INTEGRATED COMMUNITY BASED INITIATIVES-ICOBI

Accelerating better health and holistic human development in Uganda

ANNUAL REPORT

2022-2023

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 well-being, 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.

ICOBI team engaged in child protection sessions on safety in community and along the roads

Key results of focus

- Empowered community for disease prevention of both communicable and non-communicable diseases.
- A strong team of community health advocates, committed to the 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 team is actively engaged in the use of mass media to conduct health education on HIV/AIDS prevention, treatment, and road safety in Luwero district

Table of contents

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. 2022/2023. I wish to extend special thanks to our development partners who have supported ICOBI programs focused on achieving better health for the rural population. The support you have extended to ICOBI has enabled us to 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 the Centre for Health, Human Rights and Development (CEHURD), Uganda Family Planning Activity under PATHFINDER, and DOTT Services Limited under the Ministry of Works and Transport in Uganda, 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 DOTT Services Limited, ICOBI has been able to conduct integrated community health and social safeguard interventions or activities in Luwero and Nakaseke districts in central Uganda. To promote a sustainable and better healthcare system at the community level, ICOBI has been able to continue promoting and supporting the SILC model in Sheema district and beyond, with currently over 600 groups registered with ICOBI. These Community based groups, comprising mainly vulnerable caregivers, continue to attract new members and also see new groups being formed. ICOBI can now, with ease, integrate more services into the existing groups beyond financial activities to include health aspects, among others.

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 in previous years have not been in vain but critical to saving lives.

Let us continue to work hard; let us mobilize all possible resources to support these great initiatives. I 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

Bosco Turyamureeba

ACHIEVEMENTS FOR THE YEAR 2022/2023

Community Health Interventions in Luwero and Nakaseke

- Conducted 170 sensitization sessions on HIV/AIDS, STIs, GBV, and VAC, reaching 700 project workers under DOTT Searvices and 3,800 community members.
- Established community-based support groups for affected individuals. These include parish-based GBV support groups for women and girls to ensure GBV prevention and early screening, boda boda safety groups for accident prevention and management of victims during road construction, as well as peer groupss for HIV/AIDS prevention.
- Collaborated with local leaders to promote awareness and prevention of HIV/AIDS, STIs, GBV, and VAC. These mainly include the District level leaders in both Luwero and Nakaseke, sub-county and parish leaders, religious and cultural leaders, as well as LC1 leaders.
- Provided Voluntary HIV Counseling and Testing (HCT) services to project workers and community members. ICOBI runs a static clinic onsite in Kiwoko Luwero district

ICOBI staff conducted HCT sessions in Butalangu Town Council, Nakaseke District, targeting high-risk groups.

- Conducted community outreach activities targeting local leaders, community members, and vulnerable populations. The ICOBI team also conducted 68 health-integrated outreaches in both Luwero and Nakaseke, reaching close to 2400 people with HIV/AIDS and other health services.
- ICOBI team conducted 48 radio talk-shows on Seke FM in Kiwoko focusing on HIV/AIDS prevention, road safety, child protection, Gender based violence prevention and management

Social support and protection

Livelihood Improvement program through Savings and Internal Lending Communities (SILC)

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.

Key achievements in the reporting period 2022/2023

- Increased SILC groups from 458 to current 700 in 2023. There has been a decline by 85 groups as regards groups coordinated by ICOBI but groups at community level go beyond 1200 so far.
- Increased SILC group's membership from 19,600 in 2021 to currently 25,820 ie 18,870 females and 6,950 males.
- Improved group savings from $ 75,000 to $100,000 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
- Increased access to Government Parish Development Model (PDM) support for SILC groups.
- Strengthened community mobilization and sensitization on wide social economic and health issues.
- Total share out in FY 2022/2023 was Shs 5,234,200,256 as reported by group chairpersons

Below are ICOBI SICL group members in weekly meetings

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 2022/2023 include the following

- A total of 24,700 clients were identified from the community, referred and linked for provision of integrated health services
- 1,859 lost clients were followed up and traced back to ART care

- 1,480 males were mobilized for VMMC services
- A total of 910 clients were provided with HTC services at home through index client tracing and testing approach
- A total of 2,670 KP and PP group members were offered HTC and other health care services
- 130,000 pieces of condoms were distributed in over 20 hot spots in South Western Uganda

COMMUNITY HEALTH EDUCATION AND PROMOTION

The Uganda Family Planning Activity (FPA)

Integrated Community Based Initiatives-ICOBI worked as a sub grantee under the USAID/Uganda Family Planning Activity-FPA under Pathfinder international as the Prime. ICOBI implemented community demand creation as well as creating positive social norms towards modern contraceptive methods in Kiryandongo District in the Albertine region.

The goal of USAID/Uganda FPA is to support Government of Uganda to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term shifts in Uganda's modern contraceptive prevalence rate (mCPR) and fertility rate by 2025 in 11 focus districts of;

Buliisa, Bundibugyo Butambala, Gomba, Kibaale, Kiryandongo, Kyankwanzi, Kyegegwa, Kyenjojo, Ntoroko, and Rakai.

The USAID/Uganda FPA seeks to create a favorable policy and financing environment to increase access to family planning by strengthening leadership and coordination that will result in a strong health system with accountable leadership, sustainable financing and innovations for demand generation, service delivery, capable health workforce, functional supply chains and information system management.

To achieve the Family Planning Activity targets, ICOBI has been implementing activities under the key objectives below.

Objective 1. To implement family planning interventions at the community level aimed at increasing awareness and creating demand for services in Kiryandongo District

Objective 2: To provide voluntary family planning counselling and FP alternatives within the mandate of ICOBI like condom distribution, contraceptive pills, contraceptive Injectable-Depo Provera, and other fertility awareness methods

Objective 3: To establish and functionalize community – facility linkages, increase access to long term and permanent FP methods as well as manage side effects with support from the nearest heath centers in Kiryandongo District.

ICOBI works with the existing health system under the District Local Government, especially public health facilities as well as community structures, the VHT system, community leaders, youth's champions, and other community groups.

The main activities being implemented by ICOBI include;

a) Integrated outreaches on modern family planning methods

b) Dialogue meetings for men

c) Women alone dialogues

d) Parents and youths dialogues

e) Radio program on demand generation

f) Home visits by VHTs as well small group meetings and health education sessions on Family Planning services

Currently ICOBI is covering all 13 sub counties in Kiryandongo district, and these are Kigumba T/C, Kiryandongo T/C, Bweyale T/C, Karuma T/C, Kyankende S/C, Kiryandongo S/C, Kigumba S/C, Masindi Port S/C, Mboira S/C, Kicwabugingo S/C, Nyamahasa S/C, Mutunda S/C and Diima S/C

KEY ACHIEVEMENTS DURING THE YEAR 2022/2023

Indicator	Category Options	FY23		FY23 Performance against Target
		Target	Actual	
2.1-1.1: Number of FP community dialogues conducted and completed by type	**Total**			
	Young Emanzi	30	30	100%
	Men alone dialogues	29	29	100%
	Intergenerational dialogue	30	30	100%
	Women only dialogue	35	35	100%
	First-time parents' dialogues	29	29	100%
	General community dialogues	12	12	100%
	Total			

2.1-1.2: Number of individuals reached by facilitators with family planning counseling and/ or services through community dialogues	Young Emanzi	875	898	103%
	Men alone dialogues	750	852	114%
	Intergenerational dialogue	775	981	127%
	Women only dialogue	875	1180	135%
	First-time parents' dialogues	725	786	108%
	General community dialogues	372	541	145%
3.1-4.1: Number of individuals reached by CHW with family planning counseling and/ or services through home visits approach	Number	17,664	13990	79%
3.1-4.2: Number of clients referred BY CHWs for FP service or other health related illnesses during home visit/door-to-door approach	Number	3,532	1197	34%
3.1-4.3: Number of completed referrals documented by the CHW	Number	1,768	217	12%
3.1-4.4: Number of clients (new users and revisits) who received a FP method from CHW during Home visit/door-to-door approach	New users			-
	Revisits			-

Above is an inter-generational dialogue session in Laboke village,Hanga parish in Nyamahasa sub county in in Kiryandongo district, April,2023.

Inclusive Development under FPA

During the reporting period 2022/2023 ICOBI has continued to work with male champions, religious leaders and local leaders in Kiryandongo District and specifically target parishes to address cultural and gender norms affecting uptake of Family Planning services. ICOBI engaged the trained community dialogue facilitators,VHTs and other key stakeholders to promote male engagement and general of FP services. Local leaders and FP champions were engaged in mobilizing community dialogues in their respective communities as well as mobilizing for targeted outreach activities. This strategy helped to ensure full mobilization of all target population groups in the district to access FP messages and services.

Integrating family planning services into existing community groups especially savings groups in Albertine region

Sexual Reproductive Health and Rights Project

During the year 2022/2023, ICOBI continued implementation of SRHR activities with support from SIDA through Centre for Health Human Rights and Development (CEHURD). This Project aimed to enhance a sustainable SRHR movement that will collaborate and collectively advocate for SRHR in Uganda feeds into the Campaigns, Partnerships and Networks programme.

- We conducted four targeted dialogues with Local leaders on controversial issues. During these dialogues, the following key achievements were registered.

- We were able to get a high number of attendants from all age groups we had councillors, Sub County officials, Police, and youth leaders were all represented. In total we were able top reach 500 people in 53 dialogues of whom 296 (60%) were males and 204 (40%) were females. This was intended to ensure more men attend the dialogues due to high rates of defilement, early marriages and gender-based violence in these sub counties of Endinzi and Ngarama.

- The leaders were well explained the intentions and objectives of the programme and their advocacy roles in protecting teenage girls against pregnancies.

- Most leaders discussed many controversial issues affecting SRHR like condom use, safe abortion, early marriages among others and proposed some solutions.

    - The leaders present welcomed the intervention and said it was timely as it comes at a time of the post effects of COVID-19.

- The participants thanked the organisers for the refreshments, bite, and timely payment of the transport refund to local leaders.
- Some of the key recommendations that came out of these dialogues included.

a) Planning village-based dialogues at LC1 level especially for villages with reported cases of defilement and GBV Cases
b) That JAS program should organize dialogues for high-risk groups like board boda, taxi drivers and other mobile workers who engage mostly in risky behaviours including defilement cases
c) Participants requested for IEC materials with key messages on reproductive health especially raising awareness on early marriage and defilement among others
d) There was also request from local leaders for a radio program supported by JAS program on key issues affecting reproductive health and rights in the community.

S/N	Indicator	*2022/2023*
1	Total Number of beneficiaries reached with integrated SRHR/HIV services in SRHR program	18,300
	By Sub-populations (A beneficiary counted once regardless of the services received)	
	a. MSM reached with SRHR/HIV Services	210
	b. FSW reached with SRHR/HIV Services	2,030
	c. Teenage Mothers reached with SRHR/HIV Services	2,870
	d. Slum Dwellers reached with SRHR/HIV Services	6,624
	e. PWD reached with SRHR/HIV Services	265
	f. Orphan and Vulnerable Children/Youths	5,219
	g. Other categories (including school going children)	6,725
	By Services (A beneficiary may receive more than one services)	
	a. HTS	14,876
	b. VMMC	876
	c. PAC	254
	d. STI Management	2,086
	e. Family Planning Methods	3,987
	f. Sexual Gender-based Violence	769
2	Number of health workers trained/mentored/coached in Sexual Reproductive Health (SRH) and HIV service provision	256
3	Number of condoms distributed to end users	120,000
4	Number of IEC materials distributed	12,300
5	Number of community dialogue sessions held on socio-cultural/gender based/ other structural drivers of the HIV epidemic	85
6	Number of subcounty level dialogue meetings to demand and hold districts accountable for provision of comprehensive, quality SRHR/HIV	40

7	Number of community championing priorities of SRHR and HIV for young, vulnerable and key populations	80
8	Number of community gatekeepers who champion adoption of safer sex practices among young, vulnerable and key populations	325
9	Number of community SRHR advocates trained/mentored to develop/implement an advocacy strategy on SRHR and HIV for young, vulnerable and key population	29
14	Number of Peer Educators trained/mentored in Sexual Reproductive Health (SRH) and HIV service provision	140

Challenges, lessons learnt and recommendations

During the period 2022/2023, ICOBI experienced a number of challenges, also attained key lessons, and drew some key recommendation for improvement moving forward as summarized below,

Challenges

- Limited ability as a result of funding gaps 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. Due to funding decline at all levels, key planned capacity building initiatives could not be implemented.
- Loss of some critical staff in the organization due to phase out of projects. ICOBI could not retain some key staff in program and finance sections due to limited funding support and this affected programming.
- Stiff competition for funding with international organizations, most new grants have been won by international NGOs with robust systems leaving ICOBI with limited opportunities other than competing as a sub reciepient.

Lessons learnt

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

- Timely reporting both finance and program to donors builds confidence and offer more funding opportunities for the organization.
- 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 need to continue strengthening key organizational systems in finance, program and M&E for continued effective service delivery, reporting and accountability.
- 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 organization is facing staff turn over

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

Key Development Partners during the year 2022/2023


USAID
FROM THE AMERICAN PEOPLE


UNIVERSITY OF WASHINGTON
INTERNATIONAL CLINICAL RESEARCH CENTER
Sida
Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria


IDI
INFECTIOUS
DISEASES
INSTITUTE

Contact Address

P.O BOX 16331, Kampala

Website: http://www.icobi.or.ug

Head Office

Sheema Municipality in Sheema District

Along Mbarara-Kasese Road

P.O BOX 342, Bushenyi

Tel 0485-660466