



## **New Partners Initiative Annual Report**

**Fiscal Year 2008  
(April-September 2008)**



**Submitted by American Refugee Committee International - Uganda**

for

### **The NU APROACH Project:**

**Northern Uganda Access, Prevention, Referrals, and Organizational Assistance to  
Combat HIV/AIDS**

**Cooperative Agreement No. GHH-A-00-08-00004-00**

**Project Timeframe: April 2008- April 2011**

**Project Area: Gulu, Amuru, and Pader Districts-Northern Uganda**

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## **LIST OF ACRONYMS**

AIDS	Auto-immune Deficiency Syndrome
ARC	American Refugee Committee
ARV	Anti-retroviral drugs
BCC	Behavior Change Communication
CBO	Community-based organization
HBC	Home-based Care
HCT	HIV Counseling and Testing
HIDO	Health Integrated Development Organization
HIV	Human Immuno-deficiency Virus
IDP	Internally displaced person
IEC	Information, Education, Communication
JCRC	Joint Clinical Research Center
NUAPROACH	Northern Uganda Access, Prevention, Referral, and Organizational Assistance to Combat HIV/AIDS
NUMAT	Northern Uganda Malaria, AIDS, and TB Program
NuPITA	New Partners Initiative Technical Assistance
OCA	Organizational Capacity Assessment
OI	Opportunistic Infection
PEPFAR	The President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
RHA	US Centers for Disease Control Reproductive Health Assessment
SGBV	Sexual and Gender-based violence
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organization
TBA	Traditional Birth Assistant
UNICEF	United Nation Children's Fund
UNFPA	United Nation's Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## **I. Overview**

### **Project Overview**

The American Refugee Committee's USAID-funded Northern Uganda Access, Prevention, Referral, and Organizational Assistance to Combat HIV/AIDS (NU APROACH) project intends to respond to the HIV epidemic according to three mutually supportive objectives that focus on prevention, care and support and organizational development/capacity building. In three Districts of northern Uganda (Gulu, Amuru, and Pader) ARC seeks to address the gaps in the HIV sector through a combination of increasing knowledge and facilitating behavior change, supporting key service provision, and capacity building of local systems and organizations to better respond to the situation.

The Target Groups this project focuses on are the population groups that have been identified as having significant gaps in HIV information and services, or as being particularly vulnerable to infection: married couples, particularly discordant couples, pregnant mothers, youth, members of the security forces, ex-combatants and ex-abductees, and women who engage in transactional sex. In addition, the Community Based Organizations (CBOs) selected to become sub-grantee partners to ARC are also included as a target group in so far as they will receive significant capacity-building support throughout the duration of the project.

Objective One addresses the lack of basic HIV knowledge and awareness among the population. ARC is assisting its partner, Health Integrated Development Organization (HIDO), to design and execute a Behavior Change Communication (BCC) strategy, based on best practices in Uganda, to educate high-risk groups about basic HIV facts, including the nature of the disease, modes of transmission, and prevention.

The second objective supports the quality and accessibility of HIV-related services. ARC will operate mobile HIV Counseling and Testing (HCT) teams to make HCT more readily available to internally displaced people (IDPs). ARC will also promote access to prevention of mother to child transmission (PMTCT) services by training midwives and traditional birth attendants (TBAs) as sensitization and referral agents, creating a link between HIV+ mothers and PMTCT services. In the Home-Based Care (HBC) sector, ARC will work with the wide range of existing HBC actors to better coordinate, standardize, and upgrade the services they offer. ARC will address the issue of treatment of sexually transmitted infections (STIs) and opportunistic infections (OIs) by providing training to Ministry of Health (MOH) health workers on syndromic management of STIs and on referral procedures for relevant cases.

The third objective focuses on improving the capacity of Ugandan actors operating in the North. ARC is working with local CBOs to improve their technical and operational capacity. The capacity building will focus on upgrading the technical capacity of partners in areas such as BCC/Information, Education, Communication (IEC), peer education, HCT, HBC, and referral. It will also focus on improving those organizations' ability to manage and implement activities, and

so will cover project planning, operational support, finance and administration, staff management, and fundraising.

### Expectations for the reporting period

The activities planned for this period revolved around overall start up for the NU APPROACH project. The following were the key areas of focus:

- Introduce NUAPROACH Project to relevant stakeholders and inform appropriate sector groups of ARC's involvement in the HIV sector.
- Recruitment of key personnel/program staff and their orientation to USAID, PEPFAR, and NPI rules, regulations, and guidelines.
- Administrative and logistical set up for the program, including procurement of essential equipment/supplies and initiation of approval procedures.
- Development of all key program documents for the Workplan for FY 2008 and FY 2009, in consultation with USAID and NuPITA,
- Elaboration of the baseline assessment exercise, with support from Centers for Disease Control (CDC).
- Initiation of coordination and planning with ARC's pre-approved sub-grantee, HIDO, including the elaboration of their year one sub-grant and corresponding Workplan and Budget
- Liaison with local district partners and relevant health sector stakeholders and information-sharing about NUAPROACH project
- Participation at USAID/PEPFAR meetings and at the District Health, Nutrition, and HIV/AIDS Cluster meetings for sector coordination

### Summary Table of PEPFAR Targets:

Program Element	Indicator	Life of Project	FY08 Target	FY08 Results/Achieved
<b>2)Prevention: Abstinence and Be Faithful</b>	2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through	13,800	150*	0
	2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence ( <b>subset of AB</b> )	13,800	150*	0
	2.2 Number of individuals trained to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	30	0
<b>5)Prevention/Condoms &amp; Other Prevention</b>	5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,800	150*	0
	5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	30	0

<b>9) Counseling and Testing</b>	9.3 Number of individuals trained in counseling and testing according to national or international standards	10	10	0
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## II. Project Implementation by Strategic Objective

### Start up

In April 2008 ARC received final approval for the HIV project Northern Uganda Access, Prevention, Referrals and Organizational Assistance to Combat HIV/AIDS (NU APROACH). During this six-month period, key personnel, including the Program Coordinator, were recruited and the start up phase was initiated. Start up included logistical and administrative set up, orientation to USAID/PEPFAR rules and regulations, workplan development, networking with local stakeholders, and recruitment of program staff. ARC has actively participated in the monthly health sector coordination meetings and disseminated information about the NU APROACH project to other local partners. In addition, informational meetings with individual relevant stakeholders, such as NUMAT, UNICEF, WHO, TASO, Comboni Samaritans, Health Alert Uganda, Gulu University Teaching Hospital, and the District Health Offices, were also held during this time. ARC has also developed the scope of work for its knowledge, attitudes, and practices baseline assessment, and selected the consultant who will carry out the exercise in quarter 1 of Fiscal Year 2009. Throughout the development of the FY 2009 workplan and other program documents, ARC consulted regularly with NuPITA for technical support.

**OBJECTIVE 1 - Prevention:** *Increase basic HIV knowledge and encourage positive behavior change among displaced and returnee populations in Northern Uganda*

In this period, a key area of discussion between ARC and its sub-grantee partner, HIDO, revolved around their previous experience implementing BCC activities and also their specific interests and vision with respect to this new area of intervention in HIV/AIDS. Discussions also addressed strategies through which this new BCC intervention could be integrated into existing HIDO programming to maximize HIDO's use of available resources, as well as the program's holistic impact in the communities. HIDO has previously been heavily involved in the sexual and gender-based violence (SGBV) sector, and will be focusing on creating programmatic synergies across their field interventions. Throughout this period, ARC assisted HIDO by 1) providing technical assistance to develop and finalize their project proposal in line with ARC's goals and objectives, ensuring that the proposed BCC strategy corresponds to the overall approach to HIV delineated in the local District Development Plan, and 2) facilitating the process of elaborating a detailed activity workplan. Furthermore, HIDO senior management has familiarized themselves with the Y-PEER model in peer education, which will serve as the basis for HIDO's peer education trainings and guide the structural organization of their peer education network.

With regards to liaison and coordination with local stakeholders, ARC has been exploring the available IEC materials that would be relevant to the NU APROACH program objectives and could be disseminated through the community interventions. In addition, ARC has engaged HIDO senior management in discussions on the relevance and usefulness of the participatory video project and has subsequently begun internal discussions between the Uganda program and headquarters on the modalities of rolling this activity out. It is expected that this component will be initiated in quarter 3 of FY 2009, according to the staged design of the BCC campaign

(i.e. first phase: setting up the peer education network and condom distribution points; second phase: rolling out the radio listening clubs; third phase: launching the participatory video project).

Due to delays in recruitment of technical staff during this period (for further details see sub-section on Management), the development of the radio program has not yet been initiated. However by the end of FY 2008, ARC successfully hired a very skilled and competent BCC Officer with significant experience in radio programming for HIV education who will be able to initiate this activity early in the first quarter of FY 2009. In addition, HIDO has liaised with PSI regarding linkages to HIDO's eventual condom distribution strategy.

**OBJECTIVE 2 - Prevention (PMTCT) and Care (HCT/Palliative Care):** *Increase access to, and utilization of quality HIV/AIDS care and support services to displaced and returnee populations in northern Uganda.*

ARC has been liaising with the District Health Office and other local stakeholders, including NUMAT, TASO, JCRC, UNICEF, Gulu University Teaching Hospital, and Visions in Action, regarding the proposed activities on PMTCT and HCT. Relevant inputs have been incorporated into the FY 2009 Workplan to minimize the possibility of duplicating activities and ensure that the HCT outreach program design is in line with the national guidelines and district protocol. As the recruitment of HCT counselors was only partially completed, the training/refresher proposed for them was not carried out; it will be carried out in quarter 1 of FY 2009.

Regarding the HBC component, ARC has begun to liaise with local actors in this sector, namely NUMAT, Comboni Samaritans, and TASO to discuss possibilities for cooperation. Throughout, ARC's proposal of creating an HBC provider network was strongly supported by partners, given that during this transition phase of 'return' in northern Uganda, previously viable strategies for delivering home-based care services are no longer effective or sufficient.

**Note:** *No specific activities were planned regarding the PMTCT component or the clinical training component for the FY 2008 period.*

**OBJECTIVE 3 – Prevention and Care (Capacity Building):** *Improve coordination and capacity of national HIV/AIDS responses/organizations by facilitating local ownership and direction to hand-over, as much as possible, all OBJ 1 and OBJ 2 activities by the project's end.*

In this period, ARC has been providing technical assistance to its pre-selected sub-grant partner, HIDO, in developing their project proposal, workplan and budget. Through this sub-grant HIDO will carry out a BCC campaign for HIV prevention, with technical support from the ARC BCC Officer. The partnership will be formalized through a signed sub-agreement as of October 2008 for a period of one year. It is expected that HIDO will initiate its activities in the first quarter of FY 2009 with an organizational capacity assessment (OCA) exercise to be carried out by the ARC team with support from NuPITA Capacity Building Specialist. All preparations were finalized to administer the OCA in the first week of October, 2008. Following the OCA exercise, the resulting organizational capacity building action plan will serve as a guide for ARC's support to HIDO in strengthening their technical competencies and organizational capacity and as a tool to measure their progress. Due to delays in implementation already detailed, none of the proposed trainings for HIDO staff were carried out. They will instead be shifted to early FY 2009.

The development of ARC's sub-grant manual was completed at headquarters for revision and feedback from JSI. It is expected that in early FY 2009, the sub-grants "package" will have been finalized for use in the selection and engagement of additional sub-grantee partners in quarter 4.

**Key Program Activities for FY 2009:**

- Completion of hiring program staff
- Procurement of vehicles and motorcycles
- Roll out of program activities, namely the BCC campaign through HIDO, HCT Outreach program, Clinical Training program, activation of HBC best practices network, implementation of OCA Action Plan with HIDO)
- Monitoring of all program activities and of Sub-grantee performance
- Selection of additional sub-grant partners (between 3 to 5, depending on the results of the solicitation process, ie. quality/capacity of proposals and organizations) for technical program areas initiated by ARC in early FY 2009

### **III. Monitoring and Evaluation**

In this period, the primary M&E activities planned included the development of ARC's M&E strategy in line with PEPFAR guidelines, preparations for the program baseline assessment, completion of informal stakeholder analysis, and hiring of two M&E officers. In developing and finalizing the Monitoring and Evaluation Logical Framework, ARC incorporated inputs from the MEEPP team in Kampala with respect to PEPFAR indicators and specific reporting requirements.

**Baseline Assessment**

The overall purpose of ARC's baseline assessment is to establish a targeted qualitative and quantitative baseline assessment and a situational analysis regarding HIV/AIDS knowledge, attitudes, and practices among the communities in which the NU APROACH program will intervene. Although several HIV surveys have been conducted in northern Uganda within the past several years, many are not reflective of the current environment and situation, one in which IDPS are slowly moving out of a camp-based environment and returning to their villages of origin. This transition is significant and will likely present opportunities that are not reflected in previous assessments/surveys. This changing environment may result in changing behavioral and social attitudes and practices which could effect current HIV trends in northern Uganda. Therefore, ARC will conduct a baseline assessment to not only gather necessary information to guide program monitoring and evaluation, but also to ensure that the project is led by and designed with the most up-to-date, contextually relevant and accurate data. The methodology will be based on the US Centers for Disease Control Reproductive Health Assessment (RHA) survey tool, with modifications to meet the needs of ARC's baseline assessment objectives in order to serve as a formative research tool (for further details see attached Draft Terms of Reference). The assessment will focus on drawing information about HIV-related knowledge, risks, and health-seeking practices among men and women of reproductive age in the IDP and returnee populations in the project catchment areas. Quantitative data will be collected using a survey questionnaire adapted from the existing RHA tool; qualitative data will be collected through focus group discussions and key informant interviews. Throughout the exercise, direct observation and consultation with community leaders and Health Center staff will also allow for a rapid situation analysis of 1) current HIV-

service availability and 2) the presence of other key HIV-related partners in the catchment areas of the survey implementation. Analysis of the data collected through this assessment will serve to guide project implementation by highlighting gaps and priority needs among the specific target populations. Furthermore, the assessment will also provide a basis according to which project impact and progress can be estimated by comparing the findings to a similar assessment exercise that will be carried out at the end of the program.

Throughout the development of the baseline assessment exercise, ARC has been consulting with CDC for TA support in the modification of the RHA toolkit. The most important fundamental changes to the tool are 1) the inclusion of not only women, but also men, to the sampling frame, and 2) streamlining of the questionnaire to focus in on ARC specific program areas (namely HIV/AIDS, sexual and gender based violence and the linkages between them). To date, ARC has carried out the selection process for the consultant who will lead the assessment exercise, refined the proposed scope of work and methodology, and initiated the preliminary planning phase. ARC expects that the majority of this exercise will be completed in quarter 1 FY 2009, with the analysis and final report completed in Quarter 2.

### **Performance Monitoring**

Monitoring of program activities will be carried out by two M&E Officers (MEO) according to geographical coverage and reasonable workload sharing. One will be based in Gulu to cover activities in Gulu and Amuru; the other will be based in Pader to cover activities there. Once program activities commence, the MEOs will initiate regular performance monitoring to ensure that program activities take place in line with the implementation plan, that services and materials provided are of high quality, and that program activities have the desired impact. The MEOs will track key output indicators, as well as performance indicators, on a monthly and quarterly basis. They will be responsible for compiling, reviewing, and evaluating the data collected by project field staff in activity reports and submit monthly M&E reports to the Program Coordinator. The Coordinator will compile these reports each quarter for inclusion in the program's semi-annual reports to PEPFAR. Financial reports will monitor expenditures in comparison to activity levels. At the Kampala level, the Country Director will review monthly reports to ensure that activities are proceeding on schedule and that targets are met.

### **Joint Monitoring Visits**

Through the Health Cluster, ARC will form Joint Monitoring Teams composed of key District Health Office members and other relevant HIV partners, such as NUMAT, to participate in bi-annual monitoring visits to ARC field sites. These field visits will serve not only to measure the progress made according to benchmarks and to verify the quality of program activities in a more objective manner, they will also involve the District Health Office in ARC activity implementation and give them the opportunity to provide guidance and feedback to improve the work carried out by ARC and its partners. These joint monitoring visits will complement the regular follow up visits conducted by M&E Officers.

In addition, ARC in collaboration with HIDO, will support sub-county and parish groups to monitor the type of care provided (based on the jointly produced quality of care indicators) and use a task force to bring forward any issues that arise from their monitoring. Additionally, ARC senior staff (Program Managers and M&E Officers) will conduct periodic focus group discussions among clients which will include exit interviews and mystery clients to measure the quality of care.

### **Mid-term Assessment**

After 12 months of implementation, a simplified version of the baseline assessment will be conducted for monitoring purposes. This midterm assessment will be carried out by ARC's monitoring and evaluation officers to identify progress of activities as per workplan benchmarks and to evaluate the quality of services and activities supported by ARC and its partners. While each partner will develop its own M&E Plan with assistance from the M&E Officers, ARC will be responsible for conducting all M&E activities in collaboration with sub-grantee staff during the first year of each sub-grant. Throughout this period, the regular M&E visits will also serve to transfer M&E skills to partner staff so that in the second year of sub-grants, all CBO partners will be capable of taking primary responsibility for M&E of their activities (any necessary technical support will continue to be provided by ARC as requested by partners).

### **Organizational Capacity Assessment Tool for Sub-grantees**

As mentioned earlier, one of the key tools that will be used to monitor the progress of ARC partner CBOs is the Organizational Capacity Assessment. In Quarter 4 of FY 2008, preparations were finalized to carry out this exercise with HIDO in the first days of October. The findings of this assessment will be used to develop a capacity building plan that will help to ensure that HIDO's gaps from an organizational and technical perspective are addressed. The assessment exercise is intended to be an iterative process, which will allow ARC to gauge the progress made within the organization, according to specific component areas. A critical characteristic of this exercise is that it is participatory and self-evaluative, involving not only program staff on the NPI sub-grant, but also other staff members—this factor will contribute to a greater ownership of the exercise by the sub-grantee staff members themselves. (See also success story below)

### **Challenges**

As mentioned in further detail in the Management section of this report, one main challenge revolved around the recruitment of two Monitoring and Evaluation Officers. ARC confronted difficulties in attracting candidates equipped with the key skills required for these positions. By the end of FY 2008 ARC selected two Monitoring and Evaluation Officers who will join the NU APPROACH team in October, well in time for them to participate in NuPITA's Monitoring and Evaluation Training in November 2008. Both staff have an in-depth grasp of the context in which ARC will be working and have demonstrated solid skills in monitoring and evaluation and data collection/management.

## **IV. Management Activities**

During this period, 2 new key personnel were recruited and approved (Program Coordinator and Country Director), in addition to 2 program staff (Capacity Building Specialist and the Behavior Change Communication Officer) that will be working directly with ARC's first sub-grantee, HIDO. The selection of 10 other program staff has been finalized, all of whom are expected to start in the first quarter of FY 2009; the final selection of the remaining 6 HCT Counselor positions will be completed at the beginning of quarter 1 FY 2009.

Major challenges faced in this area revolved around recruitment of qualified program staff. This recruitment process was much more time-consuming and lengthy than originally expected. Identification of qualified candidates whose salary expectations met the constraints of the budget was difficult. This is a common challenge in the northern Uganda context which is considered a more difficult duty station in comparison to other regions. This is particularly true in Gulu, where there are a plethora of international organizations and UN agencies, all competing

to attract the most competent candidates that are willing to work in the North. Nonetheless, ARC feels confident that in investing more time in the selection of competent candidates, we will be bringing on board a more solid and durable team that will in the long term help ensure the smooth running of the program.

Another challenge faced was that the Gulu Head of Office resigned. This temporary gap in senior management resulted in increased workload for all remaining staff and challenges with regards to logistics, recruitment and general daily office needs. Nonetheless, the HIV program coordinator was able to overcome this temporary constraint and a new Head of Office has been hired and will begin in early FY09.

## **V. Budget**

The overall budget status for the NU APROACH project from April to September 2008 stands at 37% expenditure of the projected budget for this period. The main reasons for this under-expenditure are: 1) though the vehicle procurement process (3 vehicles) was initiated, waivers still need to be sought from USAID, and delays in this process resulted in an under-expenditure of about 20% of the budget for this period, 2) delays in the recruitment process affected initiation of program activities and initiation of the sub-grant with HIDO, which resulted in an under-expenditure of 24% of the proposed budget. In order to address the under-expenditure during this period, ARC will carry over the unspent funds from this period to the FY 2009 budget in order to carry out the activities that were not achieved in FY 08. ARC anticipates that above delays will have been rectified within the first quarter of FY 2009.

In summary, the percentages consumed per budget chapter are estimated at 66% for Personnel: Salaries and Wages; 53% for Fringe Benefits; 41% for Travel and transportation; 10% for Program Costs & Supplies; 0% for non-expendable equipment; and 89% for other indirect costs.

## **VI. Other Issues**

### **Coordination with Local Stakeholders**

During this period, ARC has been liaising with the district and other local stakeholders to ensure smooth collaboration and to prevent duplication of activities. In particular, the District Health Offices, HIV Focal persons, the District Planning Unit, NUMAT, Health Alert Uganda, UNICEF, UNFPA, Gulu University Teaching Hospital, TASO, JCRC, Comboni Samaritans, YEAH, and StraightTalk Foundation, among others were consulted. Additionally, ARC has been participating in the District Health, Nutrition, and HIV Cluster meetings to share information about the NU APROACH project with partners, to coordinate with other stakeholders, and to incorporate any relevant feedback in our planning. Generally, ARC's NU APROACH program has been received very positively by the key stakeholders, particularly because it is clearly in line with Uganda's Peace Recovery and Development Plan (PRDP) for the northern region.

### **Liaison and Coordination with In-Country Team**

In May 2008, 3 ARC-Uganda staff (Country Director, Program Manager, Financial Controller), one headquarters staff (Deputy Director of Operations from headquarters) and one HIDO staff (Program Coordinator) attended the NPI Round 2 Launch in Tanzania. This was an excellent introduction to NPI/USAID and laid the foundation for the relationship between ARC-USAID and ARC-HIDO, highlighting the key issues of compliance. At this time, the team was also able to

meet with the USAID in-country Activity Manager and maintained regular communication with him in Gulu thereafter to share updates and request support. Unfortunately, since the Activity Manager stepped down, the linkages have been primarily limited to ad hoc email communication with the USAID team in Kampala. In addition, ARC attended the USAID meeting for northern Uganda implementing partners, where the Program Coordinator made a presentation on ARC's NU APPROACH Project to the USAID Team and fellow implementing partners; although ARC had previously shared details of the program to a number of partners individually, this was an especially good opportunity to share information about the project to a broader audience and to establish linkages with partners involved in similar work in different districts. Subsequently, ARC attended the FY 2008 APR Reporting Guidance meeting in Kampala. Although ARC did not have program activities to report on for this period, the meeting was an opportunity to understand the new reporting requirements for FY 2009 and to set up our account with the MEEPP online reporting system; additionally, it was another opportunity to meet and liaise with some of the key PEPFAR team members in Kampala. In lieu of the standard reporting for the APR, ARC submitted a summary narrative report capturing progress made to date on the start up phase for NUAPPROACH.

ARC anticipates the participation of 5 key team members at the NuPITA Compliance Training and 4 key staff members at the Monitoring & Evaluation training in the first quarter of FY 2009. Throughout the course of 2009, ARC intends to take advantage of additional opportunities for further technical and compliance trainings.

### **Sustainability**

ARC's approach focuses its presence and support at the community level, cultivating strong working relations with small and mid-tiered local organizations, to encourage a strong civil society of HIV stakeholders in northern Uganda. ARC seeks to develop structures that will link with improved elements of the health system as they arise during this recovery phase in northern Uganda. By fostering such relationships, ARC will be able to play a key role in further expanding Uganda's PEPFAR program to the grass roots and community level.

#### **a) Capacity Building of Local Partners**

It is expected that throughout the course of the project, sub-grantees will acquire the capacity to take over responsibility of management and implementation. The hand over process is built into the program plan so that it can be carried out in a gradual, staged manner, according to the measured increase in capacity of the sub-grantees to absorb new functions and responsibilities. Additionally, the organizational capacity strengthening plan will include assistance to each sub-grantee in lobbying new donors to diversify their funding. ARC will ensure that the TA support provided to CBOs is withdrawn in a gradual manner, as per the capacity of each organization.

#### **b) Establishing Locally Integrated Networks**

In addition to technical and organizational skills building, ARC's capacity building efforts will also focus on increasing networking, coordination and communication among agencies working in ARC's area of operation, thereby leaving behind operational structures that will continue HIV activities beyond this project. The services, linkages and networks constitute permanent structures that will remain in place after the end of the project, thus sustaining the initiative's impact in the long-term. In this year, ARC will explore the possibility of creating an on-line community in collaboration with key stakeholders (such as NUMAT) which would serve as a repository for resources to improve HIV programming and strengthen organizational capacity of local actors.

### **Organizational Capacity Assessments for ARC**

Organizational Capacity Assessments (OCA) were carried out at country level in Kampala, Uganda and at HQ level in Minnesota, USA during this period. Significant progress has been made on the resulting OCA Action Plans, particularly with respect to strengthening ARC's systems and developing policies/procedures compliant with USAID stipulations.

## **VII. Success Story**

### **Using the Organizational Capacity Assessment to improve the quality of partnerships**

The Health Integrated Development Organization (HIDO) is a non-governmental, community-based organization that has been working in northern Uganda since 2004 in the health sector in the districts of Gulu, Amuru and Pader, carrying out prevention, awareness raising, clinical and home based care services both at the institutional and community level. Based on their credibility as an organization and solid reputation for quality service provision, ARC has selected HIDO as its first sub-grantee partner to undertake an extensive behavior change communication strategy in the three districts.

As a formal initiation of the partnership between ARC and HIDO, the ARC team, with the support of NuPITA Capacity Building Specialist, carried out the first organizational capacity assessment (OCA) with the sub-grantee. While the tool had never been used on a sub-grantee, it proved an extremely valuable and appropriate exercise through which to launch the ARC-HIDO collaboration. It was an opportunity for the staff of HIDO to understand more clearly the capacity building component of this partnership, as well as an opportunity for the ARC team to understand in greater depth the level at which HIDO has been operating. Furthermore, it was an occasion during which the "tone" of the partnership was set, emphasizing the openness and transparency that is expected from both sides.

During this exercise, ARC guided HIDO staff through the 'self-evaluation' process of the organization, involving all levels of staff and covering all key areas such as, governance, administration, financial management, human resources, organizational management, program management, and project performance management. It was a particularly conducive discussion for the HIDO staff members, who had never engaged in such a comprehensive discussion on how their organization and their interventions can be improved. Staff members of all levels, along with two members of the Board, were able to contribute their opinions; this participatory nature made the process all the more 'their own.'

The final result of the three days' effort by both ARC-NuPITA and HIDO is an organizational capacity building action plan that reflects the perspectives of HIDO staff in their current situation. This document will serve as the 'blueprint' for ARC's organizational support to HIDO and also as a 'measure' against which HIDO's progress in achieving the goals they set for themselves can be clearly and very specifically assessed.

Once the exercise was completed after three full days of deliberations and discussions, HIDO staff expressed their sincere appreciation of the activity, commenting that it was not at all the kind of activity they were expecting. "We thought we would just be ticking boxes and couldn't understand why it would take three days," admitted the Program Coordinator. "But now that we're finished, I can really understand why we needed to spend all of this time, to really understand where HIDO is now, and where we want to reach." There was an element of surprise among HIDO staff at how involved ARC was in the process and how interested they were in trying to understand in detail HIDO's needs and how ARC could help them meet those needs. "We have had sub-grants from other organizations before, but those other donors have

not been as dedicated in helping us do what they ask of us—they just tell us what they expect and leave us to struggle alone,” commented a program staff. ARC and HIDO are now left with the challenge of translating the success of this activity into concrete organizational strengthening, which will in turn contribute into improved quality programming for the displaced populations in northern Uganda.

### Annex 1: Summary Table of PEPFAR Targets

\*\*\***Note:** During this time period the primary focus was on project start up (hiring, planning and preparing for program implementation). At this time no results have been collected for the targets due to reasons outlined in the narrative report.

Program Element	Indicator	Life of Project	FY08 Target	FY08 Results/Achieved
<b>2)Prevention: Abstinence and Be Faithful</b>	2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	13,800	150*	0
	2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence ( <b>subset of AB</b> )	13,800	150*	0
	2.2 Number of individuals trained to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	30	0
<b>5)Prevention/ Condoms &amp; Other Prevention</b>	5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,800	150*	0
	5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	30	0
<b>9) Counseling and Testing</b>	9.3 Number of individuals trained in counseling and testing according to national or international standards	10	10	0

### Annex 2 : Summary table of Additional ARC Program Indicators for Monitoring for NUAPROACH Project

Objective/Activity	ARC HIV Program Indicators
<b>OBJ 1: Increase basic HIV knowledge and encourage positive behavior change among displaced and returnee populations in Northern Uganda</b>	% of the general population that can name 3 modes of HIV transmission
	% of the general population that can name 3 methods of HIV prevention
	% of population reporting condom use at last high-risk sex (non-cohabiting, non-marital sexual partner in the last 12 months)
	% of population that knows the location of HCT sites
	% of the population that knows the location of PMTCT services
	% of those who attend a weekly radio session that can identify that week's HIV message

Activity 1.1: Develop and implement an appropriate Behaviour Change and Communication campaign among IDP and returnee communities	# of appropriate, community-accepted BCC/IEC materials distributed
	# of condoms distributed by peer educators, HCT staff, HBC providers, and TBAs/midwives
	# of comprehensive BCC strategies developed with CBO partners
	# of HIV-related community events conducted by CBO partners
Activity 1.2: Promote HIV-centered Peer Education mechanisms	# of people who participate in Peer Groups over the life of the project
	# of IDP Community Leaders trained in HIV awareness-raising
Activity 1.3: Weekly radio programme and local radio clubs	# of radio listening club participants who score 80% or higher on session post test
	# of weekly radio sessions broadcast
	# of local radio clubs formed
<b>OBJ 2: Increase access to and utilization of quality HIV/AIDS care and support services to displaced and returnee populations in Northern Uganda</b>	% of those tested who are aware of results
	% of target population that knows location of HCT services and who have either used and/or referred people to HCT in the past 6 months
	% of target population that knows location of PMTCT services and who have either used and/or referred people to PMTCT in the past 6 months
	# of TBAs/midwives who can correctly identify HCT, PMTCT, HBC referral pathway and demonstrate how that works
	% of HWs who can conduct syndromic management of STIs and can identify the correct referral mechanisms
Activity 2.1: Develop accessible HIV Counseling and Testing services	% of individuals tested in HC catchment area through ARC mobile HCT clinic
Activity 2.2: Increase IDP and returnee access to PMTCT services	# of women referred for PMTCT services by TBAs/midwives
	# of HIV positive pregnant women who receive follow up counselling and health education from TBAs/Midwives
Activity 2.3: Improve community level STI and OI treatment and referral	% of MoH Health Workers in ARC catchment areas trained in STI syndromic management and referral
	# of MoH Health workers in ARC catchment areas trained by ARC in STI syndromic management and referral
	# of patients successfully referred for treatment
Activity 2.4: Develop a network of Home Based Care service providers in order to improve service quality and promote standardized best practice approaches	# of HBC networks formed
	% of NGOs in HBC networks providing standardized quality services as per GoU HBC guidelines
	# of agencies participating in HBC network to promote minimum standards (in line with GoU HBC guidelines)
Activity 2.5: Build links between	# of HIV positive individuals receiving HBC/palliative care services through HBC provider network
	% of those tested referred to PHA support groups

PLWHA and providers of care and support services	% of those tested who participate in PHA support groups
<b>OBJ 3: Improve coordination and capacity of national HIV/AIDS responses/organizations by facilitating local ownership and direction to hand over, as much as possible, all OBJ1 and OBJ2 activities at the project end.</b>	# of local ARC partner NGOs/CBOs who are capable of taking full responsibility of all activities by the end of the project
	# of ARC national HIV partners that demonstrate improvement in their performance over the life of the project through management audits (using the SCORE tool)
Activity 3.1: Strengthen national technical capacity to provide high quality HIV programs.	# of national HIV partners who reach technical capacity benchmarks (according to SCORE tool) and are able to provide high quality HIV prevention and/or treatment services by the end of the project.
	# of individuals trained in HIV-related community mobilization for prevention, care and/or treatment
	# of individuals trained in HIV stigma and discrimination reduction
Activity 3.2: Strengthen national organizational capacity to acquire, manage, monitor and evaluate HIV programs.	# of national HIV partners who reach benchmarks (according to SCORE tool) regarding establishment of operational systems, leadership and governance policies, resource diversification, and program management structures (including monitoring and evaluation).
	# of local organizations provided with technical assistance for HIV-related institutional capacity building
	# of individuals trained in HIV-related institutional capacity building
	# of local organizations provided with technical assistance for strategic information activities
	# of individuals trained in strategic information
	# of individuals trained in HIV-related policy development
	# of local organizations provided with technical assistance for HIV-related policy development
Activity 3.3: Increase coordination and strengthen local networks of support among national partners and relevant stakeholders to optimize learning and coordination, and increase sustainability.	# of coordination meetings held by HBC network/coalition members (including local partners, government bodies, health service providers, civil organizations)
	# of HBC providers that successfully adhere to national HBC guidelines
	# of information exchange mechanisms are established (e.g., email list-serves, regular meetings, newsletter, report sharing).
	# of South to South learning systems developed to improve the exchange of information and experience among HIV stakeholders.