AFRICAN WOMEN’S DEVELOPMENT FUND
Interim Report (Narrative and Financial)

In partnership with

Action for Rural Women’s Empowerment

July – December 2014

Interim report for AWDF/ARUWE project
July 2014 - December 2014
### Contact Information

**Grant ID:** AWDF/1799/14  
**Organisation Name:** Action for Rural Women’s Empowerment (ARUWE), Uganda  
**Contact Person:** Ms. Susanne Muwazi  
**Telephone number:** +256 778 896317, +256 312 102852  
**Present Address (Postal and Physical):**  
Plot 800B, Block 16, Rubaga.  
P.O. Box 28564, Kampala  
**Country:** Uganda  
**Type of report:** INTERIM

### Grant Information

| Project Title | Enhancing awareness of reproductive health rights and services to all the women in the reproductive health age group especially Family Planning, Sexually Transmitted Infections, ante natal and post natal services for 700 women and 1600 in and out of school youth especially girls in Mulagi Sub County”, Kyankwanzi district, Uganda. |
| Purpose of Grant as stated in the grant agreement | 1. To undertake intensive educational activities on the use of modern contraceptives to protect against STIs and unwanted pregnancies  
2. To promote antenatal and postnatal services, and the use of youth friendly reproductive health services |
| Any change to the agreed purpose of grant | No |
| Total amount approved | $20,000 |
| Amount received to date | $10,000 |
| Date received | July 2014 |
| Project Start up date | July 2014 |
| Project completion date | June 2015 |
**Project Objectives**

- To promote reproductive health of adolescents and adults especially women of child bearing age through promotion of safe motherhood, responsible Planned Parenthood and prevention of STIs.
- To promote the use of modern contraceptives for dual protection against STIs and unwanted pregnancies among 700 women and 1600 in and out of school youth especially girls in Mulagi sub-county, Kyankwanzi district by December 2014.
- To increase access and use of antenatal and postnatal services in Mulagi S/C by 20% by the end of December 2014.
- To increase the number of youth who receive sexual and reproductive health services in Mulagi by 15% by Dec 2014.
- To promote reproductive health awareness among men through male targeted specific RH interventions.
- To create and strengthen a multi-stakeholder local platform and referral network to advance dissemination of information and access to reproductive health services in Mulagi S/C by the end of December 2014

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**Project Outputs/Deliverables**

<table>
<thead>
<tr>
<th>Name(s) of Proposed Project Communities</th>
<th>Mulagi sub county, Kyankwanzi district</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Outcome</td>
<td>Indicators</td>
</tr>
<tr>
<td>What is the First Expected Outcome?</td>
<td>How do I measure the first Expected Outcome?</td>
</tr>
<tr>
<td>Outcomes for objective 1</td>
<td></td>
</tr>
<tr>
<td>I. Improved behavioral change with particular regard to decisions about early and unprotected sex, STDs and HIV/AIDS prevention and management and the use family planning services.</td>
<td>Number of YPEs trained in sexual reproductive health rights, family planning, and sexual behaviour change communication.</td>
</tr>
<tr>
<td>II. Increased knowledge in marketing family planning products among VHTs, private and public health services providers.</td>
<td>Number of active VHTs and private and public health services providers trained in FP social network marketing approaches.</td>
</tr>
<tr>
<td>III. Improved access and increased demand and utilization of adolescent friendly Reproductive Health Services.</td>
<td>Percentage increase in the number of young people reached with youth friendly services by the health centres.</td>
</tr>
<tr>
<td>IV. Reduced number of youth and</td>
<td>Percentage decrease in</td>
</tr>
</tbody>
</table>
### What is the Second Expected Outcome?

#### Outcomes for objective 2

<table>
<thead>
<tr>
<th>I. Increased knowledge and use of contraceptives.</th>
<th>Percentage increase in the number of people accessing contraceptives at the health center and from Village Health Teams (VHTs)</th>
<th>30%</th>
<th>26%</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Shared information about gaps in services and identify potential solutions and adjust program approaches.</td>
<td>Number of people who participate in community meetings and dialogues between communities and health services providers regarding addressing gaps in SRH service delivery</td>
<td>2000</td>
<td>Not yet implemented</td>
</tr>
</tbody>
</table>

#### V. Increased young people’s SRHR knowledge, positive health seeking behaviors and changed risky behaviors.

- Number of people reporting to the HC for treatment of STIs as recorded by health facility.
- Number of young people who participate in open discussions on RH issues and number of young people’s school and community clubs/groups.
- Number of community members aware and confident to participate in open discussions on SRHR issues.

<table>
<thead>
<tr>
<th></th>
<th>600 members</th>
<th>456 members</th>
</tr>
</thead>
</table>

#### VI. Increased capacity by communities to identify and effectively address SRHR, child health and Adolescent Sexual Reproductive Health (ASRHR) issues.

- Number of young people who participate in open discussions on RH issues and number of young people’s school and community clubs/groups.
- Number of community members aware and confident to participate in open discussions on SRHR issues.

<table>
<thead>
<tr>
<th></th>
<th>600 members</th>
<th>456 members</th>
</tr>
</thead>
</table>

### Adults with STDs.

- Number of people reporting to the HC for treatment of STIs as recorded by health facility.
- Number of young people who participate in open discussions on RH issues and number of young people’s school and community clubs/groups.
### What is the Third Expected Outcome?

**Outcomes for objective 3**

| I. Reduced maternal and infant mortality rates. | Percentage increase in the number of women aged 15-49 who delivered at the health center. | 25% | 10% |
| II. Increased utilization of ANC/PNC services in the project area. | Percentage increase in the number of women aged between 15-49 who attend ANC and PNC services. | 25% | Not yet implemented |

### What is the Fourth Expected Outcome?

**Outcomes for objective 4**

| I. Reduced transmission and prevalence of STIs among young people. | Percentage decrease in the number of young people infected with treatable STIs | 50% | 43% |
| II. Reduced teenage pregnancies and increased attendance, performance and retention of girls in schools. | Increase in girls’ attendance, performance and retention in schools. | 40% | 22% |
| III. Improved youth focused SRH | Percentage decrease in teenage pregnancies | 40% | 30% |
services from health workers.

<table>
<thead>
<tr>
<th>IV. Improved RH service seeking behavior among the youth.</th>
<th>Number of young people reached with youth friendly services by the public health centers.</th>
<th>Number of young people who demand and receive/utilize SRH services.</th>
<th>At least 1000</th>
<th>300 young people</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1600 In and out of school youth</td>
<td>800 in and out of school youth</td>
<td></td>
</tr>
</tbody>
</table>

What is the Fifth Expected Outcome?

**Outcomes for objective 5**

**I. Male involvement in the demand and utilization family planning services.**

<table>
<thead>
<tr>
<th></th>
<th>Percentage increase in the number of men who participate, demand and utilize family planning services.</th>
<th>25%</th>
<th>30%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of YPEs trained in sexual reproductive health rights, Family planning, ad and sexual behaviour change communication.</td>
<td>20 YPES</td>
<td>Not yet implemented</td>
</tr>
<tr>
<td></td>
<td>Number of youth reached with information regards decisions about early and unprotected sex, STDs and HIV/AIDS prevention and treatment.</td>
<td>1600 Youths</td>
<td>1120 in and out of school Youths were reached.</td>
</tr>
</tbody>
</table>

What is the Sixth Expected Outcome?

**Outcomes for objective 6**

**I. Stakeholders’ participation in SRH related workshops.**

<table>
<thead>
<tr>
<th></th>
<th>Number of representatives of stakeholders who participate in SRH workshops and activities.</th>
<th>At least 20</th>
<th>11 stakeholders actively participate.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

- Direct (Primary): Beneficiaries (400 women and 1120 in and out of school youth)
- Indirect (Secondary): Beneficiaries (365 adolescent boys and 135 men)

**Project Background**

Action for Rural Women’s Empowerment (ARUWE) received funding of USD 10,000 from African Women’s Development Fund (AWDF). The aim of the funding was to support the implementation of a reproductive health project titled “Enhancing awareness of reproductive health rights and services to all the women in the reproductive age group”. The project mainly focused on Family Planning, Sexually
Transmitted Infections, antenatal and postnatal services. The target was 700 women and 1600 in and out of school youth especially girls in Mulagi Sub County”, Kyankwanzi district, Uganda. The aim of the project was to consolidate reproductive health knowledge among rural communities. The project targeted adolescent girls and women in the reproductive age group to support demystification of Sexual Reproductive Health (SRH) myths, misconceptions, and increase awareness of RH rights and services. In the period, July – December 2014, ARUWE reached 401 women, 135 men and 1120 in and out of school youth. ARUWE also made great strides in involving men in all RH activities to win their support in promoting and advocating for reproductive health rights and services.

**Planned Activities**

- Conduct six community sensitization meetings, providing information on healthy timing and the needs and benefits of spacing of pregnancies.
- Conduct two orientation workshops for 50 VHTs and 10 private health service providers in social marketing approaches of family planning and general project activities.
- Disseminate SRH information through peer to peer approach, conduct sex education at the community level through group sessions, recreational activities (Health festivals, cultural events) and distribute IEC materials that will be acquired from other RH focused organizations.
- Support the development of spaces for discussion and or debates between young people (in and out of school) themselves with the community (in and out of school youth, parents teachers, health staff, community authorities ) aimed at identifying the problems, including existing community norms related to sexual risk behavior and the needs and solutions related to SRHs of young people.
- Form four youth groups (one per parish) at community level and develop their capacities to advocate and demand for comprehensive sex education, respect for their rights and access to health services appropriate to their needs and characteristics from the local authorities.
- Purchase four sheltered bicycle ambulances, one for each parish for transporting expectant mothers
- Organize seven reorientation workshops for 50 VHTs and 20 YPEs to deliver basic RH knowledge at the community level through practical advice and referral information
- Facilitate four quarterly community meetings and dialogue sessions in the sub county with all the public and private health service providers, VHTs, YPEs, religious and cultural leaders and women groups at the community level.
- Distribute one box of condoms to the Nalinya Health center Youth Friendly Corner (YFC) on a quarterly basis.
- Conduct four community/leaders sensitization meetings on the importance of ANC and PNC services.
- Organize four workshops to build and increase the capacity of 40 public and private health service providers to offer quality SRH and FP
- Facilitate eight counseling sessions of youth for STDs and family planning by counselors from Infectious Disease Institute
- Conduct four youth friendly workshops at the health center to raise young people’s awareness about RH services available for them
- Conduct one reorientation workshop for 20 health service providers on all MOH guidelines and standards of practice, which are essential for high quality, consistent services, including the 2004 Adolescent Health Policy.
- Conduct four RH training workshops among 20 Youth Peer Educators (YPEs) to enable them to share accurate information and provide support to peers in their villages
- Train 20 YPEs in rights based approaches and behavior change communication to increase their effectiveness. The trainings will cover links between the healthy timing and spacing of pregnancies, including delaying early marriages through informal gatherings and public meetings
- Hold four quarterly coordination/supervision meetings with the YPEs to encourage reporting and sharing of field experiences
- Conduct four RH training workshops among health clubs in schools to equip them with RH skills and knowledge to promote RH in schools
- Conduct four school exchange visits to facilitate child–to-child approach to learning.
- Hold four sexual reproductive health related film shows in four secondary schools.
- Access and reproduce RH Information, Education and Communication (IECs) materials such as posters and leaflets specifically targeting men
- Distribute condoms specifically to adolescent and adult males
- Facilitate four recreational activities such as film and drama shows focusing on health and socioeconomic benefits of family planning
- Facilitate four sporting activities promoting RH among men
- Organize one dialogue meeting of key SRH stakeholders to discuss modalities for supporting dissemination of information on reproductive health issues to youth and women
- Facilitate the preparation of an annual operation plan by the stakeholders for the design and dissemination of information on reproductive health issues in schools and suitable, public places
- Collect reports from the network on implementation of activities in the annual operation plan
- Conduct one inception, two (mid-term & end of project) review and reflection meetings with project key stakeholders.

**Strategies Adopted**

The project adopted several strategies aimed at enhancing awareness of reproductive health rights and services to the target group. This enabled smooth implementation, timely delivery of activities as well as achievements of intended outputs and results. Strategies included:

- **The Rights Based Approach:** ARUWE trained both public and private health service providers in the principals and approaches of delivering rights based health services, and equipped women and girls in the reproductive age group and VHTs with knowledge, skills and mechanisms to engage health workers, local leaders and other RH related duty bearers on challenges and gaps identified in delivery of RH services in Mulagi Sub County. This was done in order to promote community led advocacy in improving reproductive health service delivery.

- **Community Participation:** The project enlisted community participation through working with local leadership as well as school and village health structures. ARUWE ensured strong community involvement and commitment by engaging district and sub county leaders, Village Health Teams (VHTs), Youth Peer Educators (YPEs), Sub County health resource persons, Nalinya Ndagire Health Centre III and Vvumba Health Centre in joint planning, mobilization, sharing of SRHR information/ knowledge on good practices and bringing reproductive health services to the community.

- **Adult-centered learning techniques:** For each of the training sessions, combinations of interactive adult-centered experiential learning techniques were used. (See annex 1 for examples). The training approach was highly participatory. Pre-training tools were administered to assess participants’ knowledge in SRH prior to delivering the trainings. At the end of each training, participants were supplied with post training tools to ascertain knowledge acquired on a particular RH subject.

- **Informal Learning Techniques:** Informal techniques were adopted to support learning with regard to illiterate participants. Participants participated in verbal needs assessments to share their
RH experiences and challenges. As discussions progressed, participants realized the need to change their attitudes towards issues such as HIV/AIDS and attained knowledge to address the challenges they face.

- **Peer-to-Peer Approach:** The project employed the peer-to-peer approach in disseminating SRH information. Youth Peer Educators (YPEs) were selected and trained in the rights-based approach to SRH service delivery as well as sexual behavior change, and tasked to pass on the acquired knowledge to fellow youth. YPEs offer periodic and continuous counseling to other young people in their communities, they support and advise fellow youth on how to access SRH information and services, and engage health workers to advocate for quality reproductive health services on behalf of the youth.

- **Strategic Partnerships:** ARUWE developed strategic networks and partnerships to further the campaign of fulfilling women and girls’ SRH rights and bringing reproductive health services to the grassroots. ARUWE collaborated with Reproductive Health Uganda (RHU), Uganda Health Management Group (UHMG), and Ministry of Health. The partnerships enabled ARUWE to access SRH resource persons as well as Information, Education and Communication (IECs) materials.

- **Community Outreaches:** Community-based outreaches were used by the Youth Peer Educators (YPEs) and Village Health Teams (VHTs) to create an effective network of care in the community. During outreaches, YPEs and VHTs are actively engaged in mobilization and dissemination of RH information using demonstrations, discussions, and distribution of IEC materials. VHTs and YPEs also distribute both female and male condoms.

- **Use of table talks:** ARUWE used table talks to engage youth in open RH discussions, disseminate RH information, eliminate sexual myths as well as provide an open forum for young people’s questions to be answered. The table-talk discussions facilitated the youth to voice out their RH challenges and acquire clarification on condom use. In addition, the table talks contributed to building self-esteem, communication skills, and confidence among peer educators and participants.

- **Use of Film and Health Education Talks:** ARUWE promoted sex education in schools through health talks and film shows. Students were educated on the consequences of early pregnancy and engaging in unsafe sex. The film shows additionally proved to be good mobilization tools to get the youth to participate freely.
**Project Achievements**

The project has registered significant achievements in the period under review as follows:

1. Communities especially women and adolescent girls who were mobilized by VHTs and YPEs in their respective parishes were equipped with more knowledge on healthy timing and spacing of pregnancies. Ms. Atim Florence, a midwife from Nalinya HC facilitated four community sensitization meetings conducted in Kigando parish at Nalinya HC, Kiwaguzi parish at Kigando headquarters, Kalagi parish at Bumbiri Church of Uganda and Luwawu parish at Kasenyi. Women and adolescent girls in particular were provided with information on various family planning methods including contraceptives and condom use for dual protection against unwanted pregnancies and STIs. This proved to be very effective as the women and adolescent girls showed their understanding of all information given by actively participating in the discussions and asking relevant questions. During this activity, 376 women and 94 men were empowered to take control of their reproductive health issues.

![Image](image.png)

*Ms. Atim Florence, midwife of Nalinya HC sensitizing women and adolescent girls at Kasenyi Village, Kiwaguzi Parish.*

V.H.T coordinator of Mulagi Sub County, Mr. Kasirye Leonard said “*Most of the community members have greatly benefited from the family planning information and sensitizations, condom demonstrations and referral services*”
2. Forty eight (48) VHTs (30 female and 18 Male) and 14 private health service providers (12 female and 2 Male) were trained in social marketing approaches of family planning and orientated on the general project activities. The midwife from Nalinya HC Ms. Atim Florence, ARUWE Trainer Mr. Alex Kiwanuka, and Dr. Kakooza facilitated the workshops. Participants were educated in natural family planning methods like breast-feeding, abstaining from sex including making use of periodic abstinence and fertility awareness to avoid pregnancy. During the workshops, facilitators mentioned the various available family planning methods and how they are administered as well as their benefits and side effects if not used correctly. The methods discussed included pills, Injectables like Depo-Provera, Implants, Tubal Ligation, Vasectomy and both male and female condoms. VHTs and private HSPs demonstrated that they had acquired new skills and knowledge in marketing the available and new family planning products as well as offering quality health care by participating actively, asking questions and providing experiential information.
Nakabugo Teddy, a 43-year-old V.H.T from Luwawu parish said, “I used to use moon beads as a family planning method but it required co-operation from my partner and awareness of fertile days which made the method less effective. I discussed with my husband to start using implants, to which he agreed and now I am in control of my reproductive health.” She concluded with a smile.

Amanyire Rachel, a nursing assistant at Vumba Health Centre pledged to disseminate modern family planning education and referral information to her clients to promote access to more effective family planning services.

3. 20 YPEs (10 Female and 10 Male) received knowledge in sexual reproductive health rights and responsibilities in order to share accurate information and RH support with their peers. The activity targeted YPEs from four parishes in Mulagi Sub County mobilized by youth counsellor, Mary Tebujjada. The workshops took place at Nalinya HC and were facilitated by Peer Educator, Maria Muyonjo and ARUWE trainer, Kiwanuka Alex. YPEs were trained in the 10 basic SRH rights where trainers emphasized that these were entitlements to get the highest standard of health care that applies to all people regardless of where they live, their gender, age, race, religion, ethnicity, or social standing. YPEs became equipped with accurate and detailed information on causes and how to prevent SRH challenges like unwanted pregnancies, unsafe abortions, HIV/AIDS, STIs, drug abuse by use of positive behaviour change, modern contraceptives, and condoms.
The training further fostered group discussions in sharing RH information, knowledge, individual experiences and feelings. In addition, the YPEs were empowered in using strategies that encourage youth participation in RH activities.

Nattabi Yudaya, YPE from Kigando noted, “I was not well conversant with SRHR but the training has empowered me and other youth to freely access any RH services from the health center. I can now make more informed RH choices”.

YPE Ssembiro Musa noted that health service providers should accord young people special attention whenever they approach them with SRH needs and challenges.

4. Through school health talks and establishment of health clubs, the project was able to increase young people’s knowledge in sexual reproductive health rights, positive sexual behaviour, RH responsibilities as well as services. ARUWE in collaboration with school administrators and Reproductive Health Uganda (RHU) successfully conducted school health talks, formed and trained health clubs and provided a suggestion box in the four-targeted schools in Mulagi Sub County namely:

1. Kiboga Parents S.S.S.
2. St. Joseph S.S.Vvumba  
3. Beatrice Secondary School, Kyankwanzi  


712 Students (336 Females and 376 Males) were taught how to avoid risky behaviour and situations such as peer pressure, alcohol and drug abuse, unprotected sex, unsafe abortions, cross-generational sex among others to prevent teenage pregnancies and becoming unprepared parents. Abstinence from sexual intercourse was encouraged and those engaged in sexual practices were advised to use condoms for dual protection against STIs as well as unwanted pregnancies.

Students participated actively and were very attentive. Students discussed their experiences with regard to RH and mentioned that menstruation and wet dreams were some of the physical and emotional changes adolescents’ experience for girls and boys respectively. Some students volunteered to display visual aids showing the female and male reproductive organs. These were used to demonstrate the development stages young people go through from puberty to how a woman becomes pregnant.
Ms. Nasseremba Regina, head teacher of Beatrice Senior School in Kyankwanzi said that her school had greatly benefited from the health talks in that they started being open to talk about and receive help concerning SHR issues that affected them.

Through the health talks, young people were influenced to change from risky behaviors to positive health seeking behaviors.

**Health club formation and Suggestion box**

The facilitators introduced students to the initiative of a health club. Health clubs promote sexual reproductive health rights and responsibilities especially the right to information and education. The facilitator requested at least 50 students to volunteer to be part of the clubs though almost all students were interested in being part of the health clubs. At Beatrice Secondary school, students named their RH club “Change a life club” which cultivated a sense of ownership and sustainability of the project. A committee of 5 members (3 girls and 2 boys) was elected for the positions of chairperson, vice chairperson, secretary, Mobilizer (“O” level), and Mobilizer (“A” level). Students selected teachers both male and female as patrons for the club. ARUWE team stipulated the mandate of the club to the students and the
responsibilities of every executive member. Every targeted school received a functional suggestion box where students can place their RH concerns and questions to promote their right to freedom of thought, opinion, expression and association. These questions were to be addressed during the next phase of this project.

![Students at Beatrice SSS electing a health club committee.](image1)

![Elected committee with health club Patron, Madam Nambalirwa](image2)

The establishment of school health clubs and suggestions boxes will promote sustainability of RH knowledge in schools since students will be free to ask RH related questions and obtain responses to them.

![Students putting up the suggestion box at Kiboga Parents with club patron, Mr. Ssekomanya Taddeo.](image3)

![Working Suggestion box at St.Joseph, Vumba](image4)

The head teacher, Kiboga Parents S.S.S noted that the RH interventions in the school had empowered students to make wise decisions. He pointed out that in 2012, 36 girls had to sit for their final exams but unfortunately, 30 of them dropped out due to unwanted pregnancies. He added that 4 of those that sat for the national examinations are presently teenage mothers. He concluded by thanking ARUWE for the interventions which had improved the situation.

5. Increased knowledge in RH rights and responsibilities among 712 students. Youth counsellors form Reproductive Health Uganda (RHU) facilitated group counselling sessions in the targeted schools. The counselling sessions aimed at providing students with an opportunity to ask reproductive health questions and receive immediate responses. Youth were given support and advice on how to handle their reproductive health challenges and learnt how to talk about reproductive health issues with adults. In addition, young people were availed with referral information to access sexual health services.
19-year-old Nabulya Alice said, “I was advised by the counsellor to use female condoms for protection from unwanted pregnancies and STIs because am always enticed by my boyfriend to engage in unprotected sex. I was also encouraged to visit a health center and take a voluntary test to be sure of my HIV status, and what the results of the test would mean”.

20-year-old David, a student at Kiboga Parents S.S.S said that he was born with HIV but had little or no knowledge about HIV counselling and testing because of fear of being discriminated and stigmatized. After talking with the counsellors, he learnt that HIV will not prevent him from achieving his dreams and was encouraged to continue with his treatment as prescribed by the health workers. He was also advised to practice protected sex to prevent re-infection and spread of the virus.

6. Youth community structures with each comprising of at least eight members were formed in four parishes. The youth structures have promoted an increase in knowledge of sexual reproductive health information among out of school youth. In addition, there has been an improvement in the delivery of youth friendly services in communities as a result of youth RH advocacy initiatives. 96 youths (40 female and 56 Male) were trained and equipped with skills to advocate and demand for comprehensive sex education, respect for their rights and access to health services that are appropriate to their needs and characteristics from the local authorities.
7. Four committees were established in four parishes to oversee the use, management and maintenance of four sheltered bicycle ambulances. The committees comprise of local leaders, VHTs and YPEs. Each committee has a Chairperson, Secretary, Treasurer and Coordinator. The sheltered bicycles will support the transportation of expectant mothers to health centres for ANC and PNC services. This activity was conducted in preparation of the bicycle handover ceremony, which will be conducted in the next phase of the project.

8. 50 VHTs and 20 YPEs (40 female and 30 Male) were trained to deliver basic RH knowledge at the community level through practical advice and referral information. Midwife of Nalinya HC and ARUWE Peer Educator, Maria Muyonjo facilitated the workshops that took place at Mulagi Sub County Headquarters. VHTs and YPEs acquired knowledge and skills in delivering accurate and relevant information regarding reproductive health services especially maternal health care, ANC and PNC services.

VHTs and YPEs also acquired techniques on how to integrate counseling and guidance while availing referral information for reproductive health care in their communities.
VHTs and YPEs participating in a role-play for counseling and guidance health care trained by ARUWE peer educator.

The project also strengthened VHTs and YPEs’ working relationship. Additionally, the YPEs were empowered with tools and strategies to encourage increased youth participation in reproductive health activities. Through the project, there was also an increase in outreaches with quality gender-sensitive and youth friendly SRH services.

9. The project has influenced safer sex practice among community members. 3 cartons of female condoms each with 1000 pieces and 7 cartons of male condoms each with 1400 pieces were distributed among community members to promote safe sex. In total, 14900 condoms were distributed among health service providers, VHTs, and YPEs to distribute in health centres, clinics, dispensaries, and recreational centres like disco halls, football pitches and market places in Mulagi Sub County.

The midwife, Ms. Atim Florence, from Nalinya HC trained health teams about proper use of both the female and male condom. ARUWE staff, Faith Namalwa, conducted the handover ceremony with the clinical officer Ms. Bifuka Ruth.

Clinical Officer, Ms. Ruth Bifuka at Nalinya HC receiving female condoms.

8 VHTs and 16 YPEs took the responsibility of distributing the condoms in the community. They were further tasked to sensitize community members on proper condom use and disposal. In addition, they were assigned the responsibility of keeping monthly records of people collecting condoms and to give feedback from those that use the condoms.
Furthermore, community members were sensitized on condom negotiation and discussion between partners. Participants appreciated the benefits of using condoms to prevent unwanted pregnancies and STIs.

Nabisubi Carol, a school nurse and YPE said, “I have sensitized two of my sisters about the female condom, I also talk to my colleagues about protected sex during my church choir practice”.

10. The project oriented 20 health service providers (16 female and 4 male) on the Ministry of Health guidelines and standards of practice including the 2004 national adolescent health policy. Kyankwanzi District Health Inspector Mr. Okello Paul, and ARUWE trainer, Mr. Alex Kiwanuka, facilitated the meeting that took place at Mulagi Sub County headquarters. Health personnel ranging from nursing assistants, midwives and nursing officers attended and actively participated in the training. Topics discussed included management policies and procedures of health service providers, key components of reproductive health i.e. STIs including HIV/AIDS, abortion, post-abortion care, family planning, Information, Education and Communication (IEC) and counselling for RH services including the adolescent reproductive health policy. Health workers discussed about the adolescent health policy guidelines and service standards and acquired theoretical and practical technical aspects in rendering promotive, preventive and curative health services to adolescents. In addition, HSPs discovered the critical roles adolescents can play in promoting their own health and development. Emphasis was put on elimination of gender bias, discrimination, stigmatisation and seeking to promote and advance gender equity and provision of high quality accessible adolescent health services. HSPs were pleased with the knowledge and pledged to ensure privacy, confidentiality and respect while providing services to adolescents without.
11. 349 students, school administrators, teaching and non-teaching staff acquired SRH and sexual behaviour knowledge through film shows. 200 male and 149 female students attended the film titled “SUGAR DADDY”. The film was about a wealthy older man who gives expensive gifts to a young girl in school for sexual favors. The message was addressing the consequences of cross generational relationships that result in teenage pregnancies, school dropout, unsafe abortions, unplanned parenthood, exploitation and increased risk of HIV/AIDS infection. Film proved to be a powerful education tool because of its entertainment effect. At the end of the film show, ARUWE youth project officer briefed students about Adolescent Sexual behaviour and responded to their questions.

After the film 14 year old Grace, noted, “It is important to abstain from sex to avoid dropping out of school”

12. The project increased male involvement in SRH matters. As key decision makers in homes and with key roles and responsibilities in women’s health issues, it was imperative that men participate in RH awareness activities. This increased their knowledge in RH rights and responsibilities. Men who have so far
engaged in the trainings have appreciated the knowledge gained and have pledged to practice what they have learnt.

Games with Key RH messages were designed to provide a meeting platform, where men could access integrated RH services, interact and share information in a free environment. This increased RH knowledge and awareness amongst adult men and teenage boys.

The gaming activities created a platform for men to freely take part in project activities while discussing reproductive health issues. During these activities, 7000 condoms were distributed amongst adult men.
13. The project registered improved access to RH information and education among in and out of school youth. This was achieved through conducting youth friendly workshops and establishing youth friendly corners with clear, simple, complete and accurate gender sensitive RH messages. Furthermore, there was inclusion of key SRH topics in IEC materials such as brochures and leaflets, posters and stickers. IEC messages created an increase in the number of youth visiting the health center for services such as counselling, family planning information, condoms and other contraceptives.
Pending Activities

1.3 Dissemination of SRH information through peer to peer approach, conduct sex education at the community level through group sessions, recreational activities (Health festivals, cultural events) and distribute IEC materials that will be acquired from other RH focused organizations. This activity will bring the youth on board since they are some of the most affected by lack of knowledge in reproductive health.

Please Note: This activity was partially implemented. It will be completed in the next half of the project.

1.4 Support the development of spaces for discussion and or debates between young people (in and out of school) with the community (in and out of school youth, parents, teachers, health staff, community authorities) aimed at identifying the problems, including existing community norms related to sexually risky behavior and the needs and solutions related to SRHs of young people.

1.6 Handover of four sheltered bicycle ambulances one for each parish for transporting expectant mothers to health centers.

2.2 Facilitate community meetings and dialogue sessions in the sub county with all the public and private health service providers, VHTs, YPEs, religious and cultural leaders, women groups at the community level. Bringing all stakeholders together will help in creating a common understanding in order to realize a common goal. 4 dialogues will be conducted.

2.3 Distribution of condoms to the Nalinya Health centre Youth Friendly Corner (YFC). This will promote free access to condoms for the youth as the easiest way of preventing and controlling STIs and unwanted pregnancies.

3.1 Conduct four community/leaders’ sensitization meetings on the importance of ANC and PNC services. This activity will be done in an effort to bring the leaders on board because they also have ideologies that need to change. The activity will also help in luring the support of the leaders for publicity purposes. 4 meetings will be organized at the sub county.

3.2 Organize four workshops to build and increase the capacity of 40 public and private health service providers to offer quality SRH and FP. During these workshops, health service providers will be given refresher training on SRH and FP for better service delivery. 4 trainings will be carried out in the 4 parishes.

4.1 Facilitate eight counseling sessions of youth for STDs and family planning by counselors from Infectious Disease Institute. This activity will be done to increase knowledge and awareness of SRH and sexual behavior change among youth to reduce the STI infection rate especially among the out of school girls of childbearing age. 8 sessions will be organized at the youth centres.

4.5 Train 20 YPEs in rights based approaches and behavior change communication to increase their effectiveness. The trainings will cover links between the healthy timing and spacing of pregnancies, and delaying marriage. 4 trainings will be carried.

4.6 Hold coordination/supervision meetings with the YPEs to encourage reporting and sharing of field experiences. This will be a follow-up on YPE activities as per their action plans as well as developing new action plans. 4 meetings will be held.
4.8 Conduct 4 school exchange visits to facilitate child-to-child approach to learning. School exchange visits will be conducted among students to share knowledge, experiences and ideas in RH.

4.9 Hold 2 SRH related films in four secondary schools. Two RH related film shows will be held in two secondary schools.

5.0 Access and reproduce RH Information, Education and Communication (IECs) materials such as posters and leaflets specifically targeting men. Acquire IECs from other reproductive health organizations such as Reproductive Health Uganda with messages specifically designed to address male RH needs.

5.1 Distribute condoms specifically to adult males. This activity will be promoted by men as the cheapest and easiest way of preventing and controlling STIs and unwanted pregnancies.

**Please note: This activity was partially implemented. It will be completed in the next half of the project.**

5.2 Facilitate four recreational activities such as film and drama shows focusing on health and socioeconomic benefits of family planning. This activity will raise men’s awareness about the benefits of family planning thereby support healthy timing and spacing of children. Four film and four drama shows will be shown in the community (1 per parish).

5.3 Facilitate two sporting activities promoting RH among men. Four sports events will be held in the sub county, one per parish. These will be football competitions between male VHTs and YPEs, Husbands, male health workers and male local leaders. The winners of the competition will be awarded a goat for roasting. Local leaders and health workers will raise RH issues targeting men during their speeches.

6.1 Organize one dialogue meeting of key SRH stakeholders to discuss modalities for supporting dissemination of information on reproductive health issues to youth and women. This activity will support sustainability of RH programmes in the community even after the completion of the project. The platform will facilitate consolidation of reproductive health programmes in the community.

6.2 Facilitate the preparation of an annual operation plan by the stakeholders for the design and dissemination of information on reproductive health issues in schools and suitable, public places.

6.3 Conduct an end of project review meeting with project stakeholders.

6.4 Collect reports from the network on implementation of activities in the annual operation plan.

**Challenges experienced and mitigation measures to address the challenges**

1. **Limited financial resources in comparison to the number of people that require RH education and awareness:** Mulagi Sub County has a population of over 11,000 women in the reproductive age group and 100 VHTs. However, due to limited finances, the project only targeted 700 women and 50 VHTs. This was addressed through sensitizing the targeted beneficiaries and tasking them to educate others on the lessons learned.

2. **Cultural and Religious Beliefs:** Some members of the community rely on culture and faith to make health related decisions. Among these are individuals and institutions. Some members especially those of the catholic faith do not embrace family planning. In addition, some Catholic founded health centres do not promote contraceptive use. An example is Vvumba HC, which does not support modern family planning methods like contraceptives and condoms. ARUWE bridged this gap by supporting Vvumba health service providers with knowledge and information on the
various modern and new family planning methods. Health workers agreed to sensitise and refer interested clients to Nalinya HC.

3. **Increased demand of family planning products in comparison to their availability:** As a result of the family planning sensitization activities, there is increased demand in FP products in the sub county. However, some of the products are never supplied at Nalinya health centre for example, and insertion tools for IUDs and Implants as well as emergency contraceptive pills. In an effort to address this gap, health service providers were empowered to demand for the products from the Kyankwanzi district health office given the fact that Nalinya HC is a government aided health facility.

4. **Little or less control concerning RH decisions among women:** Rural women still have challenges in making RH decisions independent of their husbands or partners. These issues include family size, child spacing, family planning and use of RH health services. Most women agreed to the fact that their partners decide the mode of family planning method they should use. This was mitigated by involving husbands and partners in RH activities because of their roles and responsibilities regarding women’s reproductive health. There is however continued need to empower women through education and sensitisation about their SRH rights.

5. **Limited understanding on the importance of youth-friendly SRH services:** Some community members such as parents and religious leaders do not understand the benefits of youth friendly RH services. Some youth have reported stigmatisation and discrimination from parents because of accessing RH services. One such youth is 24 year old Kyalimpa Agnes (YPE from Luwawu) who said, “Parents and religious leaders still find it unacceptable for young people to keep condoms or even use contraceptives. She added that “There is need to educate them that young people have sexual demands and that it is better to satisfy these demands in a safe way.” Young people further reported that they still find it difficult to access RH and HIV/AIDS services because the few services available are not friendly. They added that there is no privacy at the health center and that services are mainly designed for adults”. ARUWE equipped young people with knowledge, skills and mechanisms to advocate for proper health care including the right to information and education. There is however need for more sensitisation about young people’s SRHR.

6. **Inadequate space and equipment at Nalinya HC to support youth friendly services:** The health facility lacks space to facilitate establishment of a more private and interactive youth friendly corner. However, space for the youth friendly corner was availed in the consultancy room where a health service provider can attend to the youth at anytime.

7. **Increased demand for condoms among community members:** Sensitization about the benefits of using condoms has increased demand for the condoms in communities. However; ARUWE does not have enough financial resources to meet the demand. This challenge was addressed by providing referral information where community members can access condoms as well as strengthening community capacity to demand for free condoms from the government.

8. **Social and cultural barriers:** Some rural communities still consider discussions concerning reproductive health a taboo. During the trainings, some community members feared to freely express themselves with regard to sexuality issues. Some parents often found it embarrassing to discuss these topics in public. ARUWE used participatory approaches during community sensitisation meetings like discussions, Question and Answer, Role-play and others in which young people and their parents learnt how to communicate with each other about RH topics.

9. **Myths and misconceptions about family planning and reproductive health:** Some members still believe that the application of family planning methods like oral contraceptive pills causes abnormalities in their bodies. For instance, VHT coordinator, Nsubuga Fred said that ever since the wife started using contraceptive pills she lost her sex drive. ARUWE trainer Alex advised Fred
that the wife had to first discuss with the health care provider what contraception method was suitable for her.

10. **Resistance from religious groups:** Some participants especially those from the Muslim and the catholic faith disagreed with some of the information shared during sensitization workshops. Most of these disagreed with the use of contraceptives and youth targeted RH services. The project however continued to sensitize communities about the benefits of family planning especially use of modern contraceptives.

- **Will the project be completed as scheduled? If no, please give reason.**
  Yes, the project will be completed as scheduled

- **Will there be any financial implications, if there is a delay? If yes, who pays for that?**
  A delay is unlikely therefore; there will be no financial implications

Please provide Photographs, Newspaper clips, etc. (if any)

Please find the photographs attached

**Other Comments**

**Lessons Learnt**

1. Local leaders play a vital role in community acceptance and participation in project activities. This supports realization of project outcomes. In addition, leaders are very knowledgeable about local government programs that would complement the project activities.

2. Health care providers play an important role in promoting sexual and reproductive health of young people. Health workers therefore need to be updated and availed with the latest information and knowledge regarding reproductive health to increase competence in providing friendly services to adolescents.

3. Involvement of men in reproductive health issues is important because they play an important role in making decisions concerning child spacing, family size, family planning and supporting their partners to access health services like ANC and PNC.

4. With adequate and relevant education, negative social-cultural beliefs and attitudes about family planning can be corrected.

5. Sharing information on family planning services and rights with clients and community members empowers them to advocate for proper and quality health care.

6. Sensitization about proper use of the male and female condoms to engage in safer sex practices was beneficial to the community hence promoting healthy gender relations.

7. Policy and management systems should be available in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.

8. Counseling young people through focus group discussions helps to correct and clarify collective misconceptions about reproductive health related issues. This promotes informed decisions about sexual relationships, pregnancy and marriage among young people.
9. Peer Educators (PEs) are a good avenue for disseminating youth-friendly information and services even in hard to reach areas.

10. Film shows proved to be powerful RH education tools because of their entertainment aspect.

11. Availability of IEC materials on SRH issues at health centers complement SRH services. This is because IECs are easily accessible and provide information and education on prevention, detection and management of health problems as well as care and rehabilitation.

In conclusion, ARUWE’s RH interventions complement government efforts to fulfil health related obligations to citizens. ARUWE reviewed its implementation strategies and realised that there is need to empower community members about their reproductive health rights and equip them with knowledge, mechanisms and skills to advocate for quality health service delivery.

**Financial Report**

Please report all financial information in US dollars. Interim financial report must include the following information and be signed by the financial officer responsible for the grant.

- **Grant ID:** AWDF/1799/14
- **Name of organization:** Action For Rural Women Empowerment (ARUWE)
- **Grant period:** 12 months
- **Amount of grant:** $10,000

<table>
<thead>
<tr>
<th>Project activities</th>
<th>Grant received to date</th>
<th>Balance remaining</th>
<th>Expenditures during this period</th>
<th>Total expenditures to date</th>
<th>Overspending/Under spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Conducted four community sensitization meetings in four parishes namely Kigando, Luwawu, Kalagi and Kiwaguzi. Communities were equipped with information on healthy timing and</td>
<td>923.9</td>
<td>0</td>
<td>923.9</td>
<td>923.9</td>
<td>0</td>
</tr>
</tbody>
</table>
the needs and benefits of spacing of pregnancies. This activity helped re-acquaint the community with the advantages of healthy timing and spacing of children.

<table>
<thead>
<tr>
<th>1.2 Conducted two orientation workshops for 50 VHTs and 10 private health service providers in social marketing approaches of family planning and general project activities. This activity will help to reorient the stakeholders about the project, discuss our partnership with them and refresh their knowledge in RH.</th>
<th>552.2</th>
<th>-100</th>
<th>652.2</th>
<th>652.2</th>
<th>-100</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 Formed and built capacity of 4 youth clubs (5 youth per club) at community level one per parish.</td>
<td>869.6</td>
<td>0</td>
<td>869.6</td>
<td>869.6</td>
<td>0</td>
</tr>
<tr>
<td>1.6 Purchased four sheltered bicycle ambulances one for each parish for transporting expectant mothers. Each bicycle will be fitted with a sun shield and a soft cushion for comfort.</td>
<td>2087</td>
<td>0</td>
<td>2087</td>
<td>2087</td>
<td>0</td>
</tr>
<tr>
<td>2.1 Organized seven reorientation workshops for 50 VHTs and 20 YPEs to deliver basic RH knowledge at the community level through practical advice and referral information. This activity helped reacquaint VHTs and YPEs in RH knowledge such that they are better positioned to offer basic health care in their community. Together in their respective parishes share areas of common concern.</td>
<td>978.3</td>
<td>0</td>
<td>978.3</td>
<td>978.3</td>
<td>0</td>
</tr>
<tr>
<td>2.3 Distributed fifteen boxes of condoms to the Nalinya Health center Youth Friendly Corner (YFC). This will promote free access to condoms for the youth as the easiest way of preventing and controlling STIs and unwanted pregnancies. ARUWE distributed the condoms.</td>
<td>1304.3</td>
<td>0</td>
<td>1304.3</td>
<td>1304.3</td>
<td>0</td>
</tr>
<tr>
<td>4.1 Facilitated eight counseling sessions of youth for STDs and family planning by counselors from Reproductive Health Uganda. This activity was done to increase awareness among youth to reduce the STI infection rate especially among school dropout girls of childbearing age.</td>
<td>347.8</td>
<td>260.9</td>
<td>87</td>
<td>87</td>
<td>260.9</td>
</tr>
<tr>
<td>4.2 Conducted four youth friendly workshops at the health center to raise young people’s awareness about RH services available for them. These helped the youth in addressing the issues</td>
<td>434.8</td>
<td>217.4</td>
<td>217.4</td>
<td>217.4</td>
<td>217.4</td>
</tr>
</tbody>
</table>
that affect them and act as solution grounds. Condoms were given out during the workshops.

| 4.3 Conducted one reorientation workshop for 20 health service providers on all MOH guidelines and standards of practice, which are essential for high quality, consistent services, including the 2004 Adolescent Health Policy. This was done at the onset of the project, which will remind the health officers of their roles and responsibilities. This will be refresher training for health providers in the sub county. | 191.3 | -26.1 | 217.4 | 217.4 | -26.1 |
|---|---|---|---|---|
| 4.4 Conducted four RH training workshops among 20 Youth Peer Educators (YPEs) to enable them to share accurate information and provide support to peers in their villages. | 130.4 | 0 | 130.4 | 130.4 | 0 |
| 4.7 Conduct four RH training workshops among health clubs in schools to equip them with RH skills and knowledge to promote RH in schools. ARUWE will work with the 4 established health clubs in 4 secondary schools in Mulagi Sub County and these clubs will be empowered to lead the health campaigns in their schools. 30 members will be trained in each school to spear head the campaign of Reproductive Health. | 130.4 | 0 | 130.4 | 130.4 | 0 |
| 4.9 Held 4 SRH related films in four secondary schools. Four RH related film shows will be held in four secondary schools. | 347.8 | 0 | 347.8 | 347.8 | 0 |
| 5.1 Access and reproduce RH Information, Education and Communication (IECs) materials such as posters and leaflets specifically targeting men. Acquire IECs from other reproductive health organizations such as Reproductive Health Uganda with messages specifically designed to address male RH needs. | 217.4 | 0 | 217.4 | 217.4 | 0 |
| 5.2 Distributed condoms specifically to adult males. Condoms are the cheapest and easiest way of preventing and controlling STIs and unwanted pregnancies will promote this. | 434.8 | 0 | 434.8 | 434.8 | 0 |
| 5.4 Facilitated gaming activities promoting RH among men | 130.4 | 0 | 130.4 | 130.4 | 0 |

**Finance and Administration Manager**

Name: Emmanuel Lutaaya

Sign: 

- Explain the variances between amount received and amount spent (actual expenditures). There are no variances.
- Explain how the unspent fund (if any) is going to be used: The unspent funds will be spent on the ongoing activities that have not been completed.
- What do you suggest to improve efficiency in use of grants? The project should promptly follow the log frame and work plan.
Annex I: Methodologies

Examples of Interactive Adult-Centred Experiential Learning Techniques

a) Learning methods

Problem situations/case studies: Facilitators presented problem situations to participants for analysis. These stimulated discussion and participation.

Focus Group Discussions: These involved the use of questions and answers and obtaining immediate feedback on particular concerns. It allowed sharing of ideas, feelings and experiences on the various issues discussed. FGDs gave a chance for immediate clarifications, positive criticism and feedback.

Sharing of experiences / Storytelling: participants from different backgrounds shared different experiences according to their respective communities of origin. This stimulated discussion, interest and enhanced learning.

Demonstrations/return Demonstrations: Use of the penis and vagina models was employed to demonstrate male and female condom use.

Other methodologies employed included: Interactive learning, group discussions and presentations, brainstorming, group work and storytelling, games, energizers, debates and panel discussions, lecture, picture codes and skits/role plays. Training sessions were majorly conducted in English and Luganda languages, which enhanced proper understanding of the concepts in the trainings.

b) Teaching aids

- Camera.
- DVD, Film, Parachute.
- Games
- Note books& Pens
- Laptop/Computer
- Male and Female Condoms for demonstration.
- Penile and pelvic Models
- Contraceptives samples and explanation guides
- Peer educators training chart
- Video clips
- Markers, Manila paper, flip charts on key SRH issues.
- IEC Materials on contraceptives, condoms, Adolescent health.