups, natural resource management and income-generating interventions. In Kitgum ADP, 67% of the farmer group members are women compared to men who form 33%. The women participated more in the Village Savings and Loans Associations than men, where women form 71% of the leaders of the Village Savings and Loans Associations (VSLA) members.

In Aber ADP, through partnership with VisionFund, 426

women were empowered with microfinance services to enhance their social-economic development.

In Rwebisengo the Essential Nutrition Package (ENP) was very useful in improving the nutrition status of households as mothers were trained on how to prepare nutritious foods and also supported with one month old broilers to provide balanced diet and source of income to the families. This has reduced the malnutrition levels from 3.4% (ENP baseline 2009) to 2.5% (ENP evaluation, November 2011).

Gender mainstreaming in health and HIV projects

Efforts to integrate gender in health/HIV projects included working with female and male HIV-positive counselors to counsel fellow PHAs (people living with HIV/AIDS) and to sensitise the community on VCT/HCT, awareness on gender, gender-based violence and its effects regarding HIV/AIDS and provision of PMTCT and HCT services among others.

Intentional empowerment of male counselors to break barriers that keep them from participating in HIV/AIDS services in the community has improved access to particularly counseling services by men.

- Kakindo HIV project focused on supporting Health Centre IVs to create community awareness on HIV/AIDS and gender roles to reduce the effects of the disease. This has been in the areas of PMTCT and HCT. Capacity building for both girls and boys has

been considered in life skills as well as all other players like community care coalitions (CCC) and community-based organisations (CBO) members.

- Kalongo HIV Project facilitated sensitization campaigns targeting 1,210 people including 389 females and 821 males to create community awareness on the dangers and risks of girl children getting infected with HIV.

- Iyolwa ADP supported 15 women group members under CHAMIKWOKI Women's Group with the income-generating activity of 40 plastic

chairs, activities like VCT, community HIV/AIDS sensitisations, PMTCT.

- Kachonga Health project carried out interventions aimed at altering the socio-cultural patterns that make gender-based violence (GBV) tragically common and met the physical, psychological, and legal needs of girls and women who survive GBV. The project worked with caregivers in Butaleja district to establish networks of GBV responders, reduce the stigma and discrimination against survivors, improve the health services available for survivors and advocate for policy changes to provide greater support to survivors.

Awareness and capacity building on gender-based violence

In 2012, the Church Partnerships project rolled out the Channels of Hope for Gender (CoHG). Four (4) gender trainings were conducted for church leaders in Budumba, Kachonga, Namanyonyi and Kasitu ADPs to build their awareness and capacity on issues of gender and gender-based violence (GBV) and addressing gender from a Biblical perspective using the CoHG modules of Reclaiming the Wonders of Sexuality. Consequently there has been increased awareness on gender and GBV in the communities and FBO groups have been formed to respond to cases of child abuse.

An example is the Kachonga-Budumba Faith Leaders' Association which was formed in Butaleja district and engages its communities on GBV, child marriages and responsible parenting/childhood and counsels victims of domestic violence. Church leaders in Kasitu, Bundibugyo district, have been able to rescue children forced into marriages and refer cases to police.

Efforts have been made by other ADPS to create awareness and build the capacity of communities, school management teams (SMTs), pupils and parents on gender and gender-based violence, positive community behavior, importance of girl child education as well as campaigns on issues of Gender Based Violence and child marriages in Nabuyoga ADP, Kirewa ADP, Busitema ADP, Buwunga ADP,

Nabukalu ADP, Tubur among others. These have resulted in improved household relationships.

Addressing barriers to equitable education

Recognising gaps in retention and performance of especially the girl child, the high rate of child marriages and teenage pregnancies, ADP interventions to address these gaps have included awareness campaigns on girl child education, school feeding, school debates, formation of school clubs and trainings on reproductive health, life skills for boys and girls, and gender trainings for SMTs, parents, pupils and communities. Effort has been made to address girls' specific needs like providing sanitary towels or skills training in making of sanitary towels by some ADPs. Construction of school facilities caters for the needs of girls and people with disabilities.

Women make decisions in WASH activities

Meeting the practical needs of women, men and children in communities and women's participation was prioritized in WASH activities to enhance their roles in water collection, management, as well as meeting women's strategic gender needs and children protection. Provision of safe water sources reduces on the time women spend to collect water and gives women more time to devote to other roles like farming.

In Nabiswera ADP the WASH project integrated awareness campaigns in schools to address the challenges facing women and girls in the community and schools especially in accessing sanitary facilities. Through the CVA approach local leaders were sensitized to lobby for separate stances for men, boys, girls and women. Kiryanga WATSAN project availed PLWDs with water tanks of 1500 liter capacity.

Ngogwe ADP focused on involving women as key decision makers in WASH project and through sensitisation men have been encouraged to play a role in activities such as constructing pit-latrines, sun drying racks and digging the rubbish pits, which has improved sanitation in the communities.

Strengthening gender mainstreaming at organisational level

Efforts were made to provide guidance on gender mainstreaming through the following channels:

- ⇒ a gender review of organisational policies and the status of gender integration in programming
- ⇒ development of an organisational gender policy and strategy
- ⇒ ensuring tools and guidelines to mainstream gender in sector priorities and operations,
- ⇒ formation of a gender working group to provide an advisory role and
- ⇒ strengthening gender integration in design, monitoring and evaluation processes.

“ADP interventions have included awareness campaigns on girl child education and life skills training”

CHAPTER SIX:

Saving lives through efficient, effective and rapid responses to emergencies

During emergencies, World Vision chooses not to respond in isolation. Aware of the complexity of most disasters, World Vision often partnered with other international and local relief agencies as well as local leaders to maximize the speed and effectiveness of its response to the affected populations. World Vision works through the following ways:

Immediate Aid – Providing urgent humanitarian relief and services for impacted children; and families.

Child-Friendly Spaces – These innovative centers offer children a safe environment in which to play, begin emotional healing and re-establish a normal routine following a disaster.

Asset Restoration – World Vision facilitates a return to normalcy by restoring water sources, food, health care services, educational resources and shelter lost in disasters.

Economic Development – World Vision works to jump-start damaged local economies – and drastically reduce the need for ongoing assistance – by providing in-kind or cash loans to small business owners, farmers, herders and fishermen.

Peacebuilding – In areas impacted by civil conflict, World Vision engages in reconciliation, mediation, and partnership-building efforts between opposing groups.

Long-Term Development – With a commitment to recovery, our emergency interventions often lead to long-term development programs such as child sponsorship.

In 2012, Uganda experienced a number of emergencies. World Vision responded to several of these emergencies in order to ensure the well-being of children, their families and communities.

DRC Refugee Influx crisis

In 2012, the biggest emergency response was in Kamwenge and Kisoro Districts, focusing on the influx of refugees from the Democratic Republic of Congo (DRC). The influx was a result of conflict in the Eastern part of DRC (Kivu region) between the M23 mutineers and Congolese militia as well as the DRC army. Approximately 32,545 refugees were located in the Nyakabande Transit Centre (Kisoro) and Rwamwanja Resettlement site (Kamwenge). World Vision established child-friendly spaces in Rwamwanja to enhance child protection issues, assisted in ensuring sanitation and hygiene through the provision of necessary materials and provided the refugees with non food items to help them settle in to their new homes. World Vision did not work in isolation but in partnership with the Office of the Prime Minister, the United Nations High Commission for Refugees and organisations such as Oxfam, Save the Children and the African Humanitarian Alliance.

Summary of non food items provided in both Rwamwanja Settlement and Nyakabande Transit centre

NFIs Rwamwanja	Quantity Supplied	NFIs Nyakabande	Quantity supplied
Sweaters-children	2,000	Netballs	25
Jerrycans	1,000	Netball rings	10
Basins	550	Volleyball kits	05
Saucepans	1,000	Volleyballs	20
Cups & plates	3,000	Skipping ropes	33
Soap	40 Boxes	Football (standard)	20
Mosquito nets	2,000	Small children balls	200

Sanitary pads	111 Boxes	Institutional cooking saucepans	10
Blankets	2,000	Sweaters children	- 3,000
Ladles	1,000	Single blankets	bed 2,000
Knives	1,000		
Pangas	1,000		

Summary of health and child protection initiatives in Rwamwanja Settlement

Sector	Items provided/ Intervention	Quantity
Health	Weighing scales for babies (GIK)	10
	Delivery Beds for Rwamwanja Health Centre III	02
	Admission beds for Rwamwanja Health Centre III	20
	Gloves	1,000
	Staff Accommodation for Rwamwanja Health Centre III	03
Child Protection	Child friendly spaces closer to communities	10

Summary of health and sanitation materials provided at the Nyakabande Transit Centre

Sector	Items provided	Quantity
Health	Square mosquito nets recommended by the Ministry of Health (MoH)	5,000
Health	Cartons of washing soap	104
	Litres of JIK	100
	Litres of liquid soap	100
	Scrubbing brushes	25
	Wheelbarrows	25
	Gumboots	50
	Pairs of cleaning gloves	50
	Sets of cleaning overalls (GIK)	50
	Hand washing facilities	25
	Hand washing facility stands	25
	Cartons of sanitary pads	1,000

Summary of gifts in kind (GIK) items provided to adults and children in Rwamwanja Settlement

Items Provided	Quantity
Shoes for children and adults	33,000 pairs
Assorted clothing for both gender	18,000 pieces

Ebola Outbreak in Kibaale

Uganda experienced two outbreaks of Ebola in 2012, the first in July and the second in November, posing serious challenges to the country's financial and human resources. The November outbreak came barely two months after Uganda had been declared Ebola-free following the July outbreak that killed 17 people in the Western district of Kibaale.

The WV response in Kibaale district was carried out hand in hand with the Department of Health and the District Task Force. World Vision's emphasis was placed on social mobilisation through talk shows, training of Village Health Teams (VHTs) to ensure early detection and referral of new cases to the health centres. World Vision also supported the Ministry of Health ambulance services through in-kind fuel contributions to carry the sick to the health facilities for treatment.

Medical workers and caregivers of patients received assorted materials to protect them from contracting the disease. Below are the details of the quantities.

Summary of WVU response to Ebola crisis

Description	Quantity
Scrub suits	600 pieces
Caregiver kits	1,000 boxes
Water purifier sachets	34,656

Nodding Syndrome

WVU also responded to the victims of the Nodding Syndrome in the Northern Uganda districts of Gulu

and Kitgum. In Gulu, WVU contributed medicines for the affected children, worth UGX54m. In Kitgum, concentrating on parishes with registered children (125 patients) and a selected geographic area of five parishes, WVU provided support to patients in six-member households. Each household received enough food for two meals per day for three months.

Other responses

World Vision responded to the landslides in Bududa in June, and Cholera in Ntoroko district in May. The affected communities received support in the form of blankets, assorted clothing, sanitary pads and kitchenware. Another response covered the victims of flooding in Rwebisengo in August, where the affected people received tarpaulins and mosquito nets.

For floods in Bugisu and Teso sub-regions, Eastern Uganda, WVU provided blankets and assorted clothing for children, mosquito nets and water purification tablets.

“In emergencies, WVU partners with other organisations to maximise speed and effectiveness of its response”

People and Culture: Becoming an employer of choice

The core mandate of the People and Culture (P&C) division is 'to attract, develop and retain productive employees to effectively deliver WVU strategy'. The People and Culture division delivers this through a business partnering approach.

Over the course of the financial year 2012, the focus of P&C was towards attracting and building productive employees and creating a high performance work environment.

Below are some of the notable achievements registered.

1. Leadership Development Plan - In order to improve the leadership capability within the organisation as well as build a pipeline of future leaders, WVU launched an innovative leadership development plan for the Senior Leadership Team and Senior Management Team. The Bulletproof Manager's course that targets middle level managers, a quarterly managers' learning forum and a managers' orientation scheme targeting newly recruited/appointed managers were some of the other key initiatives implemented.

2. Staff engagement and retention - Attracting and retaining a committed, engaged and 'well' workforce is a key mandate of the division. Key staff wellbeing and engagement strategies implemented in this financial year included:

➤ The introduction of staff counseling services as a means of offering emotional support to staff undergoing difficult circumstances or in need of general counseling support.

➤ Building capability of staff in critical incident stress management through training and through acting as peer supporters in Critical Incident Stress Management (CISM).

➤ Introduction of a staff fitness program at the National Office.

➤ Implementation of DSTV hire purchase scheme to enable staff, many of whom work in remote locations away from their families and social circles, acquire digital pay TV services.

3. Increasingly, WVU is leveraging technology to improve business processes. In FY 2012, the organisation launched the *Our People* human resource management system. This has helped the P&C unit to automate some of the human resource transactions/activities such as leave requests.

FY 2012 Staff numbers

Below is a summary of the composition of WVU's staff in FY12.

Staff numbers	689
Male	61%
Female	39%



Gilbert Kamanga, the National Director (right), gives a certificate to Dora Kankunda who graduated after the Bulletproof Managers' course/Simon Peter Esaku.

FINANCIAL INFORMATION FOR FY12

FY12 ACTUAL EXPENDITURE BY FUND TYPE

	FUNDING TYPE	AMOUNT (US\$)	PERCENTAGE
1	Government & multilateral	6,428,127	9.37%
2	Private Non-Sponsorship	9,342,722	13.62%
3	Sponsorship	28,861,974	42.06%
4	Local Income	171,748	0.25%
5	GIK	23,808,443	34.70%
	Grand Total	68,613,014	100%

GOVERNMENT & MULTILATERAL DONORS

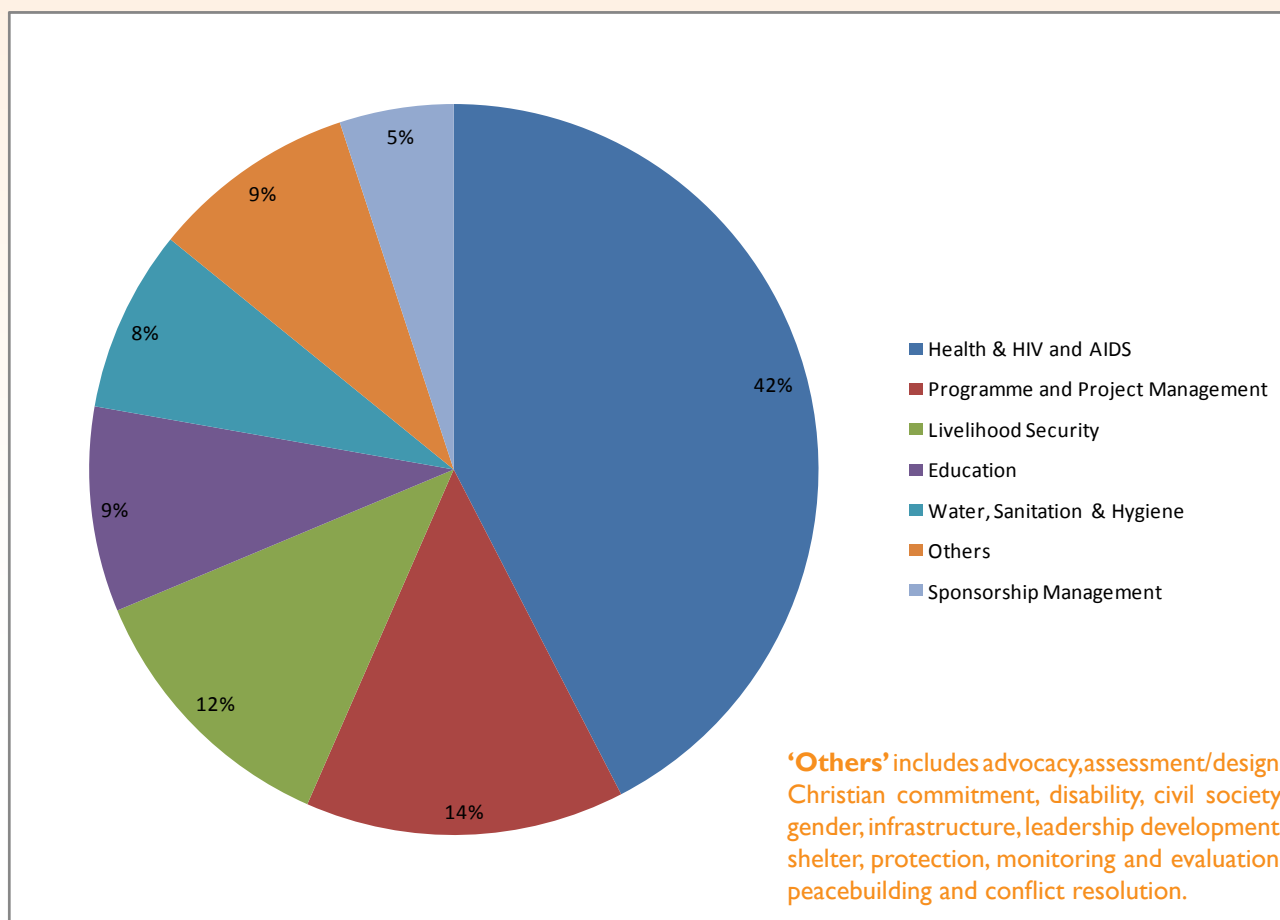
	Support Offices
1	Australia
2	Canada
3	United Kingdom
4	Finland
5	Germany
6	Hong Kong
7	Ireland
8	Japan
9	Korea
10	Netherlands
11	New Zealand
12	Switzerland
13	Taiwan
14	Uganda
15	United States

	Donors
1	USAID/USDA
2	FINNISH Dev't Co-operation
3	DFID
4	UNDP
5	AUSAID/ANCP
6	IRISH AID
7	KOICA
8	European Union
9	World Food Programme

FY12 EXPENDITURE BY PROGRAMMING INTERVENTIONS IN FY12

PROGRAMME INTERVENTION	AMOUNT (US\$)	PERCENTAGE
Health & HIV and AIDS	29,113,584	42%
Programme and Project Management	9,835,321	14%
Livelihood Security	8,430,835	12%
Education	6,061,874	9%
Water, Sanitation & Hygiene	5,199,630	8%
Others	6,266,364	9%
Sponsorship Management	3,705,406	5%
Total	68,613,014.00	100%

GRAPHICAL PRESENTATION OF PROGRAMMING INTERVENTION





*Children from Mpigi district play during their free time/
Simon Peter Esaku.*

BOARD OF DIRECTORS



Dr. Fred Muhumuza
Board Chair



Dr. Charles Owubah
East Africa Regional Leader



Mr. Gilbert Kamanga
National Director



Dr. Mary Ssonko
Member



Mr. Anthony Esenu
Member



Mrs. Rita Balaka
Member



Dr. Ekiria Kikule
Member



Mr. Fred Mukhwana
Member



Rev. Can. George Bagamuhunda
Member



Mr. David Opiokello
Member



Mrs. Monica Chibita
Member

World Vision Uganda

National Office: Plot 15B Nakasero Road
P.O. Box 5319 Kampala - Uganda

Tel: +256 417114000/312264690/414 345758

Fax: +256 414 258587

Email: uganda@wvi.org

Website: wvi.org/uganda

