



2022/23 ANNUAL REPORT

USAID's ORPHANS AND VULNERABLE CHILDREN
INTERREGIONAL ACTIVITY

USAID's Orphans and Vulnerable Children Interregional Activity is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this report are the responsibility of IDI and do not necessarily reflect the views of USAID or the United States Government

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Acronyms

AGYW - Adolescent Girls and Young Women	IRA - Inter-Regional Activity
AIDS - Acquired Immune Deficiency Syndrome	KP - Key Population
ALHIV - Adolescents Living with HIV	LGBTQ - Lesbian, Gay, Bi-sexual and Transgender Queer/Questioning
ART - Antiretroviral therapy	LIVES - Listen, inquire, validate, enhance safety, support.
ALHIV - Adolescents Living with HIV	MGLSD - Ministry of Gender Labor and Social Development
ART - Antiretroviral therapy	MNCH - Maternal, Newborn and Child Health
BOCY - Better Outcomes for Children and Youth	MMD - Multi-Month Drug refill
CAO - Chief Administrative Officer	MoES - Ministry of Education and Sports
CAP - Corrective Action Plan	MoH - Ministry of Health
CBTs - Community Based Trainers	NCD - Non-Communicable Diseases
CDO - Community Development Office	NMN - No Means No Worldwide
CFPU - Child and Family Protection Unit	OI - Opportunistic Infections
CLA - Collaborating, Learning and Adapting	OWC - Operation Wealth Creation
CLHIV - Children Living with HIV	PBFW - Pregnant and Breastfeeding Women
CME - Continuous Medical Education	PDM - Parish Development Model
CoT - Continuity of Treatment	PEP - Post-exposure Prophylaxis
CQI - Continuous Quality Improvement	PEPFAR - President's Emergency Plan for AIDS Relief
CSO - Civil Society Organization	PLHIV - Persons Living with HIV
D/SCWBC - District/Sub- County Child wellbeing Committee	PMS - Payment Management System
DAC - District Action Centers	PMTCT - Prevention of mother-to-child transmission
DCDO - District Community Development Office	PSS - Psychosocial support
DAC - District Action Centers	PSWs - Para-social Workers
DEO - District Education Officer	PSWO - Probation and Social welfare Officers
DREAMS - Determined Resilient Empowered AIDS free Mentored and Safe	RCA - Root Cause Analysis
DSDM - Differentiated Service Delivery Model	SDA - Safari Day Allowance

ECD- Early Childhood Development	SGBV - Sexual and gender-based violence
EID – Early Infant Diagnosis	RAJA - Rights and Justice Activity
eMTCT – Elimination of Mother to Child Transmission	SBCA- Social Change and Behavioral Activity
FBO – Faith Based Organizations	SIMS – Site Improvement Monitoring System
GAAP - Generally Accepted Accounting Principles	SITES- Strategic Information Technical Support
GBV – Gender Based Violence	SOCY – Sustainable Outcomes for Children and Youth
GMU – Grants Management Unit	SPM- Selection Planning and Management
GoU - Government of Uganda	SRH – Sexual and Reproductive Health
HEI – HIV Exposed Infant	SVAC - Sexual violence against children
HIV – Human Immunodeficiency Virus	SW – Social Worker
HIVST - HIV Self Testing	TA – Technical Assistance
HSS – Health Systems Strengthening	TB – Tuberculosis
HTC – HIV Testing and Counseling	TPT - TB Preventive Treatment
HTS – HIV Testing Services	TVET - Technical Vocational Education and Training
IAC - Intensive Adherence Counseling	UDOTS – Uganda Dreams and OVC Tracking System
ICYD – Integrated Child and Youth Development	UNAIDS – United Nations Program on HIV/AIDS
IDI – Infectious Diseases Institute	USAID – United States Agency for International Development
IEC – Information Education and Communication	VAC – Violence Against Children
IGA - Income Generating Activity	VL – Viral Load
IPC – Infection Prevention and Control	VSLA - Village Savings and Loans Association
IPV- Intimate Partner Violence	WASH – Water, Sanitation and Hygiene
IIT- Interruption in Treatment	YAPS – Youth and Adolescent Peer Support

Introduction

As we present the first annual report, we reflect on a year of dedication and transformative action. USAID's OVC Inter-regional Activity was officially launched in May 2023, to prevent new HIV infections and reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW).

Supported by the American people through USAID and implemented by the Infectious Diseases Institute (IDI), this five-year initiative has taken steps to prevent new HIV infections and reduce the vulnerability of orphans, vulnerable children, and adolescent girls and young women across selected districts in Uganda.

The activity is a U.S Government investment to contribute to the USAID Uganda Country Development Cooperation Strategy (2022 - 2027) through support to two Development Objectives; 1) Health Security Increased; and 2): Resilient Growth Enhanced. The Activity aligns with the Government of Uganda's multi-sector strategies and priorities for HIV mitigation and prevention.

This report outlines the strategic objectives, interventions and key outcomes, over 12 months. It also highlights the collaborative groundwork laid to empower and improve the health of the communities, ensuring that every child and youth can look forward to a future of hope and prosperity.



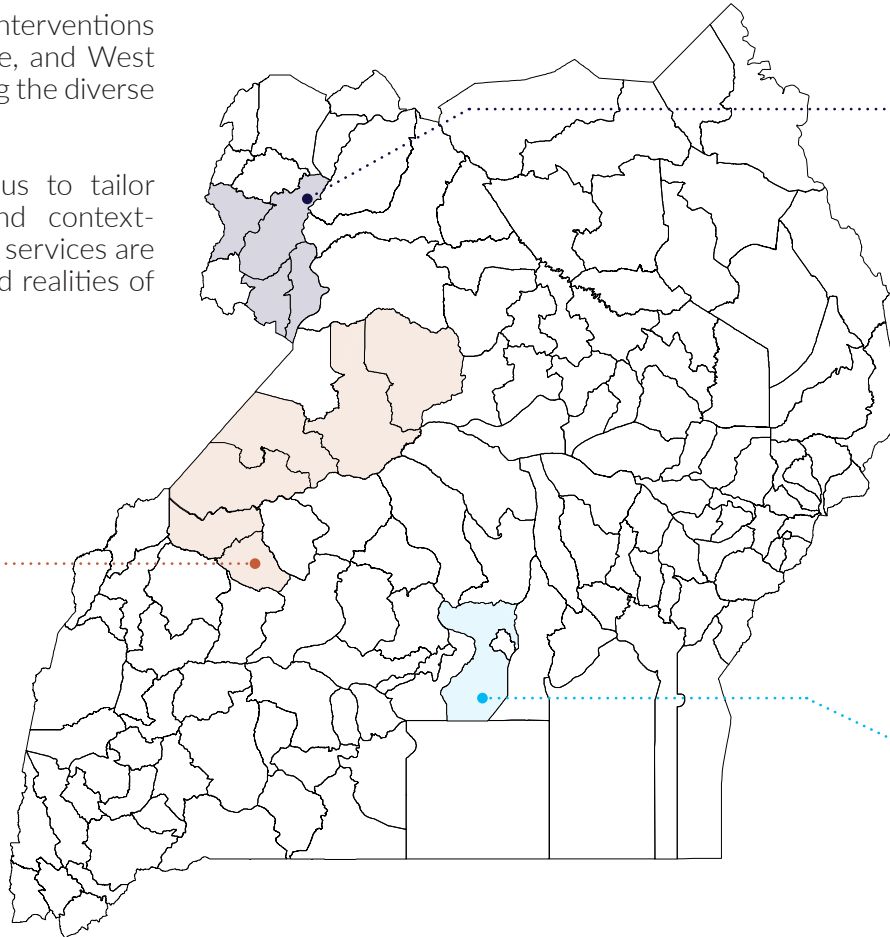
Official launch of USAID's Orphans and Inter-regional Activity and opening of the project office in Wakiso



Our Presence

The geographical canvas of our interventions spans across the Central, West Nile, and West Central regions of Uganda embracing the diverse and unique contexts in each locale.

This strategic distribution allows us to tailor interventions with a localized and context-specific approach, ensuring that the services are responsive to the specific needs and realities of each region.



West-Nile region

- West Nile region:
- Arua
- Arua City
- Madi-Okollo
- Nebbi
- Pakwach



West-Central region

- Kibaale
- Kagadi
- Kikuube
- Hoima
- Hoima City
- Masindi
- Kiryandongo



Central region

- Wakiso District

Message from **Chief of Party**



**Dr Martin
Ssuuna**

“

I commend the strong partnerships, and the spirit of collaboration behind the key accomplishments highlighted in this report.

Dear Esteemed Partner and Stakeholder,

As we conclude the project period spanning October 2022 to September 2023, I am filled with gratitude for the collective efforts that have brought us to this. The End of Year Report we present is not merely a compilation of achievements; it is a testament to the power of collaboration, dedication, and shared vision.

Throughout this period, the USAID's OVC Inter-regional Activity has been steadfast in its commitment to delivering impactful health services, fostering violence prevention and response, and empowering communities through sustainable socio-economic interventions. The numbers we see in the report—73,401 project participants—are more than statistics; they represent lives touched, futures shaped, and vulnerabilities addressed.

Our successes are a reflection of the fruitful collaborations with clinical partners, health facility teams, District local governments, Implementing partners, Civil Society Organizations, the Private Sector, and the Communities.

Together, we have achieved positive trends in critical areas such as HIV case identification, elimination of mother-to-child transmission of HIV, TB screening, diagnosis, treatment, and prevention, as well as establishing vital linkages to DREAMS.

The graduation-based case management approaches at households and through community group initiatives have not only brought about positive outcomes in education and youth skilling. They have also empowered individuals with financial literacy and economic prosperity through VSLA programs.

I extend my deepest appreciation to each one of you for your unwavering support, dedication, and collaborative spirit. The achievements highlighted in this report are a testament to what can be accomplished when diverse stakeholders come together with a shared goal.

Thank you for your dedication, partnership, and commitment towards addressing the plight of vulnerable children.

Year In Numbers



9,717

Active in HIV care

7,232

enrolled on the project



73,401

of targeted participants served with a mix of comprehensive and prevention services. 39,298 of these were children 0-17 years



1,675

project participants graduated with minimum benchmarks



137

TB cases started treatment through CAST-TB campaigns and routine household visits

5,964

CLHIV OVC have completed TB Preventive Therapy.



426

destitute OVC have received education subsidies



1,421

enrolled young mother-baby pairs have completed ECD sessions



780

staff and community structures trained in the consolidated HIV clinical guidelines, the integrated community service delivery model and the MoH HIV/AIDS and TB community actor's curriculum



4,707

HIV Exposed Infants served have a final outcome 99.4% are HIV negative.



5,297

teenagers (10-14) and care givers were enrolled and completed SINOVIYO (Teen parenting) sessions.



12,176

Young adolescents received Journeys Plus (HIV prevention) curricula trainings at community level



3,373

Young adolescent boys received No means No (Violence prevention) curricula trainings at community level



202

AGYW aged 10-17 years have completed DREAMS service packages



296

stakeholders mapped in all the 11 districts of implementation to establish a referral directory



447

Village Savings and Loans Associations (VSLAs) groups



3,222

direct members. Youth are 22% and females are 87%



Ugx. 1,320,119,217

accumulated in savings through VSLA groups



1,556

Cases Referred through the Child Helpline for Assistance



383

households with 1,149 participants were supported to establish kitchen gardens

Strengthened and Sustained Identification, Retention, and Viral Suppression of Children and Adolescents with HIV, along with their Caregivers.



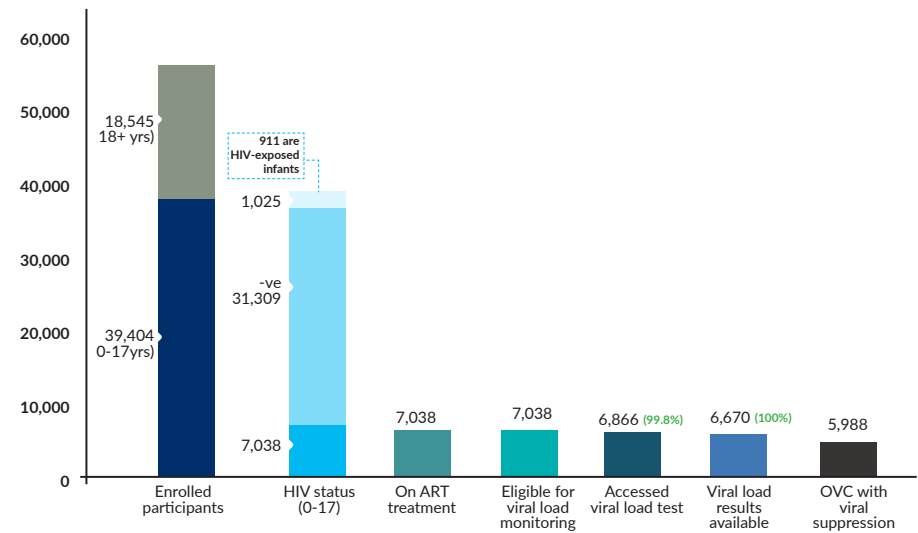
Case identification and Knowing HIV status among OVC Households
 In collaboration with clinical partners like TASO, Baylor, UCMB, UPMB, and IDI. The activity provides HIV testing information, screening, linkage and follow up of project participants (at risk) to access testing services.

Achievements include:

- 4,492 siblings of OVC with unknown HIV status screened
- 438 siblings found to be at risk and linked for HIV testing.
- All 438 tested and none found to be HIV positive
- 956 HIV-exposed infants undergoing EMTCT-EID services

Within the enrolled households, OVC case workers support sensitisation on HIV testing, identify at risk OVC and link them for HIV testing services. Additionally, there is a focus on tracking high-risk Mother-Infant pairs to ensure ongoing access to Early Infant Diagnosis (EID) services.

HIV Cascade among OVC Enrolled under the Interregional Activity



EMTCT Services:

4,492 siblings of OVC with unknown HIV status were screened, and 956 HIV-exposed infants were enrolled in EMTCT-EID services. For the mother-infant pairs served, follow up to access sequential DNA-PCR testing was done by OVC teams. 8% had their first test, 5% their second and 4% their third.

83% had their final outcome determined and majority (99.4%) were discharged as HIV-negative. The teams will continue the focused EMTCT interventions and facility collaborations into FY24.

Early Childhood Development (ECD) training

ECD training was provided to 1,838 young HIV-positive mothers through 26 trained facilitators, with 1,421 completing the program.

The training included activities and educational sessions to enhance knowledge and skills in monitoring various child growth domains, maintaining health and nutrition, managing HIV risks, and establishing care plans and linkages to health services.

TB screening, TB management, and TB prevention services among OVC beneficiaries

The program made significant efforts in TB screening, management, and prevention. These included active participation in the CAST-TB campaigns and the provision of comprehensive TB services for households and communities. This resulted in notable achievements in TB case identification and treatment initiation. Key activities undertaken encompassed sensitization campaigns, distribution of Information, Education, and Communication (IEC) materials, and follow-up of presumptive cases for testing and new TB cases for treatment.

The uptake of TB Prevention Therapy (TPT) among children living with HIV was impressive, with 5964 (84.8%) completing their course of TPT.

TB services for households and communities served under the Activity

Output variable	#s CAST-TB campaign	#s Routine HH visits
Screened for TB at Household	1769	972
Referred for TB testing	890	880
Tested negative for TB	834	799
TB positive cases identified	56	81
Initiated on TB treatment	56	81



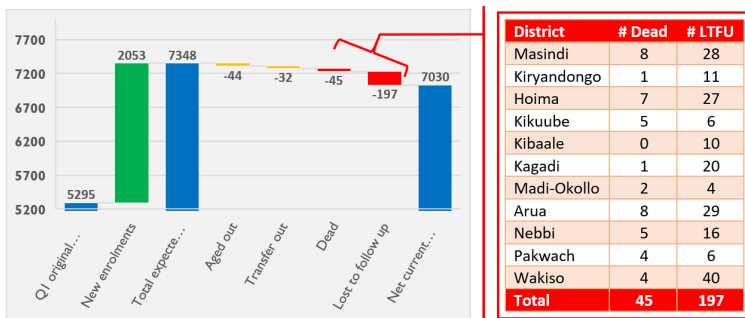
USAID's Local Partner Health Services - TB Activity officer orienting Wakiso Para-Social Workers in TB screening tools



OVC parasocial worker collecting TB sputum sample as part of CAST-TB campaign

Continuity of Treatment

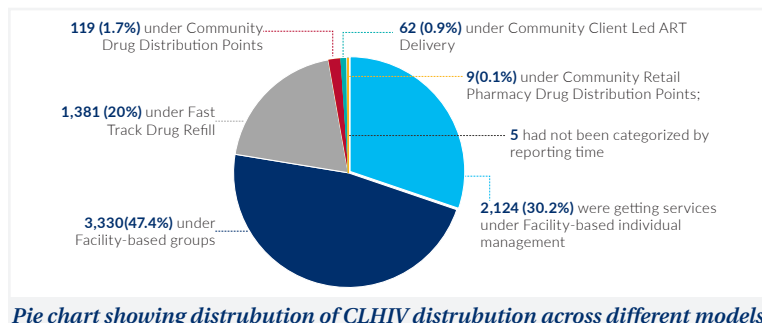
The continuity of treatment among children living with HIV under the OVC program was maintained at 98%. The specific OVC team interventions included attachment of CLHIV to community structures for routine monitoring, appointment tracking, pre-appointment reminding, timely follow up for treatment interrupters, and to conduct care giver treatment literacy sessions and disclosure sessions at household level.



District	# Dead	# LTFU
Masindi	8	28
Kiryandongo	1	11
Hoima	7	27
Kikuube	5	6
Kibaale	0	10
Kagadi	1	20
Madi-Okollo	2	4
Arua	8	29
Nebbi	5	16
Pakwach	4	6
Wakiso	4	40
Total	45	197

Differentiated service delivery (DSD) models for CLHIV

The activity successfully supported 7,030 CLHIV by employing various DSD models. Notably, 78.2% of CLHIV received Antiretroviral Therapy (ART) through Multi-Month Dispensing (MMD).



Pie chart showing distribution of CLHIV distribution across different models



I was devastated upon discovering that I was HIV positive. It was even more distressing to realize that I could have prevented infecting my son if I had known earlier and sought medical support. I'm thankful to Judith for her support and counseling. Through her, I learned the importance of disclosing my status and adhering to antiretroviral therapy (ART). I am relieved that my other children are all HIV negative.



- Lucy Acan, mother of 12-year old Martin from Kiryandongo District

In 2012, Lucy's life took an unexpected turn when she received a diagnosis that altered her world. HIV brought not only physical challenges but also the heavy weight of societal stigma, testing her resolve. Amidst her struggle, Lucy faced an additional dilemma: her son, Martin, remained oblivious to his own HIV status, adding complexity to their journey.

The OVC Inter-regional activity emerged as a beacon of hope, offering a lifeline through a dedicated Facility Case Worker. This compassionate intervention guided Lucy toward acceptance and empowered her to share her truth with Martin. Their bond strengthened, forming an unbreakable alliance in navigating treatment.

Lucy's testament echoes the immense impact of psychosocial support and the indispensable role of open dialogue in managing the intricate landscape of HIV.

Improved Health, Prospects, and Reduced Risk of Violence and HIV for Highly Vulnerable Adolescents

This year, the Activity has been pivotal in constructing a safer environment for the most vulnerable among us.

Our initiatives have been meticulously designed to prevent harm and also to nurture a culture of protection and respect within the communities.

Cultivating Safety and Awareness

Recognizing that a safe and aware environment is crucial for learning, community group interventions like “No Means No” and “Journeys Plus” have been instrumental in empowering young adolescents.

A total of 15,549 (106%) young adolescents were reached with No means No and Journeys Plus curricula trainings at community level.

These initiatives have been key in addressing and preventing HIV and violence, providing our young learners with the knowledge and confidence to navigate through life’s risky scenarios

Sinovuyo Teen Parenting training:

This community-level training, targets OVC households with challenging adolescents with the aim to reduce violence against 10-17 year-old adolescents. This is done through using social learning and parent management training to strengthen family relations. Of the 5,659 enrolled teenagers and caregivers, 94% (5,297) completed the sessions.

DREAMS interventions for AGYW

202 AGYW aged 10-17 years from OVC households in Wakiso District were also linked and completed DREAMS age-appropriate service packages required to address their life-time risks to HIV infection.



No Means No Session in Entebbe, Wakiso district



Bridging the Gap in Educational Access

Central to our goal is the reduction of barriers to education, particularly for OVC in destitute households. We have taken significant steps to ensure that school-going children, especially those at risk of dropping out, continue their educational journey.

Among the 39,298 OVC (0-17 yrs) served, 27,817 (71%) were of school-going age. Of these, 22,751 (82%) are active in school. 329 (10%) in candidate classes were prioritized for education subsidies as a direct contribution from the OVC Inter-regional Activity.



OVC beneficiary homes receiving food in Wakiso district

Nutrition education and support for kitchen gardening and Temporary food consumption support:

Community-based trainers helped 383 households (with 1,149 project participants) to start kitchen gardens as a means of fostering self-sufficiency in nutritious foods. Collaboration with partners like World Vision Uganda augmented this effort, benefiting an additional 336 households.

Additionally, 95% of households targeted for temporary food support received aid, benefiting 1,418 individuals including vulnerable children living with HIV. This was achieved through partnerships with local organizations and leveraging the VSLA OVC protection fund to provide essential food support to those in dire need.



OVC VSLA group meeting in Nyatonzi SC, Masindi

Economic Growth and Stability through microfinance and other credit services:

The household economic strengthening approaches promote self-reliance using the village saving and loan association (VSLA) model as a pillar. OVC caregivers grow their incomes, assets, and develop entrepreneurship skills to manage their income generating activities (IGAs). The savings groups also served as support networks for members undergoing HIV treatment, facilitating experience sharing, stigma reduction, improved psychosocial health, and adherence to HIV care.

447

VSLA groups formed

Ugx. 1,320,119,217

accumulated in savings

3,222

Direct program beneficiaries

5,712

Total membership of VSLA groups

Ugx. 753,378,714

active loans portfolio

Female (87%); Youth (22%)
Membership

Strengthened Prevention and Response to Violence Against Children and Youth

Our persistent focus over the past year has been on improving the processes and mechanisms required to avoid violence and respond promptly when it does occur. Resources, skilled facilitators, and involved communities have all been brought together to create safe spaces where children and youths can develop and flourish without having to worry about being victims of abuse.

Championing Child Well-being and Safety



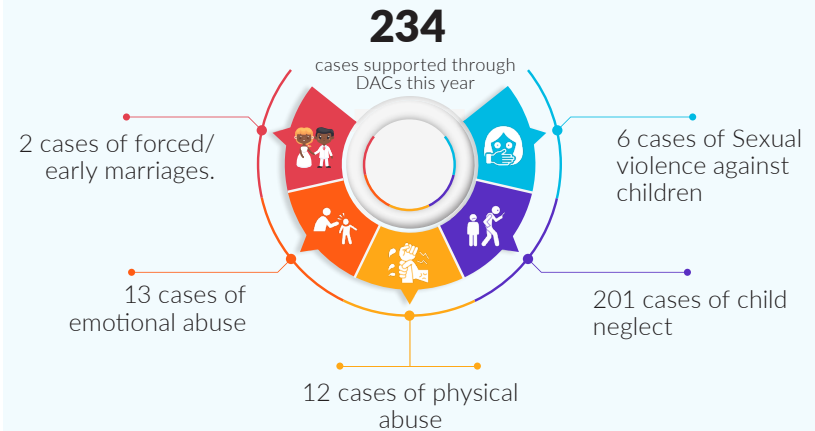
Child Wellbeing committee meeting in Kira, Wakiso district

Our efforts have been multifaceted, focusing on strengthening prevention and response mechanisms against violence, abuse, and neglect.

Through the functionalization of Child well-being Committees and participation in case conferences, the OVC teams have addressed issues of violence, abuse, and neglect among children.

Building Resilient Communities through Dialogue and Support

We have engaged in meaningful community dialogues, addressing underlying issues like alcoholism, poverty, and stigma that contribute to violence and abuse. Our support to District Action Centers (DACs) has facilitated handling of cases, providing a safe haven for those affected by sexual violence, neglect, and other forms of abuse.



Health worker, CDO and IRA staff during family dialogue meeting in Marama Parish, Nebbi district

Community dialogues sessions:

To tackle GBV takes a participatory approach. OVC teams organized and conducted community dialogue sessions moderated by district and community local leaders.

These discussions cover topics on child protection, and issues that drive GBV including; poverty, stigma, ignorance, strained caregiver-child relationships etc.



[Up]: Community Dialogue session ongoing in Nebbi [Down]: A community sensitisation session in Bembe village, Wakiso district

**Monitoring and Evaluation Activities and Interventions**

The activity facilitated knowledge and skill development in basic data analysis and reporting for district staff and OVC partners through training sessions. This included 158 CSOs, 139 Community Development Officers, 14 probation officers, and 8 DCDOs, who acquired competencies in indicator interpretation and OVCMIS data management. Additionally, 47 internal M&E staff were trained in PEPFAR monitoring and OVCMIS reporting (in collaboration with SITES and Datacare) to enhance data quality and reporting at the district level



Kagadi District, OVCMIS training



Training for the M&E Team

Data Quality Assessments (DQAs):

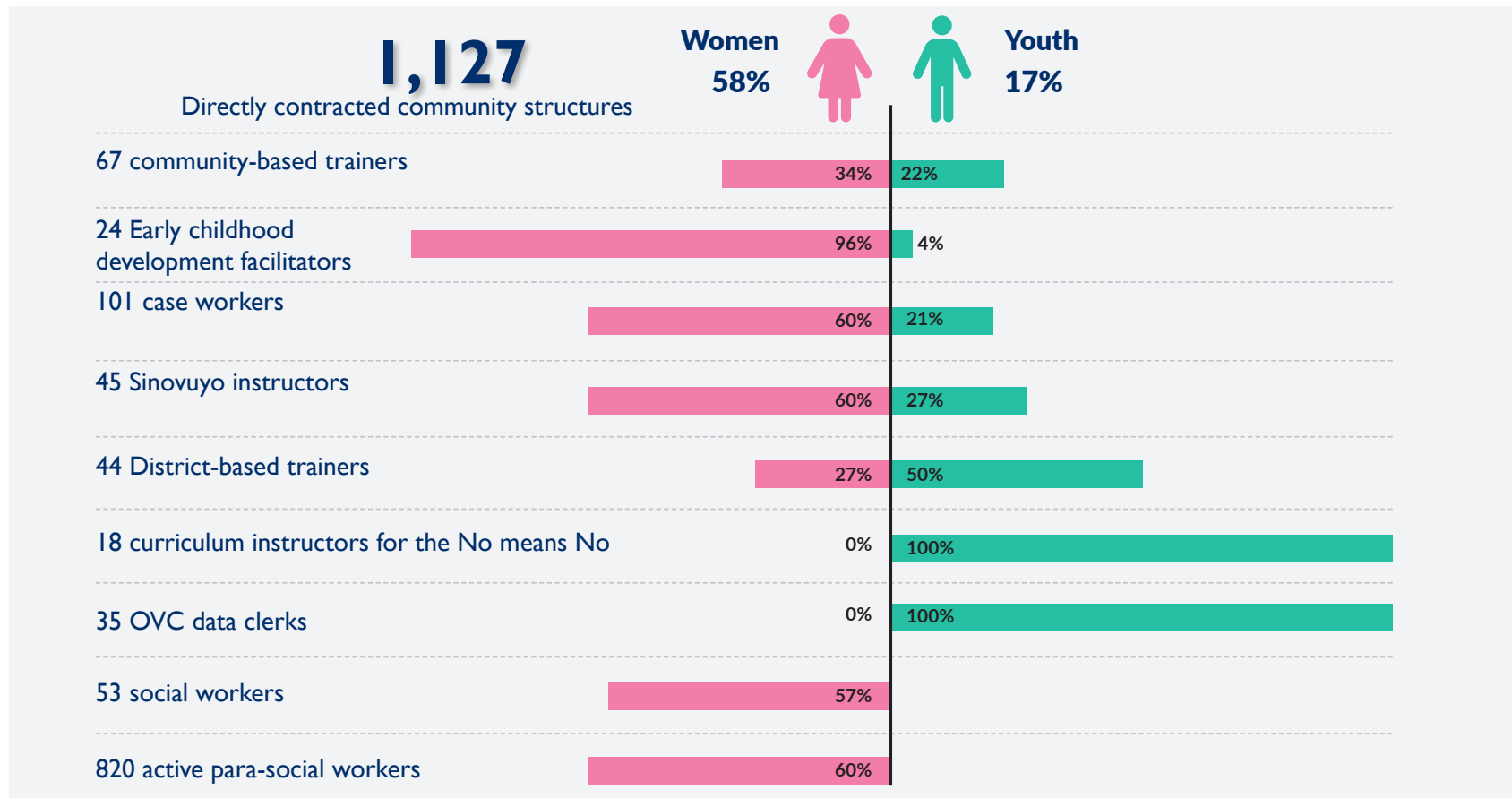
The Activity had internal and external data quality assessments conducted to ensure that the data aligns to the metric measures of Accuracy, Consistency, Completeness, Validity, Timeliness and Duplication.



ULA team reviewing data records at Masindi

Gender Equality and Inclusive Development

The Inter-regional activity is intentional on including women, youth, and marginalized groups in the delivery of OVC interventions. Their responsibilities range from mobilization and health promotion, to linkage for critical services, service delivery, data management, and participation in performance monitoring at local levels. The OVC inter-regional activity contracted 1,127 community structures and of these, 58% are women and another 17% are youth.



Strategic Partnerships, Collaboration And Thematic Learning

Private Sector Engagement

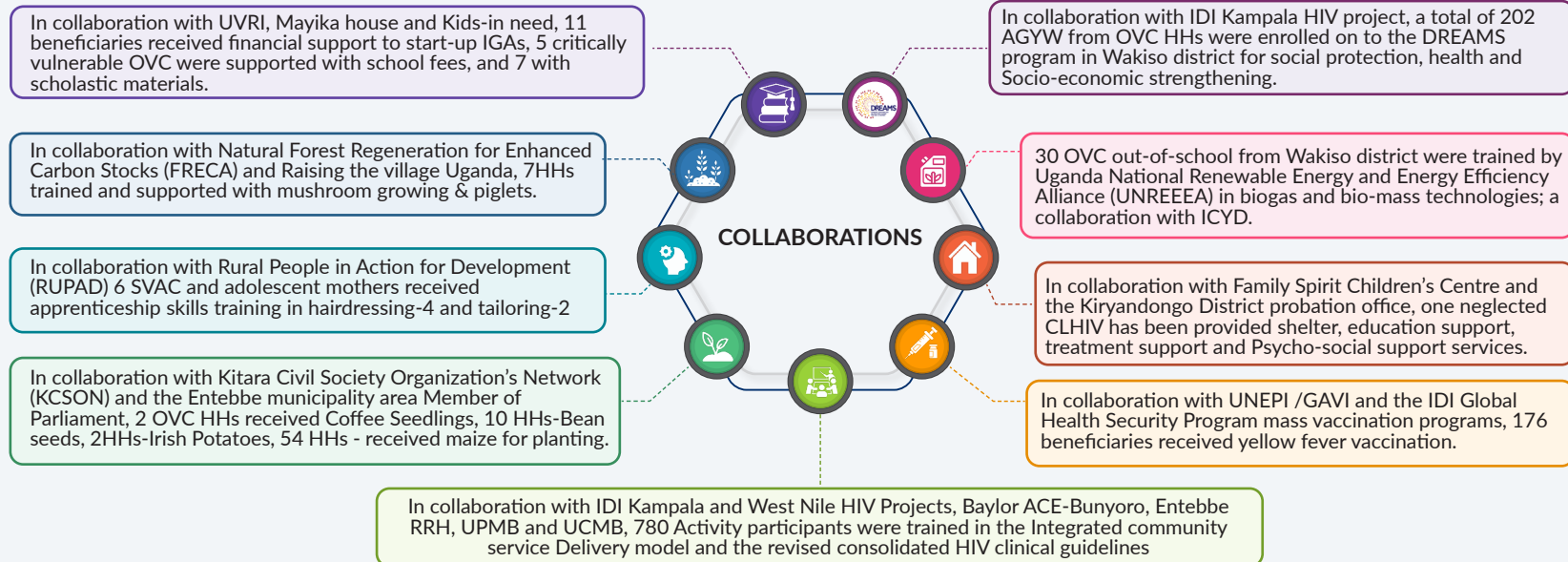
A total of 30 OVC aged 15-24 years out of school from Wakiso district were linked and trained by Uganda National Renewable Energy and Energy Efficiency Alliance (UNREEEA) in bio-gas and bio-mass technologies. This linkage was made possible through a collaboration with the USAID Integrated Child and Youth Development (ICYD) Activity.

Localisation

To ensure the sustainability and ownership of the activity's achievements, local government structures were involved from inception. They participated in official launches, inception meetings, planning, routine implementation, joint monitoring, and performance reviews. Additionally, community volunteers such as para-social workers and facilitators were locally recruited to promote activity localization and community engagement.

Partnership and Collaboration

Building on the established working relationships with the mapped public and private partners, the USAID OVC Inter-regional activity delivered comprehensive service packages for participants enrolled on the program with the following notable achievements



Pictorial



Home visits [L-R]: Pakwach; Kagadi; Wakiso (HIV testing services provided in collaboration with clinical partners)

[Top to Bottom]: Technical visit from USAID team in West Nile region



[L-R]: Sinovuyo parent training session; No Means No session in Entebbe; Community sensitisation in Bembe village



[L-R]: ECD Training of trainers; Regional HIV guidelines training; Social worker delivering of food to Bussi Island

Project page:

<https://idi.mak.ac.ug/usaid-ovc-inter-regional-activity/>



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