



UPHOLD QUARTERLY REPORT JANUARY TO MARCH 2004

FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT WITH
SUPPORT FROM THE GOVERNMENT OF UGANDA



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INTRODUCTION

This report presents a summary of the key accomplishments of the Uganda Programme for Human and Holistic Development (“UPHOLD”) for the period January to March 2004.

Whereas the focus in the previous quarter had been on interacting with district governments and Non Governmental Organizations (“NGOs”) to generate grant proposals, this quarter saw intensive efforts to move the grant proposals forward through the review process and to the award stage. As of March 31, 2004, UPHOLD had 39 grants in the pipeline at various stages from being under review at the UPHOLD office to disbursement of funds. Eleven districts and NGOs had actually received funds and were initiating activity implementation.

This report is divided into seven sections. The first section provides a detailed analysis of the 39 grants in the pipeline and the process involved in awarding the grants. Sections 2, 3 and 4 describe the progress made in the results areas, and section 5 provides an update on the status of work related to monitoring and evaluation. Section 6 discusses the constraints and challenges ahead, and finally section 7 contains appendices, providing additional materials related to this quarter’s progress report.

Staffing Update

During this quarter, significant progress was made in recruiting competent and committed staff for the remaining positions. The table below shows that 95% of key positions are now filled in technical areas.

Table 1: Comparison of Staffing Status End of Third Quarter 2003 with End of First Quarter 2004.

STAFFING CATEGORY	PERCENT AND NUMBER FILLED AS OF SEPT. 30, 2003	PERCENT AND NUMBER FILLED AS OF MARCH 31, 2004
Management	100% (11/11)	100% (11/11)
Education	100% (4/4)	100% (4/4)
Health	71% (5/7)	71% (5/7)
HIV/AIDS	0% (0/1)	100% (1/1)
Cross cutting: Quality Assurance, Private Sector, Behavior Change, Training, Organizational Development, Community Participation	53% (9/17)	88% (15/17)
Monitoring, Evaluation and Action Research	75% (3/4)	100% (3/3)
Finance and Administration	82% (9/11)	100% (13/13)
Office Support and Logistics	81% (21/26)	100% (26/26)
TOTAL	77% (62/81)	95% (78/82)

SECTION 1: GRANT ACTIVITIES

During the period January to March 2004, UPHOLD significantly expanded and broadened its grant activity: In all, 39 grants totaling \$4,789,825 or 9,220,413,125 shillings (the amounts for two grants were not finalized) were in the pipeline. Appendix B summarizes the grants that were approved and Appendix C summarizes the grants that were under review.

Grant Highlights

- **Grants to 15 district governments (including three proposals submitted in the last quarter) approved and funded or ready for funding. Five of these grants were for districts in conflict areas (Lira, Katakwi, Kitgum, Gulu and Nakapiripirit)**
- **Grants to the five remaining districts of the 20 UPHOLD supported district governments under final review by UPHOLD or USAID**
- **Grants to seven NGOs and FBOs approved and funded or ready for funding**
- **A further 12 grant proposals from NGOs and FBOs undergoing technical, financial and final reviews by UPHOLD**

Grant Approval Process

The review and award of grants involves 15 discrete steps, designed to ensure maximum efficiency and effectiveness of the grant program. These steps are summarized in Table 2 on page 4.

In less than one year, UPHOLD has moved through all 15 stages, beginning with the assignment of the 20 target districts in May 2003 to the disbursement of funds to 9 of those 20 district governments in March 2004; the remaining 11 district grants are in the pipeline and at various stages of review as shown in Chart 1 on page 5.

Under guidance from USAID, the grant approval process has been streamlined to ensure the grants are reviewed and funded in a timely manner.

All grantees went through a rigorous grant approval process which included intense discussions and extensive revisions at the district, regional and Kampala levels of UPHOLD. Technical assistance to create a grant proposal was provided on an

ongoing basis through telephone calls, meetings, and feedback sessions by the UPHOLD Regional team and Kampala based UPHOLD technical and financial staff. Some grantees also received assistance to create SMART objectives.

“UPHOLD has a highly transparent grant process, owing to the participatory planning process. I have been able to show all stakeholders in the district exactly what has been funded. The MOU, being a public document, has eased my work as a Focal Point Person for UPHOLD since grantees know who is being supported to implement activities and the geographic distribution of the interventions. The MOU has guided the Chief Administrative Officer and myself on co-funding, and including UPHOLD-funded activities in the District Budget Framework Paper.”

**Fred Ngabirano, Focal Point Person,
Bushenyi District**

Local governments are also stakeholders in the grants to NGOs and FBOs operating in their districts. The NGO grants will benefit activities in the districts' jurisdictions and they are expected to play key roles in the monitoring of such grants. All NGO and FBO grants were discussed and approved by the district governments prior to submission to Kampala office technical staff.

In this first round of awarding grants, different ways of funding small organizations has been explored. For example, in Kamuli, a separate Memorandum of Understanding was set up with the Student Partnership Worldwide ("SPW"). The SPW grant was wired into a separate bank account, and SPW will send financial reports directly to

UPHOLD's regional office. Program reporting will be shared with the district. In Bugiri, Family Basic Education in Uganda ("FABE") was funded indirectly through the district local government. FABE will carry out specific activities within the district work plan and work closely with the district local government.

Next quarter, some NGOs, that are able to handle the fiscal responsibility, will receive funds on a cost reimbursable basis.

This method will cut down on the administrative processes for both UPHOLD and the NGO. The NGO will not have to open a separate bank account for USAID funds and UPHOLD will only pay for activities completed and properly accounted for.

Table 2: Steps Taken in Grant Approval Process for District Grants

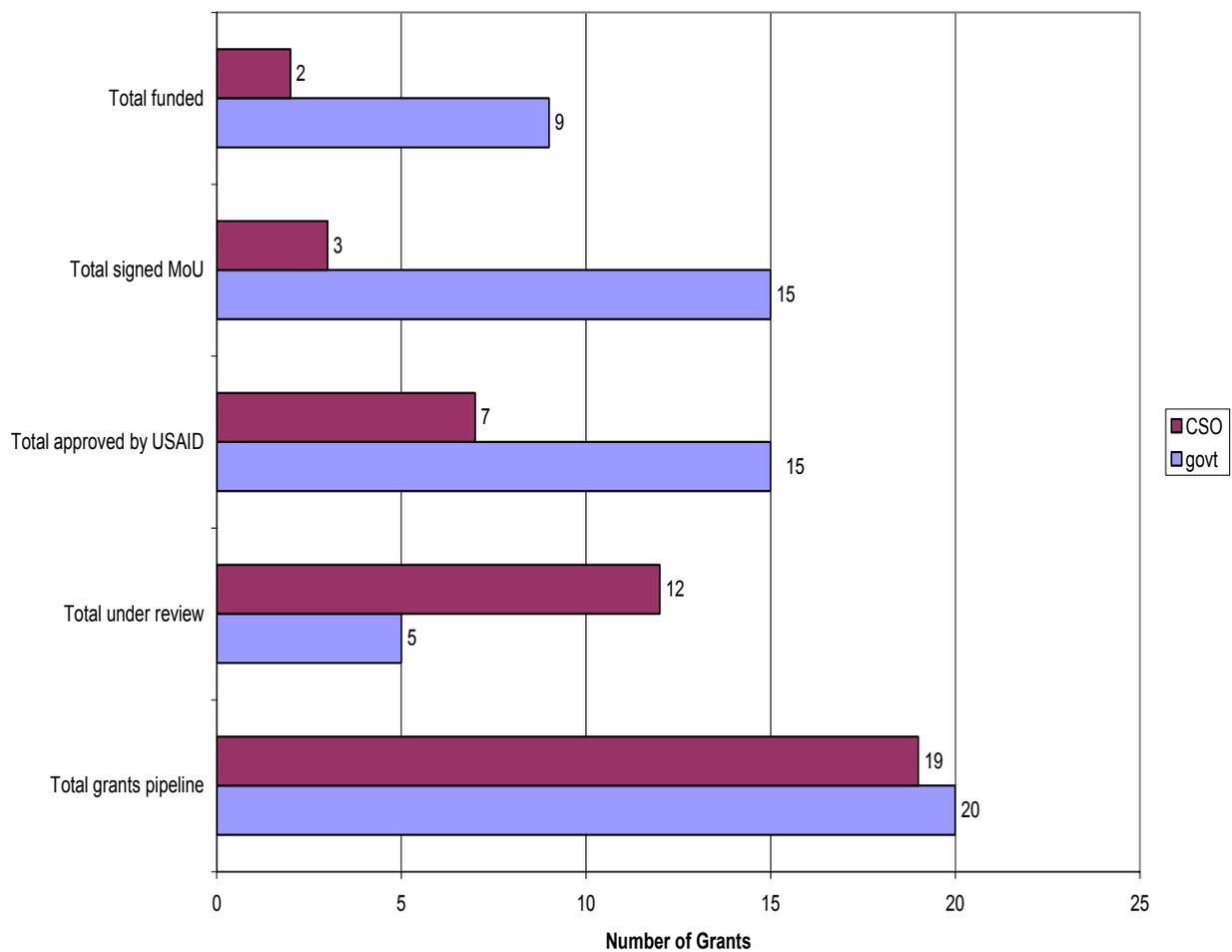
Details of Grant Approval Process	
1.	GOU team, with assistance from USAID and UPHOLD, assigns districts for program interventions
2.	Stakeholder meeting at district level to discuss gaps in funding and define priorities in each sector
3.	Collaborative meetings to discuss proposal format
4.	Proposal or concept paper submitted to regional office
5.	Regional office review (financial and technical) and feedback to potential grantee. Additional collaboration to create SMART objectives, focus activities to reach set objectives and refine budget as necessary. This stage may be repeated several times until a sound proposal is ready
6.	If the proposal is in an AIM shared district, the proposal is forwarded to AIM to ensure the activities are collaborative, not double funded and that they fit in larger district strategy
7.	Review by Kampala financial, technical and operations staff
8.	Sign-off by UPHOLD DCOPs and COP
9.	Proposal sent to USAID for review
10.	Grantee instructed to open bank account for UPHOLD funds
11.	USAID approval
12.	Memorandum of Understanding created and signed
13.	Planning session to discuss reporting expectations and establish detailed activity plan
14.	Funds disbursed
15.	Begin implementation of activities

Grant Analysis

Of the 39 grants in the pipeline, 22 or 57% have been funded or are ready to be funded and have a signed MoU. The majority of the grants in this stage are to

the local district governments, and results from the district activities can be expected in the next quarter.

Chart 1: Total Grants in Pipeline: Stage and Type of Grant



Seven CSO grants have been funded or are ready to be funded, and 12 more are in the final stages of the review process. Next quarter will see the full roll out of the grants to target NGOs in the district. Some smaller NGOs and CBOs have submitted proposals as large as \$4,000; these represent an important collaboration between UPHOLD, district local

governments and community groups. UPHOLD expects to find creative ways to work with these groups and fund their activities in the next quarter. The majority of grants that are under review are to CSOs, with the greatest number being to NGOs.

Chart 2: UPHOLD Grant Amounts in Ugandan Shillings by Organization Type

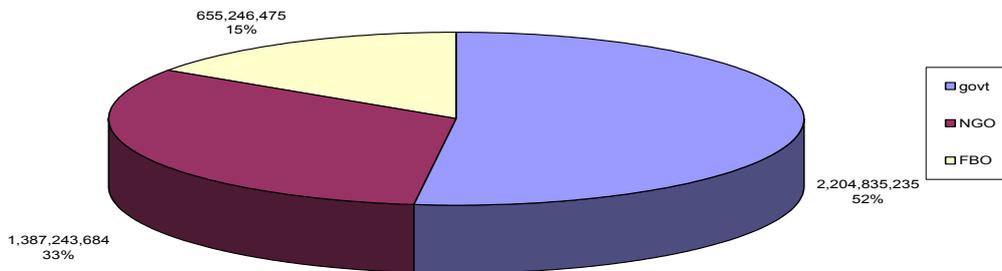


Chart 3: Number of Grants by Organization Type under Review as of March 31, 2004

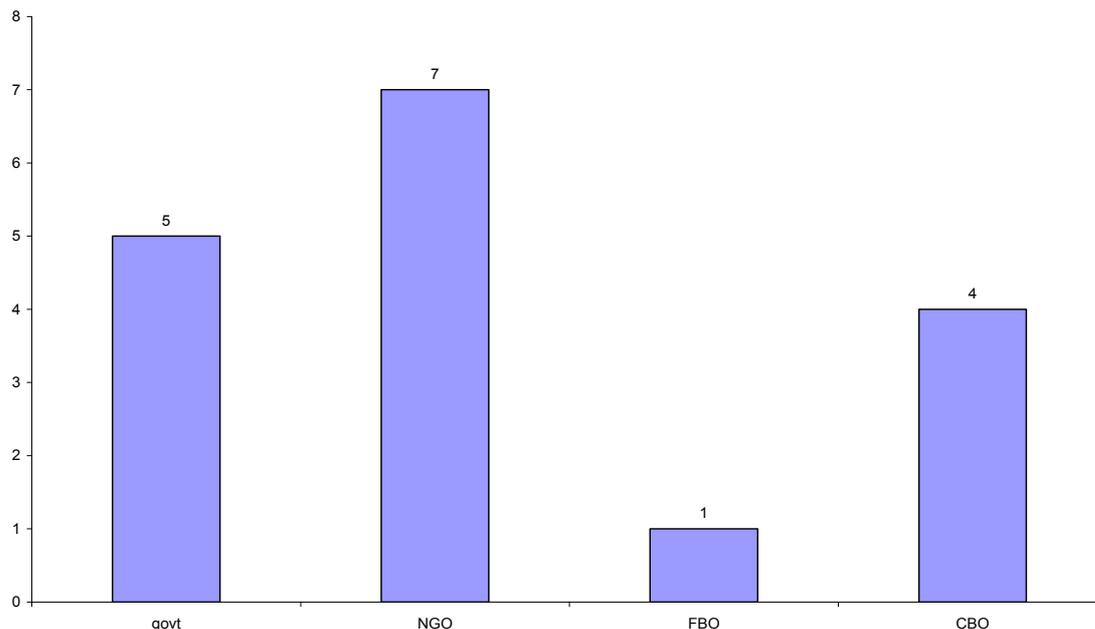


Chart 4 *below* indicates that the majority of funds are being directed to health sector activities. This reflects the fact that the health departments in local governments are submitting stronger technical proposals with larger budgets. Education sector activities are also receiving a large proportion of funds. For the education sector, in particular, several key interventions will be pursued using the program funds.

UPHOLD continued the process of reviewing proposals from private sector organizations engaged in HIV/AIDS activities in communities. Most of these organizations are focusing on prevention, care and mitigation activities. Some of these organizations are strong and innovative, while others need technical support to make their interventions more behavioural focused.

Chart 4: Amount Funded in US Dollars by Technical Area

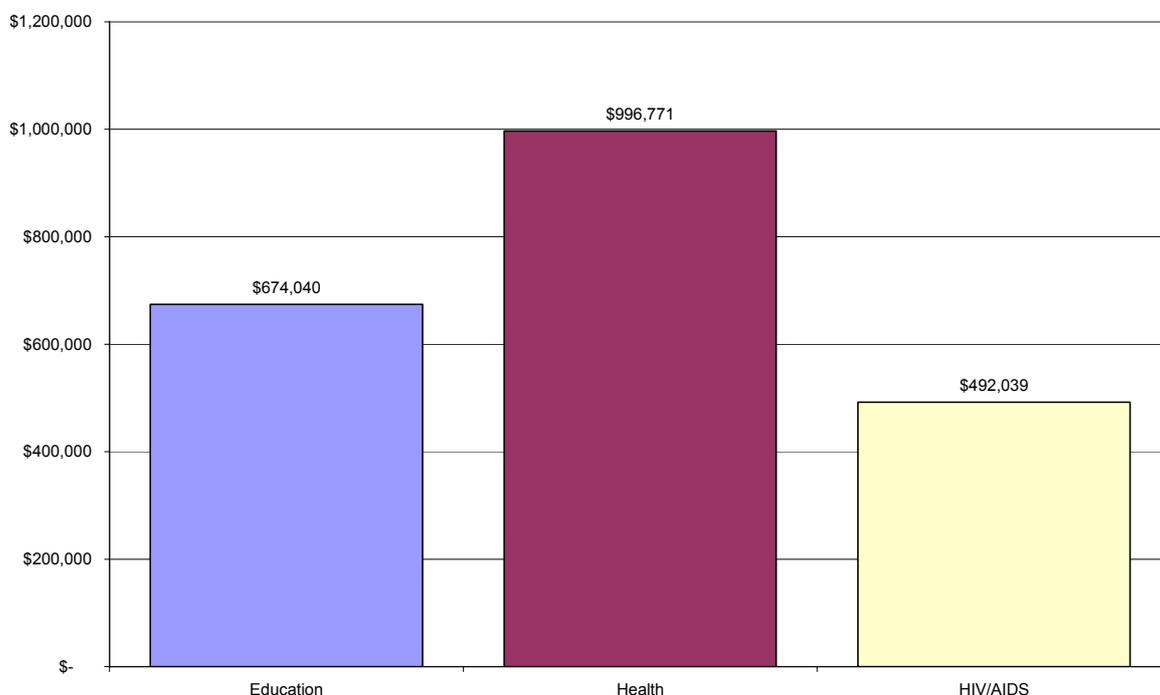


Table 3: Number of Grants in Pipeline by Technical Area and Type of Organization

	All	(%)	District	(%)	CSO	(%)
HIV/AIDS	27/39	(69%)	16/20	(80%)	11/19	(58%)
Education	26/39	(67%)	20/20	(100%)	6/19	(32%)
Health	31/39	(79%)	20/20	(100%)	11/19	(58%)

Notes: For purposes of this table, THETA/NCRL has been considered a CSO. School health and nutrition has been categorized under all three technical areas.

Case Study: NSARWU Community Based Integrated Nutrition Programme

A grant of \$95,044 for the first year of a three year proposal has been awarded to NSARWU for activities in Rakai and Mbarara. The households in these districts rely on animals, especially cows for their livelihood, and milk is a staple food item. Many children suffer from anaemia and are stunted due to lack of nutrients and prolonged feeding on milk (low in iron) in infancy and childhood.

Subsistence crop production is often adversely affected by the dry seasons and is restricted because the households are overly dependent on animal husbandry.

Both districts have a high incidence of malaria, diarrhoeal diseases and HIV/AIDS.

The objectives of the NSARWU's proposal for the first year are:

- Establish a community-based nutrition projects in two sub-counties.
- Establish a community-based reporting system to monitor project implementation and health/nutrition improvement.
- Strengthen health delivery outreach by establishing linkages with other district health programmes, including a micronutrient supplement programme
- Promote health/nutrition programmes in 12 primary schools
- Promote milk processing using appropriate technology in selected cattle keeping communities.
- Introduce, demonstrate and promote community based rain water harvesting technology for 12 schools to be used as a model for the community.

Case Study: FBO in Delivery of Education Services

A grant proposal for \$324,962 from a Muslim FBO, the Madrasa Community Based Pre School Programme, was approved for funding. This grant will scale up the good practices and lessons learnt by the Madrasa programme from its work in Kampala and Mpigi districts to Wakiso, an UPHOLD supported district.

The overall objectives of the programme are:

1. To improve the well being of young children from marginalized communities through ensuring a child-friendly and supportive household and pre-school environment in the early development years; and
2. To increase access to and retention in primary school for children of marginalized communities by improving their school readiness through early childhood development services at the community level.

In particular, the program emphasizes parental/community involvement and ownership to ensure children are exposed to quality early childhood education. Regular training and mentoring of community leaders strengthens local capacity, develops leadership skills, raises awareness and mobilizes communities.

Expected outcomes:

- Improved cognitive and interactive skills as well as improved readiness for school of over 1,935 children
- Changed perceptions on gender roles and participation and more women involved in decision making.
- Over 1,800 parents involved in providing holistic support for their children (more secure, nurturing and stimulating environment).
- Over 60 young Muslim women will be trained as pre-primary school teachers able to teach both the secular curriculum and local cultural and religious needs to young children in the Madrasa schools.

SECTION 2: EFFECTIVE USE OF SOCIAL SERVICES

Improved Quality of Social Services

Key Accomplishments:

- **Produced national training modules and materials for improving teacher effectiveness and successfully pre-tested them**
- **Performed a comprehensive compilation and analysis of national Reproductive Health (“RH”) materials**
- **Conducted a key workshop attended by over 80 RH workers to improve the quality of RH services in 9 districts**
- **Community development workers and RH providers collaborate for first time on community mobilization for RH**

Education

In partnership with the MOES, UPHOLD’s education team designed two key training programmes and training materials as part of the Integrated Education Strategy. This training materials design phase took 1,100 person hours. One programme focuses on improving teacher effectiveness (“TE”) and the other on strengthening education management systems (“EMS”). One TE training module has been completed and UPHOLD will launch the programme in April, 2004. The first set of EMS training modules are being drafted, and will be ready in the second quarter.

Eighty pilot schools in six districts have been identified to participate in the trainings. (In subsequent years, pilot schools in the remaining 14 districts will participate.) As many as 4,880 educators are expected to attend training workshops in the first two-year phase.

The TE programme module comprises 11 training sessions that address both the content and process of using cooperative learning in the classroom. This will directly impact the quality of teaching in schools, equipping teachers with skills to make learning more participatory. The

participatory learning approach has many implications for the social development of children such as teaching them to work in collaboration, share experiences, and develop reasoning skills which may also be used in conflict resolution.

The EMS programme will increase the capacity of education managers in the districts to plan, implement, and monitor quality teaching and learning. Education managers will attend both workshops in order to pass along the participatory learning techniques to other teachers and school representatives in their districts whose schools fall outside the selected pilot schools. This training cascade means that the TE training methodology has the potential to reach every school and classroom in the 20 districts where UPHOLD operates.

MOES can also roll out the use of these materials at the national level since they have participated in the development of the materials and can disseminate them through the core Primary Teachers Colleges that cover all the districts, not only UPHOLD supported districts.

Coordinating Centre Tutors will be the main trainers in the TE cascade. The program aims at improving both their training delivery skills and their skills for monitoring and impact assessment.

The process used to produce the EMS and TE Programmes involved the review of existing training programmes and literature and interviews with over 90 people ranging from teachers at the district level to the Commissioner for Pre/Primary Education at the national level. The process also included a practical trial test of the content and suggested delivery methods of both TE and EMS programmes. These tests yielded valuable feedback and recommendations for changes that were subsequently incorporated into the draft materials.

In developing these two programmes, several important lessons were learned:

- Need to improve local capacity and skills to prepare interactive training and learning materials. Sufficient time must be allowed for such activities whenever training materials are being developed
- Consultants working on different components require more time than was allocated to liaise with each other to ensure synergies are maximized between programme components
- The team involved in developing training modules also needs to be involved in training those who are responsible for delivering the modules to promote synergy



Teachers from Mayuge district during the pre-testing exercise give feed back on Teacher Effectiveness Module. March 24, 2004

Reproductive Health

UPHOLD assisted the MOH to conduct a comprehensive compilation and analysis of all RH materials available in Uganda in the first quarter of 2004. This systems level activity was an essential precursor to UPHOLD's implementation of an RH training programme at the district level.

The process involved compiling all available RH materials and media, reviewing each piece and identifying gaps. The following table summarizes the numbers and types of materials reviewed.

Table 4: RH Materials Reviewed

Type of Material	Number Reviewed
Curriculum	26
Guide	37
Training Manual	17
Client Hand Outs	16
National Policy	10
Posters	10
Video Tapes	17
Other	8
TOTAL	141

The exercise also involved compiling data on the numbers, locations and skills areas of the RH trainers at the national, regional and district level.

The findings of the review, presented to the MOH and other partners, revealed a plethora of materials, but a number of problems were identified: many materials will need to be revised as they were found to contain missing, outdated or inconsistent information. Some materials need to be reorganized to be more user-friendly and need to be translated into local languages. Still other materials were only available in draft form.

The materials that could be used "as is" were often not distributed widely and more copies need to be made and disseminated. Most of the training materials were found

to be intended for training service providers, rather than training trainers. The analysis highlighted the importance of establishing a central "clearing house" where RH partners could easily access materials.

Another important finding was that at the district level, there were trainers in some skill areas, but not others. For example, there was found to be only one trainer in PMTCT in all 20 districts. Several districts lacked a trainer in Family Planning ("FP") and FP training materials. Some districts lacked a physical training facility. See Appendix D listing the numbers of available RH trainers at national and district level by skill area.

Following the intensive review of RH materials, UPHOLD facilitated three regional workshops on RH attended by more than 80 RH managers from district and health sub-district levels as well as by community development workers. The workshops, held in March, were for the nine districts of Bundibugyo and Kyenjojo (Rwenzori Region), Kamuli, Bugiri, Mayuge and Pallisa (Eastern Region) and Lira, Katakwi and Nakapiripirit (North Eastern Region).

Key Workshop Achievements:

- Brought together RH providers and community development workers for the first time to collaborate on community mobilization for RH
- Provided a forum for districts to strategize on how to improve RH services in their districts and to share these practical ideas
- Reviewed status of ANC services for the nine districts, identified gaps and developed an action plan to ensure delivery of Goal Oriented ANC
- Allowed districts to brainstorm leading to creative ways of improving delivery of RH services within the IDP camps in the North Eastern Region

- Focused efforts on improvement of FP services, community involvement, and the districts' capacity for implementation of RH services
- FP was identified as a priority area for all 9 districts

The workshops will be instrumental in improving the quality of RH services at the district level. In particular, bringing together RH managers and community development workers highlighted the importance of an inter-sectoral approach. Working in collaboration will enable the RH workers to reach more communities and households.

In the next quarter, UPHOLD will focus on developing a set of revised RH training materials and working with partners to develop a team of trainers with appropriate training skills. Appendix E shows the activities that will be supported by UPHOLD within the next six months so as to improve FP coverage and utilization in all the regions.

Quotations from workshop bringing together community development workers and RH providers, March 2004

“Unless both of our [community development and health] sectors come together, we have nowhere to go”

“RH is not a women’s issue; it is a social concern”

“I have always ignored non health people thinking that they don’t appreciate medical issues”

“Men should go for family planning”

“We have heard and now we are ready to work together”

District Nursing Officer from Katakwi sharing her district’s ANC status with other workshop participants



Improved Access to and Availability of Services

Key Accomplishments:

- Grants awarded to Lira and Katakwi districts to improve range of RH services to people living in IDP camps
- Grants awarded for re-treatment of ITNs in 6 districts and HBMF programmes in 16 districts
- Grant awarded to Straight Talk Foundation to establish a health information center for adolescents in Gulu
- Grants awarded in seven districts to establish PMTCT services

Focus on Conflict Areas

UPHOLD supports eight districts in conflict areas. In these areas, there is a critical need to implement core interventions in the education, health and HIV/AIDS sectors for the affected populations. Massive displacements of the population have taken place. For example, an estimated 93% of the total population, were living in Internally Displaced Persons (“IDP”) camps in Gulu at the beginning of the quarter.

Grants awarded to Lira and Katakwi districts will be used in part to expand the range of RH services available to those people living in the IDP camps. The two districts plan to increase RH services from FP, ANC and STI treatment to include delivery and post natal care, VCT, referrals, counseling for gender based violence, information, education and communication and adolescent services, including counseling.

Working with the Malaria Consortium East Africa, specific interventions have been made to support malaria control activities in Gulu and Kitgum districts. A critical component is the provision of drugs used to treat malaria. More than 600,000 packs of Homapak, a drug that has been pre-packaged in a fixed dose to treat fever in children under five, were distributed in these districts in the first quarter.

Quotes from health workers in Gulu on effectiveness of Homapak

“There is a reduction of malaria in the under fives in the OPD register here”- Ali Collins health worker at Unyama health centre II.

“ Homapak has helped because we have a few cases of malaria in the under 5year olds in OPD register nowadays” - Justine Okwonga, health worker at Paicho health centre II.

“Now frequencies of severe malaria have reduced tremendously”- Christine Angeyo, drug distributor in Unyama Camp.

“People have developed a liking for HOMAPAK because it works” - Kitara Micheal, drug distributor in Unyama Camp.

Many health facilities in these two districts now display eye-catching IPT posters that encourage pregnant women to take drugs to protect them and the unborn child against malaria and to sleep under an ITN. The poster is attached as Appendix F.

In addition, radio messages on HBMF and IPT/ITN were being developed. Broadcasting of these messages is scheduled to begin in May and continue

until December, 2004. The messages will air daily on three local FM stations which together reach all of Gulu and Kitgum. These messages will be further underscored by inter-personal communication during interaction between health workers and mothers.

Local drama groups were also preparing two performances to be staged next quarter in Gulu and Kitgum. One performance is concerned with the symptoms of malaria in children under five and what steps to take and the other addresses malaria and pregnancy.

A routine measles and DPT immunisation schedule is operating in 10 IDP camps in Lira and will continue until August 2004. The target population comprises 39,052 children aged less than one year. A total of 4,187 measles vaccines and 4,221 third dose DPT vaccines were given in the first quarter, representing immunization of 11% of the target population against these diseases.

Traditional centres of immunization in town proved difficult for families in IDP camps to access. The problems facing people living in IDP camps are summarized by the quote below from a mother of four living in Bala Stock Farm, an IDP camp.

“I do not have clothes to wear so as to go to hospital. I have to look for food every day. Taking my children for immunization in town was difficult. But now [the IDP camp immunization centre] will take them always.”

Jacinta Acao, mother of four children

To increase the number of centres offering immunizations, 30 private practitioners were trained.

Night Commuters and Youth Services

A proposal from the Straight Talk Foundation was approved to establish the Gulu Youth Centre. The centre will serve the daily transient population of about 17,000 night commuters, mostly young people who migrate from rural areas to the city for security reasons. It will function as a one stop point for adolescents, providing health information, RH services, counseling and recreational activities.

The centre will be run as a joint partnership of Straight Talk Foundation, Family Planning Association of Uganda and Gulu health district with referral services for psychosocial support and children’s’ rights issues (including rape and defilement) from World Vision International and other locally based organizations.

Evaline Akello, a 13 year old girl from Gulu, is a night commuter. Her abstract entitled “Eluding Abduction in Northern Uganda” has been accepted for a plenary session presentation at the Global Health Council Conference in Washington, DC and a congressional briefing, scheduled for June 2004. The abstract of her presentation is attached as Appendix G.



Night commuters in Gulu make their way home in the safety of the morning light

HIV/AIDS Funding for Districts

Funding to support HIV/AIDS activities has been provided to six districts – Arua, Bugiri, Bushenyi, Gulu, Kamuli and Kyenjojo. This will greatly improve service provision, care and support of People Living with HIV/AIDS (“PLWHA”). The main focus will be on providing Prevention of Mother to Child Transmission (“PMTCT”) services. These services will include:

- Training health personnel in PMTCT counselling skills
- Training laboratory technicians to ensure reliability of TB diagnosis, HIV testing and STI tests
- Production and distribution of behaviour change materials for mothers and partners to be taken home for further reference
- Couple counselling aimed at facilitating access to PMTCT services
- Support community based activities such as drama groups, women support groups, and religious based groups which complement the advocacy activities

in raising demand for VCT/ PMTCT services and address community attitudes such as stigmatizing HIV positive mothers who do not breast feed

Malaria Prevention

The ITN Working Group, of which UPHOLD is a key member, has finalized plans for a large-scale ITN re-treatment exercise. UPHOLD has contributed \$ 60,315 or UGS 116,107,185, representing 36.7% of the total cost for the first phase of the re-treatment exercise.

There are an estimated 700,000 nets in the 20 districts participating in the re-treatment exercise. Six of these are UPHOLD supported districts (Arua, Kamuli, Kyenjojo, Wakiso, Mbarara, and Luwero); a significant proportion of the 700,000 nets is expected to be found in these six districts as a result of previous projects which distributed nets in these areas. Dipping centres will be established where individuals can bring their nets for treatment. Re-treatment is scheduled to begin on April 13, 2004.



Demonstration of net dipping process to pre-test the methodology and materials in Kayunga in March 2004

Family Planning Services

After reviewing existing FP services in nine districts, UPHOLD identified gaps and weaknesses and developed action plans to improve the coverage and utilization of FP services. The focus of the action plans is to:

- Address concerns about shortages of contraceptive supplies and work on improving management of contraceptive supplies
- Emphasize improving provider skills and integration of FP with other services so as to reduce missed opportunities
- Strengthen community mobilization by identifying certain “gatekeepers” such as the elders of the Karamonjong tribe in Nakapiripirit



Robert Mugenyi of UPHOLD – Rwenzori Office handing over a package of condoms to Geoffrey Nzito, King of the Batwa in Bundibugyo

SECTION 3: INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

Improved Decentralized Planning, Management, and Monitoring Systems

The UPHOLD health team served as facilitators for Regional Health Planning meetings organized by the MOH for Central, Northern, West Nile, Karamoja, South Western and Western regions. The Regional Health Planning meetings provided UPHOLD with an opportunity to share its integrated health strategy with district partners and to influence district planning for 2004 – 05. It was also an opportunity to learn about MOH and other partner priorities for Fiscal Year 2005.

At these meetings, MOH introduced the Area Based Team Strategy which will improve the way MOH supervises the districts. Participating in these centrally organized supervision visits strengthened partnerships and created a better understanding of partners' interventions in the districts.

The UPHOLD health team provided technical assistance to all 20 districts to enable them to accelerate the completion of integrated district plans for UPHOLD funding. In addition, for districts that received funding during the quarter, technical assistance was given to jump start activity implementation.

The MOH's Area Based Team Strategy was introduced to participants at these meetings. The strategy outlines how teams of technical specialists from MOH and partners will provide support to districts on a quarterly basis. This strategy will improve the overall planning and supervision of health interventions by the MOH to districts. Participation in these centrally organized visits promoted the strengthening of partnerships and better

understanding of partners' interventions in the districts.

At the end of March, a training was held for 30 District Government health workers in Bushenyi. The exercise provided a long awaited training on the MOH's national strategy on Health Management Information Systems ("HMIS"). Many health workers at the district level did not know the HMIS even though all health sector interventions are based on the successful implementation of the system.

The objective of the workshop was to equip participants with knowledge and skills to improve the collecting, reporting and use of data on seven important activity areas in a health unit:

1. Curative services
2. Maternal and child health services
3. Planning
4. Management of resources
5. Inpatient and specialty services
6. Information systems and routine reporting
7. Multi purpose forms and filing systems

A post training evaluation showed that participants now have the ability to collect relevant, functional and integrated information on a routine basis for every health unit as prescribed by MOH guidelines.

In the next year there is a need to scale up this training to cover the whole district including storekeepers who deal with drug quantification and other health unit personnel.

Increased Private Sector Role in Service Delivery

Key Accomplishments:

- **Grant awarded to NGO to establish community-based nutrition programme (NSARWU)**
- **Grant awarded to NGO increase skills of private midwives**
- **Grant awarded to NGO to improve early childhood education (Madrasa)**
- **First phase of review of CSOs completed**

UPHOLD's Private Sector Strategy ("PSS") and Work Plan were finalized and stakeholder buy-in and consensus was secured in March 2004. This paved the way for immediate implementation to assist the district authorities harness the potential of the rapidly growing private sector.

Private Sector in Delivery of School Health and Nutrition Services

African Medical Research Foundation, Save the Children Fund – US and Immanuel Children's Center have submitted proposals and these are currently under review. Funding is expected by the end of the next quarter. Working in different districts, these three NGOs will focus on improving health and nutrition in public schools in five districts. Two levels of school-led activities to be addressed were identified, and these are shown in Appendix H. "High impact" activities must receive priority attention and "additional activities" can be addressed now or as resources permit.

An example of a high impact activity is the prevention of malaria. Teachers will be instructed on preliminary steps to take in treating fever. Without these basic skills, teachers often direct sick children to go home for care. This may involve walking a significant distance, thereby exacerbating their condition.

Peer groups will also be trained to provide counseling on nutrition. In this way, children can act as change agents,

advising family members on nutrition in the home.

Private Sector in Delivery of Health Services

Funding was approved for a grant proposal received from the Uganda Private Midwives' Association ("UPMA") in the amount of \$151,322. A schedule of activities has been drawn up and the required technical support has been identified, including support in the preparation of UPMA's strategic plan for the next 3-5 years. Some portion of the grant will also be used to provide refresher training to private midwives to increase skills.

Role of CSOs

The private sector is responsible for a core set of interventions in the delivery of HIV/AIDS services. Civil Society Organizations ("CSOs") such as Integrated Development Activities and AIDS Concern, for example, offer fundamental services including home visits for HIV/AIDS patients in the Bugiri district. Other CSOs are key in mobilizing people to access care and in providing HIV education.

Recognizing the key role of CSOs, a multi-phase review of CSOs was undertaken. Phase I, completed this quarter, reviewed all literature available at both national and district level pertaining to CSO's and interviewed key informants at the national level.

Table 5: Types of CSOs Found in 20 UPHOLD Districts

NGO	INGO ¹	NANGO	LONGO	CBO	FBO	Other	Total
13	76	63	102	2,391	52	355	3,401

The first finding was that there were as many as 3,401 CSOs in the 20 UPHOLD supported districts. Of this number 2,391 or 70% are of the CBO type. An assessment of the type of CSOs reveals that, in numerical terms, there are more CBOs than NGOs. This provides an excellent opportunity to tap such a large potential and to reach many communities through structures that already exist.

An analysis of the date of formation/ registration of CSOs in some districts reveals that most CSOs were formed and/or registered one to three years ago. The relative newness of these organizations underscores the need for capacity building as a key for successful program delivery.

Table 6: Numbers of CSOs by Activities

CSO Sectors/Activities	
Education	262
Health	318
HIV/AIDS	304
Gender	29
Capacity Building	89
Advocacy	61
Agriculture	706
Income Generating Areas	165
Peace / Conflict Resolution	10
Other	517

¹ INGO – International NGO, NANGO – National NGO, LONGO – Local NGO

The Phase I study also reviewed the sectors that the CSOs are working in and those results are presented in Table 6. It was found that the majority of CSOs are working in the area of agriculture. This was an important finding since agricultural CSOs can be useful in working in nutrition interventions.

A meeting of stakeholders at the national and district levels was held in March to present the findings of Phase I and agree on the ways forward for Phase II. The Phase I study findings substantially changed the direction and agenda for Phase II from just mapping to partnership building between CSOs and local governments.

TASO and AIC Role in Delivery of HIV/AIDS Services

Technical and financial support is provided to both The AIDS Support Organization (“TASO”) and the AIDS Information Center (“AIC”) as major players in HIV/AIDS prevention, treatment, care and support.

Technical assistance to TASO has supported activities including:

- Reviewing its quarterly reports, five year strategic plan, and proposals for capacity building;
- Follow-up measures include defining their TA needs, writing an addendum addressing areas of concern in their 2004 work plan, developing strategies for their BCC

interventions, working in areas of armed conflict and scaling up care and support interventions plan.

These support measures continue to build capacities of TASO as a private service provider so as to sustain provision of social sector services.

A market study of VCT service delivery (public and private sectors) was carried out in order to understand the size of market for VCT services, and comparative and competitive advantages for AIC so it can maintain its leading role in VCT service provision. Results from this study formed the basis for a technical review of their three year strategic plan.

AIC Key Achievements for 1st Quarter:

- 41,471 clients received VCT services at AIC five main facilities in Kampala, Jinja, Mbarara, Mbale, Arua and at indirect sites
- Youth VCT programme saw 1,562 adolescents in the AIC Youth Corner
- More than 2,500 clients screened for active TB at Kampala, Jinja and Mbale
- Trained 20 VCT counsellors; 8 of which were for Bugiri PMTCT sites
- Oriented 28 lab technicians for same day HIV testing
- Trained 25 TASO drama group participants in public speaking skills
- Trained 61 VCT service providers from various organizations
- 192,632 pieces of male condoms distributed



AIC retreat in Entebbe February – March 2004; UPHOLD reviewed AIC strategic plan

SECTION 4: STRENGTHENED ENABLING ENVIRONMENT

Increased Community Participation

UPHOLD's strategic approach to Quality Assurance places a strong emphasis on client satisfaction and consumer advocacy, establishing incentive systems and other behaviour-centred strategies to motivate providers to improve the quality of services.

There is a need to increase community involvement in the defining, monitoring and evaluation of performance standards and to work with partners to scale up and strengthen the MOH's Yellow Star Programme ("YSP") as a quality assurance model in 20 districts.

One such partner, Save the Children – US, has piloted the Partnership Defined Quality ("PDQ") methodology for involving the community in quality assurance of health services in two sub-counties of Nakasongola. This methodology aims at improving the quality of health care in communities by involving health workers, their support system and the community.

Preliminary findings from field reports indicate that the PDQ methodology has been successful in improving the quality of health care at facility level, but the methodology has not been evaluated.

Consultants have been retained to evaluate the PDQ methodology, and their report is expected in the next quarter. This information can then be used to determine how best to work with Save the Children to strengthen the methodology and scale it up, as well as develop linkages between PDQ, the YSP and other community structures. This will greatly increase community participation in quality service provision.

Consultants will also work to refine YSP IEC materials and these results are expected in April-May, 2004.

Support materials will be produced in the form of posters, job aides/reference manuals and helpful reminders for service providers will be available for distribution to health workers and the communities implementing the YSP.

The YSP training manual for health supervisors and Community Development Officers has been pre-tested. This will result in greater community involvement in quality of care being emphasized in supervisor training; and health supervisors will be aware of the importance of CDOs in mobilizing communities for quality services.

In Bundibugyo, two CBOs, Bundibugyo Women Living With HIV/AIDS, with a 265 strong membership, and Bundibugyo Men Living With HIV/AIDS, with a 150 strong membership, have formed a coalition. The main objective of the coalition is to increase capacity for more effective delivery of services to PLWHA and the community.

Also in Bundibugyo, dialogue has started with Straight Talk, a club which addresses HIV/AIDS issues with adolescents in schools. Working with MP, Mrs. Jane Balisemera, dialogue has been launched with one secondary school club and it is planned to initiate similar efforts in nine more schools in the district.

The dialogue is intended to encourage a positive attitude, create awareness of HIV issues and equip the target group with the confidence to say "no."

Increased Multiple Stakeholder Participation

HIV/AIDS and President's Emergency Plan for AIDS Relief Activities

With MOH and other stakeholders in HIV/AIDS logistics and management activities, UPHOLD has actively participated in national VCT/PMTCT planning. The group was able to identify gaps in pertinent issues of HIV/AIDS logistics and training and make recommendations to bridge these gaps. In addition, the group reached a consensus on each stakeholder's facilitation role and responsibilities in upcoming regional training programmes and how to make improvements in procurement, distribution and reliability of HIV test kits and Neverapine for the districts where MOH is to take the leading role.

All these activities will improve access and availability of HIV/AIDS services to the districts, effective use of resources and social sector services through joint collaboration planning and implementation of activities.

Together with MOH and CSOs, UPHOLD participated in the President's Emergency Plan for AIDS Relief workshop organized by USAID and the Uganda AIDS Commission. The major objective for the workshop was to streamline the Emergency Plan objectives, implement guidelines, partnerships and other funding related information such as tracks and timelines. This workshop harmonized further collaboration, understanding of funding related questions among partners and provided an opportunity to identify other HIV/AIDS programme areas that need to be focused on.

UPHOLD and AIM continue to strengthen their partnership in several areas. Technical staff from both organizations responsible for tuberculosis control continue to meet regularly and are working together to address a number of priorities identified by the National TB Leprosy Programme. For example, if AIM and UPHOLD are both working in a particular district they have made cost sharing arrangements in supporting TB detection and treatment activities.

In the spirit of the USAID Statement of Collaboration among its HIV/AIDS partners, UPHOLD also participated in the review of an HIV/AIDS tool kit that AIM is adapting for the MOH and its grantees.

SECTION 5: MONITORING AND EVALUATION

In partnership with MOH, MOES, district level governments and organizations such as UNICEF, UPHOLD's monitoring and evaluation team is preparing the Lot Quality Assurance Sampling technique to be used for daily M&E activities at the district level.

UPHOLD is streamlining the indicators and the related ways of verification and prioritizing them. There is already a draft questionnaire for the education sector which is still under discussion.

Also working with MOH and MOES, a situation analysis was carried out on the HMIS/EMIS. The report is now under discussion with the different stakeholders. Soon M&E will be implementing the recommendations from the study. A key recommendation is to revise the training manuals on skills in data collection, data verification, analysis and display.

The M&E unit working with Monitoring and Evaluation Management Services

carried out Data Quality Assessment with AIC and TASO.

All district proposals that have been approved were reviewed to establish M&E steps.

The secondary data analysis using the Uganda Demographic and Health Survey and Demographic and Health Survey Education Data has been finalized and this provides baseline indicators for UPHOLD.

The M&E unit is developing a number of checklists to guide UPHOLD. So far it has developed guidelines for carrying out any study and also guidelines for the report format.

M&E participated in stakeholders meetings like the forthcoming Uganda Household Sero Survey, Baseline Survey Monitoring Committee.

Action research activities are summarized in Appendix I.

SECTION 6: CHALLENGES AND CONSTRAINTS

Since the annual report submission to USAID, the constraints spelt out at the time remain germane to the efficacious implementation of UPHOLD.

President's Emergency Plan for AIDS Relief

Whilst newly emerged Emergency Plan funds represent a timely and valuable opportunity to accelerate and deepen implementation in HIV/AIDS, UPHOLD is committed to working with USAID to make necessary adjustments called for in other aspects of our work portfolio. For example, the time-sensitive deliverables require that implementation interventions be delivered in a more vertical way. However, such an approach increases the likelihood of missed opportunity for integration and creating synergy with other health and education related activities.

Although this is a Mission-wide phenomenon, there is a trend of rising HIV/AIDS funding relative to health and education in the UPHOLD budget. To the extent that the funding ceilings of the program are not raised at the same pace, the new funding structure will dictate that UPHOLD should undertake fewer education and health interventions. Further guidance is now being sought through consultation with the Mission.

Accountability Issues in Districts

Consistent with previous concerns about district accountability described in 2003, UPHOLD reserved the right not to transfer funds to districts where conditions necessary for transparent management of funds were unmet. In at least four districts there is not a confirmed Chief Administrative Officer ("CAO") and in at

least three districts senior officials were interdicted which slowed down the process of grant implementation.

District Constraints

Now that several districts have received funding to implement work, the limitations of the districts to effectively receive funding from multiple funding sources, often to implement not so dissimilar activities is especially evident. This constraint implies that UPHOLD must temper its expectations for results.

Similarly, the need for extensive donor coordination at the district level is especially critical to further optimize the use of resources for people-level results. UPHOLD is now working in close partnership with UNICEF to define and make program cooperation at the district level more operational. UNICEF has received and is considering a proposal from UPHOLD in this respect.

The district capacity constraint underscores the need to actively promote and support the substantive participation of civil society and the private-for profit sector in service delivery. UPHOLD continues to intensify its effort in this respect.

Security in Conflict Areas

Security in the conflict areas remains a major concern. In March, a team working on Community Participation in Education and Regional Staff were evacuated from Lira District when riots occurred as a result of the LRA attacks on the camps in the district. The recent US Embassy warning advising against travel to eight UPHOLD districts may have an effect on the staff's ability to adequately support these areas.

SECTION 7: APPENDICES

- A. Acronyms
- B. Grants Awarded/Funded January to March 2004
- C. Grants Under Review as of March 31, 2004
- D. RH Trainers Available at National and District Level by Skill Area
- E. Activities to be Supported by UPHOLD in Next 6 Months to Improve FP Coverage and Utilization
- F. IPT Poster on Display in Gulu and Kitgum Districts
- G. Plenary Session Abstract for Global Health Council Conference in Washington June 2004
- H. Measures to Improve Health and Nutrition Services in Public Schools
- I. Summary of Action Research Activities
- J. The First Quarter “At a Glance”

Appendix A

Acronyms

AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS/HIV Integrated Model District Program
ANC	Antenatal Care
BCC	Behavior Change Communication
CAO	Chief Administrative Officer
CBO	Community Based Organization
CDA	Community Development Assistant
CDO	Community Development Officer
COP	Chief of Party
CSO	Civil Society Organization
DCOP	Deputy Chief of Party
DPT	Diphtheria, Pertussis, Tetanus
EMS	Education Management System
FABE	Family Basic Education
FBO	Faith Based Organization
FP	Family Planning
GOU	Government of Uganda
HBMF	Home Based Management of Fever
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IDP	Internally Displaced Persons
IEC	Information Education and Communication
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non Governmental Organization

NSARWU	National Strategy for the Advancement of Rural Women in Uganda
OPD	Out patient Department
PDQ	Partnership Defined Quality
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSS	Private Sector Strategy
RH	Reproductive Health
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SPW	Student Partnership Worldwide
STI	Sexually Transmitted Infections
TA	Technical Assistance
TASO	The AIDS Support Organization
TB	Tuberculosis
TE	Teacher Effectiveness
UNICEF	United Nations Children's Education Fund
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YSP	Yellow Star Program

APPENDIX B

Grants Awarded/Funded January - March, 2004

Grantee	Type of organization	Technical Area	Status	Shillings Amount	US Dollar
BUGIRI	Govt	education/health/AIDS	MoU signed	178,500,840	\$92,728
BUSHENYI	Govt	education/health/AIDS	Funded	120,489,400	\$62,592
Family Basic Education	NGO	Education	Funded	28,192,000	\$14,645
GULU	Govt	education/health/AIDS	MoU signed	89,640,900	\$46,567
KAMULI	Govt	education/health/AIDS	Funded	152,511,587	\$79,227
KATAKWI	Govt	education/health/AIDS	MoU signed	140,931,000	\$73,211
KYENJOJO	Govt	education/health/AIDS	Funded	232,173,700	\$120,610
LIRA	Govt	education/health/AIDS	Funded	183,306,950	\$95,224
Madrasa	FBO	Education	Approved	625,552,575	\$324,962
MAYUGE	Govt	education/health/AIDS	Funded	142,006,885	\$73,770
MBARARA	Govt	education/health/AIDS	Funded	140,512,950	\$72,994
MUBENDE	Govt	education/health	Funded	155,453,800	\$80,755
NAKAPIRIPIT	Govt	education/health/AIDS	Funded	182,720,900	\$94,920
National Strategy for the Advancement of Rural Women in Uganda	NGO	Health	Approved	182,959,000	\$95,044
PALLISA	Govt	education/health	MoU signed	108,856,000	\$56,549
RAKAI	Govt	education/health/AIDS	MoU signed	149,345,025	\$77,582
RUKUNGIRI	Govt	education/health/AIDS	MoU signed	96,651,300	\$50,208
Straight Talk Foundation	NGO	health/AIDS	Approved	862,188,000	\$447,890
Student Partnership Worldwide	NGO	health/AIDS	MoU signed	22,609,734	\$11,745
Uganda Youth Forum	FBO	Health	Funded	29,693,900	\$15,425
Uganda Private Midwives Association	NGO	Health	Approved	291,294,950	\$151,322
WAKISO	Govt	education/health	Funded	131,733,998	\$68,433
TOTAL					\$2,206,403

APPENDIX C

Grants Under Review as of 31 March, 2004

Grantee	Type of organization	Technical Area	Status	Shillings Amount	US Dollar
Adventist Relief Development Agency	NGO	Health	UPHOLD reviewing	not finalized	
African Medical Research Foundation	NGO	school health and nutrition	UPHOLD reviewing	not finalized	
ARUA	Govt	education/health/AIDS	at USAID for approval	103,844,800	\$53,945
BUNDIBUGYO	Govt	education/health/AIDS	at USAID for approval	163,449,123	\$84,909
Community Integrated Development Activities for Poverty Alleviation	CBO	AIDS	UPHOLD reviewing	8,379,000	\$4,353
GOAL	NGO	AIDS	UPHOLD reviewing	27,563,847	\$14,319
Integrated Development Activities and AIDS concern	CBO	AIDS	UPHOLD reviewing	48,209,800	\$25,044
Idudi Development Association	CBO	AIDS	UPHOLD reviewing	11,441,000	\$5,943
Immanuel Children's Development Centre	NGO	school health and nutrition	UPHOLD reviewing	149,522,400	\$77,674
KITGUM	Govt	education/health/AIDS	UPHOLD reviewing	120,982,800	\$62,848
LUWERO	Govt	education/health/AIDS	at USAID for approval	182,144,000	\$94,620
NGO – to be determined (Vector Control Division)	NGO	Health	UPHOLD reviewing	241,205,699	\$125,302
National women association for social and education advancement	CBO	AIDS	UPHOLD reviewing	13,367,500	\$6,944
Save the Children US	NGO	school health and nutrition	UPHOLD reviewing	3,857,869,400	\$2,004,088
Traditional Healers and Modern Health Practitioners against AIDS/National Chemotherapeutics Research Laboratory	Govt/ NGO	health/AIDS	UPHOLD reviewing	not finalized	
Uganda Muslim Supreme Council	FBO	Education	UPHOLD reviewing	not finalized	
YUMBE	Govt	education/health	at USAID for approval	45,109,000	\$23,433

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APPENDIX D:

RH Trainers Available at National And District Level By Skill Area

DISTRICT	FP/RH/IRH	ASRH	CLINICAL LSS	COMM SMH	TBA	CRHWs/CBDA	STI	PAC	PMTCT	HMIS	HBC	HUMC	VCT	NA	HIV/AIDS
ARUA	4	-	-	-	7	8	-	-	-	-	-	4	-	-	-
GULU	2		4		7							4			
YUMBE	5	-	5	5	5	-	-	-	-	-	-	-	-	-	-
KITGUM	5	7	3	-	3	-	-	-	-	-	4	3	-	-	4
KATAKWI	-	2	3	-	10	8	1	-	-	2	-	3	-	4	
LIRA	4	-	2	1	7	11	-	-	-	-	-	4	-		
NAKAPIRIPIRT												-			
KYENJOJO	1											-			
MUBENDE	6	-	-	-	9	4	1	-	-	-	-	4	-	-	-
BUNDIBUGYO	3		1				1					4			
MAYUGE	1	-	-	-	7	6									
PALLISA	6		4	-	6	5	6	5				10			
BUGIRI	1	-	-	-	8	-	-	-	-	-	-	4	-	-	-
KAMULI	5	-	-	-	9	7	7	-	-	-	-	3	-		
BUSHENYI	2	2	-	-	10	8	3	-	-	-	-	4	-	-	-
MBARARA	11	2	3	-	-		4	-	-	-	-	4	-	-	-
RUKUNGIRI	10	4	1	-	3	3	3	-	-	-	-	4	-	3	5
WAKISO	2	2	4	4	3	4	1	1	1	3	-	-	2		
LUWERO												3			
RAKAI												2			

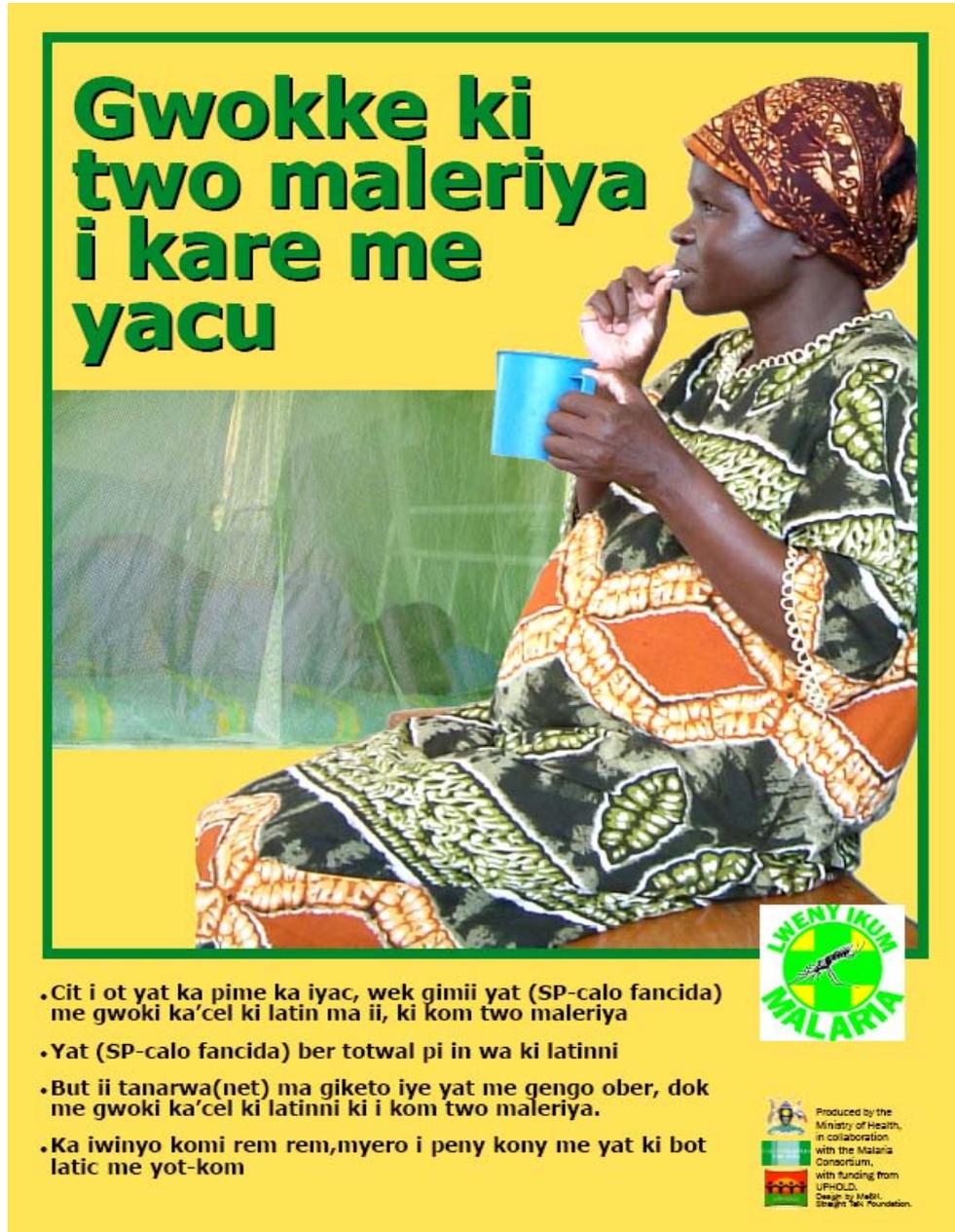
APPENDIX E

Activities To Be Supported By UPHOLD in Next 6 Months To Improve FP Coverage And Utilization

Region	Rwenzori region		Eastern Region				North Eastern Region		
District	Bundibugyo	Kyenjojo	Bugiri	Pallisa	Mayuge	Kamuli	Lira	Nakapiripirit	Katakwi
CLINICAL AREAS									
Training health workers in communication and counseling skills.									
Training health workers in integrated RH/FP skills	√	√			√		√	√	√
Training in IUD & Norplant insertion						√			
Updating community resource persons – TBAs, CRHWs in RH/FP .			√						
Training CDAs in RH messages	√								
Updating providers in RH		√		√					

Appendix F

IPT Poster on Display in Gulu and Kitgum Districts



**Gwokke ki
two maleriya
i kare me
yacu**

- Cit i ot yat ka pime ka iyac, wek gimii yat (SP-calo fancida) me gwoki ka'cel ki latin ma ii, ki kom two maleriya
- Yat (SP-calo fancida) ber totwal pi in wa ki latinni
- But ii tanarwa(net) ma giketo iye yat me gengo ober, dok me gwoki ka'cel ki latinni ki i kom two maleriya.
- Ka iwinyo komi rem rem,myero i peny kony me yat ki bot latic me yot-kom

**LWENYIKUM
MALARIA**

Produced by the
Ministry of Health,
in collaboration
with the Malaria
Consortium,
with funding from
U.P.H.O.D.
Design by Medel
Ebright, T&P Foundation.

The poster advises women to beware of malaria during pregnancy:

- If you go to the health unit for ANC, you can get drugs to protect you and the unborn child against malaria
- The drug (SP) is very good for you and the unborn child
- Sleep under an insecticide treated net to prevent mosquito bites and to protect you and the unborn child against malaria
- If you feel unwell, seek medical attention from health care providers

APPENDIX G

Plenary Session Abstract for Global Health Council Conference in Washington, June 2004

TITLE: Eluding Abduction in Northern Uganda: A Girl-Child Speaks Out

DESIGNATED PRESENTER: Evaline Okello

ARE YOU A YOUTH PRESENTER: Yes

TYPE OF SESSION PREFERRED: Panel

PROPOSED THEME: Health Risks for Youth (War and Conflict)

KEY HEALTH AREAS: Physical and Sexual Abuse, Psychosocial trauma, Denial of shelter

LEARNING OBJECTIVES: Participants will be able to learn about coping mechanisms that can evolve during conflict and unintended health risks associated with the conflict and the coping mechanisms themselves.

BACKGROUND: Now ongoing for at least 17 years, the war and conflict in northern Uganda between the Lords Resistance Army (LRA) rebels and the Government of Uganda has adversely impacted on the lives of the people of the area. Children in particular, are disproportionately affected in several ways. Affected communities have witnessed and suffered gross violations of human rights through killings, maiming, burning of entire villages, raping of girls and women, and abduction of children aged 7 to 14 years.

Abducted children are exploited as assets by the LRA rebels as fighters and sex slaves. In an effort to deprive LRA of their young ones, boys and girls alike, most families in the region have been forced into displacement. One type of displacement is what is locally referred to as 'night commuting'. In Gulu Township, over 15,000 children leave their villages and trek into town where they spend the night, and at dawn they move back to the communities.

Evaline Akello, a 13 year old girl child represents thousands of children in N. Uganda who are trapped in a vicious cycle of war, conflict and displacement. At her age, Evaline cannot recall the last time she slept at home. She does recall sleeping in the bush, a fate worse than sleeping in the streets of Gulu town, and then returning home each day to prepare for school. Evaline comes from a family of four children and together with two other siblings live with their mother. Her father was murdered by LRA rebels in 2002 on his way to his farm.

Evaline will share with others the struggle of a child trapped in conflict. Her voice sheds light on the difficulties "night commuting" children face as they struggle to evade abduction by rebels. Her will to stay in school is a manifestation of the determination and resistance of a person faced with adversity.

CONCLUSIONS: Evaline's firsthand account will describe the conflict situation and the related risks that the children in Northern Uganda face. Evaline dreams of becoming a nurse some day. An end to this war will greatly improve her chances of becoming one.

APPENDIX H

Measures to Improve Health and Nutrition Services in Public Schools

High Impact Package of School Health and Nutrition Activities	Additional Activities
Anemia prevention: <ul style="list-style-type: none"> • Malaria treatment and prevention • Helminth treatment and prevention • Micronutrient supplementation 	School feeding: <ul style="list-style-type: none"> • Information on packed lunches • Community organized snacks or lunches • (<i>boarding</i>) Policies & support for diversified diet
Responsible sexuality: <ul style="list-style-type: none"> • Training on PIASCY & life skills • Peer education • Guidance and counseling • Community/adult involvement 	Vision & hearing screening: <ul style="list-style-type: none"> • Screening and remedial measures for pupils with vision or hearing problems
Promotion of girls' retention & completion: <ul style="list-style-type: none"> • Sanitary materials • Separate latrines for girls with washing facilities • Protection from abuse 	Immunization promotion & safety: <ul style="list-style-type: none"> • Support for routine vaccinations and immunization campaigns • Injection safety
Hygiene: <ul style="list-style-type: none"> • Hand washing promotion • Safe drinking water promotion • Water source & latrine construction • Latrine cleanliness 	HIV/AIDS stigma reduction and OVC support: <ul style="list-style-type: none"> • Education and communications to address stigma of infected and affected people for schools and communities • Protection of orphans • Memory books

APPENDIX I

Summary of Action Research Activities

The subject area of the study	Summary of the study	Current level of implementation	Date to be finalised
Mass measles evaluation study	The results were disseminated to stakeholders in February. The study showed that the involvement of public and private sector partnership was a big factor in success of the mass measles campaign and UPHOLD made a significant contribution to the campaign		Study concluded in January 2004
Assessment of Education Management capacity.	The study was intended to identify gaps in education management capacity and to make recommendations for Education Management strengthening.	Results used to develop BCC strategy and training materials strengthening Education Management at the district and school levels	Study accomplished
PDQ evaluation	The current study is an evaluation of the Save the Children approach piloted in Nakasongora. The intention is to draw out the best practices from this intervention and use for the Yellow Star Program in UPHOLD districts	Instruments have already been developed, tested and refined. Data collection is ongoing	May 31, 2004.
Viability of AIC mobile van for VCT service delivery	The main objective is to study the feasibility of AIC's mobile van service and make recommendations for an effective mobile van service package and ideas for scale up. The main question is whether the mobile van for VCT can guarantee quality of service, confidentiality and foster continuity of care	Field work initiated mid May	May 31 2004

Summary of Action Research Activities continued

<p>CSO – Public partnerships</p>	<p>The study focused on CSOs involved in the sectors of health, education, and HIV/AIDS, as well as the cross-cutting areas of gender, advocacy, capacity building, management, and communication. The study has two phases: Phase 1, which has been completed, was based on a review of secondary data both at national and district levels; and Phase 2 which will focus on in-depth analysis of selected CSOs as well as initiating a dialogue between local governments and CSOs</p>	<p>Currently reviewing instruments for Phase 2</p>	<p>Phase 1 completed; Phase 2 expected to start in June 2004</p>
<p>Gender-based violence and HIV/AIDS</p>	<p>Engaged in discussing details with technical staff on topic and a concept paper is planned</p>	<p>Not yet implemented</p>	
<p>Trial of Improved Practices for Committee for Integrated Management of Childhood Illnesses</p>	<p>In the process of developing the scope of work for the consultants and discussing with relevant technical staff</p>	<p>Not yet implemented</p>	<p>Expected to begin end May 2004</p>
<p>Formative Research School Management Committees (“SMC”) /Parent-Teacher Associations’ capacities</p>	<p>The study was conducted by another USAID-funded program, Strengthening Decentralization in Uganda, in Luwero, Mbarara and Gulu districts. This is a needs assessment to enable UPHOLD and partners to understand the existing / current knowledge, skills and attitudes of SMCs, CDOs, CDAs, parents and teachers (in respect of community / parental linkages). The research focuses on the current management capacity of SMCs and the Local Councils’ roles and functions in mobilizing communities to support primary education</p>	<p>Started early March and field work was concluded mid April. Report writing ongoing</p>	<p>Final report expected end May 2004</p>

APPENDIX J

UPHOLD January To March 2004 – The Quarter At A Glance

IR 8.1 IMPROVED EFFECTIVE USE OF SOCIAL SERVICES	
Improved Quality of Social Services	<ul style="list-style-type: none">▪ Conducted a key workshop attended by 80 RH managers from 9 districts; Workshop produced action plans for ensuring goal oriented ANC; identified ways to improve RH services at district level; and brainstormed ways to improve RH services in IDP camps.▪ Brought together community development workers and RH providers for the first time to collaborate on community mobilization for RH.▪ Performed comprehensive compilation and review of all national RH materials identified gaps and weaknesses and recommended changes.▪ Evaluated trainers available at national and district level; identified need for improved training and increased numbers of trainers in certain technical areas.▪ Completed an evaluation on the success of communications strategy for mass measles campaign.▪ Designed Growth Promotion Package to monitor monthly growth in children under two years of age as a strategy to prevent malnutrition and disease▪ Produced national training modules and materials for improving teacher effectiveness and successfully pre-tested them.▪ Contracted CDFU, an NGO, to produce refined Yellow Star Program IEC materials.▪ Pre-tested YSP training manual for health supervisors and CDOs▪ Produced national training modules and materials for improving teacher effectiveness and successfully pre-tested them▪ Conducted field research in two districts to solicit views of education managers on quality and relevance of management strengthening programs and capacity needs▪ Produced draft training modules and materials for strengthening Education Management Systems.▪ Provided technical assistance to improve RH service delivery in IDP camps in Lira and Katakwi districts▪ Established service delivery points for PMTCT and VCT services in six districts to improve service provision, care and support of PLWHA▪ Funded training of health workers providing PMTCT services and technicians in testing procedures; funds will also be used to distribute behaviour change materials and promote activities to raise demand for PMTCT services▪ Completed plans for large scale re-treatment of ITNs in six districts▪ Provided technical assistance to enable Mayuge to develop grant proposal for strengthening ITN distribution▪ Malaria prevention and control messages publicized through poster campaign, FM radio stations broadcasts and local drama groups productions in Gulu and Kitgum▪ 600,000 doses of Homapak distributed in Gulu and Kitgum to treat fever in children under five years

	<ul style="list-style-type: none"> ▪ Supported the extension of routine immunization schedule in IDP camps in Lira ▪ Placed order for a total of 882,471 doses of Homapak to implement HMBF program in 16 districts. ▪ Completed action plans in nine districts to improve coverage and utilization of FP services.
IR 8.2 INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES	
Improved Decentralization Planning, Management and Monitoring Systems	<ul style="list-style-type: none"> ▪ Strengthened partnerships and better understanding of partner interventions in districts as result of attending MOH Regional Health Planning meetings and learning Area Based Team Strategy ▪ Technical assistance to all 20 districts to accelerate completion of integrated district plans ▪ Technical assistance to 15 districts to jump start activity implementation ▪ Better understanding of partner interventions achieved through participation in MOH Area Based Team Strategy meetings ▪ Training for 30 district government health workers conducted on MOH's national strategy on Health Management Information Systems
Increased Private Sector Role	<ul style="list-style-type: none"> ▪ Finalized Private Sector Strategy and work plan and obtained stakeholder buy-in and consensus ▪ Grants to seven CSOs approved and funded or ready for funding: <ul style="list-style-type: none"> ○ Community based nutrition program in Rakai and Mbarara ○ Muslim FBO to improve well being of children from marginalized communities and to increase access to and retention in primary school ○ Support for private midwives association to provide refresher training courses ○ Education proposal from FABE ○ Straight Talk Foundation to establish Gulu Youth Centre where night commuters can access health information, RH services and recreational activities ○ Student Partnership Worldwide – a health/AIDS proposal ○ Uganda Youth Forum – a health proposal ▪ Twelve CSO grants in the final stages of review, including a joint proposal between THETA and NCRL under final review. ▪ Completed Phase I of review of CSOs operating in 20 districts. ▪ Stakeholder meeting at national level to review Phase I CSO review results and decisions taken on direction for Phase II ▪ Participated in MOH meetings to develop private sector component of HSSP II giving private sector in health the resources to implement activities in next 5 years ▪ Funded study on VCT service delivery to enable AIC to maintain leading role. ▪ Technical reviews of TASO and AIC plans undertaken with recommendations passed on.

IR 8.3 STRENGTHENED ENABLING ENVIRONMENT

Increased Community Participation	<ul style="list-style-type: none"> ▪ Recruited consultants to evaluate PDQ methodology with aim of greatly increasing community participation in quality service provision. ▪ Reviewed proposals from number of CBO/FBO and NGOs engaged in HIV/AIDS activities. Some CBOs visited to test out innovative VCT/PMTCT activities. ▪ Trained CPCs, CDOs, CDAs and District education officers including CCTs in effectiveness team building and community involvement in education activities conducted in six pilot districts
Increased Multiple Stakeholder Participation	<ul style="list-style-type: none"> ▪ Plans for joint collaboration in VCT/PMTCT activities with community groups in Bundibugyo established ▪ Streamlined President's Emergency Plan for AIDS Relief objectives and guidelines for implementation with Emergency Plan partners ▪ Coordinated plans with other HIV/AIDS partners to strengthen collaboration, avoid duplication and increase coverage of HIV/AIDS activities in shared districts ▪ Engaged SDU to research community involvement in education advisors to improve primary schools and children's learning
Effective Implementation of National Policies	<ul style="list-style-type: none"> ▪ Drafted policy document on education in conflict areas with MOES and other partners to ensure education for all in future. ▪ Attended MOH workshop to develop guidelines for infection prevention