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# AIDS CAPACITY ENHANCEMENT (ACE) PROJECT

QUARTERLY REPORT (JANUARY-MARCH 2007)

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The views expressed by the author do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

# CONTENTS

List of Acronyms.....	i
Executive Summary .....	1
Project Summary .....	2
Accomplishments By Deliverable.....	2
A. Strengthen Capacity Of The Uganda AIDS Commission (UAC) .....	2
B. Strengthen Capacity Of The Inter-religious Council Of Uganda (IRCU) ...	4
C. Strengthen Capacity Of The IRCU Sub-Grantees .....	5
D. Strengthen Capacity Of The MOH Resource Center.....	6
E. Strengthen Capacity Of Selected NGOs .....	7
1. Hospice Africa Uganda (HAU).....	7
2. Joint Clinical Research Center (JCRC).....	8
F. Improved HIV/AIDS Policies And Strategies .....	10
G. PEPFAR Coordination .....	10
Annexes.....	11



## LIST OF ACRONYMS

ACE	AIDS Capacity Enhancement
ART	Antiretroviral Treatment
BCC	Behavior change communication
CDC	Centers for Disease Control and Prevention
FBOs	Faith-based Organizations
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAU	Hospice Africa Uganda
HMIS	Health Management Information Systems
HR	Human Resources
ICT	Information Communication Technology
IPs	Implementing Partners
IRCU	Inter-religious Council of Uganda
JCRC	Joint Clinical Research Centre
LAN	Local area network
M&E	Monitoring & Evaluation
MIS	Management Information Systems
MoH-RC	Ministry of Health Resource Centre
MPs	Members of Parliament
NSP	National Strategic Plan
OD	Organizational Development
OVC	Orphans and Vulnerable Children
PC	Partnership Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PMMP	Performance Measurement and Management Plan
RCB	Religious coordinating bodies
TREAT	Time Table for Regional Expansion of Antiretroviral Therapy
TRG	Training Resources Group
UAC	Uganda AIDS Commission
USG	United States Government



## EXECUTIVE SUMMARY

This report presents the key interventions that took place in the first quarter of 2007 with AIDS Capacity Enhancement's (ACE) five local partners: Uganda AIDS Commission, Ministry of Health, Inter-religious Council of Uganda, Joint Clinical Research Centre, and Hospice Africa-Uganda.

In response to the organizations' development and structural needs, ACE has been involved in the review of governance structures, recruitment of staff to key positions, leadership training, and is in the early stages of developing a mentoring and coaching program for managers in key positions.

One key financial task this quarter was assisting organizations to effectively respond to audit queries. In doing this, ACE acknowledged that the real issue was lack of adequate knowledge on compliance by the organizations. As a result, ACE has initiated activities aimed at setting up and strengthening functional financial systems that will address compliance and reporting issues. It has been noted that the innovative accounting package, Navision, has been positively received by the client organizations as a tool that will enhance their data and reporting needs.

The monitoring and evaluation (M&E) needs became urgent in all of the client organizations. In this quarter, ACE initiated working with local consultants to develop and strengthen M&E systems, of organizations. This also involved the recruitment of M&E staff. The M&E needs are increasingly linked to information communication technology needs and capacities, and this has provided an opportunity for innovative approaches to the technical assistance provided by ACE to client organizations.

In continuing to improve the health management information systems of the Ministry of Health Resource Centre, the concept of a Web-enabled information system has been embraced by other organizations that have offices in other parts of the country.

One key lesson for ACE this quarter has been the possibility for enhancing technical knowledge and approach transfer. Technical assistance — for example, tools that have been developed for one organization, can easily be adapted for use in another organization. This can result in the effective and timely use of organization resources and also enhance the building of knowledge in the technical areas.

## PROJECT SUMMARY

The AIDS Capacity Enhancement project was designed to provide strategic capacity-building and technical assistance to targeted Ugandan institutions for improved and sustainable program outcomes in regards to HIV/AIDS prevention, care, and treatment.

ACE's partner institutions include the Uganda AIDS Commission (UAC), the Inter-religious Council of Uganda (IRCU) and its sub-grantees, the Ministry of Health Resource Centre (MoH-RC), the Joint Clinical Research Centre (JCRC), and Hospice Africa-Uganda (HAU).

Tailored technical assistance is provided to the institutions in five broad thematic areas: organizational development, monitoring and evaluation, health management and information systems (HMIS), finance systems, and communications.

By supporting these institutions as they improve their organizational structures and service provision capabilities, the project aims to improve the planning, implementation, and monitoring of the nationwide HIV/AIDS program through support for the achievement of the "three ones" — one national coordinating body for HIV/AIDS, one monitoring and evaluation framework, and one national strategic plan (NSP) for HIV/AIDS.

Additionally, the project also provides facilitation and coordination of the U.S. Government (USG) President's Emergency Plan for AIDS Relief (PEPFAR) Team in its efforts to plan, coordinate, and manage its HIV/AIDS program in Uganda.

## ACCOMPLISHMENTS BY DELIVERABLE

### A. Strengthen Capacity of the Uganda AIDS Commission

#### Summary of Activities and Accomplishments

*Support to UAC to develop and implement One National Strategic Plan:* During the first quarter, ACE actively supported UAC's National Strategic Planning process through regular participation in consultative meetings including the Joint Annual Review workshop held in December 2006. ACE also provided technical guidance to two technical working groups; namely the M&E Subcommittee and the Human Resources & Institutional Arrangements Subcommittee.

ACE financially supported some of the NSP consultative and feedback workshops among stakeholder constituencies such as that of the Members of Parliament (MPs) and district leaders which was held in February 2007. The MPs consultative meeting was effective in updating key political leaders about the HIV/AIDS epidemic in order to gain their support on issues that have policy implications at the national level.

*Support UAC to lead the implementation of one national M&E system:* From November 2006 through January 2007, ACE assisted UAC by hiring, mentoring, and training the M&E coordinator who supported the M&E function for three months before leaving the position in order to pursue further studies.

ACE also worked closely with UAC to identify and hire a short-term consultant to develop the Performance Measurement and Management Plan (PMMP) and an Operational Manual for the NSF 2007/2012. The consultancy will help to develop, and budget for, the national M&E plan describing its objectives, procedures, and indicators in close collaboration with a Task Force of the National M&E Subcommittee. The draft PMMP was shared and discussed by a special M&E sub-subcommittee, before discussing it with the broad National M&E Subcommittee for comments and finalization. The PMMP will also form the basis of the development of an M&E handbook as well as the description of the National PMMP system in the next quarter of April-June 2007. ACE will continue to provide technical guidance in the dissemination of the national PMMP and handbook.

*Strengthened capacity to manage Global Fund grants:* During February 2007, ACE, through Training Resources Group (TRG), assisted UAC in reviewing and strengthening the roles and responsibilities of UAC's Partnership Committee (PC) in view of the new responsibilities resulting from the new mandate to manage the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). ACE helped the PC amend its terms of reference to reflect the expansion of the new roles and responsibilities.

*Finalization of the human resources manual:* As part of the overall organizational development (OD) exercise at UAC, ACE provided technical guidance and support to the review of the human resource (HR) manual. The consultancy revised the UAC staff manual, addressed gaps and made it more responsive to revised government policies and changes at UAC. The review process was very consultative and involved all staff, senior management, the UAC policy bodies (UAC Board and HIV/AIDS Partnership Committee) and the relevant government authorities. This was crowned with a final workshop, held in March 2007, to enable all UAC staff to give feedback and adopt the new HR manual.

*National comprehensive communication strategy:* During the month of January 2007, ACE supported and facilitated the process of selecting a communication firm to support UAC in developing the national HIV/AIDS communication strategy. The activity will begin as soon as the UAC contracts committee formally issues the contract.

#### **Issues encountered and recommendations for resolution**

- The NSP process has continued to be UAC's prime activity for the last 15 months, and thus determining the pace of all other related activities.
- The NSP document has been largely in draft form throughout the first quarter of January-March 2007, however the final PMMP should be ready as soon as the NSP is finalized in May-June 2007.
- Behavior change communication (BCC)/National HIV/AIDS communications strategy: ACE has participated in identifying a local communication consultancy firm, but the work has stalled due to some uncompleted processes by UAC's contracts committee. ACE will, however; continue to lobby UAC to expedite their efforts and support the activity both technically and financially in the second quarter.

#### **Activities planned for the next quarter**

- Design and conduct follow-up training in coordination/partnering and management strengthening for the PC and UAC staff in relation to the GFATM/long-term institutional arrangements.

- Help UAC develop plan for coordinating district/regional/national networks in implementing and monitoring the new NSP (depending on the finalization of the NSP).
- Initiate and assist UAC to translate pilot decentralized response initiatives into annual action plans.
- Assist the UAC to carry out quarterly partnership and M&E committee meetings.
- Facilitate the dissemination of the PMMP and knowledge-sharing workshops for national stakeholders in the HIV response (including UACP, Centers for Disease Control and Prevention (CDC), JCRC, UNAIDS, IRCU, MoH-RC, HAU, TASO, AIC, CRS, IRC, Monitoring & Evaluation of Emergency Plan Program project, among others)
- Coordinate PEPFAR quarterly meetings and facilitate the PEPFAR secretariat and its Chairperson.
- Support the operationalization of UAC's M&E system and its PMMP.

## **B. Strengthen Capacity of the Inter-religious Council of Uganda (IRCU)**

### **Activities and Accomplishments**

*Review of the IRCU current constitution:* In January 2007, ACE assisted IRCU to review its constitution and prepared a draft report incorporating the views and comments of the relevant stakeholders. The views and comments of the stakeholders will be important to help ACE provide input to IRCU to improve its governance systems in the next quarter.

*Streamlining accounting procedures and processes.* In February and March 2007, ACE technical staff assisted IRCU to review the functionality and suitability of QuickBooks accounting software. As a result, ACE helped IRCU to procure and install Navision Financials, a more robust and effective accounting system. The new system will, among other things, enable IRCU to handle fixed assets, stocks, and payroll. ACE is currently assisting IRCU in training users in the operation of the new accounting package.

*Grants managements support:* During the quarter, the ACE technical team assisted IRCU in refining the budgets and associated notes for 66 implementing partners (IPs) involved in palliative care and orphans and vulnerable children (OVC) programs. The team also provided technical assistance to IRCU in preparation of grants contracts for all the 66 IPs in accordance with USAID standards. As a result of this support, 66 sub-grants were approved by USAID and awarded by IRCU.

During the same period, ACE assisted IRCU to review its grants manual. Revisions and recommendations have been sent to IRCU for their consideration.

*Establishment of data collection tools:* In January and February, the ACE team and a local M&E consultant developed the data collection tool and user/training manual for HIV counseling and testing, palliative care, HIV/TB, prevention of mother-to-child transmission, antiretroviral treatment (ART) and laboratory services. The team reviewed tools, the training/user manual and reporting formats in consultation with key stakeholders and initiated the process of designing a temporary database for those technical areas. A more permanent database will be developed once IRCU can procure the necessary hardware and software. As

part of consultation process, the team assisted IRCU in conducting four one-day workshops for the 10 staff drawn from four of five religious coordinating bodies (RCBs). The purpose of the workshops was to solicit the views of the participants on the data collection tools and user/training manuals.

During the same period, the ACE M&E/management information system team assisted IRCU in conducting a three-day training workshop for program officers and M&E staff of the IPs working in palliative care and ART. The workshop provided an opportunity for IRCU to pre-test and refine the data collection tool and user/training manual. A total of 78 participants (48 male and 30 female) attended the workshop and were able to participate actively in the finalization of the tool and learn how to implement it in their organizations.

In March, the ACE team, a local consultant, and an IRCU M&E officer started on the development of the data collection tools and user/training manual for the OVC program.

*Communication tools development:* During the quarter, ACE supported IRCU in developing communication materials. ACE worked with a communication consultant to develop a detailed brochure for IRCU, and wrote and edited the IRCU 2006 Annual Report, both of which will be published during the next quarter. ACE also carried out an assessment of the documentation capacities at IRCU to determine the level of support to the documentation function that the organization shall require in the future.

#### **Activities for the next quarter**

- Review roles and responsibilities of council of presidents and Board of Governors
- Assist IRCU in compiling a comprehensive operations manual
- Continue to finalize data collection tools for all program areas and formalize a M&E framework for IRCU
- Improve IRCU communication to sub-grantees, governments, and other stakeholders
- Strengthen financial management systems of IRCU and sub-grantees by providing hands-on support in conducting financial transactions and compiling monthly and quarterly reports for USAID and senior management

### **C. Strengthen Capacity of the IRCU Sub-grantees**

#### **Summary of activities and accomplishments**

*Proposal development training:* Following on assessments completed in the first year of the project and consultations with the RCBs, ACE and a local firm designed proposal development training modules and conducted three four-day proposal development workshops for IP and RCB staff of the Seventh Day Adventists Uganda Union, Uganda Muslim Supreme Council, and Uganda Orthodox Church. The training workshops developed proposal writing skills among the RCB staff and IPs. A total of 109 participants (80 male and 29 female) attended the training workshops. The training modules were presented to the participants at the end of every training course as reference material.

*Monitoring and Evaluation training:* All sub-grantees receiving funds under the palliative care and ART program underwent training this quarter on monitoring and evaluation and in the use of a new data collection tool developed by IRCU and ACE.

## Activities for next quarter

ACE will:

- Conduct a training needs assessment of the IRCU sub-grantees to get a more thorough understanding of their training and support needs in implementing the new HIV/AIDS grants
- Initiate training in grants management, financial management, and other topics that emerge from the needs assessment
- Conduct M&E trainings for the OVC and prevention grantees

## D. Strengthen capacity of the Ministry of Health Resource Centre

### Summary of activities and accomplishments

*Development of e-HMIS completed:* During the quarter, ACE, through a local consulting team, finalized the development of robust Web-enabled HMIS database. The consulting team made presentations and received feedback from Resource Centre staff, CDC, and ACE. The HMIS system will be pilot tested in April as the final phase before rolling it out to selected districts.

*Finalization of MOH-RC Web site:* ACE and the local consultants also finalized the design and development of the interactive Web site for the MoH-RC. Key Resource Centre staff received training on using the site, updating it, and maintaining it.

*Provision of local area network (LAN) equipment:* Most of the equipment for the establishment of the LAN at the MOH-RC has been delivered and installed. ACE is inspecting and testing the equipment, and all hardware and software should be functional in the next quarter.

*MOH-RC Stakeholders Workshop:* In March, ACE sponsored a stakeholder's workshop, which brought donors and other partners together to discuss their inputs into the national HMIS system in terms of infrastructure, hardware, software, and training. A number of donors, organizations, and projects presented their activities and described how they support the development of the HMIS system. ACE is finalizing a matrix that shows these contributions and should identify which districts have had significant infrastructure and hardware investments that can be leveraged with the e-HMIS or Epi-Info software. The meeting also revealed many possible areas for collaboration between partners and some follow-up activities, such as a task-force, were suggested, that ACE will follow up on.

### Issues encountered and recommendations for resolution

- LAN installation was affected by delays in the provision of the required hardware and interruptions in power.
- The development and implementation of the HMIS database was delayed by the lengthy discussions with CDC on the integration of the EPI Info and Web-enabled HMIS databases. This was finally resolved and the two systems are now able to connect and share data.

## Activities for the next quarter

ACE will:

- Finalize the development and installation of the LAN and provision of the minimum essential equipment to MoH-RC
- Finalize the installation of the interactive Web site onto the servers at the MoH-RC
- Finalize the development of the digital library and carry out installation of the developed digital library at MoH-RC and functionalize it
- Test the developed Web-enabled HMIS databases
- Conduct training in the use of developed Web-enabled HMIS database
- Design and develop a standalone version of the Web-enabled HMIS database
- Develop analysis and reporting functionalities so that user-specific information can be generated from the HMIS system
- Carry out an assessment of the information communication technology (ICT) status for the districts, especially to determine the requirement for the installation of HMIS system at the districts
- Work with CDC to roll out EPI Info-based HMIS system and conduct training at the districts
- Carry out a training needs assessment for the district in the use of manual HMIS forms which shall be followed by the training of district HMIS focal persons and data assistants

## E. Strengthen capacity of selected NGOs

### 1. Hospice Africa Uganda

#### Summary of activities and accomplishments

*Governance and organizational development policies implemented:* During this quarter, ACE worked with HAU to complete the human resource policy manual and the board policy and procedures manual. The human resources policy manual is expected to be approved in the next quarter. ACE has also been working with HAU to revise and update the organization structure to suit the organization's changing needs. The revised structure has been presented and a final decision will be made in the coming months.

During the quarter, ACE worked with a consulting firm to support and improve the leadership and decision-making skills, as well as the communication processes, at HAU. To achieve that, a strategic leadership and communication workshop was held for HAU senior and middle managers. ACE also developed leadership and communication reference manuals for use by HAU to further support their capacities in those areas after the workshop.

*Communication and advocacy activities initiated:* During the quarter, ACE's communication capacity building manager worked with HAU to develop communication and advocacy strategies. The communication capacity building manager had previously carried out a preliminary communication assessment and produced a baseline report that will inform the

technical support in the area of communication and advocacy. The assignment shall be finalized in the second quarter.

ACE also supported the recruitment process for the head of administration at HAU even though no suitable candidate was identified at the first attempt. ACE shall continue to work with HAU to recruit for six vacant senior positions in the next quarter.

### **Issues encountered and recommendations for resolution**

ACE experienced several challenges working with HAU during the quarter. The revised organizational structure introduced several positions, such as the monitoring and evaluation and communication and advocacy managers. As these positions have not yet been filled, ACE is faced with challenges in providing support in those areas when these positions remain unfilled. With ACE support, HAU is working steadily towards filling those key positions.

### **Activities planned for the next quarter**

ACE will:

- Implement the executive mentoring and coaching program for the executive director and the HR manager. Other managers who have expressed their interest will be included in the program later in the year.
- Orient middle managers and line staff on the HAU Strategic Plan
- Support the improvement of financial management systems and practices
- Strengthen the M&E function at HAU and support them in creating a M&E framework, M&E plan, performance monitoring plan, and data collection system
- Continue to provide support to strengthen the communication and advocacy plan
- Start the implementation of the HR policy, organizational structure, and board policy and procedures manuals
- Provide continued support with managing succession

## **2. Joint Clinical Research Centre**

### **Summary of activities and accomplishments**

*Training in ICT applications:* During the quarter, ACE continued to train JCRC staff in Navision, an innovative accounting package, and other ICT applications. The training covered: training for Navision users, Navision system administration, system administration, advanced MS SQL Server 2005 administration, ASP.NET web forms programming framework, advanced Linux server administration, MS Windows 2003 server administration, and Web systems administration. The general ICT applications training was completed this quarter, though Navision training will continue during the next quarter.

*Improving JCRC's ICT infrastructure:* A preliminary exploratory study into the issues impacting the performance of JCRC's information systems and network infrastructure was conducted. The subcontractor for the study recommended an upgrade of the data section of JCRC to a fully-fledged ICT department, carrying out a thorough restructuring of the department with roles and responsibilities of office bearers clearly spelled out, carrying out a thorough system/network audit to identify bottlenecks to interconnectivity and system

stability, and to fine-tune the existing systems to improve ICT efficiency at JCRC. The recommendations on the structure of the ICT department are being carried out through the ongoing OD assignment and the systems improvements are being undertaken by the team of ICT consultants working with JCRC.

*Financial systems support:* The ACE financial systems capacity building manager supported the JCRC finance department in finalizing responses to audit queries, especially those in the bookkeeping category. He also supported the department in drafting a policy concerning the tracking of program income. A more extensive financial assignment to put in place stronger systems and procedures has been designed and will be initiated in the next quarter.

*Time Table for Regional Expansion of Antiretroviral Therapy (TREAT) work planning:* During the quarter, ACE's financial systems capacity building manager and the program manager supported JCRC to prepare a work plan and budget for the TREAT project. Technical assistance was provided to senior officers in formatting the work plan document to align it as closely as possible with the provisions of the cooperative agreement. Further support was provided on how to approach budget realignment for the TREAT project.

*Monitoring and evaluation support:* A comprehensive M&E assignment commenced at JCRC. In the immediate term, this assignment will address urgent PEPFAR reporting needs, make recommendations on human resource/staffing requirements for the M&E department, ensure smooth information flow from the sites to the centre, and address urgent technical issues with the current M&E system, such as quality assurance and double counting.

In the long term, the assignment will establish a routine M&E system which establishes clear data collection systems at the ART sites, centres of excellence, and the Kampala office, and which puts in place a practical tool for this data collection. The assignment will support JCRC staff in implementing this system, including the provision of user training, mentoring, and support and ensuring that the system is widely understood and used by JCRC staff while meeting the requirements for PEPFAR, research needs, and other potential funding sources.

*Organizational development and HR support:* Another comprehensive assignment that commenced this quarter was in the area of OD. The Training Resource Group, a sub contractor, is leading a team of local consultants to review the organizational structure, the human resource policies and decision-making protocols, and all job descriptions at JCRC. The assignment will also revise the organizational structure and decision-making protocols for JCRC. This assignment will be ongoing through the second quarter and completed during the third quarter.

ACE also supported the recruitment process for the HR manager at JCRC although no suitable candidate has been identified yet. ACE shall continue to work with JCRC to recruit for this position during the next quarter.

### **Issues encountered and recommendations for resolution**

The departure of the HR manager and the M&E officer meant that ACE worked without the support of these key people. ACE supported JCRC in refining the job descriptions and in the short listing of candidates to JCRC to ensure that these positions are filled.

Although the JCRC staff is very busy, ACE has found ways to work with them and their schedules — for example, some ICT trainings are held after official working hours and on weekends.

### **Activities planned for the next quarter**

ACE will:

- Continue with the ongoing OD work on the JCRC structure, decision making, HR policies, and job descriptions
- Continue with the ongoing JCRC-wide M&E work
- Continue training of JCRC staff in various ICT applications
- Develop ICT policy and produce an ICT policy manual
- Provide technical assistance for improving connectivity, including improving the network and intranet
- Initiate activities to support the communications function
- Strengthen the financial management system through revising the financial and accounting regulations and helping JCRC address system gaps to minimize audit queries.

## **F. Improved HIV/AIDS Policies and Strategies**

### **Summary of activities and accomplishments**

Selected activities with client organizations have contributed to improved national HIV/AIDS policies. ACE has been an active participant in the NSP process which will define Uganda's national plan for HIV/AIDS for the next five years. As part of that process, ACE supported a meeting with parliamentarians so they can be briefed in the NSP process and be more informed about their role in implementing it in the future. In addition, ACE is supporting the Partnership Committee (PC) in its new role as the country coordinating mechanism for Global Fund money for HIV/AIDS. ACE is helping the PC to define its role and establish mechanisms for coordination among multiple partners and oversight of Global Fund activities.

## **G. PEPFAR Coordination**

### **Summary of activities and accomplishments**

During the quarter, ACE continued providing support and coordination for the various PEPFAR- related activities such as meetings and workshops. ACE helped organize and coordinate the following:

- A workshop facilitated by TRG for the USG country team to evaluate their planning process from last year and develop strategies that will improve this year's process