A man feeds his two-day old baby as his wife and nurse look on at Buluba Hospital. The couple was supported by the Baitambogwe PMTCT program a CSF sub-grantee. CSF has reached over 20,000 pregnant and lactating mothers with community PMTCT services.
FOREWORD

The goal of CSF is to ensure that civil society provision of care and support to OVC and HIV prevention, care, treatment and support services are harmonized, streamlined and effectively contribute to the attainment of the Government of Uganda National Strategic Plan for HIV/AIDS (2007/2008 – 2011/2012), the National Strategic Programme Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in Uganda (2011/12—2015/16) and other relevant national plans and policies.

To achieve this, CSF implemented a number of programs across three key result areas:

- CSF management strengthened
- Institutional and technical capacity of CSF sub-grantees strengthened
- Service delivery in the NSP/NSPPI program priority areas increased

Over the last five years, CSF with its sub-grantees and partners registered tremendous achievements. From stories of CSOs whose capacity to manage and monitor OVC and HIV programs have been strengthened, OVCs whose hope has been restored to PLHIV whose lives were changed and livelihoods improved.

From a network of over 200 CSOs and 80 local governments that have been supported by CSF, this booklet brings you success stories on the themes of:

- Combination HIV and AIDS prevention.
- From victims to victors – PLHIV find new hope.
- Smart investments and livelihoods.
- Child protection and empowerment.
- Capacity Strengthening for CSOs.

Each of these stories is a must read. Quoting people whose lives have been impacted by the project, these stories demonstrate that a concerted effort by Government, CSOs, local governments and the community, including PLHIVs and OVC can bring lasting results. Together, we can achieve the goals of the NSP and NSPPI.

Dr. Joel Okullo  
Chairperson  
CSF Steering Committee
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- Ministry of Health
- Uganda AIDS Commission

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- Baitambogwe Community Healthcare Initiative (BACHI)
- Buseta Community Aids Initiative (BUCAI)
- Busita Women’s Group
- Community Awareness and Response on AIDS (CARA)
- Community Empowerment for Rural Development (CEFORD)
- Concern for the Girl Child (CGC)
- Feed The Children Uganda (FTCU)
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- Joint Clinical Research Centre (JCRC)
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- Katalemwa Cheshire Home (KCH)
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- Lutheran World Federation (LWF)
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- Multi Community Based Development Initiative (MUCOBA)
- National Union of Disabled Persons of Uganda (NUDIPU)
- Orphans Community Based Organization (OCBO)
- Rakai Community Health Project (RACHEP)
- Reach The Children Uganda (RTCU)
- Reproductive Health Uganda (RHU)
- Restless Development
- The AIDS Support Organization (TASO)
- The Anglican Church of Uganda Human Service AIDS Program (CHUSA)
- Touch Namuwongo Project (TNP)
- Uganda Health Marketing Group (UHMG)
- Uganda Network of AIDS Service Organizations (UNASO)
- Uganda Women’s Effort to Save Orphans (UWESO)
- Uganda Youth Development Link (UYDEL)
- Uganda Youth Forum (UYF)

**Staff of the three management agents of CSF**
- Technical Management Agent (TMA)
- Financial Management Agent (FMA)
- Monitoring and Evaluation Agent (MEA)
This lady is a beneficiary of CSF sub-grantee Church of Uganda Human Services AIDS Program (CHUSA), which provided her with maize seeds that she planted. With proceeds from the harvest, she was able to start and run this shop, in addition to her farming activities. Her income was boosted as a result.
Introduction to Civil Society Fund

The Civil Society Fund (CSF) provides grants and capacity building services to civil society organisations to scale up effective and comprehensive HIV and AIDS prevention and care services, as well as multi-sectoral services to Ugandan orphans and other vulnerable children.

The fund was established in May 2007 to provide a coordinated system of capacity building and support to civil society, thereby harmonising national efforts and accountability towards achieving the goals laid out in the Uganda’s National Strategic Plan, the National Strategic Program Plan of Interventions for Orphans and Vulnerable Children, and the CSF Strategic Plan. This initiative is a partnership involving the Government of Uganda through the Uganda AIDS Commission, AIDS Development Partners and civil society.

**CSF Goal:** To ensure that civil society provision of prevention, care, treatment, and support services in HIV and AIDS and Orphans and other Vulnerable Children (OVC) is harmonized, streamlined, effective, and in support of the National Strategic Plan (NSP), National Strategic Program Plan of Interventions for OVC (NSPPI), National Priority Action Plan (NPAP), and other national plans and policies.

**CSF Purpose:** To bring together multiple donor funds and disburse grants to civil society organizations; align grants with national plans and decision-making processes; and enable an effective, scaled up, and comprehensive response to HIV and AIDS and OVC.
Over the years, several donors have supported civil society through multiple granting mechanisms operating in the country. Beginning in 2004, a number of bilateral agencies led by DFID and Irish Aid, collaborated to establish a granting mechanism that harmonized and streamlined donor support to AIDS services organizations.

At the same time, USAID was supporting the development of a civil society granting mechanism through which the Ministry of Gender, Labour, and Social Development (MGLSD) would partner with civil society to support OVC and HIV prevention among the youth.

While these initiatives clearly supported the national response to HIV and AIDS and OVC and addressed national and local priorities, observers acknowledged that maintaining these efforts as separate initiatives would continue to foster a fragmented and poorly coordinated response, resulting in duplicated efforts, critical gaps, and inequitable access.

In an effort to merge and streamline these initiatives, the Uganda AIDS Commission, various line ministries, AIDS development partners (ADPs), and representatives of civil society collectively established the Civil Society Fund as a pooled funding mechanism. CSF is supported by the Danish Agency for International Development (DANIDA), Irish Aid, the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the Swedish International Development Agency (SIDA), and the Italian Cooperation. Since 2007, CSF has had annual contributions of over $19 million.

A key CSF achievement is the participatory funding mechanism, which is governed by representatives from line ministries, civil society, Uganda AIDS Commission, ADPs and the three management agents (financial, technical, and monitoring and evaluation). This has aligned HIV and OVC services that complement and reinforce national priorities and services. CSOs access funds through a transparent and competitive solicitation process that aims to ensure equitable distribution of services to under-served geographical areas.

Since its inception, CSF has not only improved service delivery through sub-granting and provision of technical

How CSF began
support, but has continually increased the number of people reached through HIV prevention interventions. From 2007-2012, CSF reached over 3 million people with HIV prevention services and about 100,000 orphans and other vulnerable children (OVC) and disbursed 254 grants to 200 CSOs in 79 districts in Uganda.

### CSF contribution in numbers

<table>
<thead>
<tr>
<th>CSF Intervention Area</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with HIV prevention messages (Behavioural Change Communication)</td>
<td>1,565,272</td>
<td>1,531,819</td>
<td>3,097,091</td>
</tr>
<tr>
<td>People reached with HIV Counseling and Testing (HCT) services</td>
<td>511,120</td>
<td>468,580</td>
<td>979,700</td>
</tr>
<tr>
<td>People enrolled in HIV care and support</td>
<td>27,262</td>
<td>51,121</td>
<td>78,383</td>
</tr>
<tr>
<td>OVC reached</td>
<td>49,678</td>
<td>49,117</td>
<td>98,795</td>
</tr>
<tr>
<td>Condoms distributed</td>
<td></td>
<td></td>
<td>36,151,993</td>
</tr>
<tr>
<td>IEC materials disseminated</td>
<td></td>
<td></td>
<td>16,926,479</td>
</tr>
<tr>
<td>Pregnant and lactating mothers reached with community PMTCT</td>
<td></td>
<td></td>
<td>24,113</td>
</tr>
<tr>
<td>Safe Male Circumcision as part of the minimum package for HIV prevention</td>
<td></td>
<td></td>
<td>4,678</td>
</tr>
<tr>
<td>Grants disbursed</td>
<td></td>
<td></td>
<td>259</td>
</tr>
<tr>
<td>Fund amount (July 2007 to June 2012)</td>
<td></td>
<td></td>
<td>USD 125 million</td>
</tr>
</tbody>
</table>

Source: MEA-CSF September 2012
Participants engage in definition of gender concepts in one of the CSF Trainings in Seeta, Mukono.
CSF governance and structure

The success stories in this booklet would not be possible without a clear governance and management structure. Through this structure, the Partnership Committee, the CSF Steering Committee, the three agents of Technical Management Agent (TMA), Financial Management Agent (FMA) and Monitoring and Evaluation Agent (MEA) as well as various implementing partners and sub-grantees have each played their role in the response to HIV and OVC.

The Partnership Committee (PC)

Oversight of the CSF rests with the Uganda AIDS Commission Partnership Committee (PC). The PC is the backbone of the partnership mechanism comprising representatives from 12 Self Coordinating Entities (SCEs). The PC oversees implementation of the CSF strategy and is the official custodian of the fund. It sets policy, approves revision of the strategy and monitors performance as well as resources for CSF.

The Steering Committee (SC)

The SC is essentially the Board of Directors of the Civil Society Fund and serves as the unit responsible for the strategic direction of the CSF. The SC’s work ranges from appointing the management agents to establishing their roles and responsibilities, and monitoring and evaluating their performance. They establish policies, procedures and systems for implementation and management, review and approve annual work plans, budgets and cash-flow projections.
CSF tripartite management structure boosts HIV and AIDS and OVC programming

A key success of the Civil society Fund has been its streamlined management structure by three agents. The Technical Management Agent (TMA), the Financial Management Agent (FMA) and the Monitoring and Evaluation Agent (MEA). These agents also had independent management systems and contracts.

FMA, managed by Deloitte Uganda Ltd provided management and financial oversight services to CSF and its sub-grantees. This included managing financial resources, grant commitments, disbursements and liquidations. It also provided technical assistance for financial monitoring and evaluation and capacity building to all CSF sub-grantees.
TMA, managed by Chemonics International Inc, was responsible for the capacity building of CSF sub-grantees. In partnership with FMA and MEA, the TMA focused on supporting the Steering Committee in establishing policies, procedures and systems for the governance, management and implementation of CSF.

Specific roles of TMA included, proposal review and sub-grantee selection, strengthening the technical and institutional capacities of sub-grantees, as well as performance monitoring of sub-grantees. MEA, also managed by Chemonics International Inc, was responsible for establishing a comprehensive performance, monitoring and reporting program for CSF and its sub-grantees that is aligned with the National Strategic Plan for HIV and AIDS (2007/2008 –2011/2012), the National Strategic Program Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in Uganda (2011/12—2015/16) and other relevant M&E frameworks.

Specific roles included, monitoring the performance of grant recipients, data analysis, reporting and dissemination, convening project progress review meetings, capacity building in M&E, as well as communication.

To ensure proper implementation of the plans, the agents instituted joint quarterly planning meetings, reporting, and tripartite teams to provide technical support to sub-grantees, in the form of quarterly sub-grantee report reviews and joint feedback.

The agents also conducted joint field visits to sub-grantees and produced a joint report on the findings, which the tripartite teams used to provide ongoing technical support.

A joint CSF communication strategy was also developed which outlines avenues to enhance stakeholder communication, CSF visibility, branding and success reporting.

The CSF website strengthened the partnership between the three agents by sharing CSF achievements and providing updates on upcoming events. The website also contains a web-based database where sub-grantees enter data online and download reports. The merging has led to better operations for grantees through sending queries simultaneously to the tripartite teams for a harmonized response, in addition to enhanced efficiency through coordinated and joint interventions.
A member of the Nakawa Boda boda Savings and Credit Society displaying a message on HIV Counselling and Testing (HCT). The group promotes HIV and AIDS prevention in addition to their day-to-day boda boda job.
Combination HIV and AIDS prevention

The strategy of combination HIV prevention involves implementing multiple prevention interventions of known efficiency in a geographical area at a scale, quality and intensity to impact the HIV epidemic. Combination approaches comprise behavioral, biomedical and structural interventions. Because individuals’ HIV prevention needs change over a lifetime, combination approaches help ensure that people have access to the types of interventions that best suit their needs at different times. In this regard, CSF through various sub-grantees has empowered individuals and communities to respond to, and participate in a number of combination HIV prevention interventions.

In this section of the CSF’s success story booklet, read about commercial sex workers who have abandoned the streets and started small businesses, fishermen who have learnt how to protect themselves from HIV and AIDS, disclose their HIV status and adhere to their ART medication, communities that have got improved HIV prevention services such as HCT, condoms and PMTCT services.

Since 2007, CSF has reached three million people with HIV and AIDS prevention interventions, distributed 36 million male condoms and reached over 20,000 pregnant and lactating mothers with PMTCT services.
Kibuuka given new lease on life

Kibuuka after attending a counselling session with other people living with HIV at Kasensero landing site, Rakai district
Kibuuka is a 28 year old fisherman, from Kasensero landing site, off the shores of Lake Victoria in Rakai District. He has been helped by InterAid through Rakai Community Health Project (RACHEP) with support from the Civil Society Fund (CSF). Inter Aid provides HIV counselling and testing (HCT) services and promotes correct and consistent condom use through outreaches conducted at landing sites.

Although he was married, Kibuuka maintained several sexual partners until his life started falling apart. He lost one of his two children, and he had conflicts with his wife due to his promiscuous lifestyle, leading to their separation. He developed a painful skin rash and tried to suppress it using herbal medicine. However, it kept reoccurring until he sought the advice of a RACHEP community mobilizer who recommended an HIV test.

Kibuuka tested for HIV in 2010, accepted his positive status and was immediately put on septrin treatment. However, his health continued to deteriorate due to fishing for long hours. He was started on antiretroviral (ARV) drugs, which he is now taking consistently. Kibuuka has since remarried. Due to the sensitization done by RACHEP, he disclosed his HIV status to his wife, who tested negative. Kibuuka uses condoms consistently to avoid infecting his wife who also supports him to adhere to the drugs.

Earning between UGX 8,000 and UGX 10,000 per day ($2.8 – $3.5) and working six days a week, Kibuuka is able to provide for his family. He wants to become a health mobilizer to encourage members of his community to utilize HCT services as a step towards behavioral change. “The long nights in the cold are tough. I want to become a community health mobilizer, but I have to save money first to be able to take care of my family,” says Kibuuka.

InterAid has assisted 3,343 individuals through outreaches services provided included HIV counselling and testing, prevention of mother to child transmission of HIV, and HIV and AIDS education. Individuals who tested HIV positive during outreaches were referred to government health facilities for treatment.
Richard inspires PWDs to rise to HIV and AIDS challenge

Richard in a counselling session with one of the PLHIV clients in Masaka
Richard, 51 (not real name), has been appointed to represent people with disabilities (PWDs) on the Board of Directors of the National Forum of People Living with HIV and AIDS in Uganda (NAFOPHANU). He was recommended for this role by the National Union of Disabled Persons of Uganda (NUDIPU), an indigenous non-governmental organization and sub-grantee of the Civil Society Fund (CSF) that brings together all people with disabilities (PWDs), in recognition of his part in helping PWDs access HIV and AIDS services.

Richard, who has only two fingers on the right hand, one finger on the left and no toes, is living positively with HIV. He founded the Masaka Association of Disabled Persons Living with HIV and AIDS (MADIPHA).

MADIPHA partners with NUDIPU and other associations as well as HIV and AIDS service providers such as The AIDS Support Organization (TASO) to enable PWDs access HIV counselling and testing (HCT), care, treatment and support services.

In 2006, Richard was bedridden and death seemed imminent, prompting him to sell his property. He heeded to the advice of a friend to test for HIV and the result confirmed that he was HIV positive. TASO provided him with care and treatment, and trained him in peer counselling for PWDs living with HIV and AIDS. Upon completing the training in 2009, Richard started working as a volunteer at TASO Masaka branch.

“Whenever I came across a PWD at the TASO centre, I would introduce myself and share with them about my HIV status. With support from NUDIPU, members of MADIPHA started participating in radio talk shows, community dialogue meetings and outreaches to raise awareness on disability and HIV and AIDS. With Richard’s inspiration, PWDs living positively with HIV shared testimonies on how they contracted the virus and encouraged other PWDs to seek prevention and treatment services.

In December 2011, MADIPHA, together with its partners, organized HIV counselling and testing (HCT) outreach in Kisekka sub-county, Masaka district during which 500 PWDs and their family members received counselling and testing services.
SCIPHA eases access to HIV and AIDS services in Kalangala

Dennis Ssemmanda, a health worker with JCRC conducts an HIV test during an HCT outreach on Lake Victoria’s Mazinga Island in Kalangala.
Residents of Kalangala Islands on Lake Victoria can now access HIV and AIDS services through the ‘Strengthening Civil Society for Improved HIV and AIDS service delivery in Uganda (SCIPHA) project funded by the Civil Society Fund (CSF). The project is jointly implemented by the Joint Clinical Research Center (JCRC) and the Uganda Health Marketing Group (UHMG).

Through SCIPHA, JCRC and UHMG work together with organizations offering different HIV and AIDS services to conduct joint community outreaches in hard-to-reach areas, thus enabling community members to access all HIV and AIDS services in one location.

After counselling and testing, clients found to be HIV positive are immediately referred to organizations providing care services. Blood samples are tested for CD4 count and clients are screened for tuberculosis and other opportunistic infections. Other services provided include family planning, antenatal care, and prevention of mother-to-child transmission (PMTCT) of HIV.

Agnes Namusoke, a Kalangala resident who previously had to seek PMTCT from one island and antenatal care services from another, is grateful for the new approach. “Life is much better now,” she says.

Resty Nakuwungu, the chairperson of Mazinga Sub-county is happy about SCIPHA’s comprehensive HIV and AIDS outreaches, which she says have restored hope among the island communities. “In the past, organizations would come and test people for HIV, but after giving them the results, no further action would be taken. People living with HIV felt abandoned and had lost hope since the available health centers could not meet their treatment needs,” explains Resty.

SCIPHA is also applying this comprehensive strategy on the shores of Lake Kyoga in Amolatar District and hard-to-reach areas of the mountainous Bundibugyo District. Between July 2010 and March 2012, the project provided HIV and AIDS services to 220,689 individuals, including fishing community members, truckers, commercial sex workers and people living in hard-to-reach areas.
A volunteer with Kasese District Youth Focus on AIDS (KADYFA) pose for a photo at the Maliba boda-boda stage in Kasese. She is one of the youth who reached out to the commercial sex workers.
Nine commercial sex workers (CSWs) in Kasese district have abandoned the streets and started small business enterprises after acquiring business management skills from the Strengthening Comprehensive HIV and AIDS Prevention Services (SCHIPPS), a project funded by the Civil Society Fund (CSF).

The project is implemented by South Rwenzori Diocese’s Young and Powerful Initiative (YAPI) in partnership with Action for Community Development-Uganda (ACODEV-U) and Kasese District Youth Focus on AIDS (KADYFA).

SCHIPPS has reached 90 CSWs in Kasese municipality and its outskirts with HIV messages, and trained them in life skills and small scale business management. The former CSWs have been organized into three groups for easy mobilization.

Betty, a former sex worker, is now a progressive vendor in Bugoye market, Bugoye sub-county. She deals in cassava flour, tomatoes, and onions, and is able to provide for the needs of her two children and her business capital has grown to UGX 1,000,000 (US$422). She derives happiness from being able to plan for her business and meet financial obligations without engaging in risky sexual behaviour.

“I now get my money without engaging in any sexual trade. Today I can afford daily meals without any difficulty,” she says. The other eight former CSWs trained with Betty are also doing well; five are vending foodstuffs in markets while three run local bars.

CSF sub-grantees have provided social and behavioral change interventions to 743,287 people. Approaches used included one-on-one sessions between peers as well as service providers, small group discussions of at least 25 people, and community dialogue sessions at village level.

These messages were complemented by mass media messages and among those reached were key populations comprising fisher folks, commercial sex workers, truckers, uniformed service persons and incarcerated populations of people living with HIV and AIDS.
Using board games to educate youth on HIV and AIDS

Youth play the ludo game at Nabulagala drop in centre. The Uganda Youth Development Link (UYDEL) has used games like ludo to reach out to youth with HIV prevention messages.
The Uganda Youth Development Link (UYDEL) is innovatively using Ludo, a board game, to raise awareness about HIV and AIDS, sexual and reproductive health, and life skills among young people. UYDEL adopted Ludo after recognizing its appeal among men. The organization customized the rules of the game and packaged them with information about sexual and reproductive health for young people aged 14 to 29 years at Nabulagala Youth Centre in Kampala. UYDEL is a sub-grantee of the Civil Society Fund (CSF).

Adrian Kalemeera, a UYDEL field supervisor noted that Ludo has helped to improve young people’s understanding of issues related to HIV and AIDS, sexual reproductive health and life skills in a relaxed, enjoyable and educative manner.

If the answer is wrong, the opponent does not move. This challenges participants to learn more about HIV hence reducing their infection risk,” says Adrian. The youth play Ludo in the presence of UYDEL facilitators who guide them to receive correct and consistent information in the event that a player asks a question whose answer requires expert knowledge.

UYDEL has also trained peer educators to provide the youth with this type of information. Many young people, spectators and players alike, have acquired knowledge about HIV and AIDS, sexual reproductive health and life skills.

There has been increased participation in daily counselling sessions through which they are referred to health facilities for HIV testing, family planning services and management of sexually transmitted diseases.

UYDEL has reached 8,804 young people including 3,810 out-of-school slum dwellers, 180 street children, and 486 commercial sex workers with HIV prevention messages at its centres and outreach posts in Kampala and Mukono Districts.

Out of these, 608 have been equipped with vocational skills such as motorcycle mechanics, tailoring, and catering, to facilitate sustainable behaviour change through engagement in productive activities.
Mama Club joins fight against HIV and AIDS

Mama Club meeting in Kabarole district promoting PMTCT in rural communities. The club working in a number of districts is supported by SCIPHA a sub-grantee of CSF.
The Strengthening Civil Society for Improved HIV and AIDS and Orphans and Vulnerable Children (OVC) service delivery in Uganda (SCIPHA) project in partnership with the Joint Clinical Research Centre and the Uganda Health Marketing Group along with funding from the Civil Society Fund (CSF) established peer support groups to sensitize and mobilize pregnant women and their partners to access HCT, antenatal care (ANC) and PMTCT services in 19 districts in Uganda.

One such group is the Kakunyu-SCIPHA (also known as KA-SCIPHA) Mamas’ Club in Bukomero sub-county, Kiboga district. The club comprises of 30 pregnant women and new mothers. All members consented formally to be part of the club and the SCIPHA project provided them with diaper bags as a small incentive.

KA-SCIPHA works closely with the PMTCT focal person for Bukomero Health Centre IV and other partners to equip the club members with knowledge on PMTCT, family planning, ANC and nutrition and also mobilize pregnant women and their partners to access these services.

They sensitize people at markets, in places of worship, and through door-to-door outreaches. The PMTCT focal person receives the referred expectant mothers at the health centre and provides PMTCT services. For more impact in the communities, the group has established a drama group to reach out to different audiences through edutainment. They perform two plays; one about nutrition and family planning, and the other about PMTCT and early infant diagnosis (EID).

KA-SCIPHA Mamas’ Club has sensitized 644 people (161 men and 483 women) out of whom 52 expectant mothers were referred and received ANC services, and three received PMTCT services.

The impact is expected to increase as the club continues to use innovative ways to reach more people. The SCIPHA project administrators are exploring avenues to partner with other organizations to give club members vocational training and also help the women form a Savings and Credit Cooperative.

Through the efforts of CSF and its partners, PMTCT messages focusing on prevention of HIV and AIDS in women and men, safer sex, HCT, family planning as well as safe motherhood and anti-retroviral treatment were given to over 20,000 pregnant and lactating mothers.
From victims to victors: PLHIV find new hope
People living with HIV (PLHIV) face a number of challenges both in the community and in their own homes. From widespread discrimination and ridicule to lack of care and support services. In line with the National Strategic Plan for HIV and AIDS (2007/2008–2011/2012) CSF and its sub-grantees scaled-up the provision of care and support services to PLHIV in various parts of Uganda.

In this section, meet Bernard, a 36 year old PLHIV client whose life was restored when he tested and begun treatment for TB and HIV, Zebulon, a 45 year old HIV positive widower who had lost all hope but is now a community HIV and AIDS activist, earning a living and sending his children to school. Prisca, an HIV positive widow who is producing a variety of food at home after training in basic agronomic practices and animal husbandry by one of our sub-grantees, Kitovu Mobile. You will also meet Basiima, a blind HIV positive widow whose life has been transformed by another of our sub-grantee TASO Masindi.

Since inception in 2007, CSF and its sub-grantees have reached over 67,000 people with HIV care and support services including both clinical and non clinical in various parts of the country.
Touch Namuwongo Project treats TB patients

Bernard after receiving TB/HIV services at Touch Namuwongo Project (TNP) clinic
In April 2011, 36 year old Bernard was living in a shack in Namuwongo, one of the slums in Kampala’s Makindye division after his wife left him and took their four children. It was here that Irene, a community volunteer worker for the Touch Namuwongo Project (TNP) found him sick with tuberculosis and immediately referred him for treatment.

Bernard is one of the 184 tuberculosis (TB) patients supported by TNP, receiving treatment and gaining a new hope on life.

Within four months of initiating treatment, Bernard had regained his strength and resumed working. On discharge, Bernard’s friend took him in and supported him to follow the treatment. Because tuberculosis is a directly observed therapy (DOTS), Irene visited him daily for four consecutive weeks while the counselor and clinical officers visited him weekly to ensure compliance with the treatment, along with the social support from his friend that is so essential to DOTS success.

Irene discovered Bernard in critical condition and within 24 hours, she took him to a project HIV counselling and testing (HCT) outreach event held in the village.

He was counselled and tested for HIV and TB and turned out positive. He was then referred to the project clinic at International Hospital, Kampala for care and support and started on TB treatment and antiretroviral therapy.

When he returned home, he continued taking his medicine but due to a lack of care, his condition worsened and was eventually re-admitted to the clinic.

The International Medical Foundation implements the project with support from the Civil Society Fund (CSF). Irene discovered Bernard in critical condition and within 24 hours, she took him to a project HIV counselling and testing (HCT) outreach event held in the village.

He was counselled and tested for HIV and TB and turned out positive. He was then referred to the project clinic at International Hospital, Kampala for care and support and started on TB treatment and antiretroviral therapy.

Within four months of initiating treatment, Bernard had regained his strength and resumed work. He has now completed his TB treatment and looks forward to finding his family again. Irene visits him monthly to monitor his adherence to antiretroviral therapy.

TNP community volunteers on door-to-door visits and community outreaches identified 184 TB patients from the various villages of Makindye division and are currently receiving free treatment from the project. Among them, 50 females and 53 males are living positively with HIV.
Zebulon gets a new lease on life

Zebulon, 45, is an HIV positive widower with five children, residing in Pallisa District, in eastern Uganda. After his wife died of HIV and AIDS, life became tough and the family faced discrimination from the community, and in particular from Zebulon’s in-laws. Due to prolonged ill health, Zebulon lost his only source of income – his job as a carpenter. The crisis deepened when his children had to drop out of school to do household chores and work in other people’s gardens in return for food, and money to meet basic needs.

In 2009, Buseta Community AIDS Initiative (BUCAI), in partnership with the local council, identified Zebulon’s household as a vulnerable home that would benefit from their livelihood support program. BUCAI is a project funded by Civil Society Fund (CSF) sub-grantee World Education Inc./Bantwana Initiative.

Zebulon received egg plants, cabbages and two goats (a male and a female) which helped him start a vegetable garden and a goat rearing project. BUCAI community volunteers regularly visited did routine psychosocial and financial counselling for the family and within eight months, BUCAI members noticed the renewed zeal in Zebulon.

“He suddenly started telling us of his grand plans of sending his children back to school and finding love again,” the BUCAI Coordinator, Frank Mugoda recalls. After a thorough CD4 count test and psychosocial assessment, Zebulon enrolled on the Anti-Retroviral Treatment Program (ART) at Buseta Health Center IV and his health improved steadily.

Today, Zebulon is a community HIV and AIDS activist and has been identified as a community change agent by another partner organization. He put all his children back in school, while his garden of eggplants, cabbage, and tomatoes, earns him a daily income of UGX5,000 ($2.1). He has saved UGX180,000 ($75.3) with which he intends to buy a heifer to provide milk and manure. Zebulon is the proud owner of four goats after his she-goat produced two kids and he even plans to open a grocery shop.

“The counselling I have got from the community volunteers has been very helpful because I now have someone to share my challenges with. This has opened my eyes to new possibilities which I never would have thought about and the vegetables I received were the additional boost I needed”, he says. Zebulon took all his children for HIV testing and they were all HIV negative.
Prisca, 42 (not real name), lost her husband to AIDS in 1998. Two years later, she fell ill and tested HIV positive. In 2003, she enrolled for ARV treatment with The AIDS Support Organization (TASO) in Masaka.

She also had her four children aged between four and 16 years tested and they were all HIV negative; the youngest one having been protected through prevention of mother-to-child HIV transmission services.

However, Prisca’s woes were not over. She did not have any property to her name, and was only a caretaker of the mud-and-wattle house that she called home. Providing for her family was difficult because she had to hire pieces of land on which to grow food, and she could hardly afford basic items like beddings.

During a mapping and identification exercise of the most vulnerable households in Prisca’s home parish carried out by Kitovu Mobile, a CSF sub-grantee, her household was selected for food security interventions.

As part of the interventions, Prisca and her older children participated in training covering agronomic practices and animal husbandry. The family was provided with beans, maize, cassava cuttings, sweet potato vines and vegetable seedlings to plant in the garden. They also received two hoes and a machete to help them enhance food production; and an expectant pig, to enable them start a piggery project so as to boost their income in addition to mattresses and blankets to improve their sleeping conditions.

The family has reaped the first harvest of maize, beans and vegetables while the sweet potato and cassava garden is doing well and the family is hopeful that they will get enough food from it, as well as vines and cuttings to plant next season.

With the savings from maize and cassava sales, Prisca plans to buy her own piece of land in future. She also looks forward to earning an extra income by selling piglets when her sow gives birth.
Blind HIV positive widow given hope 

Basiima receives assistance from TASO at her home in Masindi
Since the loss of her husband in 2005 to HIV, The AIDS Support Organization (TASO) in Masindi district has been supporting Basiima after surviving the trauma of a rape which resulted in a pregnancy. Basiima and her child are both HIV positive and are among the 2,000 people to whom TASO Masindi extends a helping hand through funds from Civil Society Fund.

Basiima had three children with her late husband along with the fourth child who is HIV positive. Following her husband’s death, some of her relatives forcefully took away her property, leaving her without land and barely anything to take care of her children.

While she and the children lived in abject poverty, TASO rallied support from the community and they raised funds to construct a hut for Basiima and her children. TASO was also able to support her to repossess her property, with the help of the Police and the Uganda Network on Law, Ethics, and HIV and AIDS (UGANET), which is also a CSF sub-grantee.

TASO delivers antiretroviral medicine to Basiima and supports her children with scholastic materials. In addition to linking her to a primary school which offered her children scholarships for primary education. The assistance has enabled her to take care of her children, who are now aged 17, 15, 10, and three. She is diligently taking her anti retroviral medication, while her daughter is receiving treatment for opportunistic infections.

Since 2007, CSF has provided over 70,000 people living with HIV with clinical service and other support services such as supplemental nutritional support, psychosocial support, and insecticide treated nets (ITNs), economic support and safe water vessels.
Expert clients increase adherence to HIV treatment

Florence testifying at one of the community awareness events on ART in Kiboga Town Council.
Peer educators working with PLHIVs, also known as expert clients, have proven to be instrumental in promoting adherence to HIV treatment. The expert clients, who are also HIV positive themselves, help to reduce stigma and improve HIV and AIDS awareness by sharing their personal stories and being open about their HIV status.

Florence Namuli, one of the 23 expert clients working with the Strengthening Civil Society for improved HIV and AIDS and OVC service delivery in Uganda (SCIPHA) project in Kiboga district travels around the district to different villages to share her story, encourage PLHIV to live positively and adhere to treatment.

The SCIPHA project, implemented by the Joint Clinical Research Center (JCRC) in partnership with Uganda Health Marketing Group (UHMG) is supported by the Civil Society Fund (CSF) in providing HIV Counselling and Testing (HCT) services in 19 districts of Uganda.

Patient records at the HIV and AIDS clinic at Kiboga Hospital, supported by JCRC, indicated that between January 2010 and December 2011, 891 PLHIV had stopped going for treatment. To address this problem, JCRC trained and facilitated expert clients to support other PLHIV in the community. The expert clients, through home visits, reached out to PLHIV experiencing challenges with adherence, educated them on the importance of adhering to treatment and provided useful information on coping strategies in dealing with challenges they encounter.

“I thank SCIPHA for giving us the opportunity to encourage other people by sharing our life experiences,” says Florence an expert client trained by JCRC. Two years after she disclosed her status to her husband, he went for an HIV test. They are now living positively with HIV and have a three-year old daughter who is HIV negative.
Barbara the HIV and AIDS activist

Barbara and her daughter
Barbara Kemigisha, 26, tested HIV positive in December 2008 when she was two months pregnant. She was immediately started on septrin and antiretroviral drugs. Due to lack of support from her family, she sometimes failed to get money for transport to go to hospital to pick up her drugs. Four months later, she enrolled at the Infectious Diseases Institute (IDI) transition clinic that supports HIV positive young adults to confront both medical and other challenges before joining the adults’ clinic.

She received support from peers and started participating in drama for an income, which enabled her to adhere to treatment. Due to previous intermittent treatment, she gave birth to an HIV positive daughter who is also receiving care and treatment from IDI.

IDI supported Barbara to undertake certificate courses in peer education, ICT, and community leadership. After the training, she started using her skills to raise awareness about HIV and AIDS.

“Among the tasks of the training was to give back to the communities. I chose to sensitize the communities about HIV and AIDS with activities that included street acting, giving talks in taxis, branding my clothes with HIV messages and participating in television shows. I would sometimes take my antiretroviral drugs (ARVs) in taxis. This would prompt people to ask me about HIV and we would exchange contacts. I would later get invitations to speak at schools, churches, or camps,” she says.

Barbara’s activism and innovative ideas led to her being awarded a Young Achievers’ Award by Tetea Uganda in conjunction with the Uganda National Chamber of Commerce in December 2011.

Barbara’s activism and innovative ideas led to her being awarded a Young Achievers Award in 2011. During the same month, the Red Ribbon Award sponsored Barbara to represent young people living with HIV at the International Conference on AIDS and Sexually Transmitted Diseases in Addis Ababa, Ethiopia.

Between June 2010 and December 2011, the Infectious Diseases Institute (IDI) supported over 100 HIV positive youth to lead productive lives and spearhead the HIV prevention campaign among their peers. IDI, a sub-grantee of the Civil Society Fund (CSF), has equipped them with leadership and entrepreneurship skills through apprenticeship training in tailoring, catering and information communication technology (ICT).
Smart investments and livelihoods
Investment in social development provides opportunities to tackle imbalances and inequalities as well as to secure an adequate livelihood in line with growth policies of the Government of Uganda. By ensuring that Orphans and Other Vulnerable Children live safe, healthy and productive lives, CSF invested in a stable future for generations of children who would otherwise be lost.

In this section, meet a number of vulnerable households whose hope has been restored through provision of livelihood support by our sub-grantees, Alex and Christine who are have been empowered and are now empowering others with vocational skills in carpentry and weaving respectively. You will also read about village saving groups that have improved household incomes as well as several vulnerable families that have found reasons to believe again.
Civil Empowerment Programme on AIDS pandemic brings hope to child headed households

Ronald working in their family garden in Pamoki village, Moyo district
Fifteen-year old Ronald (not real name) lives in Pamoki village, Alurus Parish in Moyo district. He is the head of his household of three siblings aged 7, 10 and 12 years. Through support from the Civil Empowerment Programme on AIDS Pandemic (CEPAP), Ronald, a primary six pupil at Lama Primary School is able to juggle his studies with the responsibility of providing for his siblings.

Ronald’s family is one of six child headed households supported by CEPAP, a sub grantee of CSF in Moyo to meet the basic needs of life. After his father abandoning their home, his mother relocated to her ancestral home of Pamoki in northern Uganda. Unfortunately, his mother also died and he was forced to drop out of school to take care of his brothers.

During its routine monitoring visits to Lama Primary School, a CEPAP field staff learnt of Ronald’s situation from his brother Patrick Draciri’s teacher. CEPAP advised him to go back home and re-enroll in school, which he did in 2010. Ronald is now in primary six and he wants to become a carpenter. CEPAP supports him and his siblings with school materials, uniforms and necessities like beddings, clothes and kitchenware.

“CEPAP staff visit us frequently and I feel they have filled the gap our parents left. Their support has made our home a good place to live in again,” said Ronald when a team from CSF visited his family.

To strengthen the household’s food security, CEPAP gave Ronald seeds of improved maize and groundnuts, which they planted in their garden and he was linked to the district agricultural extension service providers for advisory services and enabled them to benefit from ox traction services. The family now has enough food for consumption. Ronald also makes bricks for sale to generate income to supplement their other needs.

Since 2009, CEPAP provided services to 2,921 orphans and other vulnerable children (OVC) in the areas of food security, education, basic health, child protection, care and support.
A beneficiary of CSF sub-grantee Kind to the Women and Orphans Development Agency (KIWODA), with her children at their home in Bugiri.
Widow becomes self-reliant

Glades is a 30-year-old widow living in a small village in Amuria District. She lost her husband in 2007 who left her with three children. In 2009, during a community mapping that was conducted by the Lutheran World Federation (LWF), a CSF funded organization, Glades’ family was identified as one of the most vulnerable households in her area.

Five months later, LWF trained Glades in nutrition, enterprise selection and management. She also received groundnuts, beans, tomato seeds, cassava cuttings and green grams.

The skills Glades acquired through the training plus the seeds she received enabled her to start a new life. Glades planted the seeds, which helped improve her family’s nutrition. She also sold part of the harvest for a profit of UGX 85,000. “I used UGX 65,000 to buy a mattress, a pair of bed sheets and a treated mosquito net, items I could not afford before,” Glades happily explains.

Glades used her new entrepreneurial skills to start a fish mongering business which has enabled her to meet her family’s basic needs and also buy a calf in the hope of starting a dairy farming project in the near future. Glades is now confident that the skills she acquired will enable her to grow her business and thus improve the health of her children and provide them with adequate education, two things she would not have been able to do without the help received from CSF through the LWF.

CSF has also provided over 33,000 OVC and their households with interventions in food security and nutrition support.

“I used UGX 65,000 to buy a mattress, a pair of bed sheets and a treated mosquito net, items I could not afford before,” Glades happily explains.
Single mother of nine empowered to buy land

Ann Grace Atikol, 43, is the proud owner of a one-acre plot of land, which she bought as a result of an initiative of the Lutheran World Federation (LWF) to improve the socio-economic security of 2,000 orphans and other vulnerable children (OVC) living in 406 households in Amuria and Katakwi districts in eastern Uganda. LWF is a Civil Society Fund (CSF) sub-grantee.

Ann lives in Abarilela sub-county in Amuria district and has nine children from two marriages, seven of whom are below 18 years of age. After the death of the father of her first two children, Ann married another man with whom she had seven children. Life became hard when her husband, who had three other wives, abandoned her and the children.

“My children had to stay out of school in order to work in other people’s gardens to get money to buy food. At times we were only able to eat one meal a day,” narrates Ann.

In 2009, LWF helped Ann start a poultry project and gave her cassava cuttings, groundnuts, and green grams to cultivate. They also gave her psychosocial training which enabled her face her challenges. Through home visits and counselling from LWF, Ann accepted her new status as a single mother and encouraged her to focus on her children’s wellbeing. She started working hard to feed her children and provide for their other needs such as shelter, scholastic materials and clothes. “My five chickens multiplied to 19 and when I sold them together with yields from the groundnuts and green grams, I bought two goats which multiplied to six. When I sold five of the goats and 13 bags of cassava chips, I got enough money to buy land and clothes for my family,” she says.

Ann bought the land at UGX 1,000,000 (US$408) and she has started building a house on it. She has also planted more cassava and oranges. Ann is now able to meet her family’s needs: she gets enough food from her garden, makes a steady income and her children have been able to return to school.

Since 2009, LWF has supported 406 OVC households and 2,000 OVC in the areas of socio-economic support, education, food security, child health, protection, and psychosocial support.
CSF beneficiary empowers others with skills

Christine Isina’s one-room tailoring shop has become a center of activity, with one to two girls enrolling each month to receive fulltime tailoring lessons. Christine currently tutors six girls in Ocodoi village, Ngora district in Eastern Uganda.

She is one of the orphans and vulnerable children (OVC) supported by Kumi Pentecostal Assemblies of God (Kumi PAG) to acquire tailoring skills using a grant from the CSF. She is now empowering other OVC in her area with sewing skills.

The CSF supports Kumi PAG to implement a project aimed at improving the quality of life for 3,200 OVCs by enabling them to realize their full potential. After the death of their mother, Christine’s father abandoned her and her elder brother in 2001 at the age of 6 and 11 years respectively. Her brother immediately dropped out of school and started taking on odd jobs to support her up to primary seven.

Since her brother’s income was not enough she gave up school and started working in people’s gardens to earn money for their basic household needs.

In 2009, Kumi PAG selected Christine to become a tailoring apprentice and gave her materials including cloth, scissors, and a tape measure. After six months of training, the project gave Christine a sewing machine, allowing her to begin working independently. Determined to succeed, Christine immediately started saving some of her earnings and bought a second sewing machine.

In June 2011, she started training other girls in her community and further supported the project by making affordable and reusable sanitary towels for other female OVC.

“During the training of female OVC on sanitary towels, we used Christine’s services to make cloth envelopes for the towels. In the process, she made some money while other girls benefited from her skills,” says Jennifer Amodot, the project Programme Officer for education and gender.

Since 2009, Kumi PAG supported 3,199 OVC with a range of services that include food security, socio-economic assistance, care and support, child protection, and education and psychosocial support. Out of these, 2,200 boys and girls received support in formal education or vocational skills training based on their preference and needs.
A boy who has benefited from CSF interventions for OVC, with his grandmother who takes care of him in Gulu town.
Formerly displaced family reaps big from farming

A family which lost all its possession during the 20-year insurgency of the Lord’s Resistance Army in northern Uganda has been given hope and a livelihood by Action for Children, an organization supported by the Civil Society Fund. Mr. and Mrs. Olipa, residents of Amugo sub-county in Alebtong District have three biological children, and four children they took on from relatives who were either killed by the rebels, or died of HIV and AIDS.

Owing to insecurity caused by the war, the family was among thousands of people relocated into internally displaced persons’ camps which was a government measure to protect them from abduction by the rebels.

While living in the camp, the family household property was damaged or stolen and worse still, the living conditions in the camp were poor, food and clothing were scarce, and schools could not easily be accessed so the children only attended classes sporadically at a nearby school.

When they returned home after the war ended, they were able to reoccupy their homestead and start rebuilding their lives. Action for Children conducted a community mapping exercise and their family was identified and their adopted children (ages 10, 12, 14, and 16) were enrolled in Action for Children’s education support program. They offered the family psychosocial support on a monthly basis through home visits, and the children got involved in youth clubs where they enjoyed the company of peers and shared ideas. Mrs. Olipa was enrolled into a support group in which members could help one another with physical and psychosocial needs.

The organisation also gave the family four kilograms of hybrid sunflower seeds, three hoes, sacks, and tarpaulins for drying the seeds after harvest. In 2010 the family had a bumper harvest of 2,000 kg of sunflower seeds, which they sold to an oil making factory and earned UGX 2,000,000 ($715).

From the proceeds, the family bought more seeds for replanting, two oxen, an ox-plough, and food for the family. Mrs. Olipa also made a contribution to her support group, to help pay for another child’s school fees, thus helping other people in need in the community. Action for Children has supported over 3100 OVCs and their households.
Orphans and Other Vulnerable Children (OVC) trained by Friends of Christ Revival Ministries (FOCREV) a sub-grantee of CSF in Busia.
Alex becomes master artisan

To Alex, life seemed bleak after he had dropped out of school in Primary Six, and for years he could only earn a living by doing gardening for neighbours in his village in Kiruhura District, where he lives with his mother and three younger siblings.

He was fast approaching his twenties, and felt helpless at the thought of the responsibilities that came with adulthood. Would he ever become a successful person? Alex sensed that some members of the community despised him for his lack of progress, and he did not feel like a good example for his siblings.

Alex got a glimpse of hope when he heard about the Artisan Apprenticeship Program offered by Uganda Women’s Effort to Save Orphans (UWESO), a Civil Society Fund (CSF) sub-grantee. And to his great delight, members of the community selected him to enroll for carpentry. In 2009, Alex started training under the tutelage of a master artisan in the area, and in 10 months, he was ready to start out on his own.

Since he had become a member of the UWESO Village Savings and Loan Association (VSLA), Alex was able to borrow money to buy timber and other carpentry materials for his own business. His main equipment was a toolkit he was given during his apprenticeship. He worked hard, and soon gained respect as a sought after carpenter.

Alex specializes in making beds and doors. A simple bed goes for UGX 50,000 ($20.9) while a door goes for UGX 40,000 ($16.7), bringing in a profit of UGX 15,000 ($6.3) and UGX 20,000 ($8.4) respectively.

With some of his profits, Alex has bought a cow at UGX 130,000 ($54.4), and he hopes to increase his income by selling milk. He supports his siblings who are in primary school and has become a master artisan and a role model for other youth whom he trains.

“Life has become better and meaningful since UWESO intervened to support me. I am no longer a reject in the community. Many youth admire and respect me because I can look after myself from the earnings that I get from my workshop,” Alex says.

Through the CSF funded OVC integrated service delivery project implemented by UWESO in Kiruhura district, over 190 OVC have been equipped with artisan apprenticeship skills in tailoring and garment cutting, carpentry and joinery, motorcycle mechanics, motor vehicle mechanics, knitting, weaving and hair dressing.
Members of Emoriruk Village Savings and Loan Association (VSLA) in Amuria open their savings box during one of their weekly meetings. Emoriruk is among the various VSLAs supported by CSF sub-grantees in different parts of the country.
Concern for the Girl Child (CGC), a nongovernmental organization supported by the CSF, aims to respond to the basic needs of the girl-child by providing services such as education and health, promoting the rights of children, and increasing household incomes by providing youth with livelihood opportunities.

In 2010, CGC adopted the use of Village Savings and Loans Associations (VSLAs) to enable their beneficiaries in Nakaseke District improve their financial security, and the approach has been to be successful.

CGC taught community members how to run VSLAs, with specific training in saving, loan and small-scale business management. It also provided VSLA members with lockable cash boxes and hard-cover record-keeping books and asked the trainees to start VSLAs in their respective localities.

This resulted in the establishment of 15 VSLAs, the most successful of which is the Bendegere-Bamusuta (BENBAM VSLA), started by a group of 15 caregivers of orphans and other vulnerable children (OVC) who collected and saved UGX 7,000 ($2.8) on the first day.

Once the VSLA was formed, the members made a constitution, elected committee members, and chose Wednesday as their weekly meeting day to collect personal savings, contribute to the social fund, buy shares, and give loans to members. BENBAM VSLA charges 10% quarterly interest on loans and a share costs UGX 1,000 ($0.4), and members are free to buy one to five shares at each meeting.

At every meeting, each member contributes UGX 200 ($0.08) to the social fund, and there is also a UGX 200 fine for talking while the meeting is in progress and for coming late.

The social fund and the fines are kept in the box and used to give interest-free loans to members when social problems arise like when an individual needs school fees, medical support, or transport to a burial. The VSLA has grown to a membership of 19 women and 11 men.
Ms. Maud Kyomugisha caring for nine orphaned grand children, she is supported by UWESO a CSF sub-grantee through her VSLA which gives scholastic materials to the children and loans to buy goats.
Child protection and empowerment

According to the National Strategic Program Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in Uganda (2011/12 - 2015/16) Uganda has over 17 million children of which 8 million are critically or moderately vulnerable and 2.4 million are orphaned. Several of these children lost their parents to HIV and AIDS. Given the scale of need, the Civil Society Fund (CSF) focused on supporting local Ugandan organizations to increase access to needed social services including child protection.

In line with the NSP and NSPPI, CSF worked with its sub-grantees to create an environment that is conducive for the survival, growth, development and participation of vulnerable children and households.
A girl and three siblings live in their home alone following the death of their father. Their mother abandoned them after their father’s death. Child protection and empowerment programs ensure that children like these live safe, healthy and productive lives.
In order to improve the delivery of OVC interventions among various CSOs, CSF worked with a number of CSOs that support OVC in Uganda. One of these was Concern for the Girl Child (CGC) in Nakaseke. CGC identified opportunities to strengthen protection and provision of legal support to OVC in their target areas.

Some of the issues identified were registering of births, representing children in courts and drafting of wills. CGC staff observed that the importance of registering all births in the community was not clear.

So most of the children they supported had no birth certificates. They also had a common practice of representing children in court rather than empowering individual caregivers to do so.

In 2011, CSF in partnership with the Ministry of Gender, Labor and Social Development, organized a three-day workshop for CSF funded civil society organization to strengthen the effectiveness of child protection interventions.

“We have sensitized other caregivers on how to represent the OVC in court.” Commented the CGC Project Officer.

“After the training, CGC improved the quality of services that were provided to the OVC. Legal documents such as birth certificates have been obtained for 915 OVC and follow up for other OVC is still ongoing. This has been through support from local leaders at sub-county level. Two caregivers who were fostering OVC informally have acquired legal documentation authorizing them. We have sensitized other caregivers on how to represent the OVC in court.” commented the CGC Project Officer.
Stewart finds a home
Every child deserves care, support and protection. Stewart had none. At the age of three he was abandoned by his mentally ill mother. Malnourished and miserable, he was found on the street with no one to help. Stewart had previously lived with his 15-year-old sibling, Ssesanga, who later abandoned him when he left the village to work as a casual laborer in town. Stewart’s plight was brought to the notice of the Probation and Social Welfare Officer at Nakaseke District, who referred the case to Concern for the Girl Child (CGC) a project funded by the Civil Society Fund.

An announcement was made to the communities of Nakaseke to come to the rescue of Stewart and other children in a similar situation. Stewart’s family had disintegrated and so a ‘Good Samaritan,’ Specioza Nagujja offered to take him in as a foster child.

“I found Stewart in a malnourished state with no energy. He had spent several days without a meal, but he is now strong and ably plays with his mates,” Nagujja says.

Stewart and his foster family have received consistent support, including food, clothing and medical care from CGC. Stewart is now in good health in his new home while Nagujja is receiving legal support to enable her to officially foster Stewart.

“CGC also followed up Stewart’s brother, provided him with a foster home and helped him to resume school. Through CGC, his mother has also received medical attention and she is on her way to recovery.”
Ms Dorine Michan (black dress), with her colleague drying fish for sale. A widow with six children, she is among the various vulnerable households that have been supported by CSF through its sub-grantees.
Vulnerable family given a lifeline

Susan (not real name) lost her mother in 1999 when she was two years old. Her father separated from her mother before she was born, so Susan’s grandmother, Dora, started looking after her and three of her cousins, who had also been orphaned. The family lives in Otuboi sub-county, Kaberamaido District (Eastern Uganda) in a one-room grass-thatched mud-and-wattle structure, which serves as a kitchen, storage, and bedroom.

By the time Susan was four years, she began falling sick frequently. “I was so sickly and had lost a lot of weight. Children used to tease me so much in the community and I felt very bad,” says Susan. It was then that a Community Resource Person visited the family and advised Grandma Dora to take Susan for an HIV test. The test revealed that Susan was HIV positive and her immune system had become very weak. She was immediately started on anti-retroviral therapy.

“I was so sickly and had lost a lot of weight. Children used to tease me so much in the community and I felt very bad,” says Susan. The goat has since given birth to six goats. According to Susan’s grand mother, they chose to rear goats because they are very easy to manage.

In 2008 when CSF sub-grantee, Feed The Children Uganda (FTCU) started a program targeting youth between the ages of 10 and 24 years old living with HIV and AIDS in Susan’s home parish, to support them and their families to start income generating activities. Susan, who was now 11 years, was among the 10 children selected in her parish, one of the 14 parishes covered by FTCU. She was given UGX 50,000 ($19) to start an income generating project with the help of her grandmother. “My grandmother advised me very well. We used the money to buy one goat which has now given birth three times,” says Susan. When Susan fell sick in 2010 and was admitted to the hospital, her grandmother was able to sell one of the goats to pay for her hospital costs. That same year, FTCU gave Susan another UGX 50,000, which they spent on food and milk for the family, improving Susan’s diet and boosting her immunity system. The next time Susan received money from FTCU, she decided to buy two chicken. Their eggs would not only provide a better diet for Susan and her family, but could also be sold in the local market and provide additional income for the family.

FTCU also pays for Susan’s school fees, which she is eager to attend now that she is strong and healthier. The organisation also gives her cousins scholastic materials.

Susan and her grandmother are grateful for the support they have been given, and they are already planning to expand their income generating activities by using some of their savings to buy a cow and sell milk.
Orphans and Other Vulnerable Children (OVC) at Amukurat Primary School in Amuria District
Young girls encouraged to shun early marriages

Eva, 16, is back at school after the Lango Samaritan Initiative Organization (LSIO) frustrated her grandfather’s plans to marry her off to a 40-year-old man. Acting on information acquired during child rights education sessions conducted by LSIO at her school, Eva, a primary six pupil, sought the intervention of a member of the Child Protection Committee (CPC) in her village, who worked with the police to stop the arranged marriage.

LSIO, a sub-grantee of the Civil Society Fund (CSF), provides interventions to improve service delivery to 2,000 orphans and other vulnerable children (OVC) in Amolatar District.

When Eva learnt of her grandfather’s plan, she ran away and took refuge at the home of a CPC member, Mrs. Betty Oyado.

After her father’s death in 2011, she had been left by her mother under the care of her grandfather. He then took her out of school in preparation for her arranged marriage from which he was going to benefit financially. When Eva learnt of her grandfather’s plan, she ran away and took refuge at the home of a CPC member, Mrs. Betty Oyado. Betty together with LSIO staff worked with the Awelo police, Amolatar district, to arrest Eva’s grandfather and the other relatives involved in arranging the marriage.

LSIO reunited Eva with her mother and provided her with counselling as well as scholastic materials including books, pens, and a uniform to facilitate her immediate return to school. The family also received food and a few household items to settle her in the new home.

LSIO conducts child rights education sessions in schools and has built child protection structures at village and parish levels to protect children against all forms of abuse. It encourages both men and women to form groups through which they advocate for children’s rights and strengthen child protection in their communities.

LSIO supported 1,781 OVC with scholastic materials to enable them to stay in school. LSIO also raised awareness on child rights and reporting of cases of child abuse, neglect and exploitation has increased tremendously. Sixty-five percent of all OVC served have received child protection services and CSF has now made it mandatory for all OVC sub-grantees to incorporate child protection in all their services.
Uganda Society for Disabled Children corrects John’s disability

At the age of 14, John Bosco Akugizibwe dropped out of school as he was unable to walk due to a bone infection on his leg. With help from the Uganda Society for Disabled Children (USDC), a sub-grantee of the CSF, who provided him with access to corrective surgery, he has been able to walk again and is now back at school.

In 2008, John of Kisikuma village, Kigorobya sub-county in Hoima district was out collecting firewood when a thorn pierced his leg. His wound was treated with traditional herbs by his parents but this only worsened it and eventually led to a serious bone infection. Consequently, he dropped out of Bwikya Moslem Secondary School where he was in senior three.

In 2010, as part of its routine outreach activities, USDC organized a corrective orthopedic surgery camp in Kigolobya. John’s mother was among the people mobilized by members of the parents support group in the area and she took him for an operation to fix the infected part of the bone. The operation was successful and following his recovery, USDC provided his household with a goat to help improve their income.

USDC mobilizes groups to bring together caretakers of children with disabilities to access guidance and counselling. John’s mother joined her local group to provide her with much needed support network. The organisation provided John and his two siblings with scholastic materials to enable them to continue with their education and John is now back at school studying for his A-levels.

USDC Hoima has since 2010 supported 3,969 OVC (47% females) in the areas of education, health care, socio-economic activities, child protection and psychosocial support. It also helped 34 children with disabilities to receive corrective orthopedic surgery, and 38 underwent plastic surgery.
Peter walks again after amputation

Katlemwa Cheshire Home (KCH), a sub-grantee of the CSF has helped over 70 children with disabilities (CWDs) receive assistive devices to mitigate their disabilities in addition to helping them cope with disability by providing rehabilitation services and mobility devices.

Peter Wamala, 17, a beneficiary of KCH services was diagnosed with cancer in his left leg, a condition which prevented him from going to school. 5 years later, in 2008, his leg was amputated. He was then referred to KCH where a walking device was custom-made for him. This enabled Peter to resume school 2011.

He consistently excels at the top of his class, and his dream is to become a surgeon so he can help CWDs realize their full potential. KCH has supported 3,560 orphans and other vulnerable children (OVC) with comprehensive services including psychosocial support through community based rehabilitation. The organisation produced 6,577 assistive devices made from leather, metal and other materials sourced locally or imported from other countries. Some of the devices were supplied to 12 rehabilitation centers, including Mulago national referral hospital.
Participants engaged in a definition of gender concepts in one of the CSF training sessions in Kampala.
Capacity strengthening for CSOs

Capacity strengthening is one of the result areas for the Civil Society (CSF). To achieve this, CSF developed a capacity building plan which was informed by a capacity needs assessment it carried out with CSO sub-grantees. CSF then employed various strategies aimed at strengthening CSO capacity in program, M&E and financial management. These included support supervision visits; direct training; mentoring and coaching through one-on-one meetings; phone calls and email. CSF also provided M&E assistance for online data entry into the database, proper utilization of data collection tools, indicators and reporting formats, internal evaluations and training for data collection tools, and web-based data entry. Stories from some of the sub-grantees who benefited from this capacity strengthening follow in this section.
Using new technology to improve programming

STF staff member displays the SMS database, which is used to send out messages to over 15,000 contacts.
Straight Talk Foundation (STF) has harnessed technology to improve its Behavioral Change Communications programs, particularly through the use of phone short message services (SMS) to get prompt feedback from its newspaper and radio audience. STF is a nongovernmental organization supported by the Civil Society Fund and it targets young people, parents, and teachers in Uganda with messages on HIV and AIDS, adolescent sexual reproductive health, gender, life skills, rights, and alcohol and drug abuse.

STF produces and mails 8,000,000 copies of Straight Talk newspaper to schools, health facilities, and Community Based Organizations annually. The organization also produces radio programs in 17 languages and distributes them for airing on 43 FM radio stations across the country. While this demonstrates great progress since STF’s beginnings in 1993, the following two challenges were encountered.

Both the newspaper and radio programs encourage feedback from STF’s audience, but the young people faced difficulty in responding because they could not afford the postage costs and in some instances, the newspaper did not reach young people because their teachers did not collect their copies from the District Education Offices (DEO), which serve as newspaper distribution points as most schools do not have their own postal addresses.

To address these challenges, STF established the SMS system in October 2010 which enabled STF to promote dialogue with their readers and listeners through a toll-free SMS system that works instantly, allowing audience to provide feedback. STF has since received feedback from over 2,097 adolescents and adults between

Usually listeners send SMS messages to ask questions and they receive answers within 24 to 72 hours. Commonly asked questions also enable STF to focus the design of topics for future radio programs. These responses have helped STF intervene quickly when glitches occur in the distribution of the newspaper. The service also started sending SMS reminders to 15,789 teachers a week after posting the newspaper. As a result, teachers now turn up to pick up the newspaper from the District education office.

Not only did this system address these programmatic challenges, but new uses and benefits have already been found. STF now uses text messaging to mobilize youth club members for specific activities and to inform individuals of specific radio programs, which has increased listenership.

“Before the introduction of SMS media we waited for feedback through the post or field trips, but today the feedback is instant,” the STF distribution Officer, Justine Otim, remarked.
National Union of Disabled Persons of Uganda financial capacity strengthened

NUDIPU staff conducting financial management training at a community centre in Gulu district
Fund management of projects is an intensive and engaging process, which can make or break an organization’s capacity to achieve project success. Since May 2007, the Civil Society Fund (CSF) has actively provided financial capacity building to train its sub-grantees in more effective methods of managing funds in order to improve their organizational capacity.

National Union of Disabled Persons of Uganda (NUDIPU) is one of several organizations whose financial systems have been strengthened by CSF interventions. NUDIPU was first contracted in 2008 to implement CSF’s HIV prevention project in Soroti, Gulu and Masaka districts.

NUDIPU received funding from other donors whose reporting systems required accountabilities to be collected from the field offices and consolidated into a single report at the headquarters in Kampala. This approach hindered the growth of financial systems at the field office level as field staff were only required to gather accountabilities and prepare them for despatch.

With funding from CSF, NUDIPU field staff were trained on CSF reporting requirements in financial management practices like preparing and managing timesheets, internal controls, and asset register maintenance, amongst others.

Through continued interaction and monitoring from CSF, the field officers in Soroti, Gulu and Masaka have acquired the skills and capacity necessary to run financial management systems, which has enhanced their ability to plan better for activities and report on time to enable timely disbursement of funds. The empowerment of field staff has greatly improved the financial management practices of the organisation that best practices initiated by CSF have been adopted in other NUDIPU projects.

Mary Isioku, NUDIPU’s accountant says: “FMA strengthens the financial capacity of staff through regular interaction, and this has helped improve budget control and management.

NUDIPU now utilizes pre-qualified venues during its meetings and workshops and manages its funding based on informed decision making by using a budget-monitoring tool along with soft-copy financial reporting.”
Participants engaged in a TOT mock session in one of the CSF trainings. TOTs were among the major activities to improve the capacity of CSOs in financial and programme management, implementation and Monitoring and Evaluation.

CSF builds CSO capacity in M&E
Orphans Community Based Organization (OCBO) is one of the CSF supported Civil Society Organizations (CSOs). CSF has funded training in M&E and data management and through this; OCBO has appreciated the importance of M&E, which is now a key component of project design. M&E activities now cover 10%-15% of the total project budget, compared to the 5% that was previously allocated.

Data is collected and analysed during monthly meetings and is used to facilitate review meetings with stakeholders and evaluate performance in order to maintain strategies that are working well, and re-strategize where there are gaps.

Through data analysis, OCBO realised that it was targeting the age group of 10-14 year olds in the wrong setting. Their analysis found that this age group is not found in secondary schools where they were working, but rather in primary schools. OCBO is now adding primary schools to their projects.

In regards to data sharing, OCBO now distributes data to district departments such as the District Health Office and have provided valuable information to improve planning at the district level.

Good data management has also enabled OCBO receive further funding for other projects. Notably, CSF facilitated a baseline survey and end of year project evaluation report, which together with other data collected enabled OCBO access funds to implement an HIV and AIDS Induced Child Labour Project by ILO/IPEC.

Participants engaged in an action planning exercise during a training session
Web-based data entry increases UYF’s efficiency

Uganda Youth Forum (UYF) is a non-governmental organization founded in 1992 with the vision of “An empowered, healthy and focused youth”. UYF implements youth empowerment and HIV prevention interventions through youth conferences, parenting seminars, dialogue, policy advocacy and research, and peer-to-peer education. CSF supports UYF’s HIV and AIDS prevention project among the out-of-school youth in Mubende and Mityana districts.

At the start of the UYF project in 2008, the UYF Monitoring and Evaluation Officer, Elizabeth Nuwe would receive completed forms from field officers and enter data into an spreadsheet before sending it to CSF. However, this method was fraught with challenges. “Errors were common when transferring data from the form into the Excel sheets, and it would take three weeks to complete all the work,” Nuwe says.

In 2010, CSF introduced UYF to the web-based data entry methodology. UYF, with support from CSF then bought three internet modems along with sufficient bandwidth, and hired two data entrants to facilitate the new approach. CSF then invited Nuwe to a capacity building workshop where she received training on web-based data entry. The training was followed with on-the-job coaching, particularly teaching her on how to analyze data using Ms Excel pivot tables, and present it using charts and tables.

“I adopted the use of pivot tables since they are easy to use, yet powerful tools for data analysis and management. Since receiving CSF’s training, our data entry, retrieval, analysis, and interpretation has been an opportunity for learning and growth, as well as efficiency in data management, and utilization of the data in programming,” Nuwe says.

As a result UYF has made strategic decisions in terms of human resources, procurement, and setting target areas. They took a decision to increase the number of peer facilitators from 150 to 180 in order to reach out to the community more effectively, and also increased their project target areas from 9 to 13. 2011, they exceeded their target of reaching 4,500 youth with abstinence messages and reached 5,404 youth.

Two years down the road, Nuwe says the method is worthwhile because of the faster data entry and report generation; the reduced risk of data loss or damage; and the ease with which mistakes can be corrected, if any. “Work has become easy – it now takes me three days to complete my data entry and submission” She adds, “Our success with the web-based data entry would not have been possible without the technical support and encouragement from the CSF. We thank them for the promptings, feedback on reports, and technical support supervision in the far off areas of Mityana and Mubende.”
Consistent mentorship of sub-grantees by the CSF is helping improve their monitoring and evaluation (M&E) skills. The number of organizations that make well informed decisions using data has more than doubled since 2009 (from 23% to 54%).

In June 2010, the CSF visited Reproductive Health Uganda (RHU), one of the fund’s sub-grantees, and provided on-job training, mentoring and coaching to the M&E personnel with the aim of improving M&E systems.

Key gaps and challenges that RHU encountered included; failure to use the standard CSF data collection tools, use of untrained data collectors, lack of data quality assurance measures, inadequate filing systems, poor quality reports, and the inability to use data for programmatic and organisational decision making.

The visit was followed up with regular supportive emails and telephone calls, and a facility visit in 2011 for continued guidance on the issues identified the previous year.

During CSF technical support supervision visit to RHU, positive results of the mentorship and coaching became very evident. RHU staff were overjoyed by the changes and were eager to share their improvements with the CSF team.

The RHU Iganga Project coordinator said, “through the CSF project support, filing systems have been put in place, data collectors were trained, and we are now able to check for completeness and accuracy of data as soon as the data is submitted by the volunteers. When gaps are identified, they are immediately dealt with. He noted that they were now able to utilize the data collected to improve programming through ensuring that they target both males and females and developing messages that appeal to the target groups and ensure that behaviour change is ultimately achieved.

The project information has also been used to mobilize additional resources by providing evidence on what is happening on the ground and the impact on beneficiaries’ lives.
A lady takes her routine HIV medicine. She is one of the PLHIV receiving treatment, care and support services from a CSF sub-grantee.