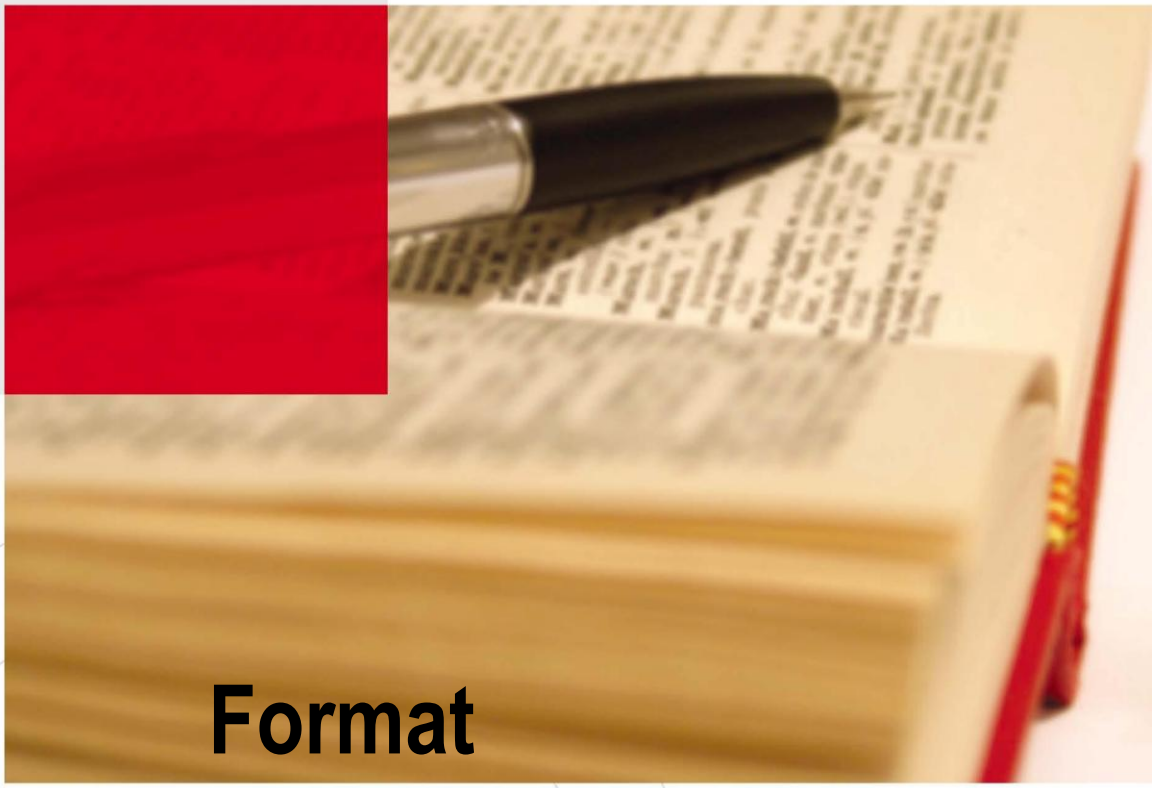

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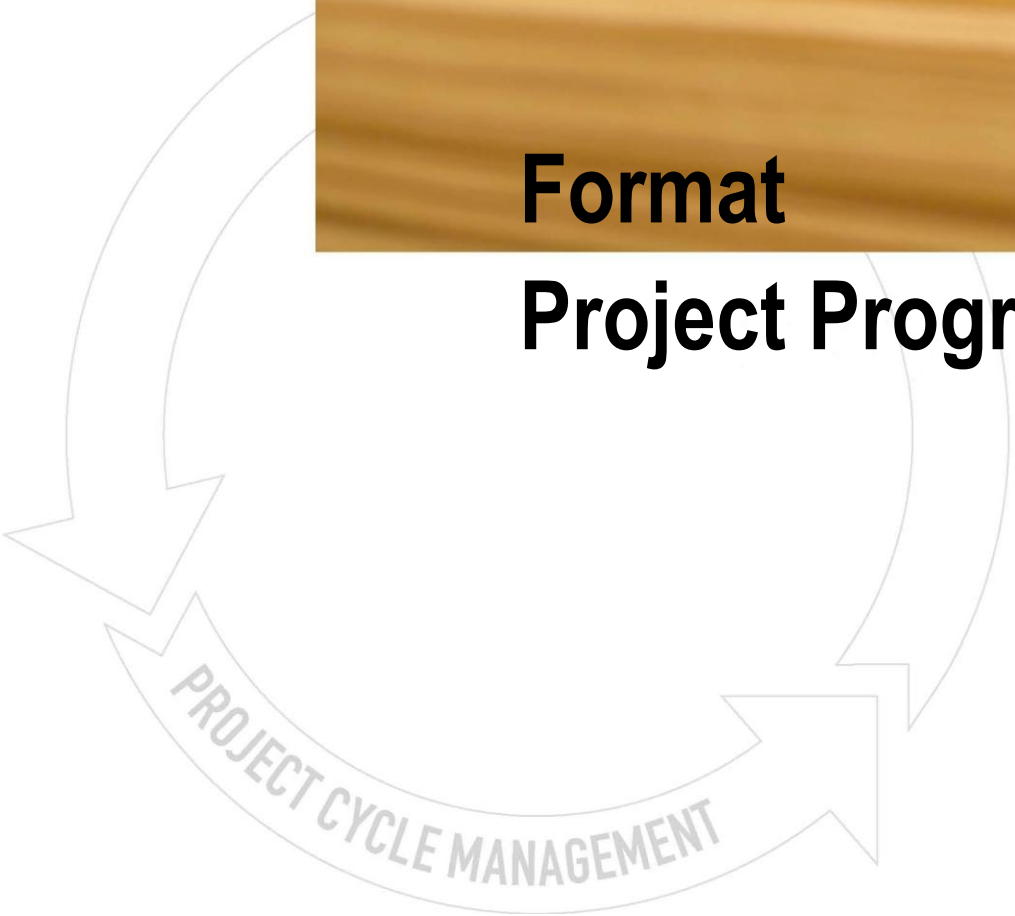
Project Progress Report



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Austrian
Development Cooperation

Project Progress Report

Contract No. 2729-02/2014

As at August 31, 2016

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Project title:

Improving Access to Reproductive, Child and Maternal Health in Northern Uganda

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Reporting period:

Reporting period:01-09- 2015-31.08- 2016	Report submitted on (date): 30-10-2016
Due date: 31-10-2016	
Planned project duration from: 01-09-2014	Until: 31-08-2017
Reallocations:	Extended until:

ACCRONYMS

ANC:	Antenatal Care
EMTCT:	Elimination of Mother to Child Transmission
GWED-G:	Gulu Women Economic Development and Globalisation
H/C:	Health Centre
MoH:	Ministry of Health
NUWEP:	Northern Uganda Women's Empowerment Programme
PNC:	Postnatal Care
RMM:	Role Model Man/Men
SDGs:	Global Sustainable Development Goals
SRH:	Sexual Reproductive Health
SRMCH:	Sexual Reproductive and Maternal Child Health
VHTs:	Village Health Teams
VSLA:	Village Saving and Loans Association
VSMC:	Voluntary Safe Male Circumcision.

Summary of the project progress

CARE International in Uganda, in partnership with Gulu Women Economic Development and Globalisation (GWED-G) and with funding from the Austrian Development Agency (ADA) through CARE Austria, is implementing the "***Improving Access to Reproductive, Child and Maternal Health in Northern Uganda***" project. It is engaging and working with men and boys in order to overcome barriers to Reproductive, Maternal and Child Health services that arise from social constructs, and more specifically from gender norms. The initiative works with 100 role model men trained on sexual reproductive, maternal and child health in order to engage other men and boys in dialogues and to share gaps in the utilization of sexual reproductive, maternal and child health services in their families and the community. Key topics that were discussed include; limited decision making power of women regarding reproductive health, high fertility rates and the myths associated with family planning, lack of male involvement in taking responsibilities as fathers, women's subordinate positions to men (also contributing to gender inequality in societies). The project is being implemented in the three districts of Gulu, Amuru and Nwoya, covering a total of 9 Sub Counties: Koro, Bobi, Awach, Patiko, Bungatira, Ongako, Koch Goma, Alero and Lamogi.

"Whenever we go for outreaches, we see some few men practicing what we always told them to do, like washing clothes, fetching water for their wives etc." Said by Bungatira, Pabwo H/C III, Health Worker

Key achievements and results during this reporting period include:

During the reporting period, the 100 role model men (RMM) working on this initiative benefited from a refresher training, which further supported them in engaging men and boys in their respective sub counties on issues of sexual reproductive and maternal child

health, and male involvement. They engaged, mentored, supported and conducted dialogues/visits to 5,600 members of the participating 1,000 households.

Ben Paul a Local Council II leaders of Paidwe, noted that, ***"GBV cases have reduced in my parish as a result of sensitizations by role model men. 8 major cases have been reported since January to August 2016 as compared to 26 cases reported in 2015.***

According to records from the different health facilities in the project area, there is an increase in the number of men going to health facilities for medical checkups and taking their children for health services. An illustration of this is in table 1 and 2 below;

Table 1: Number of men turning up for ANC

HEALTH UNIT	**2015**	**August 2016**
Awer Health Centre **(June 2015)**	6	14
Ongako Health Centre **(June 2015)**	7	26
Alero Health Centre **(July 2015)**	25	36
Kaladima Health Centre **(August 2015)**	8	26
Parabongo Health Centre **(November 2015)**	2	6
TOTAL	**48**	**108**

Table 2: Records for Referrals, outreaches, sensitizations and follow up

	Numbers	**Participants**	
Referral to health centre	2,017		
Follow up	134		
Outreaches	39		
Charitable work (cleaning health	22		

centre)			
No of community sensitization	47	1,874	**M:** 695, **F:** 1179
Topics discussed during sensitization	Abortion, Alcoholism, ANC & PNC, Cancer, Family planning, GBV, Hepatitis B, Hygiene Immunization, Malaria, Reproductive health rights, HIV/AIDS and STIs.		

The twenty-two (22) Male engagement dialogues conducted during the year by the role model men reached a total of 789 adult men and boys from the participating households and other selected male leaders in the community. This created space for men to share experiences and give testimonies on how the project is benefiting their families.

Fourteen (14) Leaders in Action meetings conducted in the three districts reached a total of 506 leaders (M=337 and F=169) from the nine sub-counties in which the project is being implemented. Leaders in Action meetings connected and strengthened the relationship between role model men and local leaders. This has resulted in leaders joining efforts with the role model men in creating community awareness, but also addressed community complaints related to the health facilities with the in-charges of different health facilities.

During the reporting period, four (4) Health Service Forum and Community Feedback sessions were conducted, reaching 100 people (M=59 and F=41). Participants included: health workers, role model men, local leaders, religious leaders, opinion leaders, cultural leaders and Village Health Teams (VHTs). Health Service Forum and Community Feedback sessions created a good relationship between the community and the health workers, and thus increased the number of men accompanying their spouses to the health facility for sexual reproductive and maternal health services (as reflected in Table 1 above).

In order to improve the quality, timeliness, accessibility and user-friendliness of sexual reproductive, maternal and child health services to men and boys, 107 health service providers (M=47 and F=60) from 43 health facilities (34 public and 9 private) that offer

sexual reproductive, maternal and child health services in the three districts were trained. This training strengthened the relationship between health workers and role model men, thus making it easy to access timely services for the people referred to health facilities by role model men.

To connect teachers and parents, three (3) dialogue sessions were conducted in Lapainat primary school in Koro Sub County, Awer primary school in Lamogi Sub County and Paibona primary school in Awach Sub County, reaching 150 individuals (M=93 & F=57). This created a space for parents and teachers to share critical issues affecting adolescent boys and girls, and also for the parents and teachers to understand how to effectively communicate to adolescents and the kind of support the latter need psychologically.

Background/ context

Despite the changes that took place within CARE during the reporting period, efforts were directed towards the achievement of the annual targets and implementation of planned activities. The seasonal weather variations, which resulted into unpredictable rainfall patterns, also affected the implementation of planned activities in some quarters, especially considering the fact that almost all the participating households are farmers. This was coupled with a delay in funds disbursement to the implementing partner due to the organizational audit process that took place for both CARE International in Uganda and implementing partners of the Northern Uganda Women Empowerment Programme (NUWEP). However, amidst all these challenges, the project team managed to work round the clock to implement the activities in the annual work plan.

The role model men collaborated closely with health workers, local leaders and members of the Village Health Teams (VHTs) in order to reach the community members, and used various strategies like door-to-door visits, household dialogues, male engage dialogues, health education at different facilities and community sensitization. Efforts were put to challenge negative social norms and practices denying women their right to access and utilize sexual reproductive health services. The role model men, together with community activists and local leaders, supported women to participate in community activities and other platforms, thus not only making sure that their voices

are heard, but also giving them a space to demand for social services for themselves and children.

Despite the above efforts, there are still gaps that the project needs to address more, namely negative social norms, alcoholism and power imbalances. Collective efforts are needed in order to help challenge these critical issues.

On a positive note, different institutions in the country are putting in efforts to encourage more men to get involved in sexual reproductive, maternal and child health. Through the recently launched national Integrated Early Childhood Development (IECD) Policy and Action Plan 2016, men are being called upon to get involved in early childhood development right from the start of pregnancy by regularly supporting and accompanying their spouses for antenatal care services.

In addition, the Government of Uganda has made substantial efforts to achieve goal number three (3) of the Sustainable Development Goals (SDGs), namely ensuring healthy lives and promoting well-being for all at all ages. Therefore, the Government of Uganda's policies are in line with the project objectives aiming to improve access to reproductive, maternal and child health services. The Ministry of Health (MoH) is working to ensure that men take lead in reproductive and maternal health issues through the national strategy and guideline for male involvement in all aspect of reproductive and maternal health. In line with this strategy/guideline, the role model men have been involved in this campaign within their communities in order to ensure that other men step up and play active roles in all aspects of sexual reproductive and maternal child health issues such as family planning.

The role model men have continued to work with members of the Village Health Team in creating community awareness, but also in mobilising the community to benefit from services being offered by the VHTs trained by Professional Association of Therapeutic Horsemanship International (PATH Intl) an organisation working to improve on the health of women and children, in administering other oral contraceptive forms for family planning, like microgynon, ovrette, progesterone only pills (POP) and injectable forms, like depo provera, *sayana* press which VHTs have been trained to administer in the community.

Target group, beneficiaries and local project partner

During the reporting period, the project continued working with the same 100 trained role model men, members of their families and members of the 1,000 participating households. The role model men under this initiative continued to engage members of the participating households in dialogue in order to encourage men to support their spouses to access health services and also to share their experience on the benefits that come as a result of a healthy family. The health workers interviewed during the participatory action research noted that some men are supporting their spouses to access health service and also take children for immunisation.

> "***Some men are taking children for immunization in the hospitals or health centre. This is very interesting and is leading to increase in immunisation cases."*** (Alero Health centre III, Kal Parish Health worker)

Besides working with the 1,000 households directly attached to the role model men, the project made efforts to reach other community members, local leaders, Village Health Teams, health workers and religious leaders. Joint community outreaches on abortion, alcoholism, ANC & PNC, cancer, family planning, GBV, Hepatitis B, hygiene, immunization, malaria, reproductive health rights, HIV / AIDS and STIs reached 1,874 people (M: 695, **F:** 1179) indirect beneficiaries

Intervention logic

Expected Results 1: *All members of the participating households have the required, age appropriate knowledge about key Sexual, Reproductive, Maternal and Child Health issues to support family members in accessing services.*

Target: *50% increase in knowledge of participating household members on key age appropriate Health issues*

Activity 1.1. Development of Training Curriculum & Materials:

During the reporting period, the team completed the translation of the training manual from English to Acholi language for easy understanding and interpretation by role model men. The process of printing is ongoing now. The manual will help the role model men

in conducting household dialogues and awareness. There was a delay in translating the manual into the local language (Acholi), which is easily understood by the local people.

Activity 1.2 – Training of Male Role Models (Refresher)

In an effort to ensure all members of participating household have the required age appropriate information and knowledge about key sexual reproductive, maternal and child health, the team conducted a four days refresher training of the 100 role model men previously trained in the first year of project implementation. The refresher training covered areas like: introduction to reproductive health, male involvement in sexual reproductive health, fatherhood (father of my child), safe motherhood, family planning, abortion, infertility, cancer, safe male circumcision, alcoholism, hygiene, hours in a day, referral mechanism, GBV, immunisation and maternal nutrition among others leading to the following results:

1.2.1. Enhanced capacity of role model men to engage and mentor households attached to them. The refresher training increased the knowledge of role model men and also enhanced their capacity to engage and mentor members of the 1,000 households attached to them. The refresher training further empowered the role model men with the necessary skills to conduct 47 community sensitisations reaching a total of 1,874 (695 males and 1,179 females) on the existing gaps around access to sexual reproductive, maternal and child health services.

1.2.2. Enhanced capacity of role model men to conduct household dialogues on SRH. The refresher training also enhanced the capacity of role model men to conduct household dialogues with members of participating households and engage other men in the community on issues of sexual reproductive child and maternal health. This enabled them to visit 19 health facilities within the project area and to follow up on 134 clients referred to health centres in order to obtain SRHMCH services. Reports from health facilities show an increase in the number of clients and patients seeking health care services. This was made possible by increased knowledge on key sexual reproductive, maternal and child health services among the household members resulting from the role model men's efforts to ensure that communities have the required information on reproductive and maternal health.

The table below shows the trends in the number of people who benefited from the medical camps in Koch Goma Health Centre III.

Table 2: Medical camp in Koch Goma

Service type	May 2016	November 2015
First ANC visit	42	23
Cervical cancer screening	126	71
Immunisation of children	83	42
Voluntary Safe male Circumcision	61	18

Table 3: Records from health facilities on the turn up for SRMCH services

AWER HEALTH UNIT	**Jun-15**	**Aug-16**
Men attending ANC	6	14
ANC attendance	32	54
Deliveries	12	9
Family planning	12	29
Immunization DPT	135	125
TOTAL	**197**	**231**
PARABONGO HEALTH UNIT	**Nov-15**	**Aug-16**
Men attending ANC	2	6
ANC attendance	22	20
Family planning	13	10
Immunization DPT	83	62
TOTAL	**120**	**98**
KALADIMA HEALTHUNIT	**Aug-15**	**Aug-16**
Men attending ANC	8	26
ANC attendance	38	45
Deliveries	20	11
Immunization DPT	76	86
Family planning	83	165
TOTAL	**225**	**333**
ALERO HEALTH UNIT	**Jul-15**	**Aug-16**
Deliveries	25	36
ANC	169	138

Family planning	10	59
Men attending ANC	16	29
TOTAL	**220**	**262**
ONGAKO HEALTH UNIT	**Jun-15**	**Aug-16**
Men attending ANC	7	26
ANC attendance	68	85
Deliveries	17	23
Family planning	28	52
TOTAL	**120**	**186**
GRAND TOTAL	**882**	**1,110**

1.2.3. Increased knowledge of community members on their Sexual Reproductive Health Rights. The combined efforts of the role model men, health workers and the VHTs, has shaped and influenced perception of the community members' attitude towards their sexual reproductive health rights, and thus increased the number of men accepting and allowing their spouses to utilize SRMCH services. Indeed, female members of households attached to role model men have testified that their husbands' behaviours and attitudes towards the use of family planning changed and they are now being allowed and supported to utilize family planning services.

Expected Result 2: ***Men & adolescent boys demonstrate supportive behaviours with regard to their family members accessing Sexual, Reproductive, Maternal and Child Health services.***

Target: 20% increase in reported supportive behaviours of participating male household members by male household members

Target: 20% increase in reported supportive behaviours of male household members by female household members

Activity 2.1 – Household Dialogue

During the year, the 100 role model men conducted household visits and dialogues reaching out to 5,100 members of the 1,000 participating households. The household dialogues encouraged men to be active fathers, be supportive to their spouses to access

sexual reproductive health services, challenged social norms that hinders men and women from accessing sexual reproductive health services.

2.1.1. Petitioning of Nwoya DHO by women from Koch Goma Sub County on posting a midwife to a health centre. As a result of the great work done by the role model men in ensuring that the community have access to proper information and challenging some of the negative social norms, the women of Koch Goma sub-county demanded the district health officer of Nwoya district through the office of the sub county chairman to post a midwife because the health facility had for long operated without a midwife. The government responded to this petition by posting 2 midwives in the health unit.

2.1.2: Household dialogue has also improved on the supportive behaviour of men in the participating households. Mothers and interviewed health workers highlighted men's supportive behaviours, and added some specifics regarding household chores, financial provision and emotional support to their spouses after delivery.

"I am very happy in my marriage ever since my husband started supporting me in doing household chores…." Narrated by Mary one of the mothers from Bungatira

Other highlighted supportive behaviour includes: looking after the younger children, taking boiled water to their spouses for bathing, buying maternity dresses for their spouses and clothes for the new born and buying medicine for them in case they are sick

Activity 2.2 – Male Engagement Dialogues

To strengthen dialogue among men and promote experience sharing, the project conducted twenty two (22) male engagement dialogues, reaching a total of 789 men and adolescent boys in the participating households. This created space for men and boys to meet and share experiences on ways of supporting their spouses in caring for the children and accessing sexual reproductive health services. Among the issues discussed with the role model men were Gender Based Violence and alcoholism. During these meetings, the role model men encouraged men to support women and girls in seeking health services and to always be close to their spouses during pregnancy, labour and delivery.

Following these male dialogue engagements, the following changes have been observed in the communities:

2.2.1. Support to mothers to deliver from health facilities. The RMM of Awach Sub County have been supporting mothers deliver from health facilities, especially at night, by facilitating their movements to the health centre. Uma Geoffrey a role model man of Gwengdiya parish Awach Sub County is using his motorbike to help pick up mothers in labour and takes them to the facility of their choice. This has been made possible through a UNICEF programme being piloted in the area, in which selected commercial motorcycle riders, known as "Bodaboda", were trained to transport women in labour to the health centre for delivery. Each time they transport someone, they fill a form and their cost is paid at the end of the month. So far, he has facilitated a total of 13 mothers to deliver from the health facility.

2.2.2. Increased number of men accompanying their wives for ANC. Reports from health facilities indicate an increase in the number of men are accompanying their women for ANC at the facilities as indicated in table 1 above.

Health workers interviewed during the participatory action research also confirmed supportive behaviours of some men to their female partners:

"Men now are coming together with their wives at the health unit to get some services like counselling for HIV/AIDS testing and others also comes for antenatal care though few" said by Awach – Interview with health worker

Another health worker called Goma said, "***Fetching water to their wives in case they are admitted to maternity and preparing food for them***"

Other specific forms of men's support reported by health worker during the study include; Financial support, providing the necessities for their pregnant women ("buying requirements for delivery, such as maternity clothes, mama kits, cotton, razor blades, gloves, and feeding their spouses on a balanced diet").

2.2.3. Increased working relationship with VSLA groups. The VSLA groups have been used as other community forums that role model men have used in mobilizing men and women and for SRH services, and especially the utilization of Family planning services.

During the male engage dialogue, men in the project areas were able to give testimonies on how the male engage dialogues have opened their eyes, especially on handling their daughters and young children.

In Lamogi Sub County for instance, Mr Okello Isaac shared that the male engage dialogue helped him to start working with his wife to ensure that his five daughters stay in school and he recently bought a solar lamp to help his daughters study at night. This has improved the performance of his 5 daughters and has also allowed the oldest daughter, who is in primary seven, to perform very well and emerge as the best girl in the Amuru district primary mock examination and the only girl in grade one in the whole district.

Another participant, Mr Otim Kenneth of Paibona who has 4 daughters and a son, also shared how he pays school fees for his daughters at school and encourages his children to complete their education and to avoid behaviours that expose them to early marriage and early pregnancy, which may cause them to drop out of school. Mr Kenneth said he became motivated to speak to his daughters about sex when one of the role model men shared the importance of gender equality and reproductive health information. Now he is able to buy his daughters everything they need, including sanitary pads, because he communicates freely with his children.

Men dialogue has increased the level of male involvement on issues of maternal and child health. Mr Openy-too Cosantino of Cokke in Lamogi Sub-County shared how he took care of his sick child in Lacor hospital for two months since his wife could not do much at the time as she was expecting a new baby. Mr. Ojara Benson of Pabwo in Bungatira Sub County also shared how he attended to the wife himself at Pabwo H/C from the time she was in labour until she delivered. This is something other men who have not interacted with this project see as something very unusual and even strange. Other men, similar to Mr. Ojok Mark, shared how they go for ANC visits together with their spouses.

Activity 2.3: Awareness training with leaders

The awareness training with leader will be conducted in the first week of November 2016 and will thus be reported in the next report.

Activity 2.4: Leaders in Action Meeting

To discuss the progress of the project and to gather community feedback on the work of the RMM around sexual reproductive, maternal and child health, the project conducted

14 Leaders in Action meetings during the year in nine sub counties the project is being implemented in. They brought together a total of 506 leaders (M=337 and F=169) that the project has been engaging from year one. The meetings targeted political leaders, religious leaders, opinion leaders, head of schools within the project areas, in-charges of health facilities and women in leadership positions, such as those leading a VSLA group.

The following results have been realized:

- Leaders in Action meetings created spaces for community leaders to learn about the role model men's work and also gave opportunities to the already engaged leaders to share their experiences community's access sexual reproductive health services.
- The meeting provided a platform for men and traditional leaders to reflect on some cultural norms and practices that hinder men from participating on issues of sexual reproductive, maternal and child health.
- Leaders in action meetings challenged some traditional, social and religious beliefs and mind-sets around having more children and the risk of using traditional birth attendants.
- The meetings also enabled local leaders to work closely with the in-charges of health facilities in addressing complaints related to the service provision, such as rudeness by health workers affecting the accessibility and utilization of sexual reproductive health services by some community members.
- The leaders used the forums to support role model men in mobilising community members for sensitization, addressing the common land wrangle affecting women, and especially the widows having conflicts on land with their husbands and relatives. A specific case took place in Bobi Sub County where local leaders in collaboration with the role model men converged and demarcated the boundary belonging to one of the widow who had a land conflict.
- The leaders agreed to work with the role model men to support poor and vulnerable women and girls of reproductive age in having equal access to SRH services. They also agreed to support the RMM since their work is reducing cases of gender based violence in the community.

One of the participants in Bobi Sub County, Ben Paul, the LC II of Paidwe, noted that GBV cases have reduced in his parish as a result of the role model men. He noted having

heard only 8 major cases since January to August 2016 as compared to 26 cases received in the past year (2015). With this, he renewed his commitment to working with the role model men in conducting sensitization whenever he has been invited.

Expected Result 3: ***Health & Education Service providers are more aware of demand based obstacles and actively engage to mitigate deterrents – thereby increasing access to service***

Target: 20% of Health Service providers that demonstrate changes / improvements in how service is offered

Activity 3.1 – Community Feedback Sessions and Health Service Forums

To improve access to sexual reproductive, maternal and child health services in the sub counties of Lamogi, Koch goma, Bobi, Koro, Ongako Alero, Patiko, Awach and Bungatira, the project conducted 4 community feedback sessions and health services forums during the year, reaching a total of 100 people (M=59 and F=41). Participants included the: health workers, role model men, members of the village health teams and community leaders. The sessions created an opportunity for community members to share experiences in accessing sexual reproductive health services and the types of services available in the different facilities in their sub counties. As a result of such forums, local leaders, members of the households attached to the RMM and other members of the community learned about available services at health facilities in relation to reproductive, maternal and child health, existing gaps, and what needs to be done to involve more men in order to increase the level of utilization of those services. The feedback sessions brought a lot of positive feedback from the community on how to improve access to sexual reproductive and maternal child health and engage more men.

Activity 3.2 Training of Health Service Providers

To strengthen the capacity of health workers on male involvement in sexual reproductive, maternal and child health and in order to facilitate the access to services for the target population, the project conducted training of health service providers during the reporting period. A total of 104 health workers from different health facilities attended the training and additional 3 were mentored onsite to add on the staff in busy facilities, totalling to 107 health workers (M=47 and F=60). The trained staffs were from

public and private facilities (34 public health facilities and 9 private health facilities). The training was informed by issues that emerged from the Leaders in Action meetings and the Community Feedback Sessions.

As a result, the health workers who benefited from the training have extended their support to the role model men during community sensitisations and helped the clients, who were referred to the health facilities access the required services.

> ***"In our health facility we conduct community outreach in which we offer information and services regarding RCMH like family planning, HIV/AIDs awareness and other diseases which mostly affect them. Sometimes we do home visits to find out how the mothers are doing with their pregnancies and to encourage their spouses to support them and come to the health centre" (Awach - Interview with Health Worker)***

Community outreach has also helped the health workers to assess whether men who have accessed information and services are actually utilising them.

> ***"Whenever we go for outreaches, we see some few men practicing what we always told them to do, like washing clothes, fetching water for their wives etc." (Bungatira, Pabwo H/C III, Health Worker)***

This has also resulted in health workers considering specific services for men as a way of involving more men in sexual reproductive, maternal and child and health.

> "Integrate the desired services to address needs of men in the existing services e.g. safe male circumcision (SMS) services."

Activity 3.3 – Connecting Teachers & Parents

To break the silence on adolescent sexual reproductive health needs and also to ensure that teachers and parents work together to provide appropriate guidance to adolescent girls and boys and support them to regularly engage with their children, the project conducted three (3) dialogue sessions in schools which brought together teachers and parents of pupils in upper primary. On the basis of relevant feedback and observations from role model men, the meeting focused on issues affecting adolescents' performance, especially girls'. The meetings took place in Lapainat primary school in Koro Sub County, Awer primary school in Lamogi and Paibona primary school in Awach Sub County. Head teachers and senior woman teachers from the nearby schools were also invited to

participate in the meeting. A total of 150 people (M=93 and F=57) attended the dialogue meetings (27 teachers and 123 parents).

These meetings provided spaces for the parents and teachers to understand the needs in order to effectively guide and support adolescent girls and boys, but also understand how to effectively communicate to them. Through these meetings, teachers and parents agreed to improve on their support to adolescents' girls and boys both in and out of school to help them overcome challenges such as: drug and substance abuse, child marriages, teenage pregnancies and defilement. In order to keep girls in school, parents agreed to pay school fees for both girls and boys and to visit schools to check on the performance and discipline of the children.

In order to ensure that there is improvement in what has been agreed on by parents and teachers during the meetings, the project team conducted monitoring of the 7 schools during the year and held meetings with the head teachers and the senior women teachers. Reports from teachers indicate some positive behaviours being demonstrated by the adolescent boys in school. In Pagak primary school for instance, the senior woman teacher, Aol Sophie, reported a case in which a primary six boy helped a girl who started her menstruation while on her way to school by calling a nearby woman to come and help her. If such an incidence occurred to boys in the past, they would have turned it down and mocked the girl. It showed that adolescent boys understand the reproductive health issues that girls undergo through during their reproductive age.

Documentation and public relations

Learning bazaar

In order to create spaces for learning, experience sharing and documentation of the emerging lessons, the project conducted 3 learning bazaars during the reporting period in the three Sub Counties of Alero, Bobi and Patiko, reaching a total of 129 people (83 males and 46 females). The major objective of the learning bazaar was enabling participants to reflect on the SRMCH project objectives, to share experiences on the progress of the initiative, to review key achievements, challenges and gaps with other participants during project implementation and to develop a way forward for further implementation while addressing the emerging gaps.

The categories of participants for the meetings include, among others: role model men, health workers, leaders (religious/traditional), representation of the couples from the 10 households and other households near them, women leaders and members of the Village Health Team. As a result, coordination between the stakeholders, role model men and the community is strengthened.

One of the lessons from the learning bazaars was that building a strong network and linkages between the role model men and the stakeholders (health workers and local leaders, VHT among others) is crucial for the success of this initiative.

The learning bazaars enabled stakeholders to reflect on some of the social injustices and norms that affect male involvement in sexual reproductive and maternal child health.

Project results/ project status

Intervention logic	Indicator as planned (**target**)	Indicator actual status as at August 2015 – September 2016 (**achievement**)	% achieved	Sources of Verification	Deviations/ comments/ observations
Overall Objective: Contribute to improved reproductive, maternal and child health amongst the target population					
(Changes of) Assumptions					
Project Purpose: Overcome the barriers to accessibility of reproductive, maternal and child	20% increase in reported service utilization in participating households	The project supported members of the participating households to access and utilize SRH services provided by qualified health workers from the facilities in the project areas.	Data/records from health facilities showed increase in the uptake of sexual reproductive, maternal and child health services by members referred by	RMM monthly reports, information from the facility registers	There has been continuous sensitization of the household

health services that arise from the social constructs, specifically gender norms		Health outreaches conducted in hard to reach areas have enabled the community to access and utilize SRH services provided by the health workers. The offered services included: Family planning, HIV and Hepatitis B testing, cervical cancer screening, ANC, Delivery, immunization, PNC, safe male circumcision and health education on hygiene and nutrition.	the role model men as indicated in table 3 above.		members and the community to adopt positive health seeking behaviour and demand the offered services.
(Changes of) Assumptions					
Expected Result 1 All members of the participating households have the required age,	50% increase in knowledge of participating households members on	The project conducted refresher training of 100 RMM and are engaging members of the participating households in dialogues to ensure members have	Field monitoring reports show increase in knowledge from the participating households on male involvement in	Report from women of participating household, interviews by the	The household members showed positive

appropriate knowledge about Reproductive, Child and Maternal Health issues to support family members in accessing services.	key, age appropriate, sexual, reproductive, maternal and child health issues	age appropriate information and knowledge on key sexual reproductive, maternal and child health. The RMM shared the need for male involvement on issues of sexual reproductive, maternal and child health with household members.	parenting, family planning, and reproductive health.	project officer, role model men report	behaviours and attitudes to RMM and accepted them to share SRH/MCH, which has led to increase service uptake, e.g. ANC, HIV testing, cancer screening and couples sharing household chores.
Major activity planned		Current status as at *August 2015 – September 2016*		Deviations/ comments	
Activity 1.1. Development of Training		During the reporting period, the team completed the			

<table>
<tr><td>Curriculum & Materials</td><td>translation of the training manual from English to Acholi language for easy understanding and interpretation by role model men. The process of printing is ongoing now.</td><td></td></tr>
<tr><td>Activity 1.2: Refresher training of role model men</td><td>During the year, 100 role model men underwent a refresher training to enhance their knowledge and equip them with skills for conducting household dialogues and sensitizing the community to utilize the services available at the facility in their location and to reduce gender based violence among the household members. Their training covers: male involvement, family planning, Alcoholism, Care giving, Safe motherhood, cancer, Abortion and referral among others. The RMM are conducting dialogues with the 10 households attached to each of them, and refer members to services of their choices from health facility with qualified service providers.

Medical camp in Koch Goma shows an increase in the number of people turning up for health services

<table>
<tr><th>Service type</th><th>May 2016</th><th>Nov. 2015</th></tr>
<tr><td>First ANC visit benefited</td><td>42</td><td>23</td></tr>
</table></td><td>The role model men have gained significant support from the community as most people rush to them for guidance whenever there are family issues like alcohol, domestic violence, land disputes and other sexual reproductive health related needs.</td></tr>
</table>

		Cervical cancer screening 126 71 Immunization of children 83 42 Voluntary Safe Male Circumcision 61 18 HIV testing 81			
Expected Result 2 Men and Adolescent boys demonstrate supportive behaviors with regards to household members accessing reproductive, child and maternal health services	20% increase in reported supportive behaviors of male households members by male households members	Men from the participating households have shown supportive behaviors to their spouses over the year. The kind of support includes: accessing services together by accompanying them to the health facilities for ANC, PNC HIV testing, and family planning and attending to women when they are in labour (case of Mr. Odongo of Ongako and Mr. Ojara Benson of Pabwo who attended to their spouses at facility during labour and deliveries). Spouses of engaged men have also reported their	Reports from midwives at the different health facilities show an increased number of men accompanying their spouses to access health services, supporting their family members and accompanying them for SRHMCH services. For example in Lapainat Health	Health facility registers, RMM meeting reports, Household interviews with members	The RMM are having continuous meetings to share their experiences and correct existing gaps on the side of RMM, and also involve men from participating household.

		husbands supporting them in domestic activities, such as fetching water, preparing meals and collecting food from the garden.	Centre III the number of men has increased from 5 in 2015 to 25 in September 2016, Awach Health Centre IV 9 to 35, Ongako Health Centre III 3 to 18, Koch Goma Health Centre 2 to 15 and Kaladima Health Centre 4 to 20		However some community members still criticize the RMM for the work they are doing, especially those who are deeply rooted in traditional beliefs.
	20% increase in reported supportive behaviors of male household members by female households	Majority of women from the participating households acknowledged that their men have become more supportive to them. They further acknowledge an increase in the number of men taking children to the health units for services like immunization, treatment of other	Spouses of the men reached by the role model men have reported change in the behavior of their husbands. For example, Alanyo Beatrice of Pawel	These reports came from households interviews with female members of the household attached to the role model men.	The men are supporting their spouses but there is a need for continuous sensitization of the

	members	ailments like malaria, pneumonia among others. These have been evidenced by our health facility focal persons and confirmed by the by reports from those health facilities (e.g. Clare Akello of Patiko H/C, Atim Eunice of Alero H/C, Iwanu Beatrice of Kaladima H/C, Lalam Lilly of Koch Goma H/C	Angany, Adokorach Susan of Ongako, Florence Olango of Lamogi, Akello Stella of Lokodi, Oroma Jane of Lagwiny, Alanyo Dorine of Lalweny gave testimonies that they do all the work together with their husbands and make joint decisions on how to sell the harvested crops. The live together peacefully and take care of their children.	Testimonies to other members during community sensitizations and dialogues	household members, especially the men, and other community men to sustain the behaviors they are showing toward supporting women and adolescent girls
Major activity planned		Current status as at *August 2015 – September 2016*		Deviations/ comments	
Activity 2.1: Conducting Households Dialogues – monthly visits to **1,000** Household.		During the reporting period, the role model men conducted dialogues and made monthly visits to the 5,100 members of the 1,000 participating households. The participants in the		The dialogues have gained significant importance, as there is an increasing number of other	

	dialogues included the men, women, adolescent boys and girls, and elderly people living in the households attached to RMM. The elderly are brought on board to demystifying believes they hold regarding reproductive health which is seen solely as women role.	households not attached to the RMM requesting to be part of the dialogue. This is caused by the realisation that dialogues' content is very informative and helpful to the community. Others have gone even further and request all the parishes in the sub-counties to be covered.

Activity 2.2: Conducting male engagement dialogue sessions	22 male engagement dialogue sessions were conducted during the year reaching 789 men and adolescent boys out of school. Here, men discussed problems that deterred them from supporting their families and helping them have early health attention especially ANC. They also shared how the community can be helped to prevent problems like gender based violence, unequal treatment of girls' child that still exist among some parents for instance allowing only the boys to study, denying women their right of making their own decisions and possession of assets which make women vulnerable and poor to extent which make them unable to access and utilize SRH services.	Male engage dialogue sessions have proven to be very helpful in challenging the behaviours of men, and has also helped men to become supportive to their women and children over the year as a result of experience sharing by other changed model men and men. However, there are still cases of men struggling to adjust and to start supporting their spouses, and others say taking children to hospital is challenging because of the long queue before receiving services.
Activity 2.3: Awareness Trainings with Leaders (traditional, Religious, Political, etc)	The awareness training with leader is planned to be conducted in the first week of November 2016 and will thus be reported in the next report.	
Activity 2.4: Conducting leaders in	To meaningfully engage local leaders, the project conducted 14	Leaders agreed to work closely with

action meetings		Leaders in Action meetings, bringing together a total of 506 leaders (M=337 and F=169). These are the same leaders reached last year with the exception of the few political leaders like LCIII who did not go through during the last election held in Feburary 2016. The categories of leaders involved include: political leaders, religious leaders, opinion leaders, cultural leaders, Head teachers and women in leadership positions.		health facilities in order to ensure that complaints from the community are address and thus to increase the number of individuals accessing health services. They further agreed to work closely with the role model men by joining them for community sensitization, support implementation of relevant policies as per the ministry of health recommendations and ensuring that every pregnant women is accompanied by the husband to the health unit.	
Expected Result 3 Health and Education service providers are more aware of demand driven obstacles and actively engage	20% of health service providers engaged with the project that demonstrate changes /	During the reporting period, the project worked closely with **148** health service providers. A total of **107** health service providers received training and mentorship by the project on SRMCH and the RMM's work, and are actively engaged	An increase in the number of health service providers participating in the community sensitization and community	Health worker interviews, Testimonies from the household members who have accessed services from the health	The RMM continue mobilizing the household members and community to seek health

to mitigate deterrents-thereby increasing access to services	improvements in how services is offered	helping clients referred to the health facilities by the role model men. The health workers also worked closely with the role model men in conducting mobilization and sensitization of the community.	outreaches with the role model men. For example, in Coo-pe H/C, 51 clients benefitted from the counselling services offered by the role model men, 43 people tested for HIV and 31 children got immunized in Awer health centre,	centres, health centre registers	care from the facilities, and to attend outreaches organized in the areas to utilize the available services
Major activity planned		Current status as at *August 2015 – September 2016*		Deviations/ comments	
Activity 3.1 Community feedback sessions and Health services forums		During the year, 4 community feedback sessions and health services forums were conducted. 100 people attended the sessions (M=59 and F=41). Individuals invited for the sessions included: health workers, role model men, VHTs and community leaders who shared their experiences and practices on sexual reproductive, child and maternal health		The health workers are committed to supporting RMM so that mothers and community members receive the services they deserve. However, the members noted issues of drug stock outs, lack of spaces, lack of other family planning methods in some health centre. These are some	

		of the factors hindering effective utilization of reproductive maternal and child health services. Despite these, they promised to advocate at different levels to improve the problems.
3.2. Training of Health Care Providers	During the reporting period, 104 health workers were trained and further 3 mentored (since health facilities are very busy, 104 were not enough), making a total of 107 health workers having knowledge on working with role model men and on sexual reproductive health. The training of Health Workers on Sexual Reproductive Maternal and child health has made them more knowledgeable on SRH, and as a result, the health workers conduct monthly outreaches to communities in order to raise awareness on topics such as Family planning, Antenatal care, neonatal and post natal care and nutrition.	This has helped the health workers to work closely with the role model men and also provide support to them during community sensitization to clarify on some technical areas.
3.3. Connecting Teachers and Parents	Three (3) dialogue sessions were conducted during the year in schools to create space for parents and teachers to interact among themselves, in order to forge ways of improving quality	The teachers committed to provide guidance to adolescents in school and also to ensure that the school

		of education and also to retain more girls in school. A total of 150 people (M=93 and F=57) attended the dialogue, comprising of 27 teachers and 123 parents. During the dialogue, Parent and teachers shared issues around adolescent sexual reproductive health and how they can share age appropriate sexual reproductive health information.		environment is safe and conducive for pupils to overcome the challenges adolescents go through, especially the girls, such as changing room during menstruation period. The parents also committed to pay fees in time and provide the necessities for facilitating their learning and communicate to children appropriately.	
(Changes of) Assumptions for Expected Results and changes, if any					

Monitoring, Project management (difficulties encountered, management measures)

During the year of implementation, the project encountered a number of challenges both external and internal to the project as discussed below:

a) External difficulties

Inadequate staffing in most health facilities is still a big challenge, as it increases the amount of time individuals spend in the cue waiting to be attended to by a health workers. This discourages some people from returning to the health facility for services, hence affecting the turn up.

> ***"Men have interest to come [to the health facility] but the few nurses mean they might wait a long time. This can reduce their interest"*** (Koch Goma - Health worker)

The other challenge is that the distance between the community and the health facility has been used by some men as an excuse for not accompanying their spouses to the health facilities.

> ***"The long distance covered to reach health service reduces the interest of other men to come with their spouses for antenatal care service."*** (Koch Goma - Health worker)

During the reporting period, excessive consumption of alcohol in the project area made the work of the role model men challenging, especially during dialogues, as some men would come when they are completely drunk and would not listen to anyone. The project team evidenced this during the dialogues: at Gwengdiya in Awach Sub County and Lapok in Alero Sub County for instance, the RMM struggled to advice those who were shouting due to drunkenness when dialogues were going on.

The existing cultural practices, religious beliefs and negative social norms also hindered men and women from accessing and utilizing services of SRH in the community, as most of the people still believe that having many children equals higher wealth. Some religions do not support the use of certain methods of family planning and this makes it hard for the role model men to convince people subscribing to that faith.

Sexuality/sex education is still a concept that most parents fear to openly talk about, and this is even worse when they are expected to talk about it with children. In the project area, most people still find it difficult to share and discuss issues around sexuality with the role model men in the presence of children, especially fathers and their daughters, since they consider it a taboo.

There are misconceptions and ignorance among some people in the community who still see many children equalling family security. This was common among young married couples, especially the young women, who still believe that having many children helps in cementing the marriage in comparison to someone who has few children in the clan.

From the different dialogue meetings, it was noted that some men still have difficulties in moving with their wives to the health units for sexual reproductive health services due to the fear of being tested for HIV during ANC visits. This is mainly because some men are engaging into extra marital affairs and some risky sexual behaviors. This has resulted into some women hiring men to accompany them to the health facilities for ANC services.

b) Internal difficulties

During the months of April and May 2016, CARE commissioned an audit to Gulu Women Economic Development and Globalization (GWED-G). This resulted into delays in the transfer of funds to the partner, as there was the need to complete the audit before transferring more funds to ensure they are well managed. GWED-G was then requested to start making monthly financial report instead of quarterly, in order to monitor expenditure more closely.

The project devised some management measures to help in addressing the difficulties faced as follows;

a) External difficulties

To address the issue of alcohol consumption, Gulu district has passed an alcohol ordinance to control the sale, time for distribution and alcohol consumption. The district, in collaboration with different CSOs, is working on strategies and modalities to effectively implement this ordinance and address alcohol abuse, which is the major cause of GBV and other forms of violence in the area. In addition, in places with a high consumption of alcoholic beverages, the RMM and the VHTs, health workers and other

local leaders have decided to conduct a joint community sensitization in order to avert the negative behaviour the community has developed toward alcohol (for instance in Alero Sub County at Lapok village).

Through the Leaders in Action meetings, religious leaders of different denominations have been invited to attend the meetings in order to change their mind-sets on the importance of spacing birth and only having the number of children that parents can take good care of when it comes to feeing, and paying school fees and medical bills.

Inviting the health care providers to join the role model men during community dialogues and focus on other services helped bringing a broader number of issues to the community and to men from participating households (e.g. in Lamogi sub county, staff from Awer health centre II focused on immunization during a sensitization held at Agwayugi by the RMM, and convinced men to enable their children to receive antigens, with the anticipation that fellow men see the beauty of caring for their children and act in a similar way).

In order to involve and encourage more people to attend community activities, the project team decided to adjust time schedules for activities to suit the time when the project participants are not engaged in their gardens. This involved giving prior information about the planned activity, so that the target people can plan their attendance in advance.

b) Internal difficulties

To address the delay, CARE agreed with partners to start submitting financial reports monthly instead of quarterly.

Evaluation

Given the nature of information that was required to ensure the success of this initiative, a participatory research was commissioned from November to December 2015 to understand factors inhibiting men and adolescent boys from accessing SRHR services. This study was conducted by the Men Engage Alliance Global Networks manager.

The study further explored factors preventing men from accompanying and supporting their spouses to access SRHR services. Men's, women's and adolescent boys' and girls' beliefs regarding breastfeeding and infant and toddler nutrition were explored, as well as their beliefs around men's roles in active fatherhood, supporting breastfeeding or

being involved in child nutrition. The attitudes and capacities of health center workers to offer SRHR services in an inclusive manner that promotes involved fatherhood also formed part of the participatory action study.

Findings from this study were very useful to the project team and not only informed the implementation of the project, but also helped the team to work with the relevant stakeholders to address the barriers to male involvement in sexual reproductive and maternal child health.

Attached is the summary of the study

Uga EMB learning brief final - Aug2016.

Sustainability

In order to ensure sustainability of this initiative, efforts are being made to work closely with different relevant stakeholders, such as local leaders, opinion leaders, cultural leaders, religious leaders, members of the VHTs and health workers among others. Through the Leaders in Action meetings, leaders of different categories (e.g. political leaders, religious leaders, opinion leaders and head of schools from the different sub counties) were brought together to discuss the work of the role model men and identify key issues that can promote male involvement in sexual reproductive and maternal child health.

The continuous capacity building trainings and mentorship support given to the role model men, the health workers and to create linkages with VHTs is an important step towards the sustainability of the project.

Furthermore, the role model men have built strong connections and network with the health workers and other local leaders in the project area. Such connections can be strengthened to ensure their work continues beyond the lifespan of this project.

Perspectives

Changes and adjustments necessary with regard to the following reporting period (see chapter no. 6 of the project document)

Detailed project plan and budget for the following project year if stipulated by contract.

Annexes of the progress report

List of annexes to the progress report

ANNEX I: time plan for Year 3

Work Plan and Projections year 3.xls

ANNEX II: Financial report

ANNEX III: Confirmation of the interim financial statement

ANNEX III: Audit report

ANNEX V: STORY OF CHANGE

The story of Mr Ojok Mark (*one of the household attached to a role model man in Gulu district*)

Mr. Ojok Mark, a 31 years old man, spent his early life in an internally displaced persons camp in Ongako Sub County, Gulu District. Due to the confinement in the camp with limited movements and limited opportunity to engage in any economic activity, he resorted to drinking alcohol with other young men. He ended up starting a family when he was still very young.

When he started his family, he thought that everything in the family belonged to him, even the wife, and that the wife should do everything for him. After harvesting their crops, he would sell

them off without telling the wife and would spend the money on drinking and buying luxury items for another woman he was dating outside his marriage: "I had all the power to sell anything in the house whenever I wanted, without even asking anyone".

In addition, he used to think that sending children to school was a waste of resources and never saw its benefits at all. Family planning was something that he never wanted hear about: "each time my wife would talk about going for family planning services, I would just be rude and very cruel to her. I would assure her never to say anything about family planning again if she still wants to be my wife". Mark was engaged in excessive consumption of alcohol and never bothered to provide for the family: "my wife used to complain a lot for basic needs for the family, like food, clothing for children, and money to go to the clinics for health care services, as most of the health facilities always had shortage of drugs".

"One day, I was approached by someone who asked me to attend a meeting in our area and I responded quickly because I knew that after the meeting, they were going to give us some little money which I could use to buy some alcohol in the evening. When I reached the place, I found some men, calling themselves "Coo Makwiri" (Role Model Men), talking about Gender Based Violence, alcohol and that it is important for men to accompany their wives to the health centre. After sometime, I left the place when I realised that they were not going to give us any money at the end of the day, but also realised that my time for drinking was being wasted for nothing".

"The man who had invited me for the meeting followed me the next morning up to my home and requested me to go for another meeting and also asked me if he can come to my place and talk about some things, but I refused. After sometime, he asked me again if he can come and talk to me and I again refused, but he persisted for so long and said he really wanted to share a lot of things with me. I later accepted and he told me that there are some households he is working with and that mine will also be part of them."

The role model man started sharing issues like family planning, talking about alcohol and its effects, gender based violence and parenting with Mark. It was not easy for him at the beginning: "at first, I was very hesitant about his wife using family planning methods, but after several dialogues with the role model man, I accepted to go to the health centre with my wife for family planning".

"The hardest thing was the alcohol: it took me time to start reducing on the level of drinking. At first it was not easy to tell my friends that I was drinking with, and, most times, I would find

myself going back to them. But with the efforts put by the role model man Mr. Oloya Ben, I slowly left the group and even the other woman that I was dating".

"Because of the support from the role model man, I decided to stop drinking alcohol and started going with my wife to the health centre. I even accompanied her for her return date to receive the next dose of the family planning. We agreed together when to have our next child and right now, my children are healthy and have completed their immunization schedules. My wife has become very young and she has time to participate in other community activities with fellow women. Right now, I am able to pay school fees for my children, provide them with the basic needs like food, clothing and taking them to the health unit when they are sick".

Now, Mr. Ojok is a changed man because he can share and discuss his plan for the family with his wife and jointly plan how to make the best use of the crops they harvested and the income from selling them. His wife is very proud of him now, and she has testified to her fellow women how her life has changed and how she is enjoying her home because of how the role model men helped her husband and saved their marriage, especially considering she almost abandoned the family before.

ANNEX VI: PHOTO GALLERY

Male engage dialogue

The role model men at Lapainat health centre, Koro sub county

Participants during Leaders in action meeting

Request for next disbursement

Summary project budget (relevant for accounting) according to contract	Amount approved so far	Amount presented for verification as at due date	Remaining budget
€ 333.333,88	€ 51.771,40	€ 97.030,28	€ 184.532,21

Request for disbursement for the next accounting period: € 20.000,-