



Impact Report

2022

Who we are

OUR MISSION

We have impacted communities in East Africa with innovative solutions that give children and women an opportunity to realize their rights to full potential through research, advocacy, health promotion, socio-economic and institutional capacity strengthening.

CORE VALUES

Commitment: We are dedicated to serving the individuals and communities we work with through collaboration and dedication.

Mutual Respect: We respect the dignity and contribution of the communities we serve, our development partners and our staff

Integrity: We act in accordance with ACODEV's mission, ensuring transparency and honesty in all we do while accepting responsibility for our collective and individual actions.

Excellence: We constantly challenge ourselves and the partners we work with to achieve the highest levels of performance in order to achieve.

BACKGROUND

ACODEV is an indigenous Ugandan Non-governmental Organization (NGO) operating in the country under National Registration Service Bureau-Permit No.5656. It was established in 2003 and works in partnership with the public and civil society organizations to empower individuals, families and communities in Uganda through the promotion of innovative solutions in the areas of human rights, HIV/AIDS, Sexual Reproductive Health Rights Neonatal child health and institutional capacity strengthening. Initially founded as a self-funded health program to fill service delivery gap in communities during the political insurgency in the Rwenzori region of Western Uganda that witnessed human rights abuses, gender based violence, breakdown in social and health systems.

"We transform communities"

Our Community Engagement Strategy

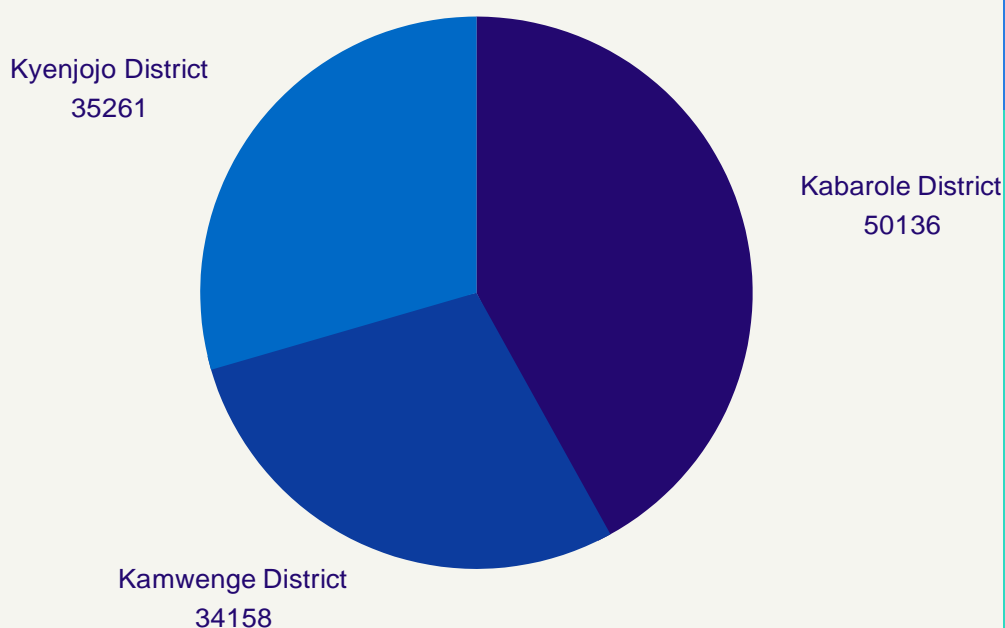


Project	Goal	Source of funds
Community based Family planning projects	Strengthening community-based Family Planning Services". The project is aimed at decreasing unintended pregnancy, maternal/infant death, unsafe abortion, adolescent fertility and total fertility to improve the wellbeing of individuals, families and communities	<ul style="list-style-type: none"> The Erik. E. and Edith H. Bergstrom Foundation San Francisco, CA

Project	Goal	Source of funding
Sexual and reproductive Health Umbrella Program	To offer integrate and inclusive HIV and SRHR services so that people can access them together at the same time while increasing access to sexual and reproductive health services for vulnerable and key populations	<ul style="list-style-type: none"> Swedish International Development Cooperation Agency (SIDA) and managed by Frontline AIDS UK
Uganda Family planning activity	The goal of USAID/Uganda FPA is to support Government of Uganda to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term shifts in Uganda's modern contraceptive prevalence rate (mCPR) and fertility rate by 2025	<ul style="list-style-type: none"> USAID

Integrating sexual and reproductive health services in HIV Care and Treatment

Clients reached with SRHR/HIV Services



The Sexual and Reproductive Health Umbrella program targets vulnerable and key populations

119 555

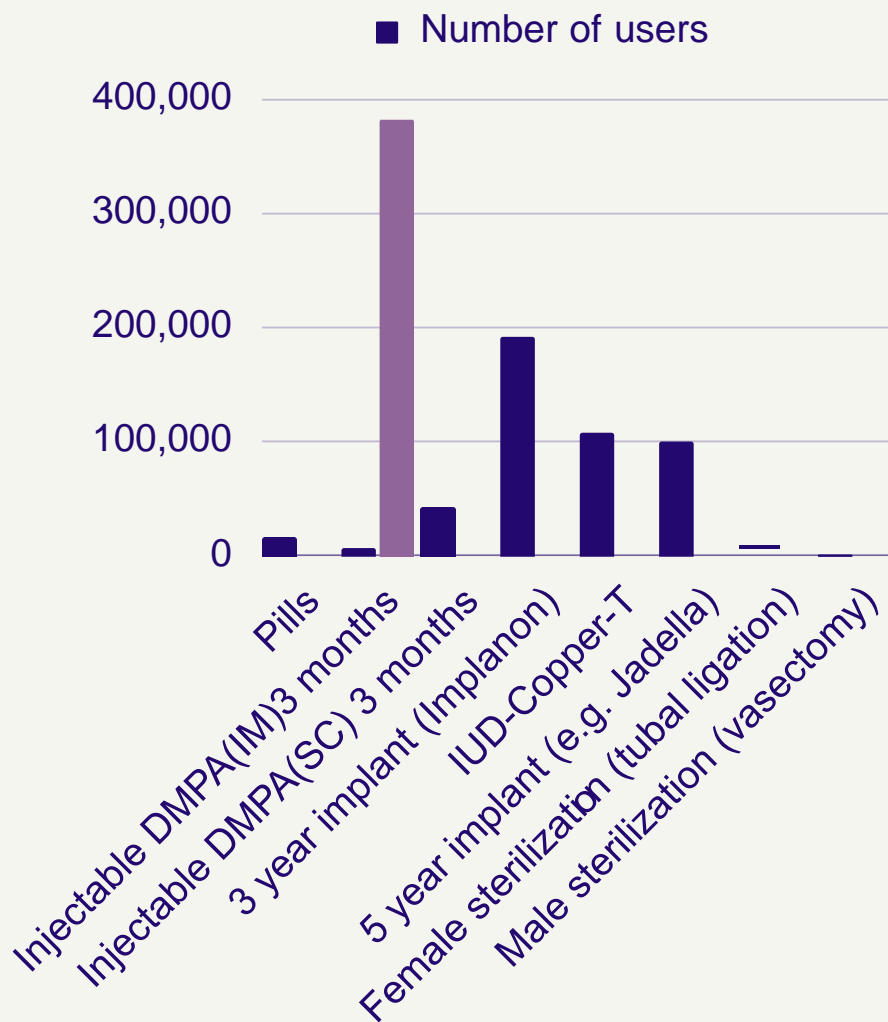
clients reached with integrated SRHR/HIV

KP CATEGORIES

- MSM 8% (9,564)
- Fishefolks 6% (7,173)
- Slum dwellers 50% (59,778)
- Street children 2% (2,391)
- Commercial Sex worker 34% (40,649)

Family planning service provision in Humanitarian settings and internally displaced persons; A community-based approach.

FP methods given



At Action for Community Development(ACODEV), we know that there are rights to choose matters mostly in the hardest of times.

We work with communities to support proven solutions that result in fewer unintended pregnancies and unsafe abortions and work with local partners to bring family planning and abortion care to the last mile.

IMPACT

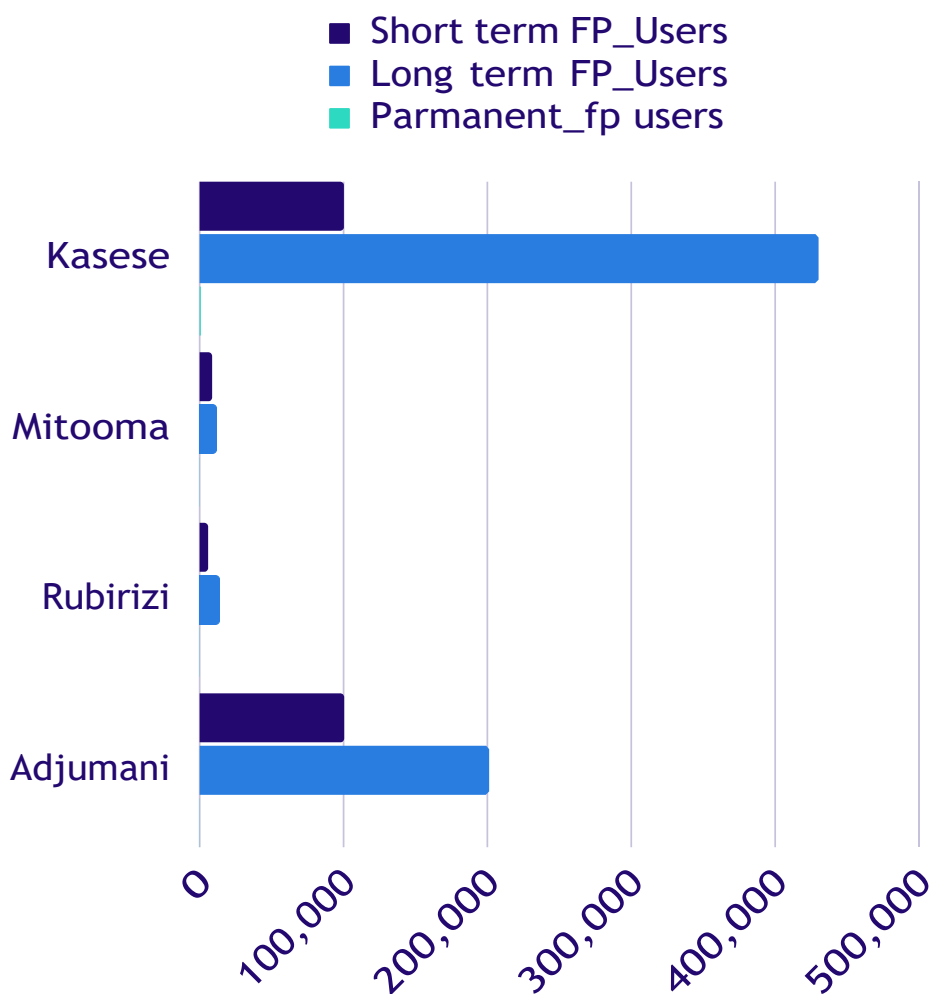
In 2022, ACODEV through CBFP model: Ensured access to sexual and reproductive health care in 10 subcounties hosting refugees and internally displaced persons from DRC, South Sudan and IDPs from Norh Kivu in DRC and the neighboring districts in Uganda(Bundibujjo, Kasese and Ntoroko) as a result of the insurgency caused by the Allied Democratic Force Rebel group

Supported 381,645 people, including more than 50,000 adolescent girls, in beginning to use modern contraception methods.

Conducted Over 200 dialogue sessions with refugee and host communities to discuss the structural barriers to contraception.

- ACODEV provides a profile of the relative level of use of different contraceptive methods. A broad method mix is ensured so that the population has access to a range of different contraceptive methods. ACODEV has responded to the changing needs of the population at different stages in the reproductive life cycle, and offer reversible methods for those who desire to space pregnancies and permanent methods for those who have completed their desired family size.

Clients reached through the community-based family planning model



A total number of 381,645 clients have been reached with modern FP services including contraception choices counseling and support. There has been a continued uptake and adherence to modern contraception as the number of continuing FP users has stayed high meaning that actually most of these new clients enrolling for FP services have had enough counseling and assessment and this has reduced the contraception discontinuation for clients starting FP services

Support for FP Supply chains and Equipping Health facilities

The Government of Uganda commits to increase the modern contraceptive prevalence rate (mCPR) for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025. MOH however has not ensured stable supply of equipment and contraceptives to every facility. ACODEV with support from partners has provided equipment to facilities under the facility-based FP performance incentives program and also supports determination of contraceptives needed and how they reach communities



Delivery of front loaded equipment in Mitooma district in Western Uganda for last mile delivery to health facilities.



Delivery of delivery beds to Katikamu HCIII to support and expand the capacity of facility in offering friendly MNCH services in Central Uganda under the MCH project

Key Strategies Made

1. Strong collaboration with government for capacity building
2. Delivery of key messages on FP
3. Social accountability approach - Citizen Voice and Action (CVA)
4. Focus on adolescents in and out of school and advocacy for their SRHR inclusion
5. Through cultural leaders, faith leaders (Muslim, Hindu, Christian, etc.) we can promote messages on FP to their congregations.
6. Community influential establishments e.g. "Male Champions"
7. Social and behavior change and communication approaches: • Timed & Targeted Counseling interpersonal communication • IEC materials / fact sheets • Visual, audio, drama/role plays
8. Capacity building by creating demand and strengthening supply

49%(187,007)

Clients reached in
communities

32%

(122,127)

Reached with FP
services from their
households

17%

(64,880)

Reached through
Village savings
Associations(VSLAs)

2%

(7,633)

Referred at
outreaches

Community-based family planning (CBFP) brings family planning information and methods to women and men where they live rather than requiring them to visit health facilities.

One of the main objectives of CBFP programs is to increase access to and choice of contraceptive methods in underserved areas in Uganda through a the VHTs who provideshort term family planning services and refer those in need oflong-term and permanent methods to specialized health workers.

Male Engagement



We target behavioral aims of male engagement programming to increase male participation: Activities included consist of; programs targeting men as special contributor to general FP uptake.

Men to become Contraceptive users (e.g., condoms and vasectomy) or to help partners using methods.

Partners engaged in open communication and decision- making about family planning and contraceptives Advocacy for gender equality and family planning in their families and communities

The "role model man" and contribution in CBFP Mobilization

1

Conduct household information sessions on GBV prevention

2

challenging harmful beliefs and practices against women and girls

3

identify, counsel, and refer clients for family planning services to the health facilities





16515

Individuals reached with FP and gender information by community mobilizers. 12 846 home visits conducted by village health teams

The goal of USAID/Uganda Family Planning Activity is to support Government of Uganda to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term shifts in Uganda's modern contraceptive prevalence rate (mCPR) and fertility rate by 2025

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Men alone dialogues conducted in Ntoroko and Bundibugyo districts to involve men in making sexual and reproductive health choices in communities (Emanzi approach)



- We engage multiple stakeholders across government, cultural and religious institutions, civil society, private sector and implementing partners to strengthen leadership and coordination to address barriers to family planning uptake.
- We have Increased the proportion of the national health budget allocated to family planning.
- We have facilitated the updating and dissemination of national family planning standards and guidelines.
- We have Built capacity for service delivery with a focus on quality counseling and expansion of providers' technical skills to offer a full range of contraceptive options.
- We have addressed contraceptive stock-outs to increase the access to quality voluntary family planning.
- We have Developed district capacity to increase postpartum family planning and integration of other family planning services
- We have Worked with drug shops and private pharmacies in underserved areas where there are few or no health clinics.
- We have Improved data quality, reporting, and use for program design, management and decision making.

Dispelling the myths around use of contraceptives



Through our community dialogue approach, we have worked with the paramount chief of the Madi Sub-region to pronounce the need for family planning to the Madi people.

"Dispelling the MYTHS is key to offering family planning services in culturally intensified communities"

Alcoholism is one of the causes of GBV and ACODEV innovatively held dialogues in drinking spots to talk about family planning and tackle GBV as a structural driver to non-use of FP services

