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Hope Revival Agency for Rural Development (HORARD)	**Detailed Funding Proposal for Rural Communities' Holistic Action Program on Teenage Maternal & Children Healthcare and HIV/AIDS by HORARD MEDucate.**
Project Title:	**Mothers Deliver Safe and Infant/Children Care (MoDeSIC) Project.**
Total Project cost:	**UGX 1,402,358,000 million** equivalent to **USD 379,015**
Project Director/Manager:	Isaac Olua Ojok
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Summary

Hope Revival Agency for Rural Development (HORARD) is a Non-Government Organization established in 2005 and registered with Uganda Registration Services Bureau (URSB) under the Ministry of Justice and Constitutional Affairs in Uganda in July 2009 under certificate number **110492**.
The organization operates in Northern Uganda that is recovering from effects of the 25 years of devastating civil war that lasted until 2007. HORARD's head office is located in Lira town, Lira District, Northern Uganda where the brutal civil war between the Lords Resistant Army (LRA) and the Uganda Peoples Defense Forces (UPDF) devastated society, individuals and institutions.

The war may now be over, but for many the fight for survival has only just begun. The war meted untold suffering to the communities and has not spared the children who were abducted, raped, enslaved, etc. and it's estimated that about 100,000 children were born in captivity. Over 400,000 children were caught up in the conflict and two millions were forced to flee their homes.
HORARD was established by survivors of this conflict who are contributing to provide solutions towards the rejuvenation of Northern Uganda from the perspective of victims. HORARD is persuaded that strengthening the health care services is a very important goal to raising competitiveness of people in northern Uganda.

HORARD established a health initiative called MEDucate that initiated MoDeSIC health project which advocates for better health care services, reduction of maternal child mortality among young mothers; promote nutrition among young mothers and their infants among others. MEDucate[1], an initiative of volunteers from Kings College London, works through peer educators and drama shows to engage rural communities, local government health centers and hospitals to improve maternal child health care and access to Anti-Retroviral Treatment (ART) and care.

HORARD also provides services that promote education for the poor, support early childhood development and care for mothers living with HIV/AIDS.

In 2006-7 HORAD partnered with MOCAD and CORE Initiative/CARE International to implement an HIV/AIDS project on Abstinence and Behavior Change among Youth in Lango sub region.
In general; HORARD focuses on access to good health care, nutrition, treatment, health education and livelihood improvement.

HORARD Current Projects include:

1- Health:

The following activities are implemented by HORARD MEDucate;

- HIV/AIDS home based care support groups
- HIV/AIDS, nutrition, hygiene peer education groups
- Children/infant care and safe motherhood support
- HIV/AIDS infotainment through drama and theater.

[1] In 2010 students from Kings College London SIFE formed a partnership with HORARD and established a Health project called MEDucate and WeCan-Ugan vocational school and a comprehensive education "center for education excellence" in Barr Sub County, Lira District.

- OVC and elderly support groups
- ARV access drive
- Advocacy for a Community/Child Health and Rehabilitation Support Unit (CHeRSU) is under formation to support government health services as **PETITIONED** by the community.

2- *Education:*

The following activities are implemented by HORARD WeCan-Ugan vocational school;

- HORARD WeCan-Ugan school project runs a vocational school for the marginalized children built in Barr Sub County in Lira District
- The program offers courses in Tailoring and Garment Cutting, Carpentry & Joinery, Building & Concrete Practice (BCP), Hair Dressing and Cosmetology, Electrical Engineering, Mechanical Engineering, Plumbing
- It is planned to start courses at early childhood development, primary, secondary school and adult education levels.

3- *Income Generation Activities (IGAs):* HORARD runs the following projects:

- Hand crafts e.g. beads making, jewelry, mats, bangles etc.
- Apiary honey project supporting farmers with bee hives and equipment
- A Juice extraction project supporting small holder farmers
- School gardening project supporting schools with seeds and demonstration education
- Seed multiplication project supporting locals to increase food production
- Aquaculture supporting youths with fish farming equipment and education

4- *Product and Service Sharing*: HORARD runs a very successful microfinance program called Village Savings and Loan Associations (VSLA) among its group members in the sub region.

Overall, HIV/AIDS is still a major public health challenge in Uganda, 35 years since it was declared an epidemic of major proportion. Despite decades of activism, treatment, research and prevention Uganda still posts high levels of new infections and general AIDS mortality.

An estimated 5.7 million Ugandans were HIV positive in 2008. On the other hand, the proportion of women infected is averagely higher than that of men while a growing number of new infections are in children and the population below 14 years of age. HIV/AIDS is complicated by poor maternal and child health indicators both of which increase susceptibility of mothers and infants to the epidemic.

HORARD intends to implement maternal and child health program and HIV/AIDS in three Northern Uganda districts of Apac targeting the fishing communities in Maruzi Sub County and Chawente Sub County, Amolatar targeting the fishing communities of Namasale Sub County and Muntu Sub County and Lira targeting Ogur Sub County (Barlonyo war memorial site) and Barr Sub County. Through this program HORARD hopes to significantly mitigate the related impact on maternal and child health control the epidemic.

The program will also address the problem of poor access to Anti-Retroviral Therapy (ART) which is complicated by underlying factors in distribution, adherence and administration. The gaps in public education about patient access to treatments, rights of patients and matters of stigma will be addressed through this program.

HORARD MEDucate MoDeSIC project will collaborate with local user groups, community representatives and local authorities to intervene in identified gaps.

It is anticipated that the project will eliminate rigidities in local level value and distribution chains in order to easily access patients to HIV/AIDS care and treatment as well as promote maternal and child healthcare especially as linked to HIV/AIDS.

HORARD has capacity to implement this comprehensive Maternal and child healthcare and HIV/AIDS program.

- The requirements for up-scaling these activities will cost **UGX 1,402,358,000 million** equivalent to **USD 379,015** for the first Phase period of one year i.e. 2019 to 2020.
- The project will focus on young at-risk mothers in the target districts of Apac, Amolatar and Lira and will cover the target population of at least 50,000 people of which at least 20% will be tested for HIV.
- It is also planned to educate at least 60 youth peer educators (20 per district), 60 women peer educators, 30 youth drama group leaders (10 per district) and support at least 30 HIV/AIDS Parent peer Support Groups and form at least 30 Children Support Groups. Others will be infrastructure development and capacity building.

Contents

Introduction

- Northern Uganda is coming out of a long civil war caused by Joseph Kony's Lord's Resistance Army (LRA).
- Many people mainly from Acholi and Lango sub- regions were displaced and confined in Internally Displaced Peoples' (IDPs) camps.
- However since 2006, the entire region has experienced relative peace to date and the people have moved back to their homes albeit with challenges. As a result, much attention has been given to the region to enable it to recover from effects of the war.
- To date Northern Uganda is exposed to many public health challenges associated with the post war situation including HIV/AIDS & other STIs; Malaria; Malnutrition; Tetanus; Diphtheria; Nodding disease Syndrome etc. According to the AIDS Control Program of the Ministry of Health, Northern Uganda has an HIV prevalence rate of over 11.9% which is the highest in Uganda (ACP-HIV serosurveilence 2002).
- Northern Uganda also leads in Maternal and Child Mortality as well as in poverty levels.

Problem statement

More than 400,000 children caught in the long civil war of which 200,000 children were abducted during the war and many children were born in captivity that have now come of age and have since returned and others found their parents dead, suffer rejection by relatives, families shattered etc. many have started child headed families and have found it difficult to cope with life and its made worse when they conceive without any support and in most cases end up dying during child delivery.

The local government system does not have any system where these kinds of cases are handled although there are Health Centers II and III which are poorly staffed, lack medicine and antennal services are referred to main Hospitals that are several kilometers away which poor youth cannot afford and prefer using Traditional Birth Attendants (TBAs) which in most cases are very risky.

First time child delivery mostly for youths in difficult circumstances is always very complicated and the local systems do not have capacity to handle and this has led to very many deaths during child delivery and in most cases due to lack of effective transport like ambulance services, mothers die on the way to hospitals. The few ambulances that are in use are sponsored by politicians (Members of Parliament) but one has to buy fuel and facilitate the driver and there is always high competition and we consider its raising hopes that cannot fulfill.

Project Goal

The goal of this project is to support the local level health system to improve child delivery and management of HIV/AIDS treatment and maternal and child health services.

Objectives of the project:

- To promote safe child delivery and manage complicated deliveries

- To facilitate efficient and effective access to ARVs
- To promote child health care services at homes and the local health centers
- Promote children/infants nutritional support for healthy living
- To strengthen HORARD management structure

Project activities:

i. Recruitment drives for new HORARD MEDucate MoDeSIC project staff members
ii. Launching of the HORARD MEDucate MoDeSIC Health Project
iii. Orient HORARD MEDucate project implementation team
iv. Build Capacity for MEDucate MoDeSIC Project Team - strategic/Operational
v. Identify and register Youth and Women Peer Educators
vi. Train youth and women peer educators as Trainer of Trainers
vii. Identify and train youth drama groups
viii. Conduct quarterly review meetings
ix. Produce & disseminate IEC/BCC materials on ACSRH, PMTCT etc to popularize HORARD & global giving to members and stakeholders/partners.
x. Publish & disseminate HORARD promotional activities (e.g. T-shirts, Diaries, Calendars, brochures, newsletters and leaflets) on HORARD functions & roles to enhance HORARD MEDucate visibility
xi. Sensitize women and at-risk young mothers and communities through women peer education
xii. Sensitize youth and at-risk young mothers and communities through youth peer education
xiii. Sensitize youth, women and at-risk young mothers and communities through drama shows
xiv. Monitor antenatal, deliveries and undertake postnatal care
xv. Provide nutritional support to at risk malnourished children and mothers
xvi. Provision of outreach visits, holistic care services and emergency ambulance services to identified complicated cases
xvii. Monitoring and evaluation
xviii. Auditing

Description of the project:

- The project will identify and support women who are at risk of unsafe and complicated deliveries. The project will also track infants and children at great risk of poor access to health services and malnutrition in Lira, Apac and Amolatar districts in Northern Uganda.
- The project will train youth and women peer educators whose capacities will be built to deliver user friendly services to most at risk young mothers and the communities at large and shall become agents of change as Community Owned Resource Persons (CORPs).
- The project will collaborate with the Government Health Systems and the NGO community level health infrastructure. The project targets especially the first time mothers who are extremely vulnerable.

- Teenage mothers usually fail to attend antenatal care which complicates their deliveries and postnatal circumstances.
- The project will undertake surveillance of the at risk mothers throughout the target areas and have them supported through the official government health services. The at-risk mothers and children include those that have HIV, those who are at risk of difficult deliveries and those who are compromised by poor nutrition.
- The project will prevent the complications from happening in the first place but in the event of such cases the project will ensure the victims and their infants are supported through the government health facilities.

Situation analysis statement

The following problems in the local public health system exacerbate the situation of mothers and children in Northern Uganda. This project will address some of them:

i. Unmotivated and overworked health personnel.
ii. Poor coordination of health services.
iii. Poor access to nearest health facility.
iv. Poor health seeking behavior
v. Lack of information about available health services and health outcomes.
vi. Limited knowledge about patient rights.
vii. High numbers of AIDS related deaths.
viii. Increasing population of orphaned and vulnerable children
ix. Increasing population of victims of gender violence and other abuses
x. High levels of mother to child transmission.
xi. Stigma surrounding HIV/AIDS and lack of psycho-social support for victims
xii. Limited hospital beds.

Project Outputs

1) Capacity of 9 MEDucate MoDeSIC team built and ready for the task and 90 local leaders and community members oriented to the project
2) At least 60 Youth and Women Peer Educators identified
3) At least 60 Youth and Women Peer Educators trained as TOTs
4) At least 30 youth drama group leaders trained in drama animation
5) At least 4 quarterly and 12 monthly review meetings conducted
6) 6,000 copies of IEC/BCC materials produced and disseminated
7) Promotional materials published and disseminated
8) At least 300 women and at risk young mothers and about 10,000 community members sensitized through peer education and drama shows
9) At least 150 deliveries monitored for safe child deliveries and undergone postnatal
10) At least 150 infants and 150 mothers at risk and malnourished received nutritional support
11) At least 100 emergency cases received ambulance services to hospitals
12) 24 monitoring and evaluation meetings conducted and project implementation streamlined.

Project work plan for first phase project period 2019- 2020

(Refer to budget table attached)

Monitoring and Evaluation

The progress of the project will be monitored through periodic assessments against the project outputs and indicators set out in the monitoring and evaluation plan contained in Annex 4. Semi-annual progress reports will be prepared by the project coordinator and submitted to the Steering Committee, the donor and relevant government authorities. The reports will, interalia, and outline the activities undertaken, the achievements made, the constraints encountered and the lessons learned.

An annual financial and management audit report will be undertaken as part of the normal internal process of the project. A participatory monitoring and reporting system supported will be used to assess the progress and impact of the project. The project beneficiaries will be asked to provide feedback to the project management team regarding positive aspects and any shortcomings in the project implementation. Anecdotes from the project beneficiaries about their experience in maternal and infant care and HIV/AIDS management practices and overall perceived benefits (e.g. changes in safe delivery, lifestyle/quality of life and home incomes, improvements in nutrition and food security, etc) will be compiled through informal interviews.

On the basis the progress reports and the feedback received from the members, necessary adjustments to the project will be identified and recommended to the Project Steering Committee for consideration. The final evaluation of the project will be undertaken by an independent consultant during the last two months of the project. Information about the progress of the project and will be published in the semi-annual newsletter produced by HORARD MEDucate project and or the community association. A video documentary about the project, featuring aspects of the implementation process, the results and impact the project on the community and the general lessons learned will be produced for both reporting and outreach purposes.

Project Management, Coordination and Monitoring and Evaluation; this component will include technical supervision and coordination, financial management, work plan, reporting functions, monitoring and evaluation of the project. Outcome 1: Effective oversight, monitoring of project activities, policy guidance and lessons learned. Activities 1.1 Select a community/Community Project steering Committee to sanction and oversee the implementation of the project 1.2 Undertake regular monitoring and evaluation of major activities including mid-term project review.1.3 Undertake evaluation study taking account of the experience, best practices and lessons learned for project replicability and sourcing for funding.

Indicators:

- Establishment, membership and frequency of meeting of Project Steering Committee
- Timeliness and adequacy of annual work plans and reports (including M&E reports, expenditure and accounting reports).

Sustainability

- The project will collaborate with local health centers and will increasingly integrate and sustain activities within the government system
- The project will implement a livelihood program to enable the at risk population kick in with income generating activities
- The project will create structures such as holistic home based care groups; trained community members and HIV post-test clubs

Project Benefits

i. Improved survival rate of infants/young mothers during child birth/delivery
ii. 80% of infants born during the project survive to see their 5th birth day healthy
iii. High numbers tested and ready to seek for HIV support and treatment.
iv. Increased number of patients on treatment, improved treatment for STIS, TB and HIV/AIDS,
v. Improved survival rate of AIDS patients, decreased rates of mother to child transmission and decreased rates of new infections.
vi. Better delivery of ARVs in health centers
vii. Improved healthcare services for young mothers at risk and other vulnerable categories
viii. Strengthened support groups for better health services delivery
ix. Community involvement in behavioral change campaigns
x. Public Health services that are transparent and effective and supportive to
xi. Life skills programs and trainings in HCT, ART roll out, HIV/AIDS awareness, Holistic home base caring, peer education, wellness and human rights, business skills Economic Impacts.

The Beneficiaries

- The Beneficiaries have been involved in the design of the project. The project evolves out of previous community efforts.
- Participatory workshops were conducted to assess community needs and inputs for this project.
- Youth and community members **PETITIONED** HORARD MEDucate to advocate for established of **Children/Community Health & Rehabilitation Services Unit (CHeRSU)** to handle children health care services and the neediest community members in Northern Uganda and this will be the one and the only children center in the region.

Annex 1: Key Issues in Uganda's Health Status

- In Uganda the health infrastructure is inadequate, especially in rural areas where the majority of the population lives. Here, 51% of households don't have access to appropriate health care.
- The Government has a Health Sector Strategic Plan (HSSP) that should provide for the needs of all Ugandans but it cannot be satisfactorily implemented due to limited human resources.
- In Northern Uganda basic health services are yet to be re-instated since end of hostilities. Less than 30% of the population in the Lango and Acholi sub regions lives within 5km of a functional health facility.
- Inadequate number of qualified health staff remains one of most critical challenges to health service delivery in northern Uganda. For instance in Lira and Gulu districts, only half of the outpatient health centers and none of the higher-level health centers (which include inpatient facilities, laboratory, and delivery or surgery services) meet the HSSP staffing criteria.
- In Kitgum and Pader districts, only 9% and 21% of the outpatient health centres and none of the higher-level health centers meet the standards.
- Much of the healthcare delivery in Northern Uganda is dependent upon humanitarian assistance for drugs and other supplies. Access to several local authorities is difficult and health workers still lag in training.
- Most rural areas are hard to reach. In the end rural health centers only access less qualified staff and they work averagely for less than three days in a week.
- Factors affecting access to health services include poverty, delay in seeking treatment, and lack of equipment in health units, shortage of essential drugs, poor communication and insecurity.
- Partner NGOs and donors are doing a good job but their support is usually small scale and short-term.
- Uganda's under-five mortality rate has dropped from 263 per 1000 live births in 2001 to 136 in 2005 with a bigger percentage from Northern Uganda.
- Malnutrition is an underlying factor in more than half of all under-five deaths annually. Morbidity and mortality rates from other common childhood illnesses are equally high, with malaria, diarrhea, measles and acute respiratory infections among the top of the list.
- Nationwide, HIV/AIDS, with an average prevalence infection rate of 7.4% is one of the leading causes of death in adults. Others are TB and malaria.
- As of April 2006, Uganda changed its recommendation for the first-line treatment for malaria to Artemisia as a combination therapy (ACT).
- A 2005 health and mortality survey conducted in Gulu, Kitgum and Pader districts revealed crude and under-five mortality rates well above emergency thresholds per day due primarily to malaria, HIV and violence. This is a common phenomenon in Lango sub region districts.
- Other figures reported in these districts showed that:
    i. Maternal mortality is estimated at 600 to 700/100,000 live births per year and is associated with low ante-natal care attendance, low institutional delivery rate and poor emergency obstetric referral;
    ii. HIV/AIDS prevalence is at 8.2% (2004-2005) with HIV sentinel surveillance sites in Gulu districts indicating up to 11.3% prevalence rate among pregnant women.
    iii. In Lira and Kitgum districts, global acute malnutrition rates for children under five range between 7 and 18%.
- Prevention of Mother to Child Transmission (PMTCT) services in most Districts is offered at General hospitals, Health Centre (HC) IV and III with just a few at HCIIs.
- However some of the health facilities especially Health Centre IIIs are not providing the service because of lack of drugs. Patients are referred to higher levels.
- All districts report very low levels of male involvement in PMTCT despite the incentives attached

- Most Districts report improved results of children born negative to HIV positive mothers. Still many report good turn up for ANC services but poor turn up for delivery. Many deliveries are done by Traditional Birth Attendants (TBAs) and private facilities where HCT is not provided.
- Overall, even after enrolment to the PMTCT program, there is high drop-out in follow up. Generally districts do not have effective follow up structures at community level.

Care and Treatment

- All district hospitals, HC IV and some HC III can offer Anti-retroviral Treatment (ART).
- Anti-retroviral drugs (ARVs) are in good supply for the first few days. However they deplete in some health facilities although this is usually through redistribution amongst the health facilities.
- Pediatric formulations for anti-TB medications and Nivrapine Syrup are always out of stock in many districts.

Other challenges noted under care and treatments are:

- There is a high loss to follow ups of mobile populations on treatment. This is reportedly due to non-functionality of community structures like the VHTs (Village Health Teams)
- The distribution of ARVs is affected by insufficient human resources. Also limited capacity for quantification and management of ARVS is evident.
- Some accredited health facilities are not functional due to management inefficiencies.
- Almost all the newly accredited health facilities are not functional reportedly due to lack of drug because they have not yet accessed the credit line from National Medical Stores.
- TB and HIV collaboration has improved with every TB patient investigated for HIV and vice versa in places where both services are available. GeneXpert Machines at Regional Hospitals have improved the diagnosis of TB in Children and Multi Drug Resistant TB.

Social Support and Protection

The Social support and protection thematic area is poorly facilitated by districts and implementing partners. Few Implementing partners are involved in social support and protection and the data is very scanty.

- In Otuke PACE Positive Living Project has been implemented at Orum HC IV project site, distributing starter kits to PLHIV, involving PLHIV in peer education and counseling amongst others.
- In Kole the known support provided is by Social Assistance Grant for Empowerment (SAGE) program supporting the elderly who take care of orphans and World Vision who have a nutrition component for malnourished HIV+ children at Aboke HC IV.
- OVC benefited from Livelihood activities under Northern Uganda Social Action Fund (NUSAF), however the district cannot verify the numbers supported and the impact created.

Annex 2: About HORARD's HIV/AIDS PROGRAM

- HORARD began its first HIV/AIDS awareness campaigns in the Internally Displaced Peoples (IDP) camps in Lira district in 2005.
- It was a partnership with local authorities and international organizations like World Vision, Samaritans purse, CORE Initiatives, Medicine San Frontiers and the Uganda AIDS Control Project (UACP).
- The partnership was supervised by doctors and medical staff at health centers II, III, IV and district hospitals.
- The approach trained 60 youths as youth peer educators and 20 parents as parent peer educators. Others trained were 8 youth drama groups to deliver key health messages. Sixteen (16) local leaders were equipped in HIV/AIDS skills.
- As a result of the above the HIV/AIDS & child health care support groups were established in the districts of Apac, Lira, Amolatar, Oyam, Alebtong, Dokolo, Otuke and Kole.
- An arrangement with the AIDS Information Center, Health Centers and District Hospitals management was made requiring nurses to assist in the awareness day activities and to do Voluntary Counseling & Testing (VCT).
- The community awareness days were also pre-arranged with local authorities and teachers of target schools in the area.
- As a result of this campaign HORARD started a post test support program to support and educate victims.
- In 2007, HORARD implemented a project with support of CORE Initiatives on HIV/AIDS Abstinence and Behavior Change among Youth which impacted very well.
- The project's focus was on HIV awareness campaigns; distribution of IEC/BCC materials and holistic home based care services etc.
- In 2007 HORARD also established a working relationship with the ARV Unit of the Lira referral Hospital. Subsequently HORARD received accreditation from the Hospital and began a massive ART roll out campaigns in Lango sub-region.
- HORARD together with partners is reaching out to over 65,000 HIV victims in the fishing communities of Amolatar and Apac. Of those who are HIV positive, an estimated 11,000 people currently are on ART.
- HORARD MEDucate project is getting more and more victims on treatment through a comprehensive community awareness campaign which also addresses risky behaviors such as *sex for fish* which are brought about by hunger and prostitution.
- Since 2006 HORARD has consolidated lessons of the above efforts especially to focus on at-risk population in the fishing areas of Amolatar and Apac and among the former Internally Displaced People (IDP) in Lira.
- In 2010, however HORARD MEDucate project integrated maternal, infant and child care support which was identified to be a big challenge in the area.
- HORARD MEDucate was also petitioned by the communities to establish a Community/Children Health Rehabilitation and Support Unit (CHeRSU) and MEDucate Forum whose aim was to bring together all like-minded NGOS and CBOs in the target area to improve planning and service delivery. HORARD is one of the oldest NGO in this field and is trusted to create this forum.

- The following NGOs and CBOS are in this partnership:

    - *Moroto County Association for Development (MOCAD)*
    - *Action on Development (ACD)*
    - *African Youth Network (AYINET)*
    - *Amuka Foundation*
    - *Lira Community Development Association (LICODA)*
    - *Abarler Youth Development Association etc.*

HORARD is collaborating with government agencies including: Directorate of Health Services (Dept. of Ministry of Health); Ministry of Gender Labour and Social Development; Ministry of Agriculture Animal Industries and Fisheries and the District Local Government Administrations.

Overall, HORARD's partnership with the AIDS Information Center and Uganda AIDS Commission has resulted in training of community members to perform VCT, establish support groups for ARV users, develop home-based caring skills, and monitor adherence to treatment.

Twelve (12) HIV support groups for people living with HIV/AIDS have been set up with over 300 members. The Community Based Organization (CBO) Aweki Rwot Obanga and 29 others were formed by these support groups to encourage people in the community to be tested and provide support to HIV positive people.

HORARD now has capacity to tackle HIV/AIDS and maternal and child care services in the community which is giving rise to the comprehensive HIV/AIDS Maternal and child healthcare program now proposed by HORARD.

- The requirements for up-scaling these activities will cost **UGX 1,402,358,000 million equivalent to USD 379,015** for the first phase project period of one year i.e. 2019 to 2020 with a possibility of review and extension.
- The project will focus on the target districts of Apac, Amolatar and Lira Districts and will cover the target population of at least 50,000 people of which at least 20% will be tested, at least 80% of young mothers deliver safely, and 80% of infants at risk with their mothers will be accessing nutritive foods.
- It is also planned to educate at least 60 youth peer educators and support at least 20 HIV/AIDS Parent peer Support Groups and form at least 10 Children Support Groups. Others will be infrastructure development and capacity building.

Annex 3: The HORAD Team

Members and Managers:

- Nine (9) Active Board members
- Seven (7) Executive Committee members
- Eight (8) Volunteers
- Six (6) Employees of which 3 are board members

Our Board: Name	**Country**	**Education**	**Position**
Benson Obua Ogwal	Uganda	Social scientist/educationist	**Chairman, Policy Analyst**
Isaac W. Olua Ojok	Uganda	BSc. Agriculture/Aquaculture	**Vice Chairperson, Executive Director**
Etum Albino	Uganda	BSc. Accounts	**Administrative Secretary**
Dr. Mathew Westergreen	UK	BSc. Medicine	**MEDucate Consultant & SIFE Health Projects Coordinating Team Leader**
Akocom Walter	Uganda	BA. Community Development	**Program Coordinator**
Dr. Ayo Bob	Uganda	BSc. Nutrition	**HIV Home Based Caring specialist**

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ANNEX 4: MONITORING AND EVALUATION LOGFRAME

Objective/ Outcome	Verifiable Indicators	Means of Verification	Assumptions	Frequency of reporting
Goal: The goal of this project is to support the local level health system to improve child delivery and management of HIV/AIDS treatment and maternal and child health services. This will foster a lasting high quality of life for the members of Apac, Amolatar & Lira Districts while safeguarding long-term safe child delivery and infant care sustainability by massively involving women, youth and community in advocating for good health care services. Its mission is: "holistic awareness, care support for infants for healthier populations and better living".	▪ Change in average health care levels in project area(community) compared with non-project areas	▪ Welfare monitoring reports (every 1 year) ▪ Beneficiaries survey reports	▪ Intentions of the project with regard to safe child delivery and health care management in the project areas.	project end
Midterm objective: The medium-term development goal of the project is to enhance the ability of the members of HORARD MEDucate MoDeSIC project to increase safe child delivery and sustain general good health care services by adopting sustainable good health care practices and appropriate technologies.	• Safe child delivery (good health care) promotion increased by 25% of the members and community.	• M&E reports • Ground surveys	▪ Community willingness to implement and partake in good health care and best practices.	▪ Yearly
To assist the members, particularly poor and disadvantaged young mothers, to engage in MoDeSIC project, enabling them to access improved health care services.	• Number of members engaging in project and receiving tangible benefits from project supported activities. • 80% of beneficiaries with practical skills and knowledge best health care practices.	• M&E reports • Farmers survey reports	▪ Community-Community willing to learn and participate in the project.	Mid term review
Increased uptake in safe child delivery & health care services, diversity quality services leading to increased good health and availability and balanced diet for members.	• Number of members accessing and using related good health care practices.	▪ Participatory interviews	▪ Community-Community willing to learn and participate in the project.	Mid term review
Improved members ' skills and institutional capacities for marketing of safe child delivery and good health care products.	▪ Participating members experience and have greater access to input and output markets.	▪ Monitoring reports ▪ Market survey reports	▪ General community members willing to partake in the project	Quarterly
To promote awareness among the members of the value and importance of safe child delivery and good health care services for different purposes; how to raise and tend to children through sensitisation, training, production and dissemination of public awareness materials.	• Proportion of community that demonstrate increased knowledge about relevance of safe child delivery and good health care services.	• Participatory interviews • Counting of members attending to services.		
Sensitized and inspired members with increased knowledge, skills,	• Cumulative number of	▪ Copies of workshop	Community members	Quarterly

positive attitude and enthusiasm to engage in sustainable safe child delivery and good health care services.	members inspired and active in relation to the project.	materials disseminated to participants	willing to participate in project.	
Local council administrations formally integrate safe child delivery and good health care practices in their plans and are in use as basis for development.	• Action plans drawn relevant and supporting project best practices	▪ Copies of Action plans	End of year	
To enhance capacity of young mothers/youth and households in Apac, Amolatar and Lira districts and surrounding areas to apply appropriate technologies and sustainable safe child delivery and good health care services through awareness and training workshops, information dissemination and extension services.	• Number of youth households adopting best and sustainable safe child delivery and good health care practices, 20% increase in services uptake by mid-term year 1.	• Household members willing to learn and practice best practices.	Beneficiaries adequately equipped with necessary skills.	
Beneficiaries with access to nutritive foods, antenatal care services and ambulance services during delivery complications by mid first year.	▪ Quantity of food materials and facilitated to beneficiaries ▪ Number of members directly benefiting from project.	Counting of members with access to care and support in all forms.	• Beneficiaries willing to utilize facilities.	Quarterly
To assist young mothers to acquire the necessary skills, services, tools and equipment and establish proper health infrastructure, including post-natal, nutrition, child health care management.	• Beneficiaries have skills, tools and equipment to support them in establishment of good health care infrastructure.	• Counting of beneficiaries with established health infrastructure		
To mobilize and assist the project beneficiaries to organize themselves into women, youth groups and Community Association to manage and sustain the activities initiated under the project.	▪ Functional groups formed and operational ▪ Functional community association	▪ Minutes of meetings	Beneficiaries willing to participate in group activities.	Quarterly