

PEPFAR/NPI

Sustainable reintegration of orphans and vulnerable children into family and community life in Uganda and Ethiopia

Cooperative Agreement No. GHO-A-00-09-00006-00
1st December, 2008 – 30th November, 2011

Annual Report FY09
1st October, 2008 – 30th September, 2009

Submitted on 4th November, 2009



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Retrak Ethiopia country report
(In the in-country reporting format)

**PEPFAR Ethiopia In-Country Reporting System (IRS)
Annual Reporting Template**

Reporting Period

October 1, 2008 to September 30, 2009

Activity

| | | |
|--------------------------------------|--|-------------------------|
| GHO- A-00- 09- 00006- 00 | Activity Title Sustainable reintegration of orphans and vulnerable children into family and community life in Uganda and Ethiopia | Program Area OVC |
|--------------------------------------|--|-------------------------|

Prime Partner

RETRAK

Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?

No/Not Applicable
Yes Please list below:

Publications/Reports/Assessments/Curriculums

| Title | Author | Year |
|-------|--------|------|
| n/a | | |

If Yes, Please attach an electronic copy of each document as part of your submission.

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable
Yes Please list below:

Consultants/TDYers

| Name | Arrival | Departure | Organization |
|----------------|---------------------------|---------------------------|-----------------|
| NuPITA for OCA | 6 th July 2009 | 9 th July 2009 | Nupita - Uganda |

If Yes, Please attach an electronic copy of the TA report as part of your submission.

Did your organization support international travel during the reporting period?

No/Not Applicable
Yes Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ or meetings).

| Name | Destination | Departure from Ethiopia | Arrival | Host Organization |
|------|-------------|-------------------------|---------|-------------------|
| n/a | | | | |

Annual Accomplishments

RETRAK is a new grantee in the 3rd round of PEPFAR awards, therefore 12/08 to 03/09 was our start up phase. Staff were inducted into the project, new staff recruited, the Organizational Capacity Assessment (OCA) with JSI-NuPITA was done, and we took in our first OVCs under PEPFAR funding from 1st April, 2009.

The Country Director attended the PEPFAR launch in 02/09, then staff were briefed about the project. In March 2009 RETRAK held a workshop for all staff on our 3 year strategic plan so that they fully understood the aims, goals and vision of the project. This was a very positive time for all participants. Improved accounting methods and bilingual timesheets were created (Amharic/English) to comply with USG demands.

Due to time and staff availability constraints, NuPITA did not conduct the OCA until 07/09, but this helped identify both strengths and weaknesses, & an action plan is now in the process of being implemented.

A new social worker, nurse and finance and administration officer were appointed and inducted. Key staff commenced an intensive program of visiting OVC living on the streets. A base-line head-count was performed in our immediate vicinity (2 km radius around the Bus Station in Mercarto). Life skills and HIV/AIDS education curriculums were reviewed and OVC personal data file-keeping was improved.

From April 2009 the OVC's were registered under the PEPFAR grant and OVC's were reached through the following objectives:

- 1. Enable OVC's to begin the transition from street life through meeting their psychosocial, health and education needs.** 141 OVC participated in primary direct care – this number was much higher than our target of 83. Due to start-up period and that our 1st year was effectively only 6 months with the OVC's themselves, we adjusted our targets down, but our staff team really worked hard to achieve a much higher than predicted number.

1:1 Provide counseling and basic commodities to OVC on the street. Staff quickly established relationships with the children, gaining a deeper understanding of their backgrounds, experiences at home, how to help them come to terms with this, as well as enable them to plan for the future. These OVC all participated in personal hygiene activities, sports, feeding and medical treatment. Serious medical cases were referred to other hospitals, laboratories and clinics.

Wrap-around activities: Nutritional assessments with BMI for age are now done on all OVC's and because the OVC's. Many come direct from the street and therefore lack a nutritious diet, many of them are slightly underweight. We provide 2 nutritious meals/day for children who participate in the program (with fruit, vegetables, beans, lentils etc) to aid these children in their normal growth and development. The clinic supplies medicines as required for any sick OVC.

1:2 Enable OVC on the streets to participate in life skills, health and hygiene classes and HIV/AIDS education. The 141 OVC's in the project participated every morning in a wide range of life skill lessons. These classes cover topics such as self esteem, making choices, communication skills, relationships, problem solving, anger management, caring for the body and mind, child protection, disease prevention and HIV/AIDS awareness. Soap and washing facilities are provided for children to put the hygiene lessons into action.

1:3 Provide catch-up education to OVC on the streets Upon entrance to the program, the 141 OVC's were assessed to determine their class level and the children grouped into grades. Daily classes were conducted using the government curriculum. Children were also encouraged to attend the night school classes at the local government school as a means of facilitating their integration into the government system and obtain their report card. Monthly tests provide the way of assessing progress.

- 2. Enable OVC to be reintegrated into a sustainable family context**

2:1 Enable OVC to be resettled or placed in foster care. A total of 50 children were reunified with their families during the report period. This was much higher than the anticipated number of 17. The reason for this was that from the new group of OVC's admitted to the program there were high numbers who had been on the streets for a relatively short time who expressed a keen interest to reunify and return to school. This was also influenced by the fact that the project period was in the months running up to the new school year (Sept). Nearly all children received some type of assistance to return to school, for eg. a letter of introduction to the new school, scholastic materials, uniform and shoes. In a number of cases the social workers visited schools and head teachers to negotiate entrance for the returning children.

2:2 Build the capacity of each family to be self-supporting.

In half of the 50 reunifications the children and /or the families were provided with small scale IGA. Examples include shoe-shine kit, animal husbandry, 'mini-shop, or injera making business. At the time of resettlement, basic instructions and training was given to the OVC and/or family members. Currently this is more informal and only 7% of OVC/care-givers received more formal training. We aim to set out a more comprehensive curriculum in the year to come to cover this shortfall. Our follow-up program enabled us to check on how the OVC was settling in and to continue to give counseling and encouragement to the family for their IGA activities to ensure long-term sustainability.

Integrated wrap-around activities in Retak's program:

For older OVC who are not interested on reunification RETRAK offers activities such as Vocational training and small business set-up. During this period 13 OVC completed small business training, and were given start-up money for their activities based on the budgets and plans they'd prepared. They are now all working independently.

5 OVC began vocational courses, 3 of whom are now working and 2 continue their studies.

For younger OVC with no possibility of family reunification (eg true orphan with no traceable family, severe abuse cases etc) we offer an accommodation and education package at a small hostel where the OVC are cared for by house parents. 19 boys have been at the hostel, 5 of whom were reunified with family after extended periods of family tracing or counseling.

3. Build the capacity of RETRAK projects to improve quality and efficiency

3:1 Enable staff members to attend relevant trainings and conferences

During the report period staff attended a range of workshops: Human Resources Management, M&E and USG Compliancy workshops (NuPITA). As well, Child Protection, Street Business (TOT), Street Worker (TOT), and 'Let's talk about Sex' all enabled staff to build their capacity to deliver services to OVC. The ANNPCAN Family based Care conference in Sept '09 was well represented by Retrak and as well a paper was presented by the CEO on the reunification of street children back into the family.

3:2 Strengthen financial and human resource management systems

Above mentioned workshops increased staff capability in these areas and USG compliancy issues such as time sheets, accounting practices and HR issues have been addressed – this is ongoing process as we continue to implement the OCA recommendations and work plans from finance and HR workshops.

3:3 Hold regular monitoring, review and strategic planning meetings

Feedback from staff, OVC's and care-givers, in a participatory and consultative process resulted in the launch of RETRAK's new 3 year strategy in March 09. Weekly staff meetings, case conferences and OVCs' suggestion box responses, as well as qualitative information from internal evaluations are all used to monitor our activities, which is then used to learn and plan for the future of our work. A new exit interview format is being trialed for OVC's as they leave the program as another method to gain insight on how to get their feedback and improve our work.

3:4 Improve record keeping and information sharing and hold regular reviews

A draft M&E system has been developed and is now on trial to ensure both activities and outcomes are recorded and this information used to inform decision making.

3:5 Develop resource mobilization strategies and capacities

A fundraising team has now been appointed to assist in the development of fundraising strategies. Regular feedback and communication with this team is being established to enhance their work. Senior management of RETRAK Ethiopia have met with other donor agencies to discuss future possibilities. This has resulted in several proposals being submitted (eg OAK, Moments of Joy, Lundin).

4. Strengthen partnerships both locally and internationally

Monthly participation in the 'Children's Tree' network in Addis Ababa have resulted in building positive relationships with other NGOs working with OVC. RETRAK led this meeting recently to share their experience of street work. Visits to a number of other NGOs were made to share experience and gain better insight into how we can collaborate together. BOSCO Children have accepted several older OVC's into their vocational training program due to these connections. 2 girl OVC's were transferred to a girl-specific OVC program with Forum for Street Children.

Strong links have been made with the Manchester Police Force who have just agreed to support us from late 2010. Participation /membership in international networks (eg Consortium for Street Children). RETRAK also participated at the recent ANPPCAN Family Based Care for OVC conference in Nairobi – with the presentation of a paper on OVC and family reintegration. Valuable links were made at this conference with new potential partners that we are following up.

Annual Constraints

- The delay in doing the OCA – unavoidable but disappointing that we could not have started to address some of the organizational management/HR issues before July 09
- We have struggled with poor IT equipment and communications. Email is at times unworkable and poor power supplies in Addis for many months have all combined to make communications and administration difficult and slow.
- To date all the OVC reunifications are done by public transport and by foot and this takes our social workers away from the program for long periods
- It is a continual challenge to find competent, skilled staff to employ and searching for the right staff often takes longer than anticipated
- We are hoping, with the assistance of NuPITA to employ a PEPFAR project manager to help us manage the project and assist with M&E
- Younger children who have no possibility of reunification are currently being housed in our school hostel which is not ideal as we have yet to establish a foster care program.

Annual Data Quality Challenges

- Avoiding double counting and keeping our statistics well is a challenge, especially as our number of beneficiaries grows

- Administration staff are working hard to implement the areas highlighted by the OCA and work plans for HRM
- A new M&E system is now in place

WHAT'S PLANNED IN THE FUTURE?

- The data base system will be implemented by 2010 and this will catch child specific information and make it easier to produce data on the results of Retrak's programs
- IT equipment and improved communications are in the budget for 2010
- NuPITA Uganda staff are making a visit in November 09 to work out a plan forward for employing a PEPFAR project manager
- Improving the training and curriculum the care-givers receive for IGA

Major Activities in the coming Year

UPCOMING ACTIVITIES SHOULD HIGHLIGHT PLANNED ACTIVITIES + SOLUTIONS TO IDENTIFIED CONSTRAINTS

- Depending on funding we are hoping to open a 2nd drop-in centre in mid-2010, with extra staff, and this would greatly help us reach more children and help us to meet our increased targets for FY2010
- Piloting a small trial follow-up program using community based volunteers in rural areas with the aim to strengthen care-givers capacity to care for the reunified OVC's long-term
- Piloting a trial Foster Care program in late 2010 for younger children who are not able to be reunified with family
- Increase in staff training to deal with some of the more complex issues we are dealing with eg child sexual abuse and trauma
- We plan to set up the data base system in 2010 and this will catch child specific information and make it easier to produce data on the results of Retrak's programs
- IT equipment and improved communications are in the budget for 2010
- NuPITA Uganda staff are making a visit in November 09 to work out a plan forward for employing a PEPFAR project manager
- Improving the training and curriculum that the care-givers receive for IGA to meet our targets

Indicator Data

1. PEPFAR Indicators

| Number of providers/caretakers trained in caring for OVC ¹ | | | | 11 | |
|---|----------|----------|-----------|-------|--|
| | Male | Female | Total | APR08 | APR09 |
| Addis Ababa | 5 | 6 | 11 | n/a | This target was not achieved as expected |
| Afar | | | | | |
| Amhara | | | | | |
| Benishangul | | | | | |
| Dire Dawa | | | | | |
| Gambela | | | | | |
| Harari | | | | | |
| Oromiya | | | | | |
| SNNPR | | | | | |
| Somali | | | | | |
| Tigray | | | | | |
| TOTAL | | | | | |
| Remark: | | | | | |

| Target for the reporting period | Total achieved (this is equal to the TOTAL in the above table) | Remark: EXPLANATION FOR ACTIVITIES WITH EITHER HIGH OR LOW ACHIEVEMENTS VIS A VIS THE TARGET IS REQUIRED |
|---------------------------------|--|--|
| 150 | 11 | Although we informally train care-givers we have yet to develop a more formalized system of training. It was therefore not possible to count the informally trained care-givers in our target numbers. |

| Number of OVC served by OVC programs | | | | Total 160 | |
|--------------------------------------|------------|----------|------------|-----------|------------|
| | Male | Female | Total | SAPR08 | SAPR09 |
| Addis Ababa | 158 | 2 | 160 | n/a | 160 |
| Afar | | | | | |
| Amhara | | | | | |

¹ Indicate collaboration/s with other PEPFAR partners for co-sponsored training activities.

| | | | | | |
|--------------------|--|--|--|--|------------|
| Benishangul | | | | | |
| Dire Dawa | | | | | |
| Gambela | | | | | |
| Harari | | | | | |
| Oromiya | | | | | |
| SNNPR | | | | | |
| Somali | | | | | |
| Tigray | | | | | |
| TOTAL | | | | | 160 |
| Remark: | | | | | |

| Target for the reporting period | Total achieved (this is equal to the TOTAL in the above table) | Remark: EXPLANATION FOR ACTIVITIES WITH EITHER HIGH OR LOW ACHIEVEMENTS VIS A VIS THE TARGET IS REQUIRED |
|--|---|--|
| 92 | 160 | Many more OVC than expected requested family reunification and return to schooling. Our staff worked very hard to meet their requests and get children back to their families in time for the beginning of the Sept school year. |

| | | | |
|--|-------------|---------------|--------------|
| Number of OVC who received primary direct support ² [3 or more services] | | | |
| | Male | Female | Total |
| | 139 | 2 | 141 |

| | | | |
|--|-------------|---------------|--------------|
| Number of OVC who received supplemental direct support (subset of Number of OVC served) [1 or 2 services either PEPFAR funded or leveraged] | | | |
| | Male | Female | Total |
| | 19 | 0 | 19 |

| | | | |
|---|-------------|---------------|--------------|
| Number of OVC receiving food and nutritional supplementation through OVC programs | | | |
| | Male | Female | Total |
| | 0 | 0 | 0 |

Number of OVC served by OVC programs by core program area:

| Core Program Areas | Number supported |
|------------------------------------|-------------------------|
| Food and Nutritional Support | 0 |
| Shelter and Care | 74 |
| Protection | 44 |
| Health Care | 145 |
| Psychosocial support | 157 |
| Education and Vocational Training | 142 |
| Economic Opportunity/Strengthening | 0 |

Number of OVC supported by age:

| Age | Number supported |
|---------------|-------------------------|
| Under 2 years | 0 |
| 2-4 | 0 |
| 5-11 | 15 |
| 12-17 | 145 |
| Total | 160 |

2. Non-PEPFAR Indicators

OVC participating in:

| Program: | # supported |
|--|-------------|
| OVC Reunified with family | 50 |
| OVC Reunified with family with school support | 48 |
| Follow-up call or visit to reunified OVC | 44 |
| OVC Attended Retrak clinic or referred to other clinic | 145 |
| OVC received HIV/AIDS education | 142 |
| OVC Received counseling | 143 |
| OVC Received life-skills, health & hygiene | 142 |
| OVC Attended primary school catch-up or literacy classes | 140 |
| OVC Stayed overnight at drop-in centre | 65 |
| OVC who participated in small scale business training | 13 |
| OVC who participated in vocational training | 5 |
| OVC care for in school boys hostel program | 19 |

Data Sharing with Host Government:

Do you plan to share this report with the host government?

yes

If yes, to which governmental office/s?

The new NGO/Associations Registration Office
Addis Ababa City Administration
Finance and Economic Development Bureau

Success Stories from Retrak Ethiopia APR09

I. Headline: HOME AT LAST !

II. Pull Quote: now my boys have a future'

III. Story:

Retrak works with OVC's who are living on the streets around the Mercarto market area of Addis Ababa. A few months back our street workers found 2 small brothers of 7 and 10 years huddled by the bus station fence. They told a heart-wrenching story of family breakdown. Mum was sick and had left, dad was struggling to look after his sons. Due to economic reasons, the dad had been forced to take his boys out of school to help supplement the family income. The boys spent their days collecting old pieces of tarmac which they melted down and sold to people to repair their iron rooves. They thought life in the big city would bring a change of luck, school, food and help. But after 2 months, instead they found themselves trying to survive on the streets, hungry, cold and with infected wounds on their legs. The future looked grim.

The boys entered the RETRAK drop-in centre program where they received intensive counseling, talking over the abuse and deprivation they had struggled with, their abandonment by their mum and their longing to go to school like other children. They participated in the health and hygiene program, started their school lessons again, ate nutritious food, got health care at the clinic, learnt life-skills and received HIV/AIDS education.

At first the boys were reluctant to return to the situation they had come from. The social workers made a visit to the dad to talk with him and see if it would be possible to reunify this little family. They were shocked to find a roofless, door-less house and the father barely getting enough to eat himself, let alone able to support his 2 sons. Visits to the local kebele (council) and woreda offices, and a visit to another NGO resulted in Retrak brokering a collaborative agreement to help the family. Retrak provided schooling materials for the boys and the father was trained to set up a small income generating activity. He chose to set up a small shop based from his house which was situated on the edge of the local market.

With the situation at home changing, and some phone calls where the boys talked with their dad, their attitude to returning home was reversed. Once the house was repaired, the Retrak social worker took the boys home, introducing them back to their old school and then helped the dad get his new IGA up and running. These 2 boys, whose situation had looked so hopeless on the streets, were now happy to be home, had reintegrated back into school and were delighted to be back with their dad – especially now that he could provide for their needs with his new IGA that is going well. The dad said with much thankfulness ‘now my boys have a future’.

Retrak continues to follow-up up this family to ensure all is well, encourage the dad with his IGA and monitor the boy’s progress.

I. Headline: From the street and into school

II. Pull Quote: ‘education is the only way I can find a future’

III. Story:

The diminutive, shy woman sat in the Retrak office peeping out from under her scarves and robes.

"It's like this..." , said her 14 year old son, "I need to go back home with my mum to look after her because she's sick, and I want to go to school.... and if I am with her then I can help her get some income and she wont need to keep working - because it's not good for her..."

"What kind of work does your mum do?" we ask "she's a prostitute" he quietly replies.

Yusef, the boy mentioned above, had been on the street for 3 years. He has never known his dad, but then neither did his mum. She had managed to survive and help him the only way she had known how, but a year ago, diagnosed with HIV and TB, the repercussions of her working life have come back to haunt her.

3 years ago, when he was just 12 years old, Yusef decided that maybe he could do better for himself in the city, so came to Addis Ababa. He had hopes to find schooling and some better

opportunities, but ended up living on the streets of Mercarto around the bus station and carrying luggage and loads to earn a few birr so that he could survive and eat each day.

He started coming to the drop-in centre that Retrak runs for OVC on the streets of Addis Ababa. He had never been to school, but quickly learnt to read and write in the literacy class and was promoted to Grade 1 work after just a few months. With the care and attention of the staff team and their acceptance of him, over time we saw his aggressive behaviour change quite dramatically to now a well mannered young boy who really is serious to continue his schooling and move forward in his life. He received life skill lessons, HIV/AIDS education and participated in drama and art which he showed quite a flair for.

Yusef has now been reunified home with his mum and they are living with extended family in the countryside. Negotiations with a local NGO who run an HIV/AIDS program for single mothers mean that Yusef and his mum will get on-going assistance. Yusef was registered into school and chose to take up Retrak's offer of a shoe-shine kit to help him buy his school materials and uniform in the future. It won't be easy with his mums' ongoing ill-health, but at least he is now together with his extended family, and can gain an education and has a step up for the future.

Retrak continues to have regular communication with Yusuf. He is doing well at school, his mum is keeping quite well on her treatment and the family is together!

Retrak Uganda country report

(Downloaded from the in-country MEEPP reporting system)

Indicators

| Prevention, Care and Other Program Areas - Direct Counts Only | | | | | | |
|--|------------------------|--|---|-------------|--------------|--|
| Program Area | | Number of Service Outlets or Programs | Number of Clients/Individuals Served/Reached | | | Number of Service Providers Trained |
| | | | Female or Pregnant Women | Male | Total | |
| Prevention Programs: | | | | | | |
| Prevention Programs: Total | | 0 | | | | 0 |
| Abstinence/Be Faithful | Community Outreach | 0 | 0 | 0 | 0 | 0 |
| Abstinence Only (This is a subset of A/BF) | Community Outreach | 0 | 0 | 0 | 0 | 0 |
| Other Prevention Activities (Not AB) | Community Outreach | 0 | 0 | 0 | 0 | 0 |
| | Condom Service Outlets | 0 | | | | |
| Medical Transmission/Blood Safety | | 0 | | | | 0 |
| Medical Transmission/Injection Safety | | | | | | 0 |
| PMTCT | | 0 | | | | 0 |

| | | | | | | |
|--|--|----|---|-----|-----|---|
| PMTCT Services | Received Counseling, Testing and test results | | 0 | 0 | 0 | |
| | Complete ARV Prophylaxis in PMTCT setting | | 0 | | 0 | |
| | HIV Pregnant/Lactating women receiving Nutritional supplementation | | 0 | | 0 | |
| Care Programs: | | | | | | |
| Care and Support (including TB/HIV): Total | | 41 | 0 | 648 | 648 | 0 |
| Palliative Care/Basic Health Care and Support (HBHC) for HIV Infected Individuals (Including TB/HIV) | | 0 | 0 | 0 | 0 | 0 |
| Palliative Care: TB/HIV(Prophylaxis and/or Treatment) | | 0 | | | | 0 |
| Clients receiving TB + HIV care/treatment | | | 0 | 0 | 0 | |
| TB Clients who received HCT & results | | | 0 | 0 | 0 | |
| Total OVC Served | | 41 | 0 | 648 | 648 | 0 |
| OVC Primary Direct Support | | | 0 | 174 | 174 | |
| OVC Supplemental Direct Support | | | 0 | 474 | 474 | |
| Total OVCs who received food and nutritional supplements | | | 0 | 0 | 0 | |

| | | | | | |
|---|------------------------|---|---|---|---|
| Counseling & Testing And Receiving Results (including TB/HCT) | 0 | 0 | 0 | 0 | 0 |
| Other Program Areas: | | | | | |
| Laboratory Infrastructure | 0 | | | | 0 |
| Number of tests performed | HIV Tests | | | 0 | |
| | TB Tests | | | 0 | |
| | Syphilis Tests | | | 0 | |
| | HIV Disease Monitoring | | | 0 | |
| Strategic Information | 0 | | | | 0 |
| Other/Policy Analysis and System Strengthening | 0 | | | | 0 |
| Policy Development | 0 | | | | 0 |
| Institutional capacity building | 0 | | | | 0 |
| Stigma & discrimination reduction | | | | | 0 |
| Community mobilization | | | | | 0 |
| Last Updated by: CAgabalinda on 10/16/2009 7:03:00 PM | | | | | |

HIV/AIDS Treatment/ARV Drugs - ARV Procurement

ARV Procurement for all USG Funding

| | | | | | |
|--|--|------------------|-------------------|--|--|
| 1. Total Value of Drug Purchases, Including Delivery Costs (US Dollars). Please use an exchange rate of \$1 = UGS1700 | | | | | |
| 2. Dollar amount (in U.S Dollars) spent on ARV combination regimes (Drugs Only) | | | | | |
| 3. Cost of Paediatric ARVs (In US Dollars) | | | | | |
| 4. Estimated Cost of second line ARVs (In US Dollars) | | | | | |
| 5. Number of ARV combination regimens distributed to clients | | | | | |
| 6. Number of ARV combination regimens purchased | | | | | |
| 7. Were there any stockouts of ARV drugs during this reporting period? Please state if any | | | | | |
| 8. Please describe what purchasing system you used, how you monitor ARV purchases and distribution, and any problems that emerged | | | | | |
| 9. Estimated Costs per person (US Dollars). Please use an exchange rate of \$1 = UGS1700 | <table border="1"> <tr> <td>Lowest Estimate:</td> <td>Highest Estimate:</td> </tr> <tr> <td></td> <td></td> </tr> </table> | Lowest Estimate: | Highest Estimate: | | |
| Lowest Estimate: | Highest Estimate: | | | | |
| | | | | | |
| 10. Please explain how these estimates were calculated | | | | | |

| |
|--|
| Overall Accomplishments of Prime Partner Against Planned Activities |
| this Submitted short narrative describes what was intended to be accomplished during the reporting period and what was actually accomplished with respect to the targets/activities planned. The narrative may include both direct and indirect accomplishments, if applicable. Each Prime Partner will receive the available agreed upon targets/planned activities from the Funding Agency. |
| Retrak Uganda intended to accomplish and accomplished the following objectives: 1. Enable OVC to begin the transition |

from street life through meeting their psychosocial, health and education needs

1.1. Provide counseling and basic commodities to OVC on the streets We were able to have 287 boys counseled both individually and in groups. Through counseling we established relationships with the children. This enabled the Social workers have a deeper understanding about their background, their experiences at home and on the street, their needs and how to help them come to terms with these experiences. Daily meals were provided to 83 children at the drop-in centre. The open lunch on Thursdays was attended by an average of 120 boys monthly .Through this staff were able to identify street children new to the street and to the project. 283 boys accessed sports activities such as football and indoor games. They were also able to receive counselling and life skills while at the football pitch. More so they were always told about the dangers of living on the street and about the project. Through sports, some children came to the project for further assistance. 298 boys received medical treatment. Some of these were referred to a local clinic or hospital such as Mulago, Mengo and The Surgery. Children were treated on ailments such as colds, diarrhoea, vomiting, malaria, cuts and wounds among others.

1.2. Enable OVC on the street to participate in life skills, health & hygiene classes and HIV/Aids peer-education 115 boys participated in life skills classes. They were taught various topics such as making the right/smart choices, self awareness/worth, goal setting, communication skills, problem solving, and assertiveness among others. 169 boys also participated in health and hygiene classes in which they received lessons in HIV/AIDS awareness, body hygiene, dental hygiene, prevention of diseases, sexual and reproductive health, accidents and first aid. 24 boys were referred for voluntary counseling and testing at Mildmay Centre, Kampala and 2 boys accessed HIV/AIDS treatment from the same. A needs assessment for the Baaba project (HIV/AIDS prevention through peer education on the streets) was carried out. Children were sensitised about Baaba-its objectives, purpose and the roles of the Baabas who will be identified. 3 street/slum outreaches to Kisenyi, Kakuta, and Katwe slums were conducted in which HIV/AIDS education, personal hygiene, sanitation and drug and substance abuse were taught. 14 children identified to be peer educators received training in child sexual and reproductive health rights and responsibilities

1.3. Provide catch-up education to OVC on the streets Retrak Uganda provided 84 registered boys at the drop-in-centre with catch up education in literacy and numeracy. A new education system was launched in which boys were divided into 2 groups according to their age and ability. Children were tested in their basic reading and spelling so that this would determine which groups to place them in. Through this they have received intensive teaching and thus some boys have been able to progress well in their reading, writing, spelling and pronunciation. A basic curriculum from nursery to primary three was drawn and this was in partnership with Oasis Uganda who have used this curriculum on similar demographic of children who have missed out of school. We also put assessments on numeracy and literacy (from Ugandan curriculum) and catch literacy tests .This helped to see how the boys were progressing.

2. Enable OVC to be reintegrated into a sustainable family context

2.1. Enable OVC to be resettled or placed in foster care During this year 24 boys were placed at the projects half way home for further rehabilitation. Herein

they participated in household chores, sports activities, attended daily education lessons and also helped at the farm by practically planting and sowing food and rearing animals. 21 boys were resettled in districts such as Kampala, Luwero, Mbarara, Mityana, Wakiso, among others. Upon resettlement these children were provided with a resettlement package consisting of toiletries, beddings, clothing and school requirements. All these children were supported to continue with their education/vocational training.

2.2. Build the capacity of each family to be self-supporting 54 boys, both resettled and fostered were followed up both physically and through phone calls to ensure that they were progressing well. In these visits children were given further support in counselling, scholastic materials and maintenance allowances (for foster families). Families were provided with IGAs (used other funding sources other than PEPFAR) after assessing their situation at home. Businesses set up included animal husbandry, poultry keeping, second hand clothing.

3. Build the capacity of Retrak projects to improve quality and efficiency Retrak undertook an Organisational Capacity Assessment at JSI-NuPITA. Through this Retrak Uganda was able to identify her strengths and weaknesses in areas of Governance, administration, human resources, financial management, organisational management, programme management and performance management. Based on the review, an action plan was drawn that would enable us put in place or improve policies, procedures and systems Nupita would assist in certain areas. During this period, 6 new staff were appointed namely, a Residential Care Worker, 2 Project Education Workers, 2 Social Workers and a Sports Co-ordinator.

3.1. Enable staff members to attend relevant trainings and conferences 11 staff attended various trainings namely Monitoring and Evaluation, Financial Management and Human resource, first aid and training for the teaching staff on teaching and learning using catch up literacy, breaking down the process of teaching/learning and teaching for different learning styles.

3.2. Strengthen financial and human resource management systems In order to ensure compliance with USG regulations and improve our organisational development, we were able to put in place time sheets. Staff were sensitised about them and begun using them.

3.3. Hold regular monitoring, review and strategic planning meetings Weekly staff meetings, regular leadership team meetings and child care review meetings were held to address pragmatic and child development issues.

3.4. Improve record keeping and information sharing and hold regular reviews An M&E system was developed so as to have a greater understanding of programmes and impact, improve and refine our strategies. We also developed new reporting formats in order to capture the right information for this project and for the organisation as well and thus enable better decision making.

3.5. Develop resource mobilisation strategies and capacities A Fundraising team of 3 members were appointed to assist Retrak projects of Uganda and Ethiopia to develop local fundraising strategies and skills.

4. Strengthen partnerships both locally and internationally

4.1. Participate in the InterNGO forum and Kampiringisa Support team in Kampala We participated in monthly Inter-NGO forum meetings with other organisations working with OVC on the streets. We shared our experiences with and also provided knowledge on our work with street children to other organisations. One staff member benefited from training in Project Planning and Design organised by the Forum. During

this period, Retrak provided medical care to an average of 54 OVC per month (over 5 months) at Kampiringisa Rehabilitation Centre. Major ailments treated were dental problems (treated by a Dental Assistant), scabies, wounds, vomiting and diarrhoea and fungal infection. The OVC there were also provided with health and hygiene classes mainly in body and dental hygiene. We worked hand in hand with Dwelling Places (work with OVC).

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Wrap Around Activities

1. Describe what was intended to be accomplished during the reporting period and what was actually accomplished with respect to the targets/activities planned. The narrative may include both direct and indirect accomplishments, if applicable.

2. Describe how your activities successfully fit within the activities funded by USG and other donors in other sectors (e.g agriculture, nutrition, education, food programs, etc.)

Many children on the streets survive by picking through rubbish left on the road-side or outside people's houses. Therefore, we do provide them food security and nutrition services (CPA II). Providing them with regular nutritious meal ensures that the boys have better access to the nutrients they need for healthy growth and development. Every Thursday over 100 boys come to our drop-in centre to receive a lunch time meal of rice, beans, vegetables and fruit. This service provides an ideal opportunity for Retrak staff members to meet children who are new to the streets and to the project and begin to understand their background, gain their trust and thus prepare them for immediate and long-term assistance. Once the child joins any Retrak programme, we continue providing them with daily meals. 3 meals are provided daily (Breakfast, lunch and supper). For children who are unable to return home and are too old for foster care, Retrak provides an opportunity for them to complete their formal education or gain a practical skill through vocational training or higher education (CPA V) through the START (Specially Targeted and Resourced Tigers) Programme. This is with the ultimate goal of preparing them for future employment and for independent living as healthy, active and empowered citizens. We cover the cost of all their school requirements, including books and materials, school uniform, school fees and, in the case of those boys following vocational training, tools and equipment relating to their practical placements. We also provide for the daily living expenses of each child. We also do accommodate most of the school boys at a hostel in Kampala, while

others are at boarding school. Those doing vocational training either share rooms rented by Retrak or stay in a hostel at their institution. Each boy is visited by a social worker or the Education Project Worker at least every term to check on their progress.

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OVC Activity Report

1. Please provide total # of OVC supported by your project against those in the service area where you operate We support about 550 OVC and this is against the estimated number of street children in Kampala which is over 6000. 2. What is the OVC Selection process supported by your program? Selection criteria for joining drop-in center activities: boys who are: ~~are~~ living on the streets or in an unoccupied dwelling, ~~are~~ between the ages of 7yrs and 17yrs, ~~are~~ unaccompanied either on a full time or part time basis, ~~are~~ in an unstable social-economic and psychological environment, ~~are~~ lacking care and protection. Selection criteria to stay overnight at the drop-in centre: boys who are: ~~are~~ sick and undergoing treatment, ~~are~~ in danger on the streets, especially if they are new to street life, ~~are~~ being prepared to move on through the program. 3a. What CPAs are you supporting with USG funds? Non USG funds? ~~are~~ CPA I: Socioeconomic security - IGAs ~~are~~ CPA II: Food security and nutrition ~~are~~ food for street OVC(NON USG) ~~are~~ CPA III: Care and support ~~are~~ temporary shelter and resettlement with families ~~are~~ CPA VII: Health ~~are~~ emergency care, primary health care and access to HIV testing and counseling, as well as health and hygiene and HIV awareness ~~are~~ CPA V: Education ~~are~~ catch-up and getting children back to formal education and able to access vocational training ~~are~~ CPA VI: Psychosocial support ~~are~~ counseling and guidance, sports and life skills ~~are~~ CPA VIII: Child protection ~~are~~ follow-up to check families are caring/providing for their child, links to Probation Officer and removing children in case of abuse. 3b. What are the nutritional supplementation activities you support in your OVC program and how many OVC benefit from them? None 4. How are your activities strengthening OVC families and communities? When we reconcile OVC with their families or place them with foster parents, we support them with counselling, IGA, trainings and workshops (on child care, life skills for the fostered children). We also advocate for OVC within the communities. This helps build the capacity of the family and community in that aparents/guardians are equipped with parenting skills, made aware of OVCs within their areas and how they can be responsible for them. The IGA helps boost family income so that their livelihood is improved. This enables families to take full responsibility of their children. 5. Please list the other organizations, both USG & non USG supporting

OVC services in the geographical area of coverage? What services are being supported? Are the children you are supporting accessing these services? If YES please indicate the number of OVC accessing leveraged support for the relevant CPAs In are our geographical area the organisations working with OVC on the streets are: 1. Give Me a Chance 2. Kids In Need (KIN) 3. An Open Doors 4. Grace Rehabilitation Centre 5. Uganda Heritage Roots 6. Uganda Childrens Centre 7. Chosen Generation 8. Sports Outreach 9. Uganda Youth Development Link 10. Katwe Youth Development Association 11. Rubaga Youth Development Association 12. Youth Justice Support Uganda They provide support OVC with education (catch up education, VTC and formal education support OVC to join formal and informal schooling, resettlement, food, accommodation, sports activities, counselling and health care. Some of our children access these services but non are accessing leveraged support. 6. In an effort to facilitate access to comprehensive services, what unmet needs remain in the geographical areas you are supporting. Number of street OVC exceeds 6000 in Kampala, capacity of organizations is less, and number of street children is always increasing, new children are always coming to the street because of poverty, conflict and family issues. There is also a huge need for medical services especially with the high cost of treatment and drugs. 7. Please describe your efforts to build linkages or networks with other programs and services. We are part of the Inter-NGO Forum and Children At Risk Action Network (CRANE) in which we attend not only planning meetings but also trainings that benefit our staff and thus improve our work. Through these networks we make referrals within the network share experiences, challenges and support each other where possible. 8. Please describe the OVC coordination mechanisms at district & sub-county level,; Please specify who is supporting these coordination mechanisms, and your participation within. The Inter-NGO Forum based in Kampala co-ordinationates organisations within the forum to identify the needs of OVC and provide support to OVC,not only those within their organisations but also to those at the Kampiringisa National Rehabilitation Centre. Retrak does supplement OVC in this centre with medical treatment and health and hygiene classes. 9. Please outline the nature of capacity building (OD and technical) you provide to local governments and CSOs related to OVC. N/A 10. Please provide additional information that would be helpful in understanding your OVC program i.e. strengths, challenges, other We try to provide our services to OVC (as compared to other organisations working with OVC) in a holistic manner that is we meet their physical, social, emotional, economic and spiritual needs.However,understaffing and limited facilities curtail the numbers of children we handle.

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Constraints by Program Area

| VIII. Orphans and Vulnerable Children |
|---|
| Describe constraints |
| 1. We have 2 vehicles that are not in good condition. Their constant breakdown during this period led to the stalling down of planned activities. For example the resettlement programme was affected by this in that we had to resettle fewer children than planned. |
| 2. The needs of the children require more attention so as to serve them effectively. Thus the number of staff to meet this need is still a challenge. |
| 3. During this period, Retrak had a challenge of Information technology equipment that limited us in terms of information storage of children's records but also in effective communication across - within and outside Retrak. |
| 4. Given the nature of children and the big numbers we have to handle especially for medical care, limited medical equipment and facilities lead to the costly referrals we have to make regularly. |
| 5. |

| Orphans and Vulnerable Children Data by Service Outlet and District - APR09 | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|------------------------|------------------------|-------------------------------------|--------|-------|--|--------|-------|----------------------------------|--------|-------|----------------------------------|-----------------------------|------------------|----------------------------------|-----------|---------------------------|-----------------------|------------------|---------------|---------|
| District Name | Name of Sub-County | Name of Service Outlet | Type of service outlet | Number of OVC served-Primary Direct | | | Number of OVC served-Supplemental Direct | | | Total number of HIV positive OVC | | | No. OVC Served by Component Area | | | | | | | | | |
| | | | | Male | Female | Total | Male | Female | Total | Male | Female | Total | Social Economic Security | Food Security and Nutrition | Care and Support | Mitigation of Impact of Conflict | Education | Psych o Social Assistance | Health Care + P. Care | Child Protection | Legal Support | P. Care |
| ISINGI | KASHUMBA | KASHUM | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |

| RO | | BA | | | | | | | | | | | | | | | | | | | | |
|--------------|---------------------|-----------------|---|-------------|---|-------------|-------------|---|-------------|---|---|---|---|---|----|---|----|-----|---------|---|---|---|
| KABAR OLE | KIBIITO | KIBIITO | C | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 2 | 1 | 0 | 0 | 0 |
| KABAR OLE | RUTEETE | KANYER IRE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| KAMP ALA | CENTRAL DIVISION | KISENYI II | C | 1 1 0 | 0 | 1 1 0 | 4 7 0 | 0 | 4 7 0 | 0 | 0 | 0 | 0 | 0 | 83 | 0 | 84 | 187 | 22 6 | 0 | 0 | 0 |
| KAMP ALA | CENTRAL DIVISION | MAKERE RE | C | 1 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 0 | 3 | 0 | 0 |
| KAMP ALA | KAWEMPE DIVISION | NSOOBA EAST | C | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| KAMP ALA | NAKAWA DIVISION | BANDA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| KAMP ALA | NAKAWA DIVISION | KIREKA- RPT | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| KAMP ALA | NAKAWA DIVISION | MBUYA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| KAMP ALA | RUBAGA DIVISION | KASUBI | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| KAMP ALA | RUBAGA DIVISION | NALUKO LONGO | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
| KAMP ALA | RUBAGA DIVISION | NATETE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|-----------------------------------|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KYENJ OJO | NYANTUNGO | KIBIRA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| LYANT ONDE | MPUMUDDE | KYEMA MBA PARISH | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| MASA KA | BUKULULA | BUGONZ I PARISH | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MASA KA | KIMANYA/KY ABAKUZA DIVISION | KIJJABW AMI LC1 A | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| MASA KA | NYENDO/SEN YANGE DIVISION | NYENDO PARISH | C | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MBAR ARA | KAKIKA | TOWN | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MITYA NA | BUSIMBI | KABULE PARISH | C | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
| MITYA NA | BUSIMBI | KIREKU PARISH | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
| MPIGI | MPIGI | MAWON KE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MPIGI | NKOZI | KAYABI RE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MUBE NDE | BAGEZZA | KABOW A | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |

| | | | | | | | | | | | | | | | | | | | | | | |
|-------------|----------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PARISH | | | | | | | | | | | | | | | | | | | | |
| MUBE NDE | KIGANDA | BUSENG A | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| MUBE NDE | KIGANDA | KIGAND A | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| MUKO NO | NKONKONJE RU T.C. | BUIKWE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| MUKO NO | GOMA | SEETA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MUKO NO | MUKONO T.C. | NTAO WARD | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| MUKO NO | NTENJERU | NSANJA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| RAKAI | KYEBE | KANABU LEMU PARISH | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| RAKAI | KAGAMBA (BUYAMBA) | KASONK OLE | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKIS O | KAKIRI | KYOGA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKIS O | KASANJE | BUSI | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| WAKIS O | GOMBE | SABAWA LI ZB | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|---------------|---|----|---|----|---|---|----|---|---|---|---|---|-----|---|-----|-----|-----|----|---|---|
| WAKISO | KIRA | KIMWANYI | C | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 3 | 0 | 0 |
| WAKISO | KIRA | KIREKA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKISO | NANGABO | GAYAZA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKISO | NANGABO | KASANGATI | C | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 2 | 0 | 0 |
| WAKISO | NANGABO | KASANGATI-RPT | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKISO | SSABAGABO-MAKINDYE | MADINISA | C | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| WAKISO | SSABAGABO-MAKINDYE | MUTUNGO | C | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 0 | 20 | 20 | 18 | 2 | 0 | 0 |
| Total: | | | | 17 | 0 | 17 | 4 | 0 | 47 | 0 | 0 | 0 | 0 | 0 | 114 | 0 | 143 | 253 | 258 | 34 | 0 | 0 |
| Last Updated by: CAgabalinda on 10/30/2009 12:57:00 PM | | | | | | | | | | | | | | | | | | | | | | |

| Number Of Enrolled OVC Who Could Not Access Services Selected PEPFAR-Funded Or Leveraged Core Program Areas - APR09 | | | | | | | | | | | | | | |
|---|--------------------|------------------------|--------------------------|--------------------------|-----------------------------|------------------|------------------------------|----------------------------------|-----------|--------------------------|--------------|------------------|---------------|--|
| District Name | Name of Sub-County | Name of Service Outlet | Total Number of enrolled | Social Economic Security | Food Security and Nutrition | Care and Support | Palliative Care for HIV+ OVC | Mitigation of Impact of Conflict | Education | Psycho Social Assistance | Basic health | Child Protection | Legal Support | |

| | | | OVC who could NOT access selected PEPFAR-funded or leveraged OVC services | | | | | | | | | | |
|--|------------------|------------|---|---|---|---|---|---|---|----|---|---|---|
| KAMPALA | CENTRAL DIVISION | KISENYI II | 18 | 0 | 0 | 9 | 0 | 0 | 0 | 18 | 0 | 0 | 0 |
| Total: | | | 18 | 0 | 0 | 9 | 0 | 0 | 0 | 18 | 0 | 0 | 0 |
| Last Updated by: CAgabalinda on 10/30/2009 12:57:00 PM | | | | | | | | | | | | | |