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| DEPARTMENT | <input checked="" type="checkbox"/> PROGRAMMES/M/E <input type="checkbox"/> FINANCE/ADMINISTRATION <input type="checkbox"/> BUSINESS DEVELOPMENT/PARTNERSHIP |
| PROJECTS SUPPORTED | <ol style="list-style-type: none"> 1. Amplified Community Action Against Teenage Pregnancy and Child Marriage (ACAA-TPCM) supported by the Girls First Fund. 2. West Nile HIV Project supported by IDI/CDC 3. Right to grow supported by the Hunger Project 4. School Financial Health Project supported by Edify |

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|---|-------------------------|
| Name and position of the person responsible for the report | |
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| Financial Budget approved for the quarter 40,859,375/- | Received funds for the quarter 23,125,700/= |
| Actual Program expenses incurred during the quarter 23,125,700/= | Variance 17,733,675/= |

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| Our address P.O.Box 11406, Kampala Tel: +256 784951295 Email: info@amaniinitiative.org or info.amaniinitiative@gmail.com Website: www.amaniinitiative.org Physical locations:- Head Office Arua Youth One Stop Center, Enyau Road, Arua City Maracha District Satellite Office Nyadri Town Council, Market Lane Maracha District | Report Compiled and Submitted By:-  |
| | INZIKURU EVRLINE. HEAD OF PROGRAMS |

EXECUTIVE SUMMARY

Amani Initiative is a Ugandan registered Non Governmental Organization founded in 2011 in Maracha District to prevent and respond to harmful practices and barriers against children and women through low cost- high impact community led solutions with a current mandate to operate across Uganda. Our thematic areas include; (1) Education, (2) Child Protection and Safeguarding, (3) Child, Adolescent and Maternal Health, and (4) Socioeconomic Empowerment.

Amani Initiative is currently implementing a 5 year theory of change with a vision of creating a Ugandan Society where every child and woman is able to live with dignity and reach their full potential and a mission of preventing and responding to harmful practices and barriers against children and women through low cost-high impact community led solutions.

Between 1st January- 31st March, 2022; Amani Initiative implemented 4 projects across Maracha District, Nakasongola, Mpigi, Kampala, Arua City, Arua District and Wakiso District as highlighted below:-

1. The West Nile Project Uganda which aims to attain and sustain HIV epidemic control in the West Nile region of Uganda through optimization of high impact interventions to achieve UNAIDS 95:95:95 targets; and strengthening national, regional, district level capacities to meet MoH minimum performance. The project is implemented in Maracha District with support from CDC and the Infectious Disease Institute across 12 health facilities with activities implemented as below:-
 - a. Community Index testing.
 - b. Follow up clients lost in care.
 - c. Home based care for Non-suppressed.
 - d. Testing of Men 25 year and above.
 - e. Community –Facility linkages.
 - f. Follow up of mothers to complete the EID cascade.
 - g. TB Screening
2. The Amplified Community Action against Teenage Pregnancy and Child Marriage project funded by Capital for Good through Girls First Fund and aims at, *Ending child marriage and teenage pregnancy for prosperity and social economic transformation in Maracha and Arua districts*. The project period runs from June 2020 to June 2022 and implemented within Kijomoro, Oleba and Oluffe Sub-Counties in Maracha District, Arua City and Vurra Sub-County in Arua District.

The activities carried out in the first quarter that is from January to March of 2022 included;

 - a. School fees support to at risk girls.
 - b. School life skill sessions through school outreaches for education and career mentorship/guidance.
 - c. School debates on prevention and response to child marriage and teenage pregnancy.
 - d. Organizing Parents Teacher Meetings (PTA) on parenting in the face of Covid-19 and beyond.
 - e. Celebration of International Women’s Day in Maracha, Arua District and Arua City.
 - f. Taking part in the Local Action Plan (LAP) validation meeting for Arua City.
3. The Right2Grow project whose ultimate goal is for every child to be able to reach their full potential through ensuring that all children under 5 are well nourished (aligned to SDG 2.2) and there is access to WASH services and it is majorly an advocacy project and aims at strengthening communities, civil society, government and development partners to support and/or advocate for an enabling environment to tackle stunting reduction for children under 5 in Uganda. The project is being implemented by Amani Initiative in Maracha district (Yivu and Oluffe Sub-counties), Arua District (Vurra Sub-County) and Arua City as a sub-grant from the Hunger Project and the Movement for Community Led Development Uganda Chapter under the . the Dutch Ministry of Foreign Affairs.
 - a. During this reporting period only one activity was implemented which was the formation of the Maracha District CSO nutrition platform
4. The School Financial Health Project supported by Edify with a goal to improve learning outcomes and access to affordable education through supporting low cost private schools improve aspects of school financial management. A total of 588 schools across Nakasongola, Mpigi, Wakiso, and Kampala City took part in trainings on school business and financial management during the reporting.

The organization also invested and provided capacity building opportunities for staff across the 5 training opportunities during the period from 1st January- 31st March, 2022.

STATUS REPORT FOR QUARTER PLANNED ACTIVITIES

| PLANNED ACTITIVITIES | STATUS | | | | | REMARKS | |
|---|--|-----------------------------------|-------------------------------|--------------------------|--------------|---|---|
| Thematic Area: Child, Adolescent and Maternal health | | | | | | | |
| Community Index testing | No of index clients identified | No of index clients tested | No who tested positive | No linked to care | Yield | We were able to surpass the quarter's target of reaching 30 clients by two, and three positives were registered and linked to care. This was possible due to the early beginning of the activity and proper targeting of the index clients. | |
| | 32 | 66 | 03 | 03 | 03 | | |
| Follow up clients lost in care | Indicator | | Service point | | | TOTAL | This activity's target of 360 lost clients to be followed was surpassed as we were able to follow up to 386 clients both TB and HIV. This was possible because of the commitment of the Linkage Referral Assistants together with the Koboko team, VHTs, local council one chairpersons and other stakeholders in identifying the lost clients, and the follow ups made, though 23 clients were found to have self-referred, two refused to resume care and 11 clients were found to have died. |
| | | | HIV clinic | TB clinic | MBCP | | |
| | No of clients followed up physically | | 190 | 184 | 12 | 386 | |
| | No who could not be reached/traced | | | | | | |
| | No of clients who have resumed care after follow up | | 167 | 170 | | 337 | |
| | No of clients who were delivered drugs at home | | | | | | |
| | No of clients who have not honored their promise to come | | | | | | |
| | No followed up but found to have died | | 04 | 07 | | 11 | |
| | No followed up and found to have self-referred | | 16 | 07 | | 23 | |
| | No. of clients followed but found to have transferred out officially | | 01 | | | 01 | |
| | No reached but have refused to resume care | | 02 | | | 02 | |
| No. of clients followed up and found to be active in care. | | | | | | | |

Home based care for suppressed clients

| Indicator | 0 - < 19 yrs | | >19 yrs | | Total |
|---|--------------|----|---------|----|-------|
| | M | F | M | F | |
| No. of clients visited to provide IAC in the reporting period | 03 | 03 | 07 | 19 | 32 |
| No of clients for First visit | 1 | 1 | 3 | 7 | 12 |
| No of clients for 2 nd visit | 2 | | 2 | 6 | 10 |
| No of clients for 3 rd visit | | 2 | 2 | 5 | 9 |
| No of clients for 4 th or more visits | | | | | |
| No. of switch meetings attended by social workers | | | | | |
| No. of clients bled for a repeat viral load test after HBIAC | | | | | |
| No. of clients with suppressed repeat viral load | | | | | |
| No of clients with N/S repeat VL | | | | | |
| No. of clients with pending VL results | | | | 1 | 1 |
| No of clients with N/S repeat VL switched to 2 nd line | | | | | |
| No of clients with N/S repeat VL switched to 3 rd line | | | | | |

This activity's target of counselling services for 30 non-suppressed clients for the quarter was surpassed by two, and this was because of the timely beginning of the activity and commitment of the Linkage Referral Assistants in identifying clients with non-suppressed viral loads, though some clients disappointed us by dodging some counselling sessions which affected the consistency of the activity.

Testing of Men 25 year and above.

| Age category | No screened for HTS | No Eligible for HTS | No tested for HIV | No tested positive | No linked | Yield |
|---------------|---------------------|---------------------|-------------------|--------------------|-----------|-----------|
| 25-29 | 86 | 43 | 43 | 00 | 00 | 00 |
| 30-34 | 201 | 39 | 39 | 00 | 00 | 00 |
| 35-39 | 33 | 27 | 27 | 00 | 00 | 00 |
| 40-44 | 31 | 20 | 20 | 00 | 00 | 00 |
| 45-50 | 20 | 14 | 14 | 00 | 00 | 00 |
| Above 50 | 40 | 22 | 22 | 01 | 01 | 01 |
| Totals | 411 | 165 | 165 | 01 | 01 | 01 |

This activity's performance was fairly okay as we were able to screen up to 411 people more than the target of 360, and 165 of the screened were tested for HIV with one positive registered and linked to care. This was possible due to the collaboration of the Linkage Referral Assistants and the VHTs in targeting and identification of men for HIV testing.

**Community –
Facility
linkages**

| Clinic care - ART Service Point(s) | Referred out (From the facility) | | | | | | Referred in (to the facility) | | | | | |
|---|----------------------------------|---|------------|---|--------------|---|-------------------------------|-----------|------------|-----------|--------------|-----------|
| | No Referred | | No reached | | Got services | | No Referred | | No reached | | Got services | |
| | F | M | F | M | F | M | F | M | F | M | F | M |
| Medical examination for GBV (sexual abuse) | | | | | | | | | | | | |
| Medical examination for GBV (Assault) | | | | | | | 03 | 03 | 03 | 03 | 03 | 03 |
| Provided PEP | | | | | | | | | | | | |
| 1 st ANC | | | | | | | 309 | | 309 | | 307 | |
| TB | | | | | | | 01 | 05 | 01 | 05 | 01 | 05 |
| Clinic care - ART | | | | | | | | | | | | |
| VMMC | | | | | | | | 03 | | 03 | | 03 |
| HIV testing services | | | | | | | | | | | | |
| Nutrition services | | | | | | | | | | | | |
| Education services | | | | | | | | | | | | |
| Therapeutic feeding centers | | | | | | | | | | | | |
| Food/cash transfer | | | | | | | | | | | | |
| Saving groups | | | | | | | | | | | | |
| Agricultural training and advisory services | | | | | | | | | | | | |
| Agricultural inputs | | | | | | | | | | | | |
| Apprenticeship/Vocational skilling | | | | | | | | | | | | |
| Police services | | | | | | | | | | | | |
| CDO/Probation officer | | | | | | | | | | | | |
| TOTAL | | | | | | | 313 | 11 | 313 | 11 | 311 | 11 |
| OVERALL TOTAL | | | | | | | 324 | | 324 | | 322 | |

This activity's performance was good as we were able to refer 324 of the quarter's target of 330 community members for various services. This was possible due to LRAs good collaboration with the VHT's and Local council one chairperson in identifying community members who needed the above services.

| | | | | | | | | |
|---|---|---|---|---|-----------------------------------|---|---------------|----------|
| .TB Screening | | | | | | <p>This activity's performance was good as we were able to screen up 277 to 300 targeted community Members in Members in the entire quarter, collected sputum from 109 of the and 15 positives were, registered and linked to care.</p> <p>This was due to the support of the VHTs and Local council one chairpersons in identifying TB hotspots in the communities</p> | | |
| | Indicators | | <5 yrs. | | 5 yrs and above | | TOTALS | |
| | | | M | F | M | | | F |
| | No of clients screened for TB using ICF | | 00 | 00 | 133 | | 144 | 277 |
| | No presumed to have TB | | 00 | 00 | 52 | | 57 | 109 |
| | No of sputum samples collected | | 00 | 00 | 52 | | 57 | 109 |
| | No of sputum samples found positive | | 00 | 00 | 11 | | 04 | 15 |
| | No started on TB treatment | | 00 | 00 | 10 | | 40 | 14 |
| No of under 5 started on IPT | | 02 | 09 | 00 | 00 | 00 | | |
| Follow up of mothers to complete the EID cascade | Period | No followed for 1st PCR | No followed for 2nd PCR | No followed for 3rd PCR | No followed for rapid test | No of exposed infants who completed EID cascade in reporting period | | |
| | Within 4-6 wks | 03 | 00 | 00 | 00 | 00 | | |
| | At 9 months | 00 | 02 | 00 | 00 | 00 | | |
| | 6 weeks after BF | 00 | 00 | 05 | 00 | 00 | | |
| | At 18 months | | 00 | 00 | 02 | 00 | | |
| | Totals | 03 | 02 | 05 | 02 | 00 | | |
| | | | | | | | | |
| <p>This activity was well implemented with its target of 12 clients targeted to be followed achieved since these mothers were readily available with clear addresses.</p> | | | | | | | | |

Other activities implemented

- We got mentorship from IDI Koboko and Arua team on targeting people for HIV testing, documentation and calculation of monthly targets
- We conducted joint mentorship with IDI team from Koboko in a total of five facilities with a main focus on documentation of implemented activities in their various registers, updates of all the registers in the ART clinic, indication of Amani Initiative’s initials in the registers for activities implemented by the CBO, techniques of targeting people for HIV testing and TB screening, among other issues
- We participated in the District Aids Committee co-ordination meeting on 7/1/2022.
- Support supervision conducted at least once in all the twelve facilities supported by Amani Initiative
- We participated in District quarterly HIV review meeting where the project progress was presented and discussed per indicator. This was done a long side other partners implementing HIV and TB related activities in the district.
- We hosted IDI finance team for financial review in the months of February and March 2022 in Maracha office

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| <p>Meeting to form and launch Maracha District CSO nutrition platform under the Right2Grow Project</p> | <p>The activity Objective was to support the districts to organize CSOs into district level multi-sectoral nutrition platforms including marginalized groups for effective joint advocacy related to nutrition governance in Maracha district. And the specific objects include;</p> <ol style="list-style-type: none"> 1. Facilitate Maracha district to convene the nutrition stakeholders including the marginalized groups into a District CSO nutrition platform to promote effective joint advocacy on nutrition and wash governance. 2. Support Maracha district to establish enabling mechanisms for the nutrition platforms to meet on a quarterly basis to evaluate the nutrition situation within the district and voice concerns to the District Nutrition Coordination Committee and District Technical Committee. 3. Support the district through the District Nutrition Focal Person (DNFP) to rally nutrition and WASH stakeholders within the district for collective action to tackle the challenges of stunting within the districts. 4. Facilitate the district to generate terms of reference for the district -level multi-sectoral nutrition CSO platforms. 5. Facilitate the development of a digital directory of nutrition and WASH actors within the districts. <p>Activity Description</p> <p>The Hunger Project-Uganda through the Right2Grow program supported the District Technical Committee led by the DNFP to mobilize and invite all nutrition stakeholders to form the Civil Society Organization nutrition platform. The meeting had 18 participants 11 men and 7 women from CBOs and Civil Society Organizations that implement nutrition programs in Maracha, district officials led by the CAO, Women Councilors, LCIII Chairperson, religious leaders, cultural leaders and media. It took place on Friday, 4th March, 2022 at the district level precisely in the Maracha district Local Government Board room. Participatory adult learning methods were used to deliver the information which included presentations, discussions and handouts as moderated by the District Nutrition Focal Person, Mr. Dramani Caesar.</p> | <p>-Partners operate in a few areas leaving out other places yet we want to develop the entire district without leaving anyone behind.</p> <p>-There is need for mindset change since it is very common to find the most malnourished person in Maracha district selling the best vegetable.</p> <p>-There is need for increased sensitization especially at community level for better practices in regards to nutrition and WASH</p> <p>-Sustainable solutions should be introduced in the area so that people in communities can continuously end malnutrition starting from household level</p> <p>-The nutrition advocates should actually live exemplary through practicing what they preach in communities.</p> <p>-Members should increase documentation of reports for evidence</p> |
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Introduction of the CSO Nutrition Platform

The Civil Society Organization Nutrition Platform is a multi-stakeholder nutrition coordination structure that serves as a coordination body to mobilize Civil Society Organization partners for a multi-sectoral approach to addressing issues of nutrition. According to the Uganda nutrition Action plan II (UNAP II), the District Nutrition Civil Society Organization platform draws its membership from the entire range of Nutrition stakeholders at the district level for joint collaboration on addressing the nutrition issues of the district. This platform meets quarterly and reports directly to the District Nutrition Focal Person (DNFP) who sits at the DNCC and presents the issues raised at the platform. By extension, this is also in line with the District Nutrition Action Plan (DNAP) a customization of the UNAP and therefore has the same structure and spirit as the UNAP. This platform is in alignment with the Right2Grow advocacy strategy on WASH and Nutrition.

Situation of nutrition in Maracha

This session was led by Mr. Caesar, the District Nutrition Focal Person who defined malnutrition, types of nutrition and shared some statistics on nutrition. He said there is acute malnutrition and chronic malnutrition. He added that one who is not well nourished is either over or under nourished. He emphasized that nutrition starts with the parents yet 15% women are overweight and 5% men are severely thin. He added that the level of stunting in 10 districts in Northern Uganda stands at 24% of 5-year-old children who are short for their age. Further, children below 2years have more cases of wasting than those beyond 2years and Anemia is common in women and children.

He called upon parents especially the working class to avoid leaving the responsibility of child care to maids that in turn eat all the foods left behind for children. As a district, Maracha targeted to achieve 90% of well-nourished children under five years but their performance is at 15%. The district also set a target to achieve 95% of mothers who initiate children to breastmilk in the first hour of birth however they have achieved only 93%. He thus highlighted that they have a lot to do as partners noting that THP-U brought them together but the entire work belongs to them. He requested one of the partners to provide an updated report on nutrition from Maracha district health centers in their next meeting.

Participants from different CSOs made brief presentations on their organizations highlighting what they do and the challenges they face as indicated below;

UPMB-DINULEWA project; works in 3 sub-counties, conducts capacity building of Village Health Teams to conduct nutrition screening in communities as well as build the capacity of Health Workers to ensure that they are able to handle malnourished children and manage acute malnutrition cases. We established infant young child feeding corner facilities where mothers go for nutrition knowledge and skills. We support health services to go in communities and take health services closer to the communities like nutrition screening and referrals. In 2020, we conducted District Nutrition Coordination Committee capacity building sessions and also participated in the drafting of District Nutrition Action Plan spearheaded by OPM. I request Right to Grow to support the process of ensuring that the draft which is currently out is a fully functionally document.

-The team should take lead in generation of data at community level to support their advocacy efforts

-Improve community involvement in decision making by introducing a bottom up approach.

-There is still use of dangerous chemicals in food production to control weevils in beans, etc.

The meeting was inclusive of all nutrition actors at the district and local level who pledged and committed to support the platform's continuous operations and ensure that they will use it to voice concerns from communities for improved livelihoods

Challenges; there is a human resource gaps at Health Centers and newly created administration units, knowledge gap on nutrition and limited extension services.

MADIFA; work in production of all vegetable; distributed vegetable seeds to 660 households and conducted training in the same area. Also distributed other crops like cassava and maize. Work on environmental sustainability through giving fruit trees to households at a reduced price, in this, MADIFA planted 61,000 seedlings along the water sheds, 5000 seedlings distributed to famers, 7 institutions including 4 Primary schools and 3 religious institutions. We also link farmers to markets and provide agricultural extension services to them.

Challenges; limited male involvement in food production, loss of soil fertility and low quality seeds.

Save the Maracha Girl; We empower though keeping girls in school, skilling girls, life skills, entrepreneurship and leadership skills.

Challenges; in nutrition and food security best practices, information gap in communities, nutrition HR capacity gaps at the H/C level, lack of diversification of crop cultivation for nutrition adequate diets and sale of- best harvest without storing any for consumption. Should promote climate smart agriculture.

Amani Initiative; prevents and responds to harmful practices against children and women through low-cost high impact community led interventions with a focus on education, child protection, sexual and reproductive health, and social & economic empowerment.

Setting up- the terms of collaboration, structure and formation of the district platform/discussions

Members were led through this session on terms of reference which were accepted by all members before voting democratically for the Chairperson, Secretary and Treasurer. And the elected leaders are as below as evidence by the person getting the highest votes

Election process

Nominated Candidates

| Positions | Chairperson | Secretary | Treasurer |
|--------------------------|---|--|--|
| Elected Candidates | Florence Amaguru | Odabo John | Vicient Dratel |
| Organization/Institution | Amani Initiative | Save the Maracha Girl | MADIFA |
| Roles | <ol style="list-style-type: none"> 1. Convenes the quarterly meetings 2. Chairs meetings 3. Quarterly report submission 4. Coordinates quarterly meetings 5. Representation 6. Accounting officer | <ol style="list-style-type: none"> 1. Takes minutes 2. Prepares reports 3. Manages communications 4. Keeps records | <ol style="list-style-type: none"> 1. Financial reporting 2. Accounts for funds and is the custodian for inflow of cash 3. Financial records/book keeping 4. Internal control measures enforcement |

Thematic Area: Education

Education Support for girls at risk of child marriage and teenage pregnancy

| Name | School | Class | Fees paid |
|-------------------|---------------------------------|-------------|-----------|
| Wadiko Dorish | Maracha Secondary School | Senior four | 604,600 |
| Asibazuyo Harriet | Nyadri Urban Secondary School | Senior four | 242,500 |
| Ayikoru Hope | Hope Nursery and Primary School | Primary six | 254,600 |
| Total | | | 1,101,700 |

3 child at risk girls supported with school fees to a tune of 1,101,700= in the school first term of 2022.

Wadiko Dorish who in the previous years been a student of Oleba Seed Secondary School transfered and is currently in Maracha Secondary School

School outreaches under the schools liveskills sessions

The objectives of the school outreaches were to;

- Engage with school administration to ascertain impact of Covid-19
- Agree on a date for meeting with Parents and Teachers (PTA)
- Talk to learners about need for concentration on academics and avoiding bad peer groups
- Conduct school debates

According to the school administrators the impact of Covid-19 on the schools has been immense like;

- The schools have been hit with high rate of school dropouts and exodus of pupils from one school to the other
- School have challenges of few teachers and few housing for teachers
- Pupils are reluctant to concentrate of studies due to the Covid-19 uncertainties
- There are many number of pupils in lower classes than in upper classes
- Syllabas covered is low due to the issue of automatic promotion of pupils
- Many parents have relaxed on educating thier parents
- Class rooms are not enough to accomodate lower classes
- Late release of funds by the government to support the schools
- Some girls have dropped out of school due to pregnancies and early marriages

School outreaches were organized in 15 of our partner schools

The four schools are in Vurra Sub county Arua District and the eleven are from Maracha district

The dates for Pta meetings were uncertainn due to government failure to release funds earlier

Below table showing schools and attendace during school school life sessions

| School | Boys | Girls | TOTAL | District |
|---------------------|------------|------------|-------------|----------|
| Ekarakafe Primary | 81 | 61 | 142 | Arua |
| Opia Primary | 31 | 31 | 62 | |
| Ajono Primary | 42 | 61 | 103 | |
| Oyoo Primary | 47 | 26 | 73 | |
| Mbafé Primary | 54 | 47 | 101 | Maracha |
| Koriba Primary | 55 | 05 | 60 | |
| Paranga Primary | 57 | 64 | 121 | |
| Alivu Primary | 42 | 42 | 84 | |
| Otravu Primary | 30 | 30 | 60 | |
| Kijomoro Primary | 60 | 21 | 81 | |
| Ambekua Primary | 20 | 40 | 60 | |
| Oleba Primary | 42 | 39 | 81 | |
| Kamaka Primary | 39 | 21 | 60 | |
| Kijomoro Primary | 80 | 60 | 140 | |
| Lamila Ciru Primary | 79 | 105 | 184 | |
| Total | 759 | 653 | 1412 | |

Six schools participated in the school debates with Yivu primary school emerging as the winners

The school debates were organized and carried in 6 schools in Maracha district and these schools included, Loinya primary school, Meki primary school, Ofude primary school, Egamara primary school, Olivu primary school and Yivu primary school in under the topic **”Pregnant girls should be allowed to go back to school”** and the champions and winners for the debate competitions is Yivu Primary school.

School debates

Parents and Teachers Association (PTA) Sensetization Meeting

The PTA, sensetization meeting were conducted in two schools, that is otravu primary school in Maracha District and Ajono primary school in Arua District. The objective of the meeting was to sensitize the parents on the Uganda National Parental roles in order to remind them on their obligations as a parent to take fully responsibility of their children and some of the guidelines discussed include;

- Expressing Love to children as part of parenting.
- Spending quality time with children
- Effective communication
- Building childrens self esteem and confidence
- Instilling cultural and religious values
- Living by example
- Providing for the childs needs
- Responding to childrens sexuality

The category of participants during the PTA sensitization meetings include; Parents Teachers Executive committees and members, School Management Committee executives,

- Raising hardworking and ethical children
- Inculcating the value of wealth creation and savings amongst children.
- Disciplining children
- Raising children with special needs
- Monitor and keep in close touch with the child
- Promote the right to play

The commitment of parents to educate their children and to support the schools greatly improves performance and parents were reminded to uptake school feeding programs and follow up on their children in schools

Below table showing number of participants during the PTA meetings

| School | Male | Female | Total |
|----------------|-----------|-----------|------------|
| Ajono Primary | 50 | 48 | 98 |
| Otravu Primary | 43 | 19 | 62 |
| Total | 93 | 67 | 160 |

Financial Management Training under the School Financial Health Project.

During this first quarter, through our partnership with Edify Uganda under the BAFF project, we trained 240 low cost private schools within Nakasangola and Mpigi districts on financial management

We were also able to reach out to 340 school owners and leaders in training them on issues of business financial management.

240 schools and 340 school owners and leaders trained on financial management

Follow up of schools under the School Financial Health Project

We were also able to follow up 348 schools within Wakiso district that had been trained the previous year on financial management

This follow up exercise was aimed at ensuring that schools were implementing some of the key issues pointed out but this was an opportunity as well, to further provide any further support where need be.

Follow up visits to 348 schools trained in 2021 on financial management

INSTITUTIONAL CAPACITY STRENGTHENING

Agha Khan Foundation CSO workshop and Agha Khan Foundation VBE training,

The Agha Khan forndation CSO worshop was organized under the Foundation for learning and empowerment project that will improve educational systems in addition to strengthening womens empowerment and gender equality. It was a two days training from 14-15/02/2022

The value based education and pluralism training was a five days training from

Amani has been considered as part of CSO organization who will be training teachers and school administration on Value based education and Pluralism in schools in Arua and Arua City

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| Celebrating the international womens day | Amani Initiative collaborated with 3 districts in the west Nile region to celebrate the international women's day that is Arua District, Arua City and Maracha District where staffs participated in the preparatory meeting, and our group of child mothers and partner schools also participated during the women's day celebrations and we used the day as an advocacy platform to call on the world to end child marriages and teenage pregnancies. The day was celebrated in Arua city and Maracha District on 8/03/2022 while in Arua District was commemorated on 11/03/2022 | The 3 districts were supported with a contribution of 100,000/= each equalling to 300,000/= towards supporting the celebration of the 2022 International Women's day |
| Governance and Resources Mobilization training | The governance and resource mobilization training was organized by Girls First Fund as their strategy to build the capacity of Grantees and discussions were carried on ; understanding organizations, organizational governance systems, understanding the duties of the board, roles, functions, and liabilities of the board, resource mobilizations, risk management plan and other. It was a two days training from 22-24/02/2022 | Three staffs represented Amani Initiative including, A board member, The team leader and The Head of Programs |
| Disability inclusion awareness training | Disability inclusion awareness training was organized for Amani Staff in order to mainstream disability issues in our project and discussions were held on defining disability and impairment, different types of impairment, disability in Uganda, models of defining disability, respectful language, game of life, barriers faced by persons with disabilities, action planning and way forward for Amani to emphasize disability inclusion in services . it was a one day training conducted by Executive Director of WEID on 14/01/2022 | The training was organized and attended by Amani staffs in Arua and Maracha |
| IDI financial management training | The training focussed on building capacity of the partners under the West Nile HIV project financed through IDI | The training was organized by IDI with 2 staff participating. The staff that completed the training received certificates of participation and also developed action points for financial management. |
| BAFF staff orientation | 6 staff under the School Financial Health project participated on an orientation session on best practices and approach of supporting partner schools during physical visits. | |

ACHIEVEMENTS

- There has been great improvement in the implementation of the IDI project as evidenced by the positive feedback given
- The debate in schools has been successful and most of the schools have been cooperative
- Our partner schools are grateful and promised to work hand in hand with Amani
- 1,412 pupils were reached during school outreaches in the school live skills sessions in 15 schools
- 759 boys and 653 girls
- 2 PTA meetings were successfully carried in two schools with 160 participants of 93 male and 63 female participants
- Onboarded new partner on board like the Agha Khan Foundation

CHALLENGES

- Limited funding sources to support implementation of activities
- Delayed results of Sputum samples collected delays our reporting
- Stock out of testing kits in facilities of Tara, and Kijomoro somehow delayed implementation of activities like index client testing and Testing men 25 years and above.
- Delayed release of funds affected the beginning of activities from the beginning of the quarter
- Misconception about testing men 25 years and above makes the activity implementation hard as suspected people keep dodging our staff in attempts to get them tested.
- Knowledge gap amongst the Linkage Referral Assistants in activity implementation affected our performance in indicator like testing men 25 years and above, House hold TB screening and Home-Based Care.
- Documentation still stands a big challenge
- Some clients keep dodging planned counselling session thus affecting consistency of the activity under the IDI project
- Some schools are still reluctant to participate and are not willing to share information

RECOMMENDATIONS

- Need to produce and distribute the annual reports to different stake holders as soon as possible
- Need to invest alot in information and communication materials, like calenders, project briefs, fliers etc.
- There is need for continuous mentorship of all the LRAs in the areas of HIV testing, TB screening and testing, and general documentation in the ART clinic
- Need for frequent support supervision both physical and phone calls
- Supply of testing kits needs to be improved
- Some monthly airtime be allocated to community change agents to report cases in the community to Amani
- Refresher training for all the schools under the edify BAF project to enlighten them more on the importance of business and financial management
- Working together with all the leaders selectected for the Maracha District Nutrition Platform