



AFRISLUM

Uganda

STRATEGIC PLAN

2021 - 2025



FOREWORD

Since its inception in 2018, Afrislum Uganda has remained consistent to its mission of Empowering children and young people (0-24 years) living in informal settlements, the slum. Afrislum values place the individuals living in informal settlements at the forefront to the center of development. Indeed, some progress has been reached upon in transforming both human, social and economic assets of an individual living in informal settlements.

It is upon this background that this strategic plan sets out Afrislum's agenda for the period 2021 – 2025. It is designed through the consolidated lessons, experiences and new practices that Afrislum has accumulated over the years. It has also been developed in line with best practices for development, planning and ensuring participation of key stakeholders at every stage. The strategic planning process has integrated the institutional design of Afrislum, the historical evolution of the organization, experiences, achievements, challenges and its partnership arrangements. The process also evaluated Afrislum's organizational setup in relation to how best to realize meaningful program goals and objectives. In addition, there was a reflection on the future role of Afrislum in empowering individuals living in urban informal settlements in the post COVID-19 era. In its quest to support children and young people below 25 years and living in slums Afrislum will work with communities, local leaders and other partners both local and international in finding lasting solutions to children and youths problems.

Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behavioral Change Communications
BTVET	Business Technical Vocational Education and Training
C-19	Covid-19
CBO	Community Based Organizations
ECCD	Early Childhood Care and Development
EMIS	Education Management Information System
F	Female
FL	Financial Literacy
GoU	Government of Uganda
HH	Household
HIV	Human Immuno-Deficiency Virus
IRC	International Water and Sanitation Centre
M	Male
MFPED	Ministry of Finance Planning and Economic Development
NDP	National Development Plan
NGO	Non-governmental Organization
Pple	Person/People
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
SNV	Netherlands Development Organization
UBOS	Uganda Bureau of Statistics
UN-HABITAT	United Nations Human Settlements programme
UNHS	Uganda National Housing Survey
UNICEF	United Nations Children Fund
UNUP	Uganda National Urban Policy
UPE	Universal Primary Education
WASH	Water Sanitation and Hygiene

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INTRODUCTION

Overview

This document presents the Afrislum strategy for the period 2021 – 2025. The strategic intent expressed emanates from and builds on the achievements that Afrislum has had since 2018. The context of this strategic plan highlights the following key programmatic areas: Health, Livelihood Education Water & Sanitation, development.

In contrast to previous attitudes towards slums that characterized them as illegal Wsettlements to be eradicated, slums are now viewed as an inevitable ‘growth pain’ of economic development.

Therefore, a great opportunity exists for Afrislum to collaborate and engage with Government (central & local governments) and other Development partners in addressing specific child wellbeing issues identified in this strategy.

Why the strategy?

The Leadership Team evaluated the organization’s effectiveness in reaching children and youth in the urban poor settlements; reaffirmed its commitment to reach the most vulnerable; and began the process of thinking through how best to achieve this in the current funding environment. This strategy (2021 – 2025) has a strong focus on positively impacting the lives of the most vulnerable urban communities, diversifying and increasing Afrislum’s funding portfolio, and improving our organizational competitiveness. This strategic plan is therefore responding to the national landscape and trends in the urban poor settlement of Kasese, Gulu, Mbale, Jinja, Wakiso and Kampala. It is aligned to the global sustainable development goals, the Africa 2063 agenda, the Uganda National Development Plan III as well as to the specific sector strategic plans. Both Board and Management visioning emphasized the need to focus on lasting impact, increased resource mobilization and having an organization which is effective, and one which utilizes models and approaches that are research based and innovative.





1.1. Our story (Our foundation, history and services)

Our Identity

Afrislum is an indigenous urban-poor focused, non-profit organization committed to implement high quality evidence-based holistic approaches that address both human, social and economic assets of an individual living in informal settlements, the slums. Borne out of a needs assessment by the founders that highlighted the plight and ever-increasing service-inequalities faced by those at the very bottom of the Economic Pyramid, Afrislum was founded in 2018 and has since grown leaps and bounds to attain a Non-Government Organization status. The multifaceted nature of problems facing the urban-poor demands that we take an integrated, context-based approach in all our interventions with considerations to Local Evidence and slum-specific operating situation to realize Fit between Intention and Outcome.

To date, Our Goal remains to generate evidence that influences policy decisions and innovations that improve the quality of life of the urban-poor in Uganda.

Our focus: Our primary target beneficiaries are children and young people below 25 years in informal settlements in Uganda. We believe that they have the potential to change their own lives and communities for the better, if empowered, and our role is to facilitate the process. Caretakers and parents of children below 15 years are targeted as secondary beneficiaries through whom we impact the children.

With our identity, unique positioning and rootedness in slums, we propose four interrelated program areas for maximum reach and impact in the Strategic Period and these are;

Livelihood, Education, Health and Wellbeing, and WASH. Our foundation, which we are committed to and will remain unchanged over the duration of the Strategic Plan, is highlighted

OUR FOCUS, VISION AND MISSION.

Vision : Afrislum envisages cities in which the young population in informal settlements is healthy, informed, empowered and has equal access to social services and opportunities.

Mission statement : To serve individuals and families in the poorest urban settlements in Uganda through research, and evidence-based policy and innovations aimed at creating lasting human, social and economic change in the lives of the urban poor.

1.2. Strategy Development Process

The development of the 2021-2025 Strategic Plan for Afrislum was a two-pronged participatory process that involved key stakeholders;

a) Consultation with Stakeholders

Afrislum consulted with groups of young people both in school and drop-outs, caretakers of children in slums, local authorities and government officials in the several cities/towns in Uganda. Focus group discussions were held with different groups of 10-12 young people; and in-depth interviews with relevant authorities to map out the key problem areas after which a theory of change was developed that informed the current programming sectors.

b) In-house and discernment and reflection sessions

This phase involved consultations with the leadership team and Board. Afrislum contracted an independent consultant who took staff through an interactive process with the senior executives of the organization. Key areas of reflection included understanding the national context, constructing Afrislum's current internal and external environment, casting the strategic goal and objectives for the next cycle, beneficiary targeting and reflecting on the key principles that would guide the adoption of this strategy.



2. COUNTRY CONTEXT

2.1: General Landscape

Uganda's population is 41 million (UBOS, 2019) and is among the top 10 countries with the highest fertility (7.1 births per woman) and 3rd highest rate of natural population increase in the world (The 2006 Human Development Report). The population segments are 21.4% are 0-5 years; 22% are 6-12 years; 11.4% in the category 13-17%. This makes Uganda the second youngest country (with a median age of 15.9) in the world (World Economic forum, 2015). The growing population (growth rate is 3.2% per annum) continues to put pressure especially on the urban population. Currently, the urbanization process is estimated at a rate of 5.2% per annum (Uganda's National Urban Policy - UNUP, 2017) and that half (48.5%) of the urban population is found in urban poor settlement (UN-Habitat, 2018). These densely populated areas, have limited access to basic services like water, electricity, health facilities and are formed

informally (Adger 2017, UN-Habitat 2016). The economic profile of these urban poor shows that a big percentage are not employed, majority of whom are women and youths who lack adequate skills and education to enable them to find gainful employment. In these living conditions, there is a high HIV prevalence which is higher than the national statistic. There is a lot of substance abuse-induced sexual and gender-based violence (SGBV). These compounded situations have led to high numbers of single mother, child and grandparent headed households. Other aspects for the population boom include; high unmet need for family planning of (28%), Low contraceptive use (39%), high desired family size of 5.7 for men and 4.8 for women; and High teenage pregnancy at 25% (National Population Council -<https://npcsec.go.ug/key-facts-on-Ugandas-population/>).

Environmental sanitation in these high-low landscapes presents challenges of waste disposal, consequently, the prevalence of preventable diseases (malaria, diarrhoea, measles, and pneumonia) and Malnutrition are high. A 2013 survey by the African Network for the Prevention and Protection against Child Abuse and Neglect estimated that there are 10,000 street children in Uganda, a 70% increase since 1993, with approximately 16 new children coming to Kampala's streets every day (Unicef, 2015) and many more in the other towns across Uganda. These children abode in the Slum settlements of these cities and districts and during the day go to the streets to beg, steal and do other activities from which they derive their livelihoods.

According to the Uganda Ministry of Lands, Housing and Urban Development, Uganda's Slum Upgrading Strategy and Action Plan (2008) was developed to provide a framework, direction and plan to all stakeholders including Local Governments, Urban Authorities, NGO's, CBO's; so that each stakeholder can individually contribute towards achieving support to the urbanization process. Afrislum draws from such government strategies to re-affirm its commitment to the urban-poor communities

2.2: The Covid-19 situation

The Covid 19 pandemic has ravaged people of all walks of life since its emergency in December 2019. The first case in Uganda was reported in April 2020 triggering the undesirable but preventive health protocols and long country lockdowns. These lockdowns that involved demobilizing many public sector workplaces and personal businesses have had devastating effects on unprivileged communities such as the informal settlements. Families in slums have been some of the hardest hit with many going without food, medicines, inaccessibility to public services, increased domestic and sexual based violence, depression and other cognitive challenges which are envisaged to have long term effects on the urban poor. WE are mindful of these underlying contextual aspects as we carry out our interventions in this strategic period, ensuring that no one of our beneficiaries is left behind.





2.3: Alignment with the Development Agendas

This strategy has been developed with both a global perspective of the SDGs, African perspective and the local perspective of the National Development Plan III.

Sustainable Development Goals

This strategy aligns with SDG1 that focuses on poverty eradication in all its forms. The slum settlements are some of the poverty most prevalent areas. Our focus is on all children 0-17 and young people 15-24 years. Our alignment with the global agenda 2 (Zero hunger) is spot on in the focus on lowering the malnutrition levels for children under 5 years and adolescent girls. The strategy will focus on this as a key intervention area. In no better position is our strategy than in goal 3 on Health and wellbeing and more specifically interventions that minimize the effects and burden of HIV/AIDS. Our focus on psychosocial support and more specifically Cognitive Behavioral Therapy that support retention into care is very paramount in our strategy. We also focus on sexual and reproductive services, family planning, gender-based violence, violence against children to support the progress on this agenda. Our strategy will focus on access to quality early childhood development, care and preprimary education so that children get better start in life and are ready for primary education

and thus contributing to the enrollment aspect of goal 4 (Quality Education). Girls experience sexual violence; our strategy recognizes and places emphasis on interventions that should remedy this and thus contribute to goal 5 (Gender Equality) of the SDGs. Lastly, our focus on WASH interventions directly fits agenda 6 (Clean Water and Sanitation). Our focus is on chlorination of water, water source functionality to increase access, environmental sanitation and household hygiene practices in slums. Our focus on skilling young people using proven models such as BTVET and appropriate saving and financing models such as YSLA and providing apprenticeship will go a long way in contributing to the substantial reduction in the proportion of youth not in employment. This supports goal 7 (Decent work and Economic growth for Youth). Supporting slum settlements by lowering their burden is part and parcel of contributing to sustainable Cities (Goal 11). One of our key modus operandi for resourcing is the emphasis on partnerships to leverage of existing expertise. This is in tandem with goal 17 (Partnership for the goals).

Africa Agenda 2063

This strategy aligns and draws rationale from the Agenda 2063 priority goals. 1) Goal 1: A High Standard of Living, Quality of Life and Well Being for All Citizens. Key priority areas upon which we benchmarked our Education Technical program was to increase Incomes, Jobs and availability of decent work. 2) Goal 3: which focuses on Healthy and well-nourished citizens and this is well stipulated in the Health and Wellbeing technical approach. 3) Goal 17: Full Gender Equality in All Spheres of Life. Key priority area in this will be mitigation violence against women and girls and 3) goal 18: Engaged and Empowered Youth and Children through Youth Empowerment and Children programming

National Development Plan III

The goal of NDP III is to increase household incomes and improve the quality of life of Ugandans. This goal contributes to the Uganda Vision 2040. Among the desired aspects of transition in homes and communities of Uganda is the quality of education and health services and hence improvement in the quality of life of Ugandans. The strategy addresses aspects of education and health service delivery. Also, the NDP III articulates its focus on leveraging on urbanization as a driver for socio-economic transformation through an urban planning process that aims to achieve more balanced national urban systems. This reiterates Afrislum's vision that details the process of improved access and quality of social services in urban poor settlements. Among the key notable programming areas of alignment of NDP III with this strategy are; Human Capital Development, Community Mobilization and Mindset Change which are key broad areas within which skills development, community sensitizations and behavioral change communication implementation models that we intend to use fall.

3. TARGET BENEFICIARIES

3.1 Location

AFRISLUM geographical footprint is the six districts as shown in the map marked as follows; Kampala, Wakiso, Jinja, Mbale, Gulu and Kasese. Kampala has the highest number of slum settlements totaling to 57.

Key Slums per District

DISTRICT	NAME
Kampala	Bukesa, Kagugube, Kamwokya, Kisenyi, Mengo, Namuwongo, Kibuli, Kifumbira, Banda, Bwaise, Kilombe, and Katanga
Wakiso	Kinawataka, Kasokososo, Kitoolo
Jinja	Masese, Danida, Kimaka Kisima, Soweto, Loco, Makenke, and Walukuba
Mbale	Namatala, Namakwekwe, Nabuyonga, Nkoma
Gulu	Nakasero, Kanyogoga A, Kony Paco, Pece lukung, mad camp, cuk pa cengere, kasubi and Pabbo, Queens, Industrial area, Agwee, Patuda and Iriaga
Kasese	

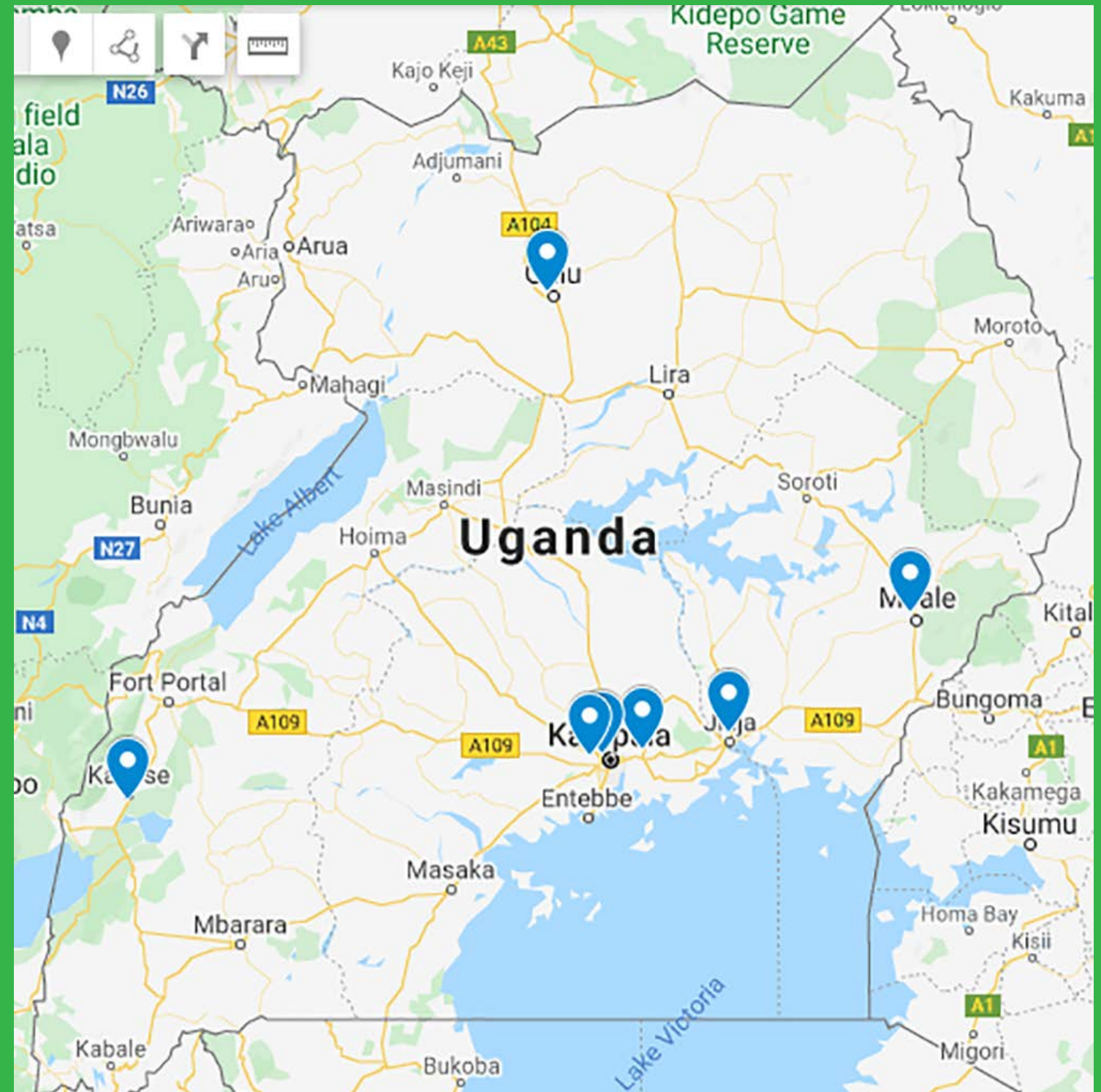


Figure 1 Map of Uganda showing Geographical Footprint





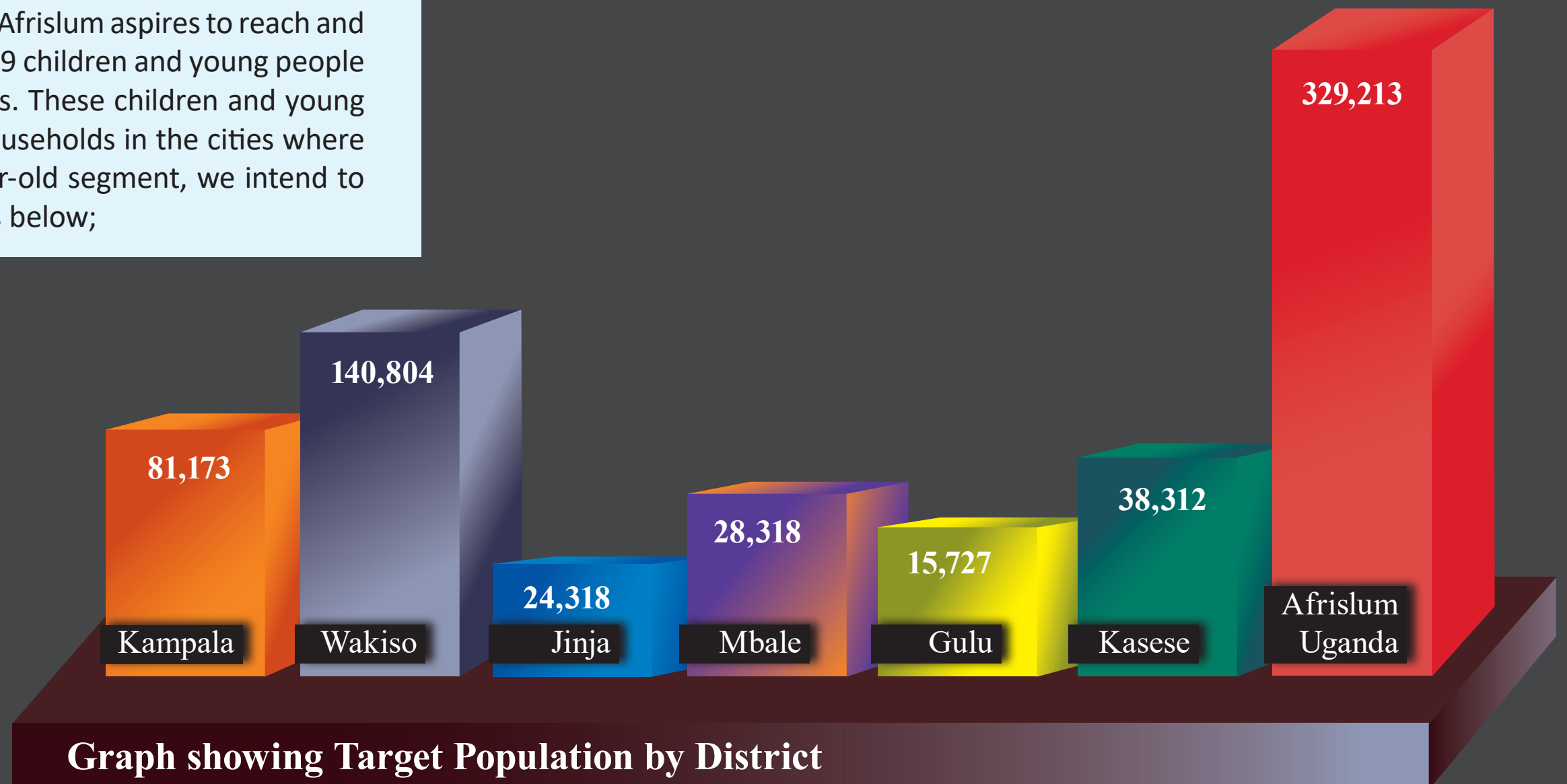
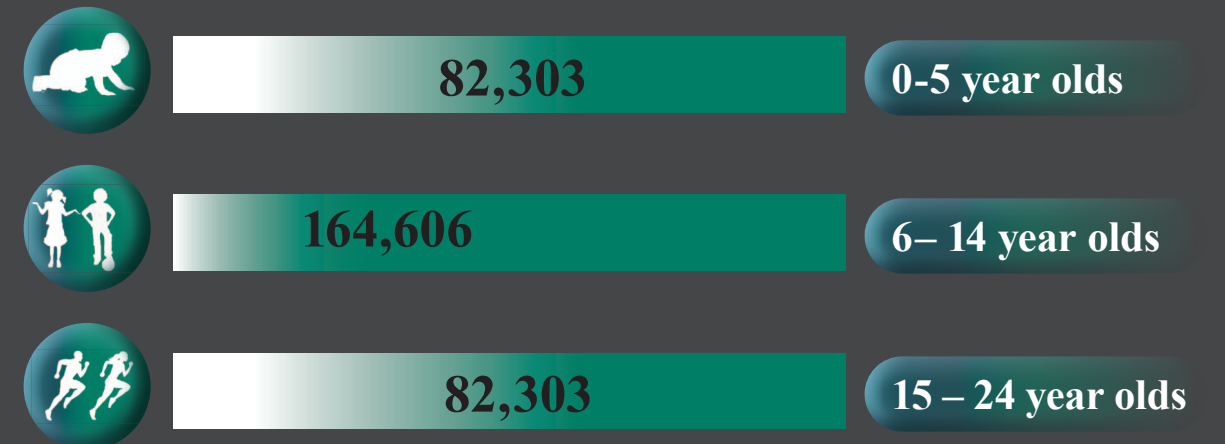
Figure; Afrislum giving COVID Relief to Pregnant teens and Adolescent mothers in the COVID19 Lockdown

2.4: 3.2 Beneficiary numbers

Afrislum will target the most vulnerable children and young people 0-24 years. The most affected children and young people are those whose quality of life is affected by inadequate resources to meet their basic needs; those who are socially excluded, deprived of basic social services i.e., health services and education, or are vulnerable to injustices and disasters. Afrislum believes that children (0-14) and youth (15-24) from slums of Kampala, Wakiso, Jinja, Mbale, Gulu and Kasese districts meet such a criterion.

In the next five years '2021-2025', Afrislum aspires to reach and serve a total population of 324,779 children and young people (0-24 years) in these communities. These children and young people come from 15% of the households in the cities where Afrislum works. Of this 0–24-year-old segment, we intend to reach and serve the categories as below;

Target Population by Age





4. STRATEGIC FOCUS

2.5: 4.1 Our Aspiration

Afrislum Board aspires to improve the living standards of children and young people in informal settlements in Uganda.

2.6: 4.2 Strategic goal

Our Goal:

TO CONTRIBUTE TO BUILDING RESILIENCE AND SUSTAINABLE WELL-BEING OF CHILDREN AND YOUNG PEOPLE (0-25 YEARS) IN INFORMAL SETTLEMENTS.



2.7: Strategic Objectives

In the period (2021-2025) the four strategic objectives for AFRISLUM are as outlined below:

Table 2 Strategic Objectives Framework

	Strategic Objective 01	Strategic Objective 02	Strategic Objective 03	Strategic Objective 04
Strategic Objective	1. To increase access to youth friendly information and services in Sexual and Reproductive Health and Rights (SRHR), Nutrition, Family Planning (FP), HIV prevention, Sexual and Gender-Based Violence (SGBV), and mental health for 35,000 children and young people (0-24 years) by 2025	1. To Improve the livelihood resilience of 10,000 Young People (15-24 years) and Caretakers of children (0-14) for economic empowerment by 2025	1. To increase access to education for 10,000 Children and Youth (3-24 years) by 2025	1. To increase access to education for 10,000 Children and Youth (3-24 years) by 2025
Outcomes	<ul style="list-style-type: none"> ❖ 10,000 adolescents (12-24) enjoying health and reproductive services ❖ 7,500 girls and boys aged 0-59 months who are well nourished ❖ 7,500 Caretakers accessing Health information ❖ 7,500 adolescents (12-24) reporting that their Psychosocial needs were met ❖ 10,000 girls and boys (12-24) reporting reduction in Sexual and Gender based violence 	<ul style="list-style-type: none"> ❖ 1250 Caretakers of children (0-14) reporting improved income ❖ 4375 young people (12-17 years) equipped with market-relevant and financial literacy skills ❖ 4375 young people (18-24 years) supported for Financial Assets 	<ul style="list-style-type: none"> ❖ 6,000 new children (3-5 years) enrolled in ECCD centres ❖ 200 ECCD centres supported to function ❖ 2000 children (6-14 years) supported with scholastic materials ❖ 500 young people (15-17 years) tooled for BTVET skills ❖ 500 young adults (18-24 years) skilled and supported for decent work 	<ul style="list-style-type: none"> ❖ 410 water sources rehabilitated and functional ❖ 410 water user committees trained and functional ❖ 410 water points availed with year-round chlorination ❖ 325,000 children and young people (82,000HH) access quality water ❖ 10% reduction in people to toilet sharing ratio ❖ 25% Communities reporting environmental sanitation practices ❖ 500 new additional homes reporting vermin control ❖ 5000 adolescent girls reporting Menstrual Hygiene Management ❖ 5000 Adolescent girls and boys reporting freedom from Sexual and Gender-based Violence

VISION: Afrislum envisages cities in which the young population in informal settlements is healthy, informed, empowered and has equal access to social services and opportunities.

MISSION: To serve individuals and families in the poorest urban settlements in Uganda through research, and evidence-based policy and innovations aimed at creating lasting human, social and economic change in the lives of the urban poor.



Technical Programs

2.8: 5.1 Health Technical Program

The Landscape

- ❖ **Nutrition:** Severe Acute Malnutrition stands at 9% while Moderate Acute Malnutrition is at 19% and the National prevalence of stunting among under-fives in the year 2018 was 29%; Under-nutrition during a child's first years is linked to poor academic achievement; 66% of the children in the poor communities get less than 3 meals day (Uganda Ministry of Health, Sector Performance Report, 2018).
- ❖ **Family Planning:** According to FP2020; Modern contraceptive prevalence among all women mCPR-AW is 30.8% while it stands at 38.7% among married women (mCPR-MW). This is in contest that Uganda has among the most fertile women in the world There was a slight (1.9%) increase in the Couple Years of Protection (Family Planning) between 2018/19 and 2019/20.
- ❖ **HIV and AIDS:** Urban populations are more likely to be infected with HIV than those in rural areas; 8.7% urban compared to 7% in the rural; HIV infections among urban women (10.7%) compared to rural women (7.7%). Girls (15–24-year); According to UNICEF (2015), HIV prevalence among 15–24-year-old females is higher in urban areas (5.9%) than in rural areas (4.6%). ART retention stood at 78%
- ❖ **SGBV:** According to the Ministry of Gender, Labour and Social Development (SGBV Prevalence 2008), 39% of women and 11% of men have ever experienced sexual violence and 60% of women and 53% of men have experienced physical violence since the age of 15. 59% Young women and 68% young men aged 18–24 years' experience physical violence during their childhoods.

Strategic Objective 1: To increase access to youth friendly information and services in SRHR, Nutrition, FP, HIV prevention, SGBV, and mental health for 35,000 children and young people (0-24 years) by 2025

Table 2: Health and Wellbeing Technical program Framework

<p>Sub-Objective 1:</p> <p>To increase access to and utilization of Reproductive Health services for 6000 young people including; SRHR, FP, HIV prevention and SGBV.</p>	<p>Sub-Objective 2:</p> <p>To increase access to and utilization of Reproductive Health services for 6000 young people including; SRHR, FP, HIV prevention and SGBV.</p>	<p>Sub-Objective 3:</p> <p>To increase access to Psychosocial support services for 250 youth (12-24 years) infected and affected by HIV/AIDS or Substance abuse</p>
<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of young people reporting safer-sex practices 2. Proportion of young people embracing and using contraceptives 3. Proportion of young people reached with SGBV messages 4. Proportion of adolescent girls reporting proper Menstrual Hygiene Management 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Prevalence of stunting in children 0-59 months 2. Proportion of children 0-6 months who are exclusively breastfed 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of youth (12-25 years) who have overcome depression and stigma 2. Proportion of Youth (12-25 years) who are positive change agents 3. Proportion of Youth (12-25 years) that stick to their ART regimes
<p>Approaches</p> <ul style="list-style-type: none"> ❖ BCC ❖ Peer education ❖ Community sensitization ❖ Empowering community structures ❖ Menstrual Hygiene Management (MHM) 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ Behavioral Change Communication on proper nutrition ❖ Nutrition demonstrations ❖ Early Childhood Care and Development sensitizations 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ BCC ❖ Cognitive Behavioral Therapy ❖ Community-based psychosocial services ❖ Peer-peer support ❖ Community sensitization ❖ Empowering community structures

Our call

Under Health and well-being technical approach, we intend to empower children, young people and their families with health information as a means to lead a healthy life.

Our call is to support Sexual and reproductive health; child and maternal health, HIV/AIDS prevention, community-based epidemic preparedness and management, substance abuse prevention, and gender-based violence among others.



2.9: 5.2 Livelihood Technical Program

The Landscape

- ❖ Uganda's population growth rate is 3.05 percent (UBOS, 2014), one of the highest in the world. Although urbanization is still low, there is low capacity of the urban authorities to provide the required services
- ❖ There is rapid development of unplanned settlements leading to overcrowding and creation of slums and informal settlements.
- ❖ Poor urban households are less likely to own or have access to productive assets such as land and animals, which limits their income-generating opportunities and access to food.
- ❖ Urban children are more likely to live in overcrowded conditions.
- ❖ Income-poverty headcount fell from 56% in 1992/93 to 34% in 1999/2000 and then rose to 38% in 2002/03 but declined again to 31 % in 2005/06 (MFPED 2005).
- ❖ The incidence of income poverty in urban areas rose from 9.6% in 2000 to 12.2% in 2006, and the poverty levels remained the same over the two survey years at 14% (MFPED 2005, UBoS 2006),
- ❖ Poverty is a major driver of slum development in Uganda (MFPED 2005).
- ❖ 62.3% urban households use one room for sleeping. (GoU & UNICEF 2017).

Strategic Objective 2: To Improve the Livelihood Resilience of 10,000 Young People (15-24 years) and Caretakers of children (0-14) for economic empowerment by 2025

Table 3: Livelihood Technical Approach Framework

<p>Sub-Objective 1:</p> <p>To empower young people with entrepreneurial and soft skills through tailored trainings.</p>	<p>Sub-Objective 2:</p> <p>To equip young people (12-17years) with market-relevant Business, Technical, Vocational education and training</p>	<p>Sub-Objective 3:</p> <p>To increase access to financial assets (loans, micro grants, specialized tools, saving mechanisms)</p>
<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of young people equipped with entrepreneurial skills 2. Proportion of young people equipped with soft skills 3. Proportion of young adults (18-24) that have access to decent work 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of youth (12-17years) equipped with BTVET skills 2. Proportion of caretakers equipped with BTVET skills 3. Proportion of young adults (18-24) that have access to decent work 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of young adults (18-24) that have accessed financial products
<p>Approaches</p> <ul style="list-style-type: none"> ❖ Structured entrepreneurial trainings ❖ Short soft skills trainings ❖ On-job trainings ❖ Mentorship 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ BTVET trainings ❖ Apprenticeship 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ FL ❖ YSLA ❖ Linkages ❖ Partnerships

Our call

A big proportion of the slum population is illiterate and lacks professional and employable skills. Thus, livelihood programs aim to build resilience among the young people in and out of school and their families with vital soft skills as well as resources to take up productive livelihoods and employment opportunities. This is done through financial literacy and skills building.

The skills include; computer skills, basic book keeping, marketing, tailoring, bakery and pastries and soap making among others. We shall also be supporting linkages with financial institutions for financial asset building processes. The government position of skilling through Business, Technical Vocational Education and Training will be a paramount approach in working with youth as well as utilization of Youth Savings and Loan Association (YSLA) models.



2.10:5.3 Education Technical Program

The Landscape

According to the Ministry of Education and Sports' Sector Performance Review 2018;

- ❖ ECCD: 10% of children between 3-5 years are enrolled in formal pre-primary education. Preschools are predominately privately-run and located in urban areas. Community-based ECD centres receive very little state funding, are under-equipped, often lack the bare essentials such as clean water and toilets, and are managed by untrained volunteers.
- ❖ School Retention: Drop-out/Transfer-out and repetition rates (9.3%) are still high due to HIV/AIDS as a major factor. Despite education being free under UPE, hidden costs (such as uniforms, mid-day meals and school materials) continue to create barriers for children whose parents cannot afford them. Children are also discouraged from attending school by high levels of violence (in school and at home), a lack of parental involvement in education programs. Only 62% of Ugandan children completed their final year of primary school in 2016.
- ❖ Secondary Retention: Of the 14% who enrolled in secondary education only 30% went on to take their 'A' levels (UBOS, 2017).
- ❖ School Requirements: 73% could not afford uniforms for school; 89% lacked educational toys or games or somewhere to study in their homes
- ❖ BTVET: P.7 enrolling for BTVET Institutions was 4.1%, an increment from year (2015). However, the number of eligible female students is low

Strategic Objective 3: To increase access to Formal Education for 10,000 Children and Youth (3-24 years) by 2025

Table : Education Technical Approach Framework

Sub-Objective 1:

To increase access to ECCD information and services

Key Performance Indicator

1. Proportion of parents and caregivers equipped with ECCD knowledge and skills
2. Proportion of children (girls and boys 3-5 years) enrolled in elementary schools

Approaches

- ❖ ECCD sensitizations
- ❖ Parenting education
- ❖ Child friendly space

Sub-Objective 2:

To Increase the retention and completion of basic education (children 6-12 years)

Key Performance Indicator

1. Percentage reduction of school drop out for girls and boys.
2. Proportion of supported young people who complete basic education.
3. Proportion of children who have been supported with scholastic materials

Approaches

- ❖ Provision of Scholastic materials/sanitary towels
- ❖ Education sponsorships
- ❖ Parent/teacher engagements
- ❖ Career guidance

Sub-Objective 3:

To Increase the retention and completion of secondary and higher education (13-25 years)

Key Performance Indicator

1. Percentage reduction of school drop out for girls and boys (13-25 years).
2. Proportion of supported young people who complete secondary and higher education.
3. Proportion of children who have been supported with scholastic materials

Approaches

- ❖ Provision of Scholastic materials/sanitary towels
- ❖ Education sponsorships
- ❖ Career guidance

Our call

Education means opportunities and empowerment. Under the education component, we intend to support early childhood development, vocational and formal education through hands-on trainings, apprenticeship placements and support with scholastic materials to school going children. Through these, children and young people are given skills that enable them to be employable and thus a foundation for a productive and better future.



2.11:5.4 Water, Sanitation and Hygiene Technical Program

The Landscape

According to the Ministry of Water and Environment Sector Performance Review 2020;

- ❖ Safe and Quality water: Population using an improved drinking water source in urban areas reduced from 79% in June 2019 to 70.5% in June 2020. Access to safely managed water (available on premises) remained at 57.11% in urban areas. 90% of protected springs in Kampala were contaminated with E.coli.
- ❖ Sanitation: Access to some form of sanitation in urban areas increased from 87.9% to 89.1%. Use of safely managed sanitation in urban areas increased from 37.4% to 38.9%. 12.6% practice open defecation. In Kampala, majority (70%) of the urban poor use shared latrines; with less than half (47%) of the latrines clean enough to be used and another 45% of the facilities being abandoned.
- ❖ Basic hygiene: Practicing hand washing with soap increased from 36.2% in 2018 to 41.9% in FY 2019 to then to 58% in FY 2020. 60% girl pupils in school miss 24 days a year translating into 11% of the time a girl pupil will miss learning due to menstrual periods; (SNV/IRC). Currently the means of coping for girl pupils is the use of old cloth

Strategic Objective 4: To improve access to Clean/Quality Water and Acceptable Sanitation conditions for 325,000 children and young people by 2025

Table 2: Water, Sanitation and Hygiene Technical Approach

<p>Sub-Objective 1:</p> <p>To improve household access to safe water for 82000 homes</p>	<p>Sub-Objective 2:</p> <p>To improve sanitation standards for 82,000 homes</p>	<p>Sub-Objective 3:</p> <p>To increase practice of proper hygiene by 82,000 homes (480,000 people)</p>
<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of households with year-round access to sufficient safe water. 2. Proportion of households with year-round access to quality water. 3. Number of water sources renovated. 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of households with access to inclusive and sustainable sanitation facilities 2. Number of sanitation facilities renovated. 3. Percentage reduction in the practice of open defecation. 4. Number of communal sanitation drives held 	<p>Key Performance Indicator</p> <ol style="list-style-type: none"> 1. Proportion of households with a dedicated hand washing facility. 2. Proportion of households with soap and water at a hand washing facility. 3. Proportion of households reporting sustained vermin control practices 4. Proportion of adolescent girls reporting proper Menstrual Hygiene Management
<p>Approaches</p> <ul style="list-style-type: none"> ❖ Functionality through repairs and maintenance ❖ Water chlorination 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ Functionality through repairs and maintenance ❖ Community management committees 	<p>Approaches</p> <ul style="list-style-type: none"> ❖ BCC ❖ Fumigation ❖ Menstrual Hygiene Management (MHM)

Our call

We are committed to supporting access to quality water, support communities for acceptable sanitation standards; uptake of good household and personal hygiene practices and supporting young girls for menstrual hygiene management. We also recognize the need to support girls and boys to enjoy SGBV free homes.



2.12:6.1 Strategy Guiding Principles

The following guiding principles are key to the success of the strategy:

Commitment to Our Identity: We are cognizant that resource mobilization is tedious and can be a frustrating activity. And that the pressure tends to redefine or cause compromise for funds recipient organizations. We therefore reiterate that we shall not engage in grant partnerships that make us compromise our identity. We shall emphasize our core values and organizational mission and vision.

Funding Acquisition: To improve funding stability and strengthen income growth, the development of grants, contracts, and other alternative forms of income is our priority as Afrislum. Our Fundraising strategy focuses on building the enabling components for long-term success in funds acquisition—especially through building the evidence that complements our value proposition. Research and partnerships will be part of building this position.

Research: Our approach focuses on employing well-research approaches and models. We pledge to employ these models to obtain sustained impact among our beneficiaries. Our projects are premised on conclusive models that show a pathway from pilot to adaptation.

Partnerships: In order to adapt in the highly competitive funding environment, we shall utilise the element of strategic partnerships that are intended for resource mobilization through sub-grants or through mutual output implementation at minimised costs. SDG 17 reiterates that, "A successful development agenda requires inclusive partnerships — at the global, regional, national and local levels"

Urban Programming: The urban environment offers new livelihood opportunities for the poor, but the cost of living is significantly higher, and livelihoods are often informal, seasonal, or unstable. This environment often exacerbates rather than relieves vulnerabilities. As a result, the number of vulnerable families and children are rapidly increasing in urban areas. While implementing our urban programming, we shall focus on the seven districts until the wellbeing statistics of children are improved.

Technology: We shall leverage on investing and improving the technology at our disposal in order to increase our competitiveness in the funding market. We shall expound our visibility and connectivity and seek to ease our reach to partners, donors and beneficiaries.

Sustainability: In our projects we will always seek to be sustainable by ensuring that our interventions are always dealing with the root cause of poverty and not symptoms, that our beneficiaries and their communities own the project outcomes and that the beneficiaries graduate from such urban-poor settlements into better household environments.

Flexibility and Learning: We shall always be mindful of the changing context and this gives us the drive to learn. Where intelligence points to the changing perspective, we shall carry out reviews for redesign in order to remain relevant to the development and programing environment.

Because Afrislum is human centred, we will ensure that obstacles and bureaucratic processes are minimised in order to quickly reach the target beneficiaries. Policies will be reviewed to ensure that they are supportive and people centred. Where hazards such as fires, pandemics and other displacements occur in the slums we target; our principle is that we shall quickly negotiate with current donors for possible change of frame in plans and budgets to minimise the effects of the hazards. We shall concurrently pursue other funding streams.

2.13: Risk Mitigation Plan

The strategic plan formulation team highlighted some risk areas in the Afrislum environment; have prepared a mitigation plan as follows;

Mobile and unpredictable population

Afrislum's work in the slums is hinged on working with people committees that support participation and implementation of the project activities. The presence of these committees will ensure the selection of beneficiaries from stable homes. Secondly, the households with children 0-12 years will be critical for selection since they are more stable than households with grown up children. All the beneficiaries will be selected carefully through a well thought through criteria.

Inadequate funding that might not necessarily talk to beneficiary needs

Working against the reducing opportunities of funding and increasing competition for the current donor basket, Afrislum has a target to increase its funding by 30% by 2025. Insufficiency of the funding is likely to trigger delegation of functions or cuts in staffing, and redundancy of programs. In order to address these risks, Afrislum has developed an effective fundraising strategy and reconstituted its fundraising team to ensure that staff are responsible and are accountable for the delivery of the funding targets at executive and Board level. Afrislum has established increased its presence with partners and sector consortia in order to preposition for funding for

its programme. Afrislum is focused towards an evidence-based programming and reporting to meet the needs of its donors.

Prevailing Covid-19 situation is likely to reduce grant-making ability

Given the pandemic nature of Covid-19, there have been several deaths and the risks are still high given that no breakthrough yet in vaccination and outright treatment. Thus the standard operating procedures specifically isolation and social distancing will for some time continue to be practiced and yet these provide minimal contact for solicitation and fundraising among Afrislum contacts; a process that has been known to work well by physical contact. Afrislum is investing in technology that increases virtual engagements so as not to lose out on the virtual networking that is currently appropriate. Afrislum will continue to seek one-one engagements with fund managers in different organizations and fora. Afrislum has also prepositioned especially its WASH technical program to focus on covid-19 related interventions.

Increased competition for resources with bigger organizations

Afrislum is open to partnerships that provide mutual benefit. We will seek organizations that

can tap into Afrislum capacity and advantage in working with the urban poor, children and young people. We shall seek partner for joint proposals and implementation, sub-grant opportunities from the bigger organizations so as to meet our goal and objectives. Afrislum strategy stipulates funds diversification processes away from the crowded space. Unconventional fundraising through social initiatives social clubs will be sought. Afrislum will also emphasize a unique space in the market through heavily branding and profiling its work.

Operationalization of programs has been affected by the advent of Covid-19

Covid 19 has hampered direct contact with beneficiaries. More so there is minimal expenditure due to the two lockdowns that Uganda has had to undergo over the two-year period. Afrislum will seek dialogues with donors and stakeholders to change and tailor its programs and annual plans to the current context through a reprogramming /change frame process. This will allow Afrislum to deal with the contextual challenges that were created and are associated with C-19.



2.14: Monitoring and Evaluation

The Afrislum leadership team will extract a Strategic action plan that will act as the tools for monitoring the progress of implementing the Strategic plan. Additionally, the following tasks will be carried out to strengthen the monitoring and evaluation of the Strategic plan:

- ❖ Each responsible officer will develop a work plan mined from the strategic plan with a set of key performance indicators and targets to be used for periodic reporting for each output;
- ❖ Specific issues will be identified and action plans prepared to address any bottlenecks in the implementation of the strategy; and
- ❖ The strategy will be translated into performance responsibilities for staff and Board against which their performance targets will be evaluated.

Monitoring and Evaluation will require that the Board of Afrislum continuously follow up, check and verify progress towards set objectives. This will involve tracking of various indicators as set in the Strategic plan. Specific monitoring activities will be carried out such as:

- ❖ Monthly reports to Management Committee on various activities.
- ❖ Quarterly sub-committees reports on progress of their activities based on work plans and overall targets as set in the Strategic plan
- ❖ Yearly performance appraisal for staff against set goals
- ❖ Annual reports to the General meeting
- ❖ Assessment of level of satisfaction from the beneficiary services
- ❖ Availability of quantitative data such as number of beneficiaries in schools, Health services
- ❖ Within the last year of this phase (2025), Afrislum will contract a consultant to carry out an evaluation of this strategy to determine success and also benchmark for the next cycle (2026-2030).

7. ANNEXES

2.15: Derivation of beneficiaries

	2020 estimate	Slum Popn (48.3%)	Population uptake (15%)	Number of Households	Number of infants	Number of children	Young People	(15-24 yrs)
					(0-24 yrs)	(0-5 yrs)	(6-14 yrs)	
Uganda	44,000,000	21,252,000		(6 pple/HH)	(1pple/HH)	(2pple/HH)	(1pple/HH)	
Kampala	1,680,600	811,730	121,760	20,293	20,293	40,587	20,293	81,173
Wakiso	2,915,200	1,408,042	211,206	35,201	35,201	70,402	35,201	140,804
Jinja	515,100	248,793	37,319	6,220	6,220	12,440	6,220	24,879
Mbale	586,300	283,183	42,477	7,080	7,080	14,159	7,080	28,318
Gulu	325,600	157,265	23,590	3,932	3,932	7,863	3,932	15,727
Kasese	793,200	383,116	57,467	9,578	9,578	19,156	9,578	38,312
Afrislum	6,724,200	3,247,789	493,819	82,303	82,303	164,606	82,303	329,213