

Annual Report

July 09 – June 2010



*Communication for
Development
Foundation
Uganda*



Building Competent Communities Through Communication

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CDFU	Communication for Development Foundation Uganda
HIV	Human Immuno-deficiency Virus
IRS	Indoor Residual Spraying
USAID	United States Agency for International Development
VHT	Village Health Team
Y.E.A.H	Young Empowered And Healthy



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Founders of CDFU:

1. Tushabe Basil
2. Margaret Brawley
3. Nankunda B.Allen

BOARD MEMBERS PROFILES



Anne Akia Fiedler, MPH

Ms. Anne Akia Fielder is the chairperson of CDFU Board of Directors (BoD). She is the former Chief of Party USAID AIDS Capacity Enhancement (ACE) Project and currently Country Representative, Pathfinder International, Uganda. Anne has over 13 years of experience in management, organizational communication, capacity building, behavior change and social communication. She has over 10 years of experience in designing and implementing health projects.

Bruce K. Kyerere, Esq

LL.B Hons (MUK); Dip LP (LDC); M. A (MPA); ACIS, Commissioner for Oath & Notary Public.

Mr. Bruce K. Kyerere is the Company Secretary for the BoD CDFU, and current President of Uganda Law Society. He has over 18 years of full time legal Practice & Consultancy. Mr. Kyerere is the Sole Principal & Managing Partner of M/S Kwari-Kyerere & Co. He is a member of the Uganda Law Council.



Robinah Rubimbwa

Mrs. Robinah Rubimbwa is a member of the CDFU BoD. A talented communicator and trainer, Robinah holds a Degree in MSc Management and Planning; a Diploma in Journalism and Communications Management; Honors Degree in English Language Studies and Literature; a Diploma in Education. She is currently the Executive Director of Centre for Women in Governance

Anne Gamurorwa

Anne has over 15 years of experience in developing communication and advocacy strategies at national and international levels. She holds a Masters Degree in Human and Social Development from University of Victoria, Canada; Post Graduate Diploma in Population and Development Studies from the Institute of Social Studies (The Hague); a Diploma in Education from Makerere University and a BSc from Makerere University.



Tushabe Basil

Tushabe Basil has over 10 years of experience in social marketing, advocacy, behavior change communication and community based public health program planning and implementation. He holds a Masters Degree in Demography.

Nankunda B. Allen

Nankunda has more than 13 years of experience in design, implementation and evaluation of strategic communication programs. She has a Masters Degree in Public Health Leadership, Bachelor of Arts with Education Degree and a Post Graduate Diploma in Project Planning and Management.



WORD FROM THE CHAIRPERSON OF THE CDFU BoD

CDFU continued to provide excellent services to Ugandan families and communities. With almost a decade of dedicated service, CDFU's contribution has exceeded benchmarks in the provision of high quality Strategic/Behavior Change communication (BCC) services that include design/implementation of communication interventions, training, and BCC capacity building. This report presents achievements, challenges and lessons learnt during the year.



Key achievements registered in the reporting period include; the expansion of activities to cover more districts in the country, staff development and establishment of new partnerships. All these were achieved because of CDFUs dedicated staff and commitment to empower communities improve their well-being.

CDFUs interventions are geared towards promoting the socio-economic development of communities through fighting ignorance and disease. Key program areas of focus for the organization include; Reproductive health, HIV and AIDS, Tuberculosis (TB), Malaria control, Gender, Financial Education, and Child Health.

CDFU's track record, network of partners and the evergrowing institutional capacity have been incredible in providing the necessary motivation to perform exceptionally against all odds.

On behalf of the Board of Directors, I wish to convey our heartfelt gratitude to the CDFU team, our development partners, leaders and government and officials at national, district and community levels, Non-governmental and community based organizations, together with community health volunteers for their commitment and selfless guidance that made our interventions possible. With all your support and prayers we promise to continue *Building Competent Communities through Communication*.



.....
Anne Akia Fiedler

WORD FROM THE EXECUTIVE DIRECTORS

We are delighted to share with you this report that presents remarkable success for CDFU's work in 2009/10. During the year, we continued implementing activities aimed at behaviour change and delivery of health information. Our Vision to Empower Communities Take Action To Improve Their Wellbeing is still a driving force for all the work we do.

2009/10 was very instrumental in the development of CDFU. During the reporting period, the organization expanded partnerships and began implementing activities in new locations. CDFU continued working as a partner on the following projects: Strengthening TB and HIV/AIDS Responses in East-Central Uganda (STAR-EC), Young Empowered and Healthy (Y.E.A.H) and the Peer Educators intervention under the AFFORD Project, Stop Malaria Project and STRIDES for Family Health also continued. The new partnership established during the reporting period was under the Uganda Indoor Residual Spraying Project.

At CDFU, we emphasize provision of high quality services, professionalism and utilization of interactive processes and evidence to design and implement interventions. In the reporting period, CDFU developed and implemented communication initiatives that addressed a number of health and development issues including: HIV prevention, malaria control, reproductive health and microfinance consumer education. The organization utilizes a combination of approaches that include mass media, interpersonal communication, community mobilization combining entertainment with education to positively influence the social development of men, women and children. The process of revising the CDFU Strategic Plan (2009 – 2014) was completed during the period.

Partnerships with both the public and private sector have been the backbone of our success this year. It is upon this background that we extend our sincere appreciation to all partners including government officials at national and lower levels as well as community members whose participation and cooperation made our success possible.

We are immensely proud of what CDFU achieved and we are grateful to staff for their dedication and commitment. We also wish to extend our most profound gratitude to the CDFU Board of Directors and Development Partners for the individual and collective technical and financial support respectively. The support we received enabled CDFU implement programs that have greatly influenced people's lives. We managed to reach out to even more communities in need.

CDFU Directors:



Tushabe Basil



Anne Gamurorwa



Nankunda.B.Allen



ORGANIZATIONAL INFORMATION

ABOUT CDFU

CDFU is a Ugandan-based Non Government Organization (NGO) that provides a range of specialized and professional communications services including: support, advice, training, capacity building and management for the improvement of social services and conditions in Uganda and the entire East African region. Areas of focus include: prevention of HIV/AIDS, control of malaria, reproductive health, child health and financial education. The organization has offices in Kampala and operates countrywide through existing structures.

The organization is managed by a Board of Directors with proficient knowledge in development and health communication, gender dynamics, legal affairs and business.

Vision:

Empowered Communities Taking Action to Improve Their Wellbeing

Mission:

Undertake strategic communication interventions that empower individuals, families and communities live better lives.

Core Values

- Equal opportunity for all
- Teamwork
- Mutual respect
- Excellence

THE TEAM AT CDFU

CDFU currently has a full time staff of 35 people including Executive Directors, Managers, Accountants, BCC Advisors, Project Officers, Trainers, Human Resource Officer and a Graphic Designer. CDFU has two interns who are University graduates and a two-year full time Makerere University School of Public Health Fellow.

The CDFU staff has wide experience in training, design, implementation, monitoring and evaluation of interventions that aim at individual and social behavior change. They also provide technical assistance to government departments, private organizations and individuals that provide BCC services.

TOP ACCOMPLISHMENTS

The *Top Accomplishments* and the detailed stories in this report are contributions of CDFU in partnership with other stakeholders.

Community initiative

CDFU in consultation with the District Health Office and local leaders in Mukono district identified Nsabwa village where most of the organization's interventions would be implemented as a pilot for future replication. The aim is to improve the health of the people living in Nsabwa. During the reporting period, consultative meetings were held with community members and a situation analysis undertaken to establish benchmarks and map out key areas of intervention.



*Consultative meeting
with residents of Nsabwa
village-Mukono district*

Reaching out to 130,000 people

During the year, over 130,000 people were reached with different health messages using unique opportunities like gatherings in churches, market places, social celebrations and clubs' meetings.

The conventional approach of 'one to one' interaction with neighbors, relatives, family members and friends, and addressing community meetings on health issues was also utilized. The following quotation demonstrates the impact of the peer educator's efforts:

"We used to see about 15 pregnant women and children in a week, but these days we attend to over 40 pregnant women in a week. Our immunization registers have more numbers than before and part of this is due to the peer educator intervention in our communities", In charge, Health centre III, Kabarole district)

Training and certifying Peer Educators

The Peer Educators' intervention has immensely succeeded in changing positively the behaviors and the living conditions of the people in their communities. To date, more than 800 Peer educators have been trained in 17 districts. They are equipped with health information about HIV and AIDS, malaria, family planning, child health and gender among other issues.

16 certification ceremonies were successfully conducted in 8 districts of Jinja, Soroti, Lira, Apac, Mbarara, Kabarole, Mukono and Masaka. District Health Officials, leaders, Members of Parliament and community members were among the people who graced these ceremonies. A total of 320 Peer educators received certificates during these ceremonies. Over 12,000 community members were sensitized on different health topics during the events.

Exchanging information across stations

Over 2,500,000 young people have been reached through weekly radio serial drama *Rock Point 256*.

"I do thank and congratulate you for the wonderful work you have done in transforming the lives of many in this nation. You have made me a great young man, you have made me discover the Rock in me. At first, I thought it was all about fun and leisure but when I came to be curious about Rock Point 256, I discovered the educative and life building aspect of it!", (Baker, a listener from Tororo district)



*A CDFU official
witnesses a certification
ceremony- Nama Sub
county- Mukono district*

2 rounds of live radio talk shows were held on 15 radio stations that broadcast *Rock Point 256*. The purpose of the talk shows was to introduce and explain the *True Manhood* Campaign.

3 radio adverts were broadcast on 15 radio stations focusing on phase one of the *True Manhood* campaign which positions *True Manhood* as "a man who does what it takes to protect himself and others from HIV".

52 episodes of the weekly radio drama were scripted, produced, translated in four languages (English, Lwo, 4Rs and Luganda) and broadcast on 15 local radio stations across Uganda,

"Thank you for your work done. Since 2005 when the drama began, I have really learnt a lot, I want to advise some of the characters in the drama (Vincent and JB) to avoid bad groups (peer pressure). It's high time they knew the friends they have. I want to tell Vincent that being a man does not mean drinking alcohol to that extent. There are better ways of showing that he is a man." (Akatukunda-a listener from Bushenyi district)

True Manhood Campaign:

Hundreds of people were reached in the national and regional *True Manhood* Campaign launches in Kampala, Gulu, Mbarara, Luwero, and Jinja districts. The campaign which focuses on alcohol abuse, violence against women, multiple concurrent sexual partnerships and transactional sex, challenges male gender norms.

The launches were extensively covered in print, on TV and radio. The use of puppet theatre created excitement and initiated dialogue about what it means to be a 'True Man'. During the national launch, *True Manhood* song was performed live for the first time by Ugandan artists that included; GNL, Aziz Azion, T-Bro and Lumix.

Using Trigger Videos to stimulate Behavior Change

1,000 copies of the Trigger Videos addressing alcohol abuse, "Something for Something Love" and "Violence Against Women" were produced in partnership with youth drama groups from Kamwokya Christian and Caring Communities (KCCS), Madogo Teenage Centre and Health for Youth with Parents Involved (PHI). 24 actors and actresses were trained on how to script and produce trigger videos.



GNL (Ugandan artist), Dr Kihumuro Apuuli (Director General-Uganda AIDS Commission), Anne Gamururwa (Director-Y.E.A.H Initiative) addressing a press conference during the *True Manhood* launch in Kampala)



Giving feed back through letters

Over 3998 letters from the young people in 17 districts were received and responded to. Major areas of concern for the young people included facts about HIV and AIDS, "Something for Something Love", alcohol abuse, and Voluntary Counseling and Testing.

Technical Assistance

During the reporting period, CDFU provided technical assistance in training, coordination of training events and materials development. Areas of focus included HIV and AIDS, Avian Influenza and Men and HIV.

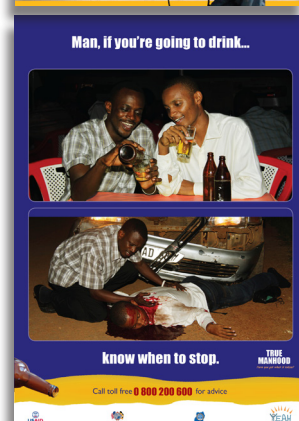
Developing Communication materials

CDFU finalized a training guide and hand book for Behaviour Change Agents, developed and disseminated fact sheets on Indoor Residual Spraying for malaria control. CDFU also designed a malaria booklet and poster for the MoH designed for the National Malaria Day Celebrations. Other materials developed included: bill boards, factsheets, banners, posters, flyers, booklets, newspaper adverts, badges and T- shirts were finalized and disseminated

Staff Capacity Building

Staff training is one of the key strategies of CDFU. The major aim of staff training is to support knowledge and skills enhancement for the staff. In the reporting period, the training program started with a staff training session that focused on leadership, emotional intelligence, time management, delegation, team work, "knowing one self" and appreciating others. 15 staff also attended several external training sessions/workshops in photography and use of camera, monitoring and evaluation, report writing, proposal writing skills, media relations plus Modelling and Reinforcement to Combat HIV and AIDS (MARCH) approach, among others.

ROCK POINT!



THE POWER OF PARTNERSHIPS

CDFU has partnered with different organizations to address health and development issues related to malaria, HIV and AIDS, tuberculosis, child health and reproductive health. The organization has developed partnerships with international and local based Non Governmental Organisations, Civil Society Organisations and Community Based Organisations to implement behavior change communication and community mobilization initiatives.

Stop Malaria Project

As a partner on the Stop Malaria Project, CDFU adopted the Village Health Team (VHT) strategy to empower communities to frontline the malaria issue on their agenda. In consultation with the District Health Offices of Masaka, Rakai and Mukono, “too hard to reach” sub counties with poor access to health services and with high malaria prevalence rates were selected. Different stakeholders at various levels namely: district, sub county, parish and village level were sensitized about the VHT intervention and thereafter selection and training of the teams undertaken.

During training, information education and communication materials including; the “grain sack” with information on malaria prevention and treatment were distributed. These materials aid the work of VHTs during their house to house and community sensitization meetings.

Uganda Indoor Residual Spraying (IRS)

Under the IRS Project, CDFU undertook mass mobilization and sensitization of communities in Northern Uganda. The spraying exercise was greatly accepted by most communities. Communication activities included meetings with district stakeholders, community film shows, interactive radio talks shows and community discussions. These sessions were moderated by District Health Educators, Local Council V and 111 chairpersons, Members of Parliament, women’s representatives and other technical people. The following quotation demonstrates positive feedback in relation to the exercise; “after my house was sprayed, I have not seen any mosquitoes”, expresses a female organic farmer, Apac district. Religious leaders in Oyam district were grateful that the project involved them in mobilizing their communities for the exercise. They pledged full support for the spraying initiative. A total of 38,588 people were reached with the IRS messages in the districts of Apac, Oyam, Gulu, Kitgum, Pader and Amuru.



Introducing the grain sack malaria flipchart to VHTs in Rakai district

District Health Officer- Apac facilitating an IRS District leaders’ sensitization meeting.



Addressing HIV and AIDS and TB (STAR EC)

CDFU is one of the partners implementing the Strengthening Tuberculosis and HIV & AIDS Response in East Central Uganda (STAR EC) Program responsible for the demand creation. Our work aims at engaging communities in educative and motivational activities thus empowering them make sound choices to improve their health. Key interventions during the reporting period for HIV & AIDS and TB prevention were done through peer-to-peer approaches, community drama events, fidelity seminars and couple dialogues sessions through home visits, among others. The demand creation activities were linked to service delivery.

Reproductive Health/ Family Planning and Child Health (STRIDES)

CDFU is responsible for Behaviour Change Communication activities of STRIDES. During the year, CDFU reviewed available RH and FP strategies developed by Ministry of Health and participated in planning for BCC interventions at district level.

A working communication strategy document that included input from a formative research was completed and disseminated to key stakeholders. Orientation meetings for health workers to BCC, IPC and use of IEC materials were undertaken in 3 of the project collaborating districts. IEC materials including brochures and fact sheets were produced and disseminated. Radio stations were contracted to undertake interactive talk shows targeting audiences within the project collaborating districts. District based activities that include community dialogues, health fairs and commemoration of special days were implemented.



Community discussions about how to increase the use of family planning services at the grass roots level

VOICES FROM THE PEOPLE

'They see what I tell them in me...'

"I draw from the conviction I have deep down in my heart..." That is what drives Eric Paul Matovu as a youth worker. Eric an employee of Kamwokya Christian Caring Community (KCCC), also a Youth Advisor with (Y.E.A.H) had previously received sensitization about HIV and AIDS which made him think that he knew every thing about HIV and AIDS. One day, he attended a workshop with Y.E.A.H which made him realize the knowledge gaps that he had about HIV and AIDS .

After the workshop, he together with peers decided to start an initiative for sensitizing young people about HIV. He says: *"Before I joined Y.E.A.H, many HIV intervention groups were using diverging approaches to pass on HIV related messages to young people. The bulk of different ideologies and themes at times left the young people confused. When I joined Y.E.A.H, I realized there was something different."* Under the initiative, young people take an upper hand in the development of communication packages for fellow peers. This process gives Eric conviction about what he sets out to tell young people in Kamwokya mainly about HIV and AIDS and behavior that puts them at risk.

Today, Eric takes pride in the fact that he has managed to encourage many young men and women to change their behavior. While Y.E.A.H's 'Something for Something Love' campaign phased out in 2006, he still gets young girls who seek advice on how to get out of relationships with older men. He admits that even if behavior change is an individual choice, it hurts a little when someone counseled fails to stop engaging in risky behavior. It is with such passion that he has to help young people to live responsibly so that they can avoid getting HIV

Kasaali Juliet, a 45 female Peer Educator living in Nyendo – Masaka shared the following experience: *"I was very delighted to be selected as Peer Educator because I am very interested in programmes that help my community."* Talking to my community members about health issues has not interrupted my other responsibilities because I do it whenever I get chance. The health issues we talk about are everyone's concern. After the training I managed to talk to my 19 year old girl about the challenges of HIV and reproductive health. I discuss health issues with my husband and we share responsibilities at home. He has confessed that I changed my way of looking at things after the Peer Educators training. Women in my community have often invited me to talk to them about family planning. I also utilise church gatherings to share information on Malaria, family planning, HIV and child health. This motivates me because people appreciate and we discuss issues that affect everyone."

What Keeps Juliet in Voluntary Work

"I live in a place surrounded with lodges and a slum with all unhygienic conditions. There are many cases of HIV, malaria, unwanted pregnancies and diarrhoea. Many of our community members take these diseases for granted and are not aware of the health services within our community. If I talk to my neighbours and friends about the health issues and refer them for services, I feel I am rendering a very important service to the community".

A health worker in Mayuge Health Centre had this to say: *"I really thank CDFU for improving the health conditions in our community. We need partners like you to help the Government and the Ministry of Health sensitize people about common health problems like malaria, family planning, HIV/AIDS and Tuberculosis, so that people stop suffering from them - We (health workers) cannot manage alone."* (Health worker, Health Centre III-Mayuge District)



KEY LESSONS

- Planning with the district health teams and leaders at the different levels is critical for the success of community interventions.
- Community Mobilization interventions have to be implemented in a systematic manner to ensure that all stakeholders participate. This process contributes to ownership of the plans, interventions and decisions under taken by the communities.

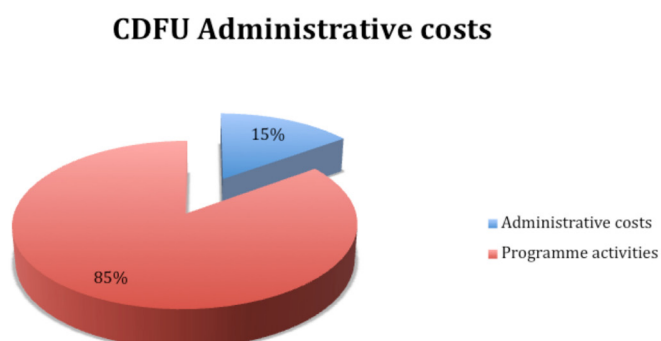
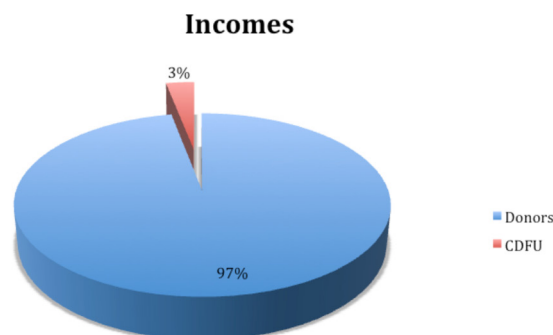
FUTURE PLANS

- Involve District Community Development Officers in planning and implementation of activities to reach more people at the community level.
- Establish a Model Village with a focus on Behavior Change/Strategic Communication interventions
- Establish more partnerships
- Build a sustainability plan for the organization

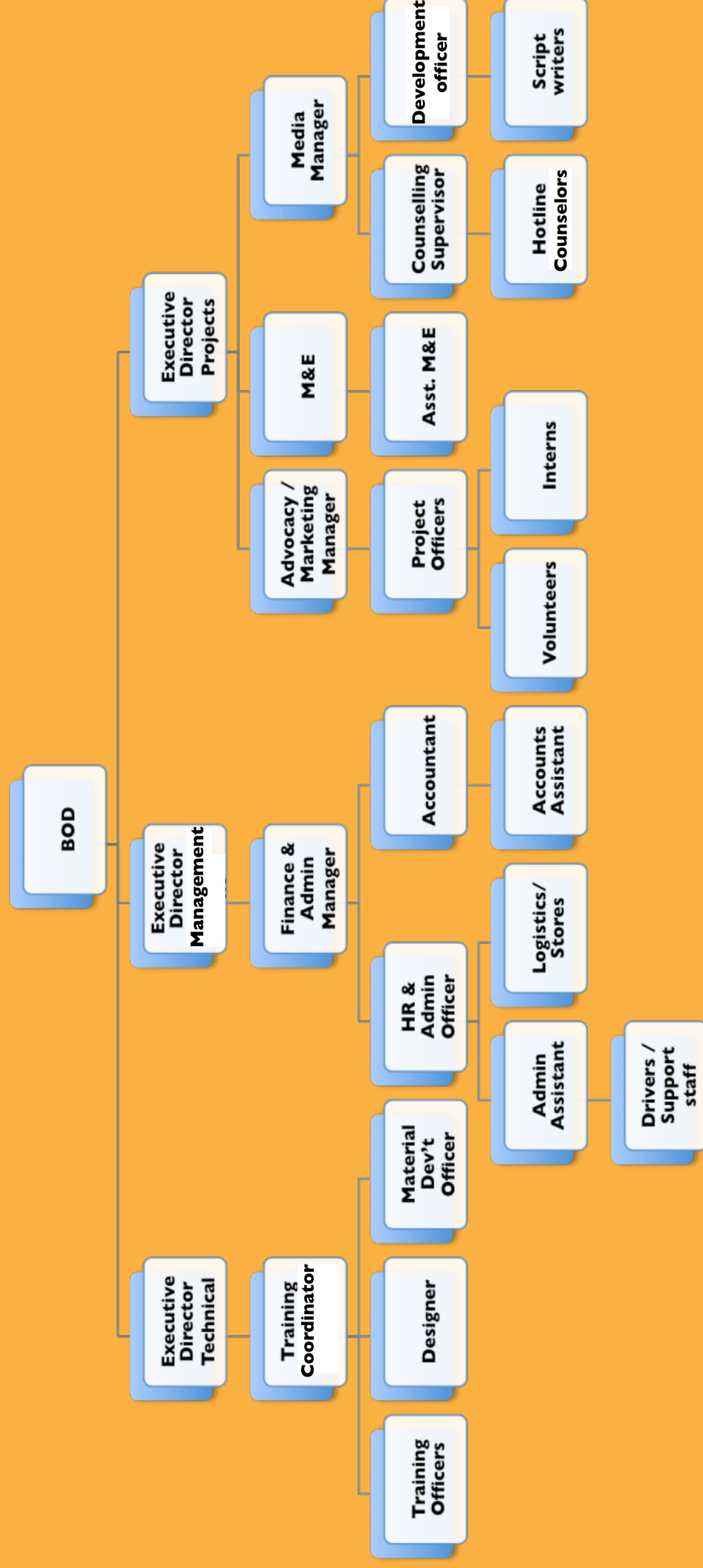
FINANCIAL STATEMENT

In the financial year 2008/2009, CDFU registered a number of Donors who contributed 97% of the total CDFU Incomes towards both Programme and Administration activities.

CDFU incurred expenditures on both Programme and Administrative costs as illustrated below:



ORGANIZATIONAL STRUCTURE





CONTACTING US

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