

**UGANDA PROGRAM FOR HUMAN  
AND HOLISTIC DEVELOPMENT**



# **UPHOLD ANNUAL REPORT 2004**

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





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Financial support for this publication was provided by USAID, cooperative agreement number 617-A-00-02-00012-00. The views expressed in this document do not necessarily reflect those of USAID.



UPHOLD is implemented by JSI Research & Training Institute, Inc., in collaboration with American Institutes for Research (AIR), Education Development Center, Inc. (EDC), The Futures Group International, The Malaria Consortium, The Manoff Group, Inc., and World Education, Inc.



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## Letter from Chief of Party

Dear Partners:

During Program Year 2 (October 1, 2003 to September 30, 2004), UPHOLD's contribution to the Government of Uganda helped to consolidate the implementation efforts of 20 district governments and those of the Ministries of Health, Education and Sports, and Gender, Labour and Social Development. The focus has remained the leveraging of these sectors to advance the government's quest for a district multisectoral response to development in general, and poverty eradication in particular.

In 2004, all 20 districts collaborating with UPHOLD received grants to support their planned activities in the areas of HIV/AIDS, primary education and health. The total grants awarded to and directly managed by district governments was \$1,608,849. In addition to supporting district governments, UPHOLD obligated \$1,199,566 in grants to 12 civil society organizations.

To increase the number of civil society organizations benefiting from its funding and technical support, UPHOLD launched the Family and Community Action Grants, a highly innovative, exciting and competitive grants application program for Uganda non-governmental organizations and civil society organizations, with a cash value of over 9 billion intended to enable recipients to achieve programmatic results that promote the quality use of services. During the Request for Application process, 3,500 applications were handed out by the Regional offices or downloaded from the website. By the submission deadline, 625 were received for an available 88 grants. Through a transparent and participatory process, district government officials and civil society organizations joined in the review and selection of promising applications.

This year, UPHOLD built on the experience of the Uganda AIDS Control Project and successfully increased the capacity of 20 district governments to effectively collect, analyze, and use data from Lot Quality Assurance Surveys (LQAS). The remarkable feature of LQAS is that the data collection and analysis process can be completed in each district in 7 days. With nearly 200 LQAS-practitioners in place, these districts now effectively have representative household data for approximately 10.4 million people, or 42% of the national population. Even more exciting is the spontaneous use of LQAS to study issues ranging from performance standards in school management to nutrition surveys. LQAS has the advantage of providing relatively rapid and representative data in a way that fosters ownership, accountability and strengthens the quality of routine information systems.

UPHOLD continued to invest in the Ministry of Health's malaria control program which delivers services close to the homes of citizens. Specifically, over 1.6 million doses of Homapak (a pre-packaged unit dose of combination antimalarial drugs) were provided. Also, more than 25,900 insecticide nets were purchased and over 14,000 community volunteers, commonly referred to as drug distributors (DDs), were trained to recognize and treat malaria/fever in children under five years of age at the community



level using Homapak. In Gulu and Kitgum alone, the proportion of children receiving Homapak from the CORPs within 24 hours of fever onset is over 60%. In addition, UPHOLD aided the government and local communities to successfully retreat more than 140,000 mosquito nets in 6 districts. Even more exciting are the results of a recent survey in Kitgum, which showed a dramatic decline in the prevalence of severe anemia among children aged 6-24 months, after 6 months of the Home Based Management of Fever (HBMF) interventions

In an increasing number of primary schools, children have become active participants in their own learning. Under the leadership of MOES (Ministry of Education and Sports), UPHOLD helped to develop and produce modules on cooperative learning. These were adopted for use in the pilot district that UPHOLD is working in, and teachers from selected schools in those districts have been trained accordingly. One hundred and eighty-seven primary schools are now using Cooperative Learning as a teaching approach, of the 1,600 schools targeted by the end of the program. A total of 374 school heads and their deputies have been equipped with skills and knowledge to train and provide instructional support to individual teachers in their schools. Education managers at the district and schools level are also being targeted for performance improvement. A total of 556 education managers have so far been trained.

Towards the realization of President (Museveni's) Initiative AIDS Strategic Communication to Youth (PIASCY), UPHOLD has successfully delivered logistical and financial support to the MOES to orient 45,000 teachers about HIV/AIDS and the use of the PIASCY manual—three teachers in every one of the over 15,000 primary schools in all 56 districts of Uganda. Achieved in a record time of five months, some four months ahead of schedule, the primary school orientation on PIASCY was probably among the most ambitious rollout efforts of its kind in Africa.

We at UPHOLD thank you for your ongoing support and look forward to working with you to increase the use of better quality social services at the community level.

Sincerely,

Nosa Orobato MD, DrPH.  
Chief of Party, UPHOLD/JSI

*UPHOLD is a consortium of seven partner organizations managed by JSI Research and Training Institute, Inc. (JSI). The six other partner organizations are: American Institutes for Research (AIR), Education Development Center, Inc. (EDC), The Futures Group International, The Malaria Consortium, The Manoff Group, Inc. and World Education.*





# PROJECT OVERVIEW

## INTRODUCTION

UPHOLD is an integrated social services program designed by the Government of Uganda (GOU) and the United States Agency for International Development (USAID). UPHOLD supports the Government of Uganda's social sector policies and priorities, as well as USAID's Strategic Objective 8 Results Framework for improved human capacity. Strategically oriented to increase the utilization, quality, and sustainability of services in 20 districts, in education, health and HIV/AIDS through an integrated approach, the program's four main goals are to:

- 1) improve educational status;
- 2) reduce the spread of HIV/AIDS and sexually transmitted infections (STIs);
- 3) decrease child and maternal mortality; and
- 4) stabilize population growth

Despite the efforts of the government and nongovernmental organizations (NGOs) to improve the health and education status of the population, social sector indicators continue to reflect an enormous need to strengthen human capacity in these areas. Utilization of services is low and will not increase without addressing these major constraints. A significant increase in health and education services utilization will be required to reduce morbidity, mortality and fertility and to increase literacy.

UPHOLD brings together health, HIV/AIDS, and primary education interventions in Uganda's decentralized context to achieve broad improvements in human capacity. It is building on good or promising practices and scaling up interventions and strategies in order to achieve significant outreach and substantive impact.

Because effective delivery of integrated social services depends on resource allocation, prioritization of objectives through the district planning process serves as one of the focal points for social service integration.

Cross-cutting themes are being incorporated into every district plan and include effective communications messages and mechanisms that promote positive behavior change and improved performance.

This report presents an overview of some of the significant accomplishments of UPHOLD during its second program year (PY2), from October 1, 2003 to September 30, 2004, and demonstrates how some of the activities conducted not only contribute to USAID's SO8, but also truly benefit the lives of the people of Uganda.

# EFFECTIVE USE OF SOCIAL SERVICES



The UPHOLD Framework (Appendix A) calls for a rapid scaling-up of activities that will result in expanded access to quality services for those who continue to be most in need. This requires coordination and cooperation of the public and private sectors as well as donors working in health, education, HIV/AIDS and economic opportunity development.

UPHOLD works with communities and districts to obtain input and support, including central-level support, for collaboration with civil society organizations (CSOs). UPHOLD is working to strengthen CSOs within its 20 districts to advocate for and assist in the delivery of social service interventions. Experience has shown that efforts to strengthen institutions that initially embrace and advocate for education and health issues and services often results in improvements in other development areas later. Districts and CSOs receive both technical and financial assistance directly from UPHOLD, as well as through district development plans, expanding their skills base and role in leading improvements in community services.

## IMPROVED QUALITY OF SERVICES

During the year, UPHOLD continued to assess services and develop effective approaches that are improving the quality of health, HIV/AIDS, and primary education services in Uganda. Basic quality standards for the health sector were updated and disseminated in seven districts and UPHOLD is currently working with the AIM Project to develop HIV/AIDS performance standards for use in health facilities and communities. In the education sector, in primary schools in six districts, an assessment, training and support cascade has been initiated to address the quality of service delivery .

### HIV/AIDS

In its HIV/AIDS program, UPHOLD conducted an in-depth assessment of available health center counseling rooms, laboratory infrastructure, existing equipment, and adequate furniture. Eighty percent of health centers had inadequate laboratory and/or counseling space, with standard equipment lacking in all health facilities—all major obstacles to the delivery of quality services in VCT and PMTCT, and a main reason why people are reluctant to use those services that are

available. UPHOLD has supported facility improvements by providing partitioning, furniture and general repair. UPHOLD has also laid the foundation this year to collaborate with the U.S. Center for Disease Control and Prevention (CDC) on the purchase and distribution of laboratory equipment and staff orientation to it. UPHOLD has initiated the development of a Infant Feeding Guide to accompany PMTCT activities and is reviewing job aids for health workers.

*This year, UPHOLD supported MOH in VCT and PMTCT quality improvement in 11 districts, population of over 4.8 million.*

*In collaboration with DELIVER, UPHOLD trained 280 district health personnel from 12 districts on HIV Test Logistics.*

### Health

#### Reproductive Health

Over the past year, UPHOLD conducted a comprehensive analysis of all reproductive health (RH) materials available in Uganda, and compiled data on RH trainers at the national, regional and district level. The analysis revealed that:



- Materials are generally scarce, and even more importantly, there is no central “clearing house” where RH partners can easily access the MOH recommended materials;
- District trainers need refresher training, as many were trained some time ago and may no longer be up to date with developments in the RH sector; and
- Many of the district trainers were actually only trained in content and not in training methodologies

In addition to delivering a comprehensive report, and an inventory of all identified materials, to the Ministry of Health, UPHOLD co-hosted a meeting with the MOH and key stakeholders in Reproductive Health to discuss the findings

*UPHOLD trained over 350 RH workers in 7 districts.*

from the analysis and to plan for next steps.

UPHOLD also supported RH workshops that were instrumental in improving the quality of RH services at the district level, with over 80 RH managers from 9 districts attending. The workshops resulted in:

- District RH managers updated their knowledge of key RH principles, then discussed practical implementation at various levels
- Districts came up with practical steps to improve RH services in their district
- For the first time, RH providers and community development workers met and agreed on methods to mobilize the community for RH
- Reviewed the status of ante-natal care (ANC) services in the 9 districts, identified gaps, and developed an action plan to ensure delivery of goal oriented ANC

### **TB prevention and control activities**

Uganda is extremely burdened by tuberculosis (TB). The prevalence of TB infection among adults is between 50-70%, with approximately 50% of the TB patients co-infected with HIV/AIDS. This

association between TB and HIV/AIDS has accelerated the problem of TB in the country. The detection rate of new smear-positive cases (53%) and the treatment success rate (60%) are still low. This is attributed mainly to limited recording and reporting, poor compliance to DOTS (Directly Observed Treatment, Short-course), poor access to health care services, insufficient numbers of skilled staff and inadequate diagnostic facilities.

In order to ensure the quality of community based (CB) TB DOTS services, UPHOLD has supported refresher trainings on TB diagnosis and management for health workers and laboratory personnel, and has supported supervisory activities in 6 districts (Bugiri, Gulu, Kitgum, Kyenjojo, Mbarara and Rakai). To date, 60 supervisors for CB-TB DOTS have been trained, leading to improvement in case detection and treatment success rates. The CB-DOTS coverage is currently 86.8% and 98.8% in Rukungiri and Rakai districts respectively. TB treatment success rate is 87.6% in Rakai district (national target is 85%).

With UPHOLD’s support, Bugiri district introduced the CB-TB DOTS approach. A review of TB services and assessment of needs was conducted, revealing that the district has good political and technical commitment and is getting regular supplies of anti-TB drugs. However, the district was noted to have a very low case detection rates, low treatment success rates and weak record keeping and reporting systems. Based on this assessment, advocacy for CB-TB DOTS was done for 42 district leaders in Bugiri district, 19 health workers were trained on CB-TB DOTS and 30 Sub-County Health Workers (SCHWs) were trained on implementation, supervision and monitoring of CB-TB DOTS activities.

### **Mass measles immunization**

In October of 2003, all children from 6 months up to 15 years of age (12.5 million) in all 56 districts of Uganda were immunized against measles. A key partner in this major successful effort, UPHOLD provided over \$600,000 in financial support as well as technical assistance to develop an intensive multimedia communication strategy and materials. UPHOLD facilitated a new

public/private partnership between the Ministry of Health and private communication firms to assure oversight, production and dissemination of communication resources. The three private sector agencies below were selected through a competitive process to provide technical support to the Ministry of Health in designing and implementing the mass measles immunization communication campaign:

- i. VR Promotions produced “below the line” resources (i.e. materials for specific target audiences as opposed to the general public). These included Opinion Leader Kits (Q&A booklets, cover letters from appropriate institutional authorities), Primary School Kits (activity sheets for students, Q&A sheet for teachers), and bumper stickers, lapel stickers, leaflets, etc.
- ii. Lowe-Scanad produced “above the line” resources (i.e. materials for the general public/mass media). These included radio spots, TV spots, newspaper advertisements, and posters
- iii. Steadman Research conducted research related to the campaign (formative research, pretesting of creative concepts for the communication strategy, and monitoring and evaluation of media impact)

Results of the mass measles campaign were as shown below (Table 1). Following the successful mass measles campaign in October 2003, Steadman Research carried out a post-measles evaluation study on the communication strategy. The report of this was disseminated to MOH top

management and to a wider meeting of all the stakeholders of the mass measles campaign.

## Education

This year, UPHOLD worked with seven districts and their Primary Teachers’ College (PTC) partners to implement the Whole School approach in a subset of schools in each district. Model schools for education quality and improved child learning are being created by integrating activities to strengthen education management, increase teacher effectiveness and improve community and parental involvement in education in 80 schools per district. A number of districts are already discussing how to expand the reach of this integrated approach for quality reform of education to more schools.

Through its Community Involvement in Education (CIE) component, UPHOLD implemented three activities that provided a good foundation for community participation in education. UPHOLD supported training of Community Development Officers and Education Officers on effective team building for community participation in 6 districts. This created a critical link between Community Development and Education department for the first time in Uganda. UPHOLD conducted a formative research on School Management Committees (SMCs), Parent-Teacher Associations (PTAs) and other community structures was with the support of the Strengthening Decentralization in Uganda (SDU) program. The research established the capacity of the SMCs/PTAs in management and parental involvement in schools. In addition regional stakeholder dialogue meetings were conducted to discuss the findings of the formative research, quality primary education and how school-community linkages can be strengthened to promote quality education.

The Education Management Strengthening (EMS) component takes district education managers and selected PTC staff through a performance improvement cycle which entails first and foremost individual, practical assessment of one’s capacity as an edu-

**TABLE 1**

Intervention	Targeted age group	Targeted population	Coverage (Number)	Coverage (Percentage)
Mass measles campaign	Children 6 months–15 years	12,861,020	13,458,675	105%
Vitamin A supplementation	Children 6 months–5 years	4,583,266	4,838,253	106%
Deworming (Albendazole)	Children 5–15 years	7,929,905	6,926,935	87%
TT coverage*	Women 15-49 years	618,120	536,807	87%

\* Tetanus Toxoid, a campaign that has been going on in the five districts of the Busoga region (Jinja, Kamuli, Iganga, Bugiri and Mayuge). The Measles campaign coincided with the third TT coverage campaign. The number/percentage shows the women who received their third dose of the TT campaign.



### Students' Views on Cooperative Learning

In Arua District, the Arua Hill Primary School has 1,909 students in 22 streams from Primary 1 to Primary 7. With UPHOLD's support, the two teachers trained have in turn trained all the 45 teachers in the school in Cooperative Learning who practice it—especially in P5, P6 and P7 classes.

Although cooperative learning is new to the school, the children were enthusiastic. Suzan Ayikoru (P5), an orphan who lives with her brother, and Brian Museme (P5), both like cooperative learning because students work freely together, contributing different ideas and learning from one another. They believe this has improved their performance. According to Suzan, the advantage of group work is that she can ask fellow pupils questions in the local language—questions that she would be too intimidated to ask the teacher.

Shalili Abdallah (P6) lives with her mother in the slums. She says she likes the cooperative learning approach because of the interaction and sharing with the other children. "I was bad in reading and writing but have improved." She believes she will do better in her exams because now, with help from the group members, she understands what she is reading.

Shamim Onzia (P7) believes group learning prepares students for leadership. She has been the group secretary and says it has enhanced her writing skills and improved the entire group's spoken English.

Vincent Feni (P7) says he likes cooperative learning because it brings the children together and speeds up the learning process. After all, it is better to work together than to do things alone!

cation manager and current attitudes, behaviors and practices. The trainings, professional development plans and supportive follow-up are based on these initial assessments. District level administrators, head teachers and deputy head teachers are all targeted in order to strengthen the whole system from the district and below. Using this innovative approach, education management

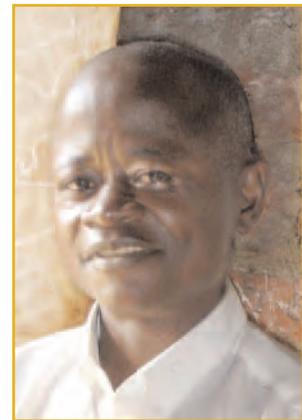
strengthening activities will increase the capacity of education managers in the districts to plan, implement, and monitor quality teaching and learning. Education managers, once trained, can also pass along the training in education management to other head teachers and deputies in their districts whose schools fall outside the selected pilot schools.



*The deputy principal of the Arua Core Primary Teachers College hands over training materials to the primary schools.*

In its Teacher Effectiveness and Children's Learning (TECL) component, UPHOLD is promoting effective classroom instruction in selected primary schools including private and community schools by building skills of both the classroom teachers and their mentors (CCTs, and Inspectors) in active participatory teaching and learning.

The focus is on improving teachers' ability and skill to maximize their students' learning achievement and motivation to learn through the use of cooperative learning as a teaching approach. The cascade training from master trainers to teachers means that the teacher effectiveness training methodology has the potential to reach every school in UPHOLD's 20 districts through the cadre of trainers that has been established.



*This teacher at the Bundimulinga Primary School in Bundibugyo started using the cooperative learning process this year.*

Comprehensive complementary activities using behavior change communication strategies have been designed to reinforce the performance

improvement activities undertaken for both education managers and teachers at district and school levels. These activities will begin in PY3.

Currently, tools are being developed to measure the impact of the combined activities at the school level. These tools will monitor implementation and results in the 1,600 schools targeted to be reached by the end of the project and will be used to provide supportive supervision to education managers, teachers and communities. Minimum standards to measure the impact of UPHOLD supported activities are currently in draft form and shared with Education Standards Agency.

The development of materials in EMS and TE and sharing of experience with UPHOLD sister program—Basic Education Policy Support (BEPS)—and the MOES illustrate how UPHOLD, as a ‘services’ program, is sharing resources and experiences with the ‘systems’ program, BEPS. In this way, synergies are built between USAID-funded programs, while maintaining quality.

UPHOLD partnered with the MOES, BEPS and other key stakeholders to develop training materials as part of performance improvement packages for education managers and teachers. Materials were developed for:

- Teacher Effectiveness and Children’s Learning (TECL)—Cooperative learning in the classroom
- Education Management Strengthening Initiative (EMS);
  - Module 1: “Leadership in Education”
  - Module 2: “Managing School Improvement”
- Draft Performance Improvement Toolkit for Education Managers

Funding of the district government grants enabled the 20 districts to carry out a number of activities including: basic training of untrained teachers; refresher training for teachers in the areas of instructional material production using local/low cost materials; the teaching of mathematics, English, reading and writing, health and hygiene in school; and training in guidance counseling and the handling of large classes. In all 20 districts, UPHOLD provided support to increase

the opportunity for joint supervision and inspection of schools and the Internally Displaced People’s (IDP) learning centers by Inspectors and Coordinating Center Tutors (CCTs). In addition, at least two districts education departments were equipped with computers and motorcycles to facilitate support supervision in schools. One district was supported to obtain teaching equipment for the teaching of science and mathematics for 145 primary schools.

Other achievements obtained through funding local government grants include:

- School supervision took place in six districts covering 54% of all schools
- SMC/PTA training occurred in 5 districts with 2,200 participants
- 768 parents were trained in materials development to support children’s learning (Bugiri district)
- Awareness-raising exercises took place in 7 districts covering over 31,000 people

UPHOLD had a number of additional achievements through its centrally-led education program. These achievements include:

#### ***Community Involvement in Education (CIE):***

- 137 community development officers and education officers trained on effective team building for community participation, from 6 districts
- A formative research on SMCs/PTAs and other community structures conducted with the support of Strengthening Decentralization in Uganda
- 138 participants from 8 districts participated in 3 Regional stakeholders’ dialogue meetings to discuss the findings of the formative research and quality education
- Each district selected 5 indicators to monitor quality of education in their districts
- The recommendations of the regional meetings and findings of the above research will



provide the basis for revisions to the existing MOES SMC training manual

### ***Teacher Effectiveness & Children's Learning (TECL)***

- 25 Master Trainers trained in TE from 6 districts
- District training of TE completed in all 6 districts with 140 trainees
- School representative training completed in 6 districts with 374 teachers trained (approximately 50% of the target for FY3)
- Each of the two representatives per school will provide close mentoring and support to 8 teachers in their school, incorporating over 1810 more teachers
- All training in the six Phase 1 districts has been successfully completed

### ***Education Management Systems (EMS)***

- 30 Master Trainers from 10 (7 UPHOLD, 3 BEPS) districts
- District level training in EMS 7 districts; 115 district education staff and PTC outreach staff trained
- School Representative training completed in 7 districts with 441 head and deputy head teachers trained from 221 schools

### **Monitoring Quality**

UPHOLD is working in each district to monitor the quality of new and existing health services and school statistics, as well as to provide a baseline for monitoring progress toward key targets. Using the LQAS methodology, UPHOLD has built the capacity of district staff not only to supervise and monitor achievements, but to use the data collected to refine and improve the quality of health and education to better serve people's needs.

Over the year, UPHOLD developed checklists to assess performance against standards. The data, once analyzed, describes the quality level of standards achieved, and compares this to established thresholds for performance.

## **INCREASED ACCESS AND AVAILABILITY OF SERVICES**

UPHOLD has continued to improve Ugandans' access to social services by increasing the availability of these services. UPHOLD is working to achieve immediate results while simultaneously working with partners to create an environment that will allow services to continue beyond the life of this program. Improving access and availability of services is a key component in sustainability efforts

### **HIV/AIDS**

UPHOLD participated in National VCT/PMTCT planning in order to improve access and availability of HIV/AIDS services in the districts, and ensure effective use of resources and social sector services through joint collaboration planning and implementation of activities.

Grants have been awarded in five districts to establish prevention of mother-to-child transmission (PMTCT) services. This will greatly improve service availability, provision, care and support of people living with HIV/AIDS (PLWHA). The main focus will be on providing VCT and PMTCT services, including appropriate and confidential counseling, TB diagnosis, and HIV and STI testing. UPHOLD is also supporting couples counseling aimed at facilitating access to PMTCT services.

*UPHOLD supported 43 VCT centers in 7 districts; over 17,000 people now aware of their HIV status.*

*VCT/PMTCT trainings carried out in 10 districts training over 800 health providers, lab assistants and counselors.*

*PMTCT services in 5 health centers in 4 districts:*

- 942 pregnant women tested (59 were HIV positive)
- 17,342 people counseled & tested of whom 10,330 are women
- 500 orphans and vulnerable children (OVCs) reached with psychosocial support interventions
- 100 home and community based caregivers trained in OVC program management
- 2,785 PLWA reached with palliative care and support including TB treatment

## Health

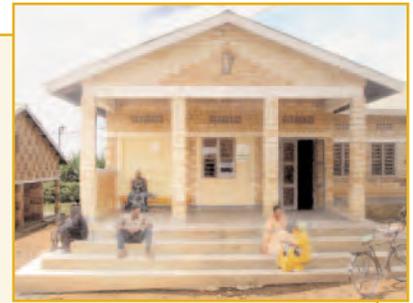
The health sector is challenged by a shortage of health workers, a lack of facilities, and an often inadequate supply of basic equipment for social service facilities. UPHOLD addresses these issues by providing grants to the district local governments and nongovernmental organizations to improve delivery of services in health units through purchase of basic equipment, and training and support supervision of health workers, among other interventions.

UPHOLD also provides financial support to districts to improve immunization coverage by opening up more immunization outreaches, regularly distributing vaccines and other supplies to the health units, and by regularly maintaining the cold chain system to ensure a constant temperature for storing and transporting vaccines.

UPHOLD is also improving the data management and utilization in all the health units in the district by training health workers on the Ministry of Health's national strategy on health management information systems (HMIS), incorporating the record-keeping by the Drug Distributors as well as information on Intermittent Preventive Treatment (IPT).

- Conducted refresher training of 30 facility based health workers on management (diagnosis, treatment & nursing care) of severe and complicated malaria
- Trained over 14,000 drug distributors in 14 districts, resulting in a coverage of 2 DDs per village
- Purchased over 6,000 DD registers for 8 districts resulting in improved reporting of the fever episodes treated by the DDs
- Over 1.6 million doses of Homapak purchased and distributed in 11 districts
- Over 25,900 Long Lasting Insecticide-Treated Nets (LLITNs) purchased and distributed to pregnant women and under-5s in IDP camps
- Over 140,000 mosquito nets retreated in 6 districts
- 140 facility based health workers in Wakiso district trained on improved delivery of IPT resulting in delivery of 5,375 IPT doses
- Conducted IEC/BCC activities (radio spots, radio talk shows & drama on ITNs, IPT & HBMF) in Gulu and Kitgum to promote positive behavior change for improved fever treatment care, seeking & uptake of malaria prevention services

## Improving Quality through Yellow Star Accreditation



A key component of UPHOLD's quality

A Yellow Star Clinic

improvement initiatives is the Yellow Star Quality of Care program. UPHOLD is building on this relatively successful initiative, learning from experiences where it has already been implemented and fine-tuning the process as appropriate.

The Yellow Star program is an initiative designed to improve and maintain the quality of public health care services through a system of supervision, certification, and recognition. The strategy encourages health facilities to maintain basic standards and involves the community as an active participant in the process. UPHOLD's objective with the Yellow Star program is to certify more facilities as delivering high-quality services by educating and involving health providers, disseminating information about the program to key district stakeholders, and garnering support and active involvement from community members. It requires building a base of advocates among the media, public officials, and community leaders to encourage high-quality care and reinforce the established standards.

As part of achieving Yellow Star accreditation, health facility staff and key stakeholders participate in training workshops where the steps to attain Yellow Star status are highlighted and participatory approaches to quality reviewed. The workshops are designed to prepare trainees to initiate and oversee quality improvement (QI) activities at facilities and at the community level as well as to strengthen the links between the health care system and the users of health services. UPHOLD works to build the capacity of participants to identify areas that require improvement, develop strategies and financial plans to address the problem areas, determine additional sources of support, and advocate to meet the identified priority needs.

Teamwork and community involvement are core principles in all aspects of Yellow Star training, and after the health care facility assessment, results are shared at a community focus group to initiate community/facility dialogue on the quality of health care delivery and the needs of the community.



**TABLE 2**

	Region	Rwenzori Region		Eastern Region				North Eastern Region		
	District	Bundibugyo	Kyenjojo	Bugiri	Pallisa	Mayuge	Kamuli	Lira	Nakapiripirit	Katakwi
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		✓								
Training health workers in communication and counseling skills				✓						
Updating providers in RH			✓		✓					
Conducting follow-up and home visits				✓						
Sensitization and mobilization of local leaders through community meetings			✓	✓	✓	✓		✓		✓
Training of TBAs and raising community awareness on FP		✓					✓			
Training health workers in community mobilization									✓	
Orienting CDWs in FP activities for support										✓

**Reproductive Health**

A third of all Ugandan women have an unmet need for family planning services, and while the use of family planning methods has risen, the total fertility rate has remained stagnant for decades. To address this unmet need, UPHOLD is increasing access to long-term and permanent methods of family planning and increasing youth-friendly sites through support for training of service providers as was done in a number of districts during the year as well as strengthening involvement of Community Development Officers in promoting RH. The key activities carried out for this year in a number of districts this year are shown in Table 2 above.

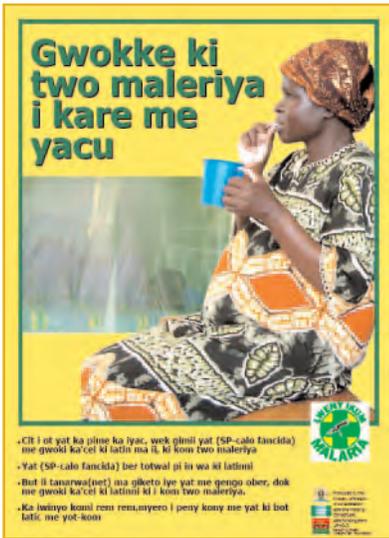
**Malaria**

Fever is a cardinal symptom of malaria, which is a major public health problem in Uganda. In fact, an UPHOLD supported survey showed that 55% of households surveyed reported a child under five years falling sick with fever within the previous two weeks. Fever in children under five can

be managed effectively through simple interventions that mothers and caretakers can access promptly after noticing the fever. The home-based management of fever (HBMF) strategy achieves this by training volunteer drug distributors (DDs) to dispense Homapak, a pre-packaged unit dose combination antimalarial comprised of chloroquine and sulfadoxine/pyrimethamine used for presumptive treatment of malaria in under-fives.

Reports from the 14 UPHOLD-supported districts implementing HBMF indicate that many under-fives with fever are now being treated early. Specifically, records from Gulu, Kitgum, Rukungiri and Kyenjojo, indicate that over 60% of children receiving Homapak from the DDs do so within 24 hours of fever onset. Also, the number of children going to health facilities with severe malaria has reduced substantially, thus decreasing the workload at the health facilities. On average, however, only about 50% of the DDs submit their reports on a monthly basis. Efforts must still be made to ensure that more children receive treatment within 24 hours of fever onset and that data collection and reporting improves.





Posters reinforce the importance of taking malaria drugs and sleeping under ITNs during pregnancy.

Expectant mothers and infants are especially vulnerable to malaria, more so those who are who are displaced in refugee camps, where there is a higher incidence of malaria and other vector-borne diseases. When insecticide-treated nets (ITNs) are regularly available and retreated, and are

used properly, they are a highly effective mechanism of preventing malaria.

UPHOLD is promoting various approaches to increase use of insecticide treated nets (ITNs) and intermittent preventive treatment (IPT) for pregnant women. Using an integrated approach, UPHOLD is not only improving inter-personal communication and counseling between trained health workers and mothers, but is also promoting behavior change through radio messages, drama groups, posters, and other information education



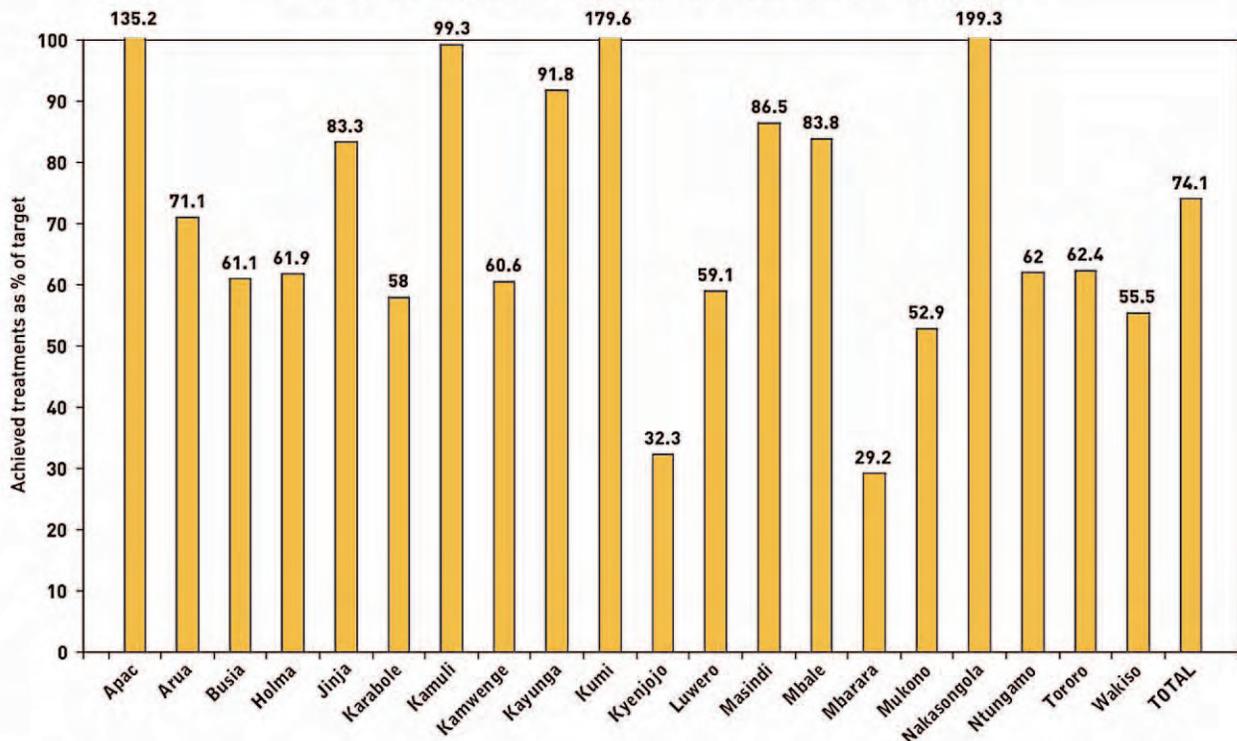
A training session for health workers (Arua District) on how to retreat mosquito nets

communication/behavior change communication (IEC/BCC) approaches.

The MOH identified 20 districts, six of which were UPHOLD-supported districts, to participate in the net re-treatment exercise, which was very well received by the district leaders and communities. In total 144,615 nets were re-treated in 6 districts, or 55.7 % of target. Over 170,000 additional nets are available for protection (Graph 1). The net re-

140 health workers trained and supervised for improved delivery of intermittent presumptive treatment (IPT) services for pregnant women and 5,375 IPT doses given

**GRAPH 1: Uganda Net Treatment Campaign May 2004**



## Managing Fever in the Rukungiri District

In the Rukungiri District in Northwest Uganda, there are 1,634 Homapak distributors, or two per village. The majority of Homapak distributors are women who are selected using criteria that focus on approachability, respectability, ability to read and write in local vernacular, and having a home with acceptable hygiene standards.

UPHOLD trains the Homapak distributors, as well as health unit supervisors who oversee the volunteers. UPHOLD has also sensitized five communities about malaria control through drama which emphasizes the need for prompt, effective treatment of fever in under-fives using Homapak, as well as the need for preventive measures (ITNs and IPT).

The distributors keep records in the registers and submit monthly summaries to the District Directorate of Health Services (DDHS) of children attended to and Homapaks distributed. Homapak distributors are aware of the signs and symptoms of severe diseases that may require referral and know where to refer.

Thanks to this initiative, the number of malaria cases in Rukungiri has been reduced. Today, 97% of children under five years treated with Homapak recover at home, and only 3% are referred to health units. Moving management of fever to local villages has increased timely access of under fives to user-friendly anti-malarial treatment at the community level and is greatly accepted and highly appreciated. The distributors easily reach the patients in their homes and vice versa.

*144,615 nets re-treated in six districts, 55.7% of target (see Graph 1, previous page)*

treatment exercise created a huge demand for ITNs at all the re-treatment sites. UPHOLD is presently analyzing how best to address this. The MOH, via the Global Fund, is in the process of purchasing 2 million nets to be distributed throughout all 56 districts, targeting pregnant women and children under five.

### TB prevention and control activities

CB-TB DOTS is a community-focused approach, whereby health workers or volunteers observe and support TB patients as they take their medication daily for the entire duration of the treatment. CB-TB DOTS has been proven to improve treatment compliance and thus success rates. During PY2, UPHOLD supported Bugiri district to introduce a CB-TB DOTS strategy, while Rukungiri, Mbarara, Rakai, and Kyenjojo districts were supported to consolidate CB-TB DOTS activities. In these four districts, support consisted mainly of activity supervision and refresher training of health workers and laboratory personnel. In Bugiri district, a review of TB services and assessment of needs was done. Based on that assessment, UPHOLD conducted advocacy training for district leaders and health workers.

The CB-TB DOTS coverage is currently 86.8% and 98.0% in Rukungiri and Rakai districts respectively. While the national target is 85%, the TB treatment success rate has reached 87.6% in Rakai district.

### Education

Issues of educational access, quality and retention of girls in school continues to be a challenge in a number of UPHOLD supported districts, the characteristics of a child-friendly school are generally the same as those essential for attracting and retaining female students. For example, issues of poor sanitation or hygiene within the school environment are particularly problematic for girls, but also affect male students' ability to attain a quality education. Common occurrences such as pregnancy and/or early marriage also negatively affect girls' abilities to stay in school (see story, next page). UPHOLD works with district school systems and local CSOs to advocate for supportive environments that increase children's attendance and ensure retention.

**E**va, age 15, says, "When I got pregnant after a boy attacked me, I had to drop out of school." Typically, girls who get pregnant must leave school, and many schools do not accept young mothers back. Of those that do, only the girls themselves, and not their babies, are invited back. So after Eva delivered Gabriel (by caesarian section as her hips were not yet developed enough to let the baby pass through), she stayed home with him, while her mother and two older brothers worked the family's small farm of banana trees.

Eva came to the attention of UPHOLD through a local community-based organization, Parent Concern, which had identified her as a girl lost from the school system. In the Bundabugyo District, where Eva lives, UPHOLD is now supporting Parent Concern's work with the schools, teachers, and students to ensure that children receive the education they are entitled to. Parent Concern and UPHOLD first met with Eva's family to see whether anyone could stay with Gabriel while she was in school. Unfortunately, the whole family had to work on the farm and were not able to help with child care. Parent Concern then met with the teachers from the Butukuru Primary School, where Eva attended. They worked with teachers to sensitize them to the needs of Eva and other girls like her—some of whom were married off by their parents at age 13 or 14. After several discussions, the teachers agreed that Eva could come back to school and bring Gabriel with her. Other children on break care for him while she attends class.

Today, Eva is back at school, catching up on the lessons she missed in the year she did not attend. The teachers provide Eva extra support when she needs it. Parent Concern and UPHOLD are looking at how to help some teachers—who are trained primarily to work with younger students in primary schools—to be sensitive to the perils and needs of older girls. "I am so happy to be back in school now," says Eva. "I want to be a nurse, and know that the only way to achieve that dream is to stay in school."



*Eva, age 15, with her son Gabriel. She is now able to finish primary school, thanks to the efforts of Parent Concern and the UPHOLD Program.*

## IMPROVED POSITIVE BEHAVIOR CHANGES ADOPTED

Building on its community-based approach, UPHOLD is implementing a new, more effective generation of information, education and communication (IEC) messages and mechanisms to promote behavior change, including increased and stronger community-based advocacy; improved use of better data for decision making; and incorporation of proven best practices.

Before launching into any major new IEC initiatives, UPHOLD recognizes the importance of finding out what the barriers are in such areas as service-seeking behavior, especially for parents of very sick children and women with high-risk pregnancies, adolescent access to reproductive health services, regular school attendance and keeping girls in school, socio-economic barriers to social service use, household gender dynamics including family economy, and improved nutritional practices. Thus, UPHOLD conducted targeted operations research into barriers to behavior change in both education and health. People in Uganda receive information from various sources. For example, one UPHOLD survey found that when it

comes to child health messages, the sources of information for both parents and children were radio, posters, political leaders, health personnel, newspapers, community-based health workers, friends and relatives. Surprisingly, however, there was no mention of teachers providing such information to school children.

To address these issues, UPHOLD has led behavior change communication (BCC) strategy workshops that have brought together technical experts in health, education, HIV/AIDS and communication to draft BCC strategies for NGOs, including the AIDS Information Centre (AIC) and the AIDS Support Organization (TASO). The workshops led to agreement on priority behaviors and behavior change needs; analyzed on-going communication activities and gaps at the district and community levels in light of priorities that have been identified; defined themes, identified audiences and approaches and/or media to fill these

- 400,000 reached with abstinence and faithfulness messages in 2 districts
- 720,000 reached with mass media BCC programs in 2 districts

*UPHOLD trained 39 Gulu district and 15 NGO staff in BCC strategy development.*



**M**oses lives in Kyenjojo District in Western Uganda with his wife and four children, aged 11- 16. In 1992, Moses suffered from chest problems and went to the doctor, who tested him for HIV. However, Moses was very afraid and did not return for the result. Then, in 2001, Moses was again suffering from various illnesses, and, after much thought decided to go for voluntary counseling and testing (VCT).

After counseling this time, Moses understood the importance of being aware of his status and was no longer afraid to hear the result, which confirmed that he was HIV-positive. In 2004, Moses started anti-retroviral treatment. He is now more in control of his life, and can plan for his future and that of his family.

In August 2003 Moses' desire to assist others in the same situation led him to co-found the Kaihura Post Test Club (PTC), a network of people living with AIDS. UPHOLD supported the PTC through collaboration with an HIV civil society organization and the District. The Kaihura PTC has grown from 26 members to 74,



*Moses (center) with members of the Kaihura Post-Test Club, which is receiving support from UPHOLD.*

gaps. UPHOLD also reviewed BCC tools and job aids to ensure that materials communicated the latest evidence-based approaches while also effectively meeting people's needs.

**“We are highly hopeful that this will greatly help to create change in behavior among the youth and the entire communities in Uganda and eventually curb the prevalence of HIV/AIDS in our community.”**

**Odakha S. Jaluge**  
Deputy Principal  
St Aloysius Ngona PTC

### **Trial of Improved Practices (TIPS):**

Standard community integrated management of childhood illness (IMCI) focuses on promoting sixteen key household behavioral objectives to improve child health at the community level. Often, however, families and communities do not take the simple steps they are already aware of.

Trials of Improved Practices (TIPs) is a participatory action research methodology that identifies practices that people are willing and able to do in their own context through negotiation and trial for a short period of time. UPHOLD conducted TIPs to identify appropriate child and adolescent health practices to promote.

UPHOLD worked with parents, teachers and children in three districts to explore realistic preventive and care-seeking practices. Interviewers visited each family and school at least twice to negotiate improved practices and learn about the results; people appreciated being able to share

- Trained 9 researchers in TIPS methodology
- Supervised the training of 14 community based child health promoters in Bugiri district who in turn carried out the selection and training of 40 community-based child health promoters in 20 villages
- UPHOLD and MOH Child Health Division reviewed the child health register to be used by the community child health promoters

their views and experiences. Most parents were able to give sick children extra food and liquid during illness and recovery, improve handwashing and toilet facilities, and provide proper malaria treatment. Nearly all parents were able to open new lines of communication with their younger adolescent children about delaying sex and avoiding risky situations, despite initial reservations. Parents and children alike recommend the new activities and intend to continue. Families were not able to purchase mosquito nets during the trial period, mix and give oral rehydration salts (ORS), or go to a health facility except in cases of emergencies due to distance, cost and lack of trust in providers.

Without any financial inputs, schools were able to improve hygiene in the toilets and handwashing facilities with ash, but were not able to change lunch options during the trial period. Nevertheless, the trials showed that parents would be more willing to contribute funds or food for children's lunch when they perceive that the school compromises by reducing costs and involving parents in decisions. Each of the schools requested that the interviewers return next year.

The results are now being used to develop specific strategies through central communications and tools for district and CSOs to scale-up the feasible practices that people can do to help themselves and their children.

## Education

### Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)

Various factors lead to primary school drop out, including pregnancy, early marriage, socio-economic circumstances, and diseases such as STDs and HIV/AIDS. The Presidential Initiative on AIDS Strategy for Communication to Youth, (PIASCY), has been designed to assist children in staying safe and preventing and/or mitigating the effects of HIV/AIDS to help enable children to complete their primary education.

PIASCY orients school representatives in all public and private primary schools throughout

the country. In 2004, UPHOLD provided logistical and financial support to the Ministry of Education and Sports (MOES) to conduct 2-day orientation meetings on PIASCY for 45,000 primary teachers from 15,000 primary schools in all 56 of Uganda's districts. This national roll-out was accomplished in a record time of five months.

The strategy used for delivering the rapid national roll-out of the PIASCY orientation of school representatives has multiple benefits. It has presented an opportunity to strengthen the interaction between PTC staff, district education officials and school representatives. Furthermore, in some cases participation was higher than expected because teachers from unlicensed schools arrived and participated in the training workshops. In Kasese District, for example, 25 of the 301 schools were not legally registered but the staff underwent the PIASCY training and the students now benefit. This surprising trend led the District Education Office and Planning Units to update district school data.

#### **PIASCY**

- 56 districts completed PIASCY teacher orientation: 102% of target teachers; 105% of target schools
- 31,361 teachers trained from 10,752 schools (73% of all schools nation-wide)
- 52 districts moved onto school-based training
- 26 districts monitored—78 training sites visited—to assess progress and quality of delivery

“All education stakeholders should embrace PIASCY messages as it might act as a basis for Uganda's future. PIASCY as a life saving program should be given full support and commitment.”

T.B.Erenst  
District Inspector of Schools

During the year, UPHOLD visited 78 PIASCY training sites to support the effective management of the logistical and financial support, as well as to observe and report on the proceedings of the teacher orientation meetings.

While the PIASCY orientation initiative has been largely successful in raising awareness and promoting discussion among school representatives, it must be recognized that a brief period of teacher orientation cannot be expected to have an immediate, dramatic effect on pupils' knowledge, attitude and behavior. It has also emerged that many of the teachers are still uncomfortable with some topics, such as reproductive health, STIs, and HIV/AIDS—especially without the children's parents being sensitized to the issues and why they are being raised in school. There is clearly a need for continuous professional development courses as well as strategic attention to supporting and mobilizing other influential indi-

viduals and groups, most notably parents, older siblings, classmates, and community leaders to assist teachers in communicating effectively with pupils and promoting positive behavior changes. The PIASCY orientation program has been a period of awakening. The seed has been sown, but needs to be nurtured in order to sustain it at the school, family and community levels.

UPHOLD is designing comprehensive & holistic activities at the school and household level to build on PIASCY, as an integral part of School Health and Nutrition programming. These activities will include: classroom support through radio programming for teachers; children's clubs activities to support life skills and critical thinking about gender and violence; school and community activities to protect girls from defilement; and home support by promoting parent and child communication about delaying and abstaining from sex.

**J**ulius Emoot is a teacher at Kampala Junior Academy, a private school. For two days in August, he attended a PIASCY orientation training. With the information he gained there, he oriented his colleague, Edith Bakabulindi, to the program. The two teachers launched the program at their school this fall. Now, every Friday afternoon at assembly, they deliver and discuss the various messages, and expound on them, to all 375 pupils from Primary 1 to Primary 7, at Kampala Junior Academy.

"I believe that it is good to empower the children with the information on PIASCY because they were ignorant and they will be helped to be aware of the dangers of AIDS, how it is transmitted and how it can be prevented," said Mr. Emoot.

Although the teachers were anxious about addressing sensitive issues with the children, the PIASCY orientation eased their concerns and prepared them for the pupils' initial responses of apprehension and embarrassment. They were able to ease into the situation and have empowered the children to have open discussions that address many of the confusions that arise from the mixed messages society gives out, from the importance of using condoms to the glamorization of sex.

"The children have a lot of information, however they lacked guidance and I feel that PIASCY will help us guide the children better," said Mrs. Bakabulindi.

As a result of the positive effects PIASCY has had at the school, plans are underway to form PIASCY clubs for the various levels to further assist the pupils in their quest for information and answers. These children now have access to information and guidance which was previously lacking, equipping them to face the challenges of their society with confidence.

"PIASCY has taught me how AIDS is spread and I have learned how to abstain from sex and the importance of staying in school," commented one student, Kata Matthias.

# INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES



## STRENGTHENING PARTNERSHIPS WITH THE PRIVATE SECTOR

Partnerships with the private sector are a critical component in developing and strengthening social services. To this end, UPHOLD actively engages and collaborates with the private sector. During the year, UPHOLD has given grants to NGOs, trained private practitioners, and provided other technical assistance.

### Health

UPHOLD realizes how important it is to reach and train private practitioners, so that standards of care are consistent for all Ugandans, whether they are treated by public or private clinicians. During the year, more than 20 public and private service providers were brought together in

Mbarara to strengthen public/private efforts. This included training-of-trainers for 20 private-sector child healthcare providers.

The trained trainers in turn trained 20 private service providers in Mbarara in improved child health practices. Follow-up with the trained care providers in 4 districts of Mbarara, Bushenyi, Rakai and Rukungiria a month later showed impressive changes

in their practices. UPHOLD also worked with and supported the sensitization of 90 private clinics and drug shop owners to home-based fever management (HBMF). Further, UPHOLD provided immunization training to 30 private practitioners in conflict districts.

- 20 private health practitioners from in 4 districts trained as Master Trainers in child health care
- 21 private providers from 21 private health units in Mbarara trained and followed up with

**K**isubi Mission Hospital is a faith-based organization located in Wakiso District. In July 2004, it received funding from UPHOLD to establish a community center for voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT) and youth-friendly services. The services are located at the Kajjansi Health Centre III, which is centrally located near business and shopping and is a magnet for the outlying rural community. Locals are comfortable at their HCIII, whereas Kisubi Mission Hospital is associated with high costs and is therefore intimidating. The recently renovated center features volleyball and netball facilities as well as meeting space and a counseling room, the better to pass on messages in a confidential and youth-friendly fashion.

Funding was also provided for a PMTCT unit at Kisubi Mission Hospital, which opened in August 2004. Through the funding, the hospital was able to re-organize its existing antenatal clinic to accommodate a private and confidential PMTCT Center. There, expectant mothers receive guidance on infant health and care, as well as counseling and testing for HIV. If necessary, they learn how to avoid transferring the virus to the baby, and receive necessary drugs. To help combat stigma—especially that of a mother who does not breastfeed (to avoid transference)—the mother's partner is also counseled. These services are all provided free of charge.

The Center quickly attracted significant numbers of women for testing and counseling. After only five weeks, the facility had attended to 291 women, 197 of which received VCT, 16 of whom tested positive. These 16 women will now receive the necessary treatment, drugs and counseling to minimize the risk of passing on the HIV virus to their newborn children.



Before

*Kisubi Mission Hospital HIV/AIDS Clinic before and after renovation*



After

## BUILDING NGO CAPACITY

A primary goal of UPHOLD is to increase the capacity of partners to sustain delivery of social services and to increase private sector provision of quality services. UPHOLD's interventions have supported public and private service delivery organizations in health, HIV/AIDS, and education with a significant focus on the major national grantees—primarily AIC, in addition to TASO and Uganda Private Midwives Association (UPMA). UPHOLD has focused on participatory assessment of organizational/management needs, involving planning as well as the identification of the necessary technical assistance interventions. Planning has also been done for entry points for capacity building of new CSO grantees. UPHOLD has been working on incorporating M&E plans for routine monitoring to assess and report CSO capacity needs, shifts and feedback to the technical team for interventions.

### **AIDS Information Centre (AIC)**

UPHOLD facilitated a participatory planning process with AIC and developed a comprehensive plan. The technical assistance plan is designed to bring about improved organizational behavior and practices as well as improved capacity to deliver services. Implementation begins this November with an assessment of AIC board needs, the job evaluation exercise, and assessment of M&E needs. These interventions have all been planned in such a way that they are not one-time events but are rather a change process.



*UPHOLD held a planning retreat with staff from the AIDS Information Center.*

UPHOLD reached this stage with AIC through several processes:

- UPHOLD briefed and oriented staff and management on organizational development (OD) interventions. A shared commitment to the change process has developed—a milestone given the fact that this initially was not the case.
- AIC board members have expressed appreciation and willingness to support the process. Both the board and staff have reached agreement on the technical assistance plan. A strategic change process for the board kicks off in November, beginning with a board needs assessment.
- AIC staff have formed an organizational development champion team. This team has been at the forefront of analyzing plans for process interventions and developing scopes of work for these interventions with support from UPHOLD.
- UPHOLD will continue to provide technical support and coaching on planning, budgeting, and reporting.

### **Challenges**

- Organizational development process requires maximum consultations among all stakeholders to ensure client ownership of the process—but the process has resulted in some delays in getting started. UPHOLD has strategically invested in this requirement, but given the delays, we have taken note of it as a constant reminder that should not discourage the team in any way.
- OD consultants have not been as readily available as hoped. Apparently the well-established consultants have to be booked much ahead of time. This has not been very easy since agreeing to dates among the many stakeholders can be difficult.

### **The AIDS Support Organization (TASO)**

UPHOLD has committed funds and staff time to support the organizational and technical needs of TASO. UPHOLD is actively participating in TASO's midterm review in November 2004. The process

will provide an opportunity for dialogue on the strength and gaps upon which a mutual appreciation of capacity needs can be reached.

## Challenge

TASO has been heavily involved in implementing activities and has had very limited time to think through their capacity needs even when they are aware of challenges related to expansion, overwhelming demand for services, staff turnover, etc. The midterm review will enable a refocus of attention of both TASO and UPHOLD towards the salient issues that may have affected or may affect performance in the future.

## Existing CSO Grantees

There are 3,401 CSOs in the 20 UPHOLD districts, and 70% are CBOs, providing an excellent opportunity to tap into such a large potential and reach many communities through structures that already exist. On the other hand, most CSOs are relatively new, underscoring the need for capacity building. Recognizing the key role of CSOs, UPHOLD has been providing both financial and technical support to a number of CSO grantees in planning, proposal writing, and developing scopes of work for technical assistance activities. This year, UPHOLD obligated \$1,199,566 in grants to 12 civil society organizations in some of the 20 supported districts. UPHOLD facilitates CSOs' self-assessment of their capacity, including their existing resources and strengths, as well as their needs and weaknesses.

Illustrative examples of activities supported through existing CSO grants include:

- ***The Madrasa Resource Centre (MRC)***  
Mobilized and trained 14 new communities in the setting up and management of at 32 pre-schools. The grant also supports the training of 128 women pre-school teachers from the communities, building awareness and efficacy among more than 4,320 parents/main caregivers, and directly benefiting 2,880 children over a period of three years. An additional 6,000 children and 12,960 community mem-

bers are targeted as indirect beneficiaries through the program interventions.

- ***Uganda Private Midwives Association (UPMA)***  
Implemented support supervision for members, trained members in quality child health practices, assessed service quality and planning for UPMA's strategic planning process, and recruited two key staff. As of the end of September, UPMA had supervised 157 member midwives using 18 peer supervisors (known as Regional Representatives) using the support from UPHOLD. In turn, the Branch Coordinator supervised 11 of these Regional Representatives during the same period. As a result of UPHOLD's grant support, midwives provided quality service to 3,205 new antenatal mothers, delivered 1,659 babies and immunized 6,610 children during the last quarter (July-September) of the year.
- ***National Strategy for the Advancement of Rural Women in Uganda (NSWARU)***  
Activities supported in this grant include nutrition awareness-raising, growth promotion and growth monitoring, and working with mothers and other caretakers in child health promotion activities in two districts.
- ***Student Partnership Worldwide (SPW)*** implemented adolescent health activities in Kamuli.
- ***Goal*** carried out palliative care training of health workers in Bugiri district.
- ***Family Basic Education/Literacy and Adult Basic Education (FABE-LABE)*** complemented the Bugiri district education work by increasing parent/teacher collaboration in children's learning

## Family and Community Action Grants for CSOs

To increase the number of civil society organizations benefiting from its funding and technical support, UPHOLD launched the Family and Community Action Grants, a highly innovative, exciting and competitive grants application program for Uganda non-governmental organizations and civil society organizations with a cash

value of over 9 billion Ugandan shillings (over \$5 million). These grants are intended to enable recipients to achieve programmatic results that promote the quality and effective use of services. During the Request for Application process, 3,500 applications were handed out by the Regional offices or downloaded from the website. By the submission deadline, 625 applications were received for an available 88 grants. Through a transparent and participatory process, district government officials and civil society organizations joined in the review of and selection of promising applications

### Challenges

The grants review process indicates that most of the CSOs will require significant technical support in order to reach performance expectations. Reports show that most of the CSO applicants had problems linking objectives to targets and activities, developing budgets, and planning for monitoring and evaluation. Thus, the interventions will require much more time than anticipated, yet implementation is planned for only one year for HIV/AIDS activities funded through the PEPFAR initiative.

Competition exists between CSOs and local governments as well as between CSOs. The lack of policies, strategies and mechanisms does not foster collaboration. An earlier CSO study noted some public/private partnership constraints. The study was carried out in two phases. Phase I was a document review which revealed a large number of CSOs (over 3,600 in the UPHOLD support district). Phase II studied in detail a sample (over 300) of CSOs in all the 20 districts—their capacities, attitudes and partnerships with local governments. These findings will help shape UPHOLD's future interventions in capacity building and planning for CSO self assessment as the basis for organizational growth and development.

Clearly, UPHOLD makes a significant contribution to the strengthening of partners' capacity to plan, implement and deliver quality services. Capacity-building processes are long and difficult by nature, and hard to measure in the short run. However, the ability of partners to submit accept-

able plans and fundable proposals, and their desire to change practices, show shifts in thinking. In this way, quality service delivery can improve in meaningful, long-term ways.

## MONITORING AND EVALUATION

The major functions of UPHOLD's monitoring and evaluation (M&E) are:

- Monitoring UPHOLD activity implementation as planned
- Measuring progress made towards planned targets
- Building capacity of Ministries (Health and Education), districts offices, and nongovernmental organizations to establish and improve their information systems including, monitoring mechanisms, tools and evaluating the impact of their services
- Conducting action/operations research for documenting lessons learned and best practices

### District Needs Assessments & Planning

Decentralization does not work unless districts are able to assess their needs, set priorities, develop action plans and institute mechanisms for monitoring planned tasks.

Decentralization mechanisms do not stop at the district level but are followed at the lowest level of management. Decentralization entails empowering people to make decisions at different levels through evidence-based decision-making. Decentralization

emphasizes a bottom-up planning approach that is based on local realities and needs. Hence it facilitates local resources being allocated where they are most needed at the same time providing data for planning at higher-levels. UPHOLD has lived up to this expectation through several capacity building mechanisms including institut-

*UPHOLD strengthened decentralization in districts by providing data for district priorities, planning and resource allocation in health, HIV & education sectors.*

ing the Lot Quality Assurance Sampling (LQAS), strengthening HMIS/EMIS and carrying out action research to guide the design and implementation of programs.

### ***Instituting Lot Quality Assurance Sampling [LQAS]***

UPHOLD has introduced LQAS<sup>1</sup> in the districts for conducting health and education needs assessment surveys and setting priorities. The approach has many advantages; from district level estimates now available, it is possible to establish whether supervisory areas (counties, in this instance) are

performing below or above district average. This has opened up opportunities for allocating resources based on performance as well as setting different targets for supervisory areas. District managers have also realized the benefits of LQAS applications and have adopted it for supervision and annual review of their activities. After LQAS experience, some of the UPHOLD districts that have adopted LQAS in assessing needs in other sectors to ensure evidence-based decisions, distribute resources and effectively, and create a positive

difference in the lives of target populations.

Before institutionalizing LQAS, UPHOLD built the capacity of the district staff to enable them to assess their needs using LQAS. Managers and staff at the MOH, MOES and Ministry of Gender, Labor and Social Development were also involved in both household and facility assessment surveys, fostering ownership of results and experiential learning.

<sup>1</sup> Lot Quality Assurance Sampling (LQAS) is a simple technique, involving a sample size (lot) of 19, for assessing whether objectives/target are achieved in a certain geographical area, facility, organization or other unit of interest. Since it is based on binomial distribution, aggregating five lots provide a sample size of 95, which is big enough to provide estimates with probability of 0.5, 10% error rate and 95% confidence.

- 197 district staff (health, education and community development) trained in 20 districts in LQAS
- Four districts now use LQAS for own purposes.
- Districts allocated funds for LQAS for quarterly supervision and yearly impact assessments at the community level.
- HIV/AIDS indicators included on monthly district report form



**I did not believe that LQAS could be so useful to my work. Now, I know how to collect data for my management questions with confidence... (Supervisors) have already started visiting their facilities. The news has spread about checking supervisory visits made to health and education facilities. It is quite a way of improving accountability.**

**Observation made by a district staff member involved in household and facility surveys**

UPHOLD built the capacity for conducting needs assessments through training. Managers and staff at the MOH, MOES and Ministry of Gender, Labor and Social Development were also involved in both household and facility assessment surveys, fostering ownership of results and experiential learning.

In the UPHOLD-supported districts, data became available on the knowledge, practices and coverage related to health, education and HIV/AIDS services, which could then be broken down to the county level or aggregated to the national level. Comprehensive data on the performance of health and education facilities was also available at district and county levels. This data, never available before, is useful for setting priorities and district planning.

Once the data was collected, District Planning Unit members and District Health and Education management were trained to use collected data for planning. Districts have since been able to set



*The Lot Quality Assurance Sampling technique is proving extremely useful for districts both to determine needs and in planning.*

priorities and develop annual development plans in health, education and HIV/AIDS. UPHOLD program and regional teams have also been able to adjust program objectives for annual and final evaluations and provide technical assistance to districts accordingly. An additional benefit, with assistance from UPHOLD staff, is that districts are now able to reallocate financial resources according to needs demonstrated by the data.

LQAS is helping districts to make evidence-based decisions, distribute resources efficiently and effectively, and create a positive difference in the lives of target populations.

## **Monitoring and Measuring Progress**

### **HMIS/EMIS Strengthening: Public sector**

UPHOLD measures improvements in health, HIV/AIDS, and education service quality and coverage through use of existing information resources such as Health Management of Information Systems in health (HMIS) and Education

Management Information Systems (EMIS) and data from supervisory systems. UPHOLD, in collaboration with the Ministry of Health and AIM, has identified problems associated with data quality produced through HMIS/EMIS and

- *Developed training manuals on data quality, motivation and self assessment*
- *Developed training manual on improving district feedback report*

have already started strengthening HMIS/EMIS in collaboration. In September 2004, UPHOLD, in partnership with the MOH and AIM, developed the first set of tools for improving data quality, self-assessment and district feedback based on recommendations from the HMIS/EMIS assessment. In the same period, UPHOLD hosted two meetings on strengthening of HMIS to achieve a consensus among all the stakeholders, with participants from MOH, WHO, AIM, Deliver, CDC, EGPAF and UNEPI.

In January 2004, UPHOLD conducted a Management Information Systems (MIS) situation analysis in both the health and education sectors. The study identified significant gaps in EMIS/HMIS performance and provided analysis of key issues to

be addressed in EMIS/HMIS to facilitate availability and use of reliable data for decisionmaking at district and sub-district levels. It was concluded that EMIS, in its current form, is an annual survey of education facilities and needs to be transformed into an information system providing information more frequently for management decisionmaking.

### **Operations/Action Research for Demystification and Best Practices**

- A feasibility study for providing a mobile van for VCT services was completed. A further study is planned to evaluate the role of partnerships in ensuring continuity of care for clients once the van has moved on to other areas.
- The first phase of action research on education management strengthening programs in UPHOLD districts was completed and disseminated for review from key stakeholders. Key observations have been built into UPHOLD education strategy, such as the need for follow-up supportive supervision of those trained and a focus on attitudes, ethics and behaviors.
- A plan for action research was developed to identify constraints affecting project implementation and new means for modifying interventions. One topic included identifying existing cultural resources to counter gender violence to indirectly affect HIV/AIDS or sexually transmitted infections.
- A CSO mapping study has been accomplished. The study generated an inventory of all the CSOs operating in the UPHOLD districts, their capacities and areas of operation. In addition, the study identified critical areas that influence partnership between districts and CSOs. Furthermore, through the study, a dialogue process for strengthening the collaboration between the districts and CSOs was initiated. Information from this study will provide inputs to UPHOLD's attempts to roll out the CSO grants, build the capacity of the CSOs and strengthen the collaboration between the CSOs and the districts.

# STRENGTHENED ENABLING ENVIRONMENTS



## INCREASED COMMUNITY PARTICIPATION AND ADVOCACY

Strong community participation is the key to ensuring UPHOLD's success and the sustainability of UPHOLD initiatives beyond the life of the project. Recognizing this, the program works with and within communities, striving to involve them on every level. 2004 has moved UPHOLD's work in this arena beyond expectations.

UPHOLD supports various methodologies to increase community participation and the exchange of perspectives. Through meetings, focus group discussions, role-playing, theater and games, communities increase their voices and are encouraged to take more actions.



*Traditional dance troops and drama groups attract villagers to the meeting and then promote health and HIV prevention messages.*

## HIV/AIDS

UPHOLD supports community-based activities such as drama groups, women's support groups, and religious-based groups, which complement advocacy activities in raising demand for VCT/ PMTCT services, and can also help address harmful community attitudes, such as the stigmatizing

“After this meeting my eyes have been opened, I have to go for an HIV test. I need to talk to other women.”

**Kamuli Councillor**

of (HIV-positive) mothers who do not breastfeed. UPHOLD participated and supported the orientation of Kamuli District leaders on PMTCT and VCT programs and services. The 56 participants included district councillors, DDHS office staff and heads of faith-based organizations. Policies on VCT and PMTCT were reviewed and participants discussed the importance of their role in implementing those policies.

UPHOLD also provided information and support to groups of PLWA and other self-help CBOs in Kyenjojo and Bundibugyo districts. UPHOLD is working with groups such as the Bundibugyo Association of Women Living with HIV/AIDS to encourage them and provide the skills to lobby and be part of the planning, resource mobilization and allocation in the district workplans and budgets for their community-based HIV/AIDS prevention, care and support activities.

*UPHOLD supported team building orientation for 135 community participants from 6 pilot districts.*

## Health

### Community and Stakeholder Participation

UPHOLD has promoted community participation in health service delivery through the promotion of dialogue between communities, their representatives and providers. In the Yellow Star program,





*At a training on Effective Team Building for Community Participation in Lira, participants learn team building skills.*

non-traditional health partners, the Community Development Workers (CDW), have been encouraged to use their comparative advantage in participatory methods to facilitate community/facility dialogue and action planning for quality health services. UPHOLD, working with Uganda National Consumers' Organisation, also incorporated patient rights issues into Yellow Star training activities. In addition, an evaluation of Save the Children's Partnership Defined Quality (PDQ) initiative in Nakasongola was commissioned to enable UPHOLD to use the experience to enrich community participation interventions.

The TIPS methodology previously mentioned also ensures that community members participate in their own health betterment by practicing positive behaviors, while in Home-Based Management of Fever, drug distributors are selected by the community to provide community-based services.

In the RH program, several stakeholder meetings were held to develop district plans to improve access and delivery of services. Among other participants, these meetings involved parliamentarians who were mobilized for their advocacy skills, as were CDW who work within the communities. It is expected that they will mobilize communities to utilize and support health services. UPHOLD has also had preliminary discussions with consumer advocacy groups on how to bring rights issues to the forefront.

An advocacy meeting for Reproductive Health with Women Members of Parliament from the UPHOLD supported districts was held during the year. The women MPs at the meeting resolved to do the following:

#### ***In the short term***

- become role models for women and girls in their districts, e.g. for girls in primary schools
- advocate for RH in their communities during their routine mobilization exercises
- arrange to share the information with the rest of the 72 women parliamentarians and use UWOPA to mobilize them to support and advocate for RH. This will enable all of them to speak with one voice

#### ***In the medium term***

- become role models for women and girls in their districts, e.g. for girls in primary schools
- advocate for RH in their communities during their routine mobilization exercises
- work with the person responsible for social services at LC1 to provide them with information on RH
- be proactive and take steps to know the RH activities in their district and follow them up
- work with the Parliamentary Forum on Population and food security to form a caucus/lobby group for RH in parliament
- work as a group and help each other to have a greater impact on programs in their districts

#### ***In the long term***

- empower women in the communities to "own" their uterus and take control of their reproductive health

### **Education**

UPHOLD supports activities in 20 districts that are assisting nearly 5,000 primary schools to enhance children's learning through increased parental/guardian participation and school/community partnerships.

The ultimate goal of parental/community involvement is improving the quality of children's learning in primary schools. UPHOLD's community involvement in education (CIE) strategy is based

## Enabling a Community to Advocate

The Batwa are a pygmy tribe of traditional hunter-gatherers who live in the Western Ugandan district of Bundibugyo. In 1993 they were forced out of their home in the forest when it was appropriated as Semuliki National Park. Rendered homeless, with no land to call their own, and a modern way of life about which they knew nothing, they lost sense of direction and dignity, and their desperation led some to a dependency on alcohol and opium.

UPHOLD has supported the Batwa people to take charge of their future through appropriately-paced development and by working with them to provide a sense of civic pride and ownership of their lives, and to instill awareness of their rights as equal members of society. This year, UPHOLD sponsored an educational tour for the Batwa, in which they met with a fellow pygmy tribe in Kisoro district. A group from the Batwa tribe, including the community development officer, went to see how the other pygmies cope. This tribe, too, was removed from its forest home for the appropriation of Bwindi National Park; they, however, were given land by the district and the Bwindi Trust Fund. They are now settled on patches of land that they own, upon which they grow their own food. This progress has helped the Kisoro tribe to have a sense of ownership and pride.

What the Batwa learned is empowering them to seek opportunities and stand up for their rights. With a renewed sense of dignity, they are beginning to insist that their children go to school as well as demanding and lobbying for functional adult literacy classes for themselves. They are fighting against discrimination at the health unit, demanding better housing, and have become each other's keepers in the face of alcohol and drug abuse. They want inclusion in the local council meetings, and are working on solutions to increase the chances of the poor in gaining health, education and the ability to fight the HIV/AIDS scourge.



*Batwa King Geofery Nzito debriefing his people and UPHOLD staff after an exchange visit to Kisoro facilitated by UPHOLD.*

on the understanding that when families and communities work together with schools, student achievement rises. Throughout Uganda, most primary schools currently have low parental and community involvement in the education of their children, which hinders the development and provision of quality education. These groups include parents, community leaders, school management committees (SMCs) and parent-teacher associations (PTAs), civil society organizations (CSOs), and children.

UPHOLD's CIE strategy also addresses key issues affecting children's learning in Uganda. These include assuring that children have snacks and/or lunch during school, addressing the high prevalence of defilement cases, and prevention and mitigation of the effects of HIV/AIDS. Also, the strategy promotes the retention of girls in school through multiple approaches (e.g., assuring that girls have access to sanitary materials and separate latrine facilities, promoting positive parental and social attitudes towards girl's education, and preventing or mitigating early marriage and pregnancy).

During the year, UPHOLD implemented many different activities that promoted and supported community participation in education. For example, UPHOLD supported the development of tool kits to help communities plan for School Open Days that effectively engage parents, students, teachers, local councils and other community members in supporting an enhanced learning environment. Multimedia behavior change

- 137 community development officers and education officers trained on *Effective Team Building for Community Participation*, in the 6 pilot districts
- A formative research on SMCs/PTAs and other community structures conducted with the support of *Strengthening Decentralization in Uganda*
- 138 participants from 8 districts participated in regional stakeholders dialogue meetings to discuss the findings of the formative research and how school community linkages can be strengthened to promote quality education
- Existing SMC training manual currently being reviewed on the basis of the recommendations of the regional meetings and findings of the above research

communication and advocacy strategies were developed that promote parent-child, teacher-child, teacher-parent, and child-child dialogue and actions. There is now an advocacy kit for local councils, religious leaders, parents and communities on retention, deficient hygiene, HIV/AIDS prevention and care. In addition, UPHOLD supported and promoted radio listening groups and exchange visits for SMCs/PTAs to strengthen understanding of roles and responsibilities and to promote high performance, among many other activities.

## EFFECTIVE IMPLEMENTATION OF NATIONAL POLICIES

### Health

UPHOLD worked with the MOH, Child Health Division, in the review of integrated community child health registers. UPHOLD will now print and disseminate registers through districts and CSOs that will capture all of the children in a community and integrate child health needs with HIV/AIDS prevention (PMTCT).

In collaboration with the Vector Control Division of the MOH, UPHOLD provided 3,000,000 doses of Mebendazole to Luweero. Mebendazole is an anthelmintic, or a “dewormer”. During the child days in November, 2004, UPHOLD, in collaboration with the Vector Control Division, provided 6,000,000 doses of Albendazole for deworming all the children 6 months—14 years in the 20 UPHOLD supported districts.

### Education

The UPHOLD education team participated in the Education Management Working Group chaired by the MOES; BEPS and UPHOLD were given approval for their proposal to develop management training modules in Leadership, Education/School Improvement Cycle, and Curriculum Management.

The Teacher Effectiveness Working Group meetings addressed issues of harmonization of activities across education projects supported by the MOES. The deliberations focused on identifying quality indicators for teacher effectiveness which resulted in five areas being identified as categories on which teacher effectiveness could be measured:

- Teaching skills
- Professional characteristics
- Learning environment
- Parental involvement
- Continuous school-based professional development

### School Health and Nutrition High-Impact Package

School health and nutrition (SHN) programs seek to improve the health of school-age children, their educational performance, and the health of their communities by promoting more effective use of services and the adoption of positive

**TABLE 3: High-Impact SHN Package**

<p><b>Anemia prevention:</b></p> <ul style="list-style-type: none"> <li>• Malaria treatment and prevention</li> <li>• Helminth treatment and prevention</li> <li>• Micronutrient supplementation</li> </ul>	<p><b>Sexual maturation/ Responsible sexuality:</b></p> <ul style="list-style-type: none"> <li>• Training on PIASCY and life skills</li> <li>• Peer education</li> <li>• Guidance and counseling</li> <li>• Adult support</li> </ul>	<p><b>Girls' retention and completion:</b></p> <ul style="list-style-type: none"> <li>• Sanitary materials</li> <li>• Separate, private latrines for girls with washing facilities</li> <li>• Protection from defilement and other abuse</li> </ul>	<p><b>Hygiene:</b></p> <ul style="list-style-type: none"> <li>• Handwashing promotion</li> <li>• Safe drinking water promotion</li> <li>• Water source and latrine construction</li> <li>• Latrine cleanliness</li> </ul>
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behaviors. Using an evidence-based and participatory approach that involved extensive consultation with key stakeholders in the health and education sectors, UPHOLD has prioritized among over 50 school health and nutrition activities identified in the draft School Health Policy of the MOES and the MOH. The result is a high-impact package of interventions (Table 3) based on the following criteria: a) potential educational impact, b) magnitude of the health problem, c) ability to build on best practices, and d) cost-effective implementation options.

### ***Continued Progress in Conflict Areas***

UPHOLD has continued its work in the Northern regions, where eight of UPHOLD's 20 districts are fraught with conflict. Two of the districts, Kitgum and Gulu, have been the site of an ongoing conflict for the last 17 years resulting in major population displacements, with over 600,000 people now living in internally displaced persons (IDP) camps within the two districts. In Gulu alone, an

estimated 93% of the total population were living in IDP camps at the beginning of 2004.

In these eight districts, it is critical to implement core interventions in the education, health, and HIV/AIDS sectors for affected populations.

### **Using LQAS in Conflict Areas**

The LQAS methodological approach utilized in conflict areas was different from that used in non-conflict areas.

In the conflict areas, military clearance and protection were sought prior to the survey. The survey covered five conflict zone districts each with five supervision areas. Nineteen villages were randomly sampled from each supervision area by sampling proportionate to size. If a village was displaced and dispersed in several camps, the camps where the sampled village had dispersed were identified and a camp for interview location randomly selected based on sampling proportionate to size of the dispersed population.

Two major assumptions were made in selecting the camp for interview location; that no difference in community behavior had arisen from dis-



*Child "night commuters" leaving Gulu town to walk back to their homes and schools, with books and bed rolls in tow.*

### **Night Commuters and Youth Services**

Children have been disproportionately affected by the war. Abducted children—boys and girls alike—have been exploited as fighters and sex slaves by the Lord's Resistance Army. Most often, the LRA rebels make their abduction raids under cover of darkness and in outlying villages. To avoid this fate, families are sending their children to sleep in the town—a practice known as 'night commuting.' In Gulu township, over 15,000 children leave their villages in the early evening and trek into town where they sleep in hospital grounds, bus parks, schools and open verandas in the town. At dawn they move back to their communities to go to school.

One 13-year old night commuter described her routine: "I leave home around 7pm and go into town to spend the night at the bus park. It is crowded. A group came to donate some mats and I heard the social worker saying there were 1,000 children sleeping at the bus park. If there is power at the bus park, some children sit near the light to do their homework. They can't do it at home because there is no power.

"In the morning, I wake up when I hear the mosque calling people to prayer. We pack up and clean the room before we leave. There is a roster so we take turns doing the sweeping. We all start to walk home. It takes about 45 minutes. There are very many of us. We are heading out of town and all the people are coming into town to go to work. It makes the walk difficult."

To help these children, UPHOLD supported a proposal by the Straight Talk Foundation to establish the Gulu Youth Centre. The Centre serves the daily transient population of about 15,000 night commuters, mostly young people, functioning as a one-stop point for adolescents, providing health information, RH services, counseling and recreational activities. The initiative is jointly run between the Gulu District Health Services, Straight Talk Foundation, and other partners.

placement, and that service accessibility has remained the same. Training of district planners in surveying skills has led to the initiation of further LOAS for various indicators in the conflict districts.

One finding from the household survey showed that the northern region had the lowest percentages of children reporting to have carried a packed lunch on the previous day, in particular Gulu (11%), Kitgum (9%), and Arua (14%). Only 8% of Nakapiripirit children surveyed reported having brought a packed lunch on the previous day. This may be attributed to the fact that World Food Program and other agencies are providing lunch in almost all schools in the conflict zone—so parents need not pack a lunch.

### HIV/AIDS

AIDS is the single most common cause of death of adults in Gulu and the number of new infections is increasing. With insecurity and mass displacement of communities, people are living in appalling conditions in the camps. Social morals have degenerated and rape and defilement cases are common. Lack of

meaningful activities for the youth has led to increased pre-marital sex. UPHOLD is supporting local partners to:

- Mobilize key community organization groups to disseminate HIV/AIDS messages and conduct sensitisation seminars with different groups including senior female teachers, people with disabilities, hair dressers, bar attendants, and boda-boda cyclists.
- Strengthen district AIDS teams to carry out their roles and responsibilities.

UPHOLD has also encouraged voluntary counseling and testing in IDP camps. Through film, radio and theater, the importance of VCT was impressed upon people living in nine camps in Katakwi.

## Health

### **Reproductive Health**

UPHOLD is using grants and technical assistance to expand the range of reproductive and maternal health services available to women and families in IDP camps by increasing services from only FP, ANC and STI treatment to include delivery and postnatal care, VCT, referrals, counseling for gender-based violence, information, education and communication and adolescent services. Services are offered during outreaches to the IDP camps.

In order to inform women and families about the new services, UPHOLD is supporting outreach activities as well as posters at health centers, radio messages, and local drama groups.

To engage and reach adolescents, UPHOLD has supported, through the Straight Talk Foundation, the establishment of a youth center in Gulu. The center sees an average of 50—70 young people per day for a variety of RH services. In addition, it has started reaching out to IDP camps and airs a radio program on health. Additionally, UPHOLD staff participated in adolescent RH counseling and mentoring of school girls and boys in Gulu.

### **Malaria**

With at least one-third of hospital out-patient visits due to malaria, improved prevention and treatment is a priority. A critical component of malaria control activities in Gulu and Kitgum is the provision of drugs used to treat the disease. 30 health providers in Mayuge were trained, and antimalarial drugs

(Homapak) were distributed in 8 conflict districts.

Activities were also carried out to contribute to positive behavior change among pregnant women and parents/caregivers of under fives with radio spots about IPT/ITN use and HBMF in Gulu and Kitgum, plus drama shows about IPT/ITN use and HBMF in seven schools and four camps in Kitgum.

- *70% of pregnant mothers are now attending at least 1 ANC visit in IDP camps*
- *From April to June 2004, IDP camp clinics in Lira had 624 pregnant women receiving IPT2 during ANC and had 4,286 new acceptors of family planning*

- *Over 25,900 ITNs distributed to children and pregnant women in IDP camps in 3 districts.*
- *Supervision reports suggest 70% retention rate of ITN information among pregnant mothers.*



*Anna and her infant daughter, Awiyi.*

**A**nna has been living in an IDP camp in Lira since August 2003. She is 19 years old. Her first child was only eight months old when he died of malaria in the camp. After conceiving the second time she began attending the ante-natal care (ANC)

facility at the camp. At her first visit, she was given gloves, soap, a razorblade, umbilical cord tape, cotton wool and anti malarias, for delivery. In the third trimester, it was discovered that she had an unstable lie and breech presentation. She was also hospitalized because of recurrent fevers—having lost her first child to malaria, Anna did not want to take any chances. She received counseling and support and despite the breech position, delivered a healthy daughter. All together, Anna had 4 outpatient ANC appointments in the camp and 6 ANC visits in hospital.

“It was not easy for me but I was strong because during the visits to the hospital, I was taught, counseled and prepared for a safe delivery,” Anna says.

Today, Anna and her husband, a boda-boda (bicycle taxi) driver, continue to utilize the family planning services available to them, and are planning to have four children.

In addition, the project is supporting the re-treatment of ITNs in conflict areas; dipping centers have been established at camps where people can take their nets for treatment.

### Immunizations

For many families living in camps, traveling to a town for routine immunizations is almost impossible. The problems facing people living in IDP camps are summarized by Jacinta Acao, a mother of four children living in Bala Stock Farm, an IDP camp “I do not have clothes to wear so as to go to hospi-

- 30 private practitioners in IDP camps were trained in immunization delivery
- 4,187 measles vaccines and 20,292 third dose DPT vaccines were given, representing immunization of 61% of the target population against these diseases

tal. I have to look for food every day. Taking my children for immunization in town was difficult. But now [the IDP camp immunization center] will take them always.”

### Education

The effects of insurgency have had a major effect on education. In Gulu district, 75 of the 229 primary schools have been destroyed. More than 60% of primary schools have been displaced, resulting in an acute shortage of classrooms, latrines, water, teachers’ accommodation, and educational materials. Such interruptions have led to poor student performance. UPHOLD is working to strengthen the district education inspectorate to carry out school inspections and supervise lessons in all schools in the district. The program is also working to strengthen district collaboration with the community and other stakeholders in the management of universal primary education and school facilitation grant programs.

### GRANT HIGHLIGHTS

UPHOLD’s competitive grants program demands that community organizations be introspective, innovative, and focus on better partnerships and increased use of services.

UPHOLD provides TA to would-be grantees, as many of them are inexperienced in what is usually a complicated and arduous process. To assuage this, the grant approval process has been both streamlined and intensified this year, under guidance from USAID, to ensure that grants are completed, reviewed and funded in a timely manner.

UPHOLD formulated and disseminated (as outlined below, Table 4) a request for application

- 32 grants awarded totaling US\$ 4,979,584,914
- 20 districts received funding, including 5 in conflict areas
- 28% of grants to NGOs, 13% to FBOs and 2% to CBOs
- RFA formulated and disseminated represents US\$ 9,234,000,000 (US\$ 5,130,000)
- 242 RFA applications moved forward to technical review stage

(RFA) to provide a fair and competitive opportunity for interested CSOs, NGOs, FBOs, CBOs, and other private sector groups to submit applications for funding that addressed the district priorities in primary education, health and HIV/AIDS. The RFA represents up to Ush 9,234,000,000 (US \$5,130,000) of grants, with a maximum award per grant of Ush 180,000,000 over a two-year period.

The majority of funds have been directed to CSOs and NGOs for health sector activities, reflecting the fact that the health departments in local governments have submitted stronger technical proposals with larger budgets. Education sector activities also received a large proportion of funds.

UPHOLD received many applications from private sector organizations engaged in HIV/AIDS activities in communities, most of which focus on prevention, care and mitigation activities. Some of these organizations are strong and innovative; others need technical support to make their interventions more behaviorally focused. UPHOLD provides technical assistance to grantees in the latter category as needed.

Some smaller NGOs and CBOs submitted proposals; these represent an important collaboration between UPHOLD, district local governments and community groups. UPHOLD has found creative ways to work with and fund these groups.

*(See Appendix C for list of total grants by technical area and geographical location.)*

In addition to providing on-going technical assistance, UPHOLD will monitor grantees' performance and accountability through a combination of interventions including regular and mandatory reporting schedules, the development of an indicator database, and performance review meetings against these indicators.

**TABLE 4**  
**Community Action Grant**  
**Request-for-Application**  
**(RFA) Schedule**

June 30, 2004—RFA draft and application shared with USAID, PEPFAR coordinating committee, Ministries of Health, Education and Sports, Gender, Labour and Social Development, and local government
July 26, 2004—RFA announced nationally, including details for 88 grants in 20 districts totalling \$5.3 million
August 1-7, 2004—30 minute radio talk shows in 7 languages played on 12 radio stations describing the RFA process and application
September 3, 2004—625 applications received at 6 regional offices and the Kampala office
September 17, 2004—after an initial pre-screen, 242 applications ready to be reviewed technically
September 17, 2004—regional offices set up review panels by district and technical area. Each application will be reviewed by a panel which includes both local government and UPHOLD staff members
September/October, 2004—all pre-screened applications reviewed at regional level and successful applications sent to Kampala for final review



# THE WAY FORWARD

The period from October 1, 2004–September 30, 2005 (PY3) promises to be a year of exciting results and innovations. UPHOLD's overall approach this program year will be to move forward in the rapid implementation of results-oriented interventions that build on the strong foundations laid in the previous year through its technical, grants, and operations programs.

With UPHOLD in its full implementation phase in 2004/2005, the interactions between the different core and cross-cutting interventions of the central technical program, combined with interventions carried out through grants to local governments and civil society organizations, promise a year of exciting results and innovations in the 20 districts.

The vision for Program Year 3 represents UPHOLD's current understanding of the Government of Uganda's priorities and policies in education, HIV/AIDS, and health. PY3 will focus on education and its integrated domains with HIV/AIDS and health. Two new technical areas, Behavior Change, and Training and Performance Improvement, will address technical objectives as well as important underlying factors that influence the effective use and delivery of social services, the planning, management, and monitoring of social services, and creating an enabling environment for social services. The Program's vision, mission, and governing principles, including those that emphasize partnerships, stakeholder participation, and a focus on results shall, however, remain unchanged. UPHOLD also maintains an unwavering commitment to make a difference in the lives of people by improving the effective use of social services, increasing capacity to plan, manage and monitor social services at decentralized levels, and strengthening the enabling environment for individuals, families and communities.



## Appendix A: UPHOLD Conceptual Framework

UPHOLD is an integrated social services program designed by the Government of Uganda (GOU) and the United States Agency for International Development (USAID). UPHOLD supports the Government of Uganda's social sector policies and priorities, as well as USAID's Strategic Objective 8 Results Framework for improved human capacity. Strategically oriented to increase the utilization, quality, and sustainability of services in Education, Health and HIV/AIDS through an integrated approach, the program's four main goals are to:

- 1) improve educational status;
- 2) reduce the spread of HIV/AIDS and sexually transmitted infections (STI);
- 3) decrease child and maternal mortality; and
- 4) stabilize population growth in 20 districts in Uganda

UPHOLD's activities are implemented in seven broad technical domains, as shown in Figure 1 below. Some of UPHOLD's technical activities are implemented strictly within one of the three sectors:

- Education (domain #1),
- Health (domain #2), or
- HIV/AIDS (domain #3).
- Other technical activities are implemented through four areas of integration between the sectors: Education/Health (domain #4),
- Education/HIV/AIDS (domain #5),
- Health/HIV/AIDS (domain #6), and
- Education/HIV/AIDS/Health (domain#7)

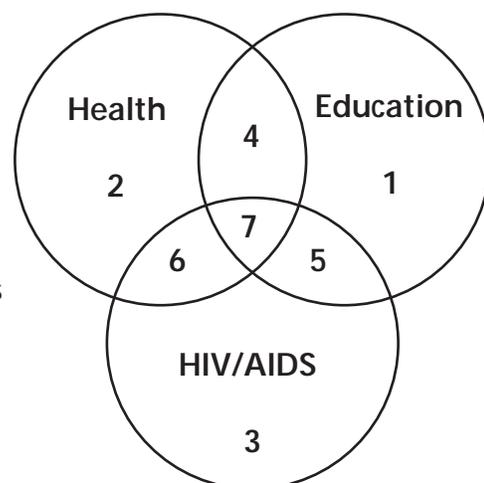


Figure 1:  
UPHOLD's Seven Technical Domains



Within the seven broad technical domains, UPHOLD's core interventions are:

- Integrated Primary School Education:
  - Community Involvement in Education
  - Education Management Strengthening
  - Teacher Effectiveness and Children's Learning
  
- Integrated Child and Adolescent Health:
  - Routine Immunization
  - Integrated Management of Childhood Illnesses (IMCI)
  - Adolescent Sexual and Reproductive Health (ASRH)
  
- Integrated HIV/AIDS:
  - Voluntary Counseling and Testing (VCT) for HIV/AIDS including TB
  - Prevention of Mother-to-Child-Transmission (PMTCT) integrated with Malaria and TB Prevention and Care
  - Abstinence
  - Abstinence and Faithfulness
  - Other Behavior Change and Prevention Areas
  - Prevention and Treatment of TB, STI and Opportunistic Infections
  - Facility and Home-Based Care and Support to People Living with HIV/AIDS
  - Support to Orphans and Vulnerable Children
  - Mitigation of Domestic and gender based violence
  
- Integrated Reproductive Health:
  - Family Planning
  - Goal-Oriented Antenatal Care
  - Clean Deliveries
  - Emergency Obstetric Care including Post-Abortion Care
  - Prevention of Mother-To-Child Transmission of HIV/AIDS (PMTCT)
  
- Integrated Communicable Disease Control:
  - Malaria Prevention and Control
  - TB Prevention and Control
  - Schistosomiasis Control in Primary Schools

An additional five technical areas are cross-cutting. These are:

- Training and Performance Improvement
- Quality Assurance
- Behavior Change Communication and other Behavior Change Strategies
- Private Sector Involvement and Strengthening
- Organizational Development





## **Appendix B: UPHOLD at a Glance**

### **January to September 2004**

#### **IR 8.1 IMPROVED EFFECTIVE USE OF SOCIAL SERVICES**

##### **Improved Quality of Social Services**

- Conducted a key workshop attended by 80 RH managers from 9 goal oriented districts; produced action plans for ensuring goal oriented ANC; identified ways to improve RH services at district level; 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
- Completed action plans in 9 districts to improve coverage and utilization of FP services
- Provided technical assistance to improve RH service delivery in IDP camps in Lira and Katakwi districts
- Supported the extension of routine immunization schedule in IDP camps in Lira
- Established service delivery points for PMTCT and VCT services in 5 districts to improve service provision, care and support of PLWA
- Training of health workers providing PMTCT services and technicians in testing procedures; distribute behavior change materials and promote activities to raise demand for PMTCT services
- VCT strengthened in Rakai with training of 18 health workers as counsellors to cover 8 Health Centre IIIs
- On-site rapid assessment of health facilities in 5 districts
- Supporting MOH with in-depth assessments of health units in VCT/PMTCT in 11 districts
- Completed and evaluation on the success of communications strategy for mass measles campaign
- Designed Growth Promotion Package to monitor monthly growth in children under two years as a strategy to prevent malnutrition and disease
- Contracted CDFU, an NGO, to produce refined YSP IEC materials



- Pre-tested Yellow Star Program (YSP) training manual for health advisors and CDOs
- YSP implementation completed in all 7 districts, with 247 trainees
- Completed plans for large scale re-treatment of ITNs in 6 districts
- Provided technical assistance to enable Mayuge to develop grant proposals for strengthening ITN distribution
- Malaria prevention and control messages publicized through poster campaign, FM radio station broadcasts and local drama group productions in Gulu and Kitgum
- 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 training modules and materials for strengthening Education Management Systems (EMS)
- EMS strategy refined to include performance improvement and behavior change
- 254 Master Trainers from 7 UPHOLD Districts trained in Modules 1 and 2 of EMS, District Level Training of EMS commenced in 7 districts with 115 CPTC staff trained, school representative training in EMS rolled out with 44 head and deputy head teachers trained
- Participated in the development of program and content for the Community Participation and Advocacy Sessions for the Technical/Operations Retreat

### **Improved Access to and Availability of Services**

- 1,916 insecticide treated nets distributed to children and pregnant women in IDP camps in Katakwi District
- 1,482,471 doses of Homapak distributed to 8 districts with 153,023 doses on order for 2 further districts to treat fever in children under 5
- 25 health workers from 19 health facilities, 18 of which are in IDP camps, in Integrated Management of Childhood Diseases in Gulu
- 36 councilors trained in the principle and practice of PMTCT in Kitgum District
- 415 participants from the 9 sub-counties of Lamwu HSD received orientation training in TB DOTS
- Training in HIV testing for 25 laboratory assistants from 3 health facilities in Kitgum District



- Sensitization on VCT in 9 IDP camps in Katakwi using drama (42 shows), film (14 shows) and radio (14 spots and 2 talk shows)
- Malaria training for 30 health providers in Mayuge
- Outreach services to over 5,000 internally displaced persons
- Provided TA to the FPA of Uganda (FPAU) and DHT during the annual review for improved FP services to IDPs in Lira
- Roll out of Teacher Effectiveness cascade resulting in 25 master trainers in Cooperative Learning (CL) for the 6 pilot districts who are able to train others in the use of CL in the classroom
- 142 district level TOTs have been trained in CL in the 6 pilot districts
- 244 school representatives in 4 districts trained and ready to implement school based training
- Completion of Teacher Effectiveness Phase I in all 6 pilot districts

### **Improved Positive Behavior Changes Adopted**

- Reduction of severe childhood malaria referred to health facilities by volunteer drug distributors in Rakai
- 144,615 nets re-treated in 6 districts
- National rollout strategy for Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) prepared
- Successful completion of PIASCY rollout in 51 districts, with 568 teacher orientation meetings
- Discussions held between UPHOLD, AIR and EDC on possible behavior change communication activities resulting in a draft strategy being developed
- BCC strategy workshop in Gulu for 39 technical experts in health, education, HIV/AIDS and communication accomplishing draft strategies for inclusion in work plans
- Successful 2 day workshop resulting in draft BCC strategies for AIC and TASO
- Training of 37 senior women teachers to enable participants to lead HIV/AIDS interventions in schools and surrounding communities



## IR 8.2 INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

### Improved Decentralized Planning, Management and Monitoring Systems

- 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
- Training for 30 district government health workers conducted on

### MOHs National Strategy on Health Management Information Systems

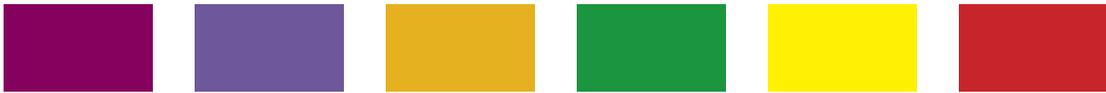
- Statement of Collaboration meeting for Karamoja to streamline district collaboration and networking among USAID HIV/AIDS partners
- HIV test logistics training in partnership with MOH, DELIVER and AIM in all 20 UPHOLD districts
- Community based growth promotion program in Bugiri now has 14 district trainers in 10 villages, with 5 growth promoters selected, with outreach services strengthened through integration of community based child health activities with the monthly outreach services planned by health units.
- Dissemination of formative research on SMCs/PTAs and other community structures during 3-day dialogue meeting held regionally for 8 districts, resulting in each district identifying 5 key quality indicators to monitor school-based quality reform
- Supported and facilitated a workshop, with 60 participants, on mainstreaming of HIV/AIDS in the Local Government planning cycle, Lira district, resulting in practical resolutions on coordination, resource sharing, community involvement and participation and strategies of implementing in IDP camps.
- TOT and support supervision for the ITN re-treatment exercise in 6 districts
- TOT for HBMF for Nakapiripirit, Bugiri, Mayuge, Pallisa and Bundibugyo
- Training of sub-county TOT to support growth-promotion activities
- Technical assistance provided to 8 districts in preparation of the work plan and budget for 2004/05.



- 8 RH managers from UPHOLD supported districts were facilitated to attend the RH IBP conference in Entebbe and had the opportunity to learn and share experiences and formulate a plan for improving RH within their districts
- Participated in the development of monitoring and evaluation indicators for UPHOLD as well as in designing the questions for the LQAS evaluation.
- Support has also been given to the district planning exercise in all 7 districts where YSP is to be introduced this FY, assisting capacities at various levels for districts and regional office staff to plan for social services
- Development of M&E indicators for UPHOLD monitoring resulted in a set of critical indicators for measuring district performance/project interventions being defined
- Visits to 8 districts to provide technical support in regard to implementation of the UPHOLD local government funded activities, focusing on ensuring funds were being utilized for quality work and on providing support to districts to develop new proposals for funding in the 2004/05 FY
- Scope of work for review and development of SMC/PTA training materials developed
- Organizational development and capacity building activities have been initiated for The AIDS Support Organization (TASO)
- Providing technical guidance on strategic analysis of plans and incorporation of lessons learnt and reports of AIC and TASO

### **Increased Private Sector Role in Service Delivery**

- Finalized private sector strategy and workplan and obtained stakeholder buy-in and consensus
- 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
- Over 20 public and private service providers brought together in Mbarara to strengthen activities between public and private sector
- Training and monitoring guide for private providers updated to include HIV and key monitoring indicators
- Training of trainers for 20 private sector providers in child health practices in 4 districts; training of 21 district trainers in Mbarara
- Completion of service quality assessment using a literature review for Uganda Private Midwives Association



- Priority activities to support traditional healers in Bundibugyo agreed upon
- Completed Phase I review of CSOs operating in 20 districts
- Stakeholder meeting at national level to review Phase I CSO results and decisions taken on direction for Phase II
- The role of Civil Society Organizations Phase I study results disseminated
- The role of Civil Society Organizations Phase II data collection in all 20 districts completed
- UPHOLD worked with and supported the sensitization of 90 private clinics and drug shop owners on HBMF in Kamuli, Bugiri and Mayuge

## **IR 8.3 STRENGTHENED ENABLING ENVIRONMENT**

### **Increased Community Participation**

- Recruited consultants to evaluate PDO 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
- Developed draft strategy for UPHOLD support to Education in Conflict areas
- 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
- Orientation of district leadership in Kamuli on PMTCT and VCT with 56 participants
- Information, support and counseling on HIV/AIDS to community based organizations in Kyenjojo and Bundibugyo
- Commencement of NSARWU community integrated nutrition program in Mbarara and Rakai districts
- Regional stakeholders' dialogue meetings to discuss quality primary education in 8 districts, and how school-community linkages can be strengthened to promote quality education
- At the invitation of UNHCO, UPHOLD attended a workshop to disseminate citizen's report card methodology, the outcome of which will be an understanding of how UPHOLD can utilize work done in overlapping districts (Arua, Bushenyi) to promote community participation in quality of health care

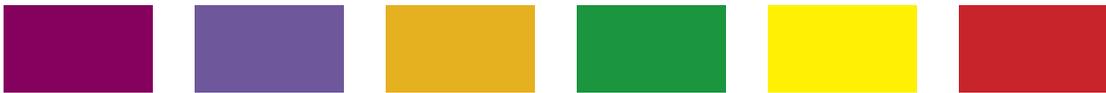


### **Increased Multiple Stakeholder Participation**

- Plans for joint collaboration in VCT/PMTCT activities with community groups in Bundibugyo established
- Streamlined Presidents 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**

- 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
- Effective partnership with MOH for child health
- Meetings with MOES working groups to develop indicators for monitoring teacher effectiveness; five areas for measurement identified
- Education management strategy modules developed and grouping collaboration with BEPS, MOES, KYU and ESA
- HSSP II review at MOES stakeholders meeting
- Participation in Education Sector Review
- Supported advocacy for and provided TA for Vitamin A supplementation in May 04
- Plans made and completed for the trials of improved practices in child health (TIPs), this will enable UPHOLD to identify the most critical household and community practices that affect child health
- Management training workshop for 32 participants from district offices in Rukungiri; curriculum to be reviewed for possible role out to other districts
- Successful completion of HMIS/EMIS situational analysis with recommendations
- In partnership with AIM and MOH successful development of tools for improving data quality, self assessment and district feedback
- Strengthening of HMIS by achieving consensus among stakeholders



## Monitoring and Evaluation

- The Monitoring and Evaluation unit designed the training form based on the data requirements of the USAID TraiNet software program and designs from other USAID supported programs. The TraiNet (USAID Training program) is up and running with trainings undertaken by UPHOLD extracted retrospectively from 2003
- Working with the district planning units to devise supervision tools and data processing systems to make key measurements.
- Continuing CSO study aimed at promoting improved partnership between CSOs and local government shows preliminary findings conducive for the RFA grants.
- Evaluation of partnership defined quality (PDQ) methodology demonstrates it has a role in mobilizing the community
- Reviewing and setting of new targets for USAID SO8-PMP and setting new targets for RFA
- Developed monitoring tools and minimum standards for UPHOLD supported education activities
- Analysis of Mobile VCT feasibility study completed with a positive conclusion of viability
- Successful completion of LOAS household survey and results, in partnership with MOH, MOES and MOGLSD



## Appendix C

### Grants as of 30 September 2004

Grantee	Type of Org.	Technical Area	Stage as of June 30	Shillings Amount	US Dollar
AMREF—African Medical & Research Foundation	NGO	school health & nutrition	under review	1,275,000,000	\$750,000
ARUA	Govt	education/health/AIDS	funded	103,844,800	\$61,085
BUGIRI	Govt	education/health/AIDS	funded	178,500,840	\$105,000
BUNDIBUGYO	Govt	education/health/AIDS	funded	163,449,123	\$96,147
BUSHENYI	Govt	education/health/AIDS	funded	120,489,400	\$70,876
Community Integrated Development Activities for Poverty Alleviation	CBO	AIDS	funded	8,379,000	\$4,929
Family Basic Education (FABE)	NGO	education	funded	28,192,000	\$16,214
GOAL	NGO	AIDS	funded	27,563,847	\$16,214
GULU	Govt	education/health/AIDS	funded	89,640,900	\$52,730
Idudi Development Association	CBO	AIDS	funded	11,441,000	\$6,730
Integrated Development Activities and AIDS Concern (IDAAC)	CBO	AIDS	funded	48,209,800	\$28,359
KAMULI	Govt	education/health/AIDS	funded	152,511,587	\$89,713
KATAKWI	Govt	education/health/AIDS	funded	140,931,000	\$82,901
KITGUM	Govt	education/health/AIDS	funded	120,982,800	\$71,166
KYENJOJO	Govt	education/health/AIDS	funded	232,173,700	\$136,573
LIRA	Govt	education/health/AIDS	funded	183,306,950	\$107,828
LUWERO	Govt	education/health/AIDS	funded	182,144,000	\$107,144
Madrasa	FBO	education	funded	625,552,575	\$367,972
MAYUGE	Govt	education/health/AIDS	funded	142,006,885	\$83,533
MBARARA	Govt	education/health/AIDS	funded	140,512,950	\$82,655
MUBENDE	Govt	education/health/AIDS	funded	155,453,800	\$91,443
NAKAPIRIPIRIT	Govt	education/health/AIDS	funded	182,720,900	\$107,483
National Strategy for the Advancement of Rural Women in Uganda (NSARWU)	NGO	health	funded	182,959,000	\$107,623
National Womens Association for Social and Education Advancement (NWASEA)	CBO	AIDS	funded	13,367,500	\$7,863
PALLISA	Govt	education/health	funded	108,856,000	\$64,033
RAKAI	Govt	education/health/AIDS	funded	149,345,025	\$87,850
RUKUNGIRI	Govt	education/health/AIDS	funded	96,651,300	\$56,854
Straight Talk Foundation	NGO	health/AIDS	funded	862,188,000	\$507,169
Student Partnership Worldwide	NGO	health/AIDS	funded	22,609,734	\$13,300
THETA/NCRL	Govt/NGO	health/AIDS	under review	405,696,500	\$238,645
Uganda Muslim Supreme Council	Govt	education	under review	637,500,000	\$375,000
Uganda Private Midwives Association (UPMA)	Govt	health	funded	291,294,950	\$171,350
Uganda Youth Forum	Govt	health	funded	37,462,550	\$22,037
WAKISO	Govt	education/health/AIDS	funded	207,297,998	\$121,940
YUMBE	Govt	education/health	funded	45,109,000	\$121,940

TOTAL (Exchange Rate: 1700 USh = \$1)

6,098,345,414

\$3,587,262

newly funded

724,490,870

\$426,171

org. type	no.	funding (USh)	% of total
NGO	6	1,414,807,531	28%
Govt	20	2,895,928,958	57%
FBO	2	663,015,125	13%
CBO	4	81,397,300	2%

Total: 5,055,148,914



## Appendix D: UPHOLD Documents—PY2

1. UPHOLD Start-Up Trip Report January 2003
2. Northern Strategy, April 8, 2003
3. Grants Strategy – April 14, 2003
4. Monitoring and Evaluation Framework August 2003
5. A Situation Analysis for UPHOLD's Strategic Planning – 11th April, 2003 (Dr. Vincent Owarwo, Dr. Richard Kraft, Stella Katwesige, Elizabeth Jawoko, Allen Nankunda and Sandra Errickson)
6. CCT Evaluation Report – Strategy for Enhancing Basic Education System Performance (Ash Hartwell, Seth Onguti, Dorothy Aanyu, Margo O'Sullivan, Zerubabel Ojoo)
7. Quarterly Report October 2002 – June 30, 2003
8. Quarterly Report July 1 – September 30, 2003
9. School Health and Nutrition Strategic Framework in Uganda, September 23, 2003
10. Annual Work Plan April 2003 – March 2004
11. UPHOLD Strategic Framework: April 2003 – March 2004 (Working document for dialogue with district stakeholders)
12. A Review of the Local Government Budget Framework Papers 2003/04 – 2005/06 – Summary of Objectives and Priorities in Health, Education, Community Development and HIV/AIDS for 12 Selected Local Governments, May 1, 2004 (Aabraham L. Opito)
13. Overview of National Policies and Priorities Related to UPHOLD's Strategic Framework, May 1, 2003
14. UPHOLD's Integrated Health Strategy, November 24, 2003
15. UPHOLD's Integrated Education Strategy, November 24, 2003
16. Advancing UPHOLD's Health Strategies and Plans – Trip Report, September 29 - October 14, 2003
17. UPHOLD Mapping of Civil Society Organizations in Uganda – Phase One Study Report – January 2003 (Denis Muhangi)
18. Monitoring and Evaluation Framework September 2003
19. Technical SOWs for UPHOLD Consortium Members
20. Report on TV and Print Materials Concept Pre-testing for UNEPI, Draft Report August 2003 (Steadman Research Services)





21. Pre-Test Report for Proposed Logo and Name for the Uganda Program for Human and Holistic Development 17th February 2003 (VR Promotions)
22. Strengthening the Malaria Emergency Response and District Health Systems in Gulu & Kitgum Version 2.4 (UPHOLD & Malaria Consortium)
23. Grants Strategy – April 18, 2004
24. Best Practices in Community Participation and Gender Mainstreaming: Literature Review and Documentation – December 19, 2003 (Clare Kyasiimire)
25. UPHOLD Strategic Framework for Quality Assurance Component
26. UPHOLD Private Sector Strategy – Stakeholders Meeting Report – 16th March 2004
27. Uganda HMIS/EMIS Situation Analysis – Working Draft (Anwer Aqil, Yovani Lubaale, Nosa Orobaton)
28. Towards Sustainable Community Participation For Quality Primary Education – A Training report on Effective Team building for Community Participation, May 2004 (Elizabeth Nyivuru Jawoko, Nijbi Kezaala & Rita Lulua)
29. Strengthening Decentralization in Uganda – Uganda Program for Human and Holistic Development – An Assessment on Community Involvement and School Management Strengthening Strategy May 2004 (Jackie Vavra, Grace Kasirye and Robert Akey)
30. Operationalizing the Community IMCI Behaviour—Change Communication Strategy in Uganda March 17 – April 2, 2004 (Michael Favin)
31. Rapid Analysis of AIC's Market Environment for Strategic Planning, March 24 2004 (Sam Okuonzi and Josephine Kasaija)
32. UPHOLD Annual Report 2003
33. UPHOLD Quarterly Report January to March 2004
34. Global Health Council Conference – Congregational Briefing Washington, 7 June 2004 (Christine Oryema-Lalldoo)
35. UPHOLD Technical Team Retreat – Building an Effective Team for Technical Trailblazing – March 9 – 12th 2004
36. Feasibility Study of the Mobile Van for Voluntary Counselling and Testing (VCT) for HIV/AIDS
37. Report on Education Management Strengthening Interventions (Draft for Review) September 2004 (Dr. Nansozi Muwanga, Dr. Arsene Balihuta, Florence Byakika, Fred Mwesigiye, Scholastica Tiguryera, Megan Thomas and Xavier Nsabagasani)
38. Managing for Quality, Module 1: Leadership in Education, Uganda Management Strengthening Initiative, August 2004 (Steven Harvey, Martin Pittman, Megan Thomas, Scholastica Tiguryera)



39. Managing for Quality, Module 2: Managing School Improvement, Uganda Management Strengthening Initiative, August 2004 (Steven Harvey, Martin Pittman, Megan Thomas, Scholastica Tiguryera)
40. Managing for Quality, Trainers' Guide Module 1 (Draft), Uganda Management Strengthening Initiative, April 2004 (Steven Harvey, Martin Pittman, Megan Thomas, Scholastica Tiguryera)
41. Managing for Quality, Performance Improvement Toolkit for Education Managers (Draft), Uganda Management Strengthening Initiative, August 2004 (Martin Pittman, Scholastica Tiguryera)
42. Towards Improved Classroom Instruction: Cooperative Learning in the classroom Module 1 April 2004 (Dr Ernest Buckman, Joshua .S. Lwanga, Flavia .K. Bakundana, Florence.K. Ameri, Dorothy. A.Aanyu , David Weerhe)
43. Towards Improved Classroom Instruction: Cooperative Learning in the Classroom Module 1 – Handouts April 2004 (Dr Ernest Buckman, Joshua .S. Lwanga, Flavia .K. Bakundana, Florence.K. Ameri, Dorothy. A.Aanyu , David Weerhe)
44. Review of the Effectiveness of Existing Materials in Teacher Training March 2004, (Dr. Robinah Kyeyune, Dorothy A Angura )
44. Report on Training of School Representatives in Mayuge and Bushenyi. July 2004. (Florence .K. Ameri)





## Appendix E: Acronyms

AIC	AIDS Information Centre
AIDS	acquired immunodeficiency syndrome
AIM	AIDS/HIV Integrated Model District Program
ANC	antenatal care
ASRH	adolescent sexual and reproductive health
BCC	behavior change communication
BEPS	Basic Education Policy Support
CBO	community based organization
CCT	coordinating centre tutors
CDA	community development assistant
CDC	Centers for Disease Control and Prevention
CDO	community development officer
CL	cooperative learning
COP	Chief of Party
CPA	community participation and advocacy
CSO	civil society organization
DCOP	Deputy Chief of Party
DDHS	District Directorate of Health Services
DEO	district education officer
DHMT	District Health Management Team
DPT	diphtheria, pertussis, tetanus
DPU	District Planning Unit
EMIS	education management information systems
EMS	education management strengthening
EOC	emergency obstetric care
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
HSD	health sub-district
HTC	health training consultant
IBP	implementing best practices
IDP	internally displaced persons
IEC	information education and communication
IMCI	integrated management of childhood illnesses
IPT	intermittent preventive treatment
ITN	insecticide treated net
LABE	Literacy and Adult Basic Education
LLITN	long lasting insecticide-treated nets



LQAS	Lot Quality Assurance Survey
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCRL	National Chemotherapeutics Research Laboratory
NGO	nongovernmental organization
NSARWU	National Strategy for the Advancement of Rural Women in Uganda
OI	opportunistic infections
ORS	oral rehydration salts
OVC	orphans and vulnerable children
PDQ	Partnership Defined Quality
PEPFA	President's Emergency Plan for AIDS Relief
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother to child transmission
PSS	Private Sector Strategy
PTA	parent teacher association
PTC	Primary Teachers' College
RFA	request for application
RH	reproductive health
SCHW	sub-county health worker
SMART	specific, measurable, achievable, realistic, time-bound
SMC	school management committee
SOC	Statement of Collaboration
SPW	Student Partnership Worldwide
STF	Straight Talk Foundation
STI	sexually transmitted infections
TA	technical assistance
TASO	The AIDS Support Organization
TB	tuberculosis
TE	teacher effectiveness
THETA	Traditional Healers and Modern Health Practitioners together against AIDS
TOT	Trainer of Trainers
UNEPI	Uganda National Expanded Programme for Immunization
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 F

### UPHOLD Staffing as of September 2004

Name	Title
Abeja Apunyo	Reproductive Health Specialist
Agnes Kiggundu	Accountant
Agnes Mukasa	Stores/Administrative Assistant
Alex Mugume	HIV/AIDS Specialist
Alex Riolexus Ario	Communicable Disease Technical Officer
Alfred Otema	Office Attendant
Alice Mundaka	Regional Director
Andrew Kasirye	Receptionist
Andrew Tumusiime	Driver
Barbara Durr	Deputy Chief of Party - Regional Operations
Benon Webare	Regional Director
Betty Milly Aryemo	Receptionist
Betty Mpeka	Communicable Disease Specialist
Charles Dickens Otin	Community Participation Coordinator
Charles Onen	Driver
Charles Wamalia	Office Attendant
Christine Oryema-Lalobo	Regional Director
Christopher Opit	IT Manager
Daniel Tusubira	Office Attendant
David Abwang	Community Participation Coordinator
David Atube	Office Assistant
David Bawunha	Driver
Dorothy Aanyu	Senior Education Specialist
Elizabeth Ekochu	Quality Assurance Specialist
Elizabeth Jawoko	Teacher Effectiveness & Childhood Learning Advisor
Flavia Kayenje	Receptionist
Florence Owoyesimiire	Office Assistant/Receptionist
Francesca Akello	Community Participation Coordinator
Fredrick Arop	Driver
Fredrick Jackson Oculi	Regional Director
Godfrey Erukwaine	Community Participation Coordinator
Godfrey Magumba	Private Sector Specialist
Grace Kwehangana	Driver
Hans Mugwisa	Office Attendant
Harriet Barunga Mpindi	Finance/Admin Assistant
Harriet Malinga	Administrative Assistant (Attached to MOH)
Hassan Ochom	Driver
Humphrey Megere	Child & Adolescent Health Specialist
James Charles Okello	Regional Director - North East



Name	Title
James Ekaal	Driver
Jaspa Tuhairwe	Office Attendant
Jimmy Kayambi	Cleaner
John Charles Okidi	Driver
Joseph Mabirizi	Monitoring & Evaluation Specialist
Joseph Mutongole	Resource Center Coordinator
Josephine Kasaija	Organizational Development/HIV/AIDS Specialist
Judith Oki	Training Performance Improvement Specialist
Katrina Kruhm	Deputy Chief of Party - Finance & Admin.
Kimberly Dixon	Grants Manager
Linda Apecu	Finance/Admin Assistant
Lisa Sherburne	Behavior Change & Communication Specialist
Lois Kateebire	Community Participation Coordinator
Lucy Shillingi	Senior HIV/AIDS Advisor
Lydia Clemmons	Deputy Chief of Party - Technical
Margret Kyenkyia	Senior Health Advisor
Martin Ejokuna	Office Assistant/Receptionist
Martin Kaleeba	Regional Director - East
Megan Thomas	Education Management Systems Advisor
Micheal Musinguzi	Finance/Admin Assistant
Micheal Ojok	Office Assistant/Receptionist
Micheal Okello	Cleaner
Milly Ayot	Office Attendant
Moses Kiema	Finance Manager
Moses Nganda Mutebi	Communicable Disease Technical Officer
Naboth Muhereza	Driver
Naomi Nakamatte	Community Participation Coordinator
Nosa Orobaton	Chief of Party
Onesmus Dralega	Community Participation Coordinator
Patrick Achaye	Driver
Perusi Barata	Finance/Admin Assistant
Peter Ndawula	Accountant
Richard Ofwono	Community Participation Coordinator
Rita Laura Lulua	Community Involvement in Education Coordinator
Robert Asea	Driver
Robert Mugenyi	Driver
Robert Opira	Finance/Admin Assistant
Rosette Asiimwe	Administrative Assistant
Sarah Tibagwa Nyakabwa	Finance/Admin Assistant
Silvanus Bob Turyamwijuka	Community Participation Coordinator
Specy Kakiiza	Community Participation Coordinator
Stella Alice Kirya	Administrative Assistant





**Name**

Steven Mbabazi  
Steven Mutyaba  
Sulaiman Nsamba  
Suzan Mwebembezi  
Vivien Bakainaga  
Winnie Were  
Xavier Nsabagasani  
Yovani Moses Lubaale  
Zachary Lubwama

**Title**

Driver  
Office Attendant  
Driver  
Community Participation Coordinator  
Human Resource/Deputy Admin Manager  
Office Assistant/Receptionist  
Action Research Specialist  
Monitoring & Evaluation Specialist  
Administrative Manager





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