

**CIVIL SOCIETY FUND (CSF) HIV PREVENTION REPORT FORMAT
FOR**

BEHAVIOR CHANGE COMMUNICATION (BCC) AND CONDOM SERVICES

Name of Organization: **__Agency For Accelerated Regional Development (AFARD) Date: _4th/October/_2009**

D M Y

Type of CSO as indicated in the approved proposal:

- a. Lead agency
- b. CSO in multi districts
- c. CSO in one district

Reporting Period **October 2008 –September 2009**

Target group **Youths 10-24 years old**

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Summary table 1 Messages disseminated to young People (10-24 years)

Messages Disseminated	Number of Service Outlets (parishes + institutions)	Number of individuals reached with HIV Prevention messages			Number of service providers trained for disseminating HIV Prevention Messages		
		Male	Female	Total	Male	Female	Total
Abstinence only							
Be faithful only							
Condom Use only							
Abstinence & Be faithful							
Abstinence & Condom Use							
Be faithful and Condom Use							
Integrated ABC	5	2,895	2,676	5,571			
Other Prevention	5	168	182	350	10	1	11
		Total young people reached		5,921	Total trained to reach young people		11

Summary table 2; Messages Disseminated to Adults (above 24 years)

Messages Disseminated	Number of Service Outlets (parishes + institutions)	Number of individuals reached with HIV Prevention messages			Number of service providers trained for disseminating HIV Prevention Messages			
		Male	Female	Total	Male	Female	Total	
Abstinence								
Be faithful								
Condom Use								
Abstinence & Be faithful								
Abstinence & Condom Use								
Be faithful and Condom use								
Integrated ABC	5	2,820	2,891	5,711				
Other Prevention	5	292	316	608	2	12	14	
		Total adults reached			6,319	Total trained to reach adults		14

Table 3: Outreach sites where people *in the above summary tables* were reached with HIV Prevention Messages

District Name	Sub-County Name	Name of parish or institution where the people reached came from	Type of Activity e.g. drama, peer educ, etc	Programme Focus under which Messages were Disseminated										Number of Individuals Reached with HIV Prevention Messages			
				A	B	C	A&B	A&C	B&C	ABC	HCT	PMT CT	Other P	Males	Female	Total Number	
Nebbi	Panyimur	Nyakagei	drama, peer education & counseling												2,394	2,407	4,801
		Ganda													1,240	1,187	2,427
		Boro													2,541	2,471	5,012
GRAND TOTAL														6,175	6,065	12,240	

Notes:

1. *Do not include mass media numbers in this outreach site table, report mass media outputs in the narrative.*
2. *Be careful not to double count individuals reached more than once within a given intervention area and across reporting periods.*

4.0 Number of people referred out for other services and services received

Number of people referred out for services	Services for referral	Number of people who received services as a result of referral
--------------------------------------------	-----------------------	----------------------------------------------------------------

Number of people referred out for services	Services for referral	Number of people who received services as a result of referral
17 (3 Male vs.14 Female)	ART (Anti Retroviral Therapy)	17 (3 M vs. 14 F)

5.0 IEC materials distributed

	Number of IEC materials distributed	Topic/theme
Posters	4,000	Methods of transmission/ prevention
News letter	100	FiCAP programs
Leaflets/ brochures	3,000	Methods of transmission/prevention

6.0 Condoms dispensed

Indicator	Number
Number of condoms dispensed at service outlet (through free/social marketing)	

Indicator	Number
Number of condoms dispensed at service outlet (through free/social marketing)	
Number of condoms dispensed through Community Resource Persons	3,750
Number of Condom service outlets	5

7.0 Mass media

Indicator	Number	Topic/theme
Number of radio programmes prepared and aired	1	FiCAP programs, basic information about HIV/AIDS.
Number of radio spots run		
Number of TV programmes prepared and aired		
Number of TV spots run		
Other (specify)		

9.0 HIV Prevention Narrative Report

i. Type of CSO as indicated in approved proposal:

3. CSO in one district _ Panyimur Sub County

ii. Overall accomplishments;

Activity 1.3: Train PECs (refreshes training)

Planned	Actual	Variance	Remarks
Hold 1 refreshers training	1 refreshers training conducted for 25 persons (12 male vs. 13 female)		A total of 25 people were trained from across the fishing villages. The selections were done by the gathering of the individual Fishing Village while considering the different peer groups.

The PECs had a non-residential training for 5 days in Palliative care and pediatric counseling conducted for 25 out of the 60 PECs. The training topics drawn from Pathfinder manual covered child growth and development, children perception of death and realities exposed by terminal illness in the family, disclosure and children's rights, the basic steps in palliative care and critical steps in prevention of infections. The lead trainer was the Health Educator in charge of Padyere Sub Health District and she was assisted by the Project Field Officer. Finally, training sessions were made as practical as possible through simulation exercises and visits to people who need palliative care.

1.11. Produce and disseminate local IECs:

Planned	Actual	Variance	Remarks
Produce and disseminate : <ul style="list-style-type: none"> • 4000 posters • 100 copies of news letter 	<ul style="list-style-type: none"> • 4000 posters • 100 copies of news letter produced 	-	

The IECs produced in both Alur and English and disseminated during the year were used as complementary information to the other modes of behavior change communication. The contents were derived from quarterly reviews and were always reviewed by the PECs for local relevance. However, while the newsletter focused on what FiCAP had done and the lessons learnt so far, the posters focused on emphasizing HIV/AIDS modes of transmission, prevention, positive living, and roles of various actors in the prevention of further transmission.

Activity 2.2: Hold awareness creation seminar

Planned	Actual	Variance	Remarks
Hold 120 awareness sessions	120 awareness sessions held (for details see annex 1)	-	In the last quarter, less people attended the sessions because the few trained PECs could not backstop all the other non trained PECs.

During the year, different messages were customized for joint awareness creation sessions held for every peer group. The information focus of every quarter was developed and discussed together with the PECs for quality control and consistency. The key messages therefore includes drivers of infection among fishing communities, signs and symptoms of HIV/AIDS, roles of every peer group in the prevention of further spread of HIV/AIDS, and palliative care. A total of 12,240 people (49.6% females) attended the awareness sessions.

However, during awareness creation spearheaded by the PECs with technical backstopping from both the District HIV/AIDS Focal Point Person and the Project officer, Persons Living with HIV/AIDS (PLWAs) from the Post Test Clubs accompanied the PECs to make live testimonies on HIV/ AIDS during the sensitization seminars.

Activity 2.3. Hold Awareness creation video shows (complementary to 2.2 above)

Planned	Actual	Variance	Remarks
Stage 120 video shows	120 video shows staged		All video shows were staged during the joint awareness seminars held for the various peer groups

Participants in every joint awareness creation seminars were also communicated to through different thematic films such as Why me, Everyone's child, It's not easy and Dangerous decision. The films highlighted the different risky behaviors people are exposed to in the face of HIV/AIDS as a reality in the family. The films also showed what stubbornness to heed to education would result into. The PECs and the other backstopping team were available to answer queries and clear out any information doubt.

Activity 2.4. Conduct Life skills training for Parents

Planned	Actual	Variance	Remarks
Hold life skills training for 300 Parents.	300 parents trained	–	

Parents from the 5 project Fishing Villages were trained in basic life skills with a focus on parent-child communication skills, parenting skills, and HIV/AIDS education. The training positioned the parents to provide effective first-line education and counseling to their children as the traditionally roles of aunties and uncles has become shaky in multi-cultural settings. The lead trainer was the Nebbi Catholic Diocese Health Coordinator.

2.5. Conduct quarterly radio talk shows:

Planned	Actual	Variance	Remarks
2 radio talk shows	1 show conducted	–	Due to other activity schedules, only one show was conducted next quarter.

The radio talk show held in the year focused on FiCAP programmes and basic information on HIV/AIDS transmission and prevention. The talk show was live and had phone-in sessions from listeners in different parts of the radio coverage. These sessions also brought in new insights about our work, for instance, the need of building linkages with health personnel where PLWAs receive ART services.

Activity 2.8. Hold Drama shows

Planned	Actual	Variance	Remarks
Hold 5 dram shows	20 awareness drama sessions held (for details see annex 2)	+15 shows	More shows were achieved out of the good linkages AFARD had with the group.

During every quarter of the reporting period, all the project fishing villages had a video show staged by Dei Drama group. The themes of the drama were always aligned to the themes of the joint awareness seminars; as were identified and prioritized by the PECs. The scripts for the drama shows were always developed, rehearsed and perfected in consultation with and under close supervision of the Field Officer. And, in attendance of the shows were

1,356 registered people as well as district and local government officials and the Field Officer.

Activity 2.9. Support routine PECs operations

Planned	Actual	Variance	Remarks
Provide 720 supports to PECs	720 PECs provided with monthly allowances	-	There are 12 PECs in each of the 5 Fishing Villages who are supported monthly

In each fishing village there are 10 PECs and 2 Community Facilitators. As a performance motivation measure, monthly, each PEC is provided with UGX 20,000 while the CF each receive UGX 50,000 as bicycle maintenance allowances on top of the technical backstopping support.

2.14. Sharing and net working

Planned	Actual	Variance	Remarks
Hold 4 Sharing and networking meetings	3 meetings held	-1	It was not possible to hold a sharing meeting last quarter due to the other activities.

In order to improve on coordination, three sharing and networking meetings were held. These meetings brought together the district and local government officials, the sub county health staff, old and successful AFARD sister projects (from Dei and Lokokura Post Test Clubs) as well as leaders of the 5 fishing villages and the 5 upcoming Post Test Clubs.

These meetings offered powerful means and ways of building leverage. For instance, advocacy for effective condom disposal in all lodges were identified by such meetings. Equally, the need to lobby local leaders' support for the upcoming PTCs that is also yielding fruit in Angumu, Mututu, and Kayonga is a result of old PTCs sharing out they have been able to waddle the waters of care and support.

Activity 2.11. Conduct quarterly reviews

Planned	Actual	Variance	Remarks
Hold 5 quarterly review meetings	5 quarterly review meeting held (for details see annex 3)	Nil	842 people (44.1% females) attended these meetings

FiCAP has different stakeholders who include the direct beneficiaries, district and sub county leaders, communities in the Fishing Villages, PECs and AFARD. Every quarter, these stakeholders are hosted to review the quarterly project performance in terms of progress made, challenges encountered, as well as the way forward. In this way, the project has been accounting to the various stakeholders, identifying beneficial entry points, and receiving feedbacks.

Activity 3.2. Hold Condom promotion seminar:

Planned	Actual	Variance	Remarks
Hold 5 sessions on condom promotion.	5 sessions of condom promotions held (for details see annex 4)	Nil	A session was held for each of the 5 Fishing Villages. As such, 3,750 pieces of condoms were distributed in largely 2 quarters of the year.

Aware that correct and consistent condom use was a challenge in part because of resistance by local leaders and lodge owners, in the year, a condom promotion event was held. During the promotions, deliberate efforts were put to address the issues. Participants from the lodges in the Town Board were also invited. Meanwhile, the Program Director AFARD and the District Focal Point Person for HIV/AIDS Nebbi conducted a one on one visit to the lodges and talking to the lodge owners.

Other Un-planned for activities:

A: Support to Voluntary Counseling and Testing (VCT)

Planned	Actual	Variance	Remarks
Nil	15 VCT outreaches done held (for details see annex 5)	+15	A total of 672 persons (227 male vs. 445 female) benefited. (For details of attendance see annex 6 below)

During two quarters in the year, 15 VCT visits were made to the five (5) fishing villages and a total of 672 people were tested. Out of these, 17 (3 male vs. 14 female) turned out HIV positive and straight initiated on Septrine prophylaxis. Reports from the PECs confirmed that all of them reported to the health centers for the drugs. They are also now enrolled for ART services.

However, from the above figures, it was conspicuous that there were fewer male than the female counterparts who dared the tests. This prompted a cry from one Jene from Jakok who said” *I am not a guinea pig to do test on. Imagine the men are asking us the women to take tests or wait for our antenatal HCT results for them to guess their own sero status!*”

B: Community Leaders Dialogue Meeting:

Planned	Actual	Variance	Remarks
Nil	1 dialogue meeting (for details see annex 6)	+1	A total of 247 persons (72 male vs. 175 female) benefited. (For details of attendance see annex 5 below)

The annual internal review of FiCAP revealed that some religious and other community leaders expressed dissatisfaction with some project activities. For instance, a powerful elder in Kayonga was actively blocking the PECS from conducting any project activity in his village reasoning that “PECs were teaching bad manners”. Even religious leaders were particularly concerned about condom promotion and some were actually decampaigning the project as a whole on the pulpit reportedly because their various faiths do not condon the use of the condom.

Thus, this meeting, attended by 63 leaders, provided opportunity for dialogue between AFARD and the various leaders in Panyimur sub county; the project area. Leaders were given information on FiCAP rationale, objectives, and approach. Fortunately, the leaders

committed to desist from de-campaigning the project's holistic approach while AFARD on its part considered the promotion of condoms with education.

- Partnerships; who did you partner with and for what? What was the role of each of the partners? How did the partnership benefit the beneficiaries?

FiCAP is being implemented only by AFARD.

- Linkages and referrals; describe the activities done to strengthen/establish linkages and referrals.

Linkages have been developed with:

- ***Health centers that are providing ART to PLWA coming from the project area as often the fear mistreatment as they are not known.***
- ***Old AFARD sister projects – Dei and Lokokura – in co-supporting the drama shows, PEC's operations and PTC growth using practical experiences.***
- ***District Health Services sector for timely backstopping support as well as the supply of condoms (should the department have it).***

- Coordination and collaboration with the district; in this quarter, who did you work with and how?

The district Focal Point Person for HIV/AIDS (DFPO) provided continuous support during sensitization related activities as well as review meetings. Equally, the Jonam Sub Health District HIV/AIDS focal point person have been in close monitoring of the project activities through meetings and reports shared.

- Condom programming; what factors are guiding you to map the condom distribution sites? Name the various categories of your distribution sites. What strategies are in place to promote correct and consistent condom use? Who distribute the condoms? How were they selected and what skills do they have?

FiCAP distributes condoms strictly through the PECs and CFs in the 5 Fishing Village. These are trained educator and distributors. They also have a wider outreach peer coverage.

- Management and operations. How do you access and build capacity of staff?

Staff capacity building in AFARD is a dynamic process. Through periodic project reviews, staffs share their experiences, strengths and gaps as they also learn from their colleague. Further, opportunities to participate in seminars and workshops are

not a preserve of top management but open to all sector staffs. In addition, the quarterly in-house coaching sessions provide opportunity for staffs to learn. Finally, from various publications (bought or downloaded from the internet) critical learning is promoted.

- Emerging issues; were there any issues that emerged during these quarters?

The issues of inconsistency of VCT services still remain a haunting case. The whole year saw only 2 VCT outreaches. This makes the well meant and deserved service unpredictable and inconsistent.

Irregular supply of condoms by the DDHS office is a gross impediment to effective and consistent condom use. For instance, FiCAP had no supply in the July – September 2009 quarter.

People who tested HIV positive are already getting some modest supports from the fledgling Post Test Clubs who in turn get mentoring supports from AFARD field staff. The fear is that after the project closure, the Field Officer will be withdrawn leaving the Clubs who have not yet gotten their feet deep in the ground shaky and may collapse.

Constraints/Challenges - Describe constraints/challenges faced during implementation of activities and how you plan to overcome them

Challenges	How it was overcome (suggested solutions)
➤ Inadequate supplies of condoms to the Fishing Villages.	➤ Promotion of self purchases of condoms.
➤ Many women as opposed to men are testing their sero-status.	➤ Promotion of couple testing.
➤ Inadequate supplies of VCT services.	➤ Request for the utilization of contingency fund to support VCT services (in Qtr 7)
➤ Few PECs (25 out of 60 PECs) were trained in palliative care and pediatric counseling	➤ Request for the utilization of contingency fund to support VCT services (in Qtr 7)
➤ The scare of the project closure term approaching. This is in the view that the Post Test Clubs have not taken firm roots and there is no other assistance expected in the foreseen future. It is feared that the PLWAs who have already started getting benefits from the PTCs will cease to be supported and VCT outreach services will stop.	➤ A locally owned and financially sustainable club is a vision being promoting
➤ The ever increasing burden of caring for PLWAs, who after testing positive need support to access	➤ The Post Test Clubs can learn from two successful experiences in the

care and support.	same Sub County.
➤ Procuring new AIDS education tapes proved more difficult than anticipated.	➤ AFARD has started negotiation with AIDS Information Centre (Arua) for acquisition of the same
➤ Some community members who attended the sensitization felt embarrassed with the data collection forms, especially the parts on highest level of education reached and reasons for dropping out of school. ➤ The data collection exercise is so laborious, almost like a survey. PECs have observed how time wasting and conflicting it is for them in collecting the information when sessions have to be managed within limited time. Besides, some fisher folks have started complaining of time wastage during the sensitization sessions.	➤ Continuous explanation of the data collection purpose required.

- i. **Data Utilization** - Describe how you have been able to use data generated by your project to inform/improve your programme (e.g. addressing gender variations in accessing services, re-strategizing, refocusing, scaling up, re-directing interventions, etc). Specify what decisions have been made.

FiCAP implementation is based on effective data use. The baseline survey provides a basis for recasting core awareness and education messages. Meanwhile, from the routine reviews, gaps are identified and solutions suggested. Such solutions are integrated in the planning for the subsequent quarter. For instance, the need for family dialogue, VCT outreach, refreshers training for PECs/CFs led to the decisions to request CSF for budget adjustments.

- ii. **Gender related data** – Specify how you have been able to use *gender related data* generated by your project to inform/improve your programme. Specify what decisions have been made based on analyzing gender related data.

In working with the various social categories, FiCAP ensures that data is generated with gender sensitivity. From the realization that few men attend VCT services preferring to ‘infer their sero status’ basing on women’s results PECs are encouraged mobilize more men for VCTs and to educate their peers on the existence of discordance which entails that’ your sero status cannot in most cases be derived from another persons’.

- iii. **Success stories** (refer to manual for definition) - Describe how (your organization) is making a difference in people’s lives (individuals, families, communities or local governments). Guidelines for writing success stories to be provided.

Local communities too can sustain HIV/AIDS prevention and mitigation

In the fight against HIV/AIDS emphasis is placed on either government or donor support. Like attention is given to tapping into local potentiality for a sustainable HIV/AIDS

prevention and mitigation. This approach has overtime nurtured opportunism in many communities. Fishing communities are no exception. Inhabited by people who are largely not related but bound together by fishing activity, the I don't care attitude is rather deep rooted in such communities.

Among the fishing communities on L. Albert, Nebbi district the desire to fight HIV/AIDS was not in existence when FiCAP started more than a year ago. Many people knew of HIV/AIDS but largely as witchcraft or the American-disease. Irrespective of their high risky behavior, HIV/AIDS remained a rumor that did not bother anyone to seek safety against. Instead, those guessed to be having it were discriminated against to the extent that even those who knew their sero-status went underground and continued to infect others – as sexual intercourse is rotational, unprotected, and tied to the fish trade.

When FiCAP started disseminating behavior change education and communication using a multi-channel approach (peer to peer, joint seminars, posters and brochures, radio talk shows, video shows, and drama shows among others), questions like “are we safe” started to emerge. Such doubts made it pertinent for VCT services to be conducted. Herefrom, many people with sero-positive and sero-negative status emerged.

With the common expressions like “after-all I am already dead” coming from people with sero-positive status, the trained PECs took up the initiative to form Post Test Clubs (PTCs) where their clients were persuaded to become members. The essence of these PTCs is to provide care ad support (in any form possible) to people with HIV/AIDS in order for them to live positively.

Overtime, the PTC members diversified form of resource generation and to date they boast of having cash of UGX 10 million, excluding what has been sent in care and support provision, (for details see annex 7). With own funds, the PTCs are able to provide between UGX 5,000 – 10,000 monthly to PLWAs so that they can travel to wherever they receive ART services. Members always say, “we rather support a PLWA to stay alive and care for her/his family than live us with OVCs and widows who we may not support”. Besides, from the fund, “fallen colleagues are buried decently without much stress on the family of the deceased”, remarked the Chairperson of Mututu PTC.

- iv. **Lessons learnt and best practices** (refer to manual for definition) - describe the main lessons learnt and good practices in the course of activity implementation.

Best practices in working with Fishing Communities

For a long time, the HIV/AIDS prevention has been pursued using rather generic approaches. The realization that people needed adequate and relevant information about the epidemic did not ring a bell that people live in a socially fluid society governed by various norms and practices. This is true of fishing communities where people of different cultures, interests, and exposures interact daily.

However, AFARD has been able to make bigger strides in working with fishing communities on L. Albert in Nebbi district due to the following customized intervention strategies:

a. Go native

As is hinted above, different social settings harbour different social practices that may influence and/or curtail further spread of HIV/AIDS and its mitigation. Thus, going native requires learning from and with the community what their own knowledge, attitude and practices (KAP) about HIV/AIDS are. It is therefore imperative that an intervention starts with a baseline study that can enable it to explore local peculiarities so as to make intervention relevant to local context. In so doing, room for process and result tracking is also established.

b. Nurture local change agents

No intervention lasts forever. It has specific start and end time. Yet life will continue with or without the intervention. Therefore, to ensure that key project activities continue beyond its planned time, local change agents (PECs in AFARD's case) provide reliable conduits through which the project can be implemented *in finitum*. These local change agents must be identified jointly with the community without a bias based on education.

c. Work through social categories

Fishing villages have complex social stratifications. There are indigenous people, immigrant fisher folks, and in-&-out fish mongers. These social categories can further be sub divided by gender, age, leadership position, trade (e.g., commercial sex workers, single women engaged in bar business, etc). Depending on what is appropriate for the area, effectiveness behaviour change can best be achieved by widening outreach to target the different social groups.

d. Be time responsive

The livelihoods of fisher communities are time specific. Normally for fisher folks morning and evening hours are near secluded time for coming out of the water and trading and preparing to return to the water respectively. Therefore, activity planning needs to pay keen attention to what time which group can be met (and where?).

e. Customize messages to local realities

A good understanding of local realities simply demands that interventions respond to core areas of need. For instance, in the last 5 years, we have realized that many people know about HIV/AIDS and largely as a sexually transmitted disease. Other modes of prevention like from mother to child are largely unknown. Yet unplanned pregnancies are common practices. Such a situation requires that messages should be customized to fill the knowledge gap and call for pro-active actions instead of the pre-occupation with the generic ABC alone.

f. Use multi- communication channels

It is a known fact that fishing communities are stubborn to the point that many extension staffs have even developed negative sentiments about their "I don't care and I know it all attitudes". It is also evident that many myths about HIV/AIDS exist given the diverse background of the people. Such a situation calls for the provision of correct information through many channels – one-to-one, video, drama, posters, radio, and public meetings so

that different people get different but relevant and comparable information which, in the long run dispels their confidence in ignorance.

g. Conduct routine reviews

Society is neither static nor robotic. It is dynamic because different actors continue to shift their lifestyles in the face of diverse experiences they are facing. Through reviews, many peculiar and unique issues that warrant redress emerge. It is also the time to know the strong and weak points and to identify issues to focus on in the upcoming period. In this way, the intervention plugs in every loophole and continues to strengthen and enrich its outreach of information for positive behaviour change.

h. Practice flexible management

The very dynamic nature of HIV/AIDS issues between health, economics, and culture requires a flexible management style. To start and end with only what the project document states is suicidal in that all issues obscure to the designers will not be addressed to the detriment of the envisaged impacts.

i. Develop new products

From routine learning and flexible management come new products. For instance, many of the prevention related interventions specifically focus on information dissemination. Yet reality on the ground demands that after information so what? A loop must be tied between awareness creation and the demands that emerge like the need for VCT, ART and post test living. Simply providing information without any added component creates ‘community education fatigue’.

j. Approach HIV/AIDS from a holistic perspective

Many donors have tended to compartmentalize HIV/AIDS intervention as prevention or care and support only. Such an approach tends to miss the holistic way community lead their lives. It is now clear that no society exists without people affected or infected by HIV/AIDS. As such, interventions should take into account that the provision of risk prevention education does take place where sero-positive people live and they too deserve positive living promotion.

k. Build buy-ins of local leaders

No cock crows in another cocks’ territory. For any intervention to be accepted, due consideration of the various local leaders – civic, political, opinion, and religious – must be taken into consideration. These leaders have diverge interests, which unresolved, can affect negatively their public stand on HIV/AIDS interventions especially using ABC approach. Always involve, consult, and engage with them!

l. Network with others

No (wo)man is an island, the saying goes. It is vital to create buy-ins with other agencies to ensure that you learn from each other how best to approach the community given that different actors have diverse lessons. Also share skills and challenges. Do not pre-occupy your intervention with reinventing the wheel!

m. Give time for change to occur

Many interventions harbour such expectation as when you hold awareness creation meetings, change immediately occurs. Do not panic! It takes time for the highly mobile and volatile people in fishing communities to internalize information, ask soul-searching questions, and start changing their risky behaviours. It took Dei community 2.5 years to start discussing fish-for-sex relations amidst diversified and intensive education provision. Go patiently slow to reap positive impacts!

n. Sow the seeds for sustainability

From the very start, let the community know that the project is theirs and all you are providing is a temporary support that has to stand on its foot sooner or later. However, while building local ownership, it is prudent to anchor such spirit in an organized institution. This is where a Post Test Club comes in handy to bring together all people of good will who cherish HIV/AIDS prevention and mitigation from a community care and support system approach.

- v. **Minimizing double counting** – List ways through which your organization was able to minimize double counting so as to be able to track and report unique individuals served/reached.

The PECs who conduct the activities know the people they have reached. This makes it easy for them to single out any case of intruder and double counting. After all the people have already been informed on the danger of double counting and hence they conform to it.

The attendants of the sensitization meetings were each registered with a unique identity, and after all, each peer educator was responsible for the invitation for their own peer group members, hence double counting minimized.

Annex 1: Attendance during Peer sensitization (October 2008 to Sept 2009)

	Fishing Village	Under 24			Above 24		
		Male	Female	Total	Male	Female	Total
1	Kayonga	602	570	1,172	622	650	1,272
2	Angumu	610	538	1,148	630	649	1,279
3	Wathparwoth	588	490	1,078	582	533	1,115
4	Wangkadu	643	659	1,302	640	645	1,285
5	Mututu	620	601	1,221	638	730	1,368
	Total	3,063	2,858	5,921	3,112	3,207	6,319

Annex 2: Attendance of drama attendance

Fishing village	Male	Female	Total
Kayonga	126	128	254
Angumu	171	117	288
Wathparwoth	164	188	352
Wangkadu	135	71	206
Mututu	114	142	256
Total	710	646	1,356

Annex 3: Attendance during quarterly review meetings

Fishing Village	Male	Female	Total
Kayonga	77	71	148
Angumu	97	107	204
Wathparwoth	113	39	152
Wangkadu	86	64	150
Mututu	88	90	168
Total	461	371	842

Annex 4: Condom distribution by site

No.	Service Outlets	No of condoms distributed
1.	Kayonga	650
2.	Angumu	850
3.	Wathparwoth	700
4.	Wangkadu	850
5.	Mututu	700
	Total	3,750

Annex 5: VCT outreach attendance by Fishing Village

Fishing village	Male	Female	Total	Positives	
				Male	Female
Mututu	33	83	116	-	2
Wangkadu	57	120	177	2	3
Wathparwoth	43	67	110	1	2
Angumu	36	86	92	-	5
Kayonga	58	89	137	-	2
Total	227	445	672	3	14

Annex 6: Attendance during community leaders dialogue meetings

Community leaders	Males	Females	Total
Religious leaders	10	6	16
Government leaders	8	4	12
Cultural leaders	5	5	10
Others	12	13	25
Total	35	28	63

Annex 7: Growth pattern of the emerging Post Test Clubs:

Fishing Village	Oct Dec 2009		Amount (UGX) collected	Jan-Mar 2009		Amount (UGX) collected	April-June-2009		Amount (UGX) collected	July – September 2009 Membership		Amount (UGX) collected
	Membership			Membership			Membership			M	F	
	M	F		M	F		M	F				
Kayonga	18	30	310,000	19	40	578,000	22	28	748,000	37	30	1,335,000
Angumu	25	40	418,900	22	43	587,000	36	34	942,000	24	40	2,500,000
Wathparwoth	20	15	730,000	26	32	1,096,000	19	14	2,064,000	29	38	3,057,950
Wangkadu	25	26	450,000	26	18	636,000	23	25	680,000	16	44	1,500,000
Mututu				29	13	586,000	26	32	650,000	35	85	1,680,000
Total	88	111	1,908,900	122	146	3,483,000	126	133	5,084,000	141	237	10,072,950