

PARTNERS IN COMMUNITY TRANSFORMATION

Inspiring Communities to Transform Lives



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ANNUAL REPORT



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TABLE OF ACRONYMS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
AKF	AGA KHAN FOUNDATION
CRC	CITIZENS REPORT CARD
CSOs	CIVIL SOCIETY ORGANIZATION
BOD	BOARD OF DIRECTORS
EU	EUROPEAN UNION
EC	EUROPEAN COMMISSION
HIV	HUMAN IMMUNE VIRUS
IDF	INDEPENDENT DEVELOPMENT FUND
KDLG	KOBOKO DISTRICT LOCAL GOVERNMENT
KOYID	KOBOKO YOUTH IN DEVELOPMENT
LA	LOCAL AUTHORITY
PICOT	PARTNERS IN COMMUNITY TRANSFORMATION
PPFA	PLANNED PARENTHOOD FEDERATION OF AMERICA
PPG	PLANNED PARENTHOOD GLOBAL
MOH	MINISTRY OF HEALTH
MDLG	MARACHA DISTRICT LOCAL GOVERNMENT
NGO	NON GOVERNMENTAL ORGANIZATION
OCA	ORGANIZATIONAL CAPACITY ASSESSMENT
PTA	PARENTS TEACHERS ASSOCIATION
SRHRs	SEXUAL REPRODUCTIVE HEALTH AND RIGHTS
SRH	SEXUAL & REPRODUCTIVE HEALTH
SDP	SCHOOL DEVELOPMENT PLANS
SMC	SCHOOL MANAGEMENT COMMITTEE
SESEA	STRENGTHENING EDUCATION SYSTEMS IN EAST AFRICA
VFH	VOICES FOR HEALTH
YSEECs	YOUTH SOCIO-ECONOMIC EMPOWERNG THROUGH CIVIL SOCIETY AND LOCAL AUTHORITIES

MESSAGE FROM THE CHAIRPERSON

BOARD OF DIRECTORS



MANGASA STANSLOAS

**CHAIRPERSON
BOARD OF DIRECTORS**

On behalf of the Board of Directors, I would like to thank you very much for the support you have given Partners in Community Transformation (PICOT) in 2016 as we implemented and continued to implement a number of projects in West Nile particularly in the two districts of Maracha and Koboko.

PICOT's vision of "Holistically Transformed Communities" drives us to contribute to achieving projects and as such, we implemented several activities under the following projects

Amplifying Voices for Youth Health in West Nile, Uganda, where critical mass of young people were mobilized to demand for SRH services, and this achievement was made possible by financial and technical support of our development partner Planned Parenthood of America.

We contributed to skilling of 55 Orphans and vulnerable children under HIV/AIDS affected families with Carpentry and Joinery, and Tailoring skills and were provided with startup kits with financial support from US Embassy Kampala.

Additionally, we also contributed to improving health care systems of Koboko and Maracha Districts as well as mainstreaming gender in education systems in Koboko with support from Independent Development Fund (IDF) and Aga Khan Foundation Uganda respectively.

I would like to appreciate the support and commitment of our partners from the districts of Koboko and Maracha.

Finally, I thank the PICOT staff for steering the smooth implementation of the projects in the communities. The Board of Directors look forward to continue strategizing PICOT as per our mandate as well as working with our partners to transform the communities better.

MESSAGE FROM THE EXECUTIVE D I R E C T O R



ROPANI SAUDA

EXECUTIVE DIRECTOR
P I C O T

It is with great pleasure and honor that I present the annual report detailing the work of Partners in community Transformation (PICOT) for the year 2016. PICOT over the year continued to focus on purpose of its existence: “of working with the communities and development partners to identify, mobilize and utilize the available resources for holistic development”

This focus has enabled us to innovate and implement various project targeting the youth, women, children and persons with disabilities’.

I extend my deepest and most sincere appreciation to our partners, donors, communities and individuals of good will for all the support they have accorded us over the years. We would not be the organization we are today without your financial, technical and logistical support as well as innovative ideas, encouragement and advice.

The support of the district local governments of Koboko and Maracha districts is highly recognized and appreciated.

OVERVIEW OF PICOT

Partners in Community Transformation (PICOT), is a non-profit making local Non-Governmental Organization registered with National NGO Board (registration number 10147) on the 20th day of September 2013. PICOT was formerly known as Koboko Youth in Development (KOYID) founded in 2005 and registered as a Community Based Organization with Koboko District on 25th April 2006.

The organization came into existence in 2005 following the realization by a group of progressive youth who felt concerned about the development needs and challenges affecting the youth, women and the wider community of Koboko district. Among the challenges noted with concern to be addressed include but not limited to HIV/AIDS, Sexual reproductive health, Poverty, low education attainment, poor governance, youth unemployment and environmental degradation.

PICOT received its funding support from, a) Planned Parenthood Federation of America (PPFA), with a purpose of contributing to reduction in maternal morbidity and mortality arising from complications of unsafe abortions among youth in Uganda and specifically in Koboko and Maracha Districts West Nile sub region; Independent Development Fund (IDF), with a purpose of contributing to improved health services leading to better health outcomes in Koboko and Maracha Districts; c) Aga Khan Foundation Uganda, with a purpose of to improve Functional Adult Literacy (FAL) and employability skills of vulnerable young women and men aged 15-30 in Koboko district through strengthening the capacity of Civil Society and Local Authorities (LAs), and US Embassy Kampala-Uganda aimed at improving the lives of the vulnerable orphans in Koboko Town Council with non-formal vocational skills for self-reliance and sustainable lives and families.

Since then PICOT strives at creating meaningful platforms for youth, women, people with disabilities and entire community to participate in community affairs. As such, in all its undertakings, PICOT works in close cooperation with Local Governments and development partners in supporting community driven development initiatives.

To carry out its mandate effectively and to have greater impact, PICOT has developed its vision, mission and motto as a guide in program interventions and activities as noted below.

VISION

Holistically Transformed Communities

MISSION

Working with communities to identify, mobilize and utilize the available resources

GOAL

An empowered, healthy and productive population for sustainable development

OVERVIEW OF PICOT

CORE VALUES

- Voluntarism,
- Team work,
- Inclusiveness,
- Accountability,
- Transparency,
- Participation
- Partnerships.

CORE OPERATIONAL AREAS

PICOT focuses on six core areas with the aim of enabling the organization to realize its overriding vision, mission and objectives. These core mandate areas include;

1. Community health promotion.
2. Holistic educational promotion.
3. Community governance.
4. Environmental conservation and Preservation.
5. Community economic empowerment.
6. Organizational capacity development.

PICOT works with community and school based youth networks and group, Women groups, schools, Local communities, Neighborhood Assemblies, Citizens Platforms, local non-governmental organizations, Civil Society organizations, Local governments, and development partners for holistic community transformation.

We target Young people in primary and secondary schools where we are working on improve quality of adolescent reproductive, education and governance within the education sector. We are also mainstreaming HIV/AIDS, gender and environment with all beneficiaries.

The FAL groups are engaged in literacy programs and are involved in diversified livelihood activities and aspects of gender, HIV/AIDS, life skills, safe sanitation, and child care, family planning and income generation.

The target youth, women and people with Disabilities groups are engaged on meaningful programs that influence the policy decisions and provide opportunity for them to be involved in livelihood activities and fight against gender inequality, HIV/AIDS, Sexual Reproductive health, safe sanitation and hygiene, and income generation

By use of participatory and inclusive methods, we then build them into viable entities capable of benefiting their individual members and their communities.

OVERVIEW OF PICOT

CURRENT PICOT GEOGRAPHICAL COVERAGE

<p>Koboko District Local Government</p> <p>6 Sub Counties</p> <ol style="list-style-type: none">1. Abuku Sub County2. Dranya Sub County3. Ludara Sub County4. Kuluba Sub County5. Lobule Sub County6. Midia Sub County <p>Koboko Municipality</p> <ol style="list-style-type: none">1. North Division2. South Division3. West Division	<p>Maracha District Local Government</p> <p>3 Sub Counties</p> <ol style="list-style-type: none">1. Oleba Sub County2. Maracha Town Council3. Yivu Sub County
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Primary Beneficiaries

Youth in and out of
Schoolyouth

Orphans and
Vulnerable Children

People living with
HIV/AIDS

People with
Disabilities-PWDs

Women

Elderly Men

SECONDARY BENEFICIARIES

- Teachers
- Health Workers
- School Management Committees (SMC)
- Parents Teachers Association (PTA)
- Policy makers

WE FULFILL OUR MISSION THROUGH THE FOLLOWING STRATEGIES

- Advocacy and engagement
- Resource Mobilization
- Building youth networks and Capacity
- Learning and adaptability
- Service delivery
- Partnership to consolidate synergies.

PROGRAMME ACHIEVEMENTS

Transitioning from "Youth Advocacy on Sexual Reproductive Health to Increase Awareness, Access and Utilization of Available Reproductive Health Services in West Nile, Uganda" to Amplifying Voices for Youth Health" Project.

PICOT through its strategy to empower and engage with young people as well as local leaders and communities to increase awareness on sexual reproductive health among 12,000 youth and women aged 10 to 24 in schools and communities in two West Nile districts. PICOT works around changing the perceptions, beliefs, social norms and practices that hinder young people access to quality SRH services.

PICOT conducted 18 integrated community advocacy outreaches to increase awareness, access, promotion and utilization of youth SRH services. These outreaches involved in and out of school youth, parents, health workers, local government officials and community members. The integrated outreaches were very inspirational and educative as they involved a wide range of enter-educate-entertain such as drama, poems, sports and distribution of IEC materials to communicate SRH information to young people and adults about SRH risks and where to access SRH services. Participants recommended that these integrated community advocacy outreaches should not be one-off activity so that parents, young people and community members can be reminded of their roles in promoting SRH for improved health outcomes. Critical masses of young people were empowered and engaged in SRH advocacy through health clubs in the schools and youth out-of-schools in the communities. The young people embarked on dramas, debates and reciting poems, and composing music. Below are some of the impressive photographs taken during the integrated community outreaches?

PROGRAMME ACHIEVEMENTS



Pupils of Nyangilia Primary and Koboko Parents Secondary School performing drama on HIV/AIDS and Teenage pregnancy during an integrated community outreach near Nyangilia Primary school compound

PROGRAMME ACHIEVEMENTS



12,287 IEC materials were distributed to raise awareness on YSRH as well as to improve on knowledge of young people on reproductive health. The IEC materials distributed included 9866 fliers containing information on Menstruation and how to manage it; Body changes in boys and girls during adolescence; Pregnancy, Teenage pregnancy and its consequences, 1762 stickers on abstinence, 582 straight talks and 77 Obulamu posters. The information on the IEC materials improved health seeking behavior and perceptions about SRH among youth and increased access and utilization of available SRH services in health facilities.

PROGRAMME ACHIEVEMENTS



Photos showing high demand for IEC materials as parents scramble to pick them for their children during a community advocacy outreach in Lobule

4 radio talk shows were conducted with a focus on Teenage pregnancy and role of school health clubs in curbing the scourge. The panelists included a health worker from Koboko Hospital, 2 School health club members from Koboko Parents Secondary school, Executive Director and Program officer of PICOT. During the talk show, a listener from Lobule inquired on whether PICOT only works in selected schools in Districts and whether it's proper to teach young people about condom use? In response, the listener was informed that PICOT works with selected schools as a pilot phase but future plans of expanding the interventions to other schools will be explored resources permitting. On condom use, PICOT disseminates age appropriate messages to students/pupils with emphasis on abstinence and faithfulness to one partner in case they are engaged. However, use of condoms correctly and consistently is only explored to students who are interested in knowing to raise awareness but more importantly knowing about condoms does not necessarily imply that students/pupils should resort to reckless and risky sexually behaviors. Generally, the radio talk show is a very good platform for reaching out to a wider audience with SRH information and services.



Photos below showing Youth out of school engaging in sports activity and project staff used the opportunity to pass SRH information.

4 new youth groups were identified in consultation with Community Development Officers from the sub counties of operation in the two districts. in total 14 youth groups are been engaged SRH advocacy. These news groups were; Malaba Youth Association in Oleba Sub County, Power Youth group in Maracha Town council, Tukuliri Youth Association in Lobule Sub County, and Ngurupi Youth group in Dranya Sub County. One day capacity building training was conducted for the four new youth groups by PICOT project staff with 5 participants targeted from each group. Content focused on understanding youths, SRH and challenges young people face, life skills and the role of the groups in advocacy. 20 participants attended the training and all groups expressed willingness and commitment to rollout the same messages to fellow youths in the communities during their meetings and other social events that draw young people together.



Conducted Bi-annual advocacy meeting with reproductive health partners /sub county authorities to strengthen advocacy efforts for the promotion, provision and utilization of youth friendly services. Participants included Sub County Chiefs, Sub County Chairpersons, Health workers, District Health Officers, Secretaries for Social services and District Education Officers from Koboko and Maracha.

Key recommendations included deliberate planning and budgeting by Local Governments for promotion and provision of YSRH services, strengthening the existing integrated youth friendly SRH services offered through OPD given the limited space at health facilities and appeal to VfH project to support the health facilities with tents to act as temporary space for provision of youth friendly services as districts continue to plan for permanent spaces in future. The Districts pledged their continued commitment and expressed gratitude to PPF/PPG for supporting YSRH interventions which have been and are still a critical area that needs continued support if young peoples' reproductive health outcomes are to improve sustainably.

Organize 2 district stakeholders' advocacy meetings. Key participants in these meetings included the District Chairpersons, Chief Administrative Officers, District Health Officers, District Education Officers, District Executive members, Sub County Chiefs and Chairpersons, teachers and representatives of young people. From the meetings districts have pledged their commitment to support YSRH through inclusion in their plans and budgets. The Districts also commended PICOT for working closely with them and appealed to PPFA/PPG to continue supporting PICOT to supplement their efforts in the promotion, provision and utilization of YSRH information and services at health facilities as well as through integrated community outreaches. These meetings have created enabling environment for stakeholders' engagement on YSRH and have laid a firm foundation for future action oriented advocacy initiatives.

5 dialogue meetings with club leaders, senior teachers and head teachers were conducted in Nyangilia, Tukaliri, Nyarakua, Bura primary schools and Oleba Seed Secondary school respectively. The participants involved in the meetings included executives of the health clubs, senior men and women teachers, head teachers and other teachers in the schools. In Oleba seed secondary school, 5 club leaders, 2 school administrators, 1 senior teacher and 1 class teacher attended.



Pupils of Nyarakua Primary school pose with their senior teacher during dialoge meetings with club leaders, senior teachers and school administration



Head teacher Nyangilia primary school Left with teachers and clubs excited while receiving IEC materials

Organize 1 meeting in the districts with 60 school based peer educators previously trained by picot. A total of 60 peer educators drawn from the 10 schools supported by PICOT under the Voices for Health Project were involved. Arising from the meetings, peer educators requested PICOT to train them on how to make reusable and affordable pads to support the girl child in menstruation management to keep them in school, minimize absenteeism and encourage higher completion rate in schools.

One review meeting with in and out of school club leadership at school and community levels was conducted during the month of December 2016. The meeting was held in Koboko United Women Association (KUWA) hall in Koboko district with 40 participants comprising 14 out of school youth groups (10 old groups and 4 new groups-) and 10 in school youth groups. The youth groups were able to present their reports clearly including activities they are involved in, achievements registered, lessons learned, challenges and recommendation.

From their reports, some of the advocacy activities were undertaken through drama, debate, outreaches and football tournaments among others while some schools have started incorporating health club activities into the school routine work plans such as Oleba Seed Secondary school and Nyarilo Secondary school. Key action points were, the need to improve on record keeping of all advocacy activities, health clubs should communicate SRH messages during their hygiene and sanitation promotions in the schools and PICOT should have frequent visits to clubs to provide technical mentorship.

Conducted 1 review meeting with 20 senior men and women teachers from the schools reached in Phase I. All the schools participated in the review meeting. Each school presented its progress report and all of them appreciated the importance of the adolescent sexual reproductive health intervention in the schools especially awareness creation. They reported a noticeable reduction in cases of teenage pregnancies in the

schools and increased enrolment and retention of pupils and students especially the girl child. In the lessons learnt, they observed that ownership of the health clubs by the schools, closeness of the senior teachers to the clubs and active involvement of pupils/students, is essential to sustainability of health club activities in the schools beyond the project period.

2 engagement meetings with Parents Teachers Associations (PTAs) and School Management Committees (PTAs/SMCs) from Koboko Municipality on YFSRH in schools was conducted. The purpose of the meeting was to engage PTA and SMC from the 5 schools supported by PICOT in Koboko Municipality and Maracha Town Council on youth friendly sexual reproductive health in the schools and identify support needed for the health clubs. 37 participants out of 50 expected attended the two meetings and these included the District Education Officer, Inspector of schools, and Chairpersons of school management committees, Chairpersons of Parents' Teachers Association, members of Board of Directors of schools and head teachers of the schools.

PTAs/SMCs recommended for inclusion of SRH issues as an agenda to be tabled during their PTA annual general meetings as a first step in recognition of the importance of YFSRH in schools for parents consideration to improve reproductive health outcomes for pupils and students. Participants also recommended that, schools should organize pregnancy testing for girls and STI screening for adolescents at the beginning and before end of each school term.

2 dialogue meetings were held with local leaders and health technocrats of Maracha Town Council and Lobule Sub County in the two districts. The purpose of the meetings was to identify the nature of support needed for the youth groups established in the sub counties. A total of 53 people participated out of 60 participants expected. A wide range of key participants comprising politicians, technocrats, religious leaders, health workers, Peace Corps volunteers and youth group representatives were involved in the meetings. In Lobule Sub County, a shade at Lobule health centre was identified as a youth friendly corner to support youth access friendly services including information on contraception and family planning services. Besides, the youth corner has been stocked with games and play materials to attract youth so as to disseminate information on YFS and access to SRH services.

The local leaders also pledged to pass a council resolution against early marriages and to apprehend parents who may marry off their children before the age of 18 years to reduce child/early marriages. While in Maracha Town Council, the authorities recommended the inclusion of YFS in the council plans and budget with much focus on girl child and supporting the youth groups with income generating activities through existing government programmes. The authorities also promised to integrate SRH messages during their engagements with communities to sensitize parents to support their children.



Participants pose joint photo during dialogue meeting with local leaders and health technocrats in Maracha Town council

2 meetings were held with selected local government politicians and health technocrats of Maracha and Koboko to sensitize them on the need for financing youth friendly SRH services. A total of 51 out of 70 attended the meetings for both Koboko and Maracha. These involved 13 local government officials, 1 health worker, 11 teachers (head teachers, senior men teachers/senior women teachers and members of the school management committee) for Maracha and 10 government officials, 5 health staffs, 11 teachers (head teachers, senior men teachers/senior women teachers and members of the school management committee).

In his communication, the chief administrative officer (CAO) of Maracha district directed the district and sub counties to integrate adolescent health issues in sports budgets as a starting point as other options are explored. Councilors from Maracha district who attended the meeting pledged to pass it as a resolution that all schools in the district should charge additional 500 shillings on their school development fund to strengthen the school health programs. This idea was implemented in Nyarakua primary school and is yielding positive results. While in Koboko district the stakeholders agreed that all departments need to include bud-



Deputy CAO Koboko Left making opening remarks and Left is Local Council V chairperson Maracha District Making closing remarks during DEOs road table



4 joint monitoring and supervision of project activities were done with the involvement of District Health Officers, Senior Clinical Officers, Sub County Chairpersons, PICOT staff and board members, Youth Councillors and Secretaries for Social services from Koboko and Maracha. Two joint monitoring sessions were conducted to find out the SRH activities of the 10 youth-out-of school groups are engaged in the communities across the project areas. Findings revealed that, these out of school youth groups are actively involved in raising awareness and sensitization of their peers on early marriages, HIV/AIDS, drug abuse and adult - youth dialogues on matters related to SRH to change negative community perceptions.

Out –of – school youth pointed out the need to train some of them as community peer educators to build their capacity as champions for YSRH. In addition, the youth also appealed to PICOT to integrate income generating activities to sustain their club activities through linkage to non-formal skills training or livelihood programmes implemented by the government or development partners beyond advocacy for YSRH. Two quarterly boarding meeting were conducted with one focusing on the review of the organization policies namely Human Resource, Finance and Gender and the other dedicated to the approval of the 3 policies on Human Resource, Finance, and Gender held on 29th March 2016.

One learning and exchange visit was conducted to Naguru Teenage Information and Health Center located in Bugolobi, Kampala. The learning focused on programming for teenagers, Monitoring and Evaluation system, human resource and administration and policies. Through the visit, we learnt that Naguru teenage center does both advocacy and SRH service delivery for young people aged 10-24 years. Some of the advocacy programmes include IEC production, Community outreaches, Partnering with Kampala Capital City Authority, offering internship and volunteer placement for young people's engagement. While key SRH services offered included HIV/AIDs testing, treatment and care, Pregnancy testing, maternal services. In addition, they have a good M&E system that helps in tracking data, data analysis and preparation of reports for both management and stakeholders to make informed decisions. We learnt that integration of advocacy with service delivery is also ideal for our local context given the limited youth friendly SRH service providers that PICOT would be grateful to pilot if supported given the knowledge gained by the staff to boost our community interventions

Organized two quarterly project management and review meetings with project staff and project development management team; the purposes of the meetings were to review the progress implementation of the Voices for Health project, share key lessons and strategies to improve project implementation. In the meeting, 20 staff participated including the Executive director, Program Officer, Meal officer, Finance and Administrative officer, project officers, Learning and Documentation officer, M&E Assistant, Administrative assistant and Internees. In the meeting, the obligations of PICOT as stipulated in the Grant Award Letter was presented and explained to all the staff to enhance compliance to expected standards as well as the entire project design and implementation mechanisms. Additionally, Knowledge assessment was conducted at the beginning and after the activity using a simple question about staff understanding on the project activities as well as Grant award requirements. The findings showed that there was a significant knowledge level of the project staff at the end of the activity. Arising from the lessons learnt in phase one, staff made commitments for continuous improvement in phase II in the areas of planning for all project activities, frequent visits to the field to track and document indicators and success generated by the project, developing clear work plans to follow and how to share success stories about PICOT's work.

Key Achievements

- Mobilized critical mass of young people to demand for YFS provision from government and government health facilities, schools and communities.
- Increment in budgetary allocation by Nyangilia primary school towards SRH needs and health club activities from Ugshs 50,000 to 100,000

- The inclusion of YFSRH services in Koboko district annual plan and budget for the financial year 2017/2018, three days after PICOT held a round table meeting with District Executive Officers.
- Establishment of a youth corner to provide YFSRHS at Lobule health Center III as well as a youth square at Oleba Seed Secondary school to act as space for dissemination of YFSRH information.
- Enlisting commitment from PTAs and SMCs to support the inclusion of SRH concerns in school development plans and budgets
- Sensitized policy makers and other stakeholders on need for financing youth friendly SRH services
- Dialogued with local leaders and health technocrats on consolidating their commitment and creating an enabling environment for youth friendly SRH.
- New youth groups were identified and their capacities built to support PICOT advocacy efforts at community level.

Challenges and recommendations

- Delay in commencement of project implementation. This was addressed through Technical Assistance visits by staff representatives from PPG Uganda Country office and PICOT organized project review meeting with staff that enabled adjustment of work plans to fit within the critical path of the activities without compromising on the quality.
- Spillover of some planned activities from quarter one that could not be implemented alongside many other planned activities for quarter two. As a result, a catch up plan has been devised to expeditiously handle the rescheduled activities in the next quarter.

Enhancing Community Participation in governance and accountability in health service delivery in West Nile Uganda

The national objectives and principles of state policy on democratic principles states that, the state shall be based on democratic principles which empower and encourage active participation of all citizens at all levels in their own governance. Similarly, the Local Government Act 1997 operates under the theme of “Empowering of local population through democratization for participation, accountability, responsibility, efficiency and effectiveness for the purpose of attaining the long term goal of improving the conditions and standards of living for all Ugandans” . The essence is democratic decentralization such that there is inclusive participation of the community in development planning and utilization of resources. While National Development Plan II (NDPII) section 351 shows that Global trends show significant gains in the health and well-being of the people especially during the Millennium Development Goals period due to increased investments in basic social services and advances in technology

:Improved health services leading to better health outcomes in Koboko and Maracha districts

Community engagement meetings were conducted in Midia and Yivu sub counties, where 241 (101F, 129 M) participants participated. Among the participants were the health unit management committee members, health staff, political leaders from the sub counties and the local community. During the meetings the local communities were able to raise their concerns about health service delivery and duty bearers were able to give instant feedback to the them. We have realized increase in the level of community participation in health service delivery this was evidenced in the community surrounding. For example in, Dricile Health Centre III,

¹1995 Constitution of the Republic of Uganda

²The local government Act 1997

they organized communal work to maintain the access roads that lead to the health facility, this was done due to the result of the engagement meeting where the communities raised the concern of poor access roads around the facility, another examples, laying of foundation for constructing kitchen in Wadra health centre III in Yivu sub county, there was community out cry for the kitchen at Wadra, during the engagement meeting the issue was raised to the health unit management committee about the need to have kitchen at the facility, communities accepted to provide their labour and some local material like sand for free

Some of the key raised issues include

- Non-functioning of health facility on weekends
- Lack of kitchen at the facility making it difficult for the caregivers of patients to cook food especially during rainy season
- Reluctance of nurses especially those in maternity “I was ordered by a midwife to cut umbilical cord of a baby and I demand to know whether that is my work since I am not a health worker” a gentle man lamented during the engagement meeting
- Poor maintenance of community access roads to the health facility
- Inadequate health staff to address health service concerns of community

02 community radio programme were organized in Home net LTD (104.5 Spirit FM Koboko) and were facilitated by the Hospital administrator Koboko Hospital, Health unit Management Committee Chairpersons of Lobule, Dricile and Oleba health Centre III including the PICOT Executive Director, program manager and project Officer. The purpose of the community radio program was to create forum for seeking responsiveness from duty bearers and local community at grass root level on matters of health service delivery. 16 people managed to call successful and the following were the issues raised during the radio talk show

- Lack of community awareness on how the health facility funds are utilised
- Poor services at the Maternity ward due to laziness of the Midwives, “I gave birth in some two weeks ago from Koboko health centre IV alone in the ward when the midwife was a sleep” a listener complained during the radio program
- Non functionality of the health facility on the weekend
- The cost of viral load examination for hepatitis B is too high for the community to afford
- Community does not understand the role of Health unit management committee etc

So far, public accountability has improved in some health facilities especially in Oleba health centre III where they were able to display the amount of funds released under primary health care on the notice boards, this was a result of issues raised during community radio program on lack awareness the amount received by facility.

Committee members from the five health centre IIIs, one health centre II and one hospital board (Lurujo HCII, Lobule, Dricile, Dranya, Oleba, and Wadra HCIII including Koboko Hospital) trained for three days were 45 participants (14 females and 31 males) were registered. The core content of the training include but not limited to; overview about the project (goal, objectives and activities), Introduction/Background to HUMC, Roles and Functions of HUMC, Rights to health, Community diagnosis, health planning and budgets. After the training, most of the HUMC understood their roles and this was evidenced during recaps especially in planning and budgeting for the health facility

A community score card was conducted in Lobule, Dranya, Dricile health centres in Koboko, Oleba and Wadra health centres in Maracha. 5 data collectors and 02 mobilizers were trained on facilitation skills and oriented on the tools to make them familiar and this orientation was conducted by PICOT staff. The purpose of the community score card was to increase the capacity of communities to demand for quality health services. 94 (55F, 39M) peoples were empowered through the Community Score Card process. The service users were able to score their assessment of the public facility according to their own priority criteria and explained their scores and suggested actions for improvement, this was done through focus group discussion discussions.

During Input tracking some gaps were identified which informed discussion on service improvement strategies between service providers and users. It was administered to the key informants like the in charge of the facility. Self-evaluation tool was also administered to the health workers; this permits the public facility staff (health workers) to score themselves, according to their own criteria. As a last stage in the process, an Interface meeting was conducted between community members and facility staff to discuss the results of the score-cards. During the interface meeting action plans were developed. Some of the action developed includes mobilizing the communities for meeting to sensitize them on services offered at the facility. Willingness by community to provide labour during construction of Kitchen at Wadra health centre III.

Project: Skills for self-reliance for orphans and Vulnerable in Koboko Town Council

The project goal is skills for self-reliant OVC in Koboko Town Council and the project objectives are;

- i) To train 60 OVCs aged 14 to 18 years in non-formal vocational skills for sustainable self-reliance by February 2016
- ii) To provide psychosocial, spiritual and health support to 150 HIV positive OVCs by February 2016

Project results/achievements

- 55 OVCs trained with basic non-formal vocational skills against the target of 60 OVCs. 30 female OVCs acquired skills in Tailoring and Cutting Garment (TCG) and 25 male OVCs acquired practical skills on Carpentry and Joinery (CJ).
- 55 OVCs (30 female and 25 males) were provided with Startup kits to start their own Income generating activities against the 60 OVCs targeted. The startup kits included Tailoring Machines and consumables and Carpentry and Joinery Equipments and some consumables.



OVCs preparing some furniture during the training session



Female OVCs preparing garment and tailoring



Trained 40 OVCs in entrepreneurship and small scale enterprises, and other crossing cuttings issues related to management of IGAs against the target of 40 OVCs planned. Start up kits were also given to the OVS in groups.

The above photos shows secretary social services in representing Chairman Local Council V Koboko District in red shirt spotted black handing startup kits to OVCs together with Vice Chairperson PICOT in striped blue shirt and PICOT Executive Director in light pink blouse

- Provided psychosocial support and counseling to 103 OVCs. The group included HIV positive OVCs, those not positive and Trainees at the Center.
- Provided packs, psychosocial support to 50 Households of OVCs in the project site. The Packs included Scholastic materials, in which 91 OVCs were provided with home based care kits. The kits included scholastic materials, and bags
- Completed the construction of OVC skills training center and shelter for the OVCs. The project training center was well constructed with two training halls and their stores and one office room. Additionally a three stance latrine was constructed

Challenges experienced during the project

- Inadequate period of training. The training time was not adequately enough to cover the entire planned curriculum for the training. This so because the construction of the OVCs center took necessary long to HIV down fall experienced at the end of 2015.
- Irregular attendance by some of the OVCs. Due to hunger we experienced some irregular attendance by some OVCs because some of OVCs have only meal per day or not all hence affected the effective delivery of project implementations.
- Limited skills training courses offered. Some OVCs were interested to be trained in Saloon, hair dressing, and mechanics and yet this could not be provided to limited training skills courses selected in the project.
- Rising number of OVCs in needy of support from other sub counties of the District. We realized that a number OVCs from other sub counties

Promoting Youth Social and Economic Empowerment through Civil Society and Local Authorities (Youth SEECs)

The overall goal of the project is to improve Functional Adult Literacy (FAL) and employability skills of vulnerable young women and men aged 15-30 in Koboko district through strengthening the capacity of Civil Society and Local Authorities (LAs)

Project results and Achievements

Out of 89 FAL centers planned to be mapped and assessed in the quarter, only a total of 57 FAL centers were mapped and 44 FAL centers assessed being functional. These include; 10 in Ludara, 6 lobule, 4 in Midia, 6 in Abuku, 8 in kuluba, 5 Dranya and 5 in Koboko municipal council as well as mapping of the agri businesses around the FAL centers. Most of the FAL centers are functional except they are far from AKF support schools.

The assessment was conducted using the developed by PICOT and AKF staff. The analysis of data will be done by M&E officer of AKF with support from M&E assistant from PICOT. Though during the discussion, it was discovered that the majority of the FAL centers have one Instructor and most of the learners are female.

PICOT has mobilize business community of practice within the municipal council and plans for meeting having a meeting with are pushed to the next month as well as mobilization of the FAL instructor's community of practice and the youth community of practice which is awaiting the selection of the 25 FAL canters yet to be done.

PICOT was able to mapped agric- businesses around 10 FAL centers in kuluba and Dranya. The remaining centers will be mapped by the month of December especially in the municipal council as planned. Plans to share the selection criteria with the district officials are under way as well.

MOU signed with Aga Khan Foundation Uganda to implement the project.

Challenges encountered

Delayed release of project funds to carryout planned activities

Complexity realized in the project proposal led to refining of some activities

Recommendations

Improvement reimbursement systems of channeling projects to funds to effective run the planned project activities

Need to organize meeting with team of project proposal development to clear doubts encountered in the project activities.

Strengthening Education System in East Africa Project

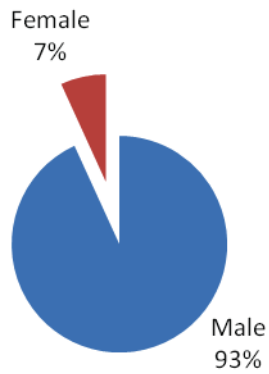
Results and Achievements of the project

- 50 schools were reached for the review of the school development plans through whole school approach.
- Due to the good level of mobilization, organization and support from the various stake holders,we were able to get a greater number of people in other schools like Leiko P/s, Indiga p/s and even in Goya hill p/s
- At least 40 schools were able to come up with some draft realistic and participatory school development plans for one year

Project to Prevent HIV/AIDS among workers of Zhonhao Oversees Co

Trained workers on Zhonghao Co on HIV/AIDS awareness and prevention. 44participants (41 male: 3female) were trained on HIV transmission, condom promotion as analyzed on the pie chart below

Pie chart showing participants attendance by gender



From the pie chart, it clearly revealed that more participants were male 93% compared to 7% of females. This reflects that less the women have information of HIV, the higher the risk of Vulnerability to HIV

Awareness created among the workers on HIV/AIDS Active participation of participants; the trainees were active and engaging the discussions



Participants enhance with skills of demonstrating how to use male condom



Participants learning how to use the female condom

MAJOR ACHIEVEMENTS RELIAZED OVER THE COURSE OF THE YEAR

We were able retained 99% of our staff in 2016. We feel proud. However more strategies need to laid down to manage our staff talents, succession in the events of turnover

Increased resource base, we are pride to have more than 5 projects running and MOUs were signed. These of course contributed towards achievement of strategic plans. PICOT generated more project proposals to Independent Development Funds (IDF), Governance Accountability, Participation Programme (GAPP), European Union, Zhonghoa Oversees Engineering Company, Oxfam Uganda, and Planned Parenthood Federation of America. However Oxfam proposal was rejected, and for GAPP proposal feedback is not provided, the rest we have positive feedback.

Strengthened collaboration from government towards compliance with laws and policies as well as shared coordination efforts. Maracha and Koboko District coordinated for us good political environment to operate and implement projects.

Renewed the operationalize license for PICOT from 2015 to 2017. This legalized our operations in entire West Nile Sub region.

Audited Books of accounts and Finance statements prepared. JR and Associates audit firm undertake auditing of financial reports for 2016.

Major Challenges faced in 2016.

- Delay in commencement of the some projects hence affecting timely delivery of activities
- Inadequate resource mobilization, though efforts were made to increase resources for the organization, there is still limited mobilization of resources.
- Staff motivation is still inadequate as such some staff turnover was realized from the organization looking for better paying jobs
- Influx of refugees from DR Congo and South Sudan has increased demand for interventions as such we could fulfill their needs.

RECOMMENDATIONS

Need to expand office space to accommodate all staff by securing additional room of the block not in use. Increased resource mobilization strategy to realize more requirement resources. Mobilizing Adequate resources are potential in achieving our strategic plans over the period of 5 years.

With our development partners, we shall operationalize our salary scale that will be able to address the low level of motivation.

Need scale up humanitarian interventions to refugees as this has become a big problem. Therefore PICOT needs to review its strategic plan to include humanitarian issues for mass influx of refugees in the region.

PICOT is governed by a board of Directors, comprised of 9 members who work under the supervision of a general Assembly.

The organization has 8 staff members, 2 guards, 4 instructors training the OVCs on tailoring, garment cutting and carpentry for 3 months at the skills training centers.

BOARD MEMBERS

S/NO	NAME	Sex	TITLE
1	Mr. Mangasa Stansloas	M	Chairperson
2	Mr. Saidi Aais Abasi	M	Treasurer
3	Mr. Atiku Samuel Nickson	M	Vice Chairperson
4	Mr. Bongo Patrick Namisi	M	Member
5	Mr. Amule D Isaac	M	Member
6	Ms Munduru Esther Drilliga	F	Member
7	Mrs. Paska Lois Araba	F	Secretary
8	Mr. Buruga Patrick Ssimbason	M	Member
9	Mr. Galla Moses	M	Member

STAFF MEMEBERS

S/NO	NAME	SEX	TITLE
a)	Ropani Sauda	F	Executive Director
b)	Acole Moses	M	Programme Manager
c)	Amuza Ismail Asen	M	Finance and Administrative Officer
d)	Kadabara Boniface	M	MEAL Officer
e)	Metaloro Halid	M	Project Officer
f)	Baiti Tairi	M	Assistant Project Coordinator
g)	Bako Stella	F	Project Officer
h)	Acidri Swaleh	M	Project Officer
i)	Sadat Anguyo	F	Documentation and learning Officer
j)	Bangutu Moses	M	M&E Assistant
k)	Peace Hatima	F	Finance and Administrative Assistant
l)	Amiye Habibu	M	Office Assistant
m)	Data Muzamil	M	Security Guard
n)	Onzima Carilos	M	Security Guard

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