INTEGRATED COMMUNITY BASED INITIATIVES-ICOBI

HEALTHY AND PROSPEROUS FAMILIES

ANNUAL REPORT

2017-2018

ICOBI Profile

ICOBI has operated in Uganda since 1994 first as a small Community Based Organization to current national NGO covering over 35 Districts of Uganda. Since inception, COBI has implemented a number of community-based and family-centered programs that have empowered our community, improved their and wellbeing, especially those affected and infected with HIV/AIDS. Our work over the years further emphasizes our mission for improving the quality of life of people through holistic and sustainable programs that meet the essential human needs of families.

ICOBI will in the coming years continue to focus on Promoting Healthy and prosperous families, with emphasis on Health Education and Promotion, Maternal and Child Health including Family Planning, Prevention and Control of Infectious Diseases especially Malaria, Tuberculosis and HIV/AIDS/STDs, and Nutrition and Food Security as well as Research and Innovation. These key areas form the core programs of ICOBI. Having the countrywide positive influence in developing and implementing sustainable programs, ICOBI is one of the few organizations that are positioned to successfully address rural and urban family and community problems.

Promoting backyard gardening for food security and nutrition in South Western Uganda

Key results of focus

- A strong team of community health advocates, committed to better health and prosperity of people especially in rural areas.
- Applied technology and research for development; looking for appropriate simple technological and research solutions that can address human problems
- Self-sustaining community health programs; ensuring that communities are organized to take charge of their health needs.

ICOBI promoting seed bank model to support the vulnerable in Bushenyi District

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List of Acronyms

AIDS:	Acquired Immune deficiency Syndrome
ART:	Antiretroviral Therapy
CHEWS:	Community Health Workers
CHI:	Community Health Insurance
CRS:	Catholic Relief Services
DHT:	District Health Team
GBV:	Gender Based Violence
HIV:	Human Immunodeficiency Virus
ICOBI:	Integrated Community Based Initiatives
MoH:	Ministry of Health
NHIS:	National Health Insurance Scheme
PMTCT:	Prevention of Mother to Child Transmission (of HIV)
SOCY:	Sustainable Outcomes for Youths and Children
UHMG:	Uganda Health Marketing Group
UPHSP:	Uganda Private Health Support Program
VHTs:	Village Health Teams
UFPA	Uganda Family Planning Activity

MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear all,

I take this opportunity to thank everybody who has worked with us in the past year i.e. 2017/2018. Special thanks to our development partners who have supported ICOBI programs focusing at achieving better health for the rural population. The support you have extended to ICOBI has enabled us reach many Ugandans with essential services; we have saved millions of lives for men, women and children and also promoted positive health behaviors.

In the past year, we have worked with a number of partners like
Uganda Health Marketing Group (UHMG), Uganda Private Health Support Program (UPHSP), Elizabeth Glaser Pediatric Foundation (EGPAF), and University of Washington Department of Global Health based in Seattle USA, Catholic Relief Services (CRS) among others. The above partners and others have greatly contributed towards ICOBI goals especially in the area of Child and Maternal Health, HIV/AIDS, implementation research and Behavioral change.

With support from the University of Washington, ICOBI has been able to conduct research activities which have informed policy direction at national level. The DoART study has been key in informing ART delivery in Uganda amidst limitations of health workforce and congested ART sites.

To promote sustainable and better health care system at community level, ICOBI has been able to pilot micro health insurance scheme in currently 4 Districts. These Districts are Rukungiri, Wakiso, Jinja and Sheema where we target existing groups involved in savings and lending activities to integrate health care into their services. We hope this activity will inform the final design and implementation framework of the National Health Insurance Scheme (NHIS) in Uganda.

I therefore extend further appreciation to staff, communities, local leaders and District Health Teams for the great support we have received in this reporting period. Your support and contributions have not been in vain but critical to saving life. We hope for even better collaboration and partnerships in the coming year so that we reach more people and save more lives.

Let us continue to work hard, let us mobilize all possible resources to support these great initiatives. Am hopeful that this report will provide further insights into what ICOBI stands for and what we do in different communities across Uganda.

For God and my Country

Mutatina Boniface

ACHIEVEMENTS FOR THE YEAR 2017/2018

Research and Innovations

From June 2017 to July, 2018, ICOBI has continued to actively engage in implementation science to evaluate program strategies that can be most cost effective especially in ART initiation, delivery and retention into care. ICOBI has been at fore front of working towards the UNAIDS 90:90:90 goals in these efforts. The two three studies conducted include;

a) **An evaluation of strategies to increase testing and linkages of HIV positive Individuals to care and HIV negative men to male circumcision in sub-Saharan Africa**. **(Linkages Study);** This study resulted into a number of publications in this period that include,

- ***Ruanne V Barnabas, Heidi van Rooyen, Elioda Tumwesigye et al (2016);*** Uptake of antiretroviral therapy and male circumcision after Community-based HIV testing and strategies for linkage to care versus standard clinic referral: a multisite, open-label, randomized controlled trial in South Africa and Uganda. The Lancet HIV · March 2016
- **Norma C Ware, Monique A Wyatt, Stephen Asiimwe, Bosco Turyamureeba, Elioda Tumwesigye et al (2016|)** ,How home HIV testing and counseling with follow-up support achieves high testing coverage and linkage to treatment and prevention: a qualitative analysis from Uganda

b) **Delivery Optimization for Antiretroviral Therapy (The DO ART Study): A prospective, interventional, randomized study of community-based ART initiation, delivery, and monitoring in South Africa and Uganda.** This study is still on going with focus on data analysis and reports and publications will be coming in the next year report. **This study is trying to test differentiated models of care: Piloting first ever home HIV Testing and ART Initiation at home,** Impact on outcomes including viral suppression. 2015 - 2017 (Support: UW, BMGF, and PI Stephen Asiimwe).
ICOBI is also piloting innovative approaches to data collection through systems like Mobenzi. The system uses phones for real time data capture and also follow up visits.

Social support and protection

Community Health Plan for All

Overview

To advance social support and protection at household and community levels, ICOBI has in the past year actively implemented key activities. These have mainly been around community mobilization and sensitization on Community Health Insurance concept and linking groups to CHI providers. ICOBI is also a key partner in the implementation of SOCY Project being spearheaded by CRS in South Western Uganda. We therefore take a close review of these two programs in this reporting period;

CHPFA is a project funded by USAID through Uganda Private Health Support Program (UPHSP) that has been running for one year as a pilot and is now in its second year. It's run on a prepayment

arrangement where people in organized groups especially VSLAs/SILC groups, SACCOs, etc. pay a defined premium that is collected by ICOBI mobilizers and banked on the scheme account. When the enrolment increases and money accumulates, it is paid to the private not for profit (PNFP) health facilities that are partnering with ICOBI to provide high quality health care services to the enrolled clients.

Coverage and duration

The project is being implemented in 4 Districts which include; Sheema, Rukungiri, Wakiso and Jinja. This activity aimed at establishing community systems for health care started in April, 2017 and will run till this year August, 2019.

ACHIEVEMENTS SO FAR

- A total of 468 saving groups were trained, their capacity built and strengthened to start and manage community health saving schemes in the 4 Districts of Sheema, Rukungiri, Jinja and Wakiso.
- There is increased awareness about the need to save for health among organized community groups however; a lot more efforts are still needed.
- A total of 76,000members from 2,092 households have been enrolled into the program so far
- A total of 435 saving groups have been enrolled into the project in the two quarters out of the 480 trained. The rest of the groups are also steadily enrolling into the program.

Project performance across target Districts

District	***Groups Enrolled***	***Households***	***Total Members***
Jinja	*38*	*289*	*867*
Rukungiri	*56*	*256*	*976*
Sheema	*307*	*760*	*4,900*
Wakiso	*39*	*65*	*389*
Total	***440***	***1,370***	***7,132***

Sustainable Outcomes for Children and Youths in 5 Districts of South Western Uganda (SOCY)

Summary of Scope

ICOBI is implementing a household-based response to empower vulnerable children, youths and their caregivers to reduce their vulnerability and improve their wellbeing. The project is implemented in the Southwestern districts of Bushenyi, Rukungiri, Kiruhura, Kabale and Isingiro. The project targets to reach a total of 150,453 direct beneficiaries**. This activity will run** ICOBI from April 8, 2015 to December, 2020**. The Project is anticipated** to Serve 625,000 OVCs from 101,500 households of which ICOBI has 24%

- The program is in 17 districts in central and western Uganda, and ICOBI operates in 7 districts under different partners led by CRS.
- It is a flagship project both for CRS and USAID and the whole world because it was formulated using the successes from SCORE and SUNRISE programs > it is based on evidence not trial.

Goal

The program is aimed at improved, coordinated and effective OVC service delivery system that ensures improved access to essential health, nutrition, social services resulting in better health status and lower HIV/AIDS vulnerability

Purpose

To improve the health, nutrition, education and psychosocial wellbeing of VC and reduce their abuse, exploitation and neglect

ICOBI key tasks in the program

- Establish maps of OVC high burden areas for program targeting and enrolment of OVC, youth and their caregivers
- Support at least 24,958 households of OVC and youths develop household improvement and case management plans.
- Enhance community based and household case management services to 24,958 households
- Improve coordination of socio-economic and facility based service providers to promote evidence based planning and functional referral systems

ACTIVITY IMPLEMENTATION PROGRESS OF OVC PROJECT IN 2017/2018

During the October-December, 2018 quarter, ICOBI implemented a number of activities in all the target sub counties and Districts. In the reporting period, among the key activities included finalization of SOCHA households, new enrollments, HIV testing and counseling, service layering, home visits, strengthening food and nutrition in Bushenyi District and all other target Districts among others. All the beneficiaries (15,124 of whom 7,988 females and 7,136 males, 8,037 children and 7,087 adults) reached in the quarter received

psychosocial support services which is the entry point to increased access to other services such as HTS, ART enrollment and viral load monitoring and suppression, TB screening, VMMC, nutritional education and socio economic strengthening. Below is a detailed explanation of each of the key program activities implemented in the quarter.

2.1 Home visits to active households

During the period October-December, 2018, ICOBI working with Social workers and Para social workers conducted home visits to both active and newly enrolled households. ICOBI team visited households to review action plans, provide services and mobilize for utilization of services and program implementation. Also home visits were made to SOCHA graduated households to assess if they were resilient or falling back into vulnerability as illustrated in the table below;

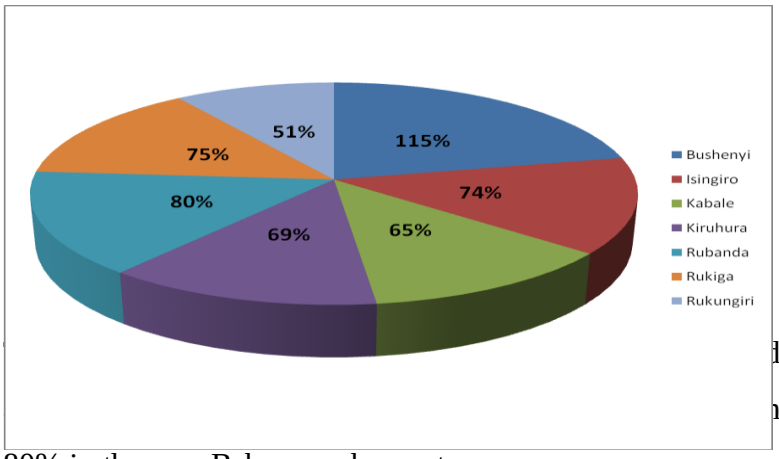
Table 1: **Conducting home visits to Active HHDs for timely and effective case management & follow up**

District	Sub-county	OVC_SERV target	Current Served	Current % age served
Bushenyi	Ibaare	478	693	145%
	Ishaka Division	229	131	57%
	Kyamuhunga	1,128	1013	90%
	Kyeizooba	294	743	253%
	Nyabubaare	230	136	59%
Total		**2,359**	**2,716**	**115%**
Isingiro	Masha	159	296	186%
	Ngarama	697	909	130%
	Nyakitunda	614	939	153%
	Rugaaga	1,191	161	14%
	Rushasha	479	181	38%
Total		3,140	**2,486**	**79%**
Kabale	Buhara	517	192	37%
	Butanda	458	163	36%
	Kitumba	424	248	58%

District	Sub-county	OVC_SERV target	Current Served	Current % age served
	Northern Division	209	177	85%
	Rubaya	490	180	37%
	Southern Division	272	120	44%
	Kaharo	312	261	84%
	Kamuganguzi	673	819	122%
	Kyanamira	415	231	56%
	Maziba	291	256	88%
Total		**4,061**	**2,647**	**65%**
Kiruhura	Burunga	412	253	61%
	Kazo	996	770	77%
	Kenshunga	1,133	732	65%
Total		**2,541**	**1,755**	**69%**
Rubanda	Bubaare	913	730	**80%**
Total		**913**	730	**80%**
Rukiga	Bukinda	248	250	101%
	Kamwezi	551	608	110%
	Kashambya	853	700	82%
	Rwamucucu	713	215	30%
Total		**2,365**	**1,773**	**75%**
Rukungiri	Bugangari	300	66	22%
	Buhunga	2,094	1,369	65%
	Buyanja	1,380	431	31%
	Bwambara	747	188	25%
	Kebisoni	811	506	62%
	Nyakagyeme	935	629	67%
Total		**6,267**	**3189**	**51%**
TOTAL		**21,646**	**15,296**	**71%**

The table above provides a summary of sub county performance during the period. As illustrated Bushenyi District sub counties of Ishaka Division, Kyamuhunga and Nyabubaare did not achieve 100% home visits due to lack of enrollment provision this quarter and had not completed target enrollments in previous quarter. In other Districts like Kabale, Rukungiri, Isingiro, Kiruhura and Rukiga, sub counties were still enrolling new households be end of the quarter. It should also be noted that data entry is still ongoing in most sub counties due to long holiday at end of the previous quarter.

Figure 1: Pie chart showing percentage of OVC served against target per district



luring the reporting period. Bushenyi District

nent in Bubaare Sub County was achieved by 80% in the new Bubaare sub county.

2.1.2: SOCHA HOUSEHOLD SERVED BY JUNE,2018

During the reporting period, ICOBI team and other Project partners focused on ensuring that SOCHA household is served and also enroll those not yet enrolled. All SOCHA households both active and graduated were visited and efforts made to serve them jointly with Result 1 teams in each focus District.

Table 3: Home visits to all SOCHA households during the year

District/Sub county	TARGETS	Enrolled	Visited	Balance	%age	Reason for variance
BUSHENYI	**113**	**109**	**109**	**04**	**96.4%**	
Kyamuhunga	56	56	56	00	100%	
Kyeizooba	57	53	53	04 lost	93%	4 H/Hs not traced
ISINGIRO	**85**	**83**	**83**	**02**	**98%**	
MASHA	58	56	56	02	97%	1 h/h migrated and 1h/h not traced
NGARAMA	27	27	27	00	100%	
KABALE	**90**	**87**	**87**		**97%**	

BUHARA	08	06	06	02	75%	1 h/h not traced and 1 had no child
KAMUGANGUZI	82	81	81	01	99%	1 h/h not traced
KIRUHURA	**61**	**54**	**54**	**07**	**89%**	
KAZO	33	30	30	03	91%	2 h/hs migrated and 1 h/h had no child
KENSHUNGA	28	24	24	04	81%	2 h/hs migrated, 1 exited and 1 not traced
RUKIGA	**118**	**113**	**113**	**05**	**96%**	
KAMWEZI	82	78	78	04	95.1%	
KASHAMBYA	36	35	35	01	86%	1 not traced
RUKUNGIRI	**111**	**110**	**110**	**01**	**99%**	
BUHUNGA	27	27	27	00	100%	
KEBISONI	30	29	29	01	97%	1 had no child
NYAKAGYEME	54	54	54	00	100%	
Grand Total	**578**	**556**	**556**	**19**	**96.2%**	

These households were all SOCHA households visited for Oct-Dec2018, a number of the households had graduated and could not appear to be visited during this quarter as per the data system. This activity was done in preparation for SOCHA evaluation in the last quarter and an account of all SOCHA households was done to ensure each household is provided services through layering and direct provision.

2.2 Referral systems & Linkages

Referrals and linkages forms are a critical component of the case management approach to provision of services to OVC under SOCY Project. ICOBI referred beneficiaries for key services that included HIV testing and counseling (HTS), birth registration services and SMMC.

Table 4: Referral for Birth Registration Certificates

District /Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
RUKUNGIRI			
Nyakagyeme	43	2	5%
Buyanja	44	6	14%

District /Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
Buhunga	42	11	26%
Kebisoni	9	1	11%
Bugangari	12	0	0%
TOTAL	**150**	**20**	**13%**
RUKIGA			
Bukinda	11	3	27%
Kamwezi	24	14	58%
Kashambya	12	4	33%
Rwamucucu	14	2	14%
TOTAL	**61**	**23**	**38%**
KABALE			
Maziba	11	3	27%
Kyanamira	9	1	11%
Kaharo	3	0	0%
Kitumba	15	0	0%
TOTAL	**38**	**4**	**11%**
BUSHENYI			
Ibaare	44	16	36%
Kyeizooba	67	28	42%
Kyamuhunga	46	21	46%
Ishaka	14	0	0%
Nyabubaare	6	0	0%
TOTAL	**177**	**65**	**37%**
KIRUHURA			
Kazo	58	5	9%
Kenshunga	45	0	0%
Burunga	34	0	0%

District /Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
TOTAL	**137**	**5**	**4%**
RUBANDA DISTRICT			
Bubaare	42	00	00%

As indicated in the table above, birth registration continues to be one of the most challenging component during the reporting period due to changes in birth registration process from Sub county level to a centralized NIRA system. Birth registration has also been increased to between 5,000= to 10,000= for short term sub county certificates in most Districts and 7500= for NIRA certificate. The short term certificates at sub county level are currently not considered as birth registration till a person has fully paid for NIRA registration. Bushenyi and Rukiga Districts however tried to achieve reasonable completion rates at 37% and 38% respectively. The most commonly given reason for failure to obtain birth certificates across the Districts is the cost and in some cases lack of certificates at Sub County for the short ones. ICOBI SOCY team has however continued to guide caregivers to purchase these certificates at intervals especially households with many children and social workers are to ensure that referrals for birth registration are provided after detailed discussion with caregiver on capacity and number to procure at a time.

Table 5: Table showing number of beneficiaries referred for HCT

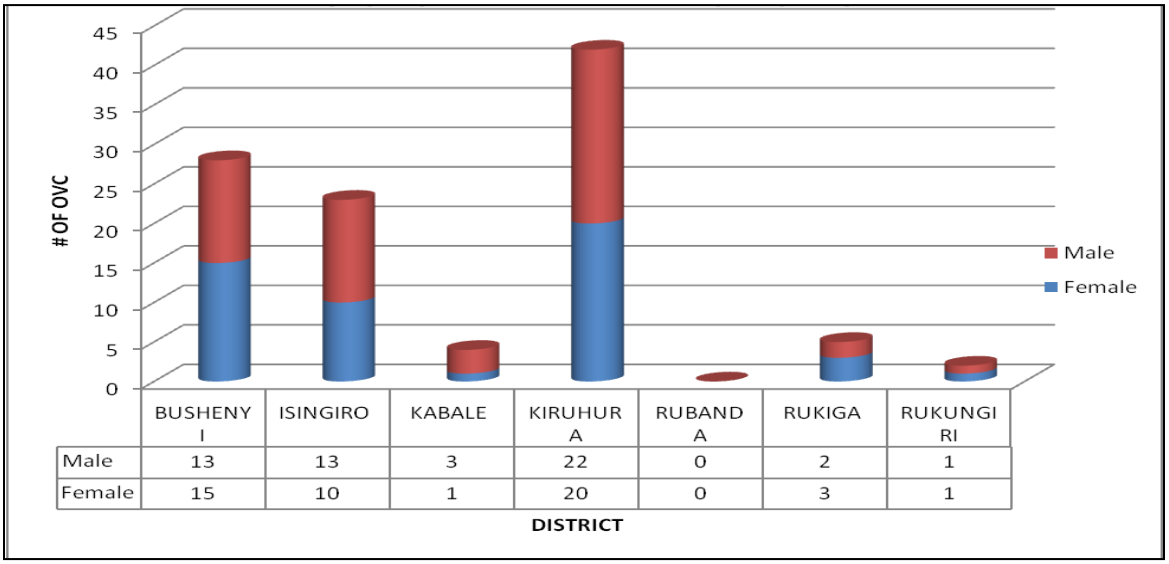
DISTRICT / Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
RUKUNGIRI			
Nyakagyeme	145	92	63%
Buyanja	212	97	46%
Buhunga	261	188	72%
Kebisoni	124	98	79%
Bugangari	44	11	25%
Bwambara	98	43	44%
TOTAL	**884**	**529**	**60%**
BUSHENYI			

DISTRICT / Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
Ibaare	35	8	23%
Kyeizooba	54	13	24%
Kyamuhunga	32	19	59%
Ishaka	20	0	0%
Nyabubaare	24	0	0%
TOTAL	**165**	**40**	**24%**
ISINGIRO			
Ngarama	21	21	100%
Nyakitunda	0	0	0%
Masha	68	68	100%
Rugaaga	0	0	0%
Rushasha	0	0	0%
TOTAL	**89**	**89**	**100%**
RUKIGA			
Bukinda	5	3	60%
Kamwezi	115	48	60%
Kashambya	42	42	60%
Rwamucucu	20	8	60%
TOTAL	**182**	**101**	**60%**
KABALE			
Maziba	4	2	50%
Kyanamira	16	6	38%
Kaharo	18	6	33%
Kitumba	15	5	33%
Southern Division	10	2	20%
Northern Division	14	8	57%
Butanda	15	9	60%

DISTRICT / Sub county	# of cases Referred SOCY Beneficiaries	# of cases Referred that accessed Services	% that accessed Services
Rubaya	10	4	40%
Kamuganguzi	24	10	42%
Buhara	20	5	25%
TOTAL	**146**	**57**	**25%**
KIRUHURA			
Kazo	123	69	56%
Kenshunga	162	86	53%
Burunga	87	43	49%
KIRUHURA	**372**	**198**	**53%**

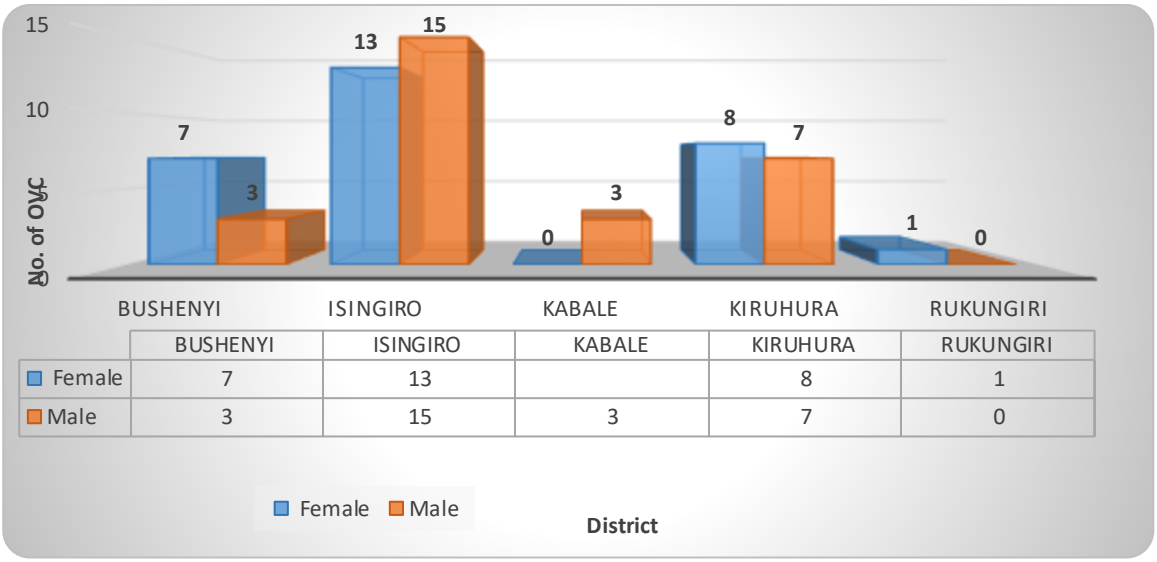
ICOBI team has worked with public health facilities and also through collaboration with USAID RHITES SW Project team to provide HTC services in target sub counties. During the reporting period, Isingiro District achieved 100% in sub counties of Ngarama and Masha. This was as a result of targeted HTS outreaches organized in collaboration with health facilities and effective mobilization by par asocial workers in the two sub counties. More efforts geared towards HTS for all SOCY beneficiaries will continue to be implemented especially in Kiruhura, Bushenyi and Kabale Districts. Specifically, other districts will be supported to organize targeted outreaches for SOCY supported beneficiaries with reported unknown status as done in Isingiro District.

Figure 2: OVC provided with apprenticeship services 2017/2018



As presented in figure 2 above, ICOBI worked closely with Result 1 teams in all target sub counties and Districts to link OVC for apprenticeship. As indicated in figure 2 above, a total of 104 OVC were served under apprenticeship training of whom 48.1% were females. Also Kiruhura reported the highest number of OVC served with apprenticeship training i.e. 40.1% of the total served. In Rukungiri District of the two children trained in apprenceship1 female trained in hairdressing and 1 male was trained in welding. In Kiruhura District 17 were trained in saloon i.e. 7 males and 10 females while 23 males were trained in mechanics. In Isingiro District, the 23 were all trained in Aflateen, agro enterprise and entrepreneurship as they prepare to undertake apprenticeship in Jan-March, 2019 quarter. In Kabale District 2 males trained in welding while 2 females undertook tailoring, in Rukiga District 3 females trained in tailoring while 2 males trained in motorcycle mechanics.

Figure 3: OVC served with Agro enterprise skills during the period

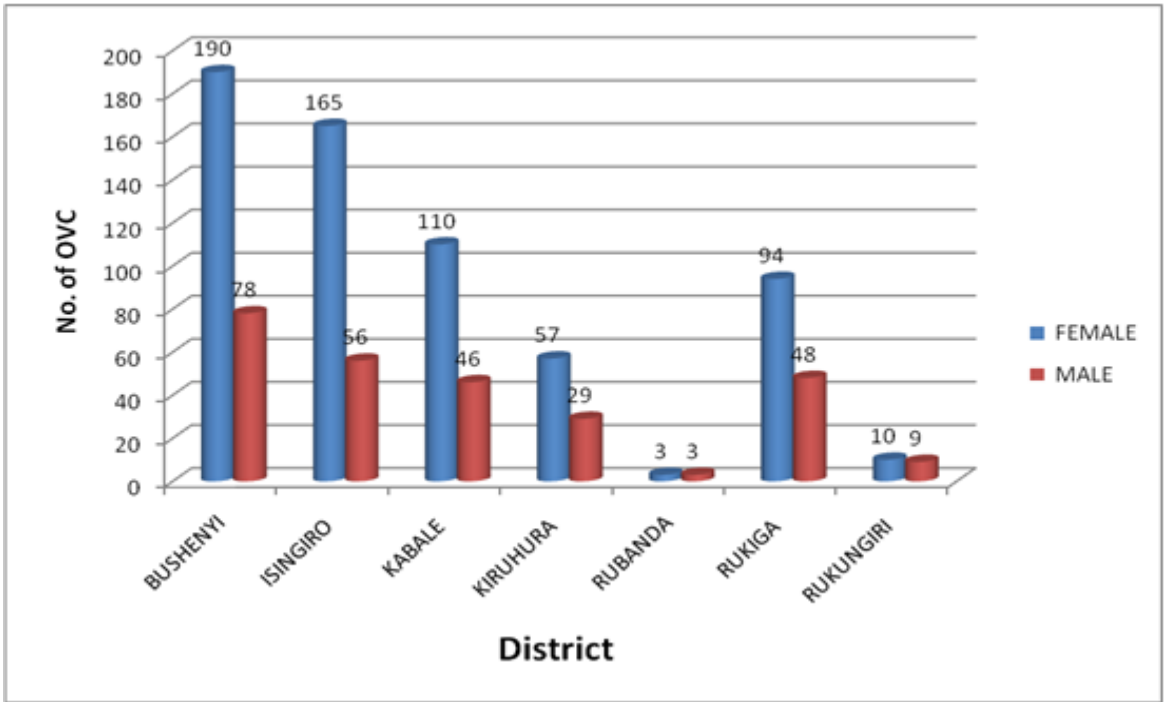


	BUSHENYI	ISINGIRO	KABALE	KIRUHURA	RUKUNGIRI
Female	7	13		8	1
Male	3	15	3	7	0

Figure 3 above shows a summary of OVC served under Agro enterprise component of Result 1. ICOBI also worked with the Result 1 teams to ensure effective linkages for OVC identified in households for this service. During the reporting period a total of 57 OVC were reached. 50.8% of the OVC served with Agro enterprise services were females and 49% of the total OVC reached were from Isingiro District. Most of the trainees had by end of the reporting period started to set up backyard gardens as well as small cottage

industries. ICOBI will continue to work with Result 1 team to ensure effective linkages for this service in all target sub counties in the coming quarters.

Figure 4: A bar chart showing number of SOCY beneficiaries provided with SILC



As key strategy to strengthen socio economic security at household level, ICOBI also worked with other Project teams to ensure household caregivers enroll into SILC groups. During this reporting period a total of 733 (269 males and 464 females) beneficiaries joined SILC groups. Bushenyi District registered the highest number of new SILC members i.e. 268 members representing 37% of the total members that joined SILC groups. Rubanda registered lowest number due to being new District in the new target Bubaare sub county. The beneficiaries enrolled in SICL groups have already started regular saving within their respective groups. ICOBI will put more efforts in Districts of Rukungiri, Kiruhura, Rukiga and Rubanda for improved performance in the coming period.

2.3: Monthly case conferences

During the year 2018/18 under review, ICOBI organized 25 (74%) case conferences out of the target 34 at sub county level to discuss SOCY Project implementation and most especially share progress and challenging cases at sub county level. The meetings were attended by para social workers, Result 1 staff in

respective districts, Community Development Officers (CDOs) and ICOBI SOCY staff. These meetings were intended to review case management processes especially concerning cases handled by para social workers at community level. During the quarter, out of the total 218 cases identified, 123 (56.4%) were handled and settled, 47 (21.5%) cases were referred for further management and only 48 (22%) cases are pending and being followed up by social workers. In a number of sub counties like Butanda, Rubaya, Buhara, Southern and Northen Divisions in Kabale, Rwamucucu, Bubaare among others lack trained parasocial workers and hence did not hold case conferences.

Activity	**Out put**
Number of households reached Conducting home visits for timely and effective case management & follow up	15,235
Number of beneficiaries (OVC served)	44,421
Number of Referral and linkages for HIV services	48,929
Number of Referral and linkages for birth registration	6,658
Number of monthly Sub-county Case conferencing meetings conducted	102
Number of quarterly Sub-county referral reflection meetings conducted	70
Number of children enrolled and served under education subsidy	1,049

Integrated Community Livelihood Improvement Project (ICOLIP)

ICOLIP is a community economic empowerment initiative which has taken major steps to mobilize and organize caregivers into SILC groups. ICOLIP's SILC groups have self-selected members.

The village based groups are located in 30 parishes and 6 Sub-counties in Sheema district where ICOBI South Western Regional Office is located. ICOBI promoted and has been encouraging OVC households to save as individuals in their respective groups and in SACCO. The group concept emerged as an offshoot at the tail end of USAID funded EMPOWER through which OVC interventions were channeled.

Summary of achievements in the reporting period 2017/2018

- Increased SILC groups from 458 to current 785 in 2019
- Increased SILC group's membership from 8,720 to over 19600 currently i.e. 13,720 females and 5,880 males.
- Improved group savings from $ 60,000 to $80,000 in the last year
- Reduced sell of property among OVC households to meet homestead basic needs
- Increased social support networks at community level
- Integration of health insurance into most SILC groups to prevent catastrophic health expenditures among the poor households at community level Total share out in FY 2019/2020 was Shs 4,147,119,256

Community Based HIV Prevention, Mitigation and Control

Integrated Health service delivery

ICOBI has worked with a number of partners in the last year to ensure continued community HIV response with focus on HIV prevention, mitigation and control. Under the USAID RHITES SW Project, COBI has implemented a number of activities to achieve the key objectives below;

Strengthen referrals and linkages for integrated health services (including services for HIV prevention, care and treatment, malaria, family planning, TB, MNCH, Nutrition, ECD, GBV and WASH

- Improve clients' retention in care for continuum of health services by strengthening clients tracking and follow up systems
- Provide comprehensive HIV prevention packages targeting mainly the key and priority populations and support prevention for People Living with HIV/AIDS

Key achievements for 2018/2019 include the following

- A total of 34,500 clients were identified from the community, referred and linked for provision of integrated health services
- 1,079 lost clients were followed up and traced back to ART care
- 1,200 males were mobilized for VMMC services
- A total of 740 clients were provided with HTC services at home through index client tracing and testing approach
- A total of 3,600 KP and PP group members were offered HTC and other health care services
- 140,000 condoms were distributed in over 20 hotspots in South Western Uganda

Sexual Reproductive Health and Rights Project

During the year 2017/2018, ICOBI continued implementation of SRHR activities with support from SIDA through Reproductive Health Uganda. This Project has been ongoing smoothly in the two Districts of Mbarara and Ntungamo in South Western Uganda. Below is a summary of the key indicators and achievements during the reporting period.

S/N	Indicator	*Year 2 2017/18*
1	Total Number of beneficiaries reached with integrated SRHR/HIV services in SRHRU program districts	**24,760**
	By Sub-populations (A beneficiary counted once regardless of the services received)	
	a. MSM reached with SRHR/HIV Services	**136**
	b. FSW reached with SRHR/HIV Services	**2,097**
	c. Teenage Mothers reached with SRHR/HIV Services	**4,572**
	d. Slum Dwellers reached with SRHR/HIV Services	**6,87**
	e. PWD reached with SRHR/HIV Services	**324**
	f. Orphan and Vulnerable Children/Youths	**2,589**
	g. Other categories (including school going children)	**9,856**
	By Services (A beneficiary may receive more than one services)	
	a. HTS	**29,962**
	b. VMMC	**943**
	c. PAC	**187**
	d. STI Management	**6,320**
	e. Family Planning Methods	**3,425**
	f. Sexual Gender-based Violence	**985**

2	Number of health facilities (HC II, III & IV, hospitals) that meet quality assurance standards for the integration HIV and SRHR information and services for adolescents, young people	**93**
3	Number of completed referrals to total referrals made for SRHR and HIV related services	**10,534/12,247 86.01%**
4	Number of health facilities without stock out of STI medicines, HIV testing kits and condoms	**19**
5	Number of health workers trained/mentored/coached in Sexual Reproductive Health (SRH) and HIV service provision	**94**
6	Number of condoms distributed to end users	**410,193**
7	Number of IEC materials distributed	**79,091**
8	Number of community dialogue sessions held on socio-cultural/gender based/ other structural drivers of the HIV epidemic	**246**
10	Number of districts level dialogue meetings to demand and hold districts accountable for provision of comprehensive, quality SRHR/HIV	**20**
11	Number of policy makers championing priorities of SRHR and HIV for young, vulnerable and key populations	**10**
12	Number of community gatekeepers who champion adoption of safer sex practices among young, vulnerable and key populations	**144**
13	Number of community SRHR advocates trained/mentored to develop/implement an advocacy strategy on SRHR and HIV for young, vulnerable and key population	**22**
14	Number of Peer Educators trained/mentored in Sexual Reproductive Health (SRH) and HIV service provision	**70**

Challenges, lessons learnt and recommendations

Challenges

- Limited ability to reach all target populations and district areas with HIV/AIDS interventions especially prevention services due to resource constraints
- Lack of adequate resources for staff capacity building efforts to strengthen service delivery
- Loss of some critical staff in the organization due to phase out of projects
- Stiff competition for funding with international organizations

Lessons learnt

During this year, a number of good practices and lessons were identified. The following are among the key;

- Collaboration and partnerships are a good practice to address service gaps and leverage resources to serve the target population
- Community leadership engagement in activity implementation ease mobilization and improves trust among the beneficiary communities
- Regular review meetings with key stakeholders engaged in service provision helps to share work plans timely and avoid duplication of services as well as conflicts
- Where possible home and family centres are more appropriate to increase uptake and address barriers
- Working with community resource persons like peer leaders, VHTs etc increases mobilization and community awareness about the projects under implementation.
- High levels of transparency and accountability for donor funds improves organizational reputation for further collaboration

Recommendations

From experience and evidence obtained from the program implementation this year, the management team recommends that a number of strategic actions be adopted to further enhance implementation in the coming years;

- ICOBI should ensure resource diversification and this might need developing a business plan to ensure continuity in case of any project phase out. This will retain core team members and ease further capacity for service delivery.

- ICOBI should ensure further strengthen adherence to current management and financial practices for transparency and accountability. This will improve donor confidence and hence increase funding opportunities

- ICOBI should form strategic partnerships with national, regional and international bodies and agencies for resource mobilization efforts.

- Systems and departmental strengthening for effective reporting and accountability is also needed. This applies to especially M&E and Finance department where the organisation is facing staff turn over

- There is need to reactivate senior management and board teams in resource mobilization for the organisation to keep running programs as per the strategic plan

Key Development Partners during the year 2019/2020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CDC
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