



*Communication for
Development
Foundation
Uganda*

CDFU



*Building Competent Communities
Through Communication*

**20
13**

Annual Report

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ABBREVIATIONS/ACRONYMS

ACDOs	Assistant Community Development Officers
ACIA	Annual Communications Innovations Award
ASRHR	Adolescent Sexual Reproductive Health and Rights
BoD	Board of Directors
CBOs	Community Based Organizations
CC	Community Connector
CS	Child Survival
DGF	Demographic Governance Facility
DHE	District Health Educator
EMTCT	Elimination of Mother To Child Transmission of HIV
ENA	Essential Nutrition Actions
FLM	Family Life Model
GBV	Gender Based Violence
HCT	HIV Counseling and Testing
ICT	Information and Communications Technology
IRS	Indoor Residual Spraying
ITU	International Telecom Union
LLIN	Long Lasting Insecticide Treated Nets
MNCH	Maternal and Neonatal Child Health
NU-HITES	Northern Uganda Health Integration to Enhance Services
OVC	Orphans and Vulnerable Children
RH	Reproductive Health
SBCC	Social and Behaviour Change Communication
SMC	Safe Male Circumcision
STIs	Sexually Transmitted Infections
USAID	United States Agency for International Development
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision

BOARD MEMBERS PROFILES



Robinah Rubimbwa

Mrs. Rubimbwa is the Chairperson of BoD (CDFU). A seasoned talented communicator and trainer, Mrs. Rubimbwa holds a Degree in MSc Management and Planning; a Diploma in Journalism and Communications Management; Honours Degree in English Language Studies and Literature; and a Diploma in Education. She is currently the Executive Director of Centre for Women in Governance and has over 15 years' experience in strategic communications development and training.



Bruce K. Kyerere, Esq

Mr. Kyerere holds 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 has over 19 years of full time legal Practice & Consultancy. Mr. Kyerere is the Sole Principal & Managing Partner of M/S Kwari-Kyerere & Co advocates. He is also a member of the Uganda Law Council.



Dr. Wilson Winstons Muhwezi, (BA.SWSA; M.Phil; PhD.)

Dr Muhwezi is a Social Work and Social Administration Graduate from Makerere University, Kampala, with a Masters Degree in Health Promotion from University of Bergen, Norway and a PhD in Medical Science/Social Science from a collaborative arrangement between Karolinska Medical University, Sweden and Makerere University. He has several postgraduate certificates in applied research to improve the health of orphans in Uganda, philosophy of science and research ethics, qualitative methods in health systems research, trans-cultural research methods and clinical evaluation, measurements in psychiatry, statistical methods and computer applications in research, socio-cultural dimensions of international health,

information competence and management, social and cultural psychiatry, scientific writing, health research ethics and many others. As an Associate Professor in the Department of Psychiatry, College of Health Sciences Makerere University, he has accumulated experience in research and training, especially about the interface between social science and health sciences.

Joseph KB Matovu

Mr Matovu is the Training Manager for the Makerere University School of Public Health (MakS PH)-CDC Fellowship Program; he is an Honorary Lecturer. Mr Matovu holds a Masters of Health Sciences degree in International Health from the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA and a Bachelor of Arts in Social Work and Social Administration from Makerere University, Kampala, Uganda. He is a Behavioural Scientist by training, with special interests in Behaviour Change Communication (BCC) Programs. He boasts of over 16 years of HIV/AIDS research. He is a member of the International AIDS Society, African Network for Strategic Communication in Health and Development (AfriComNet), and Uganda Society for Health Scientists, among other bodies.



Stephen Openy

Stephen Openy is a community development worker with experience spanning over 7 years in planning, implementing, monitoring and evaluating interventions targeting young people and other vulnerable groups such as the disabled and the elderly. He has offered excellent leadership services in Uganda Red Cross Society, the leading humanitarian organization in Uganda at National, Regional and Branch levels in different capacities. Further, he passionately mobilizes young people and empowers them to be leaders of their own



development by involving them in HIV&AIDS awareness campaigns, drug abuse reduction and rehabilitation drives and community services among others. Furthermore, as one of the pioneers of the Young Peoples Advisory Group (YAGs) at the inception of the Young Empowered and Healthy (Y.E.A.H) Initiative, he helped to create and build partnerships among organizations. Later on he was appointed as Focal Person for the Eastern Region Lead Organization (Uganda Red Cross Society). Stephen has also inspired many through counselling and motivational speech. He ably translates his skills and knowledge into action, and therefore continuously influences the landscape of youth development in Uganda.



Basil Tushabe

Mr. Tushabe holds a Masters degree in Demography (Makerere University) and obtained further training in Strategic Communication from Johns Hopkins University Centre for Communication Programs (USA) and the World Bank. Tushabe has over 13 years of experience in Behaviour Change Communication, Program Development, Management and Evaluation, with specific focus on malaria, sexual, reproductive, child and maternal health programs. He has additional experience in social marketing and community based public health program planning and implementation. Tushabe has additional experience in planning and execution of community mobilization interventions, training in program development, management and evaluation. He has supported several high profile organizations and projects.



Nankunda Babihuga Allen

Ms Nankunda has a Masters in Public Health Leadership (Uganda Christian University, Mukono), Post Graduate Diploma in Project Planning and Management (Uganda

Management Institute) and Bachelor's Degree in Education (B.A/ Education) from Makerere University. Nankunda received training in Social and Behaviour Change Communication from Johns Hopkins University/Centre for Communications Programs, World Bank, and NYU Steinhardt School of Culture, Education and Human Development (*Integrated Marketing Communication for Behavioural Impact [IMC/COMBI] in Health Development*). She has provided Social & Behaviour Change Communication support to programs in Uganda and abroad. She has over 15 years' experience in strategic/behaviour change communication that includes designing communication strategies, development of communication materials and capacity building in BCC.

Anne Gamurorwa

Ms. Gamurorwa holds a Masters Degree in Human and Social Development from the University of Victoria, Canada; Post Graduate studies in Population and Development from the Institute of Social Studies (The Hague), a BSc and concurrent Education from Makerere University. She received training in Behaviour Change Communication from Johns Hopkins University/ Centre for Communication Programs, World Bank and GlaxoSmithKline. Ms. Gamurorwa has over 15 years' experience in developing communication and advocacy strategies at national and international levels. She also has a hands-on experience in BCC and adult training and has offered technical assistance to several organizations to build institutional capacity.



FOREWORD BY CHAIRPERSON OF CDFU BOD

I am delighted to share with you the CDFU annual report 2013 that reflects progress and achievements registered by our organization during the year. Communication is a key component for health and development. CDFU continues to champion innovative communication approaches to reach marginalized groups.

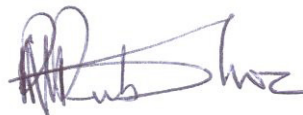
During the period, CDFU continued to utilize a mix of media channels and approaches to reach the intended audiences. These included: interpersonal and group communication, edutainment, mass media, development and dissemination of communication materials and community mobilization. All these processes used research to guide and inform programming, as well as engaging with key stakeholders including the target audiences during the design and implementation of interventions. We also embarked on developing a new Strategic Plan (2015 – 2020). This process started with a review of our current Strategic plan (2009 – 2014).

During the year, CDFU in collaboration with UNICEF and Straight Talk Foundation won the 1st prize for the Digital Content category under the Annual Communications Innovations Award (ACIA 2013) organized by Uganda Communications Commission (UCC). The ACIA awards

is an initiative of UCC aimed at promoting greater local involvement in developing innovative products, services and content.

As an organization, we owe our achievements to the continued support and guidance from Government ministries and departments, our donors, civil society partners and above all, the communities that we serve. CDFU's work has continued to be relevant in helping individuals and communities adopt practices to improve their lives. I would like to register sincere appreciation to CDFU staff for their commitment and hard work, you are an amazing team and i am proud of you. I also acknowledge colleagues, members of the Board for continuing to steer CDFU in the right direction.

In solidarity,



Mrs Robinah Rubimbwa
CDFU BoD Chairperson



FOREWORD BY CDFU EXECUTIVE DIRECTORS

The year 2013 was very successful. We are grateful to the BoD and members of the organization for guidance, and staff for dedication. We are thankful to the donors, stakeholders and partners for the support received during the period. The audiences and communities we serve remained the centre of focus for our interventions. As an indigenous organization, we continued to utilize our expertise to implement programs relevant for the communities in need. Our interventions “touched” people of different ages based on their priorities.

During the year, we continued to explore avenues in new areas and established new partnerships. The report shows the work accomplished under the different projects implemented across all the regions of Uganda. At CDFU, we are committed to implementing social and behaviour change communication interventions that impact on people’s lives. The testimonies provided by people at grassroots level through their stories as highlighted in the report kept us informed about the progress and need to invest more resources in facilitating behavior change focusing on health and development issues.

In the year, we were able to share our work with other people at different forums both at national and international levels.



A handwritten signature in blue ink, appearing to read 'Basil Tushabe'.

Basil Tushabe



A handwritten signature in blue ink, appearing to read 'Nankunda Babihuga Allen'.

Nankunda Babihuga Allen



A handwritten signature in blue ink, appearing to read 'Anne Gamurwa'.

Anne Gamurwa

We are happy to note that CDFU supported and took part in both national and International events. CDFU also show-cased *Healthy Choices* intervention among key national and district stakeholders- the project beneficiaries from Moroto and Kanungu districts shared testimonies about how they had experienced positive changes as a result of being exposed to the messages on reproductive health and women's empowerment. Our participation in all these events was an opportunity for networking , information and knowledge sharing. The staff at CDFU enhanced capabilities in different areas. The visits to different organizations at national and international levels engaged in similar work provided opportunities for learning.

We thank the staff for their dedication and the team spirit that makes CDFU keep together as a "family." Best wishes as we continue to work towards empowering communities to take action to improve their wellbeing!

ORGANISATIONAL INFORMATION:

Communication for Development Foundation Uganda (CDFU) is a Ugandan based Non-Governmental Organization (NGO) that was established in 2002. CDFU has wide experience in design and implementation of high quality Social and Behaviour Change (SBCC) programmes for health and development. Areas of focus include: reproductive health; child health; nutrition; HIV & AIDS; water, sanitation and hygiene (WASH); financial literacy, gender and civic education. We provide a range of specialized and professional SBCC services including advice, direction, training and management.

CDFU implements projects country-wide utilizing existing structures that include: local government structures, Community Based Organizations (CBOs) and other community structures/networks. We utilize world proven processes that emphasize evidence-based programming and participation of stakeholders

CDFU's Vision is: Empowered communities taking action to improve their wellbeing.

Our Mission is to undertake strategic communication interventions in order to empower individuals, families and communities live better lives.

CDFU's expertise can be summarized as follows:

Design of Communication and Advocacy Strategies: CDFU designs and implements evidence based strategies addressing a range of issues including; HIV prevention and treatment of AIDS; malaria; reproductive health, child health, tuberculosis (TB), financial literacy and civic education.

Capacity Building in BCC: CDFU has extensive capacity in developing training programmes, guides and tools for partners, organizations and communities. CDFU also facilitates trainings including training of trainers and peer educators who provide skills and information on a range of health and development issues to target audiences and the communities.

Community Mobilization and Empowerment: Utilizing innovative participatory approaches and working in partnership with districts, leaders, Village Health Team members (VHTs), CBOs and networks, CDFU mobilizes communities and equips them with knowledge and skills to take action aimed at social and individual behavior change. CDFU utilizes a mix of media, channels and approaches.

Development and Production of Communication Materials: CDFU has a well-established design unit with the capacity to produce high quality, ready to print Information, Education and Communication (IEC) materials. All materials designed undergo pre-testing among representatives of the target audiences before production and dissemination.

Radio Programmes: Utilizing evidence gathered from different Ugandan communities, CDFU develops interactive talk shows and radio drama serials/series designed to stimulate discussion and adoption of healthy practices. The strength of the radio programmes lies in “modeling” positive behavior through transitional characters rather than “Instruction to Action.” Listeners to the radio programs are closely linked to a Toll-free Hotline for more information, counseling and referral.

PROGRESS AND ACHIEVEMENTS DURING THE PROGRAM YEAR

REPRODUCTIVE HEALTH

Healthy Choices Radio Programme

Since 2011, CDFU has been implementing *Healthy Choices* radio programme under the 7th Government of Uganda/ UNFPA Country Programme. The project focuses on three strategic areas of the 7th Government of Uganda/UNFPA Country Programme namely: Population and Development, Reproductive Health and Gender. In 2013, *Healthy Choices* radio programme was implemented in eight UNFPA grant receiving districts of Karamoja, West Nile, Teso, Northern, Central and South West regions. The radio programme addresses Family Planning (FP); pregnancy and maternity care, Gender Based Violence (GBV) management and prevention; reproductive rights and women's empowerment; and young people and vulnerable groups (includes teenage pregnancy, STIs, HIV) in an integrated manner.

During the reporting period, CDFU developed an integrated radio Design Document that guided production and broadcast of programs. The programs were broadcast in 6 languages on

6 radio stations covering the implementing districts. Part of the radio airtime was utilized by UNFPA implementing partners including Reproductive Health Uganda, Marie Stopes Uganda, Uganda Red Cross Society and the districts to mobilize for reproductive health services and outreach camps.

Knowledge Sharing and Exhibitions

Healthy Choices project held a knowledge sharing breakfast meeting involving key stakeholders and the media. At the meeting, CDFU shared a documentary of the project activities and testimonies from the field (Karamoja region and Kanungu district). *Healthy Choices* project participated and exhibited at the Safe Motherhood Day in Apac, International Youth day in Mukono, National FP stakeholders' meeting and RH breakfast meeting. CDFU also made an oral presentation on *Healthy Choices* project interventions at the International FP Conference in Addis Ababa, Ethiopia, November 11-15, 2013.

Orientation and Mentorship:

The program oriented the District VHT trainers in the 8 districts on GBV and Youth: 124 district trainers and 83 youth peer educators from Uganda Red Cross Society were oriented by master trainers from Ministry of Health (MoH). Involving youth in the orientation was aimed at increasing youth participation in the radio programme.

CDFU continued to mentor radio presenters and producers from the 6 partner radio stations on production techniques for recording radio drama, collection of “community voices” and post production of the radio programmes.

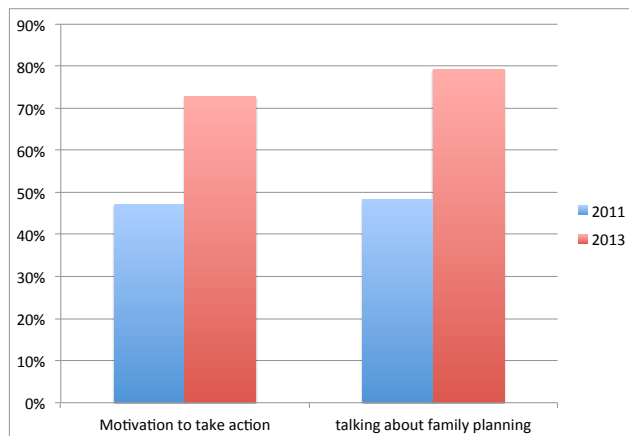


Healthy Choices radio program listening group in Lodwar, Kaabong district

Exposure to *Healthy Choices* messages and motivation to take action

According to the 2013 evaluation, exposure to *Healthy Choices* radio programme messages influenced and motivated listeners to take action to improve their health. Overall, 72.7% (n= 854) reported having been influenced by the programme to take action. The actions included: decision and/or consideration to start using family planning, going for ANC visits, communicating with the partner about family planning, observing good feeding for infants and pregnant mothers, and taking children for immunization.

Impact of *Healthy Choices* programme



SUCCESS STORY

Healthy Choices inspires Nakori to use family planning

“Eripipi” is a local name for a shelter prepared for local meetings. The shelter is built using dry reeds, fiber with sisal, poles and sorghum stalk that beautifies the roofing. The inside environment is normally cooler even with scorching sun. A cashew tree is another home for the meetings, it has huge branches with wide spread leaves and yellow flowers crowning its top. Located in Kaabong district, this place is a meeting point for Atosioma Kapilanbar radio listening group comprising of 18 members. Members gather and converge half an hour in advance bracing to listen to *Healthy Choices* from 5-6 pm on Wednesday. The programme is broadcast on Nenah FM based in Moroto district. 25 year old Nakori Betty is among listeners. She joined the group in December 2012.

Nakori is a mother of four children and a resident of Kaabong town council. She says that giving birth to many children is socially acceptable; she admits she lacked knowledge on family planning and child spacing in the past. The radio package especially the drama educated her and other listeners about how it is difficult to take care of many children if the parents have meager resources.



“

After listening to *Healthy Choices* programmes addressing family planning, I appreciated the beauty of child spacing. I was able to rest from pregnancy and also gave my children appropriate time and care as a mother as compared to a mother who has the burden of looking after many children,” she narrated.

“Previously I was giving birth every other year because I was ignorant about child spacing and its benefits. At the end of the programme, Nakong Rose, the Village Health Team leader guided the discussions with members. Contributing to the discussion and sharing ideas helped me become knowledgeable about fertility control,” Nakori said.

But now, she knows that family planning helps couples in child spacing. She gained the knowledge from the *Healthy Choices* discussions she has been attending since 2012. *Healthy Choices* not only inspired but also motivated her to use a method of family planning. She got the method from Kaabong hospital in 2013. “I feel good the family planning option has helped me to realize child spacing. I love the freedom and peaceful mind,” a relaxed Nakori shared.

Adolescent Sexual and Reproductive Health and Rights (ASRHR)

The ASRHR project is implemented by CDFU in partnership with Plan Uganda and Plan UK in Lira and Alebtong districts of Northern Uganda (2011-2014), with funding from SIDA. The project’s primary target population is adolescents (13

to 19 years of age) both in and out of school. In addition, secondary influencers including parents, opinion leaders and professional health workers are also targeted to create a conducive environment for project success and sustainability. The project aims at increasing access to sexual reproductive health information and services among adolescent girls and boys.

Reaching out to adolescent using different approaches and tools

During the year, CDFU through the ASRHR project reached out to adolescents using different approaches and tools. The project strategically utilized multiple behavioral change communication approaches and participatory tools that included: peer to peer education, improving skills of professional health workers in addressing adolescent sexual reproductive health, radio talk shows, comic books, facts sheets, “hop skip and jump” game, “sexual network” game and orienting opinion leaders on ASRHR to create an enabling environment for young people.

CDFU supported peer educators to effectively conduct peer to peer dialogue sessions. They in turn reached a total of 29,369 young people. The peer educators used designed participatory tools to pass on the messages to



One of the peer educators using the designed "Jarawee Apron" on growth and development to educate her peers-Aler parish, Ogur sub-county, Lira district

adolescents. The tools were utilised to facilitate group discussions and helped adolescents make informed decisions in a participatory and entertaining way.

Through parents' dialogue sessions, the project oriented secondary influencers including parents, opinion leaders, faith based leaders and professional health workers in order to create a conducive environment for project success and sustainability. The project further trained senior male and female teachers, head teachers from selected ten schools

in the project area, inspectors of schools and District Community Development Officers (CDOs) in ASRHR to conduct dialogues with the in-school adolescents.

Under the project, CDFU also organized reproductive health education and family planning clinics based at health centers and community level. Married adolescents aged 15 to 19 years were provided family planning methods of their choice.

Radio talk shows on growth and development, life skills,



Young people using the “Sexual Network” game for learning -Apala sub county Alebtong district



Adolescent boys and girls in Ogur sub-county- Lira District discuss ASRH issues with Hotline counselors



A health worker conducts health education during a family planning clinic in Abia sub county –Alebtong district

GBV, STIs, ASRH rights and teenage pregnancy were also broadcast. The radio talk show guest speakers/experts discussed key ASRHR issues and also lobbied for changes in policy so as improve the wellbeing of the young people in regards to their ASRHR issues.

Link young women and men to the Toll free Hotline 0800 200 600

In 2013, the Hotline registered a total of 2,388 callers (1,893 males and 495 females) from Lira and Alebtong districts seeking information, counseling and referral on ASRHR related issues. The callers either called as individuals or as a group ranging from 20 to 25 people.

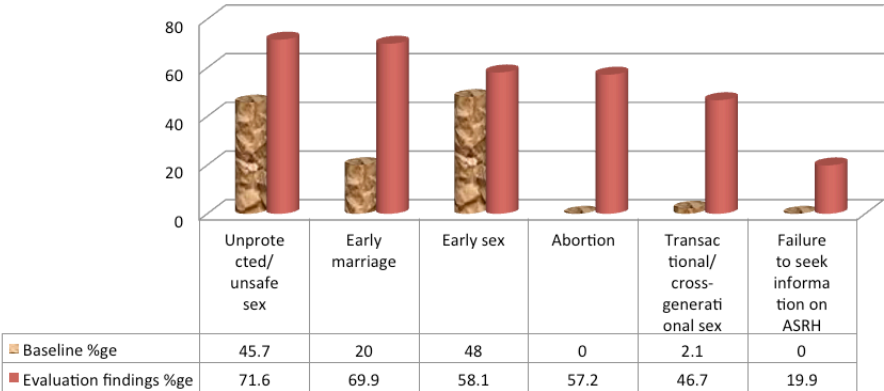
The initiative has had impact on adolescents' attitudes, knowledge and practices. The end of project evaluation of 2013 found that:

- More adolescents reported they now know where to go for services, an increase from 22% at baseline to 52% during the time of evaluation survey. The survey further established an increase of 68% in relation to utilization of HIV counseling and testing. The young people utilize health centers, peer educators, Hotline services and school

health clubs to seek information and ASRH services.

- Awareness of risk is necessary if one has to change behaviour. The survey found a huge increase in knowledge of risky practices with seven in every ten adolescents surveyed mentioning unprotected sex, and early marriage, early sex and abortion as risky practices.
- Self-reported actions taken as a result of project interventions included: abstinence from sex at 60% tested for HIV at 29.3% condom used at last sexual encounter at 39.2% and staying faithful to one partner at 22.2%.

Adolescents' Knowledge of Risky Sexual Reproductive Practices



STORY



“The peer educator’s sessions influenced my behavior”

Okabo Jimmy.

Jimmy says he was a drunkard, smoker and womanizer. Whenever he would go home it would be a problem because food was never enough for him. This brought problems between him and his sisters. He would “drink” the school fees and as a result his parents stopped paying his school fees when he was in senior two and he dropped out of school. He took on other bad habits like stealing with the bad groups that he had joined in his village. One day, he together with his group mates went to steal from a certain man but unfortunately they were caught in his house and taken to police. His mother had to sell a cow to get money so that he is released, which money could have been used to pay his fees.

In 2012, one of the peer educators called Denis Okeng was mobilizing for his activity and invited Jimmy to attend. During the session, the topic for discussion was alcohol. The peer educator was using a chart called the “alcohol flip chart.” Jimmy listened very carefully since the topic addressed the alcohol challenge that he was going through, especially the dangers of alcohol and smoking. The young people were told that drinking and smoking can cause cancer and the flip chart

had pictures that showed exactly what would happen to a person who kept drinking and smoking. From that day, Jimmy decided to rethink about his drinking habits. He took a bold decision and stopped drinking and smoking after realizing that these habits were destroying his future. He said he is sober and now looks like a “human being.” His hair is even short and smart because before then, it was always long and not combed. Jimmy says he was really badly off and many people in his village can’t believe that it’s him when they see him now. His life is good and his mum is happy and has told him to look for a school of his choice. Jimmy is happy because he is going back to school.

He said he has learnt a lot and he is using the knowledge he gained from the peer education sessions to help his sisters and other peers. He educates his peers about the dangers of alcohol.

He is a happy boy now and it’s because of the ASRHR project. It saved him and he wants to continue so that other young people like him in other sub counties can benefit.

Behavior Change Communication for Reproductive Health/Family Planning and Child Survival (CS) services

CDFU continued to spearhead the Behaviour Change Communication and community mobilization interventions for the STRIDES for Family Health project. STRIDES was implemented in partnership with other organisations, led by Management Science for Health (MSH). Activities implemented included community and health facility dialogues; health facility activations; interactive radio programs and short TV dramas; production and dissemination of Information, Education and Communication materials; and building the capacity of Community Based Organizations (CBOs) and community health care workers in BCC.

Community dialogues:

CDFU conducted community dialogue sessions across all the 15 STRIDES project districts. The dialogues unearthed a number of issues that were still a challenge for the communities in accessing health services. These included: perceived side effects related to FP methods, low male

involvement in FP/RH, some religious leaders discouraging people against FP use, plus myths and misconceptions surrounding FP methods. Referrals for correct information and services were emphasized during the dialogues as a strategy to minimize the myths and misconceptions about RH/FP services. In addition, interventions were linked to the toll free Hotline that was accessed by those who needed information, counseling and referral.

Health facility-based dialogues:

The facility-based dialogues conducted with community members and health facility staff focused on challenges facing maternal and child health service delivery and utilization at selected health facilities. Participants included health workers and members of the Health Unit Management Committees. Some of the prominent issues that were raised during the dialogues included: under-staffing at health facilities, health worker absenteeism and poor time management, congestion and stock outs of FP products and other essential drugs.

Health facility activations:

Most of the activations focused on disseminating nutrition messages (“Essential Nutrition Actions”), performing the nutrition-focused forum theatre skit and carrying out food demonstrations using locally available foods.



Mother explains the importance of the food being displayed on the table during a nutrition fair in Kamwenge district

Model families and male champions:

The BCC teams worked with 169 model families and 222 male champions to promote positive behaviors among men and women of child bearing age in their communities. The champions were selected based on their commitment to change and intention to sustain the desired positive behaviors. The positive practices that they were judged against during the selection and verification process included: ANC attendance (at least 4 visits) immunization of children under five (the child health card served as

evidence); and use of a modern family planning method that was confirmed through testimony and the spacing observed between the children.

Nutrition fairs:

The nutrition fairs included health education and cooking demonstrations on how to prepare “ekitobero” (“food mix”) by villages that had benefited from the PD-Hearth program. PD-Hearth is a low cost nutrition model implemented at community level by using locally available foods to treat and prevent malnutrition.

Radio talk shows and TV programs:

Two local TV stations (NTV and Bukedde) were contracted to air 52 “Oli Stede?” short dramas. The dramas promoted positive practices such as use of FP, ANC attendance, Immunization and good nutrition. In addition, 2,256 short dramas and 146 thirty-minute pre-packaged radio shows were broadcast on 15 FM radio stations in different local languages: Lukonzo, Luganda, Runyankole-Rukiga, Ateso and Lusoga.

IEC materials:

CDFU developed and re-produced an assortment of IEC materials for the STRIDES project. The materials were disseminated to different audiences including health workers, leaders, VHTs and members of the community.

Building capacity of CBOs and community health care workers in BCC:

A total of 340 officials of community based organizations and drama groups received capacity building through orientation workshops on community BCC. They undertook mobilization and implementation of some of the BCC interventions at community level such as follow up of model families and male champions, community dialogues, forum theatre, mobilizing for nutrition fairs, facility activations and facility dialogues.



Ben Katende, a Clinical Officer, facilitates a health education session on nutrition at Mpigi HC IV, Mpigi district.

“

As a member of the Village Health Team, I now have skills to help me in communicating to community members especially the rich ones. You know, it has been hard for us for example to convince a rich man with a malnourished child to take him or her to the health facility for screening. With these skills, I won't 'fear' them again.” VHT, Mayuge district.

MALARIA PREVENTION

Mobilizing Communities for Indoor Residual Spraying

The Uganda Indoor Residual Spraying (IRS) phase II project is implemented by Abt Associates, Inc in partnership with Communication for Development Foundation Uganda (CDFU). Project activities were carried out in 10 districts in Northern Uganda. CDFU provided expertise and support for information, Education and Communication (IEC) and Social and Behavior Change Communication (SBCC) activities for the IRS interventions.

During the year, CDFU conducted the following activities:

Social Mobilization and Education for IRS:

CDFU trained district health educators and representatives of CBOs/NGOs from the 10 project districts. The training focused on social mobilization for IRS and key steps towards establishing structures for sustainability of IRS at the district level. Promoting integration of IRS by existing local CBOs/NGOs and government structures is key in ensuring sustainability of the intervention. CDFU also oriented district leaders on community mobilization and



District Health Educators planning IRS community mobilization activities

sensitization. The district leaders in turn utilized interactive talk shows, community platforms and meetings to promote IRS.

More than 590 Sub-county IRS committee members were also oriented on social mobilization. They remained a vital structure to supplement the already existing Village Health Teams (VHTs) and Local Council structures in community mobilization for IRS. Interpersonal communication provided an opportunity to freely talk to household members about issues that would prevent them from accepting IRS. The

committees delivered clear, concise, consistent messages to communities regarding IRS before, during and after the spray round. Community mobilization contributed greatly towards the successful coverage of the spray intervention in the 10 districts.

Communicating through radio:

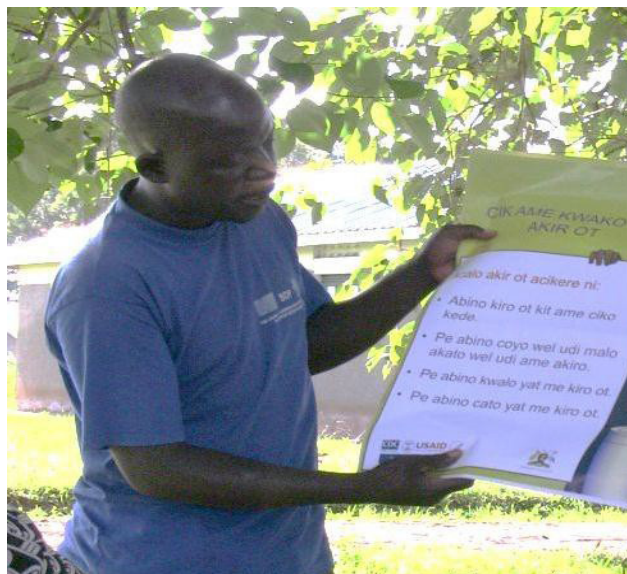
CDFU continued organizing interactive radio programs involving guest speakers from each district. Interactive radio talk shows and radio spots help in strategic social mobilization. A total number of 60 interactive radio talk shows and more than 500 radio spots were aired on 10 district based stations.

IEC/BCC Material message dissemination:

During the year, messages were delivered through different communication channels to reinforce other platforms. Messages disseminated focused on the importance of IRS, and responsibilities of household members and spray operators among others.



District Health Officer Kole district Dr. Awanyo James, participates in an interactive talk show on Unity FM radio station



A community mobiliser displays a material promoting IRS

Local Leader Champions Indoor Residual Spraying

As the last born in a family of 17 children, Mr. Okae Bob's memory of the burden of malaria in his home district of Apac is still fresh. In his large family that included orphans under his care, every month at least four family members fell sick due to malaria. He often had to travel to Star Clinic in Lira, about 20 kilometers away from his home, and spent around Ug Shs: 37,000/= for each malaria case, making his average monthly expenditure on malaria treatment over Ug Shs: 148,000/=. Mr. Okae also helped his neighbors, who came to him seeking financial assistance to take their loved ones to the clinic.

When Indoor Residual Spraying (IRS) was introduced, Mr. Okae Bob as a Local leader in Apac district opposed spraying. He feared that the insecticides would be harmful to people's health and the environment. He believed that use of bed nets alone was adequate. In the first year of the USAID-supported IRS project, even though Mr. Okae noticed that fewer community members came to ask for help, he never reflected on what had caused that change. He did not have his house sprayed, and occasionally used bed nets. In the subsequent rounds of spraying, when his houses were sprayed, the story was different: his children stopped falling sick; and he then



understood why community members had stopped coming to seek help. Malaria had reduced dramatically.

“I cannot remember when I last treated malaria in this home, or when I last went to the Star Clinic to get malaria treatment for my family” he remarked.

Today, Mr. Okae is a great promoter of IRS. He urges his people to take the intervention seriously and make sure their houses are sprayed. Equally importantly, he encourages spray operators to be patient and persistent with the community especially during farming season to ensure that all houses are sprayed. He pledges to continue mobilizing the community for increased IRS uptake.



Health Assistants demonstrating LLIN usage to the Children of Kkindu P/S, Masaka district

Community Mobilization to Stop Malaria

Communication for Development Foundation Uganda (CDFU) is one of the implementing partners of the Stop Malaria Project (SMP). The Stop Malaria Project is a six year project funded by United States Agency for International Development (USAID). SMP is implemented by a consortium of organisations led by JHU/CCP. CDFU continued to take lead on the community mobilization activities for malaria control in 10 districts in central region, mid-west region and Teso region.

During the reporting period, CDFU worked with 122 Health Assistants (HAs) to reach out to 300,000 primary school

pupils; community groups, households and community members.

Community mobilisation activities aimed at promoting consistent LLIN usage, early diagnosis and treatment behavior, improved uptake of Intermittent Preventive Treatment in pregnancy (IPTp) and male involvement.

CDFU continued to support 610 primary schools. The school health component used malaria education in primary schools to build competence among pupils, teachers, and school management to reduce malaria in their communities

through implementation of child friendly activities that included songs, poems, drama/skits and debates. Children acted as powerful carriers of messages taught in schools. They shared knowledge learnt with their families, peers and the surrounding community.

The school health malaria program provided support to the school management to take the initiative to protect their pupils and communities from the effects of malaria. One of the achievements realized in the year was that a policy for all boarding students to have a mosquito net as a requirement was instituted in Jamella Primary School, Soroti district; a mosquito net was added on the school requirements for the boarding section.

During the reporting period, the Uganda National Primary Music Dance and Drama Competitions were performed. CDFU supported schools to actively participate in the competitions with 3 primary schools making it to the national level for the grand finale. The competitions served as a platform for reaching out to children in schools and their communities with effective messages on prevention, early diagnosis and appropriate treatment of malaria.



Atuhairwe Maureen (HA), helps a mother sew her net



Pupils of Kkindu Primary School, Masaka district, performing a folk song during the district competitions

HIV & AIDS

Creating demand for TB and HIV & AIDS prevention, care and treatment Services.

Social & Behavior Change Communication (SBCC) and community mobilization interventions were premised on the integration platform of STAR EC including HCT, eMTCT, TB, VMMC, Care and Treatment, OVC. The interventions included: interactive radio talk shows, conventional approach of one to one carried out by the “linkage facilitators,” edutainment community activities, and dissemination of IEC materials. CDFU continued to support community mobilization through innovative edutainment approaches; VHTs by provision of IEC materials; and orientation and training of religious and cultural leaders. All activities performed in the year aimed at facilitating behavior change.

Promoting HIV prevention in the general population:

Different communication approaches including: live radios talk shows; announcements; spots/jingles; toll free Hotline; and print materials were used to reach the

general population with TB and HIV&AIDS prevention, care and treatment messages. The aim was to increase risk perception and facilitate behavior change.

An eMTCT awareness and sensitization intervention among community members was carried out in the project districts. Cultural and religious leaders were identified and trained in 9 districts to help in mobilization of the general community. A total of 890 participants were trained and provided with the IEC materials to aid them during the mobilization exercise.

Working with empowered individuals to influence communities

The presence of “linkage facilitators” in the community opened a new front of utilizing unique opportunities to conduct health discussions, education and sensitization in communities.

Community structures such as VHTs, ‘expert clients’ and peer educators were utilized to provide continuous risk reduction counselling and follow up in communities during social gatherings/celebrations and club meetings. This enabled them to have personal contact and tailor

communication messages to respective needs of their communities. This interpersonal approach contributed to improved health seeking behavior.

Socially promoting condoms targeting hot spots and recreational facilities:

The program increased availability, accessibility, knowledge, as well as de-stigmatizing condom use among key populations and the general population. The key approaches used were: 'condom karaoke,' installation of condom dispensers at recreational places, community condom activations during integrated outreaches, and "peer-to-peer" condom education and distribution. Special efforts to promote female condoms were made by training 130 health workers on promotion and equipping them with flip charts and pre-recorded CDs to aid education and demonstration of female condoms.



Religious and Cultural leaders undergo training in Kaliro district on eMTCT



A VHT conducting health education session during ANC in Bwondha Health II in Mayuge District



A crowd keenly observes and listens to messages from puppets during skit performances at the outreach in Bwondha landing site - Mayuge district



A peer educator conducting female condom education at Wakawaka landing site in Bugiri district

Increasing Health Seeking Behaviors and Practices

CDFU is a partner on the Northern Uganda Health Integration to Enhance Services (NU-HITES) project that is led by Plan International USA, Inc. The project was designed to support the Government of Uganda (GoU) in making significant progress towards fulfillment of the health sector's contribution to the National Development Plan and Millennium Development Goals (MDGs). NU-HITES operates in 15 districts of Acholi and Lango sub region. CDFU provides BCC and community mobilization support for integrated services focusing on HIV/AIDS; malaria; tuberculosis; maternal, Neonatal, and Child Health; Reproductive Health and Family Planning; and Nutrition.

CDFU achieved the following during the reporting period:

Mobilization for integrated VMMC camps and outreaches:

Multi-pronged mobilization approaches including: interpersonal communication by VHTs, health workers, political leaders and government officials at sub-county level, Community Development Officers and their assistants (CDOs/ACDOs), radio messages announcements, DJ mentions and interactive radio programs were used to mobilize and sensitize the communities about VMMC and

other health issues aimed at improving uptake of health services. Services provided during the camps included HTC, TB and cervical cancer screening. Community members who tested HIV positive were linked to a nearby ART health facility. The involvement of political leaders in mobilization for VMMC helped to improve uptake of the service in the community and the formation of Sub County mobilization committees comprising of VHTs, local leaders, religious leaders and satisfied clients. This contributed to improved health seeking behavior, dispelling myths and misconceptions as well as ownership of the health interventions.

“The VHT explained to me the benefits of male circumcision so I did not want to miss the opportunity now that the camp was near my home where I do not incur transport costs. I decided to be number one in the line today.” — Said a VMMC client at a camp in Lira District

Interactive Radio talk shows:

94 interactive radio talk shows were aired on three regional radio stations (Unity FM in Lira, Mighty Fire in Kitgum and Mega FM in Gulu) to promote service utilization of the key interventions at the same time provide information and referrals/ service delivery centers to community members

Supporting peer educators to conduct community dialogue sessions:

Fisher folk VHTs were trained in districts of Apac, Amolatar and Dokolo and in turn they conducted community dialogue sessions at landing sites. A total of 14,085 members of fishing communities were reached with HIV prevention messages through small group discussions. Commonly discussed topics included: VMMC, condom use and demonstration, TB, gender based violence, relationship between STIs and HIV&AIDS, multiple concurrent relationships (“sexual network” game) and predisposing factors to HIV&AIDS (alcoholism and drug abuse).

Discordant couples from Nwoya, Gulu and Apac districts were also oriented on HIV prevention using the “Men and HIV” curriculum developed by the Young Empowered and Healthy (Y.E.A.H) Initiative. The trained couples were tasked to talk to their peers about HIV prevention and to promote condom utilization so as to avoid re-infection and infecting the partner who is HIV negative. The couples also promoted couple testing among their peers. During the year, the trained couples reached 2,124 couples with HIV prevention messages. Religious leaders from Oyam, Gulu and Apac districts were also oriented to disseminate right information to their congregations in places of worship and organize health services outreaches at the different worship centers.

Mobilization for eMTCT/ option B+ launch/ campaign in Northern Uganda

CDFU supported 15 districts to conduct eMTCT campaign activities in the region with a climax of the Northern region launch in Lira District. Local leaders, religious and cultural leaders, VHTs and health workers were oriented on Option B+ and tasked to mobilize community members for services at health facilities.



An interactive radio talk show on Unity FM in Lira mobilizing communities for health services



A religious leader sharing his experience during an orientation in Apac District

NUTRITION

Social Behaviour Change Communication for Nutrition and Livelihoods

CDFU continued to take a lead on the Social Behaviour Change Communication (SBCC) interventions under Community Connector (CC) project. Community Connector project is implemented by a consortium of organizations led by Family Health International (FHI 360). The project aims to reduce poverty by enabling vulnerable households in Uganda to improve nutrition and achieve sustainable food and livelihood security through integrated nutrition and agriculture interventions at the community and household level. CC is an integrated nutrition and agriculture project implemented in 9 districts of Northern and South Western Uganda.

During the reporting period, CDFU participated in the BCC message and “doable actions” validation meetings. In addition community leaders sensitization meetings were held to enlist their support in community mobilisation. Drama groups representatives were trained on script writing and forum theatre. Interactive radio talk shows were broadcast on 6 radio stations. The talk shows gave chance to positive deviants to share their testimonies after being motivated to take on the behavior/practice of breastfeeding and encouraging others. In addition, integrated community campaign/field day events were also organised. They included music dance and drama to empower community members with knowledge and skills on nutrition and improved livelihoods.



Guest speakers during interactive radio talk shows in Pader districts



A clan women representative showing her shelter in her vegetable garden

ROCK POINT 256

The 30-minute weekly radio serial drama broadcast in four languages (English, Lwo, Luganda and Runyankole - Rukiga / Runyoro - Rutooro) on 22 radio stations across the country. The drama is used as a tool to communicate to approximately 7.2 million listeners across the country.

The drama series addresses sexual reproductive health, HIV&AIDS, and citizens' advocacy for services, civic education & engagements. *Rock Point 256* is a powerful social and behavior change tool that is designed to influence the actions of its mostly young listeners by modeling behavior change through "transitional characters" similar to the program's intended audiences.

The drama sought to help young people choose attitudes and lifestyles that protect them from HIV, unplanned pregnancies and other social issues. During the year, *Rock Point 256* broadcast 13 episodes. The delay in resuming the *Rock Point 256* broadcast till the month of September 2013 was because of the need to harmonize and agree on the focus and themes with partners and stakeholders.

"*Rock Point* has helped us get involved in issues that affect us as youth. In Koboko town, the rubbish trucks used to move while dropping rubbish on the roads. We got concerned and requested to talk to our leaders. And now, the rubbish is covered by trucks. The town is cleaner and we are happy. We drew our motivation from the youth in *Rock Point* with our team leader Ofwono." Says Swaleh in Koboko

"When we heard about the bridge in *Rock Point* and the youth demanding for it to be repaired, we also remembered our small bridge in the village. Since *Rock Point* had showed us the processes of demanding or seeking services, we visited the LCs, who referred us to Ministry of Works. We presented our problem politely and now the ministry has fixed the bridge. We are grateful to *Rock Point* for showing us the way." Says Ronald Komakech, a member of Mercy Owinyopyelo Youth listening group in Nebbi

"Thanks for the great work done we are enjoying the series and they have encouraged me to contest for Guild Representative Council at Makerere University to implement what I learn from the political side of the episodes." Allan Kabale Wobulenzi in Luwero district shared. We followed up on Allan after this message and found that he actually managed to get elected at the Guild representative seat Makerere University.

ROCKPOINT
256
Discover the Rock in You

**A weekly thrilling drama
on your radio!**



Under the Deepening Democracy component of the Democratic Governance Facility (DGF), CDFU implements the “Empower a youth, Build a nation” project. The project aims at enhancing civic knowledge and skills of the youth in order to increase their participation in decisions that affect them.

CDFU utilizes *Rock Point 256* as the centre-piece for civic education. The geographical coverage of the project is countrywide targeting youth (15-29 years) that are in or out of school together with community leaders (direct beneficiaries), teachers and other community members. The intervention creates awareness among the youth about their rights, responsibilities and choices in regards to civic education. It further builds civic knowledge and skills among the target audiences to participate in political processes and engage constructively with leaders.

During the year, CDFU conducted formative research in North, West, East, Central, and West Nile regions. The research was aimed at establishing the level of effort of youth participation in politics in Uganda and to highlight issues that *Rock Point 256* radio drama would address. A workshop to disseminate the formative research findings to DGF partners and stakeholders was conducted. The

exercise helped to gather information to guide development of storylines. Two themes for the first two storylines were chosen: Youth participation in decisions that affect their lives. 2) Youth/society demanding accountability from elected leaders.

CDFU engaged 25 listening groups/civic education platforms for the youth in 20 districts. The listening groups tuned in to the drama together every week and discussed issues that had been broadcast by the radio serial drama. They related the situations portrayed in the drama to their real life experiences in order to learn from them. The listening groups were linked to the Hotline facility which they called and discussed their views.

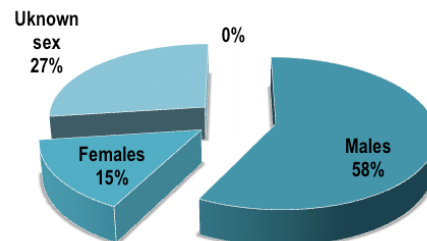
HEALTH INFORMATION, COUNSELING & REFERRAL SERVICES THROUGH THE **HOTLINE: 0800 200 600**

CDFU operates a toll-free Hotline that provides reliable, anonymous and non-judgmental service for callers seeking information, counseling and referral for different health and development issues: HIV&AIDS, sexual and reproductive health, malaria, nutrition, alcohol abuse, Gender Based Violence and civic education. It is available free of charge by dialing 0800 200 600 (toll free) or 0312 500 600 (paid) on any network country wide from 8:00 am-7:00 pm, Monday to Friday. The Hotline also utilizes the SMS platform (8198), which provides an alternative SMS service to callers. The counselors receive close to 300 calls on a daily basis.

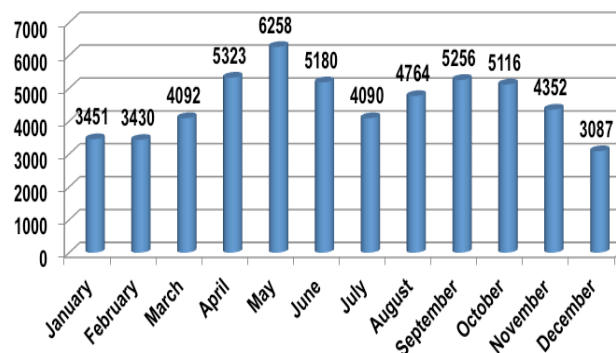
During the reporting period, a total of 54,399 callers were attended to. Out of the total number of calls received, 31,330 were males while 8,350 were females; 14,719 of the calls did not specify their sex. The callers sought information on maternal health (2,929), malaria (261), alcohol abuse (1,445), HIV&AIDS (6,539), GBV (1,434) and family planning (9,907).

With support from Plan Uganda, the Hotline was able to re-open an extension (ANNEX) to accommodate 5 additional counselors. The Avaya Private Automatic Branch Exchange (PABX) system was also upgraded with Version 8.1 and now has capacity to accommodate up to 80 lines.

Gender of callers



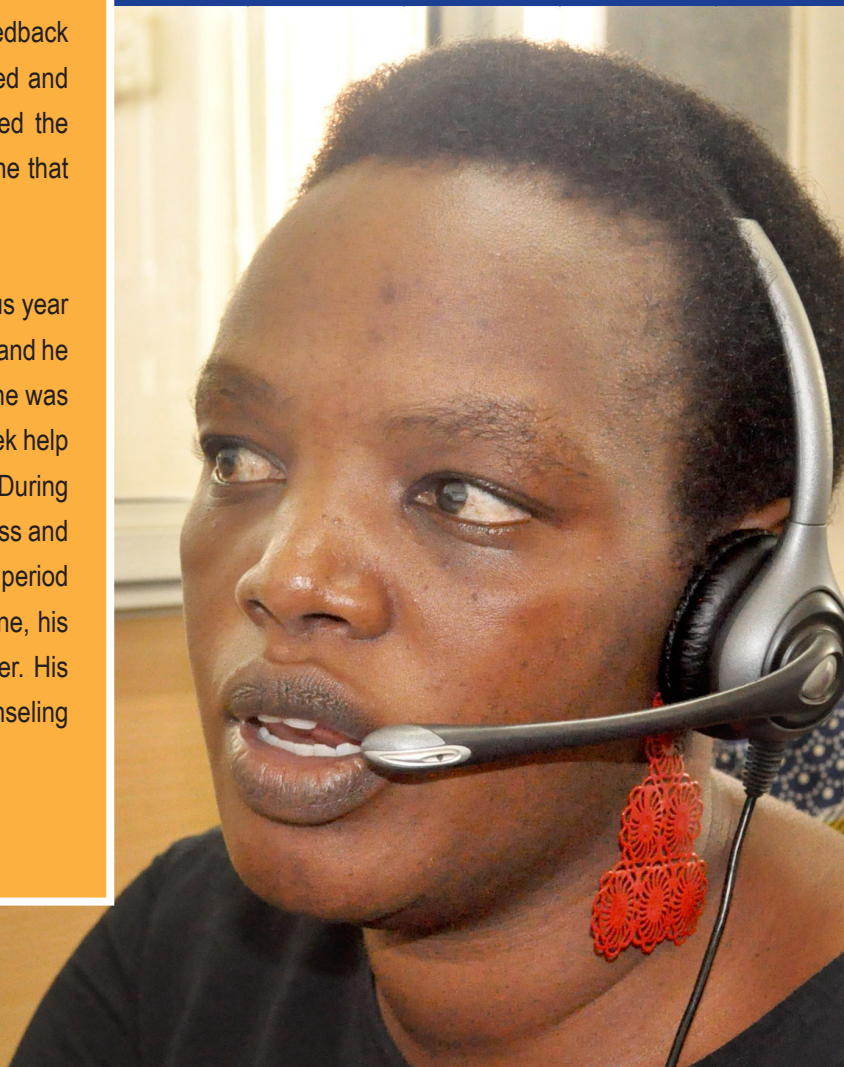
Total number of callers in 2013:



Examples of feedback received from callers

A 17 year old girl living with HIV called the Hotline on 23rd/08/2013 expressing her appreciation for the support she had received. She had been chased from home by the caregivers because she had tested HIV positive. After that incident, she called the Hotline for advice and guidance on where to go for ART. In her feedback to the Hotline counselor, she reported that she was helped and started receiving ART. She is very happy and appreciated the counseling, referral and guidance received from the Hotline that enabled her to live positively.

A 21 year old gentleman had called the Hotline the previous year expressing his disappointment. His wife had a miscarriage and he was considering chasing her away from his home. When he was counseled he realized that he needed to be patient and seek help from the health center other than chasing the wife away. During the reporting period, he called back to express his happiness and appreciation to the counselors. He reported that after a period of one year as advised by the health center and the Hotline, his wife conceived again and he stopped being violent to her. His marriage had also been strengthened owing to the counseling that he received from the Hotline.



SUPPORT TO NSAABWA VILLAGE

As part of CDFU support to improving the health status of the community, CDFU donated a delivery bed to Nsabwa Health Centre II. During the hand over event, the Health Centre in-charge Mr Lubanga said that the Health Centre had received a midwife and as such, the donation provided by CDFU would be very instrumental in supporting safe delivery by mothers under a skilled health worker.



Maternity bed donated by CDFU being received by community members at Nsaabwa Health Center II

CDFU PARTICIPATION IN INTERNATIONAL EVENTS/ CONFERENCES

Addis Ababa - International conference on Family Planning

CDFU staff joined thousands of family planning experts and activists from around the world at the 2013 International Conference on Family Planning. CDFU presented abstracts on ASRHR and utilizing radio and health facility activations to increase demands for FP services. The conference mainly focused on addressing the challenges and results achieved in the area of family planning, including successful practices, innovations and an enhanced focus on young people.

The pre-conference sessions for the youth focused on sexual and reproductive health and rights, especially family planning and the importance of investing in youth to help them reap the benefits of the demographic dividend. The conference provided CDFU with a great opportunity to learn what other countries are doing to reduce unmet need for FP, interactive skills-building and new innovations used in the area of BCC. The following abstracts were presented;

1. Nankunda Allen, Joanita Kemigisha; “Increasing demand and utilisation of family planning through radio listenership groups at community level,” International Family Planning Conference, Addis Ababa, 2013



CDFU and Plan staff including the peer educators in Addis Ababa for the FP conference

2. Nankunda Allen, Deo Agaba and Gloria Kabwama; “Utilising Health Facility Activations as a Behavior Change Communication (BCC) strategy to enhance family planning uptake,” International Family Planning Conference, Addis Ababa, 2013

Bangkok- International Telecom Union Event

CDFU was represented at the ITU Telecom global event for governments, industry leaders, organizations and regulators that form part of the world’s Information and

Communication Technology (ICT) community. This event provides a forum for some of the industry's most influential people to collaborate and engage in high-level dialogue on the major challenges facing the sector. The theme of the event that was held in Bangkok, Thailand was "Embracing Change in a Digital World," The plenary sessions addressed the way people communicate with each other, the dominant players in the ICT sector, business models, technological capabilities, standardization and regulatory regimes to accommodate new technologies and industry dynamics, plus government policies to provide security and avoid deepening the digital divide.

ICASA South Africa

CDFU participated in the 17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) held in Cape Town – South Africa. CDFU made a poster presentation on the **role of telecommunication in HIV prevention: A case of the CDFU toll-free health Hotline in Uganda**. This presentation enhanced the visibility of CDFU aimed at attracting partners and funding.



CDFU Executive Director together with UNICEF representative participate at the 7th International Development Informatics Association Conference on ICT in Bangkok, Thailand.



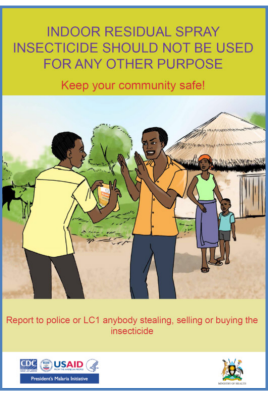
CDFU poster presentation at ICASA (Cape Town- South Africa)

INTENSIFYING DEMAND AND UTILIZATION OF SERVICES THROUGH IEC MATERIALS

In the reporting period, CDFU designed and produced a number of IEC materials and job aids. Materials produced included: fact sheets, flyers, flip charts, posters, leaflets and wall charts. Copies of these materials were disseminated to different audiences including health workers, VHTs, health facilities, peer educators and members of the community.



Above: ASRHR volunteer using STDs/STIs IEC materials during a dialogue with young peoples and.



FINANCIAL STATEMENT

REPORT OF THE INDEPENDENT AUDITOR TO THE MEMBERS OF COMMUNICATION FOR DEVELOPMENT FOUNDATION UGANDA

REPORT OF THE INDEPENDENT AUDITOR (CONT'D)

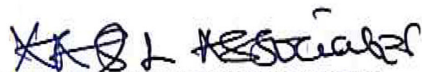
OPINION

In our opinion, proper books of account have been kept and the accompanying financial statements give a true and fair view of the state of financial position of Communication for Development Foundation Uganda as at 31 December 2013. The financial performance and cash flows for the year then ended too, are in accordance with the terms of the agreements and comply with Generally Accepted Accounting Practices and the Ugandan Companies Act.

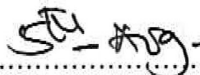
REPORT ON OTHER LEGAL REQUIREMENTS

As required by the Companies Act (Act 1,2012) we report to you, based on our audit that:

- i) We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit;
- ii) In our opinion proper books of account have been kept by the company, so far as appears from our examination of those books, and
- iii) The company's statement of financial position and statement of Profit or Loss are in agreement with the books of account.



CERTIFIED PUBLIC ACCOUNTANTS
Kampala, Uganda

-2014




**COMMUNICATION FOR DEVELOPMENT FOUNDATION UGANDA
ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED TO 31 DECEMBER 2013**

STATEMENT OF FINANCIAL POSITION AT 31 DECEMBER 2013

		31 December 2013 UGX	31 December 2012 UGX
		(Twelve months)	(Eighteen months)
	NOTES		
ASSETS			
NON-CURRENT ASSETS			
Property, plant and equipment	5	<u>268,342,146</u>	<u>305,515,872</u>
CURRENT ASSETS			
Account receivables	6	48,203,096	83,895,420
Cash and cash equivalents	7	<u>824,805,075</u>	<u>1,230,195,008</u>
		<u>873,008,171</u>	<u>1,314,090,428</u>
CURRENT LIABILITIES			
Account payables	8	<u>127,176,024</u>	<u>5,000,000</u>
NET CURRENT ASSETS		<u>745,832,147</u>	<u>1,309,090,428</u>
NET ASSETS		<u>1,014,174,293</u>	<u>1,614,606,300</u>
CAPITAL AND RESERVES			
General fund	9	198,252,973	641,915,556
Capital fund	10	268,342,147	305,515,873
Restricted fund	11	<u>547,579,173</u>	<u>667,174,871</u>
		<u>1,014,174,293</u>	<u>1,614,606,300</u>

The financial statements on pages 20 to 42 were approved by the Board of Directors on 31st Dec 2014 and were signed on its behalf by:-

.....Chairperson

.....Executive Director

.....Board Secretary

The statement of financial position is to be read in conjunction with the notes to and forming part of the financial statements set out on pages 25 to 42.

Report of the independent auditor-page 20-21

Communication for Development Foundation Uganda CDFU

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