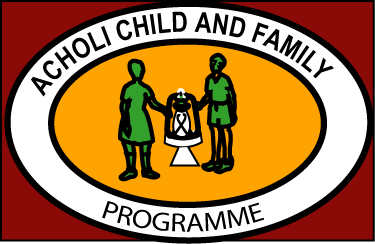
ACHOLI CHILD AND FAMILY PROGRAMME



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| QUARTERLY REPORT; JULY – JUNE  2024    **SUBMITTED TO**  **ChildFund Uganda** |



**10TH. JULY. 2024**

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# ACRONYMS

**ASP** Area Strategic Plan

**AOP** Area Operating Plan

**ACFP**  Acholi Child and Family Programme

**ANC** Anti Natal Care

**ASRH** Adolescent Sexual Reproductive Health

**CYEC** Children Youth Executive Committee

**CVS**  Child Verification Status

**DFC** Designated Funds Certificate

**ECCD** Early Childhood Care and Development

**ECD** Early Childhood Development

**EID** Early Infant Diagnosis

**DCDO** District Community Development Officer

**FAB** Farming as a Business

**GPA** General Parents Assembly

**ECP** Empowering Communities to Protect children

**HIV** Human Immune Virus

**MCH** Maternal Child Health

**NSP** Non Sponsorship Funds

**PDD** Project Design Document

**PEC** Parents Executive Committee

**PMTCT** Prevention of Mother to Child Transmission

**PNC**  Post Natal Care

**RTIs** Respiratory Tract Infections.

**SRH** Sexual and Reproductive Health

**STI**  Sexually Transmitted Infections

**VHT** Village Health Team

**VSLA** Village Savings and Loans Association

**EMTCT** Elimination of Mother to Child Transmission of HIV

**CBCPM** Community Based Child Protection Mechanisms

**VAC** Violence Against Children

**GBV** Gender Based Violence

MESSAGES FROM;

Program Manager (Insert a picture)

Since 2009 Acholi Child and Family Programme (ACFP) has evolved in its programming with the Organization focusing on the root causes of children’s poverty through community wide approaches. ACFP then articulates its core intent and outcomes through the well-tailored theory of Change while focusing on the key principles of children as agents of change, Evidence based programming, Partnership and Rights based approach to reaching out to communities.

Today ACFP focuses on life stage programming which enables the Organization to have targeted interventions for particular age groups affected by deprivation, exclusion and Vulnerability. The interventions designed are derived from ACFPs long term learnings. Thus, ACFP puts a premium on evidence based Programming.

ACFPs smooth working relation with ChildFund has enabled ACFP to impact on the lives of the children, youth and community members. FY24 ACFP reached a total of 61,389 children, youth and caregivers with various interventions in Livelihoods, Education, Child protection and Capacity building among others.

On behalf of ACFP allow me to thank ChildFund for the continued good working relationship which has been demonstrated through the mutual respect, technical support and resource mobilization. Additionally, ACFP has devoted a lot of efforts towards resources mobilization through proposal writing and tactiful partnership. During the period we were able to respond to two proposals all in health and we hope to bench mark on this to support communities we support.

Yours truly,

Wepondi Julius Ronald

# EXECUTIVE SUMMARY (strictly one page)

This report presents the various activities that were planned and implemented by ACFP during the financial year 2023-2024. It also presents achievements recorded, challenges, lessons learnt and recommendation

**SUMMARY ACHIEVEMENTS**

In FY23-24 ACFP Implemented interventions aimed at ensuring healthy and secure infants (0-5 years); educated and confident children (6-14 years) and skilled and involved youth (15-24 years).

To achieve the outcomes in each life stage, ACFP worked side-by-side with district-level government representatives and local stakeholders to design and implement intervention. Consequently, 61,381 Participants( 41,515, Subsidy and 19,866 TASO USAID Grant that ended in Sept 2023) both caregivers, children and youth were reached through programs in strengthening livelihood interventions through trainings of the family groups in various enterprises, re-enforcing our Child protection activities to respond to increase demands of children, Provision of medical examination to life stage two and one children, Session on Reigniting Child Protection awareness in school and communities , Supported initiatives in literacy and Numeracy through Oral Language competition and Capacity building for teachers, maintaining our focus on sponsorship promise and commitment towards improving child participation.

Recognizing the fact that youth play acritical role in socio-economic transformation, ACFP has cascaded youth friendly service in SRH and Micro enterprise development to catalyse the self-reliant and involved youth in their affairs. ACFP intends to use this approach as community leverage for advocacy, inclusive planning and development for our constituency. As such ACFP with support from Child fund Uganda country office, will continue advancing quality pogroms aimed at addressing the root causes of poverty using the DEV framework and the rights based approach.

TOTAL PPTS FY24 REACHED Q1-Q4.

INTRODUCTION

# ABOUT ACFP

Acholi Child and Family Programme (ACFP) is a child centred NGO registered with Uganda National NGO-Board. The organization works with support from ChildFund International and is an umbrella organization of four community affiliate CBOs (Punena & Laroo Child and Family Programme (Gulu district) Ibakara Child and Family Programme (Kitgum district) and Patongo Child and Family Programme (Agago district). With regard to statistics from UBOS (2015), the organization’s operational areas (Gulu, Kitgum and Agago) have an estimated total population of 1,083,973 (Male=534,584 and Female=549,389).

From the ASP 2023/2026, three (3) Project Design Documents (PDDs) were developed to be implemented in this Fiscal Year. ACFP program interventions are hitched on life stages programing i.e. life stage 1 (Healthy and Secure Infants), Life stage 2 (Basic Education), Life stage 3 (Youth Empowerment/Livelihoods), Sponsorship, Child Protection, Emergency and Capacity Development. This report is therefore a presentation of the activities implemented during FY 23/24 with highlights on key achievements, outcomes and challenges encountered during the period.

## **Vision**

The organization’s vision is to have empowered children and youth who will live a sustainable bight future in Acholi area

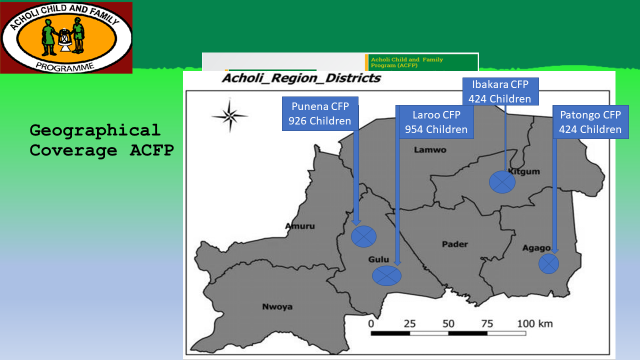
## **Mission**

The organization exists to have self-supportive and creative communities in Acholi area

## **Goal**

Deliver programs aimed at improving the quality of life of children by creating a lasting change in their lives.

## **Areas of Operation by ACFP**

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# SUMMARY ACCOUNTABILITY PEFORMANCE

1. BUDGET VARIANCE ANALYSIS (UGSH ‘000).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Life Stages** | **Annual Budget Current FY (A)** | **Cumulative Annual Expenditure To date (B)** | **Burn Rate on Annual Budget (E)** | **Total Budget Current Quarter (C)** | **Total Expenditure Current Quarter (D)** | **Burn Rate on current Quarter Budget (F) E=D/C\*100%** |  |
| **E=B/A\*100%** |  |
| [[1]](#footnote-1)Life Stage 1[1] | ***123,268,891*** | ***119,430,238*** | ***97%*** | ***53,500,118*** | ***45,446,082*** | ***85%*** |  |
| [[2]](#footnote-2)Life Stage 2[2] | ***94,683,162*** | ***91,951,056*** | ***97%*** | ***19,058,402*** | ***23,095,188*** | ***121%*** |  |
| [[3]](#footnote-3)Life Stage 3[3] | ***35,230,000*** | ***37,496,241*** | ***106%*** | ***13,829,411*** | ***15,340,780*** | ***111%*** |  |
| ***Capacity Building*** | ***217,199,968*** | ***225,785,332*** | ***118%*** | ***37,325,363*** | ***67,270,556*** | ***180%*** |  |
| ***Cross Cutting*** | ***171,871,000*** | ***168,399,003*** | ***98%*** | ***38,293,342*** | ***37,795,227*** | ***99%*** |  |
| ***Emergency*** | ***15,670,000*** | ***9,161,579*** | ***58%*** | ***12,100,602*** | ***5,679,678*** | ***47%*** |  |
| ***Community Contribution*** | ***20,000,000*** | ***21,327,100*** | ***107%*** | ***2,000,000*** | ***3,248,000*** | ***162%*** |  |
| ***Total*** | ***677,923,021*** | ***703,550,549*** | ***104%*** | ***176,107,238*** | ***197,875,511*** | ***112%*** |  |

1. **SUMARY OF PARTICIPANTS SERVED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Adults** | **Girls** | | | **Boys** | | |  |
| ***Age Group*** | ***25 or older*** | ***0-5 years*** | ***6-14 years*** | ***15-24 years*** | ***0-5 years*** | ***6-14 years*** | ***15-24 years*** | ***Total Counts*** |
| *Grants / NSPs / Emergencies* | *8,800* | *1,070* | *1,136* | *2,177* | *974* | *2,292* | *1,687* | *18,136* |
| *Community wide; (Both non- enrolled and enrolled families / children)* | *3,095* | *867* | *2,873* | *1,695* | *620* | *2,799* | *1,720* | *13,669* |
| *Enrolled Children* |  | 466 | 771 | 210 | 474 | 752 | 306 | *2,979* |
| *Siblings of Enrolled Children* |  | *210 792 918* | | | *186 702 690* | | | *3,498* |
| *Parents / Guardians / Caregivers of enrolled children* | *2,979* |  | | |  | | | *2,979* |
| Government staff / structures | *88* |  | | |  | | | *88* |
| *Partner Affiliate Staff and structures* | *166* |  | | |  | | | *166* |
| *Sub Total by Gender and Life Stage* | ***15,125*** | ***2,613*** | ***5,572*** | ***5,000*** | ***2,254*** | ***6,545*** | ***4,403*** | ***41,515*** |

**Sources: Dash Board and Coverage Table**

# PROGRAM ACHIEVEMENTS

## **HEALTHY AND SECURE INFANT**

Interventions under “healthy and secure infants” are aimed at ensuring; infants and young children have a safe and caring environment with responsive caregivers, good health, proper nutrition and quality stimulation in their homes, community settings and pre-schools. The goal is to have all children develop to their full potentials, enjoy good physical and mental health, live in stable families and interact in non-violent and supportive way.

**ID: Non-Program Models Interventions related to Life Stage 1**

### **ID411-05 -Community activities that promote early education programs and early learning.**

Studies in the contemporary positive outcomes in early stimulation of children show that Parental involvement in ECD has a significant impact on the success and management of community based ECDs, as part of the elements of ECD, community sensitizations towards ECD education is magic bullets in increasing the support to ECD by parents. Atotal of 597(202M:395F) parents were mobilized and sensitized on the values of intergrate ECD, participation in Centre management and transition activities for children with this intervention, a number of parents have consistently supported the ECD feeding program, local contributions toward ECD running has increased as this is attributed to positive mind set change by parents towards early childhood learning opportunities, also the parents contributions inform of fees has enabled successful implementation of caregivers welfare initiatives inform of incentives which supported atotal of 6 caregivers during the period.

Increasing access to Center –Based Early childhood learning offers a critical window of opportunity to shape the A **child's relationships and experiences during the early years greatly influence how their brain grows**”. This contributes to a child’s holistic development and build a foundation for their future. For children to achieve their full potential, as is their human right, they need health care and nutrition, protection from harm and a sense of security, opportunities for early learning, and responsive caregiving like talking, singing and playing with parents and caregivers who love them. All of this is needed to nourish developing brains and fuel growing bodies. With all the above benefits, ACFP has continued to offer learning opportunities for children aged 3-5 years in our community supported ECDs in Ibakara and Punena communities through mobilization of caregivers to support the ECD feeding programs atotal of 160 parents (40M, 120F) caregivers contributed items worthy 21,327,100 in categories of Posho, beans, sugar, rice, firewood these items are part of the ECD Centers initiatives to ensure that children receive midday meals.

### **ID421-06 -** **Assessment and ongoing monitoring of childcare providers**

Acholi Child and Family Program has continued to invest in capacity building for the ECD management structures, ACFP through the Education department of Gulu and Kitgum, targeted total of 28 (M12: F16) Centre management committees (CMC) of Punena and Ibakara ECDs with capacity building initiatives on ECD Management, integrated Early Childhood Development (IECD) and on their roles in management of ECD centres. The training strengthened the management skills of the CMCs and overall operations of ACFP supported centres in Gulu and Kitgum districts. Relatedly ACFP through the Education departments of Gulu and Kitgum supported in mentorship of the 6 (M 01, F6) ECD Caregivers on learning framework methods, PFA and the child safeguarding policy as a way of promoting safe learning environment for children.

**ID222-05 Support creation of safe and adequate indoor and outdoor spaces for children**

No plans for this activity this FY

### **ID311-01 Community health education and outreach**

In the rural areas, access to medical facilities and doctors is limited. This is mainly because of a lack of hospitals, clinics, and qualified medical professionals. As a result, children in rural areas often have to travel long distances to reach medical facilities. The cost of transportation and medical care can be prohibitively expensive, which can deter people from seeking treatment. Additionally, a lack of awareness and education about healthcare can further exacerbate the problem, leading to a higher incidence of preventable illnesses and diseases.

To address these issues, health camps have emerged as an effective solution. Acholi Child and Family Program conducted health education and medical examination interventions in two communities of Punena and Patongo and targeted children aged 0-5 enrolled in the two program areas. A total of 450 (M200: F250) 0-5 years were reached through interventions aimed at reducing the proportion of children suffering from common childhood illness. From the assessment 28 children were found to be in need of specialized health care services that related to skin infections, eye and general diminishing health status. The children were referred for further management using the health facility referral systems. Additional, atotal of 609 (M203:F406) caregivers were taken through Health education the caregivers of the life stage one children. This is part of Comphrensive approach that enhance utilization of information related to child wellbeing and early detection of child illnesses for better management. The caregivers were taken through maternal and child health, immunization for children breastfeeding, timely healthcare seeking behavior as well as family planning.

### **ID321-01 Nutrition-focused education for women and infants.**

Undernutrition is estimated to be associated with 2.7 million child deaths annually or 45% of all child deaths. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child’s life are particularly important, as optimal nutrition during this period lowering morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall. additionally, breastfeeding is so critical that it could save the lives children under the age of 5 years each year. To strengthen community participation in health care delivery, ACFP worked with government support health centers and community Health workers to Conduct Nutritional education for parents with children aged between 0-6 years both in ECD centers and community Reaching out to 609 (M203:406F) Caregivers. Through this engagements caregiver’s knowledge on nutrition improved, skills in identification of signs of Malnutrition and there is improved health seeking behavior among caregivers for other child illnesses across the communities.

### ID321-03 Weight and growth monitoring and reporting of health and nutrition data for children under 6

Statistics from the 2019 UDHS indicates that about 33% of children below 5 years were chronically malnourished (stunted, or low height-for –age), 5% were acutely malnourished (wasted or low weight-for height), and 14% were underweight (low weight-for-age). Immediate causes of malnutrition include inadequate dietary intake due to factors such as poor infant and young children feeding practices and repeated infections (eg. Acute respiratory infections, diarrhea and Malaria. Based on the above, Acholi child and Family Programme is deeply rooted in strengthening family healthcare practices to enhance better outcomes in nutrition at household majorly target children 0-5 of age. this involved supporting practices like Nutritional Assessment counselling and support (NACs). The activity included quarterly mentorship sessions conducted with health works and Community health workers (CHW/VHTs) to educate them on suitable nutrition practices. This also involved nutritional demonstrations and referral of critical health cases for medical attention. Atotal of 25 VHTs/CHW (14M:11F) underwent training and mentorship on NACs, Additionally the VHTs reached atotal of 758(398M:360F) children in their households, additionally atotal of 12 acute malnourished children at community were identified and referred for specialized support with partner Organization called Love Plus one at rehabilitation centers. The NACs also integrated other health related areas in sanitation and hygiene, family Planning and malaria control practices as comprehensive health package targeting mothers and infants.

Findings also indicated that Exclusive breastfeeding under 6 months was too low looking at the proportion of infants 0-5 months of age who are fed exclusively with breast milk. This allows the infant to receive, drops, syrups (vitamins, minerals, medicines), but nothing else.

***Table 1.0*** ***Prevalence of underweight by age, based on weight-for-age z-scores***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Severe underweight (<** |  | **Score 1) Moderate underweight (>=** |  | **2 score ) Normal** |
| **02** |  | 22 |  | 734 |

***Table 1.01: Prevalence of underweight by sex, based on weight-for-age***

Cases of underweight are distributed almost equally in the five age categories No children aged 54-59 months were classified as underweight.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Underweight male*** | ***Underweight female*** | Acute malnutrition | ***Total assessed*** |
| 10 | 12 | 12 | 758 |
| Referred to the facility | Refereed to the facility | Referred to love plus one international and supported with food supplements. |  |

The major factors contributing to acute malnutrition include inadequate quality and quantity of food, food insecurity, poor hygiene practices, and high rates of malaria. Exclusive breastfeeding practices and access to safe water are also of concern at community level given the heavy rains.

### **IB311-01: RPP (Deliver parenting workshops to parents and caregivers)**

Our programs aim to increase access to quality home- based care and stimulation programs for children aged 0-3 years Acholi Child and Family Programme. Responsive Protective and Positive Parenting (RPPM) program Model supports infants and young children 0-5 years of age realize age appropriate holistic development milestones across the components of the nurturing Care Framework the model is implemented by Community facilitators through the caregiver group sessions, ACFP through child fund supported and piloted the model in Ibakara community in FY23 targeting 250 identified caregivers of children age 0-5 across the 10 caregiver groups. The 18-month pilot came to an end in June and the Endline planned in January 2024.

Based on that ACFP extended the pilot implementation to Punena targeting 4 caregiver’s groups. Through the trained community facilitators. The total of 152 (M32:120F) caregivers with children aged 0-5 participated in the parenting sessions in Punena. The baseline evaluation will be done to generate program base line indicators and measure of knowledge and this will be spare headed by M&E unit at child Fund in FY25.

### **IB211-04: RPP (Reflective supervision sessions or home-based support for parents)**

ACFP facilitated two reflective supervision sessions for the RPPM groups Ibakara and Punena. The supervision is part of the technical support given to the community facilitators in a way of building their capacity to deliver the step by step model curriculum and ensure infidelity of the model. The mentors that included the RPPM TOTs, the health workers, CCTs and nutritional persons were involved mostly to emphasis issues of right content delivery. This report is part of the feedback evaluation process for the Endline results that would inform the progress or scale up of the model to other communities in Acholi Area.

**IB411-03 End line evaluation RPPM**

Not done because CO has not provided guidance

### **ID112-02 Referrals and support for children with special needs**

The NDP III recognizes the roles and contributions of all health care players; the government, non-governmental and private players including indigenous traditional and complementary health practitioners remain pertinent in the implementation of the plan. In line with the above, ACFP has over time supported children with un met health needs in need of critical health response under the alert case management. During FY24 atotal of 28 children were supported to meet health needs. The health alert cases included the heart problem in Ibakara, sickle cell issue in Laroo, acute malaria cases, educational alerts, social alerts and 2 fracture cases in Patongo community all the cases were supported and children are out of dangers and one of the heart problem is expected for review by mid July 2024. ACFP has continued to support communities in matters of responding to these critical cases as well as community education on childhood illnesses among other.

### **ID111-03 Seed capital to support entrepreneurship initiatives.**

ACFP in partnership with District Agri-Departments of Gulu City, Gulu district, Kitgum and Agago districts trained caregivers 5 caregiver groups 150 (M 50: F100) on farming as a business in Laroo, Patongo, Ibakara and Punena communities.

The training enabled caregivers acquire knowledge and skills in farming as a business so that it would support boost their livelihoods security and resilience which would in turn increase the capacity of providing quality and timely educational, health, shelter, nutritional and parenting needs to children with in the community. The target participants included caregivers of life stage one children.

The 05 family groups trained were well equipped with knowledge and skills in Farming as a business. The groups trained were supported with farm agro inputs of their choice of piggery and goat projects. As part of sustainability plan, the groups are implementing the revolving program model aimed at reaching everyone in the group by 2026.

## EDUCATED AND CONFIDENT CHILD

ND: Non-Program Models Interventions related to Life Stage 2

Acholi child and Family Programme basic education program is well tailored strategy to make a lasting impact to the lives of children aged 6-14. The education pillar aims to contribute not only to school attendance but also ensure school retention with good academic outcomes, improve access to basic education for vulnerable children by empowering schools to meet quality standards for a child friendly environment, mobilizing communities to participate in school governance as well as empowering children with life skills within our thematic area of Educated and confident child. ACFP therefore planned and implemented various intervention that surely will contribute to the major goal and objectives. Among the interventions include;

* Promote literacy and Numeracy, Household economic empowerment, Water and hygiene at community and school, Violence prevention at school and Medical examination among others.

### **ND122-01 Provision of medicines and health services to families in-need**

Health camps play a critical role in providing medical care and creating awareness about health issues in rural areas. While there are many reasons why health camps in rural areas are a necessity, the lack of access to healthcare facilities is one of the most significant factors.

In rural areas, access to medical facilities and doctors is limited. This is mainly because of a lack of hospitals, clinics, and qualified medical professionals. As a result, people in rural areas often have to travel long distances to reach medical facilities. The cost of transportation and medical care can be prohibitively expensive, which can deter people from seeking treatment. Additionally, a lack of awareness and education about healthcare can further exacerbate the problem, leading to a higher incidence of preventable illnesses and diseases.

To address these issues, Acholi Child and Family Program conducted health education and medical examination interventions in Patongo community. A total of 860 (M374: 486F) children were medically examined. From the assessment 24 children were found to be in need of specialized health care services that related to skin infections, eye and general diminishing health status. The children were referred for further management using the health facility referral systems.

### **ND311-04 Promote access to wash facilities and health services**

Access to safe and clean water is universal human rights and its allied to SDG goals 6 of **Clean water and sanitation** with target of ensuring access and elimination of tropical diseases among the population. Safe water, toilets and good hygiene keep children alive and healthy. Growing up in a clean and safe environment is every child's right.

Access to clean water, basic toilets, and good hygiene practices not only keeps children thriving, but also gives them a healthier start in life. ACFP built these wash activities based on the following key components of WASH.

* Handling of drinking water.
* Disposal of human excreta.
* Disposal of waste water, disposal of garbage and cattle dung.
* Home sanitation and food hygiene.
* Personal hygiene and village sanitation.

The wash interventions are critical in safe school and household sanitation and through campaigns. During FY24 ACFP conducted refresher training for community water user committees and functionalized the school wash committees reaching to 743 (335M 408F) WASH committees are expected to roll out training components to ensure water chain management is achieved.

### **ND322-03 School infrastructure improvement project**

Reading is an indispensable learning skill that aids all other learning activities and lays the foundation for independent studies and prepares the child for higher educational opportunities. Reading refers to the ability to interpret and decode an array of words through a cognitive process (Ayoti cited in Onuorah, 2021) Reading improves one’s writing, reasoning, communication skills and vocabulary. There is a saying that continuous reading brings about brain automatism. With all the above highlighted relevance of reading, ACFP is building new blocks of educational impact through our literacy step by step approaches in numeracy and literacy improvement plan, During the period ACFP supported the renovation of Pageya primary school library that will benefit approximately 650 children currently enrolled in the school

### **ND121-03 Provision of seed capital**

ACFP in partnership with District Agri-Departments in Kitgum, Gulu and Agago districts, ACFP trained 15 caregivers groups 443 (M169: F274) on farming as a business in Ibakara, Patongo, Laroo and Punena communities.

The training enabled caregivers acquire knowledge and skills in farming as a business so that it would support boost their livelihoods security and resilience which would in turn increase the capacity of providing quality and timely educational, health, shelter, nutritional and parenting needs to children with in the community. The target participants included caregivers of life stage two children.

The family groups trained were well equipped with knowledge and skills in Farming as a business. The groups trained were supported with seed capital of 1,500,000 each. The groups choose various enterprises in goat keeping and piggery. As part of sustainability plan, the groups are implementing the revolving program model aimed at reaching everyone in the group by 2026.

### **ND332-01 Extra-curricular school and community clubs for youth (teen corners, youth club, voice now, communal councils etc).**

Learners who cannot read have difficulty interacting with learning material in other subjects. The inadequate literacy skills also hinder their independence in learning and ultimately, reduce their performance, increasing the risks of absenteeism and school dropouts. In abide to promote the highest possible standards of learning, teaching, training and achievement throughout the education and in the efforts to improve literacy and numeracy, ACFP through the various Education departments in the three districts of Gulu, Agago and Kitgum supported Oral Language Competence which was integrated with DEAR as national strategy designed to remind students to make reading a priority activity in their lives and gives the teacher a structured time to touch base with each pupil over a period of time, assess progress, and target instruction. The events targeted the children in the 10 supported schools of Lukodi, St. Martine, Panykworo, Pageya, Gulu PTC, Layamo, Kitgum Matidi, Modegee, Patongo and Patongo Akwee. Where children were involved in quiz competitions, spelling, question and answer sessions as well Passage reading among others. Atotal of Atotal of 1058 (460M:598F) children and teachers participated in the competition that is geared towards reading skills, life skills and other key positive educational outcomes among children aged 6-14 in our supported school

### **ND211-02 Capacity building for school association members (students, parents, teachers) to advocate for school improvements**

Literacy and numeracy are important because they form the basis of our learning. They are required to learn other skills, as well as for participation in everyday life. Literacy and numeracy skills underpin workforce participation, productivity and the broader economy, and can also impact on social and health outcomes.

In Uganda the quality of Education and access to education has been hindered by insufficient financing, delayed fund flows to schools, the challenges in education governance systems, possession of Numeracy and Literacy Skills is still low.

Early Grade Reading Assessment is a collection of subtasks, each with a specific purpose and it’s designed to measure some of the foundational literacy skills that readers need for beginning reading. Usually, EGRAs are given to Pupils in Kindergarten through primary school. EGRAs test children’s skill at different subtasks they need to learn, such as letter names and letter sounds, to be able to read fluently.

Individual Pupils are assessed on different reading skill subtasks. An example of a subtask is a test of letter sounds, or a child’s ability to identify a letter’s sound. EGRA is designed to be flexible; it can be used in different contexts. An EGRA should always be adapted to the local language and context. Learning to read requires similar basic skills in any language, but the importance of those different skills depends on the language.

Based on the numerous benefits of EGRA and EGMA to learners ACFP through the District based CCT center’s Conducted two-day refresher training 192(M79:F113) Teachers of low primary from P1-P3 in all supported schools. This is to rejuvenated the teaching of EGRA and RTL for better grate outcomes at upper primary.

### **ND221-02 Provision of child-friendly teaching and learning materials to schools**

To enhance life skills for children’s wellbeing and conducive environment, interventions in the FY24 targeting children and young adults (6-14 years) have been enormous; capacity building, Organization support infrastructural investments un schools and peer to peer positive influence among other. Recognizing the challenges children face worldwide in their day to day life, ACFP with support from ChildFund Uganda country office trained IP TOTs on PSS and SEL. The trained TOTs rolled out the same training to the teachers in the supported schools. The PSS and SEL aims at engineering the importance of creating a safe and inclusive environment for children's well-being and learning in both emergency and development situations, supporting students undergoing stressful situations especially considering the educator's unique students and learning context as well as Integrate simple and applicable PSS interventions and SEL activities into their lesson plans to ensure Quality Holistic Learning. In the first phase of implementation ACFP trained atotal of 35(M15:F20) Teachers mostly the Senior women and Senior men teachers in the 10 supported school. The full rollout of the trained will be done in FY25 targeting all teachers, ACFP staff and other community structures working with children.

### **ND222-02 Provision of school kits, learning materials and schools’ fees to children in-need**

ACFP with support from Child Fund Uganda and Longhorn publishers under the guidance and support from the Ministry of education supported 10 schools (Gulu PTC, Pageya, Layamo, Kitgum Matidi, Patongo, Modegee, Patongo Akwee, Panykworo, St. Martín and Lukodi Primary schools) within ACFP operation areas. A strategic partnership aimed at improving literacy among the early grade learners in Uganda.

The books which include English pupil Books, Early Grade Reading (Teacher’s book/Guide) and Supplementary readers intend to reach over 2400 learners as part of a comprehensive initiative to enhance the literacy competence of the learners between Primary one and primary four.

### **ND321-02 Development of school violence prevention plans**

Violence against children and youth includes all forms of physical, sexual and emotional violence, neglect, negligent treatment and exploitation. Violence against children includes many different forms it can happen in the home and in the community.

Child Safety is a critical concern for every responsible adult in our Areas of Operation and the whole world at large, Children worldwide face many safety and life threatening issues ranging from, unsafe learning environment, unsafe homes and communities. Regrettably to note, the people who expose children to these life threatening environments are, people in decision making, peers, relatives and family friends etc.

Whereas Safety for children means, protecting children from abuse, managing the risks of child abuse, providing basic needs for children as well as providing chance for sharing among children, there is still a gap across communities to improve safety of children. Based on that ACFP in partnership with Probation departments conducted an orientation of teachers and school Management committees on VAC in schools that hinder school retention and learning outcomes as part of the planned different schools came up with action plan to address the issues around violence against children with aim of making school environment safe for learning. Atotal 1205 (M416:789F) of teachers, pupils and Management committees were Oriented on Violence and each school was supported to develop school violence prevention work plan which is integrated in school club activities.

# SKILLED AND INVOLVED YOUTH

## **JD: Non-Program Models Interventions related to Life Stage 3**

Acholi child and Family initiatives to provide young people with vocational and entrepreneurship skills is driven by the fact that youth form the largest segment of the population in the country. They are always faced with challenges of high rates of school dropout and unemployment due to lack of applicable life skills, limited livelihood opportunities. To address this highlighted challenges, ACFP collaborated with 04 community offices of Punena, Laroo, Patongo and Ibakara to implement wide range of programs to youth that included SRH dialogues, SRH awareness and sessions, Career guidance and Enterprise training for livelihood projects among others.

### **JD212-01 Sessions on youth sexual and reproductive rights for service providers**

Adolescence represents a critical window of opportunity when young people learn to make independent decisions and form their own attitudes and beliefs. ACFP works to ensure that adolescents, regardless of gender, have access to comprehensive sexual and reproductive health (SRH) information, services, supportive and gender-equitable families and communities that they need to be the leaders of today and tomorrow.

Our ASRH programs are age- and life-stage tailored, with particular attention to the needs of “very young adolescents” (14- to 24–year-olds) and first-time adolescents and young parents. In addition, we prioritize strengthening health systems to provide integrated health services to adolescents and implement innovative positive youth development approaches that integrate health, education, and economic empowerment.

With support from our community peer educators, health workers, Senior women and men teachers, ACFP facilitated dissemination of standardized messages to positively influence the youth behavior given the barriers of stigma, cultural belief and failed health care system mostly in youth friendly services alongside structural facility challenges. These targeted both in and out of school youth encompassing messages on health education, HIV/AIDs testing, mental health psychosocial support/counselling and distribution of SRH commodities among others in Ibakara, Patongo, Laroo and Punena communities reaching out to 1538(709M:826F).

### **JD221-02 Intergenerational SRHR dialogues for parents and youth.**

While discussions around reproductive health services are theoretically open to all, adolescent boys and girls experience bias, with their parents and guardians making most decisions about health on their behalf. Adolescent sexual and reproductive health is a pivotal component of SRRH as enshrined in various international commitments notably SDG and the Maputo plan of Action+, Convention on rights of persons with disabilities and international conference on population and development plan of Action(ICPD) among others. As part of Ministry of health priorities as spelled out in the Health sector strategic and investment plan III, ACFP has continued to Champion SRRH services dialogues with focus on bring about a positive change of attitudes regarding sexual reproductive health services for young people. The dialogues are aimed at strengthening conversation among people across age groups, so that communities can engage in a collective process of change, the intergenerational dialogue have also bridged the gap between different community members and empowered young people to discuss issues openly. Atotal of 2092 (959M and 1133 F) youth, Parents and other stakeholders participated in the dialogues. This activity was implemented in Ibakara, Patongo, Laroo and Punena Communities. Through this dialogues youth have now continued accessing the SRH services at community and community attitude towards SRH has positively changed.

### **JD211-01 Awareness raising on youth sexual and reproductive health and rights.**

The Sustainable Development Goals call for comprehensive access to Sexual and Reproductive Health and Rights (SRHR) (Targets 3.7 and 5.6). However, they emphasize towards this have been low given the limited SRRH services that relate socioeconomic status and other relevant context-specific factors.

Given the sensitivity of the SRRH, internationally and locally there is information gap hindering health services and information related to sexuality and reproductive health, it cannot be assumed that once services are provided, they will be used. Rather, attention is needed to understand barriers to use, and to generate demand for such services and effort made to offer them in a culturally appropriate manner. In order to assess appropriateness and demand, it is critical to elicit community perspectives from diverse population groups.

With the above issues, ACFP through the facility SRRH focal persons in the districts Kitgum, Gulu and Agago Conducted community awareness compaigns on SRH services to understand available services and also to respond to key concerns around SRH. This also involved Provision of SRH packages like family planning services, safe motherhood services, prevention and treatment of STIs including HIV, Cervical cancer screening and prevention of GBV among others these services also targeted hard to reach communities as a way of improving service delivery Atotal of 1901 (910M, 991F) youth and Caregivers participated in the awareness sessions in Laroo, Patongo, Punena and Ibakara communities.

### **JD111-03 Life plan, career planning and counselling for youth**

Career guidance plays an important role in helping shape education systems to meet goals of various learners, Because the choice of a career is undeniably one of the most crucial decisions one makes in life. The irony is that such an important decision is often made quite early in the life of an individual and is sometimes made without giving much thought to it. A career should be chosen with utmost care, thought, and planning. Individual have different innate capacities and abilities and hence attitudes for different kind of work. The purpose of Career Guidance is to match the individuals and the occupation optimally for mutual benefits and It also promotes equity.

ACFP through career coaches delivered career guidance sessions to identified Children and youth of candidate classes of the supported schools of Lukodi, St. Martin, Panykworo, Gulu PTC and Pageya Primary schools in Punena and Laroo, Layamo Matidi in Kitgum and Patongo, Akwee and Moodenge in Agago. This session involved focused group discussion of children and youth on marketable skills and opportunity for non-exploitative labour force among others. Atotal of 628 (M281:347F) participated the session.

### **JD112-01 Livelihood, entrepreneurship and business for youth**

Financial literacy is the knowledge needed to make sound financial decisions. Increased financial literacy leads to greater resilience during predictable and unpredictable life events. Learning how to earn, spend, save and invest wisely contributes to overall well-being and stability. As part of the youth empowerment programs, ACFP is focused on providing vocational and entrepreneurship skills to youth in the Districts of Gulu, Kitgum and Agago. During the period ACFP facilitated the district Production department of Kitgum, Gulu and Agago to train two youth group in group dynamics and enterprise development (MEDS). The training was tailored to equip the youth with financial literacy and other components of savings among others. Atotal of 121 (M54:67F) youth were trained and the group was supported with seed capital to start goat rearing projects at household level. This is part of the efforts to improve on youth participation livelihood programs and also improve on youth involvements in issues that affect them through the Voice now approach of soft and hard skilling enterprises.

### **JD131-02 Social and financial literacy for adolescents and youth**

ACFP joined the rest of the world to commemorate the **International Youth Day** as part of the advocacy efforts. The theme of the day was “Green Skills for Youth: Towards a Sustainable World." This theme highlights the importance of empowering young people with the skills they need to build a more sustainable future. This Theme was invested on the ongoing efforts to ensure that youth are provided with both soft and hard skilling opportunities for social and economic growth of Uganda whose population is predominantly of a youthful age accounting for 73%, this event also provided platform for youth and children to advocate for better service delivery across the divines of society where children and youth meaningfully participate in the sphere to raise awareness around equal opportunities for youth through youth led advocacy. ACFP used this as an opportunity share with various stakeholders on their roles in protecting children but also to hold duty bearers accountable for their actions that violent the rights of children among others. This was attended by selected children and youth in the supported Communities of Punena and Ibakara 647(128 M:382F)

Financial literacy is the knowledge needed to make sound financial decisions. Increased financial literacy leads to greater resilience during predictable and unpredictable life events. Learning how to earn, spend, save and invest wisely contributes to overall well-being and stability. As Booth points out in his book, *A Rich Future: Essential Financial Concepts for Youth,* not everyone successfully manages money. Financial literacy is the key to changing that dynamic.

“There is a knowledge gap among youth and Adolescents in the world,” Booth says. “Some have access to information from parents, schools and other forms of financial literacy, while others do not.”

“If you’re financially literate and smart with your money, you have a huge advantage in life, right from the beginning,” Booth explains. Based on such benefits, Child Fund through partnership with Aflatoun International network to conduct one-week training of Aflatoun + National TOTs for the implementing partners of child Fund Uganda. The training was basically on community youth engagements, life skills, enterprise setting, Savings and Decision making etc. The 03 National Tots are expected to roll out the approached at community targeting the youth in and out of school. ACFP has earmarked Ibakara community for the roll out of the model.

This activity was postponed to FY 25 Aflatoun.

**JA: PACT (Civic Participation, Transformation, and Opportunities)**

ACFP is not implementing this Model.

**JA221-01 Training sessions on labor rights and non-exploitative activities**

This activity not Planned this FY

# CHILD PROTECTION TA: Community Based Child Protection Mechanisms

Uganda Child policy is placed to enhance and protect the rights of children, the National Child Policy is in fulfilment of the Government of Uganda’s Constitutional mandate on the welfare of children and also a fulfilment of the Ministry of Gender, Labour and Social Development Mission, “To Mobilize and Empower Communities to harness their potential while, protecting the rights of Vulnerable Population groups”.

The National Child Policy 2020 (NCP) demonstrates the commitment by ACFP to ensure the well-being of all children. It is another big stride in the Country’s efforts to uphold children rights and protect them from all forms of abuse, neglect, exploitation and violence.

ACFP collaborated directly with the 04 community based Organizations of Ibakara, Punena, Laroo, Patongo and government to implement child protection interventions. The critical focus of these interventions were centred on reinforcing the Community –Based child protection system(CBCPM), advocating for child participation, strengthening coordination between child protection actors and Community structures to ensure that child protection is a community goal

### **TA101-09 Support activities towards formal community-based child protection mechanisms (CBCPMs) and Child Protection Committees (CWBC)**

ACFP Conducted 4 child protection awareness sessions across the four communities of Patongo, Laroo, Punena and Ibakara, the sessions were done through the CWBC and CRCs (Child rights Clubs) in schools targeting children and community members Sessions on awareness on the legal framework in schools and communities, Participants were able to recognize their constitutional mandate in protection of child from abuses and any form of exploitation and the existing institutions to enforce such mandates.

Total of 419 (M183: F236) Children, Youths and adults Participated in these sessions as part of the discussion was also to identify gaps in child protection service delivery within their communities like limited capacities of child protection structures to report cases, limited resources, poor coordination among actors as well as case interference among others. The different communities conducted the activity with children/ youth in and out of school and parents. CDO, teachers and CFPU police office took lead in guiding the discussions in the different communities.

Violence against children is a phenomenon happening worldwide, in forms of physical, psychological violence. Children are deprived of care, basic social services, health care and education, child abuse, neglect, exploitation, forced to beg, trafficked. Children are still one of the social groups at risk, facing many problems that remain unresolved. Increasingly public expenditure on child welfare, special education, medical and psychological services is still very low. ACFP through Community support structure follow-up and supported cases of Violence against members and some medical, educational alerts as well as social welfare conditions reported during the period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Classification of activity | No of cases | | Community | Action taken | Status |
|  | 42 | | Patongo,Laroo,Ibakara and Punena | Supported with access to services and other basic needs, counselling at house. | Staff to continue monitoring the cases |
| M | F |
| 21 | 21 |

Safeguarding measures for children requires much more than just having policy but Organizations working at the grassroots level whose staff, volunteers or visitors are in direct contact with children have an even greater responsibility to keep children safe. All such organizations need to have child protection systems in place. As part of our obligation to protect children who are in contact with our programs and activities, ACFP conducted Orientation of Volunteers, Teachers in the supported school and community support structures on safe guarding. Atotal of 75 (40M 35F) participants were reached. The main purpose is to make the Organization child safe and also ensure that staff and Volunteers know their obligations in terms of protecting children from harm or abuse.

In June 2020, the Government of Uganda adopted the National Child Policy which repealed the National Orphans and Other Vulnerable Children Policy (2004). National Child Policy of 2020 includes a new framework to harmonize CP coordination at national level, Integration and close collaboration of different structures. With the existence of this policy, new structural changes have been made to operationalize the child protection actors at national up to lower unit local government leading to the formation of Child wellbeing committees whose role is to support in child protection community work through coordination and partnerships. However, since the formation of these structures less has been dine to build their capacities in their current roles. Based on the that ACFP through the Probation department of Gulu District and Gulu City conducted two-day training of CWBCs of Bugantira and Pece –Laroo Division in their roles. Atotal of 34 (15M 19F) participants attended the training with sole responsibility to implement child protection initiatives at community

### **TA122-01 Promote children's participation in dialogue spaces to raise their voice around child rights and child protection issues**

Additionally, atotal 881 (M446:435F) members of Child rights clubs, CWBCs within ACFP areas of operation Punena and Patongo were involved in creating awareness through child protection dialogues within their communities to prevent child abuse practices with talking points around early marriages, teenage pregnancies, child neglect. The various stakeholders acknowledged the initiatives and committed to champion the protection issues against all forms of harmful practices. these initiatives were part of the CFA CAP developed together with stakeholders and in fulfilment of the commitments made. The children have pledged to continue pursuing the duty bearers to ensure that children’s issues are handled with utmost urgency and with practical results for the best interest of children.

# ADVOCACY

Advocacy allows individuals to have their voices heard in the public sphere, attracting attention from policy makers, the media and high-profile individuals around the world. By advocating for a cause, individuals are able to spotlight their perspective to the wider community and act as a catalyst for change. Without advocacy many voices would remain silenced. As part of our Advocacy efforts, ACFP is working in partnerships with communities to advocate for better services while considering key aspects of child participation, children as agents of change, accountability and evidence based as key principles of our programs.

### **TA212-03 Community-led advocacy actions to promote access to quality child protection services**

While the official theme for DAC’s Day 2024 had two major components: ' education for all' and 'the time is now'. The aspect of 'education for all' is key because the African Charter on the Rights and Welfare of the Child under Article 11(1) states that 'Every child shall have the right to an education'. ACFP in collaborations with districts of Gulu, Agago, Kitgum and Gulu City facilitated children to participate in the DAC Day celebrations. The commemoration served as a platform to raise awareness about children’s issues mostly the girl child and women. The children were able to present to different stakeholders the Social-Cultural and economic barriers that affect them that included, discrimination, denial of resources, forced marriages and GVB which are slowly eating up the potentials of African child in the community. The duty/stakeholders promised to address the concerns raised by children and also put in place bylaws to protect children. Atotal of 100 (45M:55F) children and youth participated in the District and City based events. Additional ACFP also facilitated Pre-DAC activities in the communities to raise awareness on issues of children’s rights and responsibilities as well as school based mentorship for children on their rights and responsibilities. Atotal of 741(M333:408F) Community members were reached.

Acholi Sub Region is still facing the turbulent effects of civil unrest that destroyed the community and family systems. Children and youth still face enormous forms of abuses that have put lives of the young generation at high risks, an estimated 25% of teenage girls are sexually abused, resulting in child motherhood and a high risk of HIV/AIDS and other sexually-transmitted infections (Uganda National house hold survey 2021/2022). In addition, 38% of children experience violence at home and 37% at school by peers and staff this is according to ChildFund recent M&E survey. The evidence shows that children and adolescents in Uganda continue to face sexual exploitation, early marriages, human trafficking, drug and substance abuse, involvement in social unrest, and engaging in criminal activities. With all that available data on violence against children, ACFP facilitated Child Protection advocacy campaigns through Child Rights Clubs in two supported schools of Lukodi and St. Martine all in Punena community. The compaigns were meant to deliver tailored information on child Protection to various stakeholders at school, community and also to popularized the various Child Protection reporting channels at community, schools among others. The advocacy sessions also targeted public places where community members gather such as markets and Trading centers. Atotal of 272 (M139,133F) participants were reached.

While the official United Nations theme for International Women’s Day 2024 is *‘***Count Her in: Invest in Women. Accelerate Progress**’ based on the [**United Nations 68th Commission on the Status of Women**](https://www.unwomen.org/en/csw/csw68-2024) priority theme ‘Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective.

ACFP in collaborations with districts of Gulu, Agago, Kitgum and Gulu City facilitated children to participate in the International Womens Day celebrations. The commemoration served as a platform to raise awareness about children’s issues mostly the girl child and women. The children were able to present to different stakeholders the Social-Cultural and economic barriers that affect them that included, discrimination, denial of resources, forced marriages and GVB which are slowly eating up the potentials of the girl child in the community. The duty/stakeholders promised to address the concerns raised by children and also put in place bylaws to protect children. Atotal of 183 (33M:150F) children and youth participated in the community base events.

**TC101-06 Child Labor-Empowering youth advocates**

No planned activity in this code this FY

**TC102-02 Child Marriage-Campaigning**

Text here……..

No planned activity in this code this FY

# EMERGENCY PREPAREDNESS AND DRR

### **EA102-01 Community-based Disaster Risk Reduction activities based on action plans**

With the efforts from the local Authorities and the other stakeholder towards building the community network and systems to mitigate and response to the various disasters such as floods, long draught among others, ACFP and Gulu district production department conducted community sensitization to create awareness about the anticipated disaster through Early warning systems which are integrated into our normal programming.

The community sensitization is part of early preparation in case of any disaster, digging of community water trenches, planting of trees and climate smart agronomic practices were key discussion points during the sensitization etc. Atotal of 844(399M:445F) community members were reached with sensitization.

Through community engagements Acholi Child and Family Programme has been able to map out communities that are likely to be affected by the weather changes across the communities and there is an increasing need to support in various interventions in case of any disaster. Meanwhile ACFP together with DDR focal point person at country office engaged the DMC at Agago to certain the level of district preparedness in terms of disaster and pledged to support the districts to develop contingency response plan for implementation through prime minister’s office. Additionally, community members through community DRR committees developed action plan that will be implemented community wide to support in response and prevention of DRR issues at community.

# TB: SPONSORSHIP MANAGEMENT

**TB101-01 Analysis of potential children to enroll.**

Not planned this FY24

### **TB101-02 Enrolment management**

ACFP through community sponsorship Volunteers conducted family visitation in all the four communities reaching to 2908 (M=1358, F=1550) LS1=868, LS2=1428 and LS3=612 enrolled children. During these visits structures and staff were able to share with families our key programs for the quarter, shared with them also topics related to child presence, Education, program participation, child protection etc. This was done through the digital platform on Kobo collect.

Socialising allows children to build skills that will help them be confident and autonomous later in life. Social interactions will help children develop their self-esteem and build resilience towards the unknown and in turn, create connections that make new social interactions less scary. ACFP in abide to enhance connection and improve child participation in our sponsorship activities, conducted child day’s events in the two communities of Laroo and Patongo. The events are part of sponsorship planned activities aimed at sharing with children on key sponsorship milestones, life skills and also support in documentation of existing gaps in children’s information. Atotal of 1,466 (675M 791F) Children and youth participated in this activity.

ACFP staff were further trained on child family monitoring in Jinja. The objective of the training was strengthening the child monitoring and family visitation to track child presence, participation and enhance program reach. 5 (2F, 3M) Staff were refreshed on kobo collect tool.

### **TB101-03 Management of information about enrolled children.**

ACFP staff were trained on child file digitalization in Kiboga. The objective of the training was to equip staff with knowledge on child files digitalization as well as assessing the capacity of in management of gadgets, make practical sessions in actual file scanning, renaming and synchronization of files as per the desired standards in child file management. 8 (5M,3F) ACFP staff were trained from the 4 communities of Laroo, Punena, Ibakara and Patongo. ACFP to go full scale on file digitalization in all communities since all the staff have been trained. By the end of 2024 all child files are expected to be digitalized.

ACFP further procured file digitalization gadgets ranging from laptops, scanner, barcode readers, desktop, external one drives for the communities of Laroo, Punena and Ibakara to aid child file digitalization process starting in January 2024.

### **TB101-06 Correspondence management**

The training was organized at a regional level held in Soroti. The purpose of the training was to build the capacity of implementing partners on supporting children to write quality letters using magic to their sponsors. 9 (6M,3F) ACFP staff attended the training. Great improvement in the quality of the letters written is expected, this in turn will lead to low cancellation among sponsors as there will be more evident child participation in the letters written, thus increasing on the sponsor acquisition rates and retention rates.

**INTERNAL CAPACITY BUILDING**

# SA102-02 Institutional strengthening

### **MONITORING AND EVLUATION**

In abid to ensure that there is proper utilization and proper accountability to sponsors, ACFP facilitated community structures of Patongo community to conduct DFC and Program Monitoring Exercise This was aimed at checking our levels of compliance as far as DFC management is concerned, to note was an improvement in regards to documentation of DFC above 30 dollars, management of items bought with children’s DFCs and other program items had greatly improved among parents/caregivers. Children and caregivers give positive impacting stories DFC is creating in their lives. 102 (52M, 50F) children who had received DFCs and piggery project items.

On the other hand, ACFP conducted CAMEL refresher training for community staff this was in preparation of shift to CAMEL system reporting, Participation registration, Household registration and Planning. All the staff CAMEL accounts were activated.

Trained 03 staff on urban programming, the training was tailored toward the need to respond to the needs and services for the urban poor mostly in our areas of operation. The trained staff are expected to support intergrate our core programs to the concerns of other vulnerable groups within communities. Meanwhile as we shift toward the data driven reporting, through the Camel platform, the finance teams were also trained in online QuickBooks accounting package for the financial reporting effective July 2023.

**Operational Capital Investment: Not planned This FY.**

**Risk Management:**

ACFP through Routine monthly briefs has continue to profile and updating of the potential risks for the organization which include theft, fire outbreak, community conflict that may affect or programs as well as fraud both internally or externally. As part of the strategic plans each community is expected to give feedback on weekly basis concerning any incidences that may affect ACFP operations.

### PARTNERSHIP & INNOVATION.

* During the reporting period ACFP Partnered with various district Kitgum, Agago and Gulu and local leaders to implement activities in Child Protection, health, education related and livelihood this was done through sharing of TOR to ensure quality in program and activities designs and timely implementation. Through this partnership community ownership and participation improved since local leaders have taken lead in addressing community concern and implementation across board
* Conducted Board meeting and Board Orientation by ChildFund. The orientation was in areas of Cooperate governance compliance looking at the roles of the board, data protection in terms of data utilization, storage and consent form signing, compliance to Finance intelligence authority guidelines, strengthening internal controls and development of ERM check list for Organizational development among others. The Orientation is part of ChildFund capacity building mandate under partnership development for implementing partners.
* ACFP also conducted Community General Assemblies across the Four communities of Patongo, Ibakara, Laroo and Punena, the GPAs were part of annual accountability Foras and community program feedback sessions where caregivers are given highlights of the achievements of the FY24 as well as giving feedback on the proposed FY25 interventions. This year the GPA was attended with a lot of appreciation to ACFP for the good program design and involvement of parents in the Organization. Atotal of 985 (M283:F702) parents attended the meetings. Also during the meetings, parents were taken through sponsorship education and our approached on family strengthening through the family groups.

### **KEY CHALLENGES**

* Larger Geographical and family settlements increasing costs of program/sponsorship program delivery.
* Limited understanding of ACFP family group model approach to program delivery by community’s as such participation in our software interventions is very low and communities are in high demand for hardware/materialism intervention.
* High dependency on single Donor Funds has highlighted affected out impact at community as such program scale-up is always low mostly for tested programs with high numbers to be reached.

### **LESSONS LEARNT**

* There is need to deliberately take an initiative to re-organize the family groups for better program achievement and focus.
* There is need to adequately/ deliberately allocate enough funds to support the increasing cases of VAC at community.
* There is need to Integrate SRH to other community wide activities which will go a long way in addressing Challenges around teenage pregnancy and other issues affecting the youth**.**

### **ACTION PLANS**

|  |  |  |  |
| --- | --- | --- | --- |
| CHALLENGE | ACTION | RESPONSPONSIBLE PERSON | TIME FRAME |
| * Larger Geographical and family settlements increasing costs of program/sponsorship program delivery. | * Enrollment of children within acceptable Radius | P.O SR and CDF | On going |
| * Limited understand of ACFP family group model approach to program delivery by community’s as such participation in our software interventions is very low and communities are in high demand for hardware/materialism intervention. | * Sensitization of Communities about of program approached * Re-organization of family groups | P.Os and CDFs | On going |
| * High dependency on single Donor Funds has highlighted affected out impact at community as such program scale-up is always low mostly for tested programs with high numbers to be reached. | * Intensifying Resources Mobilization through proposal writing and Partnerships | SMT | On going |

# FUND PORTFOLIO FY24.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **FY FUNDING TYPE** | **EXPENDITURE (Ugs; 000)** | |  |  | | Grants (NSP) | 19,425,000 | | Sponsorship Funds | 1,047,065,383 | | Community Contribution | 20,000,000 | |

|  |  |
| --- | --- |
| ANNUAL PROGRAM FUND EXPENDITURE |  |



1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)