



ACTIVITY REPORT

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| Type of report: | <input checked="" type="checkbox"/> End of Activity Date: 12/10/2022 | End of Month <input type="checkbox"/> Month: _____ Year: _____ |
| Submission details | Date of Submission to SR (dd/mm/yr): _____/_____/_____ | Dates received by SR (dd/mm/yr): ____/____/_____ |
| Name of CSO/CBO: | Community Empowerment and Rehabilitation Initiative for Development (CERID) | District: Koboko |
| Name of the Subrecipient (SR) | THE AIDS SUPPORT ORGANIZATION (TASO) | |

Executive summary:

Community Empowerment and Rehabilitation Initiative for Development (CERID) is a National NGO founded by a group of youths in 2017 in Koboko District West Nile Sub-Region of Northern Uganda and is legally registered with the Uganda National NGO Bureau File number MIA/NB/2017/05/2598, Registration number 2913 and Permit number 3552 under the ministry of internal affairs to operate country wide in Uganda.

CERID’s Mandate is to work with disadvantaged communities and improving capacities for improved Community Health and Protection; Water, Sanitation and Hygiene (WASH); Education; Livelihoods & Skills development; Sustainable Agriculture; Environment and Natural Resources Management for increased access to socio-economic services for effective and sustainable poverty eradication.

As part of our mission, CERID have secured some support from TASO (The AIDs Support Organization) with funding from the **Global Fund**, to help us reach to the community in Dranya Sub County, Koboko District for the **“Prevention against Malaria among pregnant women and children below five years of age” in Koboko District.**

A. Name of the Activity(ies): Refer to activity in the Budget/Concept

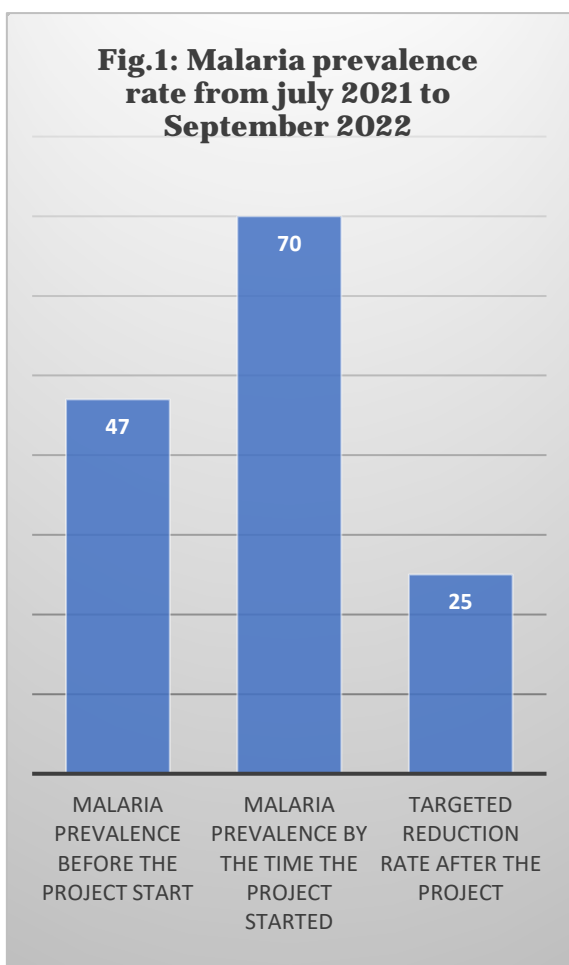
Conduct home visits to patients affected by malaria, create awareness and follow up patients in care in Alla and Nyagazia parishes in Dranya sub-county and Koboko District.

B. Background to the activity: Brief Description of the Activity (Max of three paragraphs about the problem the activity is addressing, why the activity is important? How will it address the problem? Describe the location where the activity was implemented (Subcounty, parish, Village as applicable and target population).

The community of Dranya sub county have inadequate knowledge on malaria prevention and care services and as a result the malaria prevalence rose to 23% within just 3 months.

CERID conducted four (4) home visits in Ala and Nyagazia Parishes in order to follow up malaria patients in care, sensitize family members about the local solutions to prevent malaria, to promote household hygiene and encourage establishment of malaria smart homes, identify malaria patients and refer them to the health facility for treatment, demonstrate to the community proper hanging of mosquito nets around the beds, and sensitize the community on the local mosquito repellents to avert mosquitos within the family. Example of these repellents include rosemary among others.

CERID conducted the home visits in each of the three (3) targeted villages of Kiyakure, Jungi and Jamure located in Ala and Nyagazia parishes in Dranya sub county.



The health assistant of Dranya HCIII Mr. Opimma Jimmy Weaklaw reported that, “at least 7 out of 10 persons who go for malaria testing at the facility are malaria positive”. This was by the time of the malaria project launch. This created a new malaria prevalence rate of 70% against the previous malaria burden of 47% (source; Koboko District HMIS report for the period July 2021 to June 2022). This indicated an increase in the malaria prevalence rate by 23% within just 3 months (source: Dranya HCIII statistics from July 2022 to September 2022). Most affected populations remain the pregnant women and children under five. Malaria leads to absenteeism in schools, high dropout rates, and low productivity in the agricultural sector. It also increases the medical care bills for the family as well as increasing the time spent looking after patients both at home and in health facilities. CERID targeted reduction on the burden of malaria from 70% (the then 47%) to 25% by the end of December 2022.

C. Objectives of the Activity: *These are statement(s) that explain the reasoning behind an activity or the aim e.g. what you ought to achieve after implementation of this activity (end results).*

- ❖ To follow up malaria patients in care, sensitize family members about the local solutions to prevent malaria. This include destroying mosquito breeding grounds among others.
- ❖ To promote household hygiene and encourage establishment of malaria smart homes.
- ❖ Identify malaria patients and refer them to the health facility for treatment.
- ❖ To demonstrate to the community proper hanging of mosquito nets around the beds.
- ❖ To sensitize the community on the local mosquito repellents to avert mosquitos within the family. Example of these repellents include rosemary among others.

D. Methodology of Implementation: *(Describe how the activity was implemented, Implementers involved and steps involved from beginning to end, resources used. Basically, the approaches used to implement the activities(s)).*

CERID conducted home to home visits in each of the three (3) targeted villages of Kiyakure, Jungi and Jamure located in Ala and Nyagazia parishes in Dranya sub county. The home visits targeted both malaria patients in care and other household members to collect data on malaria and sensitize them on the same. A total of 167 households were visited and 1,028 household members reached in which 182 household members were reported to be malaria positive by the time of the home visits.

This activity was implemented concurrently in the three villages where each VHT and area LCs work in their respective villages whereas the CDO and the health workers including CERID staff offered support supervision across all the targeted villages.

Home visit tool was developed by CERID to help track information on malaria. In the tool, messages on malaria prevention and care services were also develop to enable VHTs sensitize household members thus creating awareness on malaria prevention and care services.

The implementers of the activity were the village VHTs, area LCs, CDO, health assistant, health in-charge and 03 CERID staff comprising of the ED, project officer and the finance assistant.

Table 1: targeted participants to conduct the home visits.

| S/No | Title of implementer | Male | Female | # of implementers |
|------|----------------------|------|--------|-------------------|
| 01 | VHTs | 04 | 02 | 06 |
| 02 | LCs | 03 | 00 | 03 |
| 03 | Health workers | 02 | 00 | 02 |

| | | | | |
|-----------|--------------------|-----------|-----------|-----------|
| 04 | Executive Director | 01 | 00 | 01 |
| 05 | Project officer | 00 | 01 | 01 |
| 06 | Finance Assistant | 00 | 01 | 01 |
| 07 | Totals | 10 | 04 | 14 |

The activity implementation was initiated by the following:

- ❖ Preparation of an activity concept note detailing the processes required for the activity implementation.
- ❖ Requisition of activity money to enable accomplishment of logistical issues related to activity implementation.
- ❖ The project officer conducts timely mobilization of participants for the meeting.
- ❖ Conduct villages entry and sensitization meetings
- ❖ Prepare programmatic reports both financial and narrative in line with the donor regulations.

Table 2: the home visits schedule:

| S/NO | Village | No of households | No of targeted households | Time frame | Responsible |
|------|------------------|------------------|---------------------------|---|-------------------|
| 01 | Jungi village | 87 | 60 | 12 th , 13 th & 14 th /10/2022 | VHTs and area LCs |
| 02 | Jamure village | 42 | 29 | 12 th , 13 th & 14 th /10/2022 | VHTs and area LCs |
| 03 | Kiyakure village | 97 | 67 | 12 th , 13 th & 14 th /10/2022 | VHTs and area LCs |
| | TOTALS | 226 | 156 | | |

SDA was given to the implementers. CERID used airtime, stationary, and motor vehicle to facilitate the smooth implementation of the activity.

The total activity budget was **Uganda shillings one million four hundred thirty-four thousand (1,434,000) only.**

E. Achievements/Results obtained: ((where possible include photos that depict an activity going (see format provide), Include Quantitative summaries in a format of your choice as per indicators listed in the excel template)):

CERID managed to visit 167 households in the three villages of Jungi, Jamure, and Kiyakure, in which 1,035 household members were reached. During the visits 13 pregnant women and 233 children were identified and referred to the health facility for management; 829 community members were identified to have been using mosquito nets (545 nets were treated and 284 were non treated nets); 206 community members were not using mosquito nets; 182 positive malaria cases were reported by the household heads and referred by the VHTs for diagnosis at Dranya HCIII.

Nonetheless, the malaria prevalence rates in the three targeted villages was recorded at 17.7% indicating a decrease in the malaria prevalence which was at 70% (the then 47%) in the whole sub county of Dranya.

Table 03 below shows the statistics of malaria interventions in the targeted three villages of Jungi, Jamure and Kiyakure in Dranya sub county.

Table 3: Quantitative progress report on home visits on smart homes sensitization:

| S/N | Parameter | Jungi village | Jamure village | Kiyakure village | Total |
|-----|--|---------------|----------------|------------------|--------------|
| 01 | # of households visited in the two parishes | 61 | 38 | 68 | 167 |
| 02 | # of household members reached | 406 | 221 | 408 | 1,035 |
| 03 | # of pregnant women reached in the two parishes | 03 | 03 | 07 | 13 |
| 04 | # of children under five years of age reached | 90 | 44 | 99 | 233 |
| 05 | # of people using mosquito nets regardless of treatment | 381 | 169 | 279 | 829 |
| 06 | # of people not using mosquito nets | 25 | 52 | 129 | 206 |
| 07 | # of people using treated mosquito nets | 363 | 97 | 85 | 545 |
| 08 | # of people using untreated mosquito nets | 18 | 65 | 201 | 284 |
| 09 | Reported malaria positive cases by the time of the visit | 62 | 42 | 78 | 182 |
| 10 | Current malaria prevalence in each of the 3 villages | 15.3% | 19.6% | 19.1% | 17.7% |

F. Challenges encountered during implementation:

- ❖ There was no budget for the village entry meetings in the targeted villages ahead of the planned home visits.
- ❖ Community events such as funerals and other family events kept some household members off their homes by the time of the visit.
- ❖ Unable to conduct home to home follow-up visits due to lack of money to support the implementation of the activity.
- ❖ Lack of visibility of the TASO malaria project. CERID was unable to produce pull up banners, tear drops, T-shirts, caps, among others to make the project more visible during the activity. This resulted into the malaria project not being easily recognizable in the villages.

G. Lessons Learnt: (Statements about the good practices or what worked well/didn't work well in the process of implementing the activity):

- ❖ Most of the households visited lacked mosquito nets for the whole household members for instance mosquito nets were mostly used by household heads neglecting the children.
- ❖ The home to home sensitization visits were very important since some household members who were not bothered with home hygiene started practicing hygiene.

H. Recommendations for performance improvement:

- ❖ The home to home visits should be conducted in all the 36 villages in the sub county if the budget could allow.
- ❖ Need to conduct follow up home visits to ascertain whether the community have adopted the measures for malaria prevention and care.

I. Strategies for the next activities:

Entry points before implementing an activity:

- ❖ Prepare, review and approve the narrative and financial activity reports including accountabilities for the recently implemented activity by the respective staff.
- ❖ Preparation of activity concept note detailing the processes of activity implementation.
- ❖ Requisition of activity money to enable accomplishment of logistical issues related to activity implementation.
- ❖ Timely mobilization of participants such as the implementers of the activity, stakeholders involved and the target beneficiaries.
- ❖ Invitation of the key stakeholders from the respective offices to participate during activity implementation.
- ❖ Conduct the line listed activity in accordance with the work plan

Action points:

- ❖ Organize for monitoring and supervision visits by the key sub county leaders such as the CDO, health workers and the chairperson LCIII.
- ❖ Organize performance review meetings to ascertain the impact created by the home visits sensitizations made.

Annexure (activity photos):

ACTIVITY PHOTO 1:



What is the story you want to tell in the photo?

The CDO stressed that the community should embrace family hygiene to not only fight malaria but also other diseases. The health assistant was keenly observing.

Photo Caption: *the CDO madam Paska Loice and the health assistant were demonstrating about the proper construction, use and importance of washing facility at homes.*

ACTIVITY PHOTO 2:



What is the story you want to tell in the photo?

The LCIII chairman tasking CERID that there is need to conduct follow up home visits to ascertain whether the community have adopted the measures for malaria prevention and care.

He therefore told the community members that “we are coming back to visit some households after CERID has completed the home visit exercise”. This is because we wanted to know whether there is change in the community.

Photo Caption: *Dranya sub county chairman Mr. Okuga George filling the questionnaire during the monitoring and supervision exercise.*

ACTIVITY PHOTO 2:



What is the story you want to tell in the photo?

The VHT was collecting information on parameters such as # of households visited in the two parishes, # of household members reached, # of pregnant women reached in the two parishes, # of children under five years of age reached among others.

Sensitization on malaria prevention techniques was also conducted.

Photo Caption: *Mr. Yosa Isaac a VHT for jamure village was collecting data on malaria prevention and care services.*

ACTIVITY PHOTO 2:



What is the story you want to tell in the photo?

The health assistant took the community members through the best practices on hanging treated mosquito nets around beds by making live demonstration.

Photo Caption: *The health assistant Mr. Opima Weaklow Jimmy was demonstrating to the members the correct hanging of mosquito nets during the village sensitization and home visits exercise.*

REVIEWS/ APPROVALS

CSO/CBO Level

| | | | |
|--|----------------------------------|----------------------------|------------------|
| 1. Prepared by: Apayi Salila | Title: Project Officer | Date: 12/10/2022 | Signature |
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| 2. Approved by: Tabani David | Title: Executive Director | Date: 12/10/2022 | Signature |
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Sub-recipient level

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| 1. Reviewed by: | Title: | Date: | Signature |
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| 2. Approved by: | Title: | Date: | Signature |
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Comments and decision by the SR.