

PEPFAR Uganda Community Grants to Combat HIV/AIDS

Program Report for Phase ☐ First ☐ Second ☐ Third ☒ Final (should summarize information for the entire grant period)

Dates Covered: Feb to May 2024 Organization Name: COMMUNITY DEVELOPMENT SHIELD UGANDA

Date Submitted: 16th June 2025 Submitted by: ACHOLA OLIVER

Instructions: Please complete the following Quarterly Program Report for activities accomplished over the past three months. Please be sure to provide detailed information. If you did not serve beneficiaries in the category, write "NA" in the block. Indicate priority populations such as clients of sex workers, displaced persons (e.g., refugees), fishing communities, military and other uniformed services (including police, border guards, and security workers), mobile populations (e.g., migrant workers, truck drivers) non-injecting drug users in the narrative.

Provide breakdowns in the following areas for new beneficiaries for this reporting period:

ORPHANS AND VULNERABLE CHILDREN				
Beneficiary Category	Breakdown by age and gender	# in Category this Quarter	Transferred	# in Category this Quarter
Active OVC beneficiaries (OVCs and Care Givers) (Required)	Female: <1, 1-4, 5-9, 10-14, 15-17, 18+	N/A	Transferred out to PEPFAR Implementing Partner	N/A
	Male: <1, 1-4, 5-9, 10-14, 15-17, 18+	N/A	Transferred out to Non-PEPFAR Implementing Partner	N/A
	Female: <1, 1-4, 5-9, 10-14, 15-17, 18+	N/A	Exited without Graduation	N/A
	Male: <1, 1-4, 5-9, 10-14, 15-17, 18+	N/A		N/A
# of OVC HIV Positive this Quarter <u>on</u> ART	# of OVC HIV Positive this Quarter <u>NOT</u> on ART	# of OVC who are HIV Negative	# of OVC with no test required based on Risk Assessment	# of OVC with no HIV Status Reported
N/A	N/A	N/A	N/A	N/A
KEY POPULATIONS				
# of MSM who are SW	N/A	# of Female SW;	N/A	
# of MSM who are not SW	N/A	# of PWD male	N/A	
# of TG who are SW	N/A	# of PWD female	N/A	
# of TG who are not SW	N/A	# of people in prisons and other closed settings	N/A	
ADULT MALES AND FEMALES (INDICATE IF FROM A KEY POPULATION)				
# of Females: 10-14	06	# of Males: 10-14	02	

# of Females: 15-19	36	# of Males: 15-19	09	
# of Females: 20-24	50	# of Males: 20-24	40	
# of Females: 25-29	42	# of Males: 25-29	65	
# of Females: 30-34	N/A	# of Males: 30-34	N/A	
# of Females: 35-39	N/A	# of Males: 35-39	N/A	
# of Females: 40-44	N/A	# of Males: 40-44	N/A	
# of Females: 45-49	N/A	# of Males: 45-49	N/A	
# of Females: 50+	N/A	# of Males: 50+	N/A	
# of Females: Unknown Age	N/A	# of Males: Unknown Age	N/A	
TESTING SERVICES (OPTIONAL)				
# of known positive	N/A	# referred for testing	N/A	
# of newly tested	N/A	# declined testing and/or referral	N/A	

KEY OUTCOMES FOR THIS GRANT PERIOD

- Briefly describe your overall goals for this reporting period and one to four key outcomes including the impact your efforts have had on the community and the beneficiaries.

Analyzing by the statistical outcomes what we have achieved by training 240 peer educators during the implementation of SRHR themed water point outreach project, CDS Uganda is proud to report that the project has so far been a great resource of information on SRHR and HIV/AIDS prevention to the project beneficiaries. As it can be analyzed below, the statistics of the impacted beneficiaries exonerate this claim. Thus, this quarter 1 reporting goals are as follows;

- To update PEPFAR Ugandan team on the progress made during project implementation of increasing access to SRHR and HIV/AIDS prevention information amongst children, adolescents and the youth in Kole District using the project outcomes as the benchmark.
- To provide accountability to PEPFAR Ugandan Team by outlining the planned activities, achievements which can be evaluated along the overall project goals.
- To support PEPFAR Ugandan team decision making process on resource allocation to CDS Uganda by documenting the current impact of the project implementation, trends and risks.
- To create historical records for the project impact in the society which could be valuable for future evaluation of the impact of the U.S.'s President's Emergency Plan for AIDs Relief (PEPFAR) and strategy adjustment in Uganda.

The following were the outcomes of the project implementation recorded in quarter 1;

- 240 participants were trained on SRHR and HIV/AIDS prevention core topics. The trainees included peer educators of age bracket 10-24 who were trained to spread health changing information in their communities, groups and amongst their friends on sexual reproductive health rights. They were equipped with information on sexually transmitted diseases like HIV/AIDs, Gonorrhea, Syphilis (how it transmits and how it can be protected. Emphasis was put on condom use where peer educators were trained on both female and male condom. Peer educators were also trained on SRHR youth friendly services that were accessed at the health centers and counseling skills that would help them talk to fellow youths and adolescents at their respective villages. The participant's age bracket of 10-24 was purposed, considering that peak infection of sexually transmitted diseases in Uganda is common amongst the chosen demographic age group. Teenage mothers were equipped with information about their reproductive health rights information, for example the right to maternal health, contraception's, safe abortion and the right to be free from torture.
- In total 36 boxes of latex condoms were distributed to (1) our peer educators were given 9 boxes of latex condoms for distribution in the community, (2) CDS Uganda delivered 20 boxes to Big wallet and queen sheeba bar,. The remaining 7 boxes were distributed to village health teams in Bala, Ayer and Akalo sub counties.

3. HIV/AIDs prevention training material were developed and distributed to project beneficiaries. To ensure further coverage and a better reach, our peer educators have every month organized training sessions at the different water point sources.
4. A total of 18 metallic sign posts including outdoor stickers containing HIV/AIDS information were set-up along pathways and strategic places like schools, hospitals and market places in the community. The sign posts have writings in both local language “*leblango*” and English. In total, an estimate of about 15,000 adolescents, young girls and women were able to access the information inscribed on the sign posts.
5. We also developed SRHR flyers (3120 flyers) containing information on HIV/AIDs prevention and distributed them to project beneficiaries. To ensure further coverage and a better reach, our peer educators have every month organized sessions to interpret the information on the flyers at the different water point sources.
6. A total of 60 T-shirts were distributed to peer educators and other young people under their group in Kole south. Inscribed with information about sex reproductive health such as abstain from sex, avoid drug abuse among others. This information was to aide memoire of the reproductive health rights of women in the local communities and serve a constant reminder of SRHR to the group subscribers and youth leaders to continue working as advocates for SRHR in the communities.
7. We also distributed a total of 53 back bags to peer educators to support their work at water points by carrying with them SRHR materials. The bags included reproductive health rights customized information for the population age group like sexually transmitted diseases:
8. Throughout the project period, Community Development Shield Uganda in partnership with Reproductive Health Uganda (RHU) organized a reproductive health rights outreaches at Bala Town council and Akalo sub-county respectively. A total of 366 participants attended the outreach and were equipped with the knowledge about their reproductive health rights such as the rights to maternal health, contraception, HIV, abortion, and information about gender-based violence which is a Human Rights
9. Since our community outreach campaigns were being organized at water points, we integrated the concept of hand pump mechanics in the project. Education sessions were held along with training the youth in basic hand pump repair and maintenance techniques for water sustainability. In particular, hand pump training was provided by our partners Femos Consult who are engineers in borehole construction and repair. Since Community Development Shield Uganda aims to increase access to safe water in the District, we thought this would be added value to the SRHR project. Moreover, the value addition made the education sessions more engaging and significant. A total of 60 youth were trained in hand pump repair and maintenance in the second quarter of the project with support from sustain for life through femos consult and being implemented by community development shield Uganda.

Overall, the participants have shown great interest in the project based on their uptake of our activities and resources under this program. According to our monitoring and evaluation report survey carried out at Bala Health Center III, the number of youth and adolescents requesting free condoms at the health facility has increased during the project cycle.

- Optional: Provide some lessons learned or project successes that should be shared with other small grant projects and PEPFAR Implementing Projects.
 - ✚ We also learnt there is need for organizing targeted sexual reproductive health rights sensitization meetings with youth specific SRHR themes to communicate relevant information that align with their sexual reproductive health needs in the society. For example, we believe as the cases for HIV/AIDs increase in the country, the provision of health services like HIV/AIDs testing and counseling needs to be intensified as a measure to contain the spread of the virus.
 - ✚ We also learnt that there is need for the provision of physical sexual reproductive health rights resources such as organizing of more training boot camps with the youth and adolescents to improve their knowledge on their reproductive rights across the District.
 - ✚ As it is that the prevalence of sexually transmitted diseases is most common amongst individuals aged 10-24 years, we learned there is need to scale this program in education institutions and youth groups in the District to enhance the chances of its positive impact.

BRIEFLY DESCRIBE YOUR PROJECT ACTIVITIES DURING THIS REPORTING PERIOD

List each activity that should have been accomplished during this reporting period (See page two of your Award Provisions) and provide a detailed account for each activity including the following information (only include as many activities as you have listed in that quarter on page two of your Award Provisions):

Activity 1: Training of peer educators to promote health enhancing changes by increasing access to SRHR and HIV prevention information and services in the communities.		Date of Activity: March 2024- May 2024	# of Beneficiaries who attended:
Intended Outcome: To train 50 peer educators (adolescents and youth of whom 34 were female and 16 were male) from the sub-counties of Ayer, Bala and Bala town council on sexual reproductive health and HIV/AIDS		Actual Outcome 240 peer educators were trained on sexual reproductive health and HIV/AIDS information and services from Akalo, Ayer, and Bala sub-counties	240 # of Beneficiaries listed in Award Provisions for this Activity: 50
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes: Adolescents peer educators were trained on Sexual reproductive health education and HIV/AIDS prevention. The peer educators have been a significant aid in promoting the awareness on sexual reproductive health rights information and services amongst the youth and adolescents in communal gathering places like water point sources, schools, and within the community.	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges: Kole District has a total of 8 sub-counties (Aboke, Akalo, Alito, Ayer, Bala, Okwerodot, Ayer Town Council and Aboke Town council yet again we have been able to only cover 3 sub-counties by the end of the 1 quarter. On one hand, the lack of competent and eligible peer educators has been a holding factor in our intentions to scale the program throughout the District while on the other hand; the limited budget provided by PEPFAR meant we had to be cost-effective in our operations. Secondly, this being the first phase of the program, we had not yet rolled out an effective community outreach and sensitization program to attract potential beneficiaries into the program and raise their awareness about our program. Throughout quarter 1, our community outreach programs have been based on our peer educators, stakeholders like healthcare centers, and community leaders. Unfortunately, this has been responsible for the moderate turn-up numbers during reproductive health rights outreach we have organized. Thus, we are planning to expand our peer educator team to comprise at least 10-15 individuals in every sub-county, double and improve our community sensitization campaigns to include local radio stations, education institution leaders, and village youth groups to help us in sensitizing the public about our activities under the PEPFAR program.	
Activity Objective Was Met this Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this: N/A	
Activity 2: Development of SBCC materials		Date of Activity: June 2024- September 2024	# of Beneficiaries who attendd: 110
Intended Outcome: Planting of sign posts at water points that will continue to provide information on HIV/AIDS conveyed to the community members Bags and T-shirts will continue to provide information on HIV/AIDS conveyed to the		Actual Outcome: 18 metallic sign posts 2 tear drops 1 pull up banner 3120 flyers	# of Beneficiaries listed in Award Provisions for this Activity:3019

community members		60 Bags with HIV Prevention messages distributed 53 T-shirts with HIV prevention messages distributed	
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	<p>Successes: A total of 18 metallic sign posts with key messages on HIV/AIDS have been set up at major public gathering places; notably in hospital compounds, school compounds and market areas. An extra one sign post was planted resulting in 106% success rate. These 18 metallic sign post were all installed at water points which are located in schools, Health centers, and community boreholes and markets places. 4 in schools, 3 Health centers, 5 market place and 6 in community boreholes.</p> <p>These sign posts will continuously convey information on HIV/AIDS and the messages are in both local language and English language. We estimate that about 15,000 people have been reached with the messages conveyed on the sign posts in this second quarter. As the locations are at market place which hosts over 10,000 people weekly, the hospital which hosts over 2000 patients monthly, school with over 3000 pupils, the posts will raise the awareness of many people on SRHR.</p> <p>Additionally, 2 tear drops and pull up banner were printed and are usually used during CDSU outreaches activities when engaging the youths. 3,120 flyers with SRHR information were distributed to the youths during our outreaches held in Bala sub-county, Bala Town council, and Akalo sub-county, Akalo Town Council, and Ayer sub-county. Our trainers; peer educators trained a total of 240 adolescent girls, young women and the youth in the second quarter.</p> <p>A total of 60 back bags adorned with SRHRs information were distributed to 60 adolescent girls. It is assumed these bags will continue to give off SRHRs information in the community were the beneficiaries come from</p> <p>In addition, we distributed a total of 53 T-shirts to our peer educators with messages like HIV/AIDs spread and prevention.</p>	
Project IEC Materials Used and Apprvd by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Applicable	Challenges: Challenges: literacy rates according to national population and housing census 2014 in the district affects the usage of IEC Materials.	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	Increased access of SRHR information and services to children, adolescent and youth.	
Activity 3: follow up of 50 peer educators providing sexual reproductive health and rights, HIV/AIDS to fellow youths at water point sources		Date of Activity: December 2024- January 2025	# of Beneficiaries who attended: 240
Intended Outcome: Peer educators to provide peer education on HIV/AIDS and SRHR to increase access and availability		Actual Outcome: Peer educators provided peer education on HIV/AIDS and SRHR to increase access and availability to their peers	# of Benefciaries listed in Award Provisions for this Activity: 240
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successe Our peer adolescent peer educators who were trained on Sexual reproductive health education and HIV/AIDS have been promoting the awareness of sexual reproductive health rights and HIV/AIDS information among fellow youth and adolescents in communal gathering places like water point sources, schools, and within the community	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges: Despite increasing the number of peer educators to 240 , their coverage reach has been limited in some areas. The population of the adolescents,	

		youths and young women in Kole is continuously increasing. On one hand, the lack of competent and eligible peer educators in some areas has been a holding factor in our intentions to scale the program throughout the district while on the other hand; the limited budget provided by PEPFAR meant we had to be cost-effective in our operations.	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 4:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 5:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 6:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	

Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 7:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PEPFAR HI/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 8:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 9:		Date of Activity:	# of Beneficiaries who attended:
Intended Outcome:		Actual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	
Activity 10:		Date of Activity:	# of Beneficiaries who attended:

Intended Outcome:		Atual Outcome:	
			# of Beneficiaries listed in Award Provisions for this Activity:
PEPFAR HIV/AIDS IEC Materials Used?	<input type="radio"/> Yes <input type="radio"/> No	Successes:	
Project IEC Materials Used and Approved by U.S. Embassy GOR?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Challenges:	
Activity Objective Was Met This Quarter?	<input type="radio"/> Yes <input type="radio"/> No	If not, I plan to meet my target next quarter by doing this:	

PROGRAM-SPECIFIC SUCCESSES, CHALLENGES AND CONSTRAINTS

- Describe how you selected beneficiaries.

Age was a key benchmark in selecting the beneficiaries of the project. The project officer (PO) mapped the project area in Bala sub-county, Ayer in Kole District, after mapping, the project officer scheduled an appointment with the LC1 chairperson of the village of residence of the beneficiaries and informed them through the meeting, the background of the project and its objectives. The chairperson then helped us in mobilizing the youth and adolescents aged 10-24 informing them about the program, the schedule date and the point of meeting. Membership was based on permanent residence in a target village for continuous attendance of the entire duration of the project for easy follow up and monitoring

- How did you ensure that the beneficiary selection process was fair, transparent and balanced?

The beneficiaries filed forms of consent to participate in the project activities, age bracket was a key consideration in the criteria, as the project targets adolescents and young men and women age 10-24 years. However, female participants were a priority group. This demographic group was believed to carry a great threat of sexually transmitted diseases by engaging in early sexual practices, early marriage yet at the same time lacked information on reproductive health rights because of their low education levels, effects of poverty and rural standards. Male adolescents and youth were also included in the training as they live in the same communities and face similar problems.

Did you have any problems regarding beneficiaries or constraints with working with the current beneficiaries?

Most beneficiaries were ignorant about sexual reproductive health and HIV/AIDS. To some of the participants, this information was the first of its kind to them. Thus, we had to carry out demonstrations like how to use a condom yet again this seemed coarse to the very minor individuals of 10+ years that were involved in the trainings. Secondly, since the project involved uneducated youth and adolescents, the education sessions were conducted in Lango. We also had to deliver the education materials on sexual reproductive health rights in both English and Lango. This was a bit time-consuming and costly.

- Administrative Successes, Challenges and Constraints: Describe challenges within organization's challenges with administrating the program (not described above).

Most of the administrative costs were met on time due to the early disbursement of funds for the first quarter. Thus, the accomplishment of the activities for training of 81 youths and adolescent girls and boys and the field visit and follow up of the trained peer educators on how they are training fellow youths at water points on SRHR was consistent.

Constraints met while administering the program were; delay in conducting the activity due to bad weather; heavy rainfall and bad access roads to training grounds. Secondly, our small peer educator team limited our coverage. Only 3/8 sub-counties in Kole have been covered. Late disbursement of funds and sudden suspension.

The training content (especially the leaflet materials) seemed difficult for some trainees as most of them are out of school adolescents. Even if the information was translated in Lango language, some can hardly read their dialect.

I also wish to report that a follow up on the trained peer educators in Q3-Q4 revealed an improvement in the peer educator's commitment to delivering the SRHR information to their fellows as they were trained compared to Q1 and Q2. The peer educators routinely held education sessions at water point sources and in the communities as further attested by the community members. Peer educators have been encouraged to maintain the momentum and continue acting as ambassadors of SRHR information in Kole communities beyond the project period.

- How are you going to (or did you) overcome above challenges and constraints (not described above)?

✚ The training content had to be explained verbally and in simple details for the participants to understand so as to realize the goals of the project.

✚ Secondly, we are planning to expand our peer educator team. In particular, we want to allocate at least 10-15 peer educators in every sub-county in the 5 remaining sub-counties to help us increase our coverage in the implementation of this program. We also intend to add 1 project officer to help ease the administrative work involving networking, collaborations and strategy development for the efficient implementation of the project.

✚ We had to do internal borrowing of funds to meet the demand of our service providers and continue with project implementation as guided by the PEPFAR team in early January 2025.

- Are you still on schedule and plan to finish the grant within the grant period?
Sudden Trump Administration policy affected the implementation causing the delays by 4 months.

LINKAGES

Community Linkages –Describe the networks you have for support in your community in the following areas by including how they are supporting your organization in implementing the projects:

- Community Leadership: (i.e. LCs, District officers, Religious Leaders, etc.)

Local chairpersons, religious and cultural leaders have been pivotal in helping us mobilize the target beneficiaries and promoting awareness about the benefit of the project to the lives of the adolescents in the community

- Health facilities (HIV service providers)

Akalo,Ayer and Bala Health Centre III and reproductive Health Uganda have been key partners in supporting our trainings on HIV/AIDS, counseling and testing integrated with pregnancy testing, condom distribution, reproductive health training, and General health Education. Bala Health center III in particular have been a key reference point for the provision of PrEP in consultation with ART facility and linkage facilitators as well as voluntary Medical Male Circumcision

- Child and Family Support (i.e. community volunteers, counselors, etc.) – if you are working with OVC

N/A

- School and Education – if you are working with OVC

N/A

Program Leverages

- Are the same beneficiaries receiving other supports by your organization or other organizations/donors in HIV and OVC area?

Yes

- If yes, describe what type of supports the beneficiaries are receiving and who are funding these supports. - List all the other activities which the same beneficiaries are receiving from different funding sources or programs including the number of such beneficiaries receiving multiple supports. For example, if you enroll HIV positive into ART, list the health care facility and describe the type of support, i.e. ARV drugs, PMTCT and mosquito nets.

Four of the project beneficiaries are receiving antiretroviral therapy from Bala Health Centre III. Community Development Shield Uganda continues to follow up on them in observation of the 95-95-95 UNAIDS Uganda strategy. On the other hand, some beneficiaries especially the youth have been receiving HIV/AIDs testing and counseling services from Bala Health Centre III and Reproductive Health Uganda. The health facilities provide testing kits and personnel to conduct the activity.

With funding from plan international, we are supporting the beneficiaries with income generating activities like rearing of chickens and tree planting. This project is bridging the gap created by sudden suspension of the PEPFAR program.

SUSTAINABILITY

- Describe your efforts during this reporting period to sustain your program after the PEPFAR Uganda Community Grants to Combat HIV/AIDS ends.
1. Thankfully, this project implementation involves community members (peer educators, local council, Religious and cultural leaders and healthcare institutions) in the planning, implementation, and evaluation of the project. This is helping us to foster a sense of ownership of the project and ensures that the project aligns with the needs and priorities of the community.
 2. We have invested heavily in building the capacity of local stakeholders, including community leaders, teachers, and youth peer educators. As it is noted in the above, we have trained a total of 240 peer educators on SRHR topics like sexually transmitted diseases and reproductive rights for mothers to enable them to continue the project activities in the community independently. Moreover, we are planning on expanding our peer educator team which will enable us have more ambassadors on SRHRs and HIV/AIDS prevention in the community to ensure continued awareness of sexual

reproductive health rights in the community.

3. We have collaborations with Reproductive Health Uganda and Bala Healthcare Centre III stakeholders working in the field of SRHR to leverage their resources, expertise, and networks to enhance the outreach and impact of the project and to facilitate its sustainability.
4. Community Development Shield Uganda will advocate for supportive policies and resources at the local, regional, and national levels to ensure sustained funding, institutional support, and legal frameworks for SRHR initiatives. Our management will engage policymakers, and opinion leaders to raise awareness about the importance of SRHR for youth and adolescents in Kole.
5. We have established robust monitoring and evaluation systems using the logic evaluation model and quarterly surveys to track the progress and impact of the project over time. This is helping us to collect data on key indicators related to SRHR knowledge, attitudes, behaviors, and health outcomes among youth and adolescents. We will use this information to assess the effectiveness of the project and to inform adaptive management and decision-making amongst the beneficiaries and support stakeholders for the project.
6. As it is our intention to contribute towards zero rate HIV/AIDs in Kole and ensure knowledge of reproductive rights amongst adolescents and the youth in the district, we will diversify funding sources and explore innovative financing mechanisms to support the long-term sustainability of the project. We are receiving funding from plan international to continue support these beneficiaries in skills development and access to SRHR services.

- How is the impact of your project activities going to be felt in your community, after your project?

The water point outreach and education implementation plan is an effective way to bring services closer to the project beneficiaries. The use of youth peer based approach will make the project friendly and facilitate continued learning through experience sharing. On the other hand, the distribution of leaflets will help the project beneficiaries have easy access to SRHRs information within the community that will help them make informed decisions at all time.

OTHER

- What else should the Small Grants Office know about your grant process, project, timeline, work plan or efforts?
There is still a lot of effort to be put in place to end the spread of HIV/AIDS in the communities
- Do you have suggestions as to how the US Embassy could better support its grantees or improve the administration of this grants program?
Disbursement of funds should be biannual and timely to enable consistent implementation of project activities.