



*Communication for
Development
Foundation
Uganda*

2017

Annual Report

CDFU is a reference point for social behaviour change communication, training and materials development for health and development in East Africa.



Change in 2017

5

**INSIGHTS
MISSION &
VISION**

11

**REPRODUCTIVE
HEALTH**

15

Malaria

16

**GENDER-BASED
VIOLENCE**

18

CITIZENS' VOICES

26

LEARNING

20

- HOTLINE**
- COMMUNITY**
- ONLINE ENGAGEMENT**
- OPPORTUNITIES**

STRATEGIC INSIGHTS



BOARD CHAIR PERSON
DR. WILSON WINSTONS MUHWEZI

It is my pleasure to share with you the Communication for Development Foundation Uganda (CDFU) 2017 Annual Report. The year 2017 has seen CDFU take strides in implementing its strategic mission through delivering high quality social and behaviour change communication (SBCC) programmes in health and development.

During the year, the Board of Directors continued to provide strategic guidance to CDFU to ensure successful execution of its programmes focusing mainly on Reproductive Health (RH), Malaria, Gender-based Violence (GBV), Advocacy, Civic education as well as provision of information counselling and referral services through the Toll – free Hotline.

I would like to take this opportunity to appreciate our stakeholders and development partners that support the different CDFU projects including USAID (through different partner organisations), the Democratic Governance Facility (DGF), UN Women, United Nations Population Fund (UNFPA), PATH and Plan International Uganda. Your partnership enables us to touch lives every day. It is invaluable.

Lastly, I wish to commend the CDFU management and staff without whose tireless efforts and commitment, none of these achievements would have been possible. As we look ahead, we anticipate a shift towards addressing the second mission priority for the CDFU five- year Strategic Plan – institutional strengthening.

A handwritten signature in dark ink, appearing to read 'Wilson Muhwezi', with a stylized flourish at the end.

*"...propelling
expertise,
expanding
networks, and
maximizing
resources
to empower
communities
with
the right
information
for behaviour
change..."*

Compelling Change

MESSAGES FROM THE EXECUTIVE DIRECTORS



ANNE GAMURORWA

A handwritten signature in blue ink that reads "Anne Gamurorwa".



BASIL TUSHABE

A handwritten signature in blue ink that reads "Basil Tushabe".



**ALLEN NANKUNDA
BABIHUGA**

A handwritten signature in blue ink that reads "Allen Nankunda Babiuga".

The field of SBCC is increasingly becoming more diverse and fluid because of the rapidly changing audience needs and preferences. At CDFU, 2017 has been a year of learning, adapting and refining our tools and approaches to meet the needs of our target audiences. We influenced positive behaviours through our projects and partnerships that included *Healthy Choices*; Youth Rock the Nation; End Violence Against Women and Girls (EVAWG); USAID/Uganda Voucher Plus Activity; Malaria Action Program for Districts (MAPD); USAID Regional Health Integration to Enhance Services in East and Central Uganda (RHITES-EC); USAID Advocacy for Better Health; and USAID Indoor Residual Spraying (IRS) project. CDFU was also privileged to participate in the USAID Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E) that commenced in July 2017. We also received new funding from PATH to implement SBCC interventions for the Sayana Press Self-injection project. In addition, CDFU continued providing information, counselling and referral services on health and development through our Toll – free Hotline 0800 200 600.

In this report we invite you to read our compelling experiences in 2017 and especially the stories of courageous people who, through our SBCC programs, have chosen to adopt healthier and more prosperous lifestyles. The other key highlight of the year included the launch of the 'Make Happiness Not Violence Campaign' under the UN Women supported EVAWG project on 31st May 2017. The launch was presided over by His Excellency the Ambassador of Sweden and brought together 134 participants ranging from government officials, UN agencies, media practitioners, civil society organizations to law enforcement

agencies(Uganda Police Force and UPDF), religious and cultural leaders, judiciary and institutions of higher learning. In relation to Gender Based Violence (GBV), CDFU participated in commemoration of 16 Days of Activism against Gender-based Violence through dialogues at schools and communities, debates and football matches. In our civic education work, Youth Rock the Nation project funded by DGF ended in December 2017.

CDFU prides itself as a good neighbour in 'its community'. Towards this end, CDFU, identified and supported 30 low income-families headed by elderly caregivers with assorted items (including dry rations, blankets, basins, jerricans and clothing) as part of our annual corporate social responsibility. The families were identified through St. John's Church, Kamwokya.

To our development partners including donors, district and community leaders, CDFU staff; thank you for choosing to change lives. Special appreciation goes to the CDFU Board of Directors for their continuous guidance and support throughout the year. Most importantly we salute all the people we worked with who are living healthier and leading the transformation of their families and communities.

*Our audiences
are bombarded
with trends and
information that
shape their lifestyles
in dynamic ways.
As such, we must
rise to the occasion
with diverse, timely
smart, buyable and
relevant strategic
behavior change
communication.*

What we DO....



OUR VISION

"A transformed society
where individuals take
action to improve
their lives."

WE ARE COMMUNICATION FOR DEVELOPMENT FOUNDATION UGANDA

A Ugandan based development
communications non-governmental
organization established in 2002 to
bridge the gap in provision of Social
and Behaviour Change Communication
services in Uganda.

OUR EXPERTISE

We operate as a one-stop centre for design and production of various communication products (print and electronic) and implementation of SBCC programmes with focus on: reproductive health, HIV and AIDS, TB, nutrition and food security, WASH, malaria, gender, financial education, and governance.

OUR MISSION

“Design and deliver communication programs tailored towards sustainable development.”

We focus on community mobilisation and empowerment; development and production of toolkits, job aids, and Information, Education and Communication materials, development of radio programs, design of communication and advocacy strategies, and capacity strengthening in SBCC.



WORKING THROUGH PARTNERSHIPS

CDFU works with and through existing structures including government departments at national, district and lower levels non-governmental organisations, community-based organisations, school clubs and other community structures and networks.

Government

Ministry of Health
Ministry of Gender, Labour and Social Development
Health facilities
Judiciary
District local governments
Law enforcement

Community based organizations

Village Health Teams

Development partners

DEMOCRATIC GOVERNANCE FACILITY
PATH
USAID UGANDA
UNFPA
UN WOMEN
PLAN INTERNATIONAL UGANDA



TECHNOLOGY FOR BEHAVIOUR CHANGE

We provide reliable information, and confidential counselling and referral services through our toll-free Hotline on 0800 200 600.

[0800 200 600]



"As a peer educator, many youth tell me they don't feel comfortable to disclose details about their private life. But we tell them the Hotline has counsellors to help them which eases our work."

Said Serunjogi

Reproductive Health & Family Planning

"...28 percent of currently married women have an unmet need for family planning (FP) services" (Uganda Demographic Health Survey 2016)



SUPPORTING YOUTH, WOMEN, AND COUPLES TO MAKE HEALTHY CHOICES is one of the ways we work with community organizations and development partners to reduce teenage pregnancies and child marriages.

Project:

Healthy Choices project is supported by the 8th UNFPA/GOU Country Programme on family planning and maternal health

Coverage: Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit, Napak, Amuria, Bududa, Butaleja, Iganga, Kapchorwa, Katakwi, Gulu, Lamwo, Kitgum, Mayuge

Approach: Design and implement a multimedia campaign and train VHTs to provide correct information and conduct effective listening group discussions on family planning, teenage pregnancy and child marriages.

We reached

Youth (10-24 years) and women of reproductive age (18-45 years) and their partners.

"...I was sure that I was not getting pregnant since I had the implant in my arm. I got peace of mind because I was not worried about getting pregnant."

Anna Nyorok, Moroto district



Actions Taken

- Calling the tollfree Hotline for more information and referrals
- Visiting the health facility for services
- Solving issues as a couple without using violence
- Increased awareness about family planning methods

THERE WAS A SINGLE MOTHER, Anna...



Anna Nyorok with her third born child

In Rupa subcounty, Moroto district, *Rupa United*, a 30-strong women's group meets weekly to listen to a captivating radio drama aired on *Nenah Fm*, a local radio station. The drama has changed the lives of these 30 women, but more so, that of Anna Nyorok, a single mother of four.

"There is a day we listened to a father struggling to look after many children when his wife was sick. I realized that what Simon was going through that day is what I go through every day. I decided to ask Lucy, a member of the group and a village health team member to escort me to the health facility where I was told about the different family planning methods. I chose to use an implant. I was sure that I was not getting pregnant since I had the implant in my arm. I got peace of mind because I was not worrying about getting another pregnancy. I also told my friend, Angela, about it, and she also chose an implant", says Anna.

The '*Healthy Choices*' radio serial drama discusses family planning for teenagers, women, and couples using fictitious characters who address common behaviours and raise issues around reproductive health.

OUR STORY IN NUMBERS



1.7 million

people in central and northern regions of Uganda listened to the '*Healthy Choices*' radio drama in English, Luganda, Ng'akarimojong, and Luo.

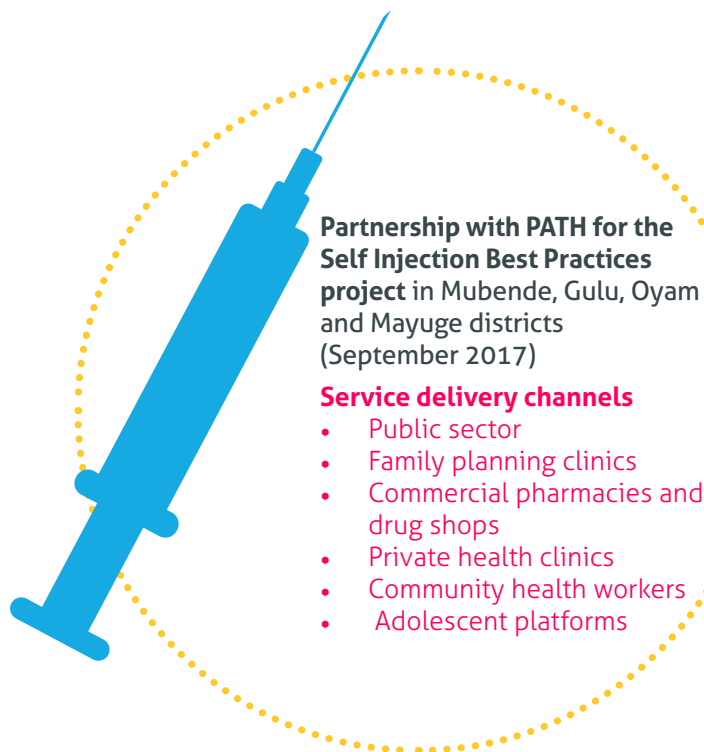
1,232

radio spots on teenage pregnancy broadcast on 11 radio stations

60,000

Family planning posters produced in English, Luganda, Luo, and Ng'akarimajong

PARTNERSHIPS TO INCREASE ACCESS: SELF-INJECTION PROGRAMME



Our gains so far

Validation: Consultations with 84 participants across the 4 districts to adapt and validate the SBCC Strategy for self-injection

Community mapping: Mapped and selected 15 community structures through which to disseminate self-injection information

IEC materials: 2,000 posters in Luganda and 800 t-shirts

Training: 46 Girl Mentors trained in IPC and self-injection to conduct dialogues among their peers

15 toll-free Hotline counsellors trained to provide appropriate information

Service providers trained in IPC, communication skills, and self injection practices



Group discussions during strategy development consultation workshops

"...develop an optimal self-injection programme through identification, implementation, evaluation and dissemination."

Informing programme design

We hope to learn about proficiency, cost-efficiency, accessibility and client satisfaction, (including adolescents) and service providers effectiveness in implementing the self-injection project.

Safer Options

Promoting safe, facility-based deliveries

The challenges associated with using traditional birth attendants include; costly fees and poor prenatal and neonatal maternal health care resulting in death and avoidable illnesses.

By providing subsidized vouchers to pregnant women to encourage them to deliver at health facilities, our partnership with the USAID Uganda Voucher Plus Activity is improving both infant and maternal health. We worked with private sector providers to build their technical capacity to deliver quality services to pregnant women.



"I encourage other pregnant women to buy the voucher and deliver from health facility because it was safer for me."

22,000 adults and 9,800 youth reached through community sensitization meetings

600 men reached through 'men only' dialogues in 12 districts to promote male involvement in supporting partners to access family planning services

Agnes, 23, and her husband Ocen Geoffrey had always used a traditional birth attendant to deliver their children.

"I would struggle to pay the attendant money or a goat, which my husband could not afford."

When Agnes was pregnant with her fourth child, the couple met Evelyn Awidi, a Community Based Distributor of vouchers who sensitized communities about the benefits of delivering at a health facility.

"I received a voucher for UGX 4,000 (USD\$ 1) from Evelyn and went to the health centre for antenatal care. I was also treated for malaria at no extra cost. During my next visits, I was provided treatment at no cost. I safely delivered at the facility with good care from the midwives. I also intend to use family planning."

29

districts in Acholi, Lango, Bugisu, and Teso sub regions

160

private facilities





Malaria

"...Community-level protection against malaria helps reduce the spread of the disease and offers an additional layer of protection against malaria for those who are most vulnerable..." (Uganda Demographic Health Survey 2016)



90%

IRS coverage
sprayed houses

CDFU worked with the National Malaria Control Program, development partners, district and sub-county officials to plan and implement SBCC activities for the five-year IRS project

Indoor residual spraying profits women

Community Health Extension Workers, also known as Village Health Teams, play a critical role in primary health care delivery in Uganda as they have a vested interest in the success of health projects through which they gain skills and income generating opportunities. Acomo Margaret, a community member, worked as a store keeper for the Indoor residual spraying project in Dokolo district.

"I developed interest in this project because I wanted to help my community members. As an IRS store keeper, I kept records of project equipment and ensured that all the materials were in stock and kept safely. I can still remember how excited I was to receive my first pay. The iron sheets at home were very old and during the rainy season the roof would leak. With my first pay I bought iron sheets and repaired our old roof. The next salary helped me to pay school fees for my siblings. I saved money every month in order to achieve my dream of a university education. The project has not only kept my family members healthy, but has also given me a good income. Through my savings, I finally enrolled at Gulu University."



OUR LEARNING:

Research shows that women who control the family income are more likely to invest in education and health care. According to The World Bank, providing education and job opportunities for women leads to increased economic productivity, more representative policies, and better development outcomes for the entire community.

Gender-Based Violence

62% of 15-19 years old and 60% of 20-24 years old believe violence against women and girls is acceptable

(Uganda Demographic Health Survey 2016)

HOW TO HAVE HAPPY ENDINGS

The change agents

Government officials, Ambassadors, UN agencies, media practitioners, civil society organizations, law enforcement agencies (Uganda Police Force and UPDF), religious and cultural leaders, judiciary, and institutions of higher learning (Makerere University and Gulu University). **The stakeholders signed a pledge to play their role effectively, in prevention and response to VAWG.**

Increasing awareness among women, girls, men and boys on violence against women and girls

Empowering women and girls with knowledge on their rights, available services and measures to protect themselves against violence.



The Ambassador of Sweden to Uganda, launching the Make Happiness Not Violence Campaign

OUR STORY IN NUMBERS

2.2 million

People reached with VAWG messages in the 7 target districts

225

Community development officers, Probation Officers, Local Councils, teachers, religious and cultural leaders equipped with knowledge and skills on VAWG prevention, GBV services and power dynamics in relations

2,613

Radio spots

41

Animated TV spots broadcast



7 districts

Kampala, Moroto, Kaabong, Gulu, Kitgum, Pader, Kamuli where the Make Happiness Not Violence campaign was run

Contextualizing the discussion

The *Make Happiness not Violence* campaign is designed within the the following frameworks:

National Gender Based Violence Policy

The 2030 agenda, **Sustainable Development Goal number 5 on gender equality and the empowerment of women and girls.**



What 95,000 people now know
Violence prevention and response, consequences, relevant laws, gender equality

WHY THE “Make Happiness NOT VIOLENCE” campaign MATTERS

Milton Nyonyintono was an alcoholic. He often beat his wife, Sarah Nakawooma in a drunken rage. Without savings or income, he took their two children to live with his parents.

“He would beat me whenever I complained about his drinking, returning late at night or not providing for us. What saved me were the community activists who visited and held dialogues in our village regularly. One day I shared information about our marriage conflicts because I loved my husband. At first my husband was hostile during the meetings, abusing the activists. Eventually he realized they were there to help and he began to change. He now provides for the family and we discuss matters as a couple.”



Milton Nyonyintono and his wife Sarah with community activist, Fiazo Nabangi, who was trained in VAWG prevention and provided with tools to conduct outreaches to households. Fiazo supported the couple to resolve their differences and maintain harmony in their home.



OUR WORK IN PICTURES

A talk show on ending violence against women and girls on NBS.



CDFU Executive Director addressing a community dialogue on Indoor Residual Spraying



CDFU staff and EDs hand over a package to an elderly lady in Kamwokya during the CDFU outreach event in December 2017



Rock Point 256 storyline review

Advancing the Better Service Delivery mandate

Citizens' voices for quality service delivery



When citizens are provided with correct information about public services, their rights and responsibilities, they are empowered to advocate for better service delivery. We worked with development partners to support citizens engage policy makers at all levels to improve the quality, availability, and accessibility of health and other social services in 35 districts in Uganda.

Project: Advocacy for Better Health

Project support: USAID

Partner:s PATH, Initiatives Inc.

ACTIONS THAT STRENGTHENED ADVOCACY EFFORTS



9 Radio talk shows discussing Safe Motherhood Day, 16 Days of Activism against Gender Based Violence and World AIDS Day.



188 TV spot messages on HIV/AIDS test and treat policy on 3 national television stations



160 calls handled by trained Hotline counsellors on drug and essential medicines stockouts, poor quality service delivery, and other advocacy issues.

When YOUTH ROCK THE BOAT...

Amplifying youth involvement for civic and human rights

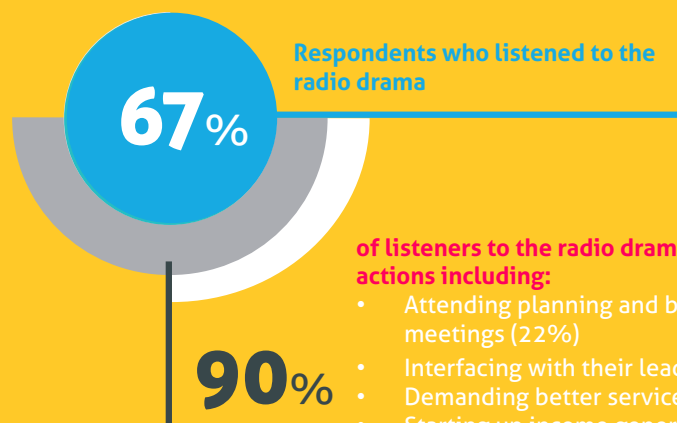
Increasing the level of confidence among the youth 15-30 years to demand their civic and human rights (including economic rights and responsibilities) is central to building their capacity to engage in planning and budgeting processes especially as they relate to job creation and employment. CDFU enhanced confidence through *Rock Point 256*, a radio drama broadcast on 12 stations in 4 local languages and English. This civic education intervention was supported by the Democratic Governance Facility under the *Youth Rock the Nation* project.



Hop, skip, and jump behaviour change communication game

2,272

callers received information, counselling and referral services through the toll-free Hotline after listening to the drama



of listeners to the radio drama took actions including:

- Attending planning and budgeting meetings (22%)
- Interfacing with their leaders (14%)
- Demanding better services (7%)
- Starting up income generation activities (54%)

"When I dropped out of secondary school, some of the girls that I had become close to started encouraging me to join prostitution as a quick way of making money which I desperately needed. It was after listening to the 10th season of the Rock Point 256 radio serial drama, where there was a girl called Damalie whose father was trying to marry her off at an early age, that I began to see my life from a different perspective."

-Esther Biira, Rubirizi district

Increasing UTILIZATION OF HEALTH SERVICES

Demand creation through social behaviour change communication

Major deterrents for use of health services often include limited availability and poor quality. We supported interventions to strengthen health systems, improve quality, and increase availability of services. Our communication activities focused on demand creation for malaria, maternal neonatal and child health, HIV/AIDS, family planning, tuberculosis, nutrition and water and sanitation through community mobilization campaigns.

PROJECT: RHITES-EC in 11 districts of Bugiri, Busia, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba.

OUR STORY **IN NUMBERS**



24

Outreaches increased access to health services for key populations and priority populations



7,042

people supported to access services



65

radio talk shows broadcast



2,513

calls on FP, HIV/AIDS and voluntary medical male circumcision through the CDFU toll-free Hotline

Ask any question...

We provide confidential counseling and credible health information through our Hotline (0800 200600) which is managed by trained counsellors. The counsellors also give referrals for other health services. The Hotline service is free and available on weekdays and Saturdays.



"My friend had misled me that I can't get HIV since she was already taking ARVs, and there was no need to even use condoms. But when I called the Hotline the counsellor gave me the right information before I met my friend which saved my life."
-John, Mubende district

MOST COMMON HOTLINE TOPICS

Family planning: 26%

HIV and AIDS: 15%

Maternal & child health: 13%

Growth & development 10%

350

Calls received daily on the CDFU Hotline

Other caller topics: Sexual reproductive health, malaria, GBV, civic and voter education, alcohol abuse, education business mentorship and nutrition



A peer educator conducts interpersonal Communication (IPC) session during a integrated community show in Mukanga-Buyenda District

Martin called in to the Hotline about HIV testing; he was encouraged to go with his wife to the nearby health facility and test for HIV as a couple.- Martin, Kabale district

"When I got your number I called and the counsellor took me through the proper procedures and I'm now better". (Mathias, Mbarara district, called in for referral services for post-circumcision care)

"July, August, September registered the highest number of calls from USAID RHITES-SW, USAID Social Marketing Activity and Youth Enterprise Model clients".

Being GOOD NEIGHBOURS COUNTS...



KAMWOKYA OUTREACH

CDFU staff and management organised and held a community outreach activity in Kamwokya in partnership with St. John's Church of Uganda. This is part of CDFU's strategy to make a difference in its surrounding communities. CDFU staff and management provided 30 vulnerable families in Kamwokya with an assortment of items including blankets, buckets, jerricans, clothing as well as food items,

GETTING TO GLOBAL: Our online engagement



Facebook | Vital statistics

Post reach: 12,114%

Post engagement: 9,000%

Page reviews: 100%

15,176

members reached through
the Facebook handle

Feb 2018 • 7 days so far...

TWEET HIGHLIGHTS

Top Tweet earned 1,810 impressions

Warm reception **#LiveYourDreamUG**
campaign in Kisenyi, downtown Kampala.

@UNFPAUganda @SwedeninUG
@officialKOICA @GorettKomurembe
@SeniorCymo @GeofreyAmo
@maisochris @BANankunda
@AnneGamurorwa @Basiltushabe
@MinofHealthUG @RonMenta
@masettes @vivicaquuku
@EvelynLanyero @PamSi1
pic.twitter.com/MXowcQcv0z



Top mention earned 57 engagements



Namukose Leticia Rit

@LeticiaRitah • Feb 5

Early child marriage robs a girl chances of
making her dreams come true.
#LiveYourDreamUG @DSWUganda1
@CDFUUG @MinofHealthUG
@UNFPAUganda @KasiitaMark
@reachahand @SAUTiplus
@SarahAdemun @byaruhanga1f
@aanyufrances95 @genius_47
@kateregga_E @safepalapp
pic.twitter.com/hxGDhkzHLP



Twitter | Vital statistics

Twitter impressions: 15,400

Tweets performance: 700%

Mentions by other users:

522.2%

Profile visits: 163%

Learning as we WORK

Use of a multi-media approach including IPC, mass media, IEC materials and group communication approaches remains significant in reaching the different audiences with key messages.

Working through partnerships increases the ability to achieve more at a lower or same cost

Involving district leadership at all levels in project design, implementation and monitoring is key to project ownership, accountability and sustainability

The CDFU toll free Hotline provides immediate feedback to enable the advocates follow up immediately on an issue and also provides evidence based data that can be utilised to discuss advocacy issues with duty bearers.

Continuous mentorship and supervision of community teams (including activists, influencers and VHTs) is paramount for effective implementation of SBCC interventions.



OPPORTUNITIES FOR CONTINUOUS IMPROVEMENT

Radio network reach in some districts is limited as some districts do not have a radio station or there is poor network. This often requires the use of alternative traditional methods that are not effective in conveying the messages.

Other districts have multiple radio stations which makes targeted communication difficult. **More research is required for radio messaging to ensure it is fully optimized as it is the most common form of community reach.**

Cultural beliefs and myths continue to negatively influence community mindsets. For example, women empowerment is seen as a root cause of problems in families and it faces high resistance by both men and women. **Changing mindsets is a process that requires continuous investment in sensitizing district governments, community leaders and influencers who in turn can shape the actions of community members.**

Male involvement is critical to the success of development work and especially where health interventions require both men and women to make decisions. **Programmes need to explore innovative ways to sustainably secure male participation in positive behaviour change beyond project life cycle activities.**

CDFU BOARD OF DIRECTORS



CHAIRPERSON
DR. WILSON WINSTONS MUHWEZI



EXECUTIVE DIRECTOR TECHNICAL
MS. NANKUNDA BABIHUGA



EXECUTIVE DIRECTOR MANAGEMENT
MR. BASIL TUSHABE



EXECUTIVE DIRECTOR PROJECTS
MS. ANNE GAMURORWA



BOARD SECRETARY
MR. BRUCE KYERERE



BOARD MEMBER
MR. STEVEN OPENY



BOARD MEMBER
DR. JOSEPH MATOVU



BOARD MEMBER
MS. JOWERIA KAMARIZA



BOARD MEMBER
MS. CATHERINE MWESIGWA KIZZA



BOARD MEMBER
MR. FRANCIS XAVIER SENTAMU


FINANCIALS


STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2017

		2017 UGX	2016 UGX
	NOTE		
ASSETS			
Non - current assets			
Property and equipment	5	<u>183,459,246</u>	<u>198,668,708</u>
Current assets			
Account receivables	6	105,963,872	132,733,921
Cash and cash equivalents	7	<u>799,680,140</u>	<u>381,355,362</u>
		<u>905,644,012</u>	<u>514,089,283</u>
TOTAL ASSETS		<u>1,089,103,258</u>	<u>712,757,991</u>
EQUITY AND LIABILITIES			
Equity			
General fund	9	164,990,101	172,472,491
Capital fund	10	183,459,245	198,668,708
Restricted fund	12	<u>715,653,912</u>	<u>184,581,599</u>
		<u>1,064,103,258</u>	<u>555,722,798</u>
Current liabilities			
Account payables	8	<u>25,000,000</u>	<u>157,035,193</u>
TOTAL EQUITY AND LIABILITIES		<u>1,089,103,258</u>	<u>712,757,991</u>

The notes set out on pages 17 to 26 form an integral part of these financial statements

The financial statements were approved by the Board on.....29/12/..... 2018
and signed on its behalf by:

.......... Chairperson

.......... Executive Director

.......... Board Secretary

COMMUNICATION FOR DEVELOPMENT UGANDA

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