



## ACTIVITY REPORT:

|                                      |   |   |
|--------------------------------------|---|---|
| <b>Type of report:</b>               | <input checked="" type="checkbox"/> <b>End of Activity</b><br><b>Date: 22/09/2022</b> | <b>End of Month</b> <input type="checkbox"/><br><b>Month:</b> _____<br><b>Year:</b> _____ |
| <b>Submission details</b>            | <b>Date of Submission to SR (dd/mm/yr):</b><br>_____/_____/_____                      | <b>Dates received by SR (dd/mm/yr):</b><br>____/____/_____                                |
| <b>Name of CSO/CBO:</b>              | <b>Community Empowerment and Rehabilitation Initiative for Development (CERID).</b>   | <b>District: Koboko</b>   |
| <b>Name of the Subrecipient (SR)</b> | <b>THE AIDS SUPPORT ORGANIZATION (TASO).</b>  |   |

### 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: Refer to activity in the Budget/Concept**

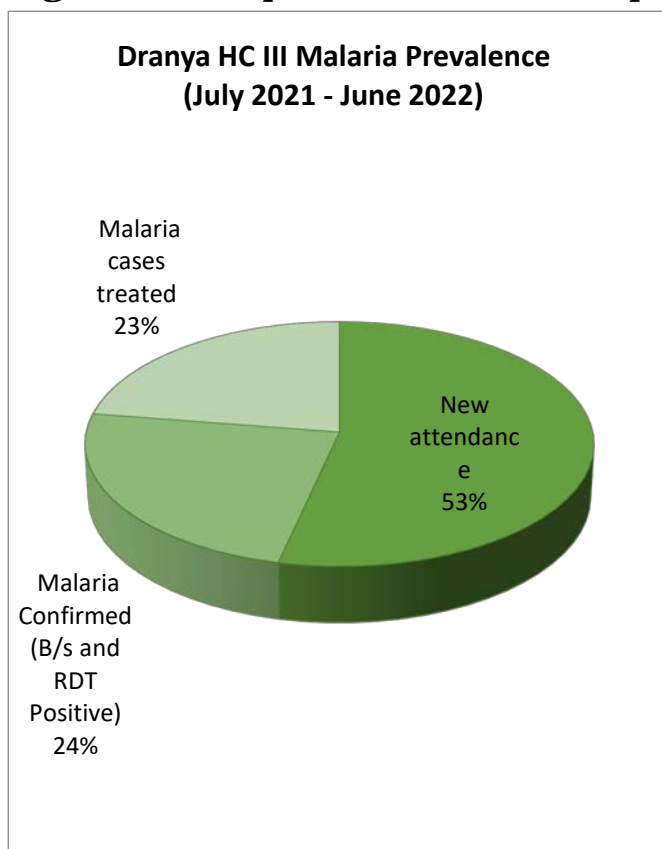
Conduct a one-day project inception and orientation meeting with 29 key stake holders in Dranya sub county.

**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).**

Access to information on the malaria project implemented by CERID and supported by TASO with financial support from the Global Fund was very limited to the key stakeholders of Dranya sub county. CERID organized a project entry meeting bringing together 29 key stakeholders including sub county leaders, health workers, VHTs, religious and opinion leaders, school representatives, Koboko District malaria focal persons, and CBO representatives from FECHA-K and YWCDO; to share and discuss the project documents so as to popularize the project, gain support and collaboration for project implementation thus creating awareness and access to malaria prevention and care services.

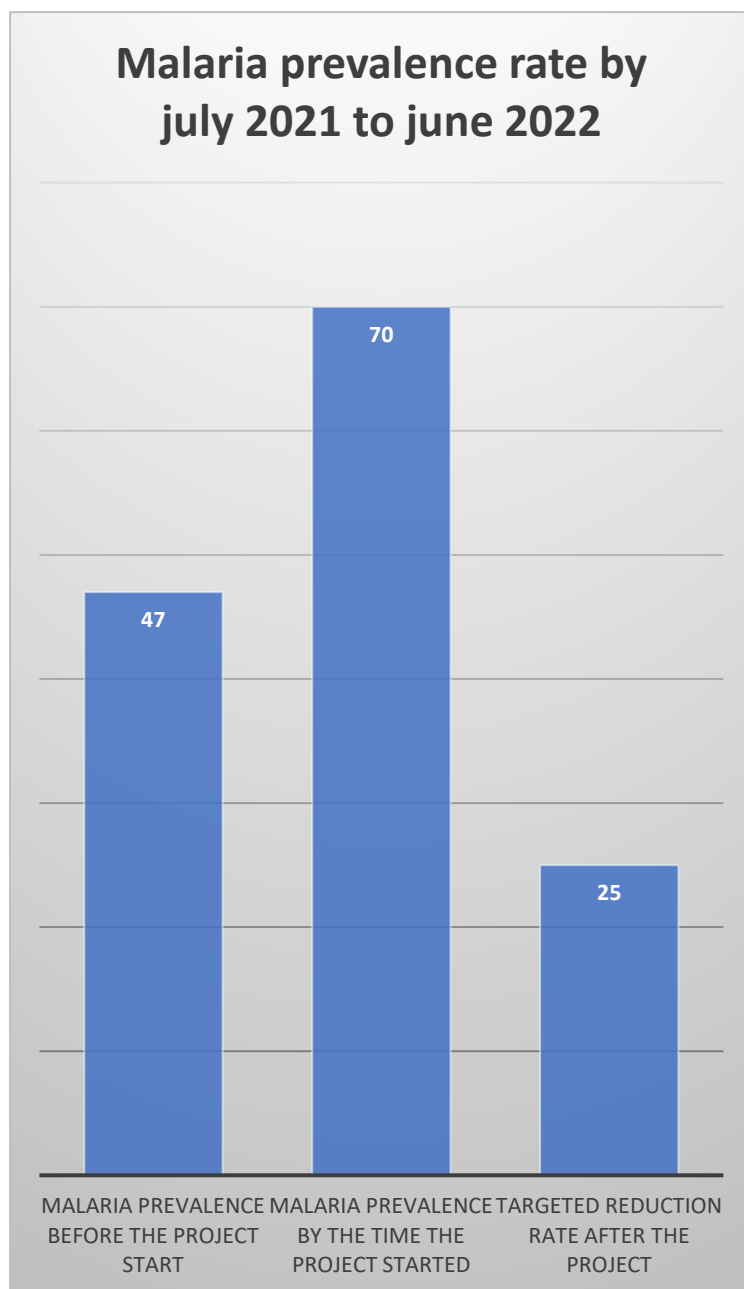
The project documents shared included but not limited to the malaria problem in the sub county, project goal, project specific objectives, target beneficiaries, project period and the project budget. The activity was implemented at Dranya sub county Headquarters hall.

**Fig. 1: Malaria prevalence before the project start:**



According to the Koboko District HMIS statistics for the period July 2021 to June 2022, malaria accounted for 10,429 new attendances in Dranya Health center III among which 4,665 cases are confirmed malaria positive (B/S and RDT positive). In Dranya Sub County, the most vulnerable groups to malaria are children under the age of 5 years, who have not yet developed immunity to malaria; and pregnant women whose immunity has been compromised by pregnancy. 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.

**Fig. 2: Malaria prevalence by the time of project inception meeting:**



The health assistant of Dranya HCIII Mr. Opima Weaklow Jimmy 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.

All the participants in the meeting welcome the malaria project brought by CERID and implemented in the parishes of Ala and Nyagazia parishes, in Dranya sub county.

**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 introduce the new malaria project of TASO by sharing the project documents with the key stakeholders in order to gain project entry in Dranya sub county.
- ❖ To share the roles and responsibilities of the different stake holders and the support expected from them during the implementation of the project.

- ❖ To gain experience and support from the other partners such as FECHA-K and YWCDO who are implementing the same malaria project in other sub counties of Koboko District.
- ❖ To mobilize 29 key stakeholders to attend the project entry meeting in order to gain their support and collaboration during project implementation.

**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 organized a one-day project inception meeting at Dranya sub county HQs that brought in 29 key stakeholders at the Sub County level including 2DHTs from Koboko District Local Government in order to gain their support and popularize the project. The stake holders involved were the Sub county officials, health workers, religious leaders, opinion leaders, CBO representatives, VHTs and CERID staff.

**Table 1: Targeted participants for the meeting**

| S/No      | Title of implementer | Male      | Female    | # of implementers |
|-----------|----------------------|-----------|-----------|-------------------|
| 01        | Sub county leaders   | 04        | 02        | 06                |
| 02        | Area LCs             | 01        | 00        | 01                |
| 03        | Religious leaders    | 02        | 00        | 02                |
| 04        | VHTs                 | 08        | 02        | 10                |
| 05        | Health workers       | 02        | 01        | 03                |
| 06        | DHTs                 | 02        | 00        | 02                |
| <b>07</b> | <b>Totals</b>        | <b>19</b> | <b>05</b> | <b>24</b>         |

The implementers of the activity were 03 CERID staff (comprising of the ED, project officer and the finance assistant), and 02 CBO representatives from FECHA-K & YWCDO

**Table 2: implementers of the activity:**

| S/No | Title of implementer | Male | Female | # of implementers |
|------|----------------------|------|--------|-------------------|
| 01   | Executive Director   | 01   | 00     | 01                |
| 02   | Project officer      | 00   | 01     | 01                |
| 03   | Finance Assistant    | 00   | 01     | 01                |
| 04   | CBO representatives  | 02   | 00     | 02                |

|           |               |           |           |           |
|-----------|---------------|-----------|-----------|-----------|
| <b>05</b> | <b>Totals</b> | <b>03</b> | <b>02</b> | <b>05</b> |
|-----------|---------------|-----------|-----------|-----------|

***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.
- ❖ Pay courtesy visits to the respective offices such as the offices of the LCIII, CDO, Health facility and that of the sub county chief to gain exposure of the project.
- ❖ Distribute invitation letters to the targeted participants to allow them plan for the planned event.
- ❖ Make follow up calls on phone or email communication to ensure that all the targeted participants attend the meeting.
- ❖ Hold the project inception meeting with the mobilized stakeholders as guided by the tentative program available herein.
- ❖ Prepare programmatic reports both financial and narrative in line with the donor regulations.

***Table 3: tentative program for the meeting.***

| <b>TIME</b>           | <b>ACTIVITY</b>                                  | <b>FACILITATOR</b>     |
|-----------------------|--|------------------------|
| 8:30am –<br>9:00am    | Arrival and registration                         | CERID                  |
| 9:00am –<br>9:05am    | Prayers/self-introduction                        | Religious Leader/all   |
| 9:05am –<br>9:15am    | Introduction & Welcome remarks                   | ED - CERID             |
| 9:15am –<br>9:30am    | Opening session                                  | Sub County Chief       |
| 9:30am –<br>10:00am   | Presentation of the TASO - CERID Project.        | ED - CERID             |
| 10:00am –<br>10:30am  | Plenary session / discussion of the presentation | All                    |
| 10:30am -<br>10:40am  | Remarks  | District Health Teams  |
| 10:40 am –<br>10:50am | Closing remarks                                  | Sub County Chairperson |
| 10:50am –<br>11:00 am | Administrative issues & Departure                | ALL                    |

The meeting was self-participatory where participants were allowed to freely discuss issues related to project document presented by CERID's Executive Director.

CERID gave out transport refund and SDA to 29 participants including 10VHTs, 2CBO representatives, 3staff, 3health workers, 4religious/opinion leaders, 1LC, 4Sub county officials, and 2DHTs. CERID procured stationary, projector, generator, and motor vehicle to facilitate the smooth implementation of the activity.

The total activity budget was **Uganda shillings one million three hundred forty-four thousand five hundred (1,344,500) 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 successfully introduced the new project of TASO in Dranya sub-county to the stake holders.
- ❖ The members present in the meeting agreed to change the project implementation target areas from **Leiko and Ginyako parishes** to **Ala and Nyagazia parishes** respectively due to their long distance to the health facility and also being the malaria hot spot areas at the moment. This was guided by the wisdom of the Health in charge, Health assistant, and the CDO who were present and pivotal in the meeting.
- ❖ CERID was able to share the project documents and budget with the key stakeholders i.e. the target of the project, objectives, key activities and the target beneficiaries of the project among others. This enabled CERID to gain the support and collaboration of the stakeholders during the project implementation.
- ❖ Managed to share the roles of the different stake holders and the support expected from them during the implementation of the project.
- ❖ Gained experience and support from the other partners that has worked in the area of malaria prevention. For instance, FECHA-K and YWCDO who are implementing the same malaria project in other sub counties of Koboko District.
- ❖ All the members invited for the activity were present thus achieving our desired target participants for the meeting.

**F. Challenges encountered during implementation:**

- ❖ Unable to invite the parish chiefs since it is not in the project design. This has brought in criticism from the stakeholders citing that the involvement of the parish chiefs is very paramount in strategizing action plans for the project implementation in the targeted parishes.
- ❖ 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 meeting. This resulted into the malaria project not being easily recognizable in the sub county.
- ❖ Unbudgeted priorities such as IEC (information, education and communication) materials inform of posters, stickers, flyers etc. were a big concern by the participants. They recommended that IEC materials are very important for

awareness creation on the malaria project. However, CERID was unable to pledge the production of IEC materials since it was not budgeted for during the project design.

- ❖ Participants complained of (what they termed as) inadequate facilitation. Some brought in experience of been paid SDA of between 30,000 to about 70,000 by some organizations having similar events in the sub county. This is against the 17,000 SDA given by CERID under the TASO project. This indicated a negative feedback from the stakeholders to CERID.
- ❖ Some participants turned up late for the meeting due to other pressing commitments in their offices thus affecting the meeting schedule.

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

- ❖ The involvement of the parish chiefs during the inception meeting was not successful due to the fact that it was not planned during the project design yet this category of leaders is vital during strategizing action plans for project implementation.
- ❖ The presence of traditional healers (named as SADIA) in Dranya sub county made people to prefer traditional treatment than going for treatment at the health center. Even malaria prone people switch to traditional methods of treatment which is against the ministry of health guidelines on malaria treatment.
- ❖ VHTs facilitation which is always inadequate does not motivate them enough to work hard since they turn to farming most of the times in order to support their families. This affects performance of the VHTs.
- ❖ Awareness creation on malaria prevention and care helps to eliminate poor practices on the use of mosquito nets. It was discussed in the meeting that people use the treated mosquito nets distributed to them by the health facility to cover necessary beds, thatch houses, among others.

**H. Recommendations for performance improvement:**

- ❖ The parish chiefs of the targeted parishes should be involved during engagement meetings throughout the project implementation.
- ❖ Need to create awareness to the people on the importance of getting treatment at the health facility than going for traditional healing.
- ❖ CERID to closely work with VHTs, LCs, sub county health workers and the CDO and be able to facilitate them on days of activity implementation.
- ❖ Continuous involvement of VHTs coordinators of the targeted parishes in all engagement and dialogue meetings to enable them understand the evolution of the project implementation.

- ❖ CERID to open a file at the health facility for keeping correspondences of project documents.

## 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

**Table 4: action points:**

| S/N<br>O | ACTIVITY<br>DETAILS  | TARGE<br>T | PEOPLE<br>INVOLVED   | TIMELINE                                       | RESPONSIBL<br>E |
|----------|--|------------|--|--|-----------------|
| 01       | Hold an engagement meeting with the health facility to nurture increased provision of care and technical support by health facility teams. | 04         | 7participants (2 Health Workers, 3staff, 2VHT coordinators)                                      | 27/09/2022 , 27/10/2022, 2/11/2022, 15/11/2022 | CERID           |
| 02       | Conduct a dialogue meeting with community gate keepers to gain a large community with increased awareness about malaria prevalence,        | 02         | 30 participants (5LCs, 10VHTs, 4primary school teachers, 4religious leaders, 4sub county leaders | 29/09/2022 , 4/11/2022                         | CERID           |



|    |   |                      |  |   |             |
|----|---|----------------------|--|---|-------------|
|    | prevention and treatment.   |                      | and 3CERID staff)  |   |             |
| 03 | Conduct quarterly engagement meetings with implementing partners to strengthen bi-directional referrals of people affected with malaria.                        | 02                   | 14 participants (2health workers, 5VHTs, 3partners, CDO, 3CERID staff)                       | 10/10/2022, 03/11/2022  | CERID       |
| 04 | Conduct village entry meetings to sensitize the community about the interventions of the project in the various targeted villages                               | 03                   | Health assistant, health in charge, CDO, LCIII, area LC, VHTs and CERID staff                | 12/10/2022, 13/10/2022, 14/10/2022,   | CERID       |
| 05 | Conduct monthly home visits to affected households to follow up patients in care to make sure that malaria prevention and care services are accessed by 160HHs. | 266HHs in 3 villages | 2VHTs per village, area LC in each village, 1 health worker in each village and 3CERID staff | 12/10/2022, 13/10/2022, 24/10/2022 , 25/10/2022, 8/11/2022, 9/11/2022, 16/11/2022, 17/11/2022 | CERID, VHTs |
| 06 | Conduct monthly monitoring and support supervision sessions to address gaps in project implementation and documentation .                                       | 04                   | Health assistant, CDO, LCIII, DHT, VHTs, CERID Staff   | 18/10/2022, 26/10/2022 , 10/11/2022, 18/11/2022   | CERID       |
| 07 | Conduct monthly performance   | 04                   | 17 participants (5VHTs, 2CBO   | 20/10/2022 ,  | CERID       |

|  |  |  |   |                                     |  |
|--|--|--|---|-------------------------------------|--|
|  | review meetings as a routine monitoring of project on performance achieved so far. |  | representatives , 4 sub county leaders, area LC, 2DHTs and 3CERID staff). | 28/10/2022 , 11/11/2022, 22/11/2022 |  |
|--|--|--|---|-------------------------------------|--|

**Annexures** (Please insert any key photos along with brief descriptions/story about the activity represented by the photo)

**ACTIVITY PHOTO 1:**



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

The project officer was welcoming the invited participants for the meeting. She continued that “today we have gathered at a very important time when CERID secured funds from TASO to fight against malaria in Dranya sub county”.

For that reason, CERID has involved the key stakeholders to discuss about the project interventions, implementation approaches, target beneficiaries, project period and the project budget.

**Photo Caption:** *the project officer Apayi Salila giving welcoming remarks during the one-day project inception and orientation meeting with 29 key stake holders in Dranya sub county.*

**ACTIVITY PHOTO 2:**



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

The Executive presented among others the malaria problem in Dranya sub county, project goal, project specific objectives, target beneficiaries, project period and the project budget to help the stakeholders understand about the project.

**Photo Caption:** The CERID's Executive Director Mr. Tabani David taking participants through the slide presentations of the project document during the one-day project inception and orientation meeting with 29 key stake holders in Dranya sub county.

### ACTIVITY PHOTO 3:



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

He stated that “we are ready to join CERID in the fight against malaria in Dranya sub county, the government of Uganda is going to start indoor residual spray (IRS) in the whole of Koboko District”

He continued that households should embrace and promote family hygiene to avert diseases.

**Photo Caption:** The secretary social services, Koboko District Mr. Todoko Isaac was giving his submission during the project inception meeting

### ACTIVITY PHOTO 4:



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

He stressed that, “Malaria prevalence in Koboko District is very high, nationally Uganda suffers 35% of malaria burden with 53% of that being a burden suffered by Koboko District”. He therefore asked the participants to own the project and throw malaria out of Dranya sub county.

**Photo Caption:** Mr Baiga Ronald the Executive Director for YWCDO was submitting during the inception meeting

**ACTIVITY PHOTO 5:****What is the story you want to tell in the photo?**

He stated that “whereas some people in Dranya sub county have a belief of using traditional healers to treat diseases including malaria than seeking medical treatment, some have poor practices on malaria prevention and care”. He continued asking all the stakeholders to do their job well especially advocating for mindset change on disease control.

**Photo Caption:** Mr. Okuta George, the chairman III, Dranya Sub-County addressing the participants during his speech in the inception meeting.

**REVIEWS/ APPROVALS****CSO/CBO Level**

|                        |                 |              |                  |
|------------------------|-----------------|--------------|------------------|
| <b>1. Prepared by:</b> | <b>Title:</b>   | <b>Date:</b> | <b>Signature</b> |
| Apayi Salila           | Project Officer | 23/9/2022    |                  |

|                        |                    |              |                  |
|------------------------|--------------------|--------------|------------------|
| <b>2. Approved by:</b> | <b>Title:</b>      | <b>Date:</b> | <b>Signature</b> |
| Tabani David           | Executive Director | 26/9/2022    |                  |

**Sub-recipient level**

|                        |               |              |                  |
|------------------------|---------------|--------------|------------------|
| <b>1. Reviewed by:</b> | <b>Title:</b> | <b>Date:</b> | <b>Signature</b> |
|                        |               |              |                  |

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|------------------------|---------------|--------------|------------------|
| <b>2. Approved by:</b> | <b>Title:</b> | <b>Date:</b> | <b>Signature</b> |
|                        |               |              |                  |

**Comments and decision by the SR.**

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