



*Communication for
Development
Foundation
Uganda*

CDFU



*Building Competent Communities
Through Communication*

2014

**Annual
Report**

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Abbreviations/ Acronyms

AGM	Annual General Meeting
ANC	Antenatal Care
ART	Antiretroviral Therapy
CC	Community Connector
CKW	Community Knowledge Worker
DGF	Democratic Governance Facility
DHE	District Health Educator
EMTCT	Elimination of Mother To Child Transmission of HIV
GBV	Gender Based Violence
HTC	HIV Counseling and Testing
IRS	Indoor Residual Spraying
LC	Local Council
NGO	Non-Governmental Organization
PTA	Parents' Teachers' Association
RDC	Resident District Commissioner
SBCC	Social and Behaviour Change Communication
SMC	Safe Male Circumcision
TB	Tuberculosis
VHT	Village Health Team

Foreword by Chairperson of CDFU BOD



I am privileged to share with you the CDFU Annual Report 2014 that presents the key highlights and milestones registered during the Financial Year (FY) 2014. CDFU continued to build competent communities through design and implementation of high quality Social and Behavior Change Communication (SBCC) programs across the country. We registered milestones in different health and development sectors with specific focus on nutrition, malaria, civic education, financial literacy, agriculture & livelihoods, reproductive health as well as communication support.

I would like to extend my appreciation to the entire Board of Directors for the invaluable support, guidance and oversight during review of CDFU's Strategic Plan (2009 – 2014). Through the Strategic Planning process, CDFU has been able to chart out its priority focus areas for the next five years. I believe that the new Strategic Plan (2016 - 2020) will be an opportunity for CDFU to re-ignite herself for the ever changing environment towards widening her scope in development communications and causing change in people's lives.

Our gratitude goes to all our partners for their support during the FY as well as our stakeholders for their commitment towards achieving the desired results. Your support and commitment has provided the much needed platform for CDFU's growth. My sincere thanks go to the Executive Directors and staff of CDFU for their splendid contribution. Your tireless efforts and sacrifice make CDFU!

Looking ahead, 2015 marks a period of significant change in the organization as we follow the journey mapped out by the Strategic Plan towards a better positioned CDFU. We shall continue to rely on the support of our partners and stakeholders.

A handwritten signature in blue ink, which appears to read 'Rubimbwa'.

Mrs. Robinah Rubimbwa

Foreword by CDFU Executive Directors

The Financial Year 2014 has been a rewarding one for the CDFU team in terms of influencing beliefs, attitudes and practices of various communities through SBCC. The Annual Report highlights the key achievements attained during the year 2014.

CDFU designed and implemented high quality SBCC interventions across all the regions of Uganda. The program focus areas during the year included: reproductive health; malaria; HIV & AIDS; nutrition; tuberculosis; civic education and financial literacy. CDFU also produced and disseminated different information, education and communication (IEC) products. We continued to provide reliable, anonymous and non-judgmental information, counseling and referral services through the toll-free Hotline facility.

Innovatively, CDFU embraced the growing popularity of Social Media as a communication channel to reach the young people. As a result, social media has attracted more listeners of *Rock Point 256* and provided the young people an opportunity to get feedback regarding issues discussed in the radio serial drama.

We embarked on developing a new Strategic Plan guided by the findings and recommendations of the evaluation of the 2009 – 2014 Strategic Plan. The process was very participatory and involved consultations with partners, staff and the CDFU Board of Directors. Beginning 2016 for the next five years, CDFU will focus on two priority areas: Strategic Communications (with specific focus on health; education; nutrition; environment; agriculture & livelihoods; civic engagement and

financial literacy) plus Institutional Development.

2014 also brought with it initiation of new partnerships. CDFU with support from UNICEF and WHO designed and commenced implementation of 2 nutrition focused projects in 11 districts.

We would like to extend our gratitude to the CDFU Board members who have continued to provide strategic direction to the organization so as to maintain a competitive edge in the ever changing environment. We celebrate the commitment and hard work exhibited by our staff in successful program execution. Our appreciation goes to our donors and partners at international, national, district and community levels for the financial and technical support – our achievements are a result of your invaluable support.

We continue to dedicate our efforts towards empowering people to take action to improve their lives.



Organizational Information:

Communication for Development Foundation Uganda (CDFU) is a Ugandan – based Development Communications Non-Governmental Organization (NGO) established in 2002. CDFU was created to bridge the gap in the provision of fully fledged SBCC services in the country. Over the years, CDFU has gained recognition as a Ugandan based reference point for SBCC. The organization has wide experience in design and implementation of high quality SBCC programs for health and development focusing on HIV & AIDS; reproductive health; nutrition; child health, water, sanitation; and hygiene (WASH); TB; malaria; gender; financial literacy; and civic education.

We provide a range of specialized and professional SBCC services including design, training and management. As an organization, CDFU utilizes her expertise in SBCC to help individuals, families and communities adopt practices that lead to healthier and more productive lives. CDFU implements projects country-wide utilizing

existing structures that include: government/ local government structures, NGOs, Community Based Organizations (CBOs) and other community structures/media outlets. Our approaches are based on world proven processes and tested Theories of Behavior Change.

Our main aim is to:

- Help individuals, families and communities adopt practices that lead to healthier and more productive lives.
- Influence social norms, attitudes and values in order to enable people lead better lives.

CDFU's **Vision** is Empowered communities taking action to improve their wellbeing. **We remain committed to our mission** to undertake strategic communication interventions to empower individuals, families and communities live better lives.



CDFU Board of Directors, Management and Staff that participated in the Strategic Planning Workshop.

Achievements During the Year 2014

Reproductive Health

CDFU addressed reproductive health issues through:

Healthy Choices radio program

Healthy Choices is a project under the 7th Government of Uganda/UNFPA Country Program. The project focuses on three strategic areas namely: Population and Development, Reproductive Health and Gender. In 2014, *Healthy Choices* radio program was implemented in eleven UNFPA grant receiving districts in Karamoja, West Nile, Teso, Northern, Central and South Western regions. The program focus areas are: 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, STDs, HIV) in an integrated manner.

Training of Trainers and VHT orientation:

During the year, an additional 1,050 members of Village Health Teams (VHTs) from Abim, Nakapiripit and Arua were oriented on the teenage pregnancy campaign and reproductive health. The trained VHTs mobilized their communities into listening groups to hold discussions that promote positive practices including prevention of teenage pregnancy, male involvement in FP as well as pregnancy and maternity care.



VHTs going through Healthy Choices discussion guide at Uleppi Sub-county, Arua district



Members of a listening Group in Kanungu District meet to discuss the topic of the day.



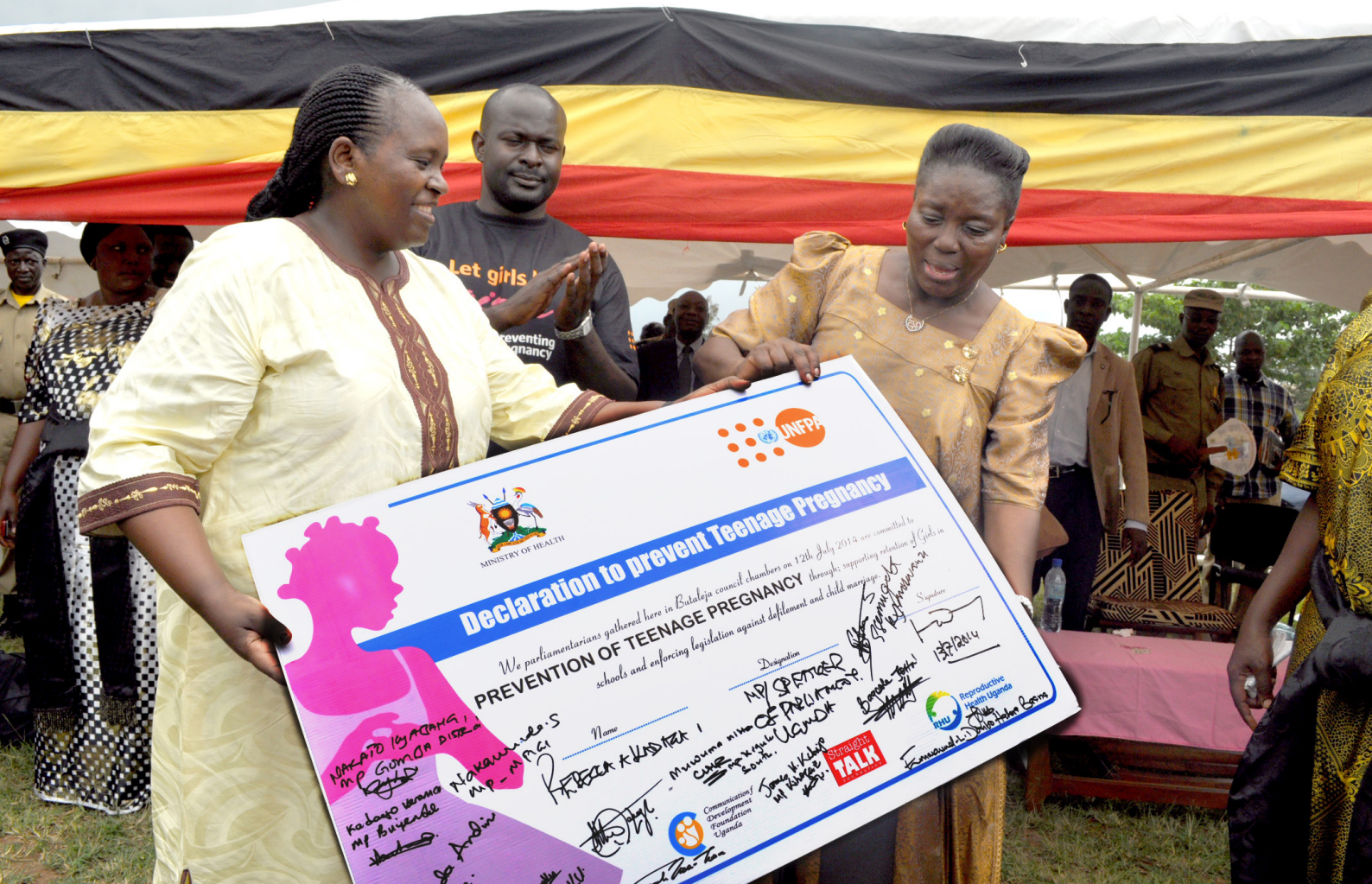
Rt. Hon. Rebecca Alitwala Kadaga, Speaker, Parliament of Uganda signing the Declaration Commitment Card at the launch of the campaign to prevent teenage pregnancy. State Minister for Primary Healthcare Hon. Sarah Opendi (L), Butaleja Woman MP Hon. Florence Nebanda (R) witnessed the occasion.

Participation in the one year National Campaign on Prevention of Teenage Pregnancy

On behalf of the Ministry of Health, CDFU with support from UNFPA implemented a three months' nationwide integrated media campaign on prevention of teenage pregnancy. The campaign, under the theme "Let Girls be Girls" aimed at contributing towards the reduction of teenage pregnancies from 24 per cent to 15 percent by 2015. CDFU coordinated and managed the program launch event and developed adverts for

radio, TV and print targeting community leaders, parents and teenage boys and girls.

To create a platform for interaction with the audience, the campaign was also linked to the Toll Free Hotline. Within the three months campaign, the Hotline received a total of 877 calls on teenage pregnancy. Majority of the callers were aged 15-19 years. Radio was mentioned as the main source of information on the teenage pregnancy prevention campaign, followed by television. More in-school youth (327) called the Hotline than out-



of-school youth (170). Actions taken as a result of the counseling include seeking Adolescent Sexual and Reproductive Health and Rights (ASRHR) services at health facilities, abstinence from sex and decision by parents to talk to their children about prevention of teenage pregnancy.

Launch of the *Healthy Choices* radio program in new project districts:

During the year, *Healthy Choices* radio program was launched in Arua, Abim and Nakapiripirit districts. The launch events included sharing of findings from the assessment exercise with the district leadership and members of Village Health Teams and other stakeholders.

UNFPA Representative Esperance Fundira hands over the Declaration Commitment Card to Rt. Hon. Rebecca Alitwala Kadaga, Speaker, Parliament of Uganda.



Success Story:

Naomi shares how *Healthy Choices* Radio Program helped her to take control of her life.

Naomi in her 30s lives in Osimiot village Katakwi district. She is a mother of seven children aged 14, 12, 10, 8, 6, 4 and 2 years. She narrates that in 2001 at the peak of the insurgency in Karamoja region, her parents married her off because they wanted to see her wedding “before things took a turn for the worst.” Sadly six months later, rebels set their house ablaze and both parents died. ***“I got married at 16 without prior knowledge of family planning. I got pregnant every other year despite heavy loss of blood during delivery. Even though I saw a poster on family planning in English, I was not able to read and understand a single word,”*** narrates Naomi. In 2012, Naomi was presented with a life changing opportunity when she joined Osimiot radio listening group in Olilim village. Together the group members listen to the *Healthy Choices* radio program which broadcasts on Joshua FM in Katakwi. The one-hour magazine radio program packaged and broadcast by CDFU addresses issues of family planning, pregnancy and maternity care, young people and vulnerable groups, reproductive rights and women’s empowerment, Gender Based Violence (GBV) prevention and management.

After listening to the *Healthy Choices* radio program, Betty Ikurut, a member of the Village Health Team (VHT) leads the listening group’s discussion based on the topic broadcast that day.

“It is these discussions that provided an opportunity for me to learn about the benefits of child spacing unlike before when I lacked information,” Naomi explained. From the *Healthy Choices* radio program, Naomi said she learnt about the different methods of family planning which motivated her to choose a method. She is currently using a long term method of family planning - the Implant.

“I now have peace of mind because I do not have to worry about getting pregnant. I can now concentrate on making money. For example, I planted cassava and rice. After the harvest I sold the produce and earned quite a substantial amount of money which has contributed to the family’s income. I even started another business from which I get some money to pay fees and buy clothes for the children,” she says.

The peace of mind is not the only thing Naomi has gained. The *Healthy Choices* Radio Program has provided her with information on how to talk to her teenage children about adolescence, growing up and prevention of teenage pregnancy: ***“I am now aware that marrying off young girls exposes them to dangers of teenage pregnancy so I openly discuss with the girls about these issues. My wish is to see my children complete their education and become responsible citizens of this country,”*** she concludes.

Adolescent Sexual and Reproductive Health and Rights (ASRHR)

The ASRHR interventions targeted young people in the age bracket of 13-19 years (in and out of school) in districts of Lira and Alebtong of Northern Uganda (2011-2014). The project, with funding from Swedish International Development Cooperation Agency (SIDA) was implemented in partnership with Plan Uganda.

In 2014, CDFU achieved the following:

Interactive ASRHR and GBV awareness sessions in schools

CDFU trained teachers in ASRHR and GBV and this resulted into the establishment counseling rooms in schools. The teachers who received training on

ASRHR oriented members of the Parents' and Teachers' Associations (PTAs), School Management Committee (SMC) members, fellow teachers as well as parents during the school annual general meetings. Schools further took the initiative to form ASRHR clubs. In total, 20 clubs were formed.

20 interclass debate competitions on ASRHR were held in 20 schools in Alebtong and Lira districts. Meaningful discussions and deeper understanding of sexual and reproductive health issues improved the relationship between the teachers and pupils/students - this led teachers to set specific days for ASRHR dialogues.



A peer educator from Apala sub county, Alebtong district conducts a dialogue

63 health education sessions reaching out to 8,523 pupils (3,275 males and 5,248 females) both in primary and secondary schools were conducted.

Peer- led Interactive outreach sessions.

During the year, 93 peer educators were facilitated to conduct ASRHR outreach small group dialogue sessions among adolescents aged 13 to 19 years.

Through these sessions, **12,114** adolescents girls and boys out of school (**6,113** boys and **6,001** girls) were reached. The different peer-led interactive small group dialogues organized by trained Peer Educators focused on sharing knowledge on ASRHR, GBV and life skills.

"I had planned to marry this year 2014 because I felt I had 'grown' and my body was big enough. I had even started looking for a girl to marry. But after attending this dialogue on body changes, I have realized that my body is just big because I am an adolescent but not mature. I am just 17 years. I have abandoned the idea of marrying until I am beyond 20 years." Ojok from Akangi parish in Ogur sub county

I used to hear old girls talk about menstruation but did not know what it was because I have not started yet. Today, I have learnt what it is and how to manage it when I start. Even when pimples come I will not go to the clinic for treatment . I used to think it was some kind of disease that attacks big people." 13 year old Teddy from Okwangole village, Apala sub county

Community dialogues with parents/ guardians at village level.

Dialogue sessions with parents were conducted by trained secondary influencers (health workers & opinion leaders i.e. religious leaders/faith based, cultural leaders and parish chiefs) in seven sub counties of Lira and Alebtong. The dialogues equipped parents with knowledge and skills to effectively communicate with youths on their sexual and reproductive lives. They also improved the adolescent–parent relationship, talking about reproductive health issues especially sexuality.

5,958 parents and care takers in 5 sub-counties of Lira and Alebtong were reached with messages on teenage pregnancy, gender based violence, reproductive health rights, early marriage and effective communication.



An opinion leader facilitates a dialogue session in Olaoilongo parish, Apala sub –county, Alebtong district

Annual ASRHR Art and MDD competitions in schools.

CDFU organised and held annual Art, music, dance and drama competitions in 20 ASRHR supported schools. The overall objective of the competition was to increase awareness on the effects of teenage pregnancy among adolescents, parents, teachers and community leaders. The messages disseminated during the art, music, dance and drama competitions aimed at highlighting the dangers of teenage pregnancy among adolescents.



Top right: Pupils of Abia P/school acting. Middle: Students of Apala S.S performing during MDD competition



An art piece on teenage pregnancy drawn by one of the pupils



Malaria Prevention

Mobilizing Communities for Indoor Residual Spraying

The Uganda Indoor Residual Spraying (IRS) phase II project is implemented by Abt Associates, Inc (Prime Agency) in partnership with CDFU. CDFU provides expertise and support for information, Education and Communication (IEC) and Social and Behavior Change Communication (SBCC) activities for the IRS interventions in 12 districts of Northern and Eastern Uganda.

During the year CDFU accomplished the following:

Community Dialogues

To address some of the barriers to community acceptance of IRS, CDFU initiated community dialogues. In collaboration with the area Local Council Committees and the District Health Educators (DHEs), **CDFU held community dialogues that attracted more than 20,000 people** in Gulu, Pader, Kole, Oyam and Agago districts. The community members who continuously participated in the discussions appreciated the project for contributing towards reduction in the prevalence of malaria in their communities.

Interactive Radio talk shows, spot messages and announcements

Interactive radio talk shows were conducted mainly



DHE Apac conducts a dialogue session with community members in Ajok parish, Inomo sub-county, Apac district

to:

- Remind the community about the upcoming spray exercise; encourage people to open their houses and provide water for mixing insecticides;
- Remind the community members to continuously use insecticide treated mosquito nets;
- Provide feedback to the community.

Leaders and technical experts including Resident District Commissioners (RDCs), Local Council V Chairpersons, DHOs, Vector Control Officers, religious and community leaders and Members of Parliament (MPs) participated as guest speakers during the shows. The radio talk shows helped to reinforce messages delivered through interpersonal communication by spray operators and community mobilisers. CDFU built capacity of district staff to plan and execute the radio talk shows.

Using film vans to sensitize communities

Ministry of Health film vans were used for sensitization in the 7 new districts of Ouke, Lira, Amolatar, Alebtong, Dokolo and Tororo. Busy places including markets, towns and roads were identified for outreach with IRS information. Question and answer sessions were held as communities interacted with DHEs.



Sensitization about IRS using the MoH film van in one of the communities in Eastern Uganda.

Launch of IRS in the new IRS districts.

During the year, CDFU participated in the launch of IRS in 14 new project districts. The event was attended by highly influential political and local leaders who supported the project in mobilizing their communities to have their houses sprayed. CDFU supported mobilization for the events and development of the launch materials.

Community Mobilization to Stop Malaria

CDFU was one of the implementing partners of the Stop Malaria Project (SMP). During the year, CDFU continued to take lead in the community mobilization activities for malaria control in 10 districts in Central, Mid-West and Teso regions. The SMP aimed at promoting consistent use of Long Lasting Insecticidal Nets (LLINs), early diagnosis and treatment behavior, improved uptake of Intermittent Preventive Treatment in Pregnancy (IPTp) and male involvement as a crosscutting issue through the work of Health Assistants (HAs).

CDFU continued to support and work with HAs, a Ministry of Health structure based at sub county level. **This structure helped to reach out to 140 health facilities, 3,000 households, 610 primary schools, communities and individuals around the health facilities with malaria prevention and treatment messages.** The health assistants were supported to integrate malaria control messages in their routine school activities, household visits, health education sessions at health facilities, in communities with emphasis on uptake of IPTp, “test and treat” within 24 hours; and LLIN usage, care and repair. CDFU’s leadership role in community mobilization ended in June 2014.

School Health program: Test and Treat, Net care and repair campaign activities

The CDFU team continued to support the net care and repair, test and treat campaign activities in Serere, Mukono, Luwero and Masaka districts. The key activities supported under the net care and repair campaign included: inter-school MDD competitions, forum theatre performances and communal sewing activities which involved pupils coming together to learn and practice the Net care and repair activities in a group with support from a trained teacher. Radio talk shows focusing on “test and treat” were also broadcast.

Participation in World Malaria Day Commemoration

CDFU participated in the World Malaria Day commemoration event which took place on April 25, 2014. The national event was held at Kasambya sub-county, Mubende district under the theme “Invest in the future, defeat malaria.” The Vice President of the Republic of Uganda, Hon. Edward Sekandi presided over the event.

In his speech, the Minister of Health elaborated that interventions such as use of Long Lasting Insecticide treated mosquito Nets (LLINs) and Indoor Residual Spraying (IRS) have demonstrated great impact in the fight against malaria. He recognized IRS’s contribution towards reduction of malaria cases in Northern Uganda.

Michael Odong (CDFU official) briefs the Vice President on the impact of IRS in Northern Uganda during the World Malaria Day celebrations in Mubende district



HIV & AIDS

Creating demand for TB and HIV & AIDS Prevention, Care and Treatment Services

CDFU was one of the partners in the Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) consortium. Until September 2014, CDFU took a leading role in demand creation aimed at increasing access to uptake of services provided. The efforts led to increased health seeking behavior.

CDFU utilized advocacy, print materials, outdoor advertisement, community and social mobilization to bring about desired positive behaviors and practices towards prevention, care and treatment of HIV& AIDS and TB. To effectively create demand, CDFU used a social ecology approach to behavior change, which believes that opportunities for behavior change are within the individual and the community. The following key activities were implemented:

Increasing demand for services through the radio programs

CDFU organized and coordinated broadcast of radio spots and interactive radio talk shows on different technical issues. The technical areas included: Safe Male Circumcision (SMC), risk reduction and prevention, Elimination of Mother to Child Transmission of HIV (EMTCT), Antiretroviral Therapy (ART) and TB. The radio discussions were led by Ministry of Health officials, practicing health workers, district local leaders, religious & cultural leaders as well as satisfied users as guest speakers. The shows, moderated by experienced presenters, created confidence in the listeners to seek services at identified health facilities, but more

importantly, enhanced positive health behaviors regarding TB and HIV&AIDS prevention, care and treatment.

“I am very grateful for this radio program and those health workers who ‘teach’ us about HIV. I am touched but at the same time excited that you can have HIV negative children even when both parents are HIV positive! Now we have hope that we can have children that will be healthy even when the parents are sick;” caller from Iganga district on R- FM radio.



A radio presenter hosting a health worker and satisfied client at Eastern Voice FM – Bugiri district



A drama group performs during a commemoration of World TB Day in Kamuli district

Community mobilization for action through entertainment

A range of creative approaches were employed to disseminate messages aimed at influencing behavior change. They included: puppetry, street performances, local drama performances, small group discussions, plenary quizzes and brain teasers to ensure that health messages reached the target audiences. This created a platform to discuss structural factors responsible for HIV infection and impediments of accessing services. Communities took lead in discussing identified issues to change structural determinants of the risk of HIV infection.

In one of the puppetry performance, the audience got challenged to reflect on care and love among couples. One onlooker pointed out: “I wish all people had love like ‘those things! (Puppets)’ HIV would never find its way home.”



A section of the crowd watching a skit by puppets during a community activation in Irundu market - Buyende district

Interpersonal communication

Linkage facilitators based in the community were supported with teaching aids including demonstration models, flipcharts (community & individual) and posters to ensure accuracy and consistency of messages delivered in various communities. The IPC effort contributed to prevention, clients' satisfaction and treatment adherence. Religious and cultural leaders used their respective positions not only to mobilize the communities for services but also to enhance people's ability to shape their own decisions through informed choices.

“Musawo, I am alive because of a condom. You don't want to know the people I have slept with! I have buried four girlfriends; but surprisingly today I tested for HIV and I am still safe. I can never have sex without a condom on this Sigulu Island!” Male client, Sigulu Island-Namayingo district.



A peer educator conducts a condom demonstration session with women in Miggade- Mayuge district

Increasing Health Seeking Behavior and Practices

CDFU provided Behavior Change Communication support for 15 districts of Acholi and Lango regions under the NU-HITES project. CDFU mobilized communities for integrated health services with regards to: HIV&AIDS; malaria; tuberculosis; maternal, neonatal, and child health; reproductive health and family planning; and nutrition.



VHTs conducting a health education session as clients wait for health services during an integrated camp in Gulu District

Key Achievements

Use of the edutainment approach

Through Experiential Marketing, short skits were used to disseminate information and also trigger demand for the health services offered. The interactions provided opportunity to engage community members in a discussion to dispel myths about health services. Community members who accepted to take up services like Safe Male Circumcision (SMC) were linked to the service delivery points at a camp or health facility. Services

provided during the camps and outreaches included HIV Counseling and Treatment (HTC), SMC, TB screening, cervical cancer screening, nutrition screening, immunization and FP services. Community members who tested HIV positive were linked to nearby ART health facilities, and those with cases that could not be managed at the site were referred to the next level health facilities.

Interactive radio talk shows

The programs focused on SMC, TB, HIV prevention, AIDS care & treatment, nutrition and malaria prevention and treatment. The guest speakers included health workers, local leaders and satisfied users of health services. The following quotation demonstrates how exposure to the interactive radio talk shows motivated listeners to seek services.

“All along I thought women needed consent from their partners to access family planning services from health facilities. Now that I have heard from a health worker, I will encourage my fellow women to freely use the services.” – Female caller on Mighty Fire FM, Kitgum.

Peer to Peer Intervention

During the year, CDFU supported the trained peer educators among the Most at Risk Populations to initiate discussions with the target populations. Fisher-folk peer educators in Apac, Amolatar and Dokolo districts conducted community dialogue sessions in six landing sites.

A total of **20,152** fishing community members (**13,216** males and **6,936** females) were reached with HIV prevention messages.

Commonly discussed topics included Safe Male Circumcision (SMC), condom use and demonstration, multiple concurrent relationships (sexual network game), and predisposing factors to HIV&AIDS (e.g. alcoholism and drug abuse). In addition, the peer educators provided condoms to those who needed them:

“These days the condoms are accessible. An individual just decides not to use them but with the trained peer educators, any time you knock on his door you will get the condom.”
– Fisherman from Bangladesh landing site in Amolatar District.

Truck driver and commercial sex worker (CSW) peer educators at Kamdin corner in Oyam District, Ilegu boarder in Amuru District and in Lira town council reached 3,482 peers (2,052 truckers and 1,430 CSWs) with HIV prevention messages. They also distributed male and female condoms. A team of 39 discordant couples in Nwoya, Gulu and Apac districts reached their peers with HIV prevention messages. They also promoted condom use to avoid re-infection or infecting their partner who are HIV negative. The peer educators further promoted couple HCT and linked their peers to appropriate health services.

CDFU reached **2,834** couples with HIV prevention messages mostly utilizing small group discussions.



A VHT conducts food demonstration with a women's group in Kabale district

Nutrition

During 2014, CDFU addressed nutrition interventions through different projects;

1. CDFU continued to take a lead on the SBCC interventions under Community Connector (CC) Project. CC is an integrated nutrition and agriculture project implemented in 15 districts of Northern and South Western Uganda. With funding from USAID, the CC Consortium is led by FHI 360.
2. CDFU with funding from UNICEF implemented the Community Based Preventive and Promotive Nutrition Communication interventions in 5 districts of Western and Northern Uganda.
3. With funding from World Health Organization (WHO), CDFU implemented the Accelerating Nutrition Improvements (ANI) project in 6 districts (3 in the Mid- West and 3 East Central) to prevent stunting, under nutrition and anemia among children under five years of age through scaling up and promotion of adequate

complementary feeding and other baby care practices in Uganda.

During the year, the following was achieved:

Research

To be able to design an effective strategy for the implementation of SBCC interventions to promote appropriate complementary feeding practices, CDFU conducted a Knowledge, Attitudes and Practices (KAP) study. The study helped to establish more understanding of the barriers and facilitators to infant and young child feeding practices in the districts of Luuka, Iganga, Namutumba, Hoima, Kibaale and Masindi.

Selection and training of VHTs:

CDFU worked closely with district and sub-county officials to identify VHTs through the existing administrative structures of sub-counties and parishes.



Mobilization sessions for communities to take action

CDFU conducted more than 50 mobilization sessions in different communities to create demand for recommended practices in nutrition, hygiene and sanitation. Community initiated SBCC activities like drama/ Forum Theater, poems and songs and strengthening the community referral network for children and women using community based volunteers including VHTs to identify and refer children that needed services.

Community dialogues and male involvement

Different community networks were engaged through groups' activities using available IEC materials and other behavior change toolkits like playing cards and flip charts. The dialogue sessions involved mostly males (the cards inspired men to speak out their mind). The cards carry personal, general and demonstration messages which speak directly to the men as they play. Sometimes the men were provided with cards to stimulate discussion while the women waited to get services.



VHTs give children vitamin A during the mobilization session for uptake of health services in Ayer sub county, Kole district

Selection of Positive Deviants

This selection was carried out to identify parents/ caretakers who would be /promoters of the good nutrition practices in the community.

A total of **573** positive deviants were selected in 5 project districts.



CDFU BCC Officer demonstrates proper handwashing using a tippy tap in Kamwezi, Kabale district



Mothers learn how to prepare porridge enriched with avocado & eggs for their children to prevent malnutrition during a household based food fair in Kabale district

Rock Point 256

In 2014, *Rock Point 256* was a year away from making a decade on Uganda's airwaves. **The drama broadcast on 24 local radio stations in four languages (English, Luganda, Luo, 4Rs) to approximately 7.2 million listeners.** *Rock Point 256* remained a favorite radio program to many. During the year, the 65 episodes of the radio serial drama covered; EMTCT, SMC, the capitation grant from government and parents' involvement in their children's education; community involvement in education; youth participation in political decisions; youth demanding accountability from their leaders; gender (early and forced marriages) and access to justice.

CDFU supported 46 listening groups with radios, recorded episodes and discussion guides to facilitate group listenership and discussions. With this innovation, young listeners had opportunity to access the radio drama any time. The group discussions stimulated dialogue, feedback and behavior change.

CDFU received feedback from the listeners through SMS, the Hotline, Facebook, Twitter, letters and emails. Over 2,000 calls were received through the Hotline; membership on Facebook rose from 593 to 12,545 members and over 4,932 likes from the listeners. All the 49 episodes and 16 summaries were uploaded onto YouTube for listeners who missed the live broadcasts or needed to listen to particular episodes again.

Feedback from listeners of Rock Point 256

Kasigazi Tarsis from Kanganga, Mayanga, Mitooma District sent a text saying: *"Dear Rock Point 256, thank you so much for teaching us. Surely people are shameless and disappointing. How could Deo (a character in the drama) steal the cement that the community bought to use in building accommodation for the health centre staff quarters? I am disappointed; he should be punished for this."*

SMS from Kasenge Christopher from Ssenge in Wakiso district *"It's actually very true, there are very few textbooks in government schools. You find five pupils using one textbook. I would like to urge government to give textbooks to UPE schools."*

"Dear Rock Point, I am Kamau Majid from Obongi in Moyo District. I keenly follow the Rock Point drama particularly the education segment. As a primary school teacher, cases of parents sending children to school without books, pens, uniforms and even failing to pay for lunch just because government says education is free are rampant. Thanks for including education issues in your shows."

Kamau Majid from Moyo is a teacher and says... *“Dear Rock Point, thanks for the good work. For those parents who don't know their responsibility, I always try to pass through the PTA general meetings and any other public sittings to remind parents that they need to take responsibility for their children's ' education. We try, but change takes its time, but it's worth trying. Thank you Rock Point.”*

16 year old Asiimwe Evelyn called the Hotline from Kabale and said she loves listening to *Rock Point* and it has helped her grow because she has learnt a lot. It has also helped her to live her life in a positive manner.

Members of Rock Point 256 listening group- Mpigi

A 19 year old female from Agago district called appreciating *Rock Point* drama. She said that it had brought positive impact in the lives of people especially the youth. She added that many of her peers had learnt about early marriages and its consequences. She also said that she got the lesson from one of the characters (Peace). According to the drama, Peace kept her daughter Damalie in school even when she was under pressure to have her married off by her father. The caller said: *“Parents must not allow their daughters get married at an early age but allow them to carry on with their studies.”* She resolved that she was going to encourage others to always listen to *Rock Point 256* drama.

A 19 year old male from Arua District called to appreciate *Rock Point* for the drama on radio because he learnt a lot regarding issues like domestic violence, politics and about his rights as a citizen which he didn't know before. He thanked CDFU for the *Rock Point 256* program.



Civic Education

CDFU received support from the Democratic Governance Facility (DGF) for the production and broadcast of *Rock Point 256* storylines as the center piece addressing civic education. CDFU implements the “Empower a youth, Build a nation” project funded by DGF. The project aims at enhancing civic knowledge and skills of the youth to increase their participation in decisions that affects them.

Working with young people, CDFU supported 46 listening and discussion platforms (23 in-schools and 23 out of school) that are spread across the country: During the year, CDFU engaged listening groups in discussions about the lessons learnt from the serial drama.

Success Stories

Kiyunga Youth Drama Group in Kamuli district

“We discovered that some leaders have been embezzling government funds and were not delivering services to people. As a group, we mobilized friends in the sub-county to demand accountability jointly. In the meeting, we found out that the financial year 2012/2013 had funds allocated for the construction of the Musunu-Nakakabala road but the funds were nowhere to be found. We pressed them hard until they promised to work on the road with their own funds. As we speak, the road was well constructed and people move freely and comfortably at any time.”

Youth Talk Club in Koboko District

The local area leaders and communities of Yibonge cell in Malenga ward will for a long time be proud of Youth Talk Club, a *Rock Point 256* listening and discussion platform in Koboko town council. The group started listening to the *Rock Point 256* serial drama and felt moved to emulate the youth of *Rock Point* village in demanding accountability from leaders. They mobilized community meetings in which, after some effort, they managed to persuade the leaders to join in the meetings. This was used as a forum for community members to raise issues affecting them and to demand better services from their leaders.

The community raised pressing issues such as the bad roads especially Julian road and demanded that the leaders have it repaired. The meetings yielded results with construction of the road starting two weeks after meeting the leaders.

Data John, the area LC can attest to that: “We appreciate these youths so much because they have made it easy for us to interface with the community members and discuss issues openly. They have really eased our work; they are our ‘eyes’ in the community,”



Leaders addressing a community meeting mobilized by Youth Talk Club



Juliano road construction begins (above) and Road construction under supervision (below)

Education

Rock Point 256 has been instrumental in getting parents interested in their children's education. The education storyline is supported by Twaweza Initiative of Hivos Tanzania. The drama fetched over 1500 comments on the education storyline alone through the different channels of social media. It also caused positive change in some communities as reflected in the success story below:

Shimoni Secondary School in Kabale district

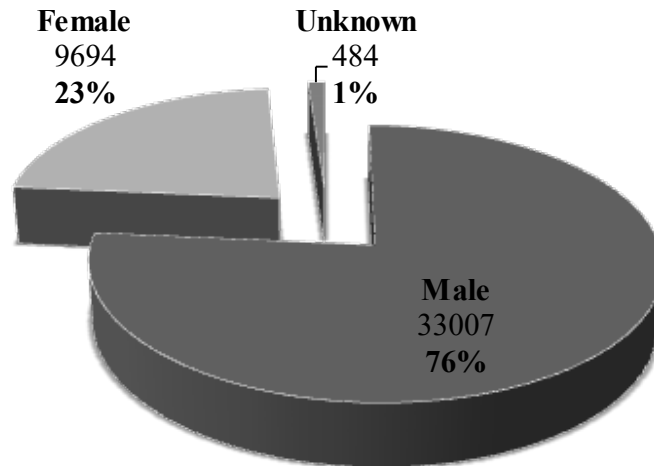
After listening to the *Rock Point 256* drama, the members of Shimoni S.S *Rock Point 256* listening group chose to act out scenes from the drama, which depicted the role of parents in helping their children improve on their performance in school.

“We acted the part where Deo (a character in the drama) refused to contribute towards construction of the school latrines and his daughter Damalie was sent out of school and also the support Steve (a character in the drama) was giving his daughter. We then challenged the parents who were ‘Deos’ in their children’s lives to change and become like ‘Steve.’ We also encouraged them to listen to the drama. The parents were ‘touched’ and some parents have since changed their behavior. They support students more and give priority to school fees and scholastic materials than they did before.”

Health Information, Counseling & Referral Services through the Hotline: 0800 200 600

CDFU continued to operate the toll-free Hotline that provides reliable, anonymous and non-judgmental services to 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. The Hotline is available at no cost to the caller. The counselors received close to 350 calls on a daily basis.

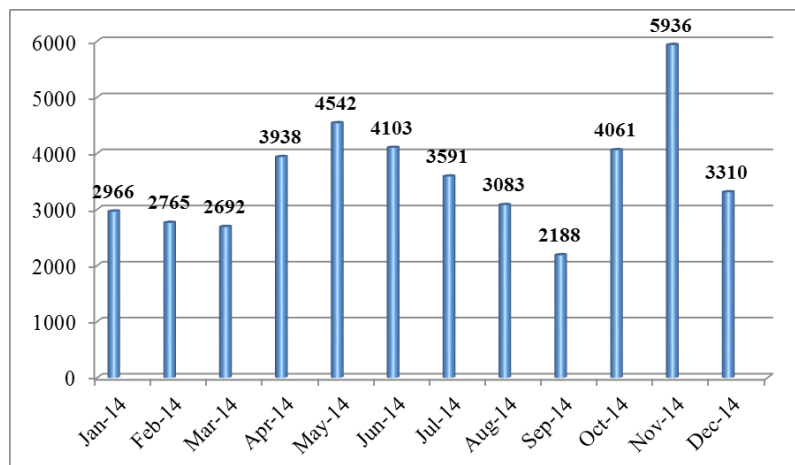
Sex of callers



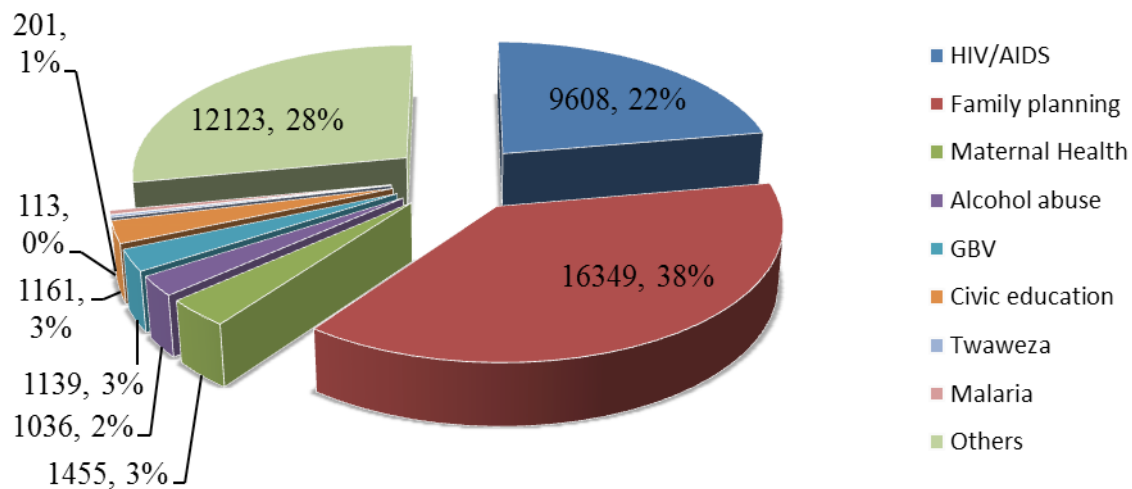
During the reporting period, **a total of 43,184 calls were attended to. Most callers were male - with only 9,694 calls from females.** Most callers sought information on family planning (16,349) and HIV&AIDS (9,608), followed by maternal health (1,455), civic education (1,161), GBV (1,139), alcohol abuse (1,036), Twaweza - Education (113), malaria (201) and others 12,123.

Trend of callers per month

Out of 43,184 calls received during the year, the month of November registered the highest number of calls in response to the teenage pregnancy campaign.



Callers per issue



Feedback from callers

"I want to thank you for your services, I used to drink a lot of alcohol and when I called you told me to avoid 'drinking friends' and I did it and it's worked for me. I try to make myself busy and it's 3 weeks now since I stopped alcohol, I want to thank you. I even talked to my girlfriend and she has also stopped for some days now." 18 years' old boy from Ibanda district.

Another caller expressed the following sentiments: "I want to thank the Hotline for educating us about family planning. After counseling us, we were referred to Mayuge HC III where we made up our mind to start on the implant. It is six months now ever since my wife began using family planning and she has no problem. Counselors told us that in case we want to have a baby, we can go back and they remove it any time we want."

"I would like to applaud you for empowering me to talk to my daughter about Teenage Pregnancy. I called in September for your information and after talking to her, her education has improved drastically" said Alex, a 42 year old gentleman from Tororo district.

A 19 year old boy from Busia appreciated the Hotline after being counseled to get rid of a sugar mummy who was sexually exploiting him and paying his school fees. The boy narrates:

"I was able to take the advice given from the Hotline to leave this lady who was twice my age. I am out of her hands and ready to join my family again."

Other Achievements During the Reporting Period



During the six years of implementation of SMP, CDFU took the lead in implementing the community mobilization activities which contributed to the projects communication campaign including the “Stop Malaria In your Community (SMYC)” initiative. This campaign aimed at building individuals’, households’, and the community’s competence to stop malaria deaths and reduce malaria morbidity among children under five years and pregnant women. SMP came to an end and CDFU was

CDFU receiving a plaque from the Hon Minister of State for Health - Dr Elioda Tumwesigye in recognition of their contribution to the Stop Malaria Project.

appreciated for her role in mobilizing communities to fight malaria.

Different stakeholders including management and staff attended the CDFU Strategic Plan 2016 – 2020 validation workshop.



CDFU staff, Board members and collaborating partners at CDFU 2016-2020 Strategic Planning workshop held at Protea Hotel.



CDFU Board members and staff during the Strategic Planning retreat at Garuga, Entebbe.



Intensifying Demand and Utilization of Services through IEC Materials

During the year, CDFU produced and disseminated information education and communication (IEC) materials to reinforce messages through other media and channels. The materials included; leaflets, posters, brochures, flipcharts and billboards among others as portrayed in the picture above:

Lessons Learnt

- Detailed segmentation of the audience according to specific behaviors, attitudes and practices is a great influencer for 'customized' behavior change interventions.
- Active participation of youth in health promotion programs has a multiplier effect. This is because they are able to reach many more people in their respective households and communities.
- Innovativeness in reaching the targeted beneficiaries with an integrated package of services (both behavioral message and biomedical services) at convenient locations opens an avenue to reach people who are not keen at taking up health services.
- Utilizing district based radio stations and "community radios" facilitates the process of addressing relevant issues to the target audiences.
- Community leaders and other influential, trusted opinion leaders are key in disseminating information to the grassroots.
- Involvement of district based structures in all our interventions including the trainings is symbolic in building sustainability beyond CDFU's engagement with the districts/ communities.
- The implementation of health education in schools makes the teachers realize the need to create a youth friendly environment in their schools through establishment of counseling rooms, changing rooms and equipping them with emergency pads, mattresses and IEC materials.
- Routine supervision builds confidence in the targeted communities empowering them to take action in different issues.

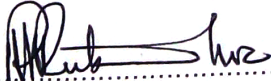
Financial Statement

COMMUNICATION FOR DEVELOPMENT FOUNDATION UGANDA (CDFU)
(A Company Limited by Guarantee and Having no Share Capital)
STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED 31 DECEMBER 2014

		2014 Ushs	2013 Ushs
ASSETS	NOTE		
NON-CURRENT ASSETS			
Property and equipment	5	<u>284,023,557</u>	<u>268,342,146</u>
CURRENT ASSETS			
Account receivables	6	208,550,336	172,659,801
Cash and cash equivalents	7	<u>500,131,716</u>	<u>824,805,075</u>
		<u>708,682,052</u>	<u>997,464,876</u>
CURRENT LIABILITIES			
Account payables	8	<u>323,254,031</u>	<u>127,176,024</u>
NET CURRENT ASSETS		<u>385,428,021</u>	<u>870,288,852</u>
NET ASSETS		<u>669,451,578</u>	<u>1,138,630,998</u>
CAPITAL AND RESERVES			
General fund	9	318,590,223	322,709,678
Capital fund	10	284,023,558	268,342,147
Restricted fund	11	<u>66,837,797</u>	<u>547,579,173</u>
		<u>669,451,578</u>	<u>1,138,630,998</u>

The notes set out on pages 18 to 24 form an integral part of these financial statements

The financial statements were approved by the Board on 08th October 2015
and signed on its behalf by:


Board Chairperson


Board Secretary


Executive Director

Board Members Profiles



Mrs. Robinah Rubimbwa is the Chairperson of the Board of CDFU. A seasoned talented communicator and trainer, Ms. Rubimbwa holds an MSc Degree in Management and Planning; a Diploma in Journalism and Communications Management; a BA in English Language Studies and Literature; and a Diploma in Education. She is currently the National Coordinator of the Coalition for Action on 1325 (CoACT 1325) and has over 18 years' experience in the design and implementation of development communication strategies and programmes.



Mr. Bruce K. 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 CDFU and has over 20 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.) is a Social Work and Social Administration Graduate from Makerere University, Kampala. He has a Masters' Degree in Health Promotion from University of Bergen, Norway and a PhD in Medical Science awarded jointly by Karolinska Medical University, Sweden and Makerere University. He is also a Research Director at the Advocates Coalition for Development and Environment (ACODE), a think tank registered as a Non-Governmental Organisation in Uganda. He has several postgraduate certificates notably; 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. He is an Associate Professor of Behavioural Sciences and Mental Health in the Department of Psychiatry, School of Medicine, Makerere University College of Health Sciences. He has accumulated experience in research and training, especially about the interface between social science and health sciences. He has published over 25 papers in internationally recognised peer-reviewed journals and text books.



Mr Joseph KB Matovu [BA (SWSA), MHS] is the Training Manager for the Makerere University School of Public Health (MakSPH)-CDC Fellowship Program (2008 to-date) and an Honorary Lecturer (2011 to-date) in the Department of Community Health and Behavioral Sciences at MakSPH. Prior to joining the Fellowship Program, Mr Matovu worked with the Rakai Health Sciences Program where he served in various capacities for a period of ten years. He is a behavioral research scientist with research interests in HIV prevention and sexual and reproductive health research. In the area of programming, Mr Matovu is interested in health communication, with a particular emphasis on Social and Behavior Change Communication (SBCC) programs. He is also interested in HIV counseling and testing, capacity building for leadership and management, and programs targeting key populations with a special focus on truck drivers and sex workers. Mr Matovu is an accomplished author and peer reviewer for several international conferences (e.g. International Family Planning Conference; International AIDS Conference; etc.) and peer-reviewed journals (e.g. Lancet Infectious Diseases, AIDS and Behavior, The Lancet, Journal of the International AIDS Society; BMC Public Health, among others). He has so far published 26 articles in peer-reviewed journals, and has several manuscripts undergoing peer review. He is an Associate Editor with AIDS and Behavior and has published a book chapter on the implementation of biomedical HIV prevention interventions in Uganda. Mr Matovu is a member of the International AIDS Society, the African Network for Strategic Communication in Health and Development (AfriComNet), and Uganda Society for Health Scientists.



Stephen Openy is a community development worker with experience spanning over 8 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 at the Uganda Red Cross Society, the leading humanitarian organization in Uganda at National, Regional and Branch levels in different capacities. In addition, 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). Mr. Openy has also inspired many through counseling and motivational speech. He ably translates his skills and knowledge into action, and therefore continuously influences the landscape of youth development in Uganda.



Mr. Basil Tushabe holds a Masters degree in Demography (Makerere University) and obtained further training in Social and Behavior Change Communication from Johns Hopkins University Centre for Communication Programs (USA) and the World Bank. Mr. Tushabe has over 14 years of experience in Behaviour Change Communication, Program Development, Management and Evaluation, with specific focus on malaria and sexual, reproductive, child and maternal health programs. He has additional experience in social marketing and community based public health program planning and implementation. He also has 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.

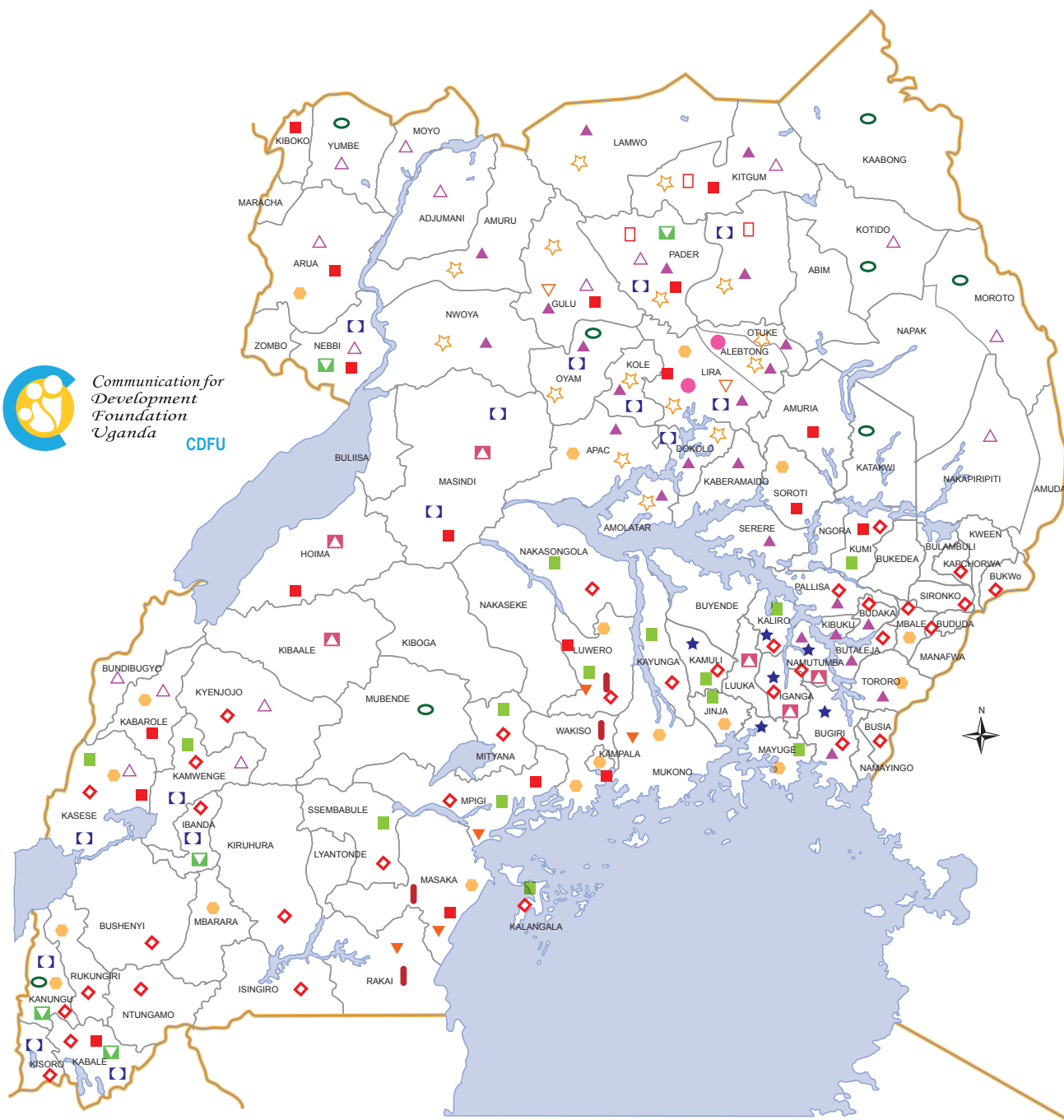


Nankunda Babihuga has a Masters in Public Health Leadership (Uganda Christian University, Mukono), Post Graduate Diploma in Project Planning and Management (Uganda Management Institute) and Bachelor's Degree in Education (B.A/ Education) Makerere University. Ms. Nankunda received training in Social and 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 16 years' experience in strategic/behaviour change communication that includes designing communication strategies, development of communication materials and capacity building in SBCC.



Anne 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 16 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.

CDFU's Current and Past Areas of Operation



Past projects

- Uganda Malaria Partnership Programme (UMPP)
- AFFORD (POLs)
- Africa Transformation
- ▽ CRS- Farmers information service radio
- △ Community Resilience Dialogue (CRD) radio programmes
- UNICEF- Peace building and social transformation
- STRIDES for Family Health
- ★ STAR- EC

- Northern Uganda- Health Integration to Enhance Services (NU-HITES)
- Adolescent Sexual Reproductive Health and Rights (ASRHR)
- Stop Malaria Project

Young Empowered and Healthy (YEAH) -
Covered all the districts of Uganda

Microfinance Consumer Education -
Covered all the districts of Uganda

**Advancing Healthy Advocacy
for Reproductive Health (AHEAD) -**
Activities were held in all regions

Current projects

- Civic Education
- ▲ Indoor Residual Spraying (IRS) project
- Healthy Choices (UNFPA)

Rock Point 256 - Covers all the districts of Uganda

National Health Hotline - Covers all the districts of Uganda

- Community Connector
- WHO- ANI project
- UNICEF Nutrition project
- Advocacy For Better Health

*Building
Competent
Communities
Through
Communication*





Communication for Development Foundation Uganda CDFU

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2014

Annual Report