World Vision

Uganda

World Vision Uganda

National Office Strategy
FY10 – FY12

BUILDING A UGANDA FIT FOR CHILDREN

Table of Contents

List of acronyms

AID	Acquire Immune Deficiency Syndrome
ADP	Area Development Programme
CCCs	Community Care Coalitions
CDPs	Community Development Programmes
CDPP	Community Disaster Preparedness Plan
DRR	Disaster Risk Reduction
ERDM	Emergency relief and disaster mitigation
FY	Financial Year
GIK	Gift in Kind
GoV	Government of Uganda
GNI	Gross National Income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IDPs	Internally Displaced Persons
IT	Information Technology
MIS	Ministry Information System
MOU	Memorandum of Understanding
MSTC	Making Sense of Turbulent Contexts
OVCs	Orphans and Vulnerable children
PMIS	Programme Ministry Information System
ROSM	Regional Office of Strategic Management
SMCs	School Management Committees
SOWC	State of the World's Children
SWG	Strategy Working Group
UDHS	Uganda Demographic and Health Survey
UPE	Universal Primary Education
WVI	World Vision International
WVU	World Vision Uganda

Foreword

World Vision Uganda has had operations in the country for the last 24 years. The context is continuously changing. The turbulent Great Lakes Region where Uganda finds herself seems to be returning to normalcy. Challenges remain, however, but new opportunities seem to be opening up such as the integration process of the East African Community. A Customs Union is now fully operational.

On the local scene, the return of peace to Northern Uganda has opened up new opportunities for delivering on development in the region. People are returning to their homes although there are glaring needs as communities move into the post-conflict phase towards recovery and development.

In North Eastern Uganda, World Vision re-entered Karamoja at the beginning of 2009. The ongoing disarmament in the region has meant humanitarian organisations like ours can respond to the needs of the people there. The context of Uganda is surely changing. Initially our work in Karamoja began with relief but the plan under the new strategy is to move into other programming elements that will include Transformational Development and Advocacy.

The other issue of huge concern is the growing population now slated at more than 30 million people. The environmental challenges of a growing population, where poverty is an ever present reality in many of the communities, have affected progress in some areas.

Under this new strategy, we will be very deliberate about which areas of intervention we will be involved in as informed by the needs and capacities we possess. There will also be a conscious move from service delivery to empowerment. Our three pillars of ministry remain Advocacy, Transformational Development and Relief. We shall be working a lot more with partners and implementing programmes through and with them.

Our work currently reaches 54 communities of between two to three sub-counties. These are called Area Development Programmes (ADPs). We have 124,000 registered children. The reach of our interventions benefits more than 12 million people in 40 districts of Uganda.

At the governance level, the World Vision Uganda board has transitioned from being advisory to being an intermediate board.[1] There is now greater autonomy for the organisation within the World Vision partnership. This means more responsibility such as taking on a greater fundraising role for the board. This National Office Strategy takes into account all these new roles for the board and World Vision Uganda's changed status.

In the course of 2009, the World Vision Partnership took a decision to refocus on four child well-being outcomes, which are that children in World Vision programmes will;
 i) Enjoy good health
ii) Be educated for life
iii) Love God, their neighbours and environment
iv) Be cared for, protected and participate.

This strategy therefore incorporates the well-being of children in Uganda and is designed to contribute to these four areas. The plans that will come out of this strategy, what we shall measure and what we shall report on will be about the impact we are having on the well-being of children.

Finally, I wish to thank all those who have contributed to the process of putting this three-year strategy together. These include the Regional Office of Strategy Management (ROSM), the National Office Strategy Focal Person – the Ministry Quality Director, and our ministry and support teams that have incorporated the new strategy into their plans. We also acknowledge our Support Office partners who gave invaluable feedback as we finalised this document. We realise it is still a living document even as we begin the process of implementation. Given the reflection and work that has gone into creating it, I am convinced this document will make a major contribution to the well-being of children in Uganda.

Rudo Kwaramba
National Director.

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[1]   In terms of the World Vision International Board Policy, local boards move from being advisory to intermediate and ultimately fully interdependent. The stages indicate progressively increasing levels of capability and responsibility.

1.0. Introduction

World Vision Uganda operates on a three-year strategy cycle. The one preceding this strategy runs from 2007- 09. This particular strategy covers the period 2010 - 12. The strategy has been developed as a result of a comprehensive dialogue and guidance from the East African region. It was informed by a Ministry Self Review done in 2006, Macro-Level Assessment that was conducted in 2007, the Partnership Strategic Directions and Guidance and a Making Sense of Turbulent Contexts (MSTC) analysis conducted in 2008.

2.0. Operating Environment and Organisational Profile

2.1. Landscape: Uganda context

Population (In Thousands)	29899	%Population using improved drinking water sources	67
Life expectancy at birth	50	%Population using adequate sanitation facilities	43
Annual Population Growth Rate(%)1990-2006	3.2	Under-5 mortality rate(per 1000 live births) 2006	137
% Primary School enrolment	82	Maternal mortality ratio(2000-2006 adjusted)	550
Under – 5 Stunting (%)	38	Estimated adult HIV prevalence rate	6.4
Under – 5 Wasting (%)	06	Estimated number of children orphaned by HIV/AIDS('000') 2005	1000
Under weight (%)	16	Percentage of pregnant women sleeping under insecticide-treated bed nets	10
Total adult literacy rate	67	GNI Per capita(US$)	300
Population living below US$1(1995-2005)	85		

Source: State of the World's Children, 2008

Uganda's projected population is about 30 million people with an annual growth rate of 3.2 per cent (See population trends from 1991 in table above). The proportion of the Ugandans living in extreme poverty (less than a dollar per day) is 31 per cent. The vegetation is mainly composed of savanna, grassland, woodland, bush land and tropical high forests. The soils (ferrasols, acrisols, gleysols, and nitosols) are generally fairly fertile and the annual average rainfall ranges from 600- 2,000mm, which are suitable for agricultural production. Despite the favorable climatic and soil conditions suitable for food production, Uganda continues to experience the problem of food insecurity and malnutrition. About 30% of the population is classified as food insecure. Over 68% of the population is unable to meet the recommended daily food calorific intake. Childhood malnutrition levels are high, accounting for over 40% of all deaths among children under five

(UDHS 2006). The main factors contributing to under- five malnutrition and food insecurity include poor infant and young child feeding practices, poor maternal health care, high HIV prevalence, food insecurity due to low agricultural production and productivity. The problem is compounded by high prevalence of infectious diseases due to low immunisation coverage. Malaria continues to be the number one killer, estimated at 41% of hospital deaths in Uganda. It is a major killer disease for children (11% deaths among children) and expectant mothers.

HIV and AIDS continues to be a health and social problem in Uganda, with the HIV prevalence rate at 6.4%. The most important source of new infections among adults continues to be sexual transmission, which accounts for 76% of all new infections. 0.7 % of children are infected with HIV, and 22% of new infections among children are attributed to mother-to- child transmission. According to the Ministry of Health, the number of HIV-positive individuals is likely to increase from 1.1 million in 2006 to about 1.3 million in 2012.

Only 67% of households have access to improved water sources while 58% have access to improved sanitation facilities. Consequently, preventable diseases such as diarrhea are among the major causes of infant and child mortality and are directly related to the environmental condition

The introduction of free Universal Primary Education (UPE) resulted in a huge increase in enrolment by 72.8% from 3,068,625 in 1996 to 5,303 and 564 in 1997. Although gross and net enrolment ratios are high, over 70% of children who enter primary school do not complete Primary Seven (P7). Of those who complete P7, only 40% continue to post-primary institutions. The literacy rate is 69%. This means that out of 100 children who enter Primary One, less than 30 complete Primary Seven and only 12 children join Secondary school.

In terms of World Vision International (WVI) models of Ministry catergorisation, World Vision Uganda (WVU) operates in context one. Context one is classified as one with high physical needs and high social instability.

Northern Uganda and Karamoja Region contexts

Northern Uganda covers 35% of the total land surface in Uganda. However, tracts of land remain underutilised as a result of the 20 year conflict in the region. The conflict resulted into 1.8 to 2 million people staying in Internally Displaced People's (IDPs) camps. Institutions were shattered and weakened. The region was under-staffed and under-resourced in terms of basic social services and prevalence of violence. There has also continually been food insecurity due to war and unreliable weather conditions, high child abuse, high levels of child-headed households and widowhood (12%). There are also high HIV and AIDS prevalence rates 9%.

Following the signing of the Cessation of Hostilities Agreement (CHA) between the Government of Uganda (GoU) and the Lord's Resistance Army (LRA) rebels on August 26th, 2006, in Juba, South Sudan, security conditions in Northern Uganda have tremendously improved. There have also been no LRA attacks in the Acholi sub-region since August 2006. Peace is seemingly returning to the region.

The improved security conditions have led to voluntary movement of IDPs to smaller decongestion camps closer to their original homes, to access their land during the day. They return to the main camps at night. More than 80% of the IDPs have actually returned to their original homesteads.

As communities return to their original homelands, there is inadequate provision of basic social services in those areas. Enormous needs exist in terms of access to clean and safe water, agricultural tools and seeds, health and educational facilities and infrastructure. Other compounding factors include the escalating rate of HIV and AIDS infection, low household incomes, child neglect and abuse, domestic and gender-based violence, land disputes, depression and landmine risk among others.

Karamoja sub-region is the poorest and most marginalised region of Uganda. Over 80 percent of its estimated one million population lives below the poverty line. The semi-arid districts of Abim, Kaabong and Kotido form northern Karamoja and border Sudan and Kenya, plus the Ugandan districts of Kitgum, Pader and Moroto. The inter-related livelihoods systems and cattle rustling which crosses international and national boundaries have combined with increasing drought to render the area extremely susceptible to food insecurity. With its over-reliance on pastoralist activities, the population has been left with few defences in the face of frequent natural disasters, persistent violence, severe environmental degradation, poor infrastructure and weak agriculture. An Emergency Food Security Assessment in 2007 classified 75 per cent of Karamojong households as "experiencing food insecurity".

2.2. Organisational Profile

World Vision International started operations in Uganda in 1986 and targeted relief, rehabilitation and community development in the Luwero Triangle in Central Uganda. In 1990- 93, there was an extension and expansion phase that was influenced by the emergence of HIV&AIDS epidemic and the war in northern Uganda. From Luwero, WVU spread to Arua and Hoima (1988), Gulu and Lira (1990) and Rakai (1991). The period 1994- 99, witnessed the consolidation and decentralisation phase which was characterised by transformation of the Community Development Projects (CDPs) into Area Development Programmes (ADPs). ADPs cover one to three sub-counties with a population of 20,000 to 80,000 people. Management of projects was decentralised through creation of Programme Assistance Centre in the districts. By 2006, WVU had spread to 27 districts in Uganda and its operations were supported by different World Vision Support Offices. By the end of 2007, WVU had 46 ADPs and sixty-five (65) short -term grant-funded projects. The number of employees is currently over 600 while the number of sponsored children is currently 135,000. WVU has a budget of US$ 60 million.

3.0. Background to the Strategy Plan

3.1. Rationale of the Strategy

The purpose of this strategic plan is to help WVU review its current strengths, weaknesses, opportunities and risks to facilitate the organisation to become more child focused in its interventions. The strategy also reflects on the partnership strategic direction to ensure alignment.

The strategy will help World Vision Uganda to ensure that its operations are based on the three pillars (Advocacy, Humanitarian Emergency Affairs and Transformational Development) as agreed upon by the partnership. In line with WVI's principle level choices, the strategy will ensure that the organisation is focused on empowerment as opposed to service delivery and that its fundraising strategies are directed by the ministry needs other than just the availability of funding opportunities. In this strategy, WVU has made choices in terms of sectors so as to achieve depth and move away from just addressing the symptoms of poverty to dealing with the root causes of poverty. Therefore, the sectors have been scaled down to only three: Education focusing on primary school education; Health and HIV&AIDS focusing on malaria, maternal and child health, nutrition, HIV & AIDS and psychosocial support; livelihoods security focusing on food production and utilisation, household income, water, sanitation and hygiene in emergency and recovery contexts.

The strategy has put in place specific and measurable indicators based on child well- being outcomes (Children are educated for life, enjoy good health, love God and their neighbours and are protected, cared for and participate) that will facilitate monitoring and the measurement of performance.

3.2. Strategy Development Process

The strategic planning process for 2010-12 kicked off with a Strategy Development meeting held in January 2008 and attended by members of an extended Senior Management Team and three Board members. During the meeting, several documents were reviewed including the National Office Strategy 2007-09, the Macro Assessment Report 2007, and World Vision global frameworks on Principle Level Choices, Integrated Focus, Strategic Mandates and Model of Ministry, WVU Strength, Weakness, Opportunities and Risk (SWOR) Assessment Report 2007, National Office Capacity Assessment 2007, Decentralisation Review of 2007 and Ministry Self Review 2006. The children's views were gathered through the art/drawing competition that involved 14 schools from eight ADPs selected from all the five regions. The drawings were displayed during the strategy development meeting and participants were asked to take a gallery walk to discern and listen to the voices of the children. This was followed with a discussion in the plenary.

The strategy development meeting constituted a Strategy Working Group (SWG) of seven members from different divisions to craft the draft strategic goals and objectives which were discussed by the Senior Leadership Team and later by the Advisory Board.

The draft strategy was submitted in March 2008 to the Africa Region and discussed by the Regional Working Group in a meeting that was held in South Africa in May 2008. This was followed by a Strategy Development Session II that was held in Entebbe in August 2008 and facilitated by the Regional Office of Strategy Management (ROSM). The meeting provided feedback from the Regional Working Group and in put from the various technical specialists from the region.

The strategy was further refined in July 2009 to clearly articulate the child well-being outcomes and identify WVU as a child- focused Christian and community- based organisation.

3.3. Strategy Priority Sectors

Following the Macro-Level Assessment of October 2007, various sectors for intervention and the need for WVU to be more focused in its programming to achieve more impact in contributing to the child well-being outcomes were highlighted. In addition, the partnership principle level choices emphasise the need for achieving depth as apposed to breadth. Furthermore, basing on the WVU capacity assessment, there was need for World Vision to identify sectors where the organisation has comparative advantage and has built competencies over the years. Capacity will be built in the area of health and education for quality programming.

It is against this background that WVU made the decision to focus on primary school education, promote livelihood security and Household incomes and health and HIV&AIDs as the major sectors for intervention in the year 2010 – 12. However, in Northern Uganda and Karamoja, water, sanitation and hygiene interventions will be implemented in addition to the above mentioned sectors. The detailed priority interventions are highlighted in the sector- specific strategies.

3.4. Strategic guiding principles

This strategy has been developed based on the following guiding principles: World Vision Core Values, Model of Ministry, Integrated Focus, Ministry Objectives and Strategic Mandates.

3.4.1. Core Values

⇒ We are Christian

⇒ We are committed to the poor

⇒ We value people

⇒ We are stewards

⇒ We are partners

⇒ We are responsive

3.4.1. Model of Ministry, Integrated focus

Model of ministry and integrated focus are strategic directions from the Global Centre that have informed the development of this strategy. First of all, by the model of ministry WV Uganda was put under context one category. This has led the strategy to consider the continuation of service delivery combined with facilitation and empowerment due to the context of high physical needs and social instability. The strategy also endeavors to achieve the integrated focus on being Christian, community-based and child -focused.

3.4.2. Ministry Objectives

The strategy has been greatly influenced by the Ministry Objectives development by the Global Centre. The ministry objectives are summarised in terms of promoting children's well-being; community resilience; child participation, caring relationships among the communities, change of values, lifestyles, just systems and structures.

3.4.3. Strategic Mandates

The strategic mandates as defined by the Partnership have been helpful in informing this strategy more so in identifying the strengths WVU can build on and the weaknesses that need to be addressed. They have also helped the process in identifying the opportunities that WV can take advantage of and the risks that need to be managed in the course of implementing this strategy.

In line with the strategic mandates, WVU will endeavor to reinforce its Christian foundations, identity and witness. Deliberate efforts will be put to strengthen the grassroots field capacity and ministry. To register more impact with children, communities and supporters, the organisation will strive to mobilise all the necessary/appropriate resources driven by the need and be an authoritative voice at all levels driving change while at the same time building the organisation and its sustainability.

4.0. The Mission

To follow our Lord and saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice, and bear witness to the good news of the Kingdom of God.

5.0. The Vision

Our vision for every child, Life in all its fullness; Our prayer for every heart, the will to make it so.

6.0. The Identity Statement

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and their communities worldwide to reach their full potential by "tackling" the causes of poverty and injustice.

7.0. The Call and Aspiration

World Vision Uganda *aspires* to a Uganda in which children (girls and boys) are empowered to enjoy their well-being; with households and communities committed and empowered to provide and demand for the physical, protection, psychosocial and spiritual needs of their children.

We are *called* to live out our Christian identity to empower and work in partnership with government and community based institutions.

8.0. The Strategic Goal and Objectives

Goal: By 2012 World Vision Uganda will contribute to the well-being of 1,030,000 children, their households and communities in partnerships and through sustainable approaches in supporting local and national efforts in World Vision supported communities

Strategic Objectives	Outcomes	Indicators
Primary school education		
SO.1. Increased proportion of girls and boys completing primary school education from 30% to 50% by 2012	1.1. Households and communities capacities strengthened to provide for the children to complete primary school education	*% increase of enrolment in primary schools* *% increase in the number of pupils completing primary seven*
	1.2. Communities and local institutions capacities built to demand for quality primary school education through citizen voice and action	*# of school management committees (SMCs) trained* *# of parents/guardians mobilised to provide and monitor progress of their children* *# of by-laws and ordinances enacted and enforced* *% of children in lower primary who are able to read and write*
	1.3. Improved access of girls and boys to primary school education through infrastructural development in emergency contexts	*# of classrooms constructed* *# of teachers' houses constructed*
Health and HIV and AIDS		
SO.2. Increased access for girls and boys to utilisation of quality health and HIV and AIDS services in WV supported communities by 2012	2.1. Organisational and technical capacities built for 300 local institutions to prevent infection and mitigate the impact of HIV and AIDS	*# of Community Care Coalitions (CCCs) and other community- based organisations' capacity built* *# of School clubs established*
	2.2. Achieve reduction in malaria prevalence among 5,000 pregnant women and 10,000 children under fives in WV supported communities	*%age of pregnant women sleeping under LLIN* *%age of children under five sleeping under LLIN* *%age of children under five who access malaria treatment within 24hrs of diagnosis* *%age coverage of household with In-door Residual Spray (IRS)*

Strategic Objectives	Outcomes	Indicators
	2.3. Improved nutrition status among the children 0-59 months and pregnant mothers	%age of under weight girls and boys aged 6-59 months (WAZ $\leq$ -2)
	2.4. Improved well being for 150,000 OVCs	# of OVC who have received 1 or more services
		# of OVCs accessing HIV and AIDS prevention and care services raising from 133,000 to 150,000
	2.5. Reduced levels of suicidal tendencies and loss of hope in children and their communities due to HIV and AIDS and war	# of Interpersonal Psychotherapy for Groups (IPT-G) supported
		# of girls and boys reached by the IPT-G
Livelihood Security		
SO.3. Improved livelihood Security	3.1. Food production, productivity and utilisation increased to have well nourished children	% increase of household food production
		% increase of households having at least 2 meals per day
		% of girls and boys aged 6-59 months with weight for age
	3.2. Improved household incomes through provision of micro finance services	# of households receiving micro finance services to improve agricultural production to improve their incomes and feed their children.
		# of households receiving micro finance services to support the education of their children
	3.3. Improved access to safe water, hygiene practices and sanitation in Northern Uganda and Karamoja	%age households accessing adequate and safe water in Northern Uganda and Karamoja region with support from WV
		Reduction in the number of children under 5 suffering from diarrhea
	3.4. Increased communities capacities to mitigate disasters	% increase in the number of ADPs trained in track 1
		# of ADP communities with approved CDPP
		Disaster Risk Reduction (DRR) integrated into long-term ADP programming
		An integrated early warning system in place.

Strategic Objectives	Outcomes	Indicators
	3.5. Established livelihood recovery and transition processes in post disaster stricken communities	Livelihood recovery and Transition strategies in place for post disaster stricken communities
	3.6. Mitigate food insecurity of the drought affected community in Karamoja	100% target beneficiaries eating at least 2 meals per day.
Advocacy		
SO.4. Strengthen organisational and partners' capacity to advocate for policies, systems and practices that ensures the well-being of girls and boys.	4.1. Increased capacities of staff and communities to advocate for child rights to education, health, food and protection.	# of staff trained in advocacy # of partner organisations trained in advocacy # of advocacy initiatives held and well documented in the areas of education, health, child protection and nutrition # of Do No Harm (DNH) assessments conducted. # of Local Capacities for Peace (LCP) trainings conducted
	4.2. Communities (citizens) empowered to express their voices and action in the areas of education and health	# of lead facilitators trained in the use of Citizen Voice and Action (CVA) # of ADPs implementing CVA
	4.3. Strengthened research, advocacy and policy influence in WVU ministry at national and international level to ensure the well being of children	# of policy initiative engagements at national and international level # of research and policy analyses conducted
	4.4. Child participation, Child rights and Gender mainstreamed in ADPs and Projects	# of ADPs supported to promote and mainstream child rights, child participation and gender # of community advocacy initiatives supported
	4.5. Increased capacities of Faith Based Organisations (FBOs) and Churches to respond to the needs of their communities	# of Churches and FBOs leaders trained # of formal partnerships established with Churches and FBOs
	4.6. Strengthened partnerships with government, private sectors and civil society organisations to ensure sustainable and high quality delivery of services	# of Memorandums of Understanding (MOUs) signed with Government ministries, districts, sub counties # of MOUs signed with local institutions to undertake service delivery

Strategic Objectives	Outcomes	Indicators
Organisational Effectiveness		
SO.5. Strengthen the organisation's sustainability, effectiveness, identity and visibility to effectively contribute to the well being of children.	5.1. Effective board governance structure safeguarding and upholding the organisation's vision, mission, values and purpose to contribute to well being of children.	# of organisation policies approved by the board that contribute to child well being. policy participating in board meetings and sub committee meetings # of board resolutions implemented to improve child well being
	5.2. Improved performance and people management to enhance child well being	% of programmes/project scoring acceptable rating in audits % of staff that feel valued. World Vision Uganda is recognised as a child focused organisation World Vision Uganda is recognised as an employ of choice
	5.3. Strengthened organisational systems, structures and policies to support ministry for children:- IT, Finance, Administration and Supply Chain, People and Culture	% of network and connectivity uptime % of staff who pass certification training for IT professionals # of staff who have undergone IT literacy certification programme # of Ministry Information System (MIS) databases developed and operational for Administration, Finance, People and Culture and Supply Chain % of staff utilizing the MIS databases (Admin, Finance, HR and Supply Chain) Programme Management Information System (PMIS) capturing child well being outcomes developed and operational
	5.4. Capacities and competencies of staff build to meet children ministry demands and Resource mobilisation	# of staff trained in appropriate fields related to child well being # of staff participating in proposal writing for grants contributing to child well being (ECHO, USAID, DFID etc), Increased diversified funding (Sponsorship and Private Non- Sponsorship) contributing to child well being

Strategic Objectives	Outcomes	Indicators
	5.5. Enhanced spiritual formation and development of staff to support children spirituality.	*# of spiritual programmes for staff* *# of Church partnerships established* *% of programme/projects reporting increased witness to the love of God* *# of girls and boys supported in the their spirituality*
	5.6. Develop the organisation's communications infrastructure and staff capacity to serve as an enabler and spring board to position WV within and outside the organisation as a responsive, trusted, committed and influential vehicle for child well-being	*# of staff trained in effective communications for child well-being* *# and quality communications materials (i.e. issue oriented stories, messages, photos etc produced)depicting child well-being* *Responsiveness in provision of high quality child well-being information and emergency communications*
	5.7. Enhanced organisational capacity to respond appropriately to humanitarian emergencies in a well coordinated and timely manner to minimise impact on child well-being.	*Existence of a well defined HEA strategy/plans* *%ge of budget being spent on emergency response* *Existence of operational structures such ERDM committee, NEPRF, Fast track systems that enhance disaster management*

9.0. Cross-Cutting Themes

This strategy acknowledges the need to ensure that all cross-cutting themes are integrated in our strategic-sectoral focus (Education, Health and HIV and AIDS and livelihoods). These include: gender, environment, protection, peace building and conflict resolution, disability and Christian Commitment.

Sector strategies will articulate how each of the cross cutting themes intersect with each sector. Detailed guidelines will be provided to the field staff to facilitate mainstreaming of each cross cutting theme during assessment, design and implementation of programmes and projects.

10.0. The Programming Approach

In order to effectively address child well-being outcomes, the following programming approaches will be employed:

There will be programme/project integration to promote synergy both within the ADPs and across the regions where WVU is working.

Participation will include a deep understanding of what other stakeholders are already doing to guide what WVU can do, support or assure. We shall promote gender equity, child participation and deliberate inclusion of the most vulnerable children.

The approach will also take into consideration a deeper analysis of poverty to address its root causes other than symptoms in addressing the issues that affect child well-being.

The advocacy function will be strengthened for more engagement at local and national policy level and build capacity for sustained child well-being outcomes.

There will be clear plans to document WV work in Uganda through publications focused on child well-being, archiving, and improved management information systems (MIS).

In our areas of operation, we shall act as facilitators and work with partners in assessment, design, implementation and monitoring child well-being outcomes.

We will build and strengthen the capacities of identified community structures in psychosocial support to identify and treat depression to combat the high levels of suicidal tendencies and loss of hope in children and their communities that are evidently affecting their progress and participation in development programs.

The geographical focus for programming will be based on the vulnerability indicators in the operational areas.

11.0. Organisational Choices

	Transformational Development	Humanitarian Emergency Affairs	Advocacy
Target Segments	1,030,000 children, 130,000 households and 60 ADPs/ARPs	30,000 children, 6,000 households and 10 ARPs	1,030,000 children, 130,000 households and 50 ADPs/ARPs
Target Ministry	Food Security and MED, Health, HIV and AIDS, Education	Food Security, Health, Water and Sanitation, education, HIV and AIDS	Food Security and MED, Health, HIV and AIDS, Education, gender, peace building
Marketing and funding	Sponsorship Government grants Private Non- Sponsorship	Government grants Private Non- Sponsorship	Sponsorship Government grants Private Non-Sponsorship
Operating model	ADPs Grant project Stand alone projects in targeted urban and rural areas	ADPs/ARPs Grant project	ADPs Grant project Stand alone projects in targeted urban and rural areas

12.0. Description of funding Mix/Resource Mobilisation

WVU's funding base includes sponsorship that stands at 41%, grants at 39%, Private Non- Sponsorship (PNS) at 20% of a total of about $ 56million. Out of this, Gift in Kind (GIK) contributes 27% and cash 73%. During the strategic period of 2010–12 deliberate efforts will be made to raise the budget to $70milllion. The funding mix will be sponsorship at 38%, grants at 37%, PNS at 23% and local fundraising from corporations at 2%. The aim is to have GIK at 15% and increase cash to 85%. Food assistance (e.g. through food for Asset/Work, Food for Training) will be used as an additional resource to stimulate production and help create community/individual assets, and address child malnutrition through initiatives such as Community based Management of Acute Malnutrition (CMAM). Special efforts will be made to attract corporate funding given the increase of the multi-national and national corporations to give them an opportunity to contribute to the well-being of children through their corporate social responsibility.

13.0. Geographical Coverage

World Vision is already covering all regions of Uganda and has just moved into Karamoja region. WVU will explore the possibility of targeting the most vulnerable children by focusing on the very poor communities and those that have been marginalised and receive minimal attention from government, civil society and donor agencies. Expansion to new districts will be guided by the Macro Assessment basing on Human Development Indicators (HDI) with special focus on child well-being outcome indicators.

WVU is currently operating in 5 sub-regions that cover Uganda as follows:

Northern - Gulu, Kitgum, Pader, Amuru, Arua, Nebbi, Apac, Oyam, Lira, Dokolo and Amolatar Districts. No new districts will be added.

Eastern - Soroti, Mbale, Butaleija, Tororo and Busia Districts. New Districts will include Amuria, Mayuge, Bugiri, and Karamoja districts of: Abim, Kaabong, Nakapiripirit, Moroto, and Kotido.

Southern - Kabale, Rakai and Masaka. Sembabule is the only new one that will be added.

Western - Kiboga, Hoima, Bundibugyo, Bulisa and Kibale. Two will be added i.e. Kamwenge and Kyenjojo

Central - Mpigi, Nakasongola, Nakaseke and Mukono Districts. Mubende will be added and an expansion will be made into Mpigi.

Strategy Monitoring and Evaluation Framework 2010 - 12

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
Goal: By 2012 World Vision Uganda will contribute to the wellbeing of 1,030,000 children, their households and communities in partnerships and through sustainable approaches in supporting local and national efforts in World Vision supported communities			
SO.1. Increased proportion of girls and boys completing primary school education from 30% to 50% by 2012			
1.1. Households and communities capacities strengthened to provide for the children to complete primary school education	% increase of enrolment in primary schools; % increase in the number of pupils (girls & boys) completing primary seven	ADP reports; Review of sampled school registers; Research reports	The country will remain stable politically after the 2011 elections
1.2. Communities and local institutions capacities built to demand for quality primary school education through citizen voice and action	# of school management committees(SMCs) trained; # of parents/guardians mobilised to provide and monitor progress of their children; # of by-laws and ordinances enacted and enforced; % of children in lower primary who are able to read and write	Training reports; ADP reports; Field monitoring visits	The communities will be willing to cooperate; Local Governments will cooperate
1.3. Improved access of girls & boys to primary school education through infrastructural development in emergency contexts	# of classrooms constructed; # of teachers' houses constructed	Project reports	
SO.2. Increased access for girls and boys to utilisation of quality health and HIV and AIDS services in WV supported communities by 2012			
Sub- Objectives		Review of CHARMS Data	The country will remain politically stable
2.1. Organisational and technical capacities built for 300 local institutions to prevent infection and mitigate the impact of HIV and AIDS	# of CCCs and other community based organisation capacities built; # of School Clubs established	Projects reports	

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
2.2. Achieve reduction in malaria prevalence among 5,000 pregnant women and 10,000 children under five in WV supported communities	%age of pregnant women sleeping under LLIN %age of children under five sleeping under LLIN %age of children under five who access malaria treatment within 24hrs of diagnosis *%age coverage of household with In-door Residual Spray (IRS)*	Projects reports	Communities and local institutions willingness to participate
2.3. Improved nutrition status among the children aged between 0-59 months in WV supported communities	% of under weight girls and boys aged 6-59 months (WAZ $\leq$ -2)	Growth monitoring cards	
2.4. Improved well-being for 150,000 OVCs	*# of OVC who have received 1 or more services* *# of OVCs accessing HIV & AIDS prevention and care services raising from 133,000 to 150,000*	CHARMS Report	
2.5. Reduced levels of suicidal tendencies and loss of hope in children and their communities due to HIV and AIDS and war	*# of IPT-G supported* *# of girls and boys reached by the IPT-G*	Project reports	Northern Uganda will continue to be peaceful
SO. 3. Improved livelihood Security			
3.1. Food production, productivity and utilisation increased to have well nourished children	% increase of household food production % increase of households having at least 2 meals per day % of girls and % of boys aged 6-59 months with weight for age	Project reports Project Evaluation reports TDI report	Good weather and climatic conditions

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
3.2. Improved household incomes through provision of micro finance services	# of households receiving micro finance services to improve agricultural production to improve their incomes and feed their children. # of households receiving micro finance services to support the education of their children	Project reports	The culture of saving, borrowing and paying will continue to improve Government economic policy will continue to favor MED initiatives
3.3. Improved access to safe water, hygiene practices and sanitation in Northern Uganda and Karamoja	%age households accessing adequate and safe water in Northern Uganda and Karamoja region with support from WV Reduction in the number of children under 5 suffering from diarrhea	Project reports Health centre registers	
3.4. Increased communities capacities to mitigate disasters	% increase in the number of ADPs trained in track I # of ADP communities with approved CDPP DRR integrated into long-term ADP programming An integrated early warning system in place.		
3.5. Established livelihood recovery and transition processes in post disaster stricken communities	Livelihood recovery and Transition strategies in place for post disaster stricken communities		
3.6. Mitigate food insecurity of drought affected community in Karamoja	100% target beneficiaries eating at least 2 meals per day.		Security will continue to improve in Karamoja

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
SO.4. Strengthen organisational and partner's capacity to advocate for policies, systems and practices that ensures the wellbeing of girls and boys.			
4.1. Increased capacities of staff and communities to advocate for child rights to education, health, food and protection.	*# of staff trained in advocacy* *# of partner organisations trained in advocacy* *# of advocacy initiatives held and well documented in the areas of education, health, child protection and nutrition* *# of Do No Harm (DNH) assessments conducted.* *# of Local Capacities for Peace (LCP) trainings conducted*	Assessment reports. Training reports Project design documents Project /National office reports	Political stability
4.2. Communities (citizens) empowered to express their voices and action in the areas of health and education	*# of lead facilitators trained in the use of Citizen Voice and Action (CVA)* *# of ADPs implementing CVA*	Training reports Projects and NO reports	
4.3. Strengthened research, advocacy and policy influence in WVU ministry at national and international level to ensure the well-being of children	*# of policy initiatives engagements at national and international level* *# of research and policy analysis conducted*	Training reports Projects and NO reports	
4.4. Child participation, Child rights and Gender mainstreamed in ADPs and Projects	*# of ADP supported to promote and mainstream child rights, child participation and gender* *# of community advocacy initiatives supported*	Training reports Projects and NO reports	

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
4.4. Increased capacities of FBOs and Churches to respond to the needs of their communities	# of Churches and FBOs leaders trained # of formal partnerships established with Churches and FBOs	Training reports Agreements on file ADP records	
4.5. Strengthened partnerships with government, private sectors and civil society organisations to ensure sustainable and high quality delivery of services	# of MOUs signed with Government ministries, districts, sub counties # of MOUs signed with local institutions to undertake service delivery	Project records Government records Signed MOUs on file At projects	

SO. 5. Strengthen the organisation's sustainability, effectiveness, identity and visibility to effectively contribute to the well-being of children.

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
5.1. Effective board governance structure safeguarding and upholding the organisation's vision, mission, values and purpose to contribute to well-being of children.	# of organisation policies approved by the board that contribute to child well-being. policy participating in board meetings and sub committee meetings # of board resolutions implemented to improve child well-being	Review of board/ committee minutes	
5.2. Improved performance and people management to enhance child well-being	% of programmes/project scoring acceptable rating in audits % of staff that feel valued World Vision Uganda is recognised as a child focused organisation World Vision Uganda is recognised as an employ of choice	HR clinic reports Federation of Uganda Employers Annual Survey reports Audit reports	The Federation of Uganda Employers will continue to undertake annual surveys

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
5.3. Strengthened organisational systems, structures and policies to support ministry for children:- IT, Finance, Admin and Supply Chain, People and Culture and Communications	*% of network and connectivity uptime* *% of staff who pass certification training for IT professionals* *# of staff who have undergone IT literacy certification programme* *# of MIS databases developed and operational for Admin, Finance, People and Culture , Supply Chain and Communications* *% of staff utilising the MIS databases (Admin, Finance, HR and Supply Chain)* *PMIS capturing child well-being outcomes developed and operational*	Ministry update reports Personal files (People and Culture records)	
5.4. Capacities and competencies of staff build to meet children ministry demands and Resource mobilisation	*# of staff trained in appropriate fields related to child well-being* *# of staff participating in proposal writing for grants contributing to child well being (ECHO, USAID, DFID etc),* *Increased diversified funding (Sponsorship and Private Non- Sponsorship) contributing to child well-being*	Annual reports Field Financial reports Training reports, Project reports	Continued availability of donors The Global Crisis impact will quickly be contained

Summary of Strategies objectives	Success Indicators	Means of Verification	Assumptions
5.5. Enhanced spiritual formation and development of staff to support children spirituality.	# of spiritual programmes for staff # of Church partnerships established % of programme/projects reporting increased witness to the love of God # of girls and boys supported in the their spirituality	Orientation reports People and Culture records Signed MOU with Churches	
5.6. Develop the organisation's communications infrastructure and staff capacity to serve as an enabler and spring board to position WV within and outside the organisation as a responsive, trusted, committed and influential vehicle for child well-being	# of staff trained in effective communications for child well- being # and quality communications materials (i.e. issue oriented stories, messages, photos etc produced)depicting child well-being. Responsiveness in provision of high quality child well-being information and emergency communications		