



AGENCY FOR ACCELERATED REGIONAL DEVELOPMENT

FISHER COMMUNITY ANTI-AIDS PROJECT (FiCAP)

Project No: CSF/001/2008

INTERNAL ANNUAL REVIEW REPORT



Prepared by:

AFARD Team

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TABLE OF CONTENTS

1.0	BACKGROUND.....	2
2.0	THE REVIEW FOCUS	3
3.0	OUTREACH PERFORMANCE STATUS	3
4.0	PLAUSIBLE RESULTS (OUTCOMES AND IMPACTS) ACHIEVED.....	7
5.0	PERSISTING CHALLENGES.....	9
6.0	LESSONS LEARNT	11
7.0	WAY FORWARD	12
Annex 1:	Community briefing meetings	13
Annex 2:	Community education and sensitization performance (N= 5,320 people)	13
Annex 3:	Life skills training for youths	13
Annex 4:	Life skills training for parents	13
Annex 5:	Drama shows (N=1,806 people)	14
Annex 6:	PEC peer education outreach performance (N=21,752 people)	14
Annex 7:	PEC peer counseling outreach performance (N=1,421 people).....	14
Annex 8:	Review performance.....	14
Annex 9:	VCT services outreach	15
Annex 10:	Post Test Club growth pattern	15
Annex 11:	Annual Financial utilization status (April 2008 – March 2009)	16

1.0 BACKGROUND

The Agency For Accelerated Regional Development (AFARD) has for the last one year been implementing Fisher Community Anti-AIDS Project (FiCAP) in Panyimur sub county, with funding support from Civil Society Fund (CSF) under the auspices of Uganda AIDS Commission. This project focuses on the prevention of further spread of HIV/AIDS among a population considered at high-risk. Fishing communities are acknowledged to be receiving relatively limited attention as compared to their susceptibility to HIV/AIDS infection. Yet, evidence of findings from Voluntary Counseling and Testing (VCT) services in Jonam County (where Panyimur is located) indicate that VCT attendance positivity rate stands at 20-30% as compared to 10-15% in other parts of the district. This high infection rate was largely attributed the high-risk sexual practices in the area largely due to inadequate education and awareness about HIV/AIDS as well as the unsteady access to condoms.

FiCAP was therefore designed to focus on promoting positive behavior change among the fishing communities in Panyimur through the promotion abstinence, being faithful, and condom use (ABC). Its design focused on the use of intensive behavior change communication and education (BCCE) strategies within five large landing sites managed by a team of local change agents (the Peer Educators-cum-Counselors - PECs) identified by the community and trained, equipped and technically backstopped by AFARD. In addition, the sustainability of this project was envisaged to anchor on encouragement of the PECs after year 1 to form into community based organizations (CBOs) that will also include Persons Living With AIDS (PLWA).

As a result, the primary goal of FiCAP has been, *'to contribute to the reduction of sexual transmission of HIV among fishing communities in Panyimur sub county, Jonam county, Nebbi district.*

The specific objectives were:

1. A cadre of 60 local people capable of sustaining efforts to prevent HIV spread are established and motivated.
2. Positive behavior changes (sexual practices) among 26,950 people in the 5 fishing villages are promoted.
3. Correct and consistent condom use of condoms increased.

FiCAP has been in operation for 1 year from April 2008 to March 2009. While the project has been aggregating reports bi-annually to CSF undertook to assess implementation progress, in AFARD it became important to (i) assess how far the project has achieved its expected results; and (ii) what lessons we have learnt to improve on our implementation performance in the remaining project contract period of one year. This report, therefore, presents the observations made during the review discussion.

2.0 THE REVIEW FOCUS

In order to achieve the double objectives highlighted above, the staffs of AFARD conducted a 1-day internal review exercise. This exercise was guided by the 5 key questions below:

- Q1. To what extent were the planned outputs of the project realized?
- Q2. What results (outcomes and impacts) have been achieved and why?
- Q3. In terms of processes and outcome, what did not work well, and why?
- Q4. What lessons have we learned in the last 1 year?
- Q5. What are the implications of all the above for the remaining year of the project?

3.0 OUTREACH PERFORMANCE STATUS

Table 1 below presents a summary of analysis of output achievements. It answers question 1 above, that is, to what extent were the planned outputs of the project realized?

Table 1: Summary of planned-actual output achievement

Activities	Target Outputs	Achievement	Success rate (%)	Remarks
Specific objective 1: A cadre of 60 local people capable of sustaining efforts to prevent HIV spread is established and motivated.				
1.1 Sensitize the community about the project	Hold 5 meetings	5 meeting held and 497 people (40% females) attended (see annex 1)	100%	These meetings also advocated for the inclusion of 10 other satellite fishing centres on top of the 5 planned epicenters in order to make outreach effective
1.2 Hold community meetings to identify CFs & Peer Educator/Counselors	Hold 5 meetings	5 meetings held & 60 people (50% females) were identified	100%	While all the 60 people were identified as PECs, 10 were further selected from among the PECs and given added responsibilities as Community Facilitators (CFs)
1.3 Train Peer Educator/Counselors.	Train 50 Peer Educator/Counselors	50 PECs and 10 CFs were trained	120%	Although the work of CFs is purely coordination, it was felt that their effective coordination role would necessitate having the very skills the PECs have

Activities	Target Outputs	Achievement	Success rate (%)	Remarks
1.4 Procure basic tools and equipments	5 video sets with PAS + generators, 60 bicycles, 1 computer and 1 digital camera procured	laptop computer; a documentation software (adobe CS3), a digital camera, 60 bicycles 200 T-Shirts 7 video decks, 7 TVs, 5 stabilizers, 5 generators and 10 shoulder megaphones.		The additional video equipment were to replace those that blew and also to ensure the FO reviewed tapes before release for public watching
Specific objective 2: Positive behavior changes (sexual practices) is promoted among 29,650 people in 5 fishing villages				
2.1 Conduct a baseline survey	Conduct 1 baseline study	1 baseline study conducted	100%	This study also provided a reprogramming basis for education design
2.2 Hold awareness creation seminars	Hold 120 awareness sessions for 4,800 people	120 awareness sessions held for 5,320 people (annex 2)	100%	Because people were willing to share the limited meals provides, more peers were allowed to attend to the awareness sessions
2.3 Train youths in life skills	Train 400 youths	400 youths (50% females) trained (annex 3)	100%	
2.4 Train parents in life skills	Train 300 parents	300 parents (50% females) trained (annex 4)	100%	
2.5 Hold radio talk shows.	Air 2 radio talk shows	2 radio talk shows aired	100%	
2.6 Stage video shows	Stage 120 video shows	120 video shows stages during 2.2	100%	
2.7 Produce and disseminate local IEC materials.	Produce 4,000 posters and 4,000 leaflets	3,000 leaflets and 5,000 poster produced and disseminated	100%	The alteration was because posters were more liked for its pictorial presentation than leaflets that needed basic literacy skills; something lacking among many people in the area
2.8 Hold drama shows.	Stage 4 drama shows	20 drama shows staged and was attended by 1,806 people (49% females) (see annex 5)	500%	The use of a local drama group in the neighboring village helped reduce on hire cost
2.9 Support routine PEC	Support 50 Peer	50 Peer	100%	While each PEC was expected to reach

Activities	Target Outputs	Achievement	Success rate (%)	Remarks
operations	Educator/Counselors' and 10 CFs monthly	Educator/Counselors' and 10 CFs supported monthly		out to 10 people per month (=6000), they actually reached out to 21,752 people (51% females) and 1,421 people (68% females) through peer education and counseling respectively (annex 6 & 7)
2.11 Conduct quarterly review meetings	Hold 20 review meetings	20 review meetings held	100%	777 people (47% females) attended (annex 8)
2.12 Document best practices	60 copies of magazines produced and disseminated	-	-	The magazine is in print and will be circulated during year 2, qtr 1.
2.14 Sharing and Networking				2 meetings were held District leaders invited to visit the project site Renewal of registration done
Specific objective 3: Correct and consistent condom use increased				
3.1 Train Peer Educator/Counselors as condom peer distributors	Train 50 PECs	50 PECs and 10 CFs were trained	120%	The inclusion of CFs was to allow for effective on the ground backstopping of PECs should the need arise.
3.2 Hold condom promotion seminars	Hold 5 awareness sessions	5 awareness sessions held	100%	401 people (199 females) attended
3.3 Stage video shows	Integrated with 2.6			
3.4 Produce and disseminate local print medias	Integrated with 2.7			
3.5 Support Peer Educator/Counselors operations	Integrated with 2.9			
Unplanned but implemented activities				
Provision of VCT services		5 VCT outreach services conducted		Overall, 710 people (59% females) tested and those sero-positive were 19(79% females) (annex 9)
Dialogue meeting with community leaders		1 dialogue meeting held		53 civil, political, and religious leaders attended this meeting to negotiate acceptance of ABC package

It is evident from Table 1 above from:

- Many targeted outputs were successfully achieved with some cases of over achievements.
- However, the figures in most of the outputs (see various annexes) do not tally with the data from the quarterly and bi-annual reports. The reason for this variation was that the manner of data reporting was too limited by the format provided by CSF.

- While the project envisaged to reach out to 26,950 people in 2 years, as of now it has reached out to 31, 410 people (representing 93% of the population adjusted by 3.2% annual growth rate) as can be seen below in Table 2. However:
 - More females (55%) than men (45%) and adults (58%) than young people (43%) were reached out to with various behaviour change education information.
 - Condom promotion (1%), peer counselling (5%) and drama shows (6%) have been the least used outreach approaches. Instead the PECs prefer to reach out mainly by peer education (71%) and joint multi-media supported sensitization sessions (17%).
 - Yet, corroborated by annex 2 only 36% of sensitization approach reach out to young people and annex 7 that only 33% of those counselled are young people.

Table 2: Project outreach

Total Outreach	Young people		Adults		Total	
	Males	Females	Males	Females	Males	Females
Sensitization	995	900	1,727	1,698	2,722	2,598
Condom promotion	27	13	175	186	202	199
Drama shows	-	-	930	876	930	876
PECs - education	5,366	5,280	3,935	7,171	9,301	12,451
PECs- Counseling	235	228	467	491	702	719
VCT services	108	198	180	224	288	422
Total	6,731	6,619	7,414	10,646	14,145	17,265
% share	21%	21%	24%	34%	45%	55%

4.0 PLAUSIBLE RESULTS (OUTCOMES AND IMPACTS) ACHIEVED

Table 3 below presents the envisaged project outcomes as detailed in the project document.

Table 3: Planned project outcomes

Objective	Planned Outcomes
<i>Specific objective 1: A cadre of 60 local people capable of sustaining efforts to prevent HIV spread is established and motivated.</i>	<ul style="list-style-type: none"> • The project is known and accepted. • A local team of change agents established. • Project outreach maintained and implementation sustained.
<i>Specific objective 2: Positive behavior changes (sexual practices) is promoted among 29,650 people in 5 fishing villages</i>	<ul style="list-style-type: none"> • A local area responsive intervention strategy identified. • Comprehensive knowledge of HIV/AIDS transmission, prevention, and positive living increased • Ability to dispel myths of HIV/AIDS increased. • VCT uptake increased • Improved parenting roles • Increase in abstinence, fidelity/mutual faithfulness, • Increased self-esteem among youths to withstand adults engaged in transactional and cross generational sex. • Knowledge about AFARD & CSF increased
<i>Specific objective 3: Correct and consistent condom use increased</i>	<ul style="list-style-type: none"> • Improved knowledge about condoms and ability to dispel myths about it • Increase in consistent and correct condom use • Increased willingness to buy condom

While the list of expectations of changes in the life of the project (process results) and that of the people (outcome results) are many, the challenge of attribution remained paramount. Besides, some of the change indicators require individual survey; a method too costly in terms of both time and money given the project time span. Thus, to solve this dilemma, question 2 asked beyond results why such results occurred. Table 4 below presents the results and their contributing factors.

Table 4: Project result chain

Result focus	Visible results	Enabling factors
Process management	<i>The project (AFARD & CSF) is known and accepted by the community</i>	<ul style="list-style-type: none"> • Debriefing the community built a sense of ownership • Past good performance in neighbouring fishing villages ignited the challenge that 'if others can why not us' something that prompted the community to be supportive of the project • Working in collaboration with local political and civic leaders as well as technical staffs built trust in the community that FiCAP is a 'project truly for them'
	<i>A local team of vigilant change</i>	<ul style="list-style-type: none"> • Having the community identify the PECs from within their area basing on the trust and vigilance the individuals had exhibited in the past

	<i>agents are effectively functional in the project area</i>	<ul style="list-style-type: none"> • Providing a comprehensive knowledge and skills training that enabled them to keep 'atop of their role specifications'. • Providing regular technical backstopping support to bridge their performance gap built confidence in the PECs • Ensuring that PECs exhibit positive attitudes towards not just the project work but also about their lifestyles with regards to HIV/AIDS prevention and mitigation. This "do as I do" built a sense of exemplary leadership that is respected and has continued to energize PECs to positively execute their tasks
Outcome accountability	<i>Increased demand for free condoms (to the point that some women and girls take condoms to their partners)</i>	<ul style="list-style-type: none"> • Having PECs trained and established as condom distributors has encouraged their peers, old and young alike, to freely demand for condoms and talk about it when in doubt. • Ensuring regular condom education and promotion concurrently with the generic awareness creation seminars carried out by the PECs. • The change of condom brand from the rejected <i>Engabu</i> as well as the regular supply of good quality condoms from the DDHS office, particularly in quarter II and III.
	<i>High demand for VCT in all fishing villages and their satellites</i>	<ul style="list-style-type: none"> • The provision of HIV/AIDS education that exposed the local high risk behaviours and its susceptibility to infection as well as demystifying HIV/AIDS built the urge for 'now that I know what causes AIDS and how it feels like having it, let me know my status given my bad practices'. • The emphasis on PMTCT education especially among married couples created a sense that HIV/AIDS is not only a sickness for unmarried people so 'let us test too' • Involving the PECs in taking the lead to mobilize for the testing and to ensure follow up of the clients especially those who turned HIV sero positive ensure that both pre- and post-test education and counselling built confidence in the people who were always wary of the poor working relations with far-off health workers. • The flexibility of CFS management in allowing AFARD to use its contingency fund to support VCT outreach services.
	<i>Reduced stigma and increased community acceptance of PLWA.</i>	<ul style="list-style-type: none"> • Demystifying HIV/AIDS and its association with promiscuity. • Encouraging openness and self status declaration without shame. • The formation of the 5 PTCs and campaigned for community support initiated the feeling that 'after all HIV/AIDS is everybody's sickness' . It also promoted PLWA peer/group counselling that reinforced sharing of experience and a sense of belonging as well as the basis of 'where to turn to in times of trouble'
	<i>Increased demand for ARV</i>	<ul style="list-style-type: none"> • The provision of post counselling services by PECs after VCT services being taken to their villages gave many sero-positive people the window for hope. • There is wide information being passed on the services availability. (Where to get the drugs and sometimes the PECs accompanying the PLWAs to the health centres especially during the first visit). • The efforts of some of the PTCs in meeting part of the economic cost of PLWAs travel to the hospitals to get services has deepened the adherence to ARV. • Linkage of sero-positive people in the project sites to health workers who were engaged in the project activities built confidence in PLWA that they can even be accepted in far off areas.
	<i>Emergence of responsible leadership</i>	<ul style="list-style-type: none"> • Specifically targeting the leaders to explain the project intensions and the roles of leaders in the fight against HIV/AIDS opened the realization that each actor has a role in the fight and it reduced the previous resentment of

		<p>condoms by religious leaders.</p> <ul style="list-style-type: none"> • Provision of periodic updates during field interventions and during review meetings to the leaders made them actualize their roles. • Involvements of technical staff in some of the field activities deepened their support for the project
	<i>A functional community care and support system established</i>	<ul style="list-style-type: none"> • The visionary leadership of AFARD that looked beyond the 2 year life span of the project helped initiate a sustainability approach owned by the community. This initiative was built on (i) the traditional safety net system of '<i>one for all and all for one</i>'; and (ii) adaptation from past similar projects that are now role models in the district. • Networking the PECs with other old AFARD project beneficiaries especially the PECs in Dei and Lokokura PTCs widened the horizon of the workability of community care and support for PLWA and OVC without banking always on 'government or donors'.

5.0 PERSISTING CHALLENGES

Question 3 of the review asked what did not work out well and why. In answering this question, Table 5 below explains what roadblock continues to persist in curtailing our scope of achievements.

Table 5: Project challenges chain

Challenges focus	Key challenges	Contributing factors
Process management	<i>Inadequate project accounting</i>	<ul style="list-style-type: none"> • The FO did not fully comprehend with the CSF reporting format. As such, he routinely did not comprehensively track project outputs and consequently under reported output achievements. • Documentation was not well planned . It was also not strategically done to ensure that overtime the project can account for both its processes and outcomes beyond CSF reporting format. But this was also in part on the narrow focus of CSF reporting format that simply detach output from process reporting.
	<i>Comprehensive services outreach not yet achieved</i>	<ul style="list-style-type: none"> • Outreach targeted only landing sites excluding the rift valley escarpments where a sizeable population live too. Besides, the old age of the FO motor cycle limited a deliberate outreach to these areas. • The identification of peer categories did not take into consideration the various differentiations as by age brackets, HIV sero-status and religious backgrounds. As such, some social categories are not strategically reached out to in ways that befits their social status. • Not much was done on message customization for the different peer groups as such the generic dissemination of information underrated some aspects of information critical for comprehensive knowledge building. Besides, the very video tapes procured 1 year ago have outlived their usefulness. • The one-off skills training of PECs has now witnessed gaps in palliative care and paediatric counselling; a must have if quality services are to be

		<p>delivered.</p> <ul style="list-style-type: none"> The establishment of PTCs without leadership and financial trainings continues to hamper the effectiveness with which they can grow and self-manage prudently to the benefits of the PLWA (and OVCs) that they are supporting.
Outcome management	<i>Limited responsible parenting</i>	<ul style="list-style-type: none"> The life skills training was inadequately conducted in terms of both duration and numbers of people trained. As such, few parents are aware and apply it while majority do not. The mixed cultural setting of the fishing villages hamper an effective promotion of a good culture as different parents from different backgrounds promote different parent-child relations. This limits free discussion about sex and sexuality; yet sex education forms the centre of HIV/AIDS education. Livelihood insecurity has caught many parents between two hard rocks as they can neither support their children nor stop them from promiscuous acts that will in the short-run meet their needs only at the expense of future sufferings. For instance, many girls resort to 'sex-for-money' while boys take up to mixing with older fishermen during fishing from which they learn high-risk life styles.
	<i>Inability to buy condoms when free ones are out of stock</i>	<ul style="list-style-type: none"> Many fishing villages lack condoms sales point as such even would-be clients find it extremely hard to travel to Singla to buy condoms when most of the sexual encounters are 'quick unplanned sex'. Some people are still shy about buying condoms especially the women and some elderly people. They cannot stand up boldly to demand for 'give me a condom please!' over a clinic/stall counter services.
	<i>Inadequate provision of VCT outreach services</i>	<ul style="list-style-type: none"> Health budget for VCT services is too inadequate to facilitate effective delivery of VCT service. As such, a few outreaches are conducted in a quarter and more so it tests only 40 people per visit. As such, government facility testing capacity is unable to respond to the exceptionally high demand created in the volatile fishing communities. Even FiCAP co-funded outreaches are too inadequate in number although the number of people tested per visit is always high.
	<i>Lack of assertiveness especially among the youths (girls)</i>	<ul style="list-style-type: none"> Life skills training was not comprehensively done both in terms of the number of days (only 2 days) and the number of young people reached out to (only 400 people). The Alur culture strongly forbids sex related discussion among parents and their children. As such, with the broken social fibres many youths venture unknowingly into sex. Poverty has created a lot of livelihood insecurities. Yet, pop culture popularized by videos and the weekly influx of people flush with cash ends up driving many young people, especially girls, in catching up with the wind of change through transactional and its intergenerational sex.

6.0 LESSONS LEARNT

In answering question 4, the staffs also soul searched the project performance in order to be able to draw out lessons. Attention was given to both the positive lessons (to be replicated) and negative lessons (warranting immediate redress). Table 6, therefore, presents a summary view of the lessons.

Table 6: Project lessons learnt

Positive Lessons learnt	Negative Lessons learnt
<ul style="list-style-type: none"> • Effective HIV/AIDS prevention go hand in hand with mitigation. This is because as people become aware, they test their HIV sero-status, and for those who turn out to be sero-positive a new approach is needed to sustain their life beyond the mere provision of BCC education. As such, prevention needs to be seen from both perspective of preventing further spread of HIV/AIDS (new infections) and the prevention of early death among PLWA (preventive mitigation). • The provision of VCT gives meaning to HIV/AIDS education and it presents the critical point for closing the loop between new infection prevention and mitigation prevention programming. • Working in harmony with all stakeholders promotes the effective execution of the various role each has in HIV/AIDS prevention and mitigation. • The formation of a PTC provides courage for people to declare their sero-status, fight self and community stigma as well as setting the tempo for community care and support system to emerge (see annex 10). 	<ul style="list-style-type: none"> • Banking on government services delivery in order to attain a project designed from an impacts is very risky as there is limited predictability of when, and in what quantity, government services will be provided to effect a project. <i>It is therefore better right from the design stage to create a system (fallback plan) that can make either government services effective or that which will complement on the weak government efforts.</i> • Ignoring the vital positions and powers local leaders play in any community creates a roadblock to project implementation. <i>Involve them in manners that rhyme with their status so that they can lend in their support to the acceptance of their communities.</i> • Closing the peer groups to only age category excludes many people who are better targeted by their social affiliations like religion, business, elderly, etc. <i>Always target peer groups using broad social categorisation that are considered vital in the community.</i> • One off skills training is not adequate for enhancing the capacity of local actors to provide comprehensive services. <i>In designing skills capacity building of local actors, provide for post-training follow-ups as well as refresher courses that deepens their practical skills.</i> • ABC strategy prioritizes reduction of HIV infection from sex-related modes of transmission. This overshadows other potentially grave means of HIV transmission. <i>Always customize messages to existing practices highlighting at risk factors for a more balanced campaign.</i>

7.0 WAY FORWARD

Finally, question 5 asked, 'What are the implications of all the above for the remaining year of the project?' In answering this question, the achievements, constraints, and lessons were critically looked at. What emerged were that inasmuch as signs of comprehensive knowledge is visibly taking shape, a number of program design defects and environmental constraints may continue to hamper the pace and scope of behavioral changes. To avert these will require that in the remaining year:

1. Effective documentation of project output data be conducted. Data collection and reporting gaps by FO should be closely followed by the CDM on a quarterly basis so that areas of inconsistencies are detected and plugged immediately. Where possible, a service outreach database should be established to ensure confidentiality, valid PEC reporting, and double counting avoidance.
2. The project should continue with the multi-media and multi-channel communication approach. More and new video tapes should be procured for the fishing villages so that the interlink between face-to-face and video communication is enhanced and made captivating. Besides, with the increasing public declaration of PLWA, their involvement in group community education and awareness creation is of paramount importance.
3. PECs will need a refresher course to improve on their services delivery capacity as well as the quality of such services. This should be done after an assessment of how effectively they are delivering on the various services related to peer education, counselling and condom distribution.
4. For a relevant BCC awareness and education to be provided to the various social categories, a peer-driven message customization should be done. This will help in ensuring that every peer receives messages that are less generic but relevant to their behaviour change needs.
5. That the Post Test Clubs provides a pivotal point wherefrom people from different HIV sero-status come together to collectively fight stigmatization, promote collective responsibilities, and allow for responsive interdependence, strengthening their capacity will be vital.

In all, the one year implementation of FiCAP was by and large successful. Many outputs were delivered and targets surpassed. Likewise, many people were reached out to through various methods. What remains of importance is deepening BCC in order to attain not just knowledge but also positive attitudes and practices requisite for a sustainable HIV/AIDS prevention and mitigation.

Annex 1: Community briefing meetings

Fishing village	Expected attendance	Actual attendance		
		Males	Females	Total
Kayonga	100	47	53	100
Angumu	100	44	49	93
Wathparwoth	100	64	36	100
Wangkadu	100	71	32	103
Mututu	100	71	30	101
Totals	500	297	200	497

Annex 2: Community education and sensitization performance (N= 5,320 people)

Outreach Category	Kayonga	Angumu	Wathpar	Wangkadu	Mututu	Total
Young males	4%	4%	4%	3%	4%	19%
Young females	3%	3%	3%	3%	4%	17%
Adult males	6%	6%	7%	6%	7%	32%
Adult females	7%	7%	6%	5%	7%	32%
Total	21%	20%	20%	18%	21%	100%

Annex 3: Life skills training for youths

Fishing Village	Male	Female	Total
Kayonga	40	40	80
Angumu	40	40	80
Wathparwoth	40	40	80
Wangkadu	40	40	80
Mututu	40	40	80
Total	200	200	400

Annex 4: Life skills training for parents

Fishing Village	Male	Female	Total
Kayonga	30	30	60
Angumu	27	33	60
Wathparwoth	30	30	60
Wangkadu	30	30	60
Mututu	27	40	60
Total	150	150	300

Annex 5: Drama shows (N=1,806 people)

Fishing villages	Males	Females	Total
Kayonga	296	258	554
Angumu	170	110	280
Wathparwoth	190	138	328
Wangkadu	142	161	303
Mututu	132	209	341
Total	930	876	1,806
% share	51%	49%	100%

Annex 6: PEC peer education outreach performance (N=21,752 people)

Outreach Category	Kayonga	Angumu	Wathparwoth	Wangkadu	Mututu	Total
Young males	6%	5%	5%	4%	4%	25%
Young females	5%	5%	6%	5%	4%	24%
Adult males	4%	4%	3%	3%	3%	18%
Adult females	8%	5%	7%	6%	7%	33%
Total	23%	18%	22%	18%	18%	100%

Annex 7: PEC peer counseling outreach performance (N=1,421 people)

Outreach Category	Kayonga	Angumu	Wathparwoth	Wangkadu	Mututu	Total
Young males	3%	3%	3%	3%	4%	17%
Young females	3%	3%	3%	3%	3%	16%
Adult males	6%	6%	6%	7%	7%	33%
Adult females	8%	8%	6%	6%	6%	35%
Total	21%	21%	19%	19%	20%	100%

Annex 8: Review performance

Landing site	Males	Females	Total
Kayonga	86	60	146
Angumu	74	77	151
Wathparwoth	83	69	152
Wangkadu	93	72	165
Mututu	75	88	163
Total	411	366	777
% share	53%	47%	100%

Annex 9: VCT services outreach

Landing site	Total tested		Total sero-positive	
	Males	Females	Males	Females
Angumu	51	69	0	3
Wathparwoth	63	68	1	3
Wangkadu	59	108	1	5
Mututu	48	90	1	2
Kayonga	67	87	1	2
Total	288	422	4	15
% share	41%	59%	21%	79%

Annex 10: Post Test Club growth pattern

Fishing villages	July-Sept 2008			Oct-Dec 2008			Jan-Mar 2009		
	Membership		Amount (UGX) collected	Membership		Amount (UGX) collected	Membership		Amount (UGX) collected
	Males	Females		Males	Females		Males	Females	
Kayonga	5	7	200,000	18	30	310,000	19	40	578,000
Angumu	5	7	160,000	25	40	418,900	22	43	587,000
Wathparwoth	5	7	450,000	20	15	730,000	26	32	1,096,000
Wangkadu							26	18	636,000
Mututu	10	14	436,000	25	26	450,000	29	13	586,000
Total	25	35	1,246,000	88	111	1,908,900	122	146	3,483,000

Notes that initially, Mututu and Wangkadu were operating as a team with the same management. They only separated in January – March 2009 quarter. The separation was to give time for growth and service nearness to the beneficiary community.

Annex 11: Annual Financial utilization status (April 2008 – March 2009)

	ACTIVITY	Q1	Q2	Q3	Q4	TOTAL BUDGET	TOTAL ACTUAL	VARIANCE	REMARKS
1.1	Sensitize the community about the project	3,395,000	-	-	-	3,395,000	3,395,000	-	Accomplished
1.2	Hold community meetings to identify the PECs	3,295,000	-	-	-	3,295,000	3,295,000	-	Accomplished
1.3	Train Peer Educators-Cum Counselors	46,232,000	-	-	-	46,232,000	46,232,000	-	Accomplished
1.4	Procure Basic Tools and Equipments	33,620,000	2,630,000	-	-	36,870,000	36,250,000	620,000	
2.1	Conduct a baseline Survey	5,723,400	-	-	-	5,723,400	5,723,400	-	Accomplished
2.2	Hold awareness creation Seminars	7,100,000	7,100,000	7,100,000	7,100,000	28,400,000	28,400,000	-	Accomplished
2.3	Life Skills training for the Youth	-	18,180,000	-	-	18,180,000	18,180,000	-	Accomplished
2.4	Life Skills training for the Parent	-	-	8,905,000	-	8,905,000	8,905,000	-	Accomplished
2.5	Hold Radio Talk shows	1,100,000	-	-	1,100,000	2,200,000	2,200,000	-	Accomplished
2.6	Stage Video Shows	720,000	720,000	720,000	720,000	2,880,000	2,880,000	-	Accomplished
2.7	Reproduce and disseminate Local IECs	3,950,000	-	3,950,000	-	7,900,000	7,900,000	-	Accomplished
2.8	Hold Drama Shows	1,600,000	1,600,000	1,600,000	1,600,000	6,400,000	6,400,000	-	Accomplished
2.9	Support Routine PECs / CFs operations	4,500,000	4,500,000	4,500,000	4,500,000	18,000,000	18,000,000	-	Accomplished
2.11	Conduct Quarterly Review meetings	2,490,000	2,490,000	2,490,000	2,490,000	9,960,000	9,960,000	-	Accomplished
2.12	Document Best practices	-	-	-	-	1,402,200	-	1,402,200	Ongoing
2.14	Sharing and Networking	150,000	-	300,000	460,000	1,350,000	910,000	440,000	
3.1	Train PECs as Condom Peer Distributors	5,760,000	-	-	-	5,760,000	5,760,000	-	Accomplished
3.2	Hold Condom Promotion Seminars	-	2,265,000	-	-	2,265,000	2,265,000	-	Accomplished

pgm	Personnel cost	4,785,000	4,785,000	4,785,000	4,785,000	19,140,000	19,140,000	-	Accomplished
pgm	Fringe Benefits	2,009,700	478,500	478,500	478,500	3,445,200	3,445,200	-	
pgm	Travels	657,200	460,000	340,000	1,260,000	4,440,000	2,717,200	1,722,800	
pgm	Internet cost	120,000	-		1,320,000	1,440,000	1,440,000	-	Accomplished
pgm	Computer and Office Consumables	900,000	-	900,000	1,787,000	3,600,000	3,587,000	13,000	partly bought
pgm	2008 Audit	-	-	-	1,000,500	1,000,500	1,000,500	-	Accomplished
Cont	Contingency cost	-	-	-	-	12,109,165	9,530,000	2,579,165	
Cont	Asset Engravement	110,000	-	-	-	-	110,000	(110,000)	Adjusted
Cont	Repair and service of Generator	-	-	-	284,000		284,000	(284,000)	Adjusted
Cont	Printing Certificates	300,000	-	-	-	-	300,000	(300,000)	Adjusted
Cont	Video Tapes	200,000	-	-	-	-	200,000	(200,000)	Adjusted
Cont	Video software	1,050,000	-	-	-	-	1,050,000	(1,050,000)	Adjusted
Cont	VCT Outreach	-	1,590,000	-	-	-	1,590,000	(1,590,000)	Adjusted
Cont	Model Penises	-	390,000	-	-	-	390,000	(390,000)	Adjusted
Cont	HIV Testing	-	-	-	3,910,000	-	3,910,000	(3,910,000)	Adjusted
Cont	Dialogue meetings with leaders	-	-	-	1,375,000	-	1,375,000	(1,375,000)	Adjusted
Cont	Bank charges	102,400	43,200	89,800	85,600	-	321,000	(321,000)	Adjusted
	TOTALS	129,869,700	47,231,700	36,158,300	34,255,600	254,292,465	247,515,300	6,777,165	