

Sironko District Local Government

OVC Service Provider Mapping Report

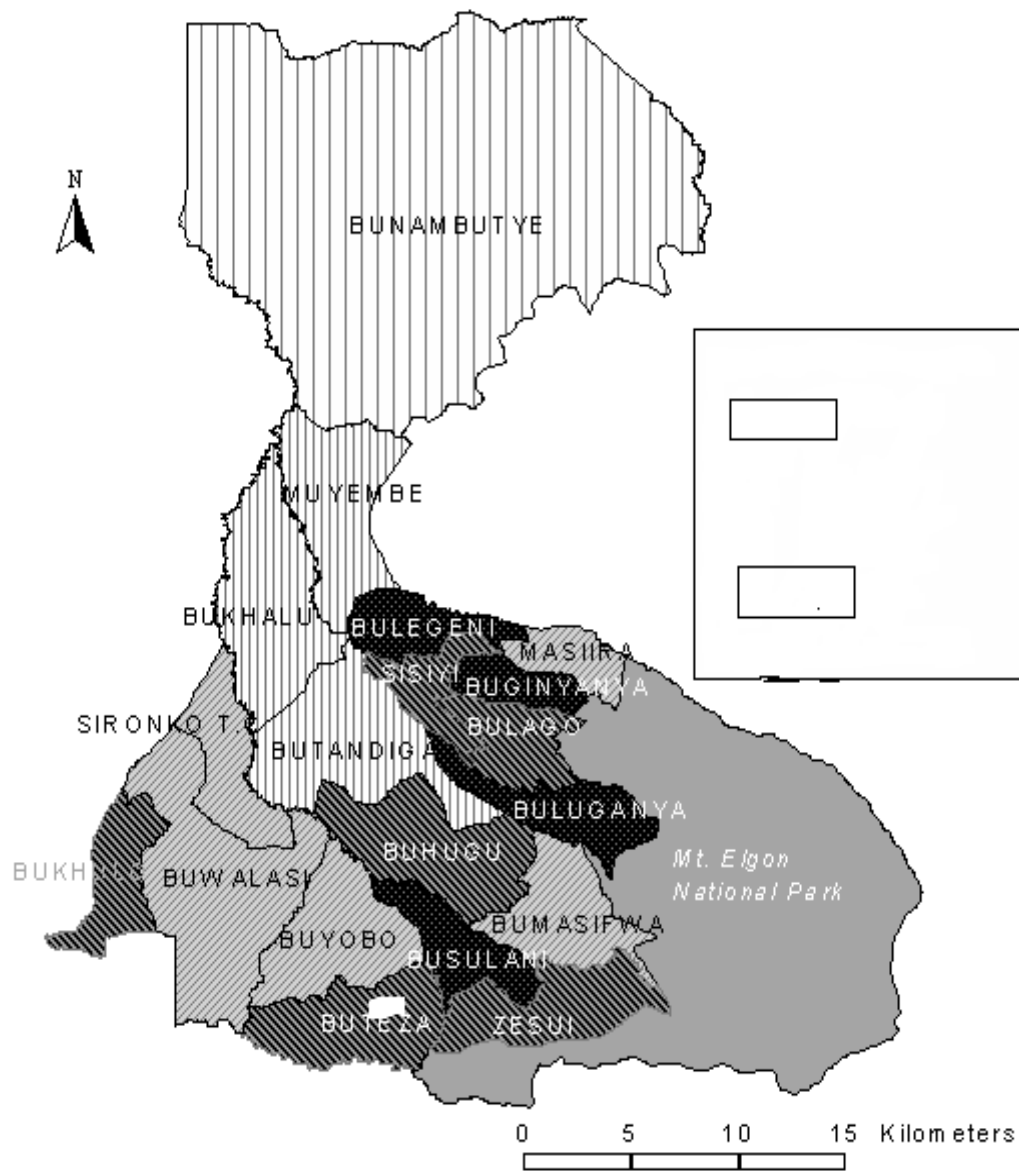


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CHIEF ADMINISTRATIVE OFFICER- SIRONKO

Acronyms

CBOs	-	Community Based Organizations
CDO	-	Community Development Officers
CHAI	-	Community HIV/AIDS Initiatives
CPA	-	Core Programme Areas
FBO	-	Faith Based Organization
HIV/Aids	-	Human Immune Virus/Acquired Immune Deficiency Syndrome
LLGs	-	Lower Local Governments
M&E	-	Monitoring and Evaluations
NGOs	-	Non Governmental Organizations
OVC	-	Orphans and Vulnerable Children
SPSS	-	Statistical Package for Social Sciences
TSO	-	Technical Support Organization
UWESO	-	Uganda Women's Effort to Save Orphans

Executive Summary

The mapping exercise was undertaken by the district with funding from CORE and the Ministry of Gender Labour Social Development and guided by the Technical Support Organization. The exercise highlighted many issues regarding the OVC status and organizations engaged in OVC service provision. It was aimed at identifying OVC service providers, establish key challenges and existing gaps as well as making recommendation on how to improve OVC Service delivery in the district.

Fifty six organizations engaged in service delivery were considered, covering thirteen sub counties and one town council. Out of the ten core programme areas, Education had majority of the service providers, followed by psychosocial support, with food security and health ranking a head of others. On the other hand, legal support and capacity building CPAs had no service providers. The report also established that most of these service providers were mainly community based organizations (CBOs) that emerged during the implementation of the Community Based HIV Initiative (CHAIs).

Service delivery gaps identified included lack of comprehensive M&E mechanisms, inadequate community participation in identification of the key interventions, most organizations lacked permanent staff, the budgets were low and above all the executives of the organizations did not give accurate data on OVC status.

In view of the foregoing, it is apparent that the quality of the services being delivered falls short of addressing the real needs of the OVC in the district. It is therefore, recommended that; existing service providers be strengthened in resource mobilization, increased funding of OVC intervention, data be collected periodically and multi-sectoral programming / implementation be emphasized as well as recruiting social workers to cover all the sub counties.

1.0 Introduction

1.1: Context of the Mapping

Sironko District has recognised the increasing number of OVC who need immediate care, support and empowerment. Despite the existence of many OVC service providers operating in the district, their interventions have not holistically addressed the above needs. In order to address the OVC problem, a mapping exercise was carried out in August 2007 with the aim of identifying the key service providers, their interventions, challenges and gaps as far as OVC service delivery is concerned.

The mapping was specifically to tackle the following objectives:

- To identify OVC service providers and areas of interventions in the district.
- To establish the key challenges and existing gaps by the service providers in the district.
- To come up with recommendations on how to improve OVC Service delivery in the district.

1.2: Focus of the Mapping

The mapping exercise was used to generate information on the following pertinent areas - the number of OVC organizations per location, number of OVC supported per sub-county, number of OVC served per Core Programme Area (CPA) amount of funds provided for OVC activities per organization and location, the number of organizations supporting OVC per Core programme Area (CPA), types of CPAs provided by organization and location and the OVC services delivery gaps by CPA and location.

1.3. Planned Use of Mapping Information

The district undertook the mapping exercise and the findings will be vital in the following areas:

- Updating the District OVC databank
- The information will assist the district in improving networking and referrals among OVC service providers
- Promote delivery of a more comprehensive package for OVC

- The information will be a step towards district empowerment in OVC activities
- The findings will be disseminated to the key stakeholders as a way of raising their awareness, soliciting for their support and involvement in the OVC problem.
- The mapping results will be used as a basis for the development of the district OVC strategic plan

2.0 Process/methodology of the mapping exercise

2.1 Introduction

This chapter will present information on geographic coverage which describes the areas considered during data collection both by location and operational areas. It also brings out the sampling and population, data collection and synthesis, quality management that describes the criteria employed in ensuring data quality and hence the reliability of the generated information. Finally the chapter highlights the limitations of the study.

2.2 Geographic coverage, sampling and population

The mapping exercise covered 13 Sub-Counties and Sironko Town Council. Questionnaires from five sub counties were not entered because they reached late. These include: Buteza, Buyobo, Sisiyi, Bulago and Bulegeni. However, even within the 14 sub counties covered, not all parishes had service providers. The CDOs in collaboration with the Parish Chiefs identified a total of 56 service providers and hence were considered in this mapping exercise.

2.3 Data collection: methods and tools, synthesis of data

The CDOs were trained by the Technical Support Organization in the usage of the tool for data collection. The pre-tested questionnaires were administered to the leaders of these OVC service providers by the trained CDOs. The completed questionnaires were collected in the District Planning Unit for processing. After coding open ended responses, Epi-data package was used to capture the data, which was later exported to SPSS for analyses. The analysis mostly entails descriptive statistics and more specifically the cross tabulations. The final mapping report was prepared after data analysis. Some questionnaires were self administered while others were filled in the presence of and with the guidance of the CDOs. This was done to ensure easy and timely recovery of the questionnaires.

2.4 Data quality management, validation of data

Data quality is important as it enhances their credibility, increases their potential use and the benefits to be derived from them. The OVC mapping data quality is known to be compromised by incomplete and inaccurate responses, poor quality control in implementation of methodology. In particular quality could have been lost through inadequate coverage, none response errors and data processing errors (editing, coding, data entry, etc).

- However, the designed questionnaires were Pre-tested using a mock exercise and the identified gaps were rectified. This gave a sense of the reliability of the questionnaires used in data collection.
- Training of all the data collectors (CDOs) on the use of the data collection tool
- Checking and editing the OVC mapping questionnaires.
- Carefully checking all the data for consistency as well as comparing responses from various sub counties and areas.
- The CDOs and service providers were greatly consulted to help in coding of open ended questions before embarking on data entry.
- Follow ups of none responses were done both by physical contacts and on telephone communications with the concerned officers to gain clarity on some responses provided.

2.5 Limitations

The major limitations encountered included inadequate resources to carry out detailed data collection and make critical/accurate none response follow ups, more so in the mountainous sub-counties. Some CDOs had difficulty in conducting a questionnaire in Lumasaba which is not their mother tongue. Even the responses provided, permitted a lot of limitations to the reliability of the findings from the questionnaires. Many questions were unanswered and this brought about data gaps at the time of analyses.

3.0 Results

3.1 Introduction

The study considered 56 OVC service providers of which only 36 had included the core programme areas on which they operate. The quality of the services being provided was not holistic because some of the service providers are only involved in either one or a few programme areas, with legal and capacity building having no service providers other than the line departments. However, education support attracted the majority of most service providers. This can be seen from one of the provided annexes. Most of the service providers only existed during the CAHI but as soon as the project ended, most of the service providers became very inactive. This critically reveals that several of these OVC service providers are active only in financial booms and when there are adequate motivations. It is therefore; right to conclude that the quality of services being offered by these organizations had deteriorated slightly at the time of these data collection.

3.2 Overview of OVC situation

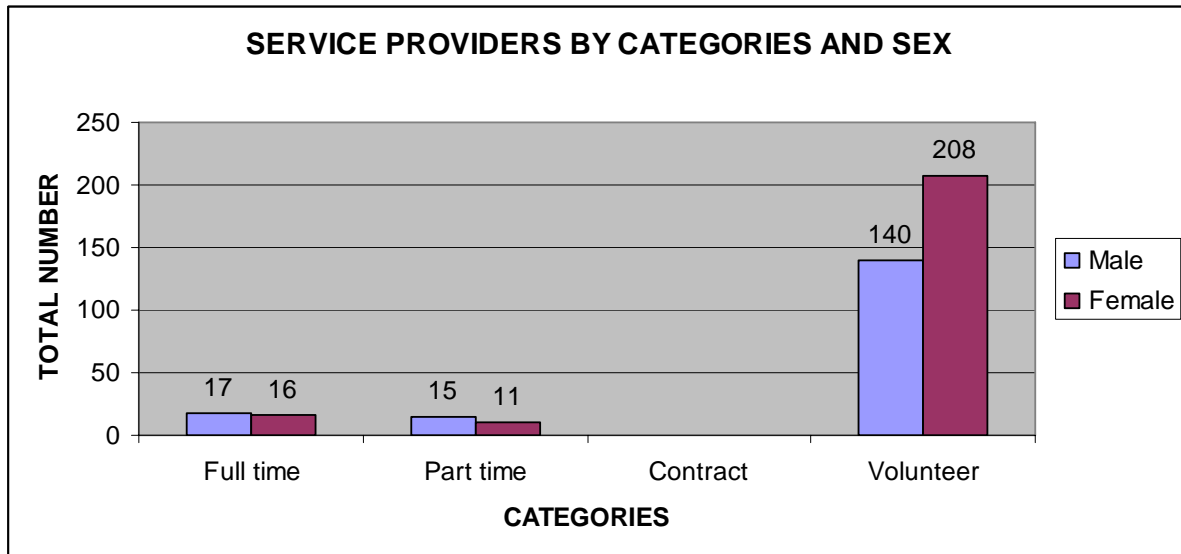
In the processing of this report, one of the key challenges faced was the incompleteness in the filled questionnaires; some OVC service providers could not explicitly mention the exact number of OVC being served by them. However, according to the 2002 Uganda population and housing census, orphans constituted 8.79% (13,608 of 154,837) of the children population (under 18 years of age) in the district.

3.3 Overview of OVC Service Providers

In the 13 sub counties and one town council covered, 56 service providers were identified, 36 specified their core programme areas while the rest did not. Generally, for the service providers interviewed, they were fairly equally distributed in the sub counties and parishes. Psychosocial support and health was a greater concern to most organizations, followed by education and other core programme areas. All the OVC directed their efforts to the orphans and unsupervised children leaving other

categories like child headed families, children with psychosocial problems, children living in institutions, children affected by wars. However, most areas covered are not concerned of street children because these places are not urban centers except the town council. The service providers were mostly volunteers. Perhaps that is why the quality of the services offered is comparatively poor.

Graph showing CSOs staffing level by category and sex



3.3.1 Essential services being provided

The mapping exercise indicates that out of the 10 core programme areas, only 8 are being addressed in Sironko district with varying degree of implementation. As seen from the table, the majority of service providers are in education (32) followed by food security and nutrition (21), psychosocial support (18), health (9), child protection and care and support with (2) each and Mitigation of impact of conflict and socio economic support have only one service provider each.

No	CPA	No of Service Providers	Percentage
1	Food Security	21	24.4
2	care and support	2	2.3
3	Education	32	37.2
4	Psycho-social support	18	20.9
5	Health	9	10.5
	Socio-economic		
6	support	1	1.2
7	Child protection	2	2.3
8	Mitigation of Impact	1	1.2
9	Legal support	0	0.0
10	Capacity Building	0	0.0
	Total	86	100

The exercise did not register any service provider on legal support and capacity building for OVC issues.

CPA by Sub County.

	Location	Core Programme Areas						
		Care and Support	Mitigation of Impact	Education	Psychosocial Support	Health	Child Protection	Total
1	Bukhalu		1			1		2
2	Sironko T.C			1				1
3	Buginyanya				3			3
4	Buwalasi				2		1	3
5	Bunambutye				1			1
6	Buluganya				1			1
7	Busulani	1		2				3
8	Buhugu					1		1
9	Bumasifwa	2						2
10	Masira	1		1		1		3
11	Muyembe				3	2		5
	Total	3	1	4	10	5	1	25

The findings show that Muyembe Sub county has got 5 CSOs and yet Sironko town council, Bunambutye, Buluganya and Buhugu sub counties have got only one CSO serving the OVC in their areas. The CPAs spread in sub counties as shown in the table above indicates that psychosocial support is the most offered CPA followed by health and education however the list CPA provided are child protection and mitigation of the impact of conflict. In summary only 6 CPAs are offered out the 10 CPAs.

3.3.2 OVC service delivery gaps

Table showing Service delivery gaps

No	Response Area	No of Response					PERCENTAGE				
		A	B	C	D	Total	A	B	C	D	Total
1	M&E	14	11	8	21	54	26	20	15	39	100
2	Knowledge & Skills	12	15	19	10	56	21	27	34	18	100
3	reporting	1	17	19	17	54	2	31	35	31	100
4	Planning	5	7	33	8	53	9	13	62	15	100
5	Documentation	2	20	20	13	55	4	36	36	24	100
6	Rights	6	16	18	15	55	11	29	33	27	100
7	Family and Community Support	1	4	35	14	54	2	7	65	26	100
8	Community Participation	16	12	16	8	52	31	23	31	15	100
9	Focusing on most vulnerable	2	17	20	16	55	4	31	36	29	100
10	Activity devpt and planning	5	6	27	17	55	9	11	49	31	100
11	Resource mobilisation	8	31	13	3	55	15	56	24	5	100
12	coordination mechanism	2	7	29	16	54	4	13	54	30	100
13	information and education	4	20	22	9	55	7	36	40	16	100
14	Communication and advocacy	6	19	17	13	55	11	35	31	24	100

From the table, when service providers were asked to comment whether their organizations had a functioning monitoring and evaluation system, 26% agreed that even if they did monitoring, it was not in a systematic manner. There is need for backup support in this vital area if we are to improve on the quality of services

rendered. 65% of the service providers revealed that the activities targeting OVC originate from the organisation but the participation of the community and the families are highly allowed. This portrays a very strong linkage and involvement of the communities and respective families in the implementation of OVC programmes. This response sets a clear future and courage in directing more resources in to OVC programmes since it is likely and probable that there would be value for resources since the exact target groups takes centre in directing activities and resources.

3.4 Quality of OVC services by CPA assessed

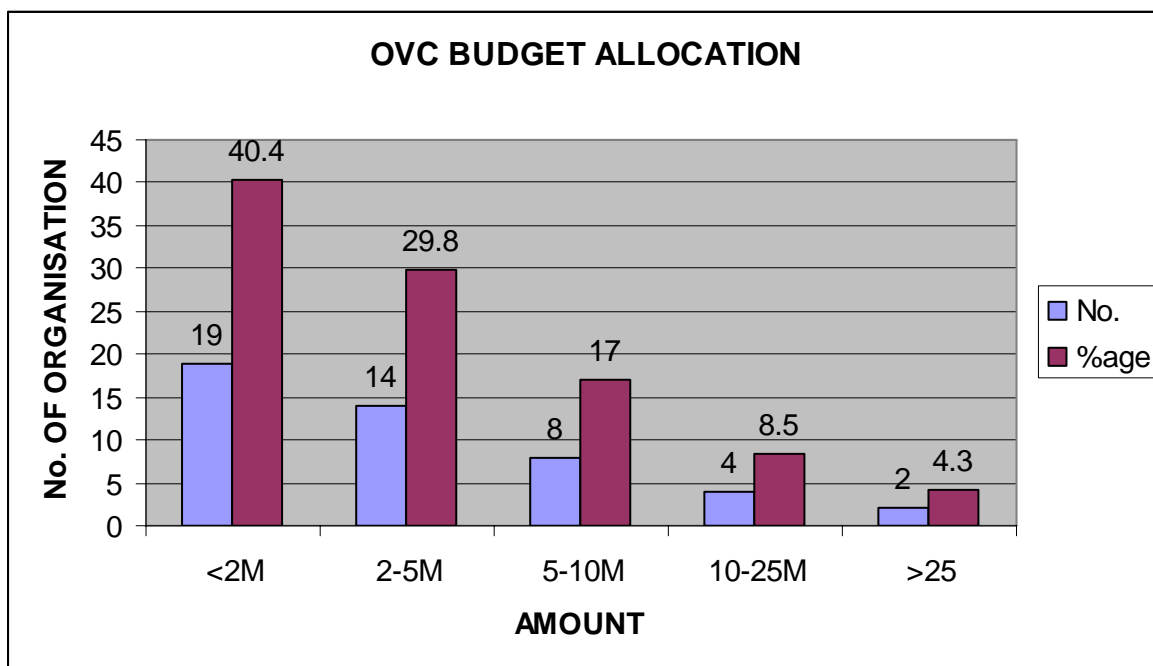
This parameter considered a number of areas which include: number of full time staff per service provider, amount of money spent on OVC activities, etc. The mapping results reveal that out of 56 service providers whose data was captured, only six had full time staff as observed in table below.

No	Name of Organisation	No of Male Staff	No of female Staff	Total
1	Ushindi Self help	3	3	6
2	Ezra	4	4	8
3	CCF	2	0	2
4	BUHACA	4	3	7
5	Makuyu Child Devpt	2	2	4
6	Mabondye Nursery Sch	2	1	3
	Total	17	13	30

This thin number of full time staff indicates a capacity problem that ultimately affects the quality of OVC service delivery in the district. In terms of amount of money allocated to OVC activities by Service providers, it was established that over 41% budgeted for less than 2,000,000/= (to be exact most allocated less than 700,000/=), a figure which is too small to sustain OVC core programmes.

3.4 Budget allocation

Graph showing budget allocations to OVC (all organizations)



From the table that 40.4% of the organizations contacted had budget allocation of less than two million shillings. Only two organizations of Bukhulo women and orphanage care and Nabbongo women group had budget allocation of over 25 million to OVC.

3.6 Conclusion

Most service providers directed their efforts specifically to education, health, psychosocial support and other core programme areas were attended to last or not at all. By budget allocation, most organizations had very weak/ low budget estimates for the OVC which set clear, their commitment in the implementation of OVC programmes. Despite most organizations relied on volunteers as far as service delivery is concerned. That is why by the time of this data collection, some responses could not be very accurate and reliable since the right persons to interview might not have existed on the spot f interview

4.0 Challenges

1. Resources were not adequate to cover the exercise
2. Most questionnaires were not fully filled and this necessitated data cleaning before analysis

3. Some service providers did not give some of the required vital information especially on finances and disaggregated data of OVC being served.
4. Some questionnaires were administered but not returned in time for entry and analysis. This means that the data collected may not be comprehensive enough to give a true picture of the OVC situation in the district

5.0 Conclusions and Recommendations

The exercise revealed a number of key issues and these include

1. Most service providers are CBOs that came into existence to respond to an existing programme (Global Fund)
2. Not all the Sub-counties were covered under mapping due to late submission of mapping results and few community staff in the sub-counties.
3. Some CPAs were not being implemented especially legal and capacity building
4. Most service providers did not have permanent staff
5. Most interventions centered on orphans and unsupervised children.
6. Most service providers did not have clear sources of funding and lacked detailed M&E mechanisms.
7. Most questionnaires were not fully filled to capture all the required data for proper data analysis

5.1 Recommendations

- There is need to strengthen the existing service providers in terms of resource mobilization capacity and human resource.
- Mapping exercise should be carried out annually and should cover the entire district.
- There is need for the district to lobby or train resource pools to handle legal and capacity building CPAs
- Service providers should be sensitized on the importance of having permanent staff and where resources permit, or else strengthen the capacity of their volunteers.
- There is need to develop appropriate interventions for the other vulnerable children.
- There is need to assist service providers to include sustainability strategies in their programmes and projects.
- The district should liaise with the Ministry of Gender Labour and Social Development, Local Government and Public Service to recruit, train

and equip the community development workers to effectively fulfill their OVC mandate.

- In future, data collection should be timely and adequate training be administered to data collectors with full involvement of staff in the planning unit.
- OVC issues and data collection should not be limited to only service providers but all other stakeholders including the local authorities.

6.0 Appendixes

- i: Name of organizations by types.
- ii: Title of organisation by location.
- iii: Name of organizations by core programme areas.
- iv: Amount allocated to OVC per Sub County.
- v: Name of organisation by amount allocated on OVC.
- vi: Tool for data collection.

	Name of Organisation	Type of Organisation				Total
		NGO	FBO	CBO	Private	
1	ACIO			1		1
2	Buboolo Youth Club	1				1
3	Buginyanya-masira farmers associ	1				1
4	Bugoche Women and Orphans Group			1		1
5	BUHACA			1		1
6	Bukhulo widows and orphanage car		1			1
7	Bukiboli Integrated Youth Associ		1			1
8	Bukibolo Women and Orphan group			1		1
9	Bukyabo Women and Orphans Family			1		1
10	Bulwala weyeda widows and orphan	1				1
11	Bumaisi family health care		1			1
12	Bumalimba Community Development			1		1
13	Bumasifwa community development			1		1
14	Bumasifwa orphans and people liv			1		1
15	Bumasobo care project			1		1
16	Bumasokho women group			1		1
17	Bumugwedi-Yedana women Group	1				1
18	Bumuluwe Womens' Group			1		1
19	Bumurisha Widows/Orphans and Dis			1		1
20	Bunamehe Farmers Association				1	1
21	Bungwanyi community HIV/AIDS as		1			1
22	Busiita United women's Group			1		1
23	Busu Community HIV/AIDS and Pove				1	1
24	Butandiga Upper orphan Care and			1		1
25	Buwanyama orphanage child and wo				1	1
26	Buwasyeba community development			1		1
27	Christian chikdren fund			1		1
28	EZRA			1		1
29	Hamba Apola group			1		1
30	Kidiyo Yedana Farmers Group			1		1
31	Kigunyunyu/Bumulish Yedan Women			1		1
32	Kirumbi Women farmers Associatio			1		1
33	Kitoro farmers association			1		1
34	Mabondye nursary school			1		1

35	Mafode			1		1	
36	Makelele Women's Group			1		1	
37	Makuyu child development centre			1		1	
38	Masira women orphan care			1		1	
39	Mpogo bafubi group			1		1	
40	Musabire Subira Group			1		1	
41	Mutufu Child Development Centre			1		1	
42	Muyamba HIV/AIDS group			1		1	
43	Nabbongo women group			1		1	
44	Nabodi Womens' Group			1		1	
45	Namidambo womens group		1			1	
46	Namiri Women Afford Orphan Group			1		1	
47	Pentecostal Covenant Orphanage		1			1	
48	Sigwa Orphan Care and Family sup			1		1	
49	Siita Nest Home Project		1			1	
50	Simu Pondo Community Care Projec		1			1	
51	Simuma Bee-keepers association		1			1	
52	Southern ward awareness associat		1			1	
53	Uganda red cross society		1			1	
54	Ushindi Self Help Group			1		1	
55	Zesui Clients Association		1			1	
56	Zesui United Group		1			1	
			4	13	36	3	56

	Location		Core Programme Areas					
		Care and Support	Mitigation of Impact	Education	Psychosocial Support	Health	Child Protection	Total
1	Bukhalu		1			1		2
2	Sironko T.C			1				1
3	Buginyanya				3			3
4	Buwalasi				2		1	3
5	Bunambutye				1			1
6	Buluganya				1			1
7	Busulani	1		2				3
8	Buhugu					1		1
9	Bumasifwa	2						2
10	Masira	1		1		1		3
11	Muyembe				3	2		5
Total		3	1	4	10	5	1	25