



THE RETURN ON COMMUNICATION



*Communication for
Development
Foundation
Uganda*

ANNUAL REPORT 2019

Welcome to our 2019 Annual Summary

Contents

Multiple communication platforms, an avalanche of captivating media - this is the world in which we live, and our job is to grab the attention of communities long enough to inspire healthy choices and offer simple to do steps that empower people transform their own lives.

CDFU, 2020

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Dr. Wilson Winstons Muhwezi

CHAIRPERSON- CDFU Board of Directors

The Board together with management secured new partnerships and accelerated our efforts in securing a home for CDFU as a key sustainability milestone.

Letter from our Board Chairperson

I am honored to share with you our Annual report for the year ended 2019. During the reporting period, CDFU continued to focus on contributing towards our Vision of **a transformed society where individuals take action to improve their lives. With almost two decades of dedicated service**, CDFU's contribution continues to exceed benchmarks in provision of high quality Social Behavior Change Communication (SBCC) services and products. Our work continues to empower communities to make informed choices to improve their health and well-being as demonstrated in examples of success stories documented in this report.

The Board of Directors continued to provide strategic direction for the growth of CDFU and fulfillment of its mission of **Designing and delivering communication programs tailored towards sustainable development**. This oversight role led to the results detailed in this report. The SBCC programs implemented focused on Malaria prevention and control, Financial Literacy, addressing Gender-based

violence, Advocacy, Reproductive Health, HIV prevention and control among others.

The Board together with management secured new partnerships and accelerated our efforts in securing a home for CDFU as a key sustainability milestone. All these achievements would not have been possible without financial and technical contribution from stakeholders at the (National, District, Community) and Development partners. We greatly appreciate all this support.

Lastly, as I hand over to a new Board Chairperson and new members that joined during the reporting year, I do extend my acknowledgment and gratitude to all my colleagues on the Board, CDFU Management and staff for all the great work that helped us realize the achievements that impacted on the lives of the community members we serve.

Hello from our Executive Directors



Basil Tushabe

Executive Director Management

WE ARE BUILDING FOR THE FUTURE

The CDFU Executive Leadership remains firm in its commitment to provide governance, programmatic, financial oversight and leadership in line with our overarching strategy. This year we held our 19th Annual General Meeting during which the Board Chairman and three Board members officially retired from the Board after 6 years of exemplary service and leadership. Their leadership and guidance enabled CDFU to thrive during their years of tenure and we remain forever indebted to them. This year, we also accelerated the process of acquiring a permanent home for the organization. We believe that once this

acquisition is concluded, CDFU will have made a major stride in consolidating our long-term sustainability.

Staff development is an integral part of our commitment to not only develop our individual staff professional competences, but also seek to continuously improve our service delivery. This year, we held several professional development and technical skills trainings in advocacy; strategy development; Human Centered Design (HCD); WASH and MCH for our staff to make sure they are up to date with emerging trends and expectations in their respective fields.



Anne Gamurorwa

Executive Director Projects

REFLECTING ON MILESTONES

"In this fourth year of our five-year strategic plan (2016-2020), our focus has been on consolidating our gains while also venturing into new areas that improve the quality of service we provide to communities."

The gains have been to a significant extent the result of synergies built from working with partners on several USAID funded projects which included: RHITES-E (Intra Health International); RHITES EC (University Research Co., LLC); RHITES-N, Lango (JSI); Malaria Action Program for Districts (Malaria Consortium); Vector Link project (Abt Associates); DECIDE End Child Marriage (Plan

International Uganda); Make Happiness Not Violence (UN Women); and NUYOK (Catholic Relief Services).

Through these project-based partnerships, we were able to scale our SBCC best practices across technical areas ranging from Reproductive Health, family planning, food and nutrition security, to Malaria Prevention and Control; addressing Gender based violence while also reaching a plethora of communities in all corners of Uganda.

Our communication expertise and infrastructure were also leveraged by partners including UPIMAC, ACCION and Catholic Relief Services who utilized the CDFU recording studio to produce civic education messages; Rock Point 256 serial drama program to run messages on financial awareness and “Akiyar” a radio drama on food and nutrition security respectively.

The Toll-Free Hotline continued to serve as a useful community referral and information source accessible to a multitude of Ugandans from all parts of the country. The unit trained counsellors with different expertise on hand, and with language diversity also considered. The Hotline is open to callers with different needs and language preferences to remotely access the immediate services they seek.

This year also saw the close out of The Future is Now project funded by Democratic Governance Facility (DGF); the Self Injection Best Practices project funded through PATH; the Live Your Dream campaign funded by UNFPA; the Advocacy for Better Health project funded by USAID under PATH and the Voucher Plus Activity funded by USAID under Abt Associates.



Allen Nankunda Babihuga

Executive Director Management

Working intricately with Government at all levels has resulted in a more streamlined and efficient delivery of services in the communities we have engaged this year. Through formal MOUs signed with 11 districts and with the Ministry of Gender Labour and Social Development (MoGLSD), we have been able to secure the support and commitment of policymakers to fast-track SBCC interventions in the communities we served. We were also privileged to host the Ministry of Health Commissioner for Health Education and Promotion whose endorsement of our work reinforces the positive relationship we have with the Government of Uganda

As part of strengthening our links with institutions of learning in Uganda and mentorship in SBCC

practice, CDFU works closely with Makerere University and Uganda Christian University. This year we hosted Master of Public Health Students from the Uganda Christian University as part of our Student Mentorship program. They were able to spend time with our teams learning about our work and application of the different theories in the field. This opportunity for students to practically observe and apply what they are learning in a real time scenario gives them the chance to put their skills into practice and helps them experience first-hand the realities of a working environment. The success of these collaborations coupled with development of in-house competences has resulted in the successful achievement of set targets and overall growth of the organization.

WE ARE CDFU



OUR VISION

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



OUR MISSION

"Design and deliver communication programs tailored towards sustainable development."

16
Years

102
Districts

30+
*Campaigns
implemented*

SHAPING ATTRACTIVE CHOICES FOR GOOD HEALTH



WE ARE COMMUNICATION FOR DEVELOPMENT FOUNDATION UGANDA

A Ugandan based Development Communications Non-Governmental Organization (NGO) that was established in 2002 to provide fully fledged Social and Behaviour Change Communication (SBCC) services in the country.



OUR EXPERTISE

A "one-stop center" for design and production of various communication products (print and electronic) and implementation of SBCC programs with a focus on: reproductive health; HIV & AIDS; TB; nutrition & food security; WASH; malaria; gender-based violence (GBV); financial education; and governance.



TOLL FREE HOTLINE

The CDFU Toll-free Hotline (0800 200 600) provides reliable information, counselling and referral services on diverse issues.



WORKING THROUGH PARTNERSHIPS

CDFU works with government departments at national, district and lower levels; non-governmental organizations (NGOs); District Local Government (DLGS); Community-Based Organisations (CBOs); school clubs and community structures/networks.



OUR KEY AREAS

Community mobilization and empowerment; development and production of toolkits, job aids and Information, Education and Communication (IEC) materials; development of radio programs; design of communication and advocacy strategies and capacity strengthening in SBCC.

5 things we set out to do

ENRICH KNOWLEDGE: When people have the basic facts in a language, visual medium or other media that is attractive and relatable, the more likely they are to start their journey for better health and wellness.

SPARK CONVERSATIONS: Dialogue around the underlying factors that contribute to a problem and opportunities for intervention. The right talks generate curiosity and demand for formation, services, inspire action for reducing risk, vulnerability and stigma.

ADVOCATE CHANGE: The right messages can influence policymakers and opinion leaders at all levels to address public health problems.

STRATEGIC SOLUTIONS: Once the desire for a health solution or product has been generated, high impact messages are key to keep demand, access, and utilization up.

TARGET BARRIERS: A deep dive into current research helps articulate the type and nature of the barriers that prevent people from accessing health services and adopting positive behaviors. Messages tailored to research are more effective in empowering people to overcome the hurdles holding them back from living well.



OPENING DOORS TO A HEALTHY FUTURE

Since 2016, CDFU has served as the Community Engagement Agency (CEA) in the USAID Voucher Plus Activity focused on securing access to safe facility-based reproductive health services for poor women in 33 districts of Eastern and Northern Uganda. Our role has been to raise the awareness and increase uptake of the voucher program made available under this intervention.

WHAT WORKED, Voucher distributors save mothers and babies

To enable more women access maternal and child health education and quality care. CDFU recruited, trained and supported community agents to sell vouchers affordably to poor pregnant mothers in their areas. The agents referred to as Voucher Community Based Distributors (VCBDs) have been the engine of the project, responsible for selling vouchers to poor pregnant women, educating community members about safe motherhood and following up clients who have used the services. In addition, CDFU operates a Toll-free Hotline that was useful for providing information, counselling and referral services to community members. At the end of August 2019, the SBCC interventions of the project came to an end. We are especially proud to have enabled more expectant mothers and their new born babies' access critical professional maternal and health services close to home.

*By 2019 **5 in 7** new born deaths could be linked to limited access to skilled delivery services and follow on maternal and child care.*



Improved awareness, demand and utilization of services through maternal health vouchers

Identify, train and deploy VCBDs to market and distribute vouchers

OUR REACH



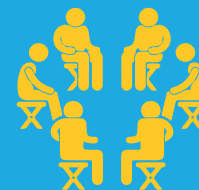
814

Voucher Community Based Distributors (VCBDs) trained and deployed. (286 of these were youth).



279

radio talk shows on 15 radio stations conducted across the 2 regions to promote uptake of the voucher.



4,233

Community dialogues and sensitization meetings held with women, health service providers, local leaders, men and youth on their roles in facilitating access to and uptake of Reproductive Health services.



8,295

calls handled (5,585 males and 2,710 females) by the Toll-free Hotline from the target districts.



311,606

vouchers out of the targeted **357,143** sold (87.2% achievement)



ACTIONS TO END CHILD MARRIAGES

WHAT WORKED, Community structures revolt against child marriages

Emphasis was on strengthening community-based structures to spearhead community mobilization, awareness, engagement of community leaders and influencers, and strengthening capacity of youth-led CSOs to actively influence positive practices regarding child marriage.

OUR REACH

932

teachers, school administrators and staff from 20 schools trained on their roles and responsibilities in protecting children from the risk of child marriage within the school setting and beyond.



360

student leaders from 9 secondary schools trained in conflict management.

260

students trained as peer mediators, equipped with skills in conflict management.



5,100

in-school and 1,286 adolescents and youth equipped with knowledge and skills on menstrual hygiene management.



2,620

adolescent boys and girls in 20 schools trained in making re-usable sanitary pads using locally available materials.

6,172

in and out of school adolescents reached with Adolescent Sexual and Reproductive Health and Rights (ASRHR) services.





COMMUNITIES DETERMINED TO KICK MALARIA OUT

Malaria continues to be a leading killer of Uganda. Specifically, the 15 high malaria burden districts of Otuke, Dokolo, Alebtong, Amolatar, Lira, Kaberamaido, Tororo, Serere, Pallisa, Butebo, Budaka, Butaleja, Kibuku, Namutumba and Bugiri continue to register a higher than average malaria prevalence (2018-19 Uganda Malaria Indicator Survey). CDFU under the 5-year USAID funded PMI Vector Link Project implements Social Behavior Change Communication (SBCC) activities that promote and secure community engagement in

the fight against malaria. Managed by Abt Associates, the project integrates Indoor Residual Spraying (IRS) and other vector control interventions including expansion of entomological monitoring to guide programs focused on insecticide-treated mosquito nets and IRS to fight malaria in the target districts. Specifically, CDFU provided technical support and implemented the SBCC aspects of the spraying exercise in conjunction with Ministry of Health, district and community stakeholders.

**WHAT WORKED,
Integrated, community
led malaria control
interventions**



Seven sprays to health and wealth.

Apea Anthonio (72), and his wife Aceng Evelyn (52) are residents of Teyao village, Teyao parish, Bata sub-county, Dokolo district. As peasant farmers, their income is meagre, and they are constantly faced with the difficult choice of what needs to prioritize and what to defer. In the past, malaria related medical expenses were a mainstay on their expenditure list and this meant sacrificing other essentials including tuition for their children in some instances. Fortunately, as Anthonio shared in a community dialogue, his house had been sprayed 7 consecutive times and since then, their home has been malaria free. Evelyn on her part delves much deeper into the broader socio-economic benefits that the family has reaped as a result of the

project. "Ever since this program reached my village, it has directly benefited my family and there has been reduction in malaria cases. We continue to sleep under mosquito treated nets every night. My family is now able to save some money than before and now am constructing some permanent house, I am also able to educate some of my children in school, and food that my family used to sell to buy medicine for the sick children is now a dream of the past. I therefore encourage everybody to embrace the program so as to kick out malaria from our community since health is everybody's responsibility".

Tragedy Inspires a Movement.

Esemu Silver of Ajikai a Village, Aperikira sub-county, Kaberamaido district, refers to 'malaria' as a 'killer disease'. Esemu lost 2 children to malaria in 2003 and 2007 respectively and like any other parent, the mental and emotional anguish that followed was devastating. Esemu however chose to fight back against this crippling disease. His first action was to acquaint himself with every possible knowledge about malaria and how to defeat it. He decided to spend time with health professionals at the Kaberamaido Health Center IV where he learnt different approaches and changes, he needed to make in his own home to control the disease. The second step was to actually follow through on the recommendations from the professionals. He Did. He bought insecticide treated mosquito nets for the family members,

made timely visits to the health center anytime any of his family members felt unwell, and in 2014 when the IRS program started in his district, Esemu was one of the first ones to sign up to have his house sprayed. Since then, he has realized tremendous decline in hospital visits due to malaria.

Once Esemu had successfully countered the malaria threat in his home, he made the commitment to do the same in his community. He is now a lead campaigner against malaria in his community and continues to be actively involved in initiatives to defeat malaria including supporting the national mosquito net distribution campaign, and the IRS.

OUR REACH



647

District Leaders trained and engaged in community sensitization for Indoor Residual Spraying (IRS).

20,012

Community members reached directly with information on benefits of IRS and other malaria prevention and control measures.



85

School outreaches conducted, and information on malaria prevention disseminated to 49,887 primary and secondary school going children/students.



10,355

Local leaders trained
and co-opted as frontline
mobilizers for IRS.



30 radio talk, **600** radio spot
messages, and **75** radio announcements

were broadcast and 16 media houses oriented
on the new insecticide (Sumishield) to ensure
dissemination of clear and consistent messaging.

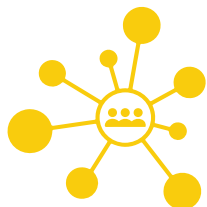


MALARIA INSIGHTS

CDFU is part of the consortium that implements the USAID Malaria Action Program for Districts (MAPD). MAPD is a five-year PMI/USAID funded project whose goal is to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project covers 47 districts in Central, Mid-Western, Western and

West Nile Region. CDFU is responsible for community mobilization interventions of the project that is managed by Malaria Consortium in collaboration with Jhpiego, Banyan Global, Deloitte Uganda, Infectious Diseases Institute (IDI) and Infectious Diseases Research Collaboration (IDRC).

WHAT WORKED,
Evidence driven
design



20,517 people were
reached with malaria control
messages through community
dialogues in Hoima, Masaka
and Rwenzori regions



With a wide geographical scope representing diverse cultures, practices and contexts, there was a need to better understand the malaria situation in each setting. Thereafter, there was an additional need to subsequently design contextually relevant SBCC approaches and not a 'one size fits all' intervention.

CDFU hence turned to the available District Health Information System (DHIS2) data to; (i) identify the malaria hotspots in the region, (ii) conduct a 'line listing' exercise which involved visiting selected Health facilities to identify villages with the highest malaria prevalence, as well as individuals recently diagnosed with Malaria, (iii) visit those homes and communities to assess the challenges and conditions that particularly pre-dispose them to malaria, and (iv) following discoveries, propose contextually appropriate malaria prevention and control interventions.

This process that involved extensive data analysis and verification revealed some very insightful patterns. The teams observed that most households that had banana plantations in close proximity of their homes, as well as households with poor ventilation and those with stagnant water trapped in human artifacts (discarded cans, pots, tires, etc.) were the most exposed to malaria.

Following these findings, the CDFU team focused the SBCC interventions on getting families to improve their overall household hygiene. This included sensitizing families to always clear the bushes around their houses and within their banana plantations; clear all the items that could breed mosquitoes and use local materials to cover large holes in and around the houses. They were also encouraged to use insecticide treated nets (LLIN); seek early treatment – within the first 24 hours in case of any onset of fever and to ensure they complete their medication once diagnosed with malaria.

Subsequent to the household visits, a community dialogue was conducted within the target villages to address the issues observed during the household visits. Guided by the Key Influencers, the community members developed action plans on what they were going to do to address the malaria challenges in the community. Some of the key action points developed by the community were: destroying breeding places in the community; holding household members accountable for LLIN usage and ensuring that household members seek treatment within 24 hours after an onset of fever.



Local leaders also pledged to support in the follow up of agreed actions and committed to prioritize available resources to malaria prevention and control interventions.

*After what I have seen from these homes we have visited and the dialogue meetings so far conducted, I am forced to call a meeting for all Chairmen of Ngoma villages to discuss the issues of malaria and what we can do. It is just not right to lead sick people as an LC chairman. **Julius Wacali**
Chairman LCI Ngoma A. Kyangwali.*



SOCIAL BEHAVIOR CHANGE COMMUNICATION FOR INTEGRATED PROGRAMS

During 2019, CDFU provided SBCC services under the USAID supported integrated projects in the Eastern region – **Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E)** and East Central Uganda – **Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC)**. The projects aimed at increasing utilization of health services by strengthening systems; improving quality, availability, and access to services; and increasing demand for quality services in 11 districts of East Central Uganda and 30 districts of Eastern Uganda. CDFU also provided SBCC support to the **Regional Health Integration to Enhance Services in North, Lango (RHITES-N, Lango)**. Focus areas included malaria; maternal, Neonatal and child health (MNCH), HIV&AIDS; family planning (FP); Tuberculosis (TB); nutrition; as well as water sanitation and hygiene (WASH). SBCC interventions focused on improving service uptake for underperforming indicators through addressing emerging determinants and barriers to service uptake including low knowledge levels, poor attitudes/skills/practices and negative social cultural norms among clients and health providers; addressing unique needs of target audiences in a holistic manner.

USAID Regional Health Integration to Enhance Services in Eastern Uganda (USAID RHITES-E)

SBCC interventions focused on improving service uptake through addressing emerging determinants and barriers including low knowledge levels; poor attitudes/skills/practices and negative social cultural norms among clients and health providers; and unique needs of target audiences. CDFU used the following engagement approaches: men only seminars for focused conversations on sensitive topics; Antenatal care (ANC) triggering events; Family Life Schools; The Wheel of Good Practices for Better Living; key population/priority populations (KP/PP) super peer model; peer-led interpersonal communication (IPC); facility level health education sessions and mass media. Adolescent specific activities focused mainly on teenage pregnancy and HIV prevention.

OUR REACH



176,837

individuals reached
through targeted
SBCC interventions.

22,090

**health facility
clients reached**
with information on
health best practices
centered around
behavioral change.



33,747

males reached with
messages on voluntary
medical male
circumcision (VMMC)
and 22,159 males got
circumcised.



552

**health workers, peers and
linkage facilitators** were equipped
with IPC skills and provided with
tools and materials on malaria, HIV
testing services (HTS), ANC, TB, FP
and prevention of mother to child
transmission (PMTCT).

Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC)

SBCC interventions under RHITES-E focused on creating awareness and mobilizing adolescents and youth (20-24); female KPs; men and women of reproductive age for VMMC (for males), TB contact tracing, HTS and viral load (VL) suppression. SBCC interventions also helped to increase demand and utilization of family health services in all the 25 districts in the region. Approaches included: interpersonal and group communication (IPC), mass media (radio and print) and the toll-free Hotline.

OUR REACH



50,361

homes in 15 districts reached with messages on reproductive health.



35,681

men mobilized for VMMC in Tororo, Butaleja, Kotido and Mbale districts. Out of these, 26,727 were circumcised



3,368

people (56% males and 44% females) reached with information counselling and referral services through the CDFU toll-free Hotline



955

community champions in 15 districts deployed to conduct home visits, facilitate men-only dialogues, women only seminars and link people to the toll-free Hotline



750

DJ mentions and 64 targeted radio talk shows on 13 radio stations broadcast focusing on TB, VMMC, VL, HTS, Cholera, FP, early ANC attendance as well as malaria prevention & treatment in Pregnancy





RADIO FOR LIFE

Uganda has a diverse media sector. There are nearly 300 licensed radio stations and 30 free to air TV stations serving a population of 46 million. Radio is a more popular medium than TV mainly because of poverty and limited access to electricity. A survey by BBC World Service in 2015 found that majority of the Ugandan population had a working radio (87%) and mobile phone (70%) in their household. Only a third had a working TV (34%) and only 13% of the population had access to the internet. Listenership figures show that radio is the most popular medium in Uganda and people can listen to the radio at home, at their friends', relatives or neighbors' and at work.

CDFU utilizes radio to reach communities with information on health and development. CDFU has produced different radio programs including radio drama (serial drama, short dramas and magazine radio dramas); radio spots and interactive talk shows (with community voices).

Currently CDFU operates a fully-fledged radio development unit that includes a team of scriptwriters, reviewers and translators as well as a recording studio.



CDFU has produced Healthy Choices, Live your Dream, "Mbigambiroha," "Kaloke," "Oteka" and Uganda's longest running radio serial drama Rock Point 256 which is in its 15th year of production.

OUR REACH

The radio development unit achieved the following during 2019:

AKIIYAR Radio Drama

Akiyaar is a radio drama produced specifically for the Karamoja region under the Catholic Relief Services (CRS) led NUYOK project. The department scripted and translated 30 episodes of the drama into Ngakaramajong the local dialect.

Rock Point 256

With support from UN Women, the Unit developed four (4) storylines for integration into Rock Point 256. The storylines focused on male participation in sexual reproductive health and rights (SRHR) especially Family Planning; child marriage; economic violence and Female Genital Mutilation (FGM). The radio drama was produced and broadcast in Ngakaramojong, Pokot, Lwo and the 4Rs (Runyoro/Rutooro and Runyankole/Rukiga).

SMART Campaign

CDFU with support from ACCION International developed short drama skits (5-7mins) with an interactive session (live call-in) with an expert. The radio dramas aimed to increase knowledge about financial consumer protection related issues in Uganda through awareness creation and information sharing. The drama skits focused on mobile money security; transparency (focusing on bank loans and transaction reversal); fraud; and responsible borrowing (focusing on digital credit and sports betting). A total of 15 programs were broadcast on 2 radio stations: Central Broadcasting Services (CBS) Radio and Radio Simba.

Production of Radio Spots

CDFU developed and produced radio spots for Uganda Project Implementation and Management Centre (UPIMAC) based on their 12 modules on civic education. The radio spots focused on access to justice, citizenship, gender, good governance, human rights, land, leadership and accountability, local governance, multi-party system, nationalism and the constitution.

"After listening to the drama, I have learnt to be careful when sending cash. I have learnt that I have to confirm both names of the person I am sending money to and also to call the person immediately after the transaction to check that he/she has received the money,"

Julius, a listener of Radio Simba



MAKE HAPPINESS NOT VIOLENCE

Violence against women (VAW) in Uganda is on the rise despite the presence of supportive laws and policies to protect victims and survivors. Efforts by various partners to address the social norms and practices that influence social tolerance and acceptance of violence against women and girls (VAWG) while commendable are also not far reaching enough. There have been commendable steps led by the Government of Uganda and development partners to build on the gains and tackle the shortfalls. Legally for example, the Government of Uganda has put in place a strong legal framework to curb GBV practices. One such endeavor is the introduction of the National Gender Based Violence (GBV) Policy that specifies the roles of each sector in prevention of

violence against women and girls. In addition, at programmatic level and with the intention to address poverty, which plays a factor in Violence Against Women, the government through the Ministry of Gender, Labour and Social Development (MoGLSD) launched the Uganda Women Entrepreneurship Program (UWEP). The program focuses on improving women's access to financial services and equipping them with entrepreneurial skills. CDFU as a development partner is complementing Government of Uganda (GoU) efforts of fostering an environment where women and girls are treated with respect and dignity through the UN Women funded Make Happiness Not Violence Campaign.

WHAT WORKED, A multi media campaign

The **Make Happiness Not Violence** multi-media campaign developed under the **End Violence against Women and Girls Now** project aimed at reducing social tolerance and acceptance for violence against women and girls (VAWG) in Central, Teso, Karamoja, Northern, and Eastern regions. The project targeted key influencers and duty bearers (media practitioners, local and cultural leaders and police) and equipped them with knowledge and skills to prevent and respond to VAWG. The campaign utilized mass media; interpersonal communication (using a network of community gender-based violence [GBV] activists); community approaches (including SASA! methodology) to stimulate dialogue and action among communities, families, schools and universities; as well as model positive practices through local and national media. The campaign was run in the districts of Kasese, Tororo, Amudat, Arua, Kyegegwa and Kitgum as well as Joint program on GBV Districts of Abim, Amuria, Kaabong, Kaberamaido, Kiryandongo, Kotido, Napak, Nakapiripirit, Pader, Yumbe, Moroto, Gulu, Bundibugyo and Kampala.

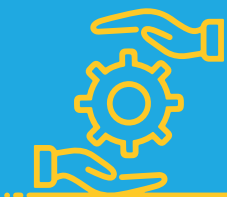


OUR REACH

116

district and sub county

leaders equipped with practical skills on the SASA! a community mobilization approach to prevent violence against women and men.



1,026

community activists

from 13 districts trained to implement SASA! Start Phase.



1,360

women were reached with messages on VAWG and SRHR through discussions held during the 16 Days of Activism against GBV.



7,143,943

people between 18-34 years countrywide reached with information on ending violence against women and girls through different communication channels including radio, social media and toll-free Hotline).



20

Keem Lucy, LCIII councillor, Loregae, Nakapiripirit district contributes to the discussions at one of the dialogue meetings held during the 16 Days of Activism against GBV



Community Activists from Moroto district (North and South division) during the launch of 16 Days of Activism showing their support to against sexual harassment

FROM THE DEPTHS OF DESPAIR, A CHANGE AGENT ARISES

Twenty-five-year-old Marita Loyollo is a Community Activist (CA), from Lomeri Village, Lolelia parish, Lolelia Sub County Kaabong district and this is her story



Drinking wars

"I, just like any woman in my village was introduced to drinking at an early age (infancy). It was normal for a young girl like me to drink "ekweete" (a local brew). I dropped out of school after primary six when I got pregnant. During my pregnancy, began drinking a lot more "ekweete" and started also taking "etule" a local gin along with other gins on the market." Loyollo says. "The drinking intensified after the birth of my second child and I started having problems with my husband. I would quarrel with him, neglect the children, arrive home late at night and sometimes sleep at the drinking places in the trading center. I thought it was all normal because this was the behavior of most women in the area." Marita continues, "We started having fights with my husband, neighbors and even parents in-law. The scars you see are a result of the fights."

Marita enrolls for the Village Health Team (VHT) training.

Being a young woman with some education background, Marita was selected as a member of the Village Health Team (VHT) and invited for the training. "When I was initially consulted by the Community Development Officer (CDO), Longoli Simon as to whether I wanted to be part of the group going to try and change the community in Lolelia Sub-County. I was hesitant at first but later accepted to out of sheer curiosity. I kept wondering why he had approached me yet other people in the community knew me as a spoilt woman and a drunkard." Marita adds, "During the training, we were taken through different sessions but the interesting one for me was the one on the "Stages of Change". The facilitators emphasized personal reflection based on our own experiences and how change starts from within. Some participants shared their experiences, which sounded to me like they were just talking to impress the facilitators. However, during the course of the training the issues started hitting home."

Marita elaborates further, "After the training, I left with one decision, to try and see how I can salvage my name in the community and how I can use my influence to change the lives of those in my community."

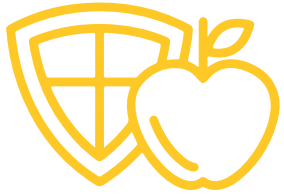


The way to freedom

Two months after the training, Marita's turnaround was evident for all to see. In her own words, she explains this transformation. "I have totally changed and everyone is now beginning to respect me. I have quit drinking, our marriage, which was on the verge of collapse, is now thriving and I am happily living with my neighbors. I am now trying to engage with fellow women on how it is possible to change and they are starting to listen. I plan to join a technical institute to get skills in tailoring in order to support my husband's efforts in looking after the family."

She credits her transformation to those who believed in her and gave her a chance.

"I would like to appreciate the CDO for choosing me without focusing on my dirty background and CDFU for the training and encouragement. My last word to every woman out there is; change is possible."



OUR FOOD AND NUTRITION SECURITY

CDFU is leading the SBCC interventions component on the Catholic Relief Services (CRS) led NUYOK (which means 'IT'S OURS' in Nga'Karamojong). The NUYOK project is focusing on improving food and nutrition security of vulnerable populations in for district in the Karamoja region. The five-year intervention aims to build resilience to shocks; enhance livelihoods and improve food and nutrition security for vulnerable rural families in Karamoja sub-region. Specifically,

Nuyok seeks to strengthen governance; promote gender equality; build community capacities to manage shocks and stress; strengthen traditional and diversified livelihood strategies; and improve nutrition and health including WASH for pregnant and lactating women, adolescent girls and children under five years of age.

WHAT WORKED,

During 2019, CDFU conducted a literature review followed by a rapid assessment in the target districts to inform development of the SBCC strategy. The findings among other insights informed the development of the radio drama (Akiyar) and adaptation of IEC materials. CDFU also identified and trained drama groups in forum theatre to reinforce desired SBCC messaging in the target communities.



OUR REACH

Key achievements realized this year include;



Mapping and training of 30 youth drama groups to disseminate key messages on poor hygiene and sanitation; infant and young child feeding; decision-making at household level; post-harvest handling; as well as harmful traditional practices and their impact on the community through community forum Theatre.



Development of the overall SBCC Strategy for the entire Nuyok project informed by the literature review and rapid assessments led by CDFU.



Development of the SBCC training manuals (Training of Trainers guide & Participants' Handbook) for use in training Nuyok implementing partner staff and local government officials.



Airing of a **30** episodes radio serial drama on food security, nutrition, WASH and access to care.



Provided information, counselling and referral services to a total of 483 callers from the target communities through the CDFU Toll Free Line Hotline (0800 200 600).



Conducted capacity building sessions for the Hotline staff and CDFU core team on essential food and nutrition security information to relay to callers. A total of 483 calls from target communities of the Nuyok project were handled by the Hotline team.



Messaging on nutrition improvements shared

"After attending the drama show, we have begun selling household food stuffs for genuine reason after receiving education on post-harvest handling, household decision-making and child care. For instance, I sold food items to raise money to buy medicine for my child and other household items. We have also improved hygiene in the family since we can now afford soap for washing clothes, utensils and hand washing" –a female participant from Lopeduru village, Nakapiripirit district.

"Listening to Akiyar radio drama has encouraged me to join a village savings group, which has boosted our household income. Since then, we have been able to buy cows and goats as a result of savings and from the cows, we can now take milk". Adult female participant from Oryieotyene village, Abim district.

REFLECTION TIME

CDFU's work in diverse contexts and fields has enriched us with valuable learning and working experiences which are vital to improving our work. In 2019, we appreciated that;

01 ◀ Myths and misconceptions regarding health facility managed maternal health remain prevalent in communities. Continuous engagement of communities is needed in this area to realize a paradigm shift.

02 ◀ Cultural and traditional prejudices continue to frustrate open discussions between parents and their children about adolescence and related body changes. This vacuum leaves children exposed to peer and unrestricted social media influences most of which are negative and misleading. Continuous dialogue with parents and children by experts on these matters needs to be facilitated at all community levels.

03 ◀ Insecurity occasioned by periodic raids by cattle hustlers necessitates regular and up to date tracking of security updates by security services. Adherence to security guidelines including regular training of staff and dedicated monitoring of security updates is critical for the safety of staff and communities.

04 ◀ The desert locust's invasion in most parts of Karamoja significantly threatened food and nutrition security of the targeted communities with most of the crops destroyed. This unforeseen occurrence necessitated adaptation and flexibility of the project implementation to better support communities cope.

KEY LEARNINGS

- Working with TBAs under USAID Voucher Plus Activity increased the rates of voucher redemption since many mothers still consult them. The TBAs equipped with knowledge on the benefits of the vouchers recommended them to expectant mothers. This was a positive indicator of how working with and through existing local structures can fast track uptake and success of a good initiative.
- Collaboration with other implementing partners both indigenous and foreign helped to reach bigger audiences with different interventions. The collaboration also allowed for leveraging of resources and hence maximizing of output.
- Creating an enabling environment for communities to share insights and provide feedback helped design appropriate interventions for the different communities. The feedback was for example instrumental in addressing myths and misconceptions around IRS in homes and subsequently led to an increase in uptake of the services.
- Outreaches in schools and churches still remain successful in mobilizing communities for adoption of healthy behaviors.
- Financial transparency with all partners in any project solidifies trust, and builds the right synergies for a productive collaboration on projects.
- Decision making especially in the Karamoja region is heavily influenced by elders, cultural leaders and men. Interventions in this region should utilize these as entry points.

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