

# UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT (UPHOLD)

END OF PROJECT

2008



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Health

HIV&AIDS

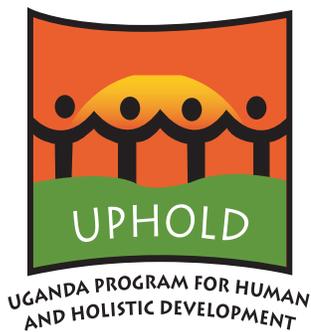
Education

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



# Uganda Program for Human and Holistic Development (UPHOLD)

**THE INTEGRATED SOCIAL SERVICES PROJECT**

2002 - 2008

End of Program Report

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# Acronyms

<b>AB</b>	Abstinence and Being Faithful
<b>ACORD</b>	Agency for Research and Cooperation in Development
<b>ACT</b>	Artemisinin-based combination therapy
<b>AIC</b>	AIDS Information Centre
<b>AIM</b>	AIDS Integrated Model District (Project)
<b>ANC</b>	Antenatal care
<b>AOMs</b>	Action-oriented meetings
<b>ARH</b>	Adolescent reproductive health
<b>ART</b>	Anti-retroviral therapy
<b>BASICS II</b>	Basic Support for Institutionalizing Child Survival II Project
<b>BCC</b>	Behavior change communication
<b>BEPS</b>	Basic Education Policy Support Project
<b>BESP</b>	Basic Education Support Program
<b>CARAVAN</b>	The Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations
<b>CB-DOTS</b>	Community-based tuberculosis directly-observed therapy – short course
<b>CBGP</b>	Community-based growth promotion
<b>CBO</b>	Community-based organization
<b>CB-TB DOTS</b>	Community-based tuberculosis directly-observed therapy – short course
<b>CCT</b>	Coordinating Centre Tutor
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDWs</b>	Community development workers
<b>CGPs</b>	Community growth promoters
<b>CIE</b>	Community involvement in education
<b>CL</b>	Cooperative learning
<b>CORPs</b>	Community-owned resource persons
<b>CPTC</b>	Core Primary Teacher College
<b>CPTs</b>	Customized performance targets
<b>CRHWs</b>	Community reproductive health workers
<b>CSO</b>	Civil society organization
<b>DHE</b>	District Health Educator
<b>DHO</b>	District Health Officer
<b>DOT</b>	Directly Observed Therapy
<b>DPOs</b>	Deputy Principals for Outreach
<b>DPT</b>	Diphtheria, pertussis, tetanus
<b>DVO</b>	District Veterinary Officer
<b>EMS</b>	Education management strengthening
<b>EMSI</b>	Education Management Strengthening Initiative
<b>ENA</b>	Essential Nutrition Action (program)
<b>EPI</b>	Expanded Program of Immunization
<b>ESA</b>	Education Standards Agency
<b>FAO</b>	Food and Agricultural Organization
<b>FLEP</b>	Family Life Education Program
<b>FP</b>	Family planning
<b>FSGs</b>	Family Support Groups
<b>Goal-ANC</b>	Goal-oriented antenatal care

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<b>GBV</b>	Gender-based violence
<b>Goal-ANC</b>	Goal-oriented antenatal care
<b>GoU</b>	Government of Uganda
<b>HBC</b>	Home-based care
<b>HBMF</b>	Home-based management of fever
<b>HCP</b>	Health Communications Partnership
<b>HCT</b>	HIV counselling and testing
<b>HIV&amp;AIDS</b>	Human Immunodeficiency Virus & Acquired Immuno-deficiency Syndrome
<b>HMIS</b>	Health Management Information System
<b>HUMC</b>	Health unit management committee
<b>HSD</b>	Health sub-district
<b>ICCM</b>	Inter-Agency Coordination Committee on Malaria
<b>IDPs</b>	Internally displaced persons
<b>IEC</b>	Information, education, communication
<b>IES</b>	Integrated Education Strategy
<b>IPT</b>	Intermittent preventive treatment
<b>IPTp</b>	Intermittent preventive treatment (of malaria in pregnancy)
<b>IRCU</b>	Inter-Religious Council of Uganda
<b>IRH</b>	Integrated reproductive health
<b>IRS</b>	Indoor residual spraying
<b>ITNs</b>	Insecticide-treated nets
<b>JGI</b>	Jane Goodall Institute
<b>KAARO</b>	Kaaro Rural Development Organization
<b>LABE</b>	Literacy and Adult Basic Education
<b>LG</b>	Local government
<b>LLINs</b>	Long-lasting insecticide treated nets
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MARPs</b>	Most-at-risk populations
<b>MAV</b>	Maturity Audiovisuals
<b>MDD</b>	Music, dance and drama
<b>MED</b>	Monitoring, evaluation and dissemination
<b>MEEPP</b>	Monitoring and Evaluation of Emergency Plan Progress (Project)
<b>MIP</b>	Malaria in pregnancy
<b>MoA</b>	Ministry of Agriculture
<b>MoES</b>	Ministry of Education and Sports
<b>MoGLSD</b>	Ministry of Gender, Labour and Social Development
<b>MoH</b>	Ministry of Health
<b>MoLG</b>	Ministry of Local Government
<b>MoU</b>	Memorandum of understanding
<b>NARO</b>	National Agricultural Research Organization
<b>NMCP</b>	National Malaria Control Program
<b>NMS</b>	National Medical Stores
<b>NSARWU</b>	National Strategy for the Advancement of Rural Women in Uganda
<b>NUMAT</b>	Northern Uganda Malaria, AIDS and Tuberculosis (Project)
<b>OP</b>	Other Prevention
<b>OVC</b>	Orphans and vulnerable children
<b>PEPFAR</b>	(US) President's Emergency Plan for AIDS Relief
<b>PIASCY</b>	(Uganda) Presidential Initiative on AIDS Strategy for Communication to Youth

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<b>PLHIV</b>	People living with HIV/AIDS
<b>PMI</b>	(US) President's Malaria Initiative
<b>PMTCT</b>	Prevention of mother-to-child transmission (of HIV)
<b>PTCs</b>	Primary Teachers Colleges
<b>PY</b>	Program year
<b>RAIN</b>	Rakai AIDS Information Network
<b>RCQHC</b>	Regional Centre of Quality of Health Care
<b>RCT</b>	Routine counseling and testing
<b>RFA</b>	Request for application
<b>RH</b>	Reproductive health
<b>RUGADA</b>	Rukungiri Gender and Development Association
<b>RUHECO</b>	Rural Health Concern
<b>RWIDE</b>	Rural Welfare Improvement for Development
<b>RWODEC</b>	Rukungiri Women Development Company
<b>SBQR</b>	School Based Quality Reform
<b>SCOT</b>	Strengthening counseling and testing in Uganda
<b>SCF</b>	Save the Children Federation
<b>SFG</b>	Service for Generations
<b>SO8</b>	Strategic Objectives 8
<b>SP</b>	Sulfadoxine-pyrimithamine
<b>STF</b>	Straight Talk Foundation
<b>STI</b>	Sexually transmitted infections
<b>STM</b>	Senior Training Mentor
<b>TASO</b>	The AIDS Support Organization
<b>TB</b>	Tuberculosis
<b>TDMS</b>	Teacher Development Management System
<b>TE</b>	Teacher effectiveness
<b>TKL</b>	The Kids League
<b>TOT</b>	Training of trainers
<b>TUKO</b>	Tukolerewamu Club
<b>UCOBAC</b>	Uganda Community Based Action for Child Welfare
<b>UDHS</b>	Uganda Demographic Health Survey
<b>UDTA</b>	Uganda Development Theatre Association
<b>UGX</b>	Uganda shillings
<b>UNCHO</b>	Uganda National Health Consumers/Users Organization
<b>UNEPI</b>	Uganda National Expanded Program for Immunization
<b>UNICEF</b>	United Nations Children's Fund
<b>UPE</b>	Universal primary education
<b>UPHOLD</b>	Uganda Program for Human and Holistic Development
<b>UPMA</b>	Uganda Private Midwives' Association
<b>URHB</b>	Uganda Reproductive Health Bureau
<b>USAID</b>	United States Agency for International Development
<b>USh.</b>	Uganda shillings
<b>VHT</b>	Village health team
<b>WHO</b>	World Health Organization
<b>YSP</b>	Yellow Star Program

# Letter from the Chief of Party



It is with great pleasure that I present to all our partners the end-of-project report for the Uganda Program for Human and Holistic Development (UPHOLD), which highlights our major successes and challenges over the six years (October 2002-September 2008) that JSI Training & Research Institute has been privileged to lead UPHOLD. UPHOLD was an experiment in integration across sectors, addressing access and utilization of quality health, education and HIV&AIDS services across 34 districts in the country.

We believe that to a large extent the project was successful in making a difference in the lives of Ugandans, at national, district, facility and community levels. The results and qualitative success stories in this report bear witness to UPHOLD's achievements, which were due to the partnerships that we forged especially at district level.

During the course of the program, UPHOLD implemented interventions under the (US) President's Emergency Plan for AIDS Relief (PEPFAR) and Malaria Initiative (PMI) as well as the African Education Initiative. All interventions were aligned to national policies some of which we contributed to developing and were implemented through local governments and civil society organizations.

To address malaria, the major cause of morbidity in the country, the Home-Based Management of Fever (HBMF) Strategy was established in all 34 UPHOLD-supported districts. UPHOLD also rose to the challenge of scaling up the Ministry of Health's new Malaria Treatment Policy using Artemisin-based combination therapy and scaling up intermittent treatment of malaria in pregnancy (IPTp) through training and support to health workers. Prevention of malaria was addressed through four rounds of national bednet re-treatment exercises and procurement and distribution of long-lasting insecticide treated nets (ITNs) through the HBMF system to children and also to pregnant women and people living with HIV&AIDS through partners working in this areas.

Other interventions included support to national immunization efforts, including mass immunization campaigns, establishment of child growth promotion in six districts, improving reproductive health and tuberculosis services and contributing to epidemic preparedness for Avian Influenza.

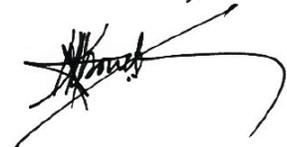
In the education sector, UPHOLD's Integrated Education Strategy addressed education management, teacher effectiveness using cooperative learning and community involvement in education. The strategy promoted child-centric interventions to improve teaching and learning processes in Ugandan primary schools.

HIV&AIDS prevention, care and support interventions consisted of scaling up and ensuring quality of HIV counseling and testing, prevention of mother-to-child transmission (PMTCT) of HIV services, palliative care including HIV/tuberculosis collaboration, care and support to orphans and vulnerable children, and HIV prevention through behavior change communication (BCC). Under the HIV prevention interventions, USAID requested UPHOLD to scale up the (Uganda) Presidential Initiative on AIDS Strategy Communicating to Youth (PIASCY) beginning in 2004. The program targeted school children in all the approximately 15,000 primary schools throughout the country.

Woven into all the interventions were the cross-cutting themes of behavior change communication, quality assurance and performance improvement, private sector involvement, community involvement and the use of culture as a resource that enriched the experience of all implementers. Monitoring and evaluation of program interventions was carried out with the participation of partners and over its life UPHOLD scaled up the use of the Lot Quality Assurance Sampling survey methodology, its key M&E tool for tracking program performance indicators, to all the 34 districts and beyond. Several partners including UNICEF partnered with UPHOLD in this endeavor.

On behalf of UPHOLD, I would like to thank all of you for the great collaboration we had over the six years. We believe that the capacity built within the districts through this USAID-supported project will assist in overcoming the challenges that still lie ahead and wish you all the very best in the future.

Yours sincerely,



Dr. Samson Kironde MD, PhD  
**Chief of Party, UPHOLD**



# Executive Summary

The Integrated Social Services Project was designed by USAID to support the Government of Uganda's (GoU) social sector policies and priorities, as well as USAID's Strategic Objective 8 Results Framework for improved human capacity. It was awarded to JSI Training & Research Institute (JSI) as a cooperative agreement in October 2002 as a five year project, but extended for one year to September 2008. Early in the start up process of the project, it was named the Uganda Program for Human and Holistic Development (UPHOLD) a brand name that reflected its purpose of addressing service delivery in a comprehensive yet humane manner. The overall goal of UPHOLD was to improve access and quality of sustainable social services in Uganda through an integrated approach. The program's four main goals were to:

- Improve educational status
- Reduce the spread of HIV/AIDS and Sexually transmitted Infections (STI)
- Decrease child and maternal mortality; and Stabilize population growth in 20 districts in Uganda

In May 2003, the Ministry of Health (MoH) and Ministry of Education and Sports (MoES) selected 20 districts that were to be supported by UPHOLD. These were later re-districted to 29 districts in 2005 and 34 districts in 2006, expanding the administrative support required to reach beneficiaries. To effectively manage the support to these districts, UPHOLD set up six regional offices across the country (Annex VIII) whose geographic areas of jurisdiction changed with the redistricting process as well as a transitioning process of six districts to the Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) Project in July 2007.

To approach the task ahead, UPHOLD staff identified and adopted six working principles that governed all interventions and interactions with clients and partners and ensured that human capacity was built across the districts.

## UPHOLD's Principles

- Focus on people-centered results
- Capacity building at the core of every activity
- Public-private partnerships
- Going national
- Continuous learning and best practices

The project did not implement directly, but forged partnerships with and between local governments, non-government organizations (NGOs), faith-based organizations and community-based organizations to achieve results. These partnerships were a key pillar in the program's functions as was promoting evidence-based transparent decision-making to guide program implementation. Civil society organizations (CSOs) were engaged through a transparent request for applications-*the Family and Community Action Grants* mechanism-through which more than 50 CSOs and 100 sub-partners were provided with grants to implement activities across the three sectors. Local governments were engaged in annual work planning sessions that brought together staff working in the three sectors to share their experiences and plan together for cost effective interventions. All partners were required to sign memorandums of understanding to allow for technical and financial follow up and accountability.

Over the six years, US \$105,125,315 that was obligated to the project by USAID was utilized to address health, education and HIV&AIDS services (**Table 1**).

**Table 1: UPHOLD expenditure by sector 2002 - 2008**

Sector	Amount	%
Health	16,409,859	16%
HIV & AIDS	70,092,062	66%
Education	18,623,394	18%

Source: UPHOLD Program records

## Key Activities

The program's technical focus areas evolved over the years due to various externalities and the need to channel resources where they would most make an impact. In 2004 UPHOLD began implementing HIV&AIDS services under the (US) President's Emergency Plan for AIDS Relief (PEPFAR) and was requested by USAID to scale up the (Uganda) Presidential Initiative on AIDS Communication Strategy for the Youth (PIASCY). In March 2005, UPHOLD narrowed and deepened its interventions through negotiated "Focus for Impact" discussions that were held with USAID and in 2006, the program began implementing malaria interventions under the (US) Presidential Malaria Initiative (PMI).

In the Health Sector, UPHOLD mainly supported interventions in malaria prevention and control, child and reproductive health, and tuberculosis (TB) prevention and control. Other service areas that were supported include schistosomiasis and epidemic preparedness for avian Influenza.

HIV& AIDS interventions were primarily supported under PEPFAR and included HIV counseling and testing, prevention of mother-to-child transmission (PMTCT) of HIV, palliative care including HIV/tuberculosis collaboration, care and support to orphans and vulnerable children, and HIV prevention through behavior change communication (BCC). Under the HIV prevention interventions, USAID also requested UPHOLD to scale up the (Uganda) Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) beginning in 2004.

In the education sector, UPHOLD's mandate was to improve the quality and utilization of primary school education and the program supported interventions to improve school management, classroom dynamics (in light of the increased school enrollment due to the national Universal Primary Education Policy) and involvement of the community in improving their

**Table2: Selected accomplishments in UPHOLD - supported districts**

Indicator	Baseline Value 20 districts  (UPHOLD LQAS 2004 unless specified)	End of Project Value 28 districts  (UPHOLD LQAS 2007 unless specified)
<b>Health</b>		
% of under-5s who had fever in the last 2 weeks preceding the survey receiving recommended treatment within 24 hours	31%	76%
% of under-5s sleeping under a treated mosquito net the night before survey	12%	44%
TB case detection rate	33% (MoH, 2003)	43% (MoH, 2007)
TB treatment success rate	77% (MoH, 2003)	75% (MoH, 2007)
DPT3 coverage	51%	81%
% of pregnant women attending ANC at least 4 times during the last pregnancy	48%	56%
% of pregnant women receiving IPTp 1 and IPTp 2 during the last pregnancy	40%	39%
% of deliveries (in the last 2 years) that took place in a health facility	41%	58%

Indicator	Baseline Value 20 districts  (UPHOLD LQAS 2004 unless specified)	End of Project Value 28 districts  (UPHOLD LQAS 2007 unless specified)
<b>HIV&amp;AIDS</b>		
Static and outreach HCT sites supported	49	1,700
Number of individuals counselled, tested and received results	17,342	726,569
% of adults (15 years and older) who report being tested and received their HIV test results	16%	32%
Number of pregnant women counselled, tested and received results in a PMTCT setting	924	87,241
% of women counseled, tested and received their HIV test results during ANC in the last 2 years	11%	34%
PMTCT sites supported	5	100
Number of individuals who received palliative care from UPHOLD-supported sites	2,785	87,974
Number of HIV clients who received TB treatment	85	4,708
Number of OVC beneficiaries	500	6,388
Number of individuals who received messages through community outreach programs promoting HIV prevention through abstinence and 'Be Faithful'	76,870	6,173,377
Number of individuals who received messages through community outreach programs promoting HIV prevention through ways beyond abstinence and 'Be Faithful'	18,624	579,789
<b>Education</b>		
Number of teachers trained in Education management strengthening	-	7,814
Number of teachers trained in cooperative learning	-	34,000
% of primary school aged children 6-12 years attending school regularly (attended all 5 days preceding the survey)	77%	89%
% of schools that have HIV prevention programs besides assemblies	-	70%

*Source: UPHOLD Program Records*

children's education.

Woven across the interventions were cross cutting themes of performance improvement and quality assurance, behavior change communication, and involvement of the private sector and communities in service delivery.

To measure results, UPHOLD strengthened and utilized both the routine Health and Education Management Systems. The program also used the Lot Quality Assurance Sampling (LQAS) methodology to carry out annual surveys for tracking key program indicators. The LQAS had previously been introduced into the country by the World Bank and the Uganda AIDS Commission in a few districts, but UPHOLD scaled it up utilizing district and CSO staff for its implementation, for use in all its 34 supported districts. The program has also been privileged to disseminate its work through more than 60 presentations made at international and national fora.

## Lessons Learned

In the process of program implementation over the life of the project, UPHOLD has generated a number of lessons. Some of these lessons, which remain critical for ongoing and future programs, are offered below:

### Regional/District Presence Key to Successes

- Regional presence in a large, multi-sector, district-focused program is fundamental to achieving results and a level of sustainability. Early management decisions regarding location of offices, skill sets of Ugandan staff and process of entry into the local environment need to be well thought out and responsive to the changing circumstances. Local presence ensures that the 'one-size fits-all' approach is not used.
- Local partners are the experts regarding their needs and capacity, and they should be part of most decisions and allocation of resources. That is not to say one must always agree, but a shared understanding is essential.
- Program should support partners to generate locally relevant information in order to make evidence-based decisions.
- Regional staff need to establish relationships through participation in local council meetings, budget planning meetings, NGO fora meetings and other community activities. Their local

knowledge should be used for advocacy, yet not replace local voices. Staff should be catalysts to increased opportunities for communities to be heard.

- Trust must be established and maintained. Staff who are members of the communities in which they work enjoy a level of credibility which they might otherwise not have and thereby increase trust.
- Local presence increases program efficiencies. Staff are able to easily and cost-effectively follow-up issues concerning reporting, attend district programs, and identify local human resources as needed.
- Regional presence facilitates a 'go national' strategy. UPHOLD was able to effectively and efficiently undertake national activities such as PIASCY, PMI, Child Days, and Radio Listening Clubs because of a regional presence.
- Presence in conflict and post-conflict districts is both challenging and necessary. Informal and formal networks must be used to ensure safety of staff and partners, and to enable a program to adapt systems and activities to the changing context.
- The abolition of the graduated tax and district restructuring in 2005 had a negative impact on districts' ability to deliver services-regional presence allowed UPHOLD to obtain specific information on the impact at the district level.

### A Culture of Learning from, and Adapting to a Changing Environment is Critical

- Evidence-based analysis should be part of program activities to foster 'national' efforts. For example, the use of community medicine distributors for the distribution of insecticide treated nets proved to be a strategy that has been adopted by the MoH with other donor resources. Commitment to documenting and sharing results is fundamental.
- Programs must be willing and able to adapt to significant changes within their environment-this requires analytical skills and informed risk-taking. UPHOLD adapted its implementation strategies in numerous instances in response to inefficiencies in delivery of HIV test kits, PEPFAR requirements, the effects of redistricting on program activities and AIC's organizational



management challenges.

- Programs should be committed to fostering a non-threatening environment of sharing information and encouraging healthy competition. UPHOLD's District Review Meetings which brought together districts from the same region to share experiences and data are an example. Another example is regional meetings in which LQAS results were presented to, and analyzed with, LGs and CSOs.

### **Integration Remains Challenging in Uganda**

- Integration where it makes sense can be a powerful methodology to achieve results, but is often time-consuming, labor-intensive and complex.
- Decision-makers have to agree there is value in integration – understand how it would work, and not view it as a threat to their resource base.
- Local structures must be aligned to allow for integration; often they are not as the question on responsibility for resource management, accountability and reporting must be addressed.
- Programs and donors should understand that complex integration can often result in a delay in reporting and verification of results.

### **Strong Management Systems are Essential**

- A large program inevitably has multiple international and local implementing partners. Management should be clear from the onset that there is one program, not many. Staff should identify first with the program and secondly, with their 'home' institution. Policies and procedures must be uniform to the extent possible.
- Efforts to communicate and coordinate among international partners should be a high priority at the beginning of a program. While time intensive during start-up, the time savings over the long-run is significant,
- Economies are achieved with large-scale programs. UPHOLD was able to effectively work in three sectors through a regional presence,

and with one system for administration, finance, monitoring and evaluation, grants management and information technology.

- Management systems within the health and education sectors in Uganda remain weak, and may have even weakened more since the start of UPHOLD.

### **Program Foci Affect Service Delivery**

- Large programs and the resources that accompany them, have an affect on the type and scale of services delivered at facilities. Emphasis on delivering HIV/AIDS services in health centres, for example, can affect facilities' ability to provide basic health care without an increase in the number of staff new systems and procedures, some overall health delivery can be compromised.
- Various donor and GoU programs are often competing for the same people to implement activities and redundancy in funding can occur. Tight systems and communication among similar programs is required.
- Programs which have similar activities should be guided by national policies on implementation. While this does happen in some cases, there are still many areas where implementing partners follow their internal practice. For example (varying facilitation) to community medicine distributors has had an adverse effect on overall motivation to provide HBMF services at the village level.

### **Baseline Surveys at the Onset of a Program Needed**

- Programs of this size and complexity should have a baseline study at the onset.
- Districts and CSOs continue to need significant support to develop a culture of data collection and analysis for decision-making.
- LQAS is a valued and reasonable methodology in programs like UPHOLD. It fosters local participation and ownership of the M&E process while keeping costs low.



### Communication is Critical at all Levels Required

- District-level programs must have the resources to adequately participate at the central level. Cancellation of the systems contract had an effect on the allocation of UPHOLD's staff resources which still proved insufficient to meet partner Ministries' expectations. A mechanism should have been developed to compensate for the cancellation.
- Good communication and a 'solution-seeking' culture between USAID and implementing partners is essential for large, complex programs.
- Effective communication within communities is essential. A program like UPHOLD may not always be recognized at the community level as it works through partners and is not an implementing entity.

### Sustainability of Large, Complex, Multi-Sectoral Program Challenging

- Most factors affecting long-term sustainability of

a program like UPHOLD in Uganda are outside the program's control. Policy decisions in a complex environment change the landscape and test assumptions on an on-going basis.

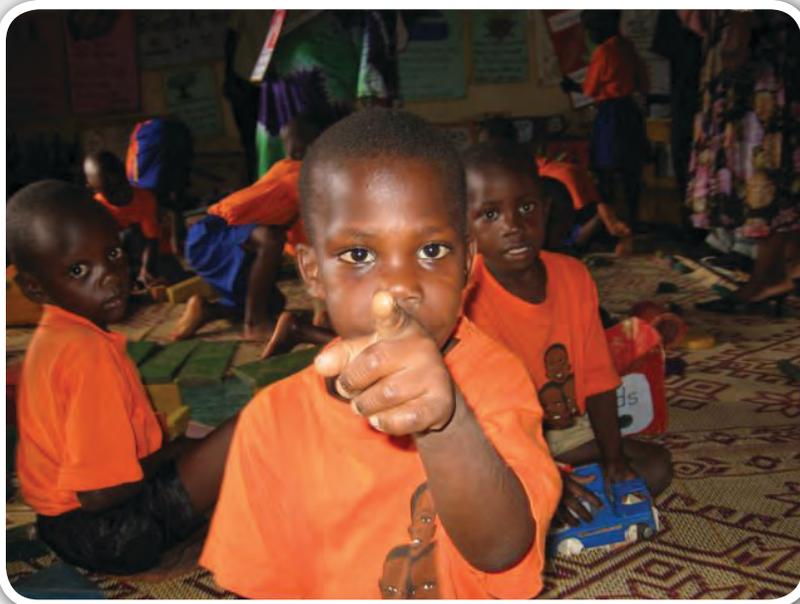
- In a country where about 40-50% of the national budget is donor money and is subject to donor's political and economic realities, long-term sustainability is a significant challenge. In UPHOLD-supported districts, HIV&AIDS had the greatest level of resources and activities under PEPFAR. Under a new US administration, this may change.
- Much of the program's impact and sustainability will occur at the service delivery level, where UPHOLD made the most investments in human capital through training and establishing collaborative relationships.

The report describes in detail UPHOLD's accomplishments and challenges over its six years of operation as the program strived to make a difference to people through partnerships that encouraged participation and enabled productivity.



1

## BACKGROUND





## Sector Performance

The Uganda Program for Human and Holistic Development (UPHOLD) that was implemented from October 2002 to September 2008, was an integrated social services program designed by the Government of Uganda (GoU) and the United States Agency for International Development (USAID). The program supported the Government of Uganda's social sector policies and priorities, as well as USAID's Strategic Objective 8 Results Framework for improved human capacity. It was strategically designed to increase the utilization, quality, and sustainability of services in Education, Health and HIV/AIDS through an integrated approach.

### UPHOLD Goals

1. Improve educational status
2. Reduce the spread of HIV & AIDS and sexually transmitted infections (STI's)
3. Decrease child and maternal mortality
4. Stabilize population growth

According to the Uganda Demographic Health Surveys (UDHS) 2000-2001 and 2006<sup>1</sup>, and other reports, most of the country's maternal and health indicators needed to be improved (**Table 3**).

**Table 3: Uganda Health Indicators 2000/01 – 2006**

Indicator	UDHS 2000/01	UDHS 2006
Total Fertility Rate	6.9	6.5
Married women using modern contraceptives	19	24
Maternal Mortality Ratio/100,000 live births	505	535
Infant mortality rate – per 1,000 live births	89	75
Children 12-23 months fully vaccinated	37%	44%

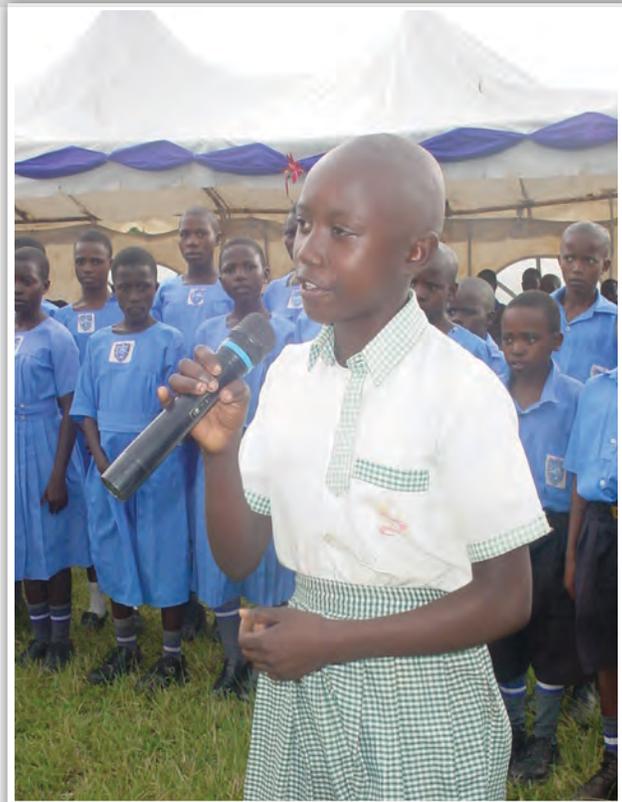
The Ministry of Health (MoH) Annual Health Sector Performance Report 2002/2003, reported that malaria continued to be the largest contributor to the disease burden in the country, accounting for 29-50% of out patient consultations, 30% of in patient admissions and 9-14% of in patient deaths. The Home-Based Management of Fever Strategy for children below five years had only been introduced to 16 districts and the MoH launched the National Policy on Insecticide Treated Nets in April 2003.

The case detection rate (CDR) and treatment success rate (TSR) for tuberculosis (TB) were 60% and 52% respectively. The MoH was expanding the Community-Based TB Directly Observed Treatment Short-Course Strategy for improving these indicators, but it was only available in 34 out of the 56 districts in the country. It was noted that TB control efforts had been greatly hampered by the HIV epidemic and inadequate laboratory services for TB diagnosis across the country.

The HIV sero-prevalence among pregnant women, as measured through sentinel antenatal clinics, was 6.2%, but there were only 160 voluntary counseling and testing sites in the country and 150,000 individuals were reported to have been tested for HIV. The inadequacy of services was found across other HIV/AIDS service areas with limited utilization.

Since Universal Primary Education (UPE) was introduced in 1997, by His Excellency The President of Uganda Yoweri Museveni, Uganda has made great strides in primary school enrollment. In 2002, approximately 87% of eligible primary school-aged children were enrolled in school<sup>1</sup>; enrollment had nearly quadrupled from two million pupils in 1996 to over seven million in 2003. However, with enormous growth in enrollment came challenges in quality. In 2002, Uganda's national pupil to teacher ratio (PTR) stood at 55 to 1, with many teachers in lower grades teaching more than 100 students at a time. Insufficiently trained and in some cases unmotivated head teachers lacked the ability to provide effective instructional supervision. Similarly, education managers from the district, county and sub-county levels often lacked the necessary training, motivation and resources to facilitate, supervise, and monitor the improvement of the quality of education within schools. As a result education quality indicators were poor with Primary 6 proficiency in literacy and numeracy at 20% and 21% respectively. In 2003 the MoES developed the Education Sector Investment Plan 2003 -2008 whose objectives were to:

1. Ensure universal and equitable access to quality basic education for all children.
2. To improve the quality of education in the primary and post primary levels.
3. Ensure equal access by gender, district and special needs at all levels of education.
3. Build capacity of districts by helping Education managers acquire and improve on their knowledge, skills and attitudes to be able to plan, monitor, account and perform managerial functions .



## Institutional Context

### Policies, Institutions and Programs in Uganda, 2002

- The National Constitution for the Republic of Uganda, which underscores the fact that education and health are a right for every Ugandan stipulates the role of Government and other stakeholders in providing social services.
- The Local Government Act 1997, that transferred, through decentralization, powers for planning and managing social services to Local Governments (LGs).
- A favorable national framework for HIV & AIDS interventions with a national strategic framework for HIV/AIDS under the leadership and coordination of the Uganda AIDS Commission (UAC).
- Strong MoH policies and service guidelines guiding interventions across health and HIV & AIDS and actively supporting the delivery of critical HIV & AIDS, malaria, immunization and reproductive health services through a well outlined health system from hospitals to lower level health centers.
- A wide range of donors providing funding and coordination for multi-sectoral HIV & AIDS, health and education activities.
- An HIV & AIDS Policy and plans for addressing HIV & AIDS in the education sector.
- Revised School Management Committee Regulations 2000, which updated the framework for managing primary education
- Numerous civil society organizations (CSOs) at national and community level providing social services.

### Organisations Supporting Development

UPHOLD began operations when USAID had already embarked on the development of a new “integrated strategic plan” (ISP) for 2002-2007. Agencies including the African Medical Research Foundation (AMREF), UAC, the AIDS Information Centre (AIC), The AIDS Support Organization (TASO), the AIDS Integrated Model District (AIM) Project, Malaria Consortium and Regional Centre for Quality Health Care, among others, provided information on organizations involved in direct service delivery nationwide. These organizations cited many constraints, several of which UPHOLD was designed to address, including:

- ? Weakness in organizational capacity
- ? Limited involvement of the civil society in social service delivery and limited funding to CSOs, thus hindering their development
- ? Inadequate human resources, equipment,

logistics and facilities providing quality social services

UPHOLD began its district operations in 20 districts that had been identified by the Ministry of Education and Sports (MoES) and the MoH in May 2003. However the GoU emphasis on administrative and fiscal decentralization during the project period resulted in redistricting of several districts and the number of program districts rose to 34 in 2005. This increase in district numbers impacted the capacity of the districts to deliver services due to manpower and other capacity shortfalls. Later on in August 2006, a new USAID-funded project, the Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT) program began and UPHOLD transitioned interventions in six of the districts (Gulu, Amuru, Kitgum, Lira, Dokolo and Amolatar) to this new program. This helped ease the pressure on UPHOLD.





Another significant development in the project's life was the abolition of the local government managed graduated tax by the GoU in 2005. The effects of this decision on the ability of local governments to provide services were significant, as this change stripped local governments of a steady source of revenue necessary for supporting the effective delivery of social services.

Against this background of changes, challenges and opportunities, UPHOLD made significant achievements in the lives of children, women and men in the various districts it supported as detailed in this report.

# 2

## HIGHLIGHTS OF THE UPHOLD PROGRAM







**Table 4: UPHOLD Regions and Districts**

REGIONS	Central	East	North	North East	South West	Ruwenzori
Regional Office Location	Wakiso	Jinja	Gulu/ Arua	Lira	Mbarara	Fort Portal
Districts (34)	Luweero	Bugiri	Arua	Katakwi	Bushenyi	Kyenjonjo
	Nakaseke*	Kamuli	Maracha*	Amuria*	Rukungiri	Bundibugyo
	Mubende	Kaliro*	Koboko*	Lira	Mbarara	
	Mityana*	Mayuge	Yumbe	Dokolo*	Ibanda*	
	Rakai	Pallisa	Gulu	Amolatar*	Isingiro*	
	Lyantonde*	Budaka*	Amuru*	Nakapiripirit	Kiruhura*	
	Wakiso		Kitgum			

\*New districts carved out of original 20 districts.

the overall management and coordination of the cooperative agreement with USAID. In addition to JSI, UPHOLD had five international partners, that provided the program with specific technical expertise as detailed in Table 5 including full and short-term staff to the program.

**Table 5: UPHOLD International Partners**

International Partner	Contributions	No. of full-time staff
JSI Research & Training Institute, Inc. (JSI)	Overall management; monitoring and evaluation; finance/ administration; HIV/AIDS (including PIASCY); integrated reproductive health; and tuberculosis	69
Education Development Center, Inc. (EDC)	Education management strengthening and teacher effectiveness	3
The Futures Group – Constella	Private sector and training performance improvement	1
Malaria Consortium	Communicable diseases (malaria and tuberculosis)	3
The Manoff Group, Inc.	Technical management; behavior change and communication; child health (including growth monitoring); and HIV/AIDS support	4
World Education, Inc.	Regional programs, grants management, and community involvement in education	20

**NB:** American Institute for Research (AIR) was dropped as an UPHOLD partner in September 2004 as a result of an internal financial restructuring exercise in which more money was to be available for direct program implementation activities. The Manoff Group took over responsibility of the assigned BCC activities.



## National Partners

On the national level, UPHOLD partnered with the Ministry of Health (MoH), Ministry of Education and Sports (MOES), Ministry of Gender, Labor & Social Development (MoGLSD), Ministry of Local Government (MoLG), and the Uganda AIDS Commission (UAC). Although the MoH, MoES, and UAC were clearly UPHOLD’s most significant central-level partners due to the nature of the program, UPHOLD had direct and frequent interaction with the MoLG and MoGLSD at the district level. UPHOLD worked in close coordination with these government partners in the design and implementation of the program. Annual work plans and reports were regularly shared with the partners and specific meetings were held to share program highlights and to receive continuous feedback on the program from government officials. UPHOLD staff members also participated in many government-led coordinating committees and technical working groups that addressed UPHOLD–related issues. Specific areas of UPHOLD collaboration with government partners are detailed in **Table 6**.

**Table 6: UPHOLD Government Partners**

Government Partners	Collaboration
Ministry of Health	Coordinating Committee Meetings for Malaria, TB and Immunization; Health/ Nutrition and HIV/AIDS Cluster meetings.
Ministry of Education and Sports	PIASCY Working Group; Technical Working Groups for Teacher Effectiveness and Education Management.
Ministry of Local Government	Self-Coordinating Entity on HIV/AIDS; Local Council meetings, Budget Planning Meetings.
Ministry of Gender, Labour and Social Development	Community mobilization interventions in health, education and HIV&AIDS.
Uganda AIDS Commission	Annual Planning Meetings; Joint Annual Review meetings; Self-Coordinating Entity meetings.

In addition to partnerships with the line ministries, UPHOLD also successfully partnered with other national USAID and other donor-funded programs in an effort to promote effective coordination and efficient use of resources including the AIDS Integrated Model (AIM), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Strengthening Decentralization in Uganda (SDU), the CORE Initiative for orphans and vulnerable children, the NUMAT, and UNICEF, among others.

## District and Community Partners

In addition to the international and national partners, UPHOLD entered into formal partnerships with 34 local governments as well as civil society organizations; non-governmental organizations (NGOs), community-based organizations (CBOS), and faith-based organizations. In addition, UPHOLD staff forged strong relationships with local partners including other program offices, local chapters of the NGO Forum, and associations which requested technical assistance but did not necessarily receive financial support. In 2003 a Grants Strategy was developed to guide financial assistance to CSOs, LGs and private organizations with the aim of expanding people’s access to, and increasing the use of, better quality social services; fostering the concept of integrated social services at decentralized levels of government by promoting effective synergies between the Education, Health and HIV/AIDS sectors; increasing the capacity of indigenous CSOs to constructively utilize grants for social development; and developing the capacity of local councils and CSOs to implement grants and monitor them in a manner consistent with high standards of transparency and accountability.



These intentions culminated into a request for proposals for grants under the Family and Community Action Grants that targeted CSOs. By the end of the project, the CSOs had received three rounds of one-year PEPFAR funds and one round of two-year grants for child and reproductive health interventions.

At the same time, due to the conflict situation in the northern districts, the program developed the northern Uganda strategy that was used to guide implementation of interventions in the war torn districts. Its purpose was to focus on activities which contribute to development initiatives in the short-to-medium term and not emergency efforts, and gain entry into the North by building trust-based relationships with informal and de-facto leaders of the region. The program had to develop flexible, yet accountable, organizational arrangements to effectively manage programs yet take into consideration the contextual issues of the population, leaders and managers.

As a result of these strategies, UPHOLD partnered

directly with a total of 34 LGs and over 50 CSOs, and indirectly with more than 100 CSOs.

## UPHOLD Technical Focus and Integration

The program's technical focus areas evolved over the years due to various externalities and the need to channel resources where they would most make an impact. In 2004 UPHOLD began implementing HIV&AIDS services under the (US) President's Emergency Plan for AIDS Relief (PEPFAR) and was requested by USAID to scale up the (Uganda) Presidential Initiative on AIDS Communication Strategy for the Youth (PIASCY). In March 2005, UPHOLD met with USAID to discuss the technical direction of the program resulting in a strategy, named "Focus for Impact" that specifically narrowed and deepened UPHOLD's implementation focus to more explicitly define technical priorities in the education and health sectors and in 2006,





**Illustrative service areas:**

- ? Malaria
- ? Education management
- ? HIV counseling and testing
- ? Vitamin A and deworming of school children
- ? Tuberculosis and HIV collaboration; PMTCT
- ? PIASCY
- ? School nutrition

less than \$5,324,415 from cost-sharing. This amount was realized through UPHOLD grantees including AIC, TASO, and other CSOs in addition to other contributions made by UNICEF and other UPHOLD partners including vendors.

## Funding

The original UPHOLD cooperative agreement (CA) was awarded at approximately \$86 Million. Over time, the CA budget was increased to \$105,125,315 which included specific modifications for AIC and TASO, PIASCY, and PMI activities as well as one-year cost extension.

Of the monies obligated, USAID provided money for the following sectors for which UPHOLD expenditures have been closely aligned.

Funding Directive	Estimated Percentage
Education	18
HIV&AIDS	35
AIC & TASO	32
Reproductive Health	3
Child Health	4
Malaria	6
Tuberculosis	3
Avian Influenza	0.14
<b>TOTAL:</b>	<b>100</b>

Included within the cooperative agreement was a requirement for UPHOLD to expend an amount not



# 3

## HEALTH SERVICES





## Context

UPHOLD began operations in 2002 when the health sector had been implementing the Health Sector Strategic Plan I (2000/01-2004/05) for about one year. Under this strategy the health sub-district concept was initiated, under which health centres (HCs) IV were developed as foci for basic management of primary health care initiatives in the country. At this time, HC IVs were being built and equipped at county level and medical doctors and other staff deployed to ensure quality service delivery within the districts. However, user fees in health facilities had recently been abolished as was graduated tax early in the program life. The effect of these externalities was an increase in service utilization with a per capita outpatient patient department attendance rising from 0.4 in 1999/00 to 0.72 in 2002/03.<sup>1</sup>

At the same time, the country was contending with major constraints of severe under-funding with the health sector funding reported in the Annual Health Sector Performance Report (2002/03) at \$7.2 per capita compared to the targeted \$28 per capita which at that time was computed to

be required for funding the Uganda Minimum Health Care Package. This resulted in continued inadequacies in the management of malaria and tuberculosis, child health, reproductive health and epidemic preparedness. The constraints arising from limited production, recruitment and deployment of trained personnel; frequent stock-outs of essential medicines, lack of equipment for operationalizing the, health sub-district (HSD) strategy continued to prevail. There was a reported mismatch between the construction of health centres countrywide and the speed at which resources were made available for their operationalization. The establishment of the Village Health Team strategy a concept that was meant to epitomize primary health care was slow and not well coordinated and the linkage between the formal health system and the community remained weak. Furthermore there was continued insecurity in the North and North East districts of the country accompanied by an inadequate framework for inter-sectoral collaboration.

A mid term review of the HSSP I carried out between October 2002 and March 2003 noted that the main limiting factors towards achieving HSSP I objectives were:

- Absence of clear prioritization of the Minimum Health Care Package;
- Inadequate resources, especially shortage of basic essential drugs and trained personnel; and
- Inadequate network of functional health infrastructure

Thus UPHOLD embarked on strategic support to interventions to prevent and control malaria and tuberculosis, to improve child and reproductive health and epidemic preparedness against avian influenza. Woven into these interventions were the crosscutting technical areas of Quality Assurance, Strengthening and Involving the Private Sector through Public-Private Partnerships; Behaviour-Change Communication (BCC); and Community Involvement.

In all its activities, the program staff worked closely

with the MoH and district leaders to ensure quality and alignment of interventions to the MoH policy and strategic direction. The interventions were implemented through complementary activities funded through LGs and CSOs to ensure service availability and quality at health facilities, and community mobilization to promote utilization of the services and improve health-seeking practices at the household level and improve the health indicators listed in **Table 9**

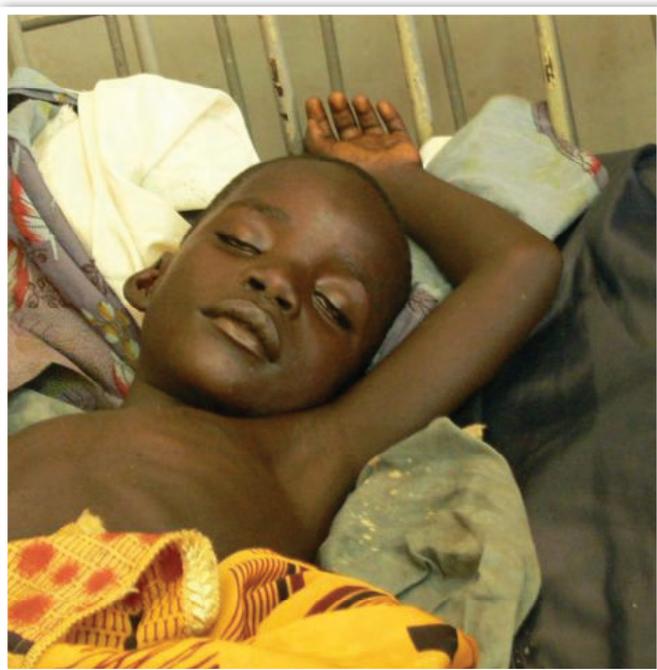
<b>Table 9: Key Health Indicators in 2002/2003</b>	
<b>Indicator</b>	<b>Value</b>
OPD utilization	0.72 <sup>4</sup>
Malaria burden	29-50% OPD consultations <sup>4</sup>
Proportion of children <5 years receiving malaria treatment within 24 hours	48% <sup>4</sup>
Proportion of women who receive Intermittent Preventive Treatment of malaria in pregnancy (IPTp)	20% <sup>4</sup>
Proportion of children <5 years protected by ITNs	4%
DPT 3 coverage	46% <sup>1</sup>
IPT2 coverage	40%
Deliveries at health facilities	37% <sup>5</sup>
CYP	
Case Detection Rate for TB	60% <sup>4</sup>
HIV sero prevalence among pregnant women	6% <sup>4</sup>
Knowledge of two methods of HIV prevention	90% <sup>4</sup>

Specific strategies were developed for each of the service areas to ensure the required focus and quality of effort. The various interventions are discussed in the following sections.



4. Annual Health Sector Performance Report, FY 2002/2003. 2003. Ministry of Health.  
 5. Uganda Demographic Health Survey 2000-2001

## A. Malaria Prevention and Control



### Objective

To reduce the burden of disease caused by malaria in the population.

### Strategies

Scale up the MoH's Home-based Management of Fever Strategy and increase the proportion of children receiving prompt malaria treatment within 24 hours.

Increase the utilization of insecticide treated bednets (ITNs) especially for vulnerable populations (under five children below five years and pregnant women people living with HIV&AIDS (PLHIV).

Improve case management of malaria by supporting the roll out of the new Malaria Policy using Artemisinin-based combination therapy (ACT) as the first-line treatment regimen.

Increase the uptake of intermittent preventive treatment of malaria in pregnancy (IPTp).

Improve coordination of malaria interventions at central level.

### Context

Malaria transmission is endemic and perennial in approximately 90% of Uganda, with *Plasmodium falciparum*, being the dominant species responsible for severe malaria. Malaria is the leading cause of morbidity and mortality in the country, accounting for 25-40% of outpatient visits at health facilities, 20% of all hospital admissions and 14% of all hospital deaths. Close drug sensitivity surveillance by the MoH and partners led to a change in the Malaria Treatment Policy in 2004 from using a combination of sulfadoxine and pyrimethamine as the first line treatment regimen to using ACT.

In line with the HSSP I and the Uganda Malaria Control Strategic Plan FY 2001/02-2004/05, UPHOLD designed and supported the following cost effective interventions for the prevention and control of malaria:

- Effective management of malaria cases;
- Vector control through vigorous advocacy and distribution of insecticide-treated bednets (ITNs);
- Intermittent preventive treatment of malaria in pregnancy (IPTp);
- Epidemic preparedness and control. UPHOLD also supported and participated in the meetings of all four technical working groups of the Inter-agency Coordination Committee on Malaria (ICCM)

UPHOLD made significant contributions to the national prevention and control of malaria, worked closely with the MoH and from 2006, implemented interventions under the US President's Malaria Initiative (PMI).

### Activities and Results

#### Home-Based Management of Fever

The HBMF Strategy is a community-based initiative that utilizes lay workers, community medicine distributors (CMDs), to identify children who have uncomplicated fever and treat them with first line pre-packed anti-malaria medicine, Homapak®.

Between 2003 and 2006, UPHOLD supported the training of 780 district trainers/supervisors and 25,570



CMDs to scale up the HMBF Strategy from six to 34 districts, achieving the target of having two trained CMDs in each of the 19,203 villages in all the 34 UPHOLD supported districts. The CMDs were further supported to fulfill their responsibilities by equipping them with job aides and supporting quarterly review meetings during which they were provided with on-job training and supervision. 28,300 CMDs' registers and 10,031 kits were procured and distributed to the CMDs. The kits included items including T-shirts, bags, pens, badges and torches.

Additionally, 2,121,482 doses of Homapak® were procured and distributed to health facilities to ensure the CMDs had regular supplies of drugs for effective management of fever in children below five years.

In 2006, UPHOLD also collaborated with the World Health Organization (WHO) in Gulu, Kitgum and Amuru Districts to support the implementation of HMBF using Coartem in the community level. A total of 1,600 CMDs covering all sub counties in these

three districts were trained and given the necessary supplies by WHO and UPHOLD.

Available records from active CMDs indicate that during the program period, over five million episodes of fever in children under five were treated by the CMDs in the 34 districts. In 2007, 77% of the CMDs were active reporting 60% of children treated within 24 hours of fever onset and 93% of them recovering on Homapak alone (**Table 10**). Subsequently the number of children having access to timely Malaria treatment increased remarkably from 31% in 2004 to 76% in 2007 (**Figure 2**).

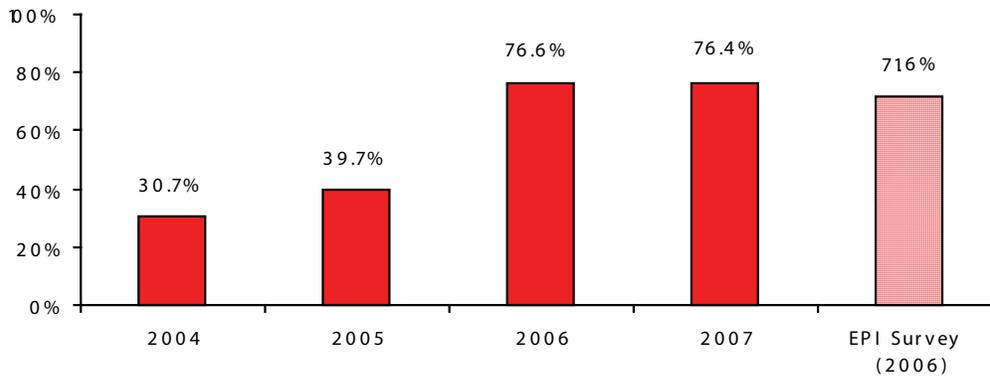
In order to document the services of the CMDs, a documentary film entitled "The Fight against Malaria" was produced by UPHOLD in 2006. This 22 minute documentary is being used by the MoH and partners at all levels as an advocacy tool for promoting prompt malaria treatment and prevention. It is also intended to commend the work of CMDs who voluntarily devote their valuable time to bring services nearer to mothers and children.

**Table 10: Trends in key indicators for HBMF in 34 UPHOLD-supported districts, 2004-2007**

Number of Children	2004	2005	2006	2007
Number of children treated by CMDs		1,609,973	2,728,172	1,907,617
Number of children receiving Homapak within 24 hours of onset of fever	60% <sup>1</sup>	1,136,837	1,786,178 (65%)	1,147,170 (60%)
Number of children who recovered on Homapak		1,507,838	2,499,680 (92%)	1,765,633 (93%)

Source: UPHOLD Program Records

**Figure 2: Percent of children <5 years with fever in past 2 weeks who received treatment within 24 hours**



Source: UPHOLD LQAS Surveys, 2004-2007



## Challenges and Future Considerations

Implementation of HBMF was not without challenges. On many occasions facilities had stock outs of Homapak, because the newly introduced 'pull system' of drug management was weak. Drug distribution to the districts was sometimes delayed due to transportation limitations or poor forecasting by the districts. This therefore affected the functioning of the HBMF structure and contributed to a reduced volume of work done by the CMDs. Facility staff need to be tasked to closely monitor and follow up HBMF activities if drug logistics for HBMF are to be regular.

By the close of UPHOLD, the MoH's Health Management Information System (HMIS) remained more focused on facility-based data. Collection, compilation and transmission of data from community-based activities such as HBMF remained a challenge for UPHOLD and other stakeholders. According to program records, in the first three quarters of 2006, only about 30% of the CMDs were reporting regularly to the health facilities nearest to them). Improvement of reporting was only possible through investment into quarterly review meetings an exercise that required mobilization of all sub-county CMD supervisors across the districts.

This raised the reporting to 77% in 2007, but this support needs to be sustained if the program is to be continuously monitored.

Motivation of CMDs was another challenge common to all interventions involving lay workers. In 2007, UPHOLD conducted a qualitative study in four districts to explore this factor in order to inform stakeholders on how to better support CMDs<sup>7</sup>. The study revealed that communities are unwilling to provide support to the CMDs because they believe that there is a budget line in local governments for them, yet local governments reported that they do not have the resources to motivate the CMDs. This contradiction needs to be addressed by ensuring better communication flow between communities and local governments on availability of funds for CMDs as well as exploring mechanisms for motivating them within the means of communities and local governments

7. Begumisa. A., Kironde. S., Nsabagasani. X., Ekochu. E., Nassamula. H. 2007. Action research on improving motivation of community medicine.



## Insecticide Treated Net Distribution and Net Re-Treatment

Insecticide-treated nets are a cost effective preventive measure against malaria and one of the key strategies against malaria in the country. Over the program life, UPHOLD targeted this intervention towards the most malaria-prone populations; children below five years, pregnant women, PLHIV, internally displaced people (IDPs) in the Northern and North Eastern conflict districts and orphans and vulnerable children (OVC).

Between 2003 and 2007, a total of 311,784 long lasting ITNS were distributed to these vulnerable populations (**Table 11**).

The use of CMDs who work with their own communities to target the beneficiaries in the mass distribution exercise of 2006 ensured rapid distribution and was helpful in minimizing misallocation of the nets.

After the 2006 distribution exercise, UPHOLD shared its experiences at a MoH partners' meeting organized for reviewing the ITN policy and discussing mechanisms for coordinating partner's efforts towards ITN distribution. The meeting highlighted most of the lessons learned and MoH adopted the UPHOLD approach as one of the ways to ensure effective distribution of the 1.8 million ITNs that were purchased using Global Fund monies.

UPHOLD also supported four rounds of the MoH's national net re-treatment exercise between 2004 and 2008. This endeavor targeted sub-counties with low ITN coverage and those that had not had recent ITN distribution activities, and extended beyond UPHOLD-supported districts. Of 27 districts that were covered in 2006, only 12 were UPHOLD-supported. A total of 948,418 bed nets were re-treated over the program life (**Table 12**).

All net distribution and re-treatment activities were accompanied by BCC messages disseminated through radio, print and music, dance and drama to increase the demand for ITNs. By the end of the program, the proportion of households in UPHOLD-supported districts owning an ITN was 51% and the percentage of children below five years sleeping under an ITN had increased from 11% in 2004 to 44% in 2007 (**Figure 3**).

**Table 11: UPHOLD-supported ITN distribution 2003-2008**

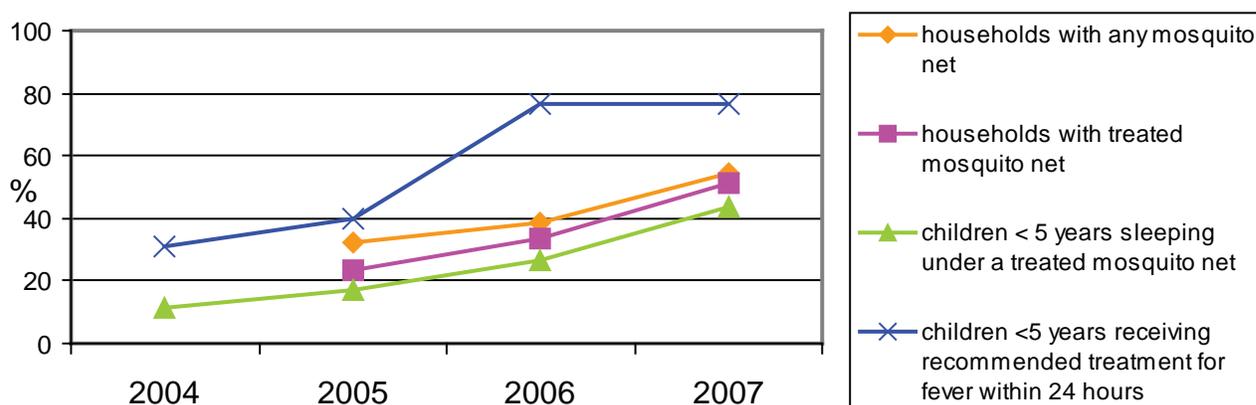
Target Group	Number of ITNs Distributed	Coverage
Children below five years	256,302	10 districts
Pregnant women in conflict-affected districts	27,262	3 districts
PLHIV/OVC	27,748	15 districts
CMDs	272	28 districts
2007 Flood Victims	200	Katakwi District
<b>Total</b>	<b>311,784</b>	

Source: UPHOLD Program records

**Table 12: Number of bednets re-treated through UPHOLD support 2004-2008**

Round	Year	Nets re-treated	Coverage (# districts)
1st	2004	149,759	UPHOLD districts (20)
2nd	2005	144,869	UPHOLD districts (20)
3rd	2006	505,573	Including other non - UPHOLD districts (27)
4th	2007	135,755	Including other non - UPHOLD districts (22)
Additional	2008	12,462	Including other non - UPHOLD districts (18)
<b>TOTAL</b>		<b>948,418</b>	-

Source: UPHOLD Program records



**Figure 3: Trends in ITN coverage in UPHOLD-supported districts, 2004-2007**



Based on supervision findings and at the recommendation of MoH/NMCP, UPHOLD also supported the training of 334 health workers (150 males, 184 females) from nine districts in the management of severe malaria. This was to ensure that internal and external referrals of patients with severe malaria could be adequately handled at higher level facilities.

## Challenges and Future Considerations

Stock outs of malaria medicines continue to constrain ACT use at facility level. During support supervision visits UPHOLD improved facility, HSD and district managers' knowledge and skills in logistics management for malaria to ensure regular supplies of anti-malaria medicines from NMS. This support needs to be continued by districts, HSDs and other partners.

Since the use of ACT is a recent introduction in the country, side effects of the drug need to be closely monitored and during training all health workers were taught how to track and report them. However, supervision reports indicate that there is poor tracking of ACT side effects. Partners following up the implementation of the new treatment policy should therefore remember this important aspect of introducing the new regimen for treatment of malaria.

## Malaria in Pregnancy

The MoH recommends that every pregnant woman takes two doses of Sulfadoxine-Pyrimethamine (Fansidar®) during two of the recommended four ANC visits during a pregnancy. Beginning in 2003, UPHOLD worked with MoH to consistently promote the integration of reproductive and HIV&AIDS services by training health workers in goal-oriented ANC (Goal-ANC), which integrates PMTCT, family planning and IPTp. In 2004, the UPHOLD LQAS survey indicated an average of 40% IPTp uptake in UPHOLD-supported districts.

To focus interventions that address the management of malaria in pregnancy (MIP), UPHOLD conducted a rapid assessment of the IPTp strategy in 2006 in the two districts of Luwero and Kamuli, which had poor IPTp uptake. The assessment revealed a need for on-job support to health workers to improve the delivery of ANC services through; better counseling of clients; organization of services, administration of directly-observed therapy (DOT) for IPTp and management of logistics, among others. The assessment exercise also included community dialogue sessions to explore community perceptions of IPTp, based on an approach used in the Yellow Star Program and utilized a whole site approach to provide concrete, focused and timely support to health workers, enabling them to improve their practices in delivering ANC services in general and prevention of malaria in particular.

Based on findings from initial support supervision visits for IPTp, a training program and a package of standard tools were developed with the MoH to facilitate training and supervision of malaria in pregnancy (MIP) interventions. The tools include:

- A *Malaria-In-Pregnancy Refresher Training Manual* which describes policies, guidelines and required practices; explains the role of effective supervision and community-facility dialogue for improving IPTp uptake; and provides planning guidelines for support supervision of one's own facility and three to five additional facilities.
- A standard set of reference materials including the (Goal-ANC) protocol, a flow-chart for management of MIP, relevant excerpts from the HMIS manual and a self assessment check-list for effective supervision skills.
- A support supervision tool which covers thematic areas for facility supervision and community dialogue including frequently asked questions.

Altogether, UPHOLD supported the training of 1,778 health workers on malaria in pregnancy, including 936 health workers from private clinics in 26 districts. The program also trained 43 (22 male, 21 female) mentors from the eastern and central regions to support the uptake of IPTp at health facilities through supervision and mentoring.

To address the communication gaps between



clients and health workers and increase demand for IPTp services, UPHOLD worked with the USAID-funded Health Communications Partnership (HCP) Project to design appropriate behavior change communication (BCC) materials that addressed the identified community and facility constraints to IPTp uptake: print and radio materials and messages for dissemination through music, dance, and drama groups.

Print materials included job aides for health workers; specifically, a gestational wheel for establishing the age of pregnancies in order to determine when it is appropriate to give IPTp, and a Goal-ANC wall chart for reminding health workers about the components of Goal-ANC, including the need for directly-observed treatment for IPTp. Through this partnership, the program distributed 3,000 wall charts and 3,000 gestational wheels to the districts in the Eastern and Central regions. HCP also trained seven drama groups that performed a total of 42 shows supervised by UPHOLD regional staff, and reached 7,886 people (4,413 female and 3,373 male) with appropriate RH messages in the two regions.

## Challenges and Future Considerations

Supervision reports reveal that the availability of Fansidar® for IPTp is irregular and needs continuous follow up by supervisors. Further, the administration of DOT is limited because of inadequate supplies of clean water at facilities or lack of suitable water containers for taking the medication.

Community dialogue meetings revealed that mothers and their partners do not clearly understand why they are asked to swallow medicines when they are not sick. Mothers also reported that health workers' attitudes sometimes deter them from attending ANC and they only endeavor to come once to get an ANC card which facilitates delivery at the health unit in case of pregnancy complications. Partners working to improve IPTp uptake need to address the communication barriers between health workers and their clients as well as dispel misconceptions about IPTp.

The tools developed to support MIP interventions were shared with members of the MIP Technical Working Group of the MoH and acknowledged as good training and supervision resources with a recommendation that they should be used in subsequent training activities by partners. They have been handed over to the MoH and can be accessed for future training and supervision activities by partners in this field.

## Collaboration and Coordination of Malaria

### *Activities Technical Working Group Meetings*

To ensure better coordination in the planning and implementation of malaria prevention and control of malaria activities, UPHOLD supported and participated in all the five Malaria Technical Working Group (TWG) meetings of the malaria Inter-Agency Coordination Committee (ICCM); the Case Management TWG, the Vector Control TWG, the Information, Education Communication (IEC) and Social Mobilization TWG, the Monitoring and Evaluation TWG and the Malaria in Pregnancy TWG. A total of 10 meetings were supported by the program, each deliberating on various aspects of malaria prevention and control.

Two MIP TWG meetings were supported. In one of them, members deliberated on the factors influencing IPTp uptake, namely the logistics (clean portable water, cups for use to take the water, availability of Fansidar, health workers' and mothers' attitudes and knowledge about silent malaria and the value of IPTp. In a second meeting, a final review of the refresher materials on MIP developed by MoH and UPHOLD was carried out and the materials were recommended for use at national level including the revised integrated antenatal register. Additionally, the *Woman's Passport*, which was adapted by the MoH with support from UPHOLD, was approved for piloting in two UPHOLD-supported districts.

In the Information, Education, Communication and Advocacy TWG meeting, participants presented the work being done by their organisations and shared print and audio visual IEC materials. The need for regular coordination meetings was emphasised, as was the importance of approval of all IEC materials by MoH.

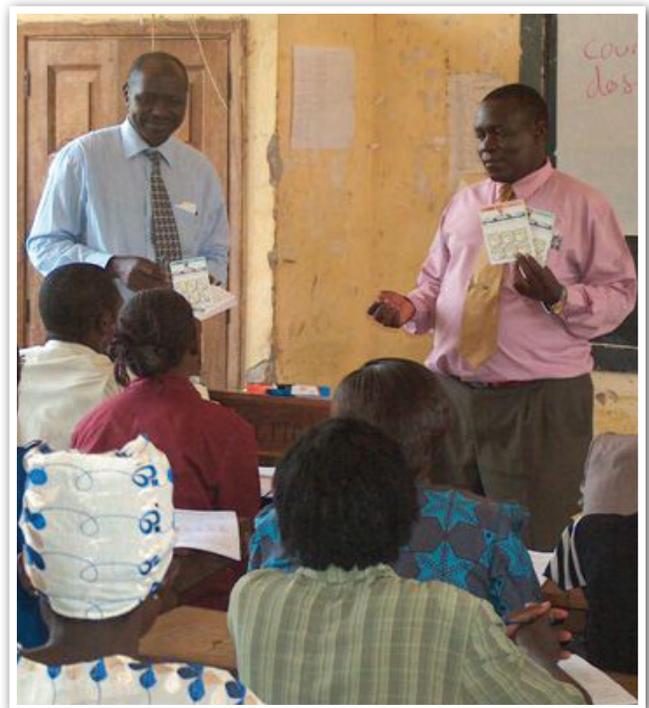
In one of the Malaria Case Management TWG meetings members reviewed the revised training manuals for the management of severe malaria and the draft training documents for HBMF incorporating

the use of Coartem at community level.

In the Monitoring and Evaluation TWG many participants were invited from the NGO and private sector to share their experiences in malaria prevention and control. They were further briefed on the MoH expectations with regards to technical implementation and coordination of their activities and reporting requirements.

### *Support to MoH Supervision of Malaria Interventions*

To ensure alignment to MoH guidelines for malaria interventions, UPHOLD funded central level support supervision visits by MoH/NMCP officers to all the 80 districts in the country. During the supervision visits, out-patient and in-patient data from a sample of health units in each district were collected to study the trend of malaria cases and districts and health workers were provided with support to improve on malaria prevention and control activities.







## Activities and Results

UPHOLD-supported TB control interventions initially targeted the 12 districts that did not overlap with districts receiving support from the AIM Project. After the close down of AIM in 2005, UPHOLD extended TB control activities to all of its 34 districts consolidating interventions that had already been started. In the last two years of operation however, TB activities in the Northern districts were transitioned into the NUMAT Project.

To strengthen facility and community-based TB services, UPHOLD worked with the National TB and Leprosy Control Program to train 2,976 health workers on various aspects of TB including CB-TB-DOTS, TB logistics management, and TB/HIV integration.

The Zonal TB Coordinators and District and Health sub-district TB/Leprosy Supervisors as well as sub-county staff were facilitated to provide support supervision to the 311 UPHOLD-supported treatment centres. This support focused on ensuring the availability of drugs and other supplies, improving patient

adherence to drugs, improving laboratory diagnosis, the integration of TB/HIV activities, and ensuring the quality and timeliness of reporting.

Stakeholders review meetings were supported at the district level to enable district leaders and health workers involved in TB control to review progress of TB interventions in all the districts. An edition of the *Health Workers Matter* newsletter focusing on TB control was published. 10,000 copies of the newsletter were distributed to national partners and all health workers in UPHOLD-supported districts.

As a result of these interventions, the average CB-TB-DOTS coverage (measured as the total number of TB patients in a district enrolled in the program) for the 34 UPHOLD-supported districts (2006) was 55% with nine out of districts reaching a coverage of 80% or more. By the end of the program the TB CDR in UPHOLD-supported districts was 43% in 28 districts and the TSR was at 75% (**Table 13**).

Program records also show that in the last quarter of operation in 2008, on average, 64% of TB patients were counselled tested and received their HIV test results and that 49% of the TB patients were HIV positive

**Table 13: Trends in TB indicators for UPHOLD-supported districts 2003-2008**  
**In TB indicators for UPHOLD-supported districts 2003-2008**

Indicator	2003*	2004	2005**	2006***	2007***	2008
Case detection rate	31.6%	35.2%	45.9%	49%	50.0%	43%
Treatment success rate	76.8%	74.6%	78.1%	79.3%	78%	75%

\*20 districts

\*\*29 districts

\*\*\*34 districts

28 districts

Source: UPHOLD Program records

## Challenges and Future Considerations

A key challenge to the CB-TB-DOTS Strategy is burn-out of the community volunteers owing to lack of incentives for providing services within the communities.

The integration of HIV/TB/HCT services is still a relatively new concept to health workers in facilities level and needs to be reinforced at every opportunity so that referral of patients between the service delivery points within and without facilities can be realized. On-job support towards achieving full integration is recommended for partners supporting TB services as is equipping more centres to be able to provide a continuum of care for both TB and HIV services.

## C. Intergrated Child Health

### Context

The status of children's health is a sensitive indicator of the health of a nation. As UPHOLD began operations in 2002, the infant and under five mortality rate in Uganda were reported to be high at 88 and 152 per 1,000 live births respectively (UDHS 2000-2001). The HSSP I (2000/01 - 2004/05) detailed the Integrated Management of Childhood Illness (IMCI) as the chosen approach to provide health care to children in a holistic manner, integrating the management of diarrhoeal diseases, acute respiratory diseases, immunization, malaria and malnutrition since these account for 70% of all childhood illness in Uganda. The HSSP I also outlined immunization as one of the major public health programs to be undertaken in order to reduce the national disease burden since 75% of this burden is due to preventable diseases. Under the Uganda National Expanded Program for Immunization (UNEPI) which was launched in 1995, the revitalization of immunization services for children against six killer diseases tuberculosis, polio, diphtheria, whooping cough, tetanus and measles was in progress. Two more vaccines were introduced in the country in 2002 against Hepatitis B (HepB) and Haemophilus influenzae type b (Hib) illnesses.



### Objectives

To contribute to the reduction of childhood morbidity and mortality in the country.

### Strategies

1. Strengthen immunization services and Vitamin A supplementation through support to routine immunization at facilities, outreach services especially to hard-to-reach populations and support to special immunization campaigns.
2. Promote community IMCI using community growth promotion as an entry point to integrated child health.
3. Scale up the HBMF strategy that addresses the management of malaria in children below five years.

UPHOLD sought to improve child survival through support to integrated child services with a focus on community growth promotion and immunization using a multi-sectoral approach that involved the MoH, Ministry of Education and Sports, District Health and Education Departments, CSOs, community leaders and communities in all supported interventions.

Beginning in 2003, the program provided substantial support to immunization activities at national and district levels and built upon community growth promotion interventions started by the USAID-funded BASICS II Project in 45 communities in Luwero, Masindi and Kumi Districts that ended in 2002. These evidence-based interventions focused on reaching households and strengthening health system support for child health.



## Activities and Results

### *Immunization*

UPHOLD adopted a flexible, cost-efficient implementation strategy that recognised national policies and the need to collaborate with stakeholders in order to achieve results. Immunisation activities were aimed at boosting the routine immunization program as well as supporting national campaigns. UPHOLD's niche among partners supporting immunization interventions was the provision of support towards social mobilization through comprehensive BCC.

### *Routine Immunization*

Every year of the UPHOLD program, local government and UPHOLD regional offices made annual work plans to enable health facilities to carry out routine and special immunization interventions. Routine immunization was particularly boosted through technical assistance and support to outreaches in conflict and hard-to-reach areas (due to geographic constraints).

Additionally, the program forged partnerships with eight CSOs that received funding and technical support to help the districts increase immunization coverage through social mobilization and monitoring activities.

In response to a request from the MoH in 2006, UPHOLD printed 4,000,000 Child Health Cards and distributed them to health units using the health system and 10,000 pocket size immunization schedules for caretakers. Through the LG mechanism, UPHOLD also supported the training of 183 health workers and 1,104 (601 females and 503 males) community-based vaccinators from ten districts.

## UPHOLD BCC support to immunization campaigns

- 4,000,000 Child Health Cards
- 13 million Lapel Stickers for immunized children
- 8,000 Sub-National Immunization Days (SNIDs) polio & measles booklets
- 2 million Activity Sheets for primary school children
- 10,000 pocket size Immunization Schedules for caretakers
- 4,000,000 Child Health Cards
- 141,763 cover letters from national authorities
- 2,000 T-shirts and Caps
- Daily radio spots on 33 stations
- 477,340 Question & Answer brochures for opinion leaders
- 5,500 Booklets on polio and measles
- 461,540 Leaflets for the general public
- 225,176 Posters
- 100,000 Bumper Stickers
- Newspaper ads in 7 Newspapers
- Daily Television spots on 2 national stations

## Immunization Campaigns

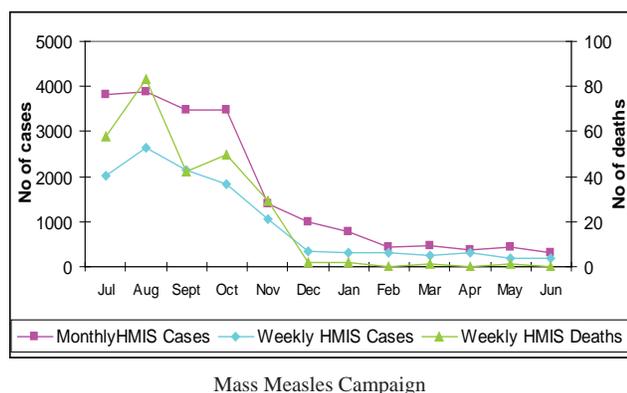
In 2003, the program supported the MoH National Mass Measles Campaign that targeted children between the ages of 6 months and 15 years to provide measles vaccination, Vitamin A supplementation, deworming tablets for common intestinal infestations and tetanus toxoid<sup>1</sup> vaccine for women (mainly adolescent girls). A major effort was made to mobilize communities to utilize immunization services through a BCC campaign, through which UPHOLD provided 400 person hours of technical assistance and US\$ 1.3 billion (US\$ 684,211) for the development, production and distribution of communication resources translated to 15 languages, in all the 56 districts of the country. These included below-the-line materials for specific target groups (e.g. opinion leaders, primary school kits, bumper stickers) and above-the-line communication resources for the general public (mainly mass media materials) that were designed in partnership with major communications companies in the country (See box on left side). Thereafter, UPHOLD supported a post-measles campaign evaluation study of the communication strategy that showed a positive impact of the materials used and informed MoH and district stakeholders of the need for sustained communication on immunization especially through radio.



During this campaign, 13 million children-over 95% of children in Uganda, were immunized against measles, one of the most successful campaigns in the country. This led to a remarkable drop in measles cases among children under five years over the next few years (Figure 5). Additionally, 4.8 million children between 6 months to 5 years (106%) were given Vitamin A supplementation, 6.9 million children 5-15 years (87%) were dewormed, and 536,807 women 15-49 years (87%) were given tetanus toxoid.

8. The Tetanus Toxoid campaign was implemented in only five districts of the Eastern region (Jinja, Kamuli, Iganga, Bugiri and Mayuge).

**Figure 5: Trends in measles cases 2003/2004**



## Child Days

The MoH introduced the Child Days strategy in 2005 as a means of boosting routine immunization, Vitamin A supplementation for children between 6-59 months, and de-worming of children 1-14 years. To support this intervention, in 2005 UPHOLD met the costs of supervision of the exercise within its districts of operation, printed 10,000 pocket size immunization schedules for caretakers, and published 15 newspaper adverts on immunization in three daily newspapers. The program also launched a BCC campaign 'Mr Immunizer' targeting children as part of social mobilization.

In 2005, in response to the threat of polio migration to Uganda from Southern Sudan, the MoH organized two rounds of Sub-National Immunization Days (SNIDs) for polio covering 15 districts, of which seven were UPHOLD-supported (Gulu, Kitgum, Katakwi, Nakapiripirit, Arua, Yumbe and Lira). Measles and tetanus vaccinations were also administered during this activity. USAID financial support amounting to US\$ 233,000 towards this cause was administered through UPHOLD which worked as part of the national coordinating council and contributed to social mobilization and BCC activities including the printing of 8,000 'Support Sub National Immunization Days' booklets and airing of radio spots in 10 different local languages on 16 separate radio stations in the Northern districts. During the campaign, 655,372 children (96% of the target) were vaccinated in April 2005 (Round 1) and 637,427 (93%) children were vaccinated in May 2005 (Round 2).

In 2006, UPHOLD supported district micro-planning activities, supervision and community mobilization for Child Days activities to the tune of approximately US\$ 208 million. Through this support, the program contributed to the successful vaccination of 392,196 (89%) children under one year with the pentavalent DPT/HepB, Hib vaccine. At these Child Days, 1,686,653 (82%) children between six and 59 months received Vitamin A supplementation and 3,667,922 children between one and 14 years were dewormed of common helminthes. UPHOLD also shared the results of a BCC survey with national-level stakeholders during the planning process for the November 2006 Child Days. The survey results showed the importance of radio messages in improving community participation in immunization activities.

Following the rapid increase in the incidence of measles cases between February and June 2006, the MoH and its partners, including UPHOLD implemented a phased immunization campaign against measles and polio in August 2006 which was successfully completed during the first quarter of PY5. UPHOLD supported the campaign by facilitating social mobilization through community meetings, radio and newspaper adverts, and printing 5,500 questions and answer booklets on measles. During this campaign, 2,294,133 (104.5%) children 6-59 months were immunized against measles and 2,364,772 (100.1%) children 0-59 months were immunized against polio in UPHOLD-supported districts.

In 2007, UPHOLD continued its support to Child Days by identifying and supporting 12 poorly performing districts (Pallisa, Bugiri, Kamuli, Mbarara, Ibanda, Mubende, Rakai, Bundibugyo, Lira, Nakapiripirit, Yumbe and Koboko). The program provided them with targeted support for social mobilization and monitoring activities designed to help them improve their immunization indicators. Additionally, teams from UNEPI were facilitated to visit and provide technical assistance to each of these 12 districts. Results from these districts indicate an overall achievement of 68% for Vitamin A supplementation among children 6-59 months, and 70% for de-worming among children 1-14 years in UPHOLD-supported districts.

A special event in the Northern districts was held in 2007 to mobilize communities' in internally displaced people's (IDP) camps to participate in Child Days. At this event, the Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations (CARAVAN) in collaboration with The Ministry of Gender, Labor and Social Services, TASO, AIC and Gulu Youth Center as well as UPHOLD grantees (Straight Talk Foundation and ACORD) performed six concerts over six days in Northern Uganda (four in Gulu and two in Lira). In one IDP camp alone (Koch Goma IDP) 1,800 children were mobilized and received Child Days services.

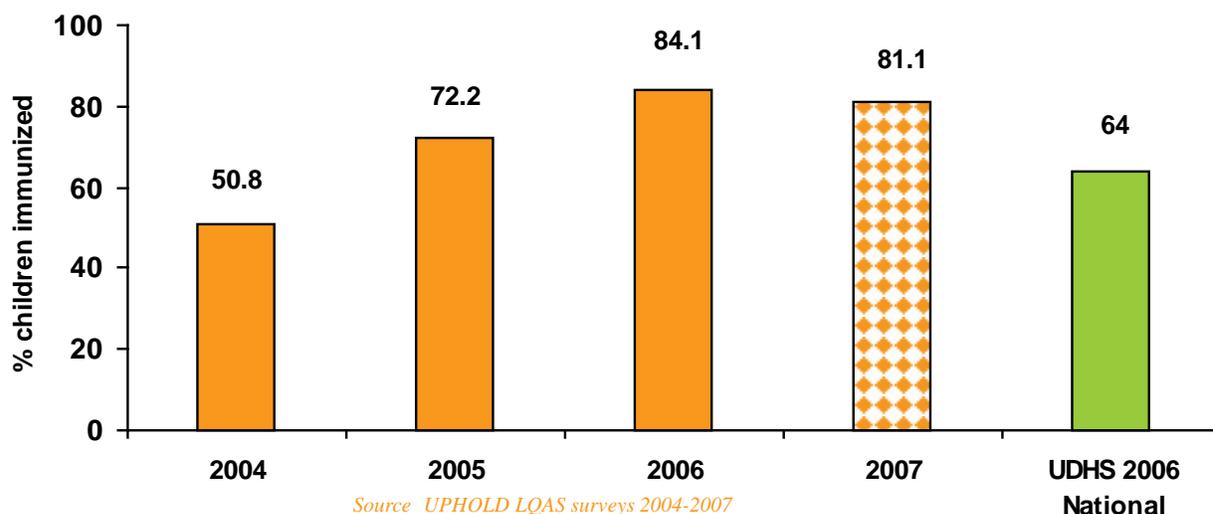
## Overall Impact of UPHOLD's Support to Immunization

As a result of these interventions, results from the 2004-2007 UPHOLD LQAS surveys indicate a positive trend in the proportion of children who received DPT3 in UPHOLD-supported districts through June 2007 when this support ended the 2007 result remaining high at 81.1% compared to the national average of 64% reported in the UDHS 2006 **Figure 6**

UPHOLD-supported community-based growth promotion (CBGP) activities were first initiated in 2004 within 20 villages in Bugiri District, followed by a grant to CSOs already involved in growth promotion activities, the National Strategy for Rural Women's EUPHOLD supported community-based growth promotion (CBGP) activities were first initiated in



**Figure 6: Trends in DPT3 coverage in UPHOLD-supported districts, 2004-2007**





## Community Growth Promotion

2004 within 20 villages in Bugiri District, followed by a grant to a CSO already involved in growth promotion activities, the National Strategy for Rural Women's Empowerment (NSWARU). In 2005, activities to promote CBGP as an entry point to a more integrated and holistic approach to improving child health at a communities, were scaled up to six districts (Luwero, Arua, Mayuge, Kiruhura and Ibanda districts). The approach was modeled on the Village Health Team (VHT) concept of the MoH which aims to bridge the gap between the health service delivery system and the household.

The intervention acts as a catalyst for solving problems of childhood illness, poor feeding practices and other health concerns at the household level. During the program's life 1,290 growth promoters covering 524 villages in the six selected districts were trained (Table 14). They were tasked and equipped to conduct monthly growth promotion sessions in their villages and providing counseling and referral support to mothers regarding the upbringing of their children. To this effect, UPHOLD developed a CBGP kit and procured for each growth promoter a toolkit consisting of: a village register; 16 child health counseling cards covering antenatal and newborn care, immunization malaria management and sick child care; a growth promotion handbook, a laminated chart for monitoring expected weight gain; reporting forms, a weighing scale; referral sheets for sick children; a T-shirt; and stationery items.

By the end of the project, monthly weighing sessions

were held for all children below the age of two living in the communities across the 524 villages, with over 15,000 children enrolled in the growth promotion program. The average reporting rate was 63% and the average monthly participation or attendance rate was recorded at 72%. Towards the end of 2007, 102 parish coordinators were selected from the growth promoters and along with the sub-county supervisors, they underwent a one-day training course on reporting requirements and quality control for CBGP after which they were expected to review and correct the monthly village summary reports, compile data and submit it to the sub county coordinators.

**Table 14: Training details for UPHOLD-supported CBGP interventions**

District	Number of sub-counties	Number of villages	Number of Trainers	Number of growth promoters			Training dates
				Male	Female	Total	
Arua	1	48	28	76	20	96	Dec 06 -Jan 07
Bugiri	3	130	12	206	184	390	July - Dec 06
Luwero	3	119	19	189	197	329	July - Dec 06
Mayuge	1	83	11	68	62	130	Feb 06
Kiruhura/Ibanda	5	144	6	141	147	288	June - Aug 06
<b>Total</b>	<b>13</b>	<b>524</b>	<b>76</b>	<b>680</b>	<b>610</b>	<b>1,290</b>	

Source: UPHOLD Program records

## The CBGP Process

- Train district and sub-county CBGP trainers/supervisors
- Train growth promoters
- Community level door-to-door registration of children < 2 years
- Monthly weighing sessions
- Collect and comp by sub-county supervisors
- Quarterly review and support meetings for growth promoters

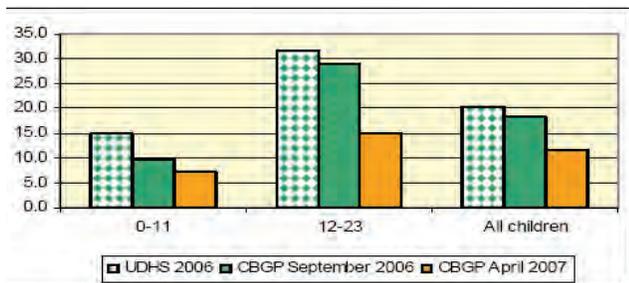


Toolkit items for growth promoters

As a member of the Essential Nutrition Actions (ENA) Task Force, UPHOLD played an active part in the roll-out of the ENA approach. Five CBGP trainers were identified and trained during the national training of trainers on ENA, which was organized by the MoH in collaboration with the Regional Centre for Quality of Health Care (RCQHC) and Mulago Hospital/School of Public Health in Mayuge District. This was immediately followed with a two-day training for 130 growth promoters on optimal breast-feeding and complementary feeding using the BCC approach for the ENA package. In other districts, the same modules were used during the quarterly feedback meetings greatly improving the growth promoters' technical knowledge on child feeding and counseling skills. Additionally, all the 1,290 growth promoters were to identify and refer children for routine immunization

To document the CBGP process and results, a detailed program review study on the CBGP process and results was carried out in 2007. The study demonstrated how the CBGP approach has great potential to prevent malnutrition and maintain child health in Uganda. Results from sites which had continuous implementation for at least eight months showed a positive impact of CBGP activities, with the proportion of children who were malnourished as evidenced by low weight for height (less than 2SD for z-scores using the WHO/National Center for Health Statistics 1999 standard) declining from 18.3% in September 2006 to 11.6% in April 2007. This positive effect on nutritional status was evident in the two main age groups (0-11 months and 12-23 months) and could not be explained by seasonal effects. (Figure 7)

**Table 7: Proportion of children registered in CBGP program L-25D weight for height**



Source: UPHOLD CBGP Program Review Study, 2007

## Challenges and Future Considerations

UPHOLD has built capacity for CBGP at district, sub-county, parish and community levels in six districts. This has provided a firm foundation for the continuation and expansion of CBGP in Uganda. A strengthened involvement of the district health team and partnerships with interested NGO's and CSOs will remain crucial to sustain adequate levels of support supervision, continuous capacity building, and monitoring and evaluation of growth promotion activities. UPHOLD enhanced linkages to other community based health activities and actions, e.g. the involvement of growth promoters in immunization and Child Days' activities and the utilization of the CBGP/VHT structures and capacities for maternal and newborn care, which has great potential towards further improvement in child health. Training and support supervision, growth promoters provided standard health education messages to the mothers and caretakers. The good practice of drawing attention to a child's growth and health on a monthly basis and providing tailored health information to mothers level made a positive impact in the growth and health of the community's children. More support should therefore be provided to growth promoters to provide tailor-made behavioral change communication messages to caretakers.

## UPHOLD Support to Immunization and Other Child Health Interventions 2003-2007

2003:

- 1.3 billion US\$. for communication resources in 15 languages towards mass measles campaign

2004:

- CBGP training in Bugiri District began
- Training of private providers in improved child health practices in Mbarara, Bushenyi, Rakai and Rukungiri
- Support to routine immunization through LG grants

2005:

- Support to bi-annual Child Days – communication resources including 'Mr Immunizer,' social mobilization, supervision
- 3 million children 6-14 years in 13 districts dewormed for schistosomiasis
- 1.2 million children < 5 years received Vitamin A supplementation
- Evaluation study of Child Days to guide further implementation
- US\$. 419 million support to Sub-national immunization days for polio prevention
- Training of 279 private providers and Uganda Private Midwives Association midwives on improved child health practices
- Developed counselling cards for CBGP
- Support to routine immunization through LG grants

2006-07:

- Support to bi-annual Child Days
- Special concerts in Northern Uganda with the Cultivating Arts and Realizing Alternative Ventures for Aid to Africa (CARAVAN) and partners
- Support to routine immunization through LG grants.

## D. Integrated Reproductive Health

### Objective

To contribute to reduction of neonatal, infant and maternal morbidity and mortality in the country.

### Strategies

1. Increase awareness, demand and utilization of integrated reproductive health (IRH) services and address gender issues in reproductive health.
2. Strengthen goal-oriented antenatal care including prevention of mother-to-child transmission of HIV.
3. Increase access to safe deliveries.
4. Train health workers in appropriate skills for quality reproductive health service delivery.
5. Strengthen of youth friendly sites to improve access of adolescents to RH services.

### Context

In 2002 the Ugandan population stood at 24.2 million persons with an average inter-censal population growth rate of 3.4% between the 1991 and 2002 censuses. The UDHS 2000-2001 further reported a total fertility rate of 6.9, Maternal mortality ratio of 505 deaths per 100,000 live births, 37% of births taking place in a health facility and a contraceptive prevalence rate of 23% with an unmet family planning need of 35%. These indices made reproductive health (RH) a priority area of focus for the MoH's HSSPI. Three focal areas were identified for partners supporting RH interventions: increasing access to institutional deliveries; strengthening family planning services; and strengthening goal-oriented antenatal care (Goal-ANC) including PMTCT.

UPHOLD approached the challenge by ensuring interventions across all three focus areas, albeit to a limited extent due to limited overall funding for RH.



### Activities and Results

UPHOLD began its support to RH with collaborative work with the MoH and WHO to develop and disseminate guidelines for IPTP a key component of Goal ANC, and provided financial assistance to local governments to orient various cadres of health workers in integrated RH.

In 2004 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 levels. The analysis revealed that:

- Materials were generally scarce, and even more importantly, there was no central “clearing house” where RH partners could easily access the MoH-recommended materials.



- District trainers needed refresher training; many who had previously been trained were longer up-to-date with developments in RH.
- Many of the district trainers were only trained in content and not in training methodologies so they were not able to pass on knowledge and skills to other health workers.

UPHOLD then co-hosted national meetings with the MoH and key stakeholders, RH including women parliamentarians to analyze RH interventions, followed by district-based meetings to discuss the findings from the analysis and to plan for improved services. Over 80 RH managers from nine districts participated in the workshops, which updated their knowledge of key RH principles, and discussed practical ways of implementing RH interventions at various levels. Key strategies that were adopted included the training of health workers in appropriate IRH skills, advocacy and mobilization for IRH services, while addressing gender issues in health seeking behavior. Together with community development workers (CDWs), they discussed and agreed on ways of mobilizing communities for RH.

A key step that was taken by the program was the selection of seven CSO partners that were each provided with grant funds to increase awareness on RH and mobilize communities to utilize RH services, while increasing access to the services through provision of outreach services. The CSOs were Bushenyi Medical Centre (BMC) in Bushenyi District, Rakai AIDS Information Network (RAIN) in Rakai District, Rukungiri Women Development Corporation (RWODEC) in Rukungiri District, Rural Health Concern (RUHECO) in Lira and Dokolo Districts; Tooro Kingdom in Kyenjojo District, Straight Talk Foundation (STF) in Gulu District, Buganda Cultural Development Foundation (BUCADEF) in Wakiso District and the Uganda Private Midwives Association (UPMA) that operated in 14 UPHOLD-supported districts. Additionally the Rakai Local Government negotiated for funding support from UPHOLD to implement various RH interventions. All the CSOs (except UPMA) and Rakai LG utilized music, dance and drama shows and community dialogue as a means of increasing awareness on RH issues and service availability. Each of these partners also had a unique approach to service delivery that contributed to improved

maternal health across the districts. RWODEC, RAIN and RUHECO trained and utilized community-based RH workers (CRHWs) to provide home-based or community outreach IRH services. STF, RUHECO and RAIN also trained peer educators to reach out to school-going and out-of-school youth. RUHECO had a special interest in addressing gender-based violence which was quite common in the districts it operated in. The CSO trained male peer educators to address gender based violence and provide individual and couple counseling to those who were victims of GBV. By the end of its grant period, 93 of the 163 parishes it operated in had passed by-laws against GBV. Rakai LG, RAIN and BMC conducted health fairs during which the communities would be offered IRH services, while being educated. STF, BMC and RUHECO also held interactive radio talk shows to increase awareness on pertinent RH issues in their communities.

A positive outcome in these interventions was the forging of partnerships between LGs and the CSO, in particular between Rakai LG and RAIN, RWODEC and Rukungiri LG, and Tooro Kingdom and Kyenjojo LG resulting in most of their activities being carried out jointly.

## Training in IRH Service Delivery

Over the project life, UPHOLD trained 3,836 service providers in various IRH disciplines that included comprehensive IRH, Goal ANC, and family planning updates with modules in infection prevention and integration of RH with sexually transmitted infections STI/HIV&AIDS interventions.

The integration of Goal-ANC and prevention of mother-to-child transmission of HIV (PMTCT) services was a key strategy of ensuring better maternal health especially at the 100 UPHOLD-supported static sites. A total of 1,324 individuals were trained in Goal-ANC with PMTCT over the program life. They were further followed up with support supervision to provide on-job training on how to translate their knowledge of integration to practice at their places of work and address factors hindering IPTp uptake.

Another important area that was identified as requiring training support was family planning.

During the program life, 406 service providers were trained in FP. The five-day FP training carried out with MoH trainers, targeted health service supervisors, who were expected to pass on the knowledge and skills they gained to health workers in the lower units within their jurisdiction. During the course of the workshop, religious and political leaders were invited to a one-day orientation on FP advocacy with the expectation that they will educate the people they lead on the reproductive services that are available to them and the need for birth spacing. The trained health workers were further supported with job aides, including dildoes, flip charts and moon beads and technical support supervision.

## Adolescent RH Services

Although all the seven UPHOLD-supported CSOs provided adolescent RH services to some degree, the major thrust was provided by STF and three public health facilities in Waksio District: Namayuma, Kajjansi and Buwambo Health Centres (HCs). STF received two grants worth US\$ 994 million (US\$ 584000) to establish a much-needed youth-friendly centre in Gulu District, this being one of the conflict-affected districts in Northern Uganda, where about 17% of young people aged 15-24 years lived in internally displaced people's (IDP) camps.

Gulu Youth Centre was established in 2004 and provided adolescent reproductive health services to young people in five IDP camps, including HIV counseling and testing. The youth were mobilized through infotainment activities including music, dance and drama, debates, interactive weekly radio program, sports and film shows. They were also provided HIV counseling and testing as well as medical services. Through this CSO, 250 peer educators were trained and about 75,000 youth were reached with RH messages through in-school and out-of-school peer education and infotainment activities. The centre also provided medical treatment to 11,546 youth for various ailments including STI treatment, and provided pregnancy and FP counseling.

To scale up adolescent health services, 58 more health service providers from 28 UPHOLD-supported districts were trained on adolescent sexual and reproductive health (ASRH). Thereafter, recreational

games for youth (football, netball and Ludo) were distributed to 23 health units – one in each district in order to establish youth friendly services in at least one health facility in each district.

## Clean and Safe Deliveries

In addition to mobilizing communities through CSOs to utilize RH services, UPHOLD, in partnership with the Uganda Prevention of Maternal Mortality Network, procured and distributed 11,000 clean delivery kits (mama kits) to IDP camps in the districts of Lira, Gulu, Kitgum, Nakapiripirit and Katakwi. The kits were distributed at health facilities to encourage women to attend antenatal care (ANC) services at least four times during their pregnancy and to ensure clean deliveries. An additional 38,600 mama kits were procured in 2008 for use across all UPHOLD districts.

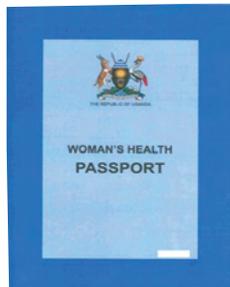
Three grants amounting to about US\$ 999 million (US\$587,000) was also provided to UPMA to strengthen its members' IRH services across 14 districts. UPMA midwives provide ANC, domiciliary, child health, and out-patient medical services at their clinics within their communities. During the program life, the CSO trained 237 service providers in improved IRH service delivery. Additionally, 182 midwives were trained in improved child health practices based on an adapted course curriculum for Integrated Management of Childhood Illnesses for private practitioners and 43 were trained in provision of PMTCT services, including HIV counseling and testing.

During the grant period, UPMA midwives assisted 68,072 mothers in childbirth at their facilities provided PMTCT services to 20,307 pregnant women and registered 114,000 new FP acceptors contributing.

## National Collaborative Interventions

At the national level, UPHOLD collaborated with the MoH in the development of IRH policy guidelines and in the training of health workers. The program contributed to the development of the National Communication Strategy for Family Planning and the revision of the National Guidelines for IPTp to

include directly observed therapy of Sulfadoxine-Pyrimithamine (SP) in order to increase the uptake of intermittent preventive treatment (IPT). Additionally UPHOLD supported the piloting of the Woman's Health Passport in the country.



The Woman's Health Passport is a hand-held reproductive health (RH) medical record/booklet containing the MoH's seven RH forms used to follow a woman through her pregnancies. These forms

include out-patient department client forms and a FP method eligibility checklist and key RH information. This booklet is supposed to be kept by women in the reproductive health age group and presented to health providers when they seek health services.

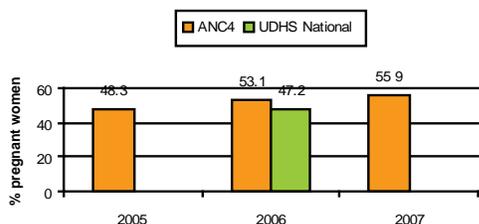
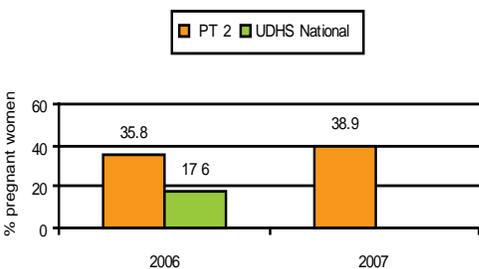
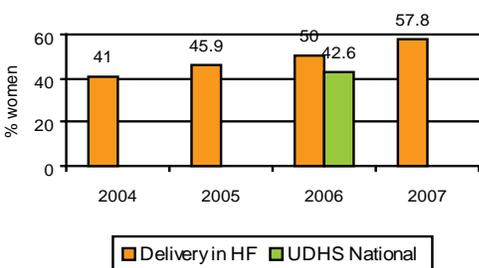
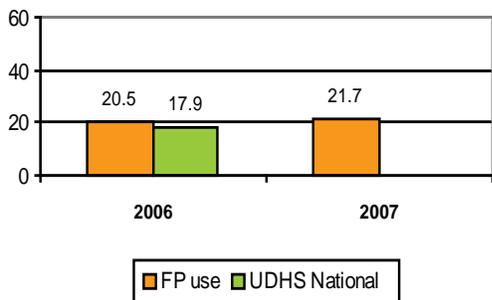
UPHOLD worked with the MoH Reproductive Health Division to adapt the Malawian version of the booklet to the Ugandan context and procured 43,500 booklets for distribution in the two pilot districts of Rakai and Lyantonde. Research carried out one year after their distribution showed high acceptability among women, men and health care providers. Recommendations from a dissemination workshop included a process for scaling up its use and revisions to cater for gaps identified in the study, especially regarding PMTCT. A working group made the revision and the final version was presented to the Maternal and Child Health Cluster meeting of the MoH after which UPHOLD procured another batch of 50,000 booklets, that were distributed to above to Rakai, Lyantonde, Rukungiri and Kyenjojo Districts.

### IRH Achievements through CSOs

- 189,000 new ANC clients registered
- 213,000 new FP clients registered
- 120,000 deliveries at facilities
- 319,000 adolescents received youth friendly services
- 23,000 individuals received HCT services

As a result of these efforts, these RH indicators improved in UPHOLD-supported districts over the program life. The proportion of pregnant women who attended ANC clinics improved from 48.3% in 2005 to 55.9% in 2007; and the proportion of deliveries at health facilities from 41% in 2004 to 57.8% in 2007.

**Figure 8 Trends in RH Indicators in UPHOLD-supported districts 2004-2007**



Source UPHOLD LQAS surveys, 2004-2007

## Challenges and Future Considerations

Availability of commodities for RH continues to be a challenge in many districts. The 2006 LQAS facility survey indicated that 45% of facilities in UPHOLD-supported districts had stock outs of at least one form of contraceptives on the day of the survey. Implementers of IRH programs need to support initiatives to strengthen logistics management at facility and district level through on-job training of health workers.

Communication barriers between providers and clients are a barrier to quality of care in IRH service delivery and need to be addressed by partners through BCC interventions.

Reporting of community-based IRH activities is inadequate. Data on community mobilization activities by the CSO is readily available and verifiable, but the results of these efforts are usually reported through the public health facilities, which are slow in forwarding health information to district head quarters and UPHOLD.

## E. Avian Influenza



### Objective

To contribute to epidemic preparedness for Avian Influenza.

### Strategies

1. Media campaign to increase public awareness.
2. Advocacy for preparedness through local councils

### Activities and Results

During PY5 UPHOLD collaborated with the National Task Force on Avian Influenza to develop an Avian Influenza media campaign under the thematic title *The Poultry Doctor* that aimed at increasing awareness about the disease and preventing a possible outbreak. The campaign involved district government officials, namely the District Directors of Health Services (DDHS'), District Health Educators (DHEs) and District Veterinary Officers (DVOs) who were invited as guest speakers for radio talk shows which focused on the mode of transmission, recognition and prevention of

Avian Influenza including proper cooking of chicken for human consumption. The role of the community in surveillance, current global status of the epidemic, national preparedness and risk factors were also discussed.

UPHOLD also supported the MoH to print 10,000 copies of a fact sheet on Avian Influenza that was distributed to district administrators and partner media houses for use as reference materials and aired a three-month radio campaign for avian influenza that was broadcast beginning in October 2006 through 12 FM radio stations, which were selected due to their coverage and flexible programming across the country.

#### Radio Stations which Broadcast AI Messages

Central Region	Western Region
1. Buddu FM	7. Radio West
2. Radio One	8. Hoima FM
3. Akaboozi	9. Voice of Tooro
Eastern Region	Northern Region
4. Open Gate FM	10. Unity FM
5. Voice of Teso	11. Mega FM
6. Nile Broadcasting	12. Arua One

The programs were aired in English, Luo, Runyankole-Rukiga, Runyoro-Rutooro, Ateso, Luganda, and Swahili and supported with 1,080 adverts that were aired three times per day and approximately 2,940 radio spots with three spots running during prime time each day. The adverts and radio spots provided information on prevention, recognition and the required response in case of an outbreak.

Thereafter, UPHOLD followed-up the intensive radio campaign with more participatory interventions. A program on Avian Influenza was developed to be aired for the 800 radio listening clubs in the 34 UPHOLD-supported districts and messages on Avian Influenza were incorporated in the training course for local councils on advocacy for social services. A total of 1,160 Local Council III leaders were trained. Tactical adverts on Avian Influenza were also included in the program's *District Innovations Newsletter* that targeted district officials. These channels served to solicit community involvement in surveillance.

## Context

Since its recent emergence in China in 2003, Avian Influenza has continued to be a threat to global health. In Africa, epidemics have been reported in Egypt and Sudan (2006), and Benin (2007). In March 2006, Uganda was among the countries that attended a meeting in Geneva, convened by the World Health Organization to operationalize a global plan to contain the epidemic. Following this meeting a National Task Force on Avian Influenza was set up to prepare and operationalize an epidemic preparedness plan for Uganda. The Ministry of Agriculture, MoH, Food and Agriculture Organization (FAO), UNICEF, WHO, and National Agricultural Research Organization (NARO) were among those represented on this task force, whose formation was in line with the HSSP II (2005/06 – 2010/2011) objective of ensuring preparedness for emergencies nationally and at district levels.





THE REPUBLIC OF UGANDA

### Fact Sheet on Avian Influenza / Bird Flu

**What is Avian Influenza (Bird Flu)?**

- Avian influenza also known as 'Bird Flu' is an infectious disease of birds caused by flu virus (H5N1). All outbreaks of the highly pathogenic form have been caused by influenza A viruses of subtypes H5 and H7.
- Avian influenza is a very deadly disease that can kill 100 percent of domestic birds in a very short time. The disease can also affect and kill human beings.
- This disease was first identified in Europe more than 100 years ago and now occurs worldwide.



**How is Bird Flu transmitted to domestic birds and humans?**

- Wild birds carry the virus without showing signs of the disease but can spread it to domestic birds through close contact (saliva, nasal secretions, blood and faeces).
- Domestic poultry, including chickens and turkeys, are particularly susceptible to the epidemics.
- Infected domestic birds can spread the infection from farm to farm or to households through close contact with other birds or through contaminated equipment, vehicles, feeds, cages, or slitting.
- Live bird markets are significant in the spread of the Avian influenza epidemic.
- Avian influenza viruses normally affect birds and pigs. However human beings can also be affected. Human beings get infected from close contact with infected birds, contaminated equipment or while cleaning contaminated floors.
- The first documented infection of human beings with an avian influenza virus H5N1 occurred in Hong Kong in 1997.

**How is Bird Flu recognized?**

- In birds infection causes different symptoms, ranging from mild illness to a highly infectious and rapidly fatal disease resulting in sudden and massive deaths.
- In human beings the onset is sudden and patients develop severe illness characterized by fever, sore throat, cough, difficulty in breathing, pneumonia, and rapid death. It takes human beings seven days to develop the above mentioned symptoms.

**How is Bird Flu treated?**

- The disease in human beings can be treated by anti-viral drugs (e.g. Tamiflu). The drugs have to be given within 48 hours of onset. However, the drugs are not available in sufficient quantities at the moment so preventive measures are highly recommended.

**How to avoid, prevent and control bird flu?**

- 1. Animal to Animal transmission**
  - Report sick and dead poultry to veterinary/agricultural authorities or Local council leaders.
  - Do not let your poultry come into contact with wild bird or mix with wild birds and domestic birds that might come into contact with wild birds.
  - Regularly clean the areas where poultry are kept.
  - Do not mix birds from other farms or markets with yours.
  - Quarantine, or kill and properly dispose of all the birds in the infected areas as directed by the veterinary authorities.
  - Disinfect the premises where the infected domestic birds were staying.
- 2. Animal to human transmission**
  - Practice good hygiene e.g. wash hands with soap or ash, wear a mask when cleaning and sweeping your farmyard. Use protective equipment if you have contact with poultry or other birds etc.
  - Avoid close contact with infected birds.
  - If you come across any dead or sick birds, do not touch them unless you are wearing gloves.
  - Ensure poultry meat are thoroughly cooked.
  - Do not slaughter or prepare sick or dead poultry for food.
  - Do not bring contamination from other farms and markets e.g. borrowing equipments from other farms, binning other animals such as chicks, ducklings and piglets. Destruction of poultry in the areas affected by bird flu should be done within the area and not by transporting the poultry to another area.
  - Any domestic bird that has died under suspicious circumstances should not be eaten by human beings.
  - Workers at farms or involved in the culling (destruction) of poultry flocks must be protected against infection by using proper clothing e.g. masks and boots and equipment e.g. spray pumps and disinfectant like JIK.
- 3. Human to Human transmission**
  - Practice good hygiene e.g. wash your hands with soap or ash, cover your mouth and nose with a handkerchief when coughing or sneezing.
  - Learn the signs and symptoms of bird flu in humans given above.
  - Seek medical attention immediately if you have been exposed to the disease.
  - Avoid large crowds or big gatherings.
  - All persons who have been exposed to infected farms should be monitored for fever or respiratory symptoms. If they develop signs and symptoms later, they should seek medical treatment immediately.

For more information and reporting any emergencies call telephone numbers:

**041-320166, 0772446478, 0772693257 and 0772664721**

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# 4

## HIV & AIDS SERVICES





## Context

HIV&AIDS was first reported in Uganda in 1982<sup>9</sup>. Since then, Uganda has been recognized worldwide as a country whose efforts to fight the epidemic have been commendable. Uganda's first AIDS Control Program was set up in 1987 to educate the public about how to avoid becoming infected with HIV. The program promoted the ABC approach (abstain, be faithful, use condoms), ensured the safety of the blood supply and started HIV surveillance. Strong political leadership and commitment to tackling the rampaging AIDS epidemic was a key feature of the early response to AIDS in Uganda. UPHOLD joined the fight against HIV in December 2002 when the scourge had affected the country for two decades, but there was a downward trend of HIV prevalence from around 18% in the early 1990's to 6.5% in 2002. However, HIV&AIDS remained a top priority for the GoU which coordinated efforts to fight the epidemic through the Uganda AIDS Commission (UAC) that was established in 1992 by an Act of Parliament. UAC promoted efforts across the sectors to enhance prevention initiatives; treatment, care and support; and to mitigate the impact of the epidemic as well as improve co-ordination and research on HIV&AIDS.

In 2002, the MoH reported that there was almost universal knowledge of at least two methods of HIV transmission, but there were only 160 sites for voluntary HIV counselling and testing (VCT) in 54 of 56 districts in the country. Further, access to prevention of mother-to-child transmission of HIV (PMTCT) services was in only 71 sites in 31 districts across the country and anti-retroviral therapy (ART) was available in 30 centres in regional referral hospitals. The socioeconomic impact of HIV&AIDS was of concern to GoU and ways of mitigating the impact of the epidemic at household level were being sought, in particular providing care to AIDS patients and the growing number of orphans that were estimated at 1,650,000 at that time<sup>11</sup>.

9. Serwadda D., Mugerwa R., Sewankambo, N., et al. Slim disease; a New Disease in Uganda and its Association with HTLV III Infection, *Lancet* 1985 ii 849-852.

10. Ministry of Health, STI/AIDS Control Program

11. Wakhweya A, Kateregga C, Konde-Lule J, Mukyala R, Sabin L, Williams M, and Kristian Heggenhougen H. 2002. Situation Analysis of Orphans in Uganda. Orphans and Their Households: Caring for the Future. Boston: Boston University School of Public Health.

## Objectives

- To contribute to national efforts to:
- Prevent further transmission of HIV
- Mitigate the impact of HIV&AIDS through the provision of care and support to those infected and affected
- Strengthen district level capacity for HIV prevention and control

## Strategies

- Scale up technical interventions for HIV&AIDS prevention, treatment, care and support through increasing service outlets at facilities and in the communities.
- Strengthen district coordination mechanisms and establish strategic partnerships for increased to improve utilization and demand of services.
- Improve the quality of service provision through training and on-job support for health workers as well as infrastructure development and provision of equipment.
- Promote innovations in service delivery.
- Increase the demand for services and promote improved behaviors for health through BCC.

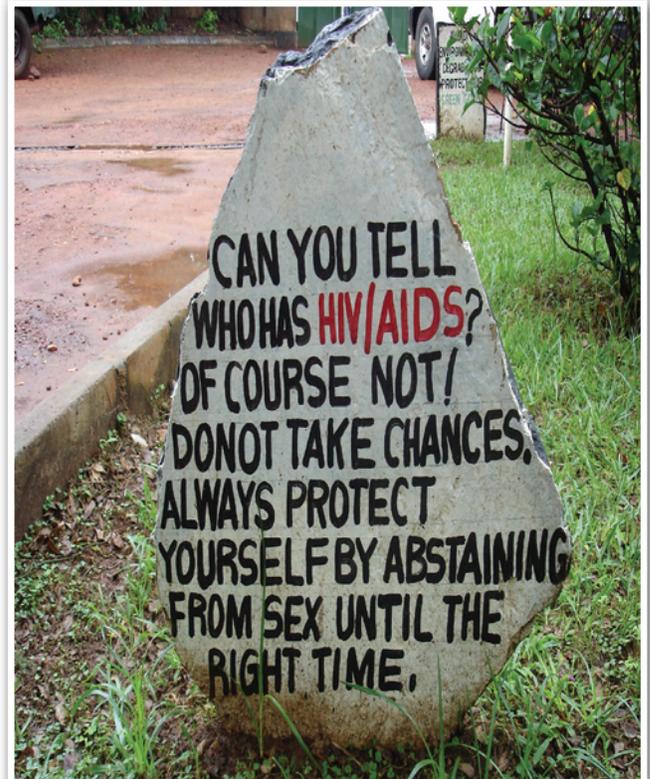
## Activities and Results

UPHOLD's priority areas included; HIV testing and counseling (HCT); PMTCT; palliative care; dissemination of abstinence, be-faithful and other prevention messages to children, adolescents and the general public. With the advent of the (US) President's Emergency Plan for AIDS Relief (PEPFAR) in 2004, the focus of these interventions was further sharpened and the monitoring of interventions improved through a centralized monitoring and evaluation mechanism managed by the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) Project.

In order to support appropriate and quality interventions, UPHOLD conducted an in-depth assessment of available health center infrastructure, equipment, and furniture in 2004. Results showed that eighty percent of health centers had inadequate laboratory and/or counseling space, with standard equipment lacking in all health facilities. Further assessments were carried out of training needs at district level and during annual work planning meetings, specific skills building, infrastructure development and material support for service delivery was mapped out and supported through LG funding or grants for district-based CSOs. UPHOLD also collaborated with the MoH and other national partners to scale up and improve the quality of services: With the U.S. Centers for Disease Control and Prevention (CDC) and AMREF to purchase and distribute laboratory equipment and train staff on their use; with the MoH and consulting firms in training and supervision activities.

An integrated approach was promoted in the provision of HIV&AIDS services and to ensure this, UPHOLD developed supervision tools based on earlier work of the MoH, the AIDS Integrated Model District Project (AIM) and the Regional Centre of Quality of Care. These tools were instrumental in the provision of on-job training and mentoring to health workers.

Details of activities in each intervention are described in more detail in the upcoming sections.



## A. HIV COUNSELING AND TESTING



### Context

HIV counseling and testing is a key component of HIV prevention and care interventions in Uganda. Knowing one's sero-status helps one make an informed decision on sexual and social behaviors. The history of counseling and testing for HIV in Uganda began in 1990 with the establishment of a non-governmental organization (NGO)—the AIDS Information Centre (AIC)—which is still one of the largest providers of HIV counseling and testing (HCT) in the country. In 2001 MoH integrated VCT into the AIDS Control Program and in 2003 a National Policy on VCT was developed. According to the MoH Annual Sector Performance Report 2002/03, constraints to HCT services included inadequate numbers of trained staff and facilities for HCT as well as testing kits. During FY 2002/03 only 150,000 individuals were tested for HIV within the existing 160 sites across the country. UPHOLD support focused on increasing the number of static and outreach sites in all its districts, improving the quality of services at these sites and ensuring demand for the services by increasing awareness on the importance of the services among communities

### Objectives

To provide HIV counselling and testing services to 371,600 individuals.

### Strategies

- Establish of new static and outreach sites in all supported districts through staff training.
- Equipping of sites.
- Provision of on-job-support and working with private providers.
- Encouraging innovations among partners to take services closer to homes.
- Refurbishing of facilities to ensure quality service delivery.
- Financial and organizational development support to AIC.
- 
- Increase demand for HCT services through BCC.

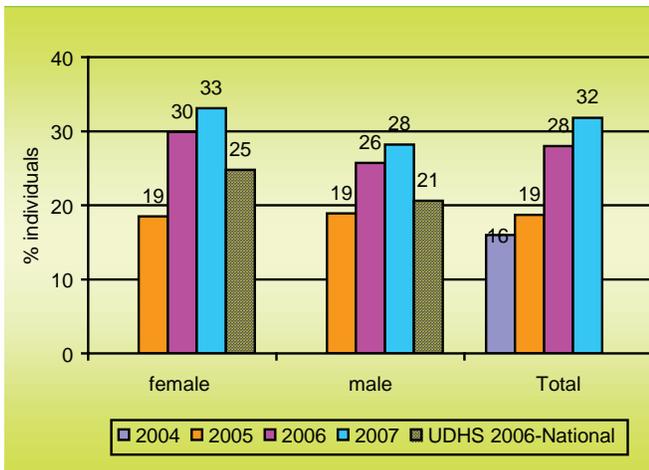
### Activities and Results

During the program life, a maximum of 1,700 static and outreach sites were established across 34 districts and 2,489 individuals, including lay counselors, were trained to provide HCT services. Through these sites, 726,569 individuals were counselled, tested and received their test results—two times more than the targeted number. The proportion of individuals who reported taking an HIV test and getting results improved from 16% in 2004 to 32% in 2007 (**Figure 9**).

These results were achieved through partnerships with LGs through public health facilities, CSOs and 40 private-for-profit providers in delivering HCT. Through the Family and Community Action Grant mechanism, three rounds of grants were awarded first to 27 CSOs in 2004 then to 23 CSOs in 2006 and finally to 23 CSO in 2007 to provide HIV& AIDS services (**Annex IV**). The CSOs were instrumental in increasing access to HCT services: according to program records, the proportion of individuals who were counseled, tested and received their results from CSO sites increased from 49 in 2004 to 1,700 in 2008.



**Figure 9: Proportion of individuals who reported taking an HIV test and getting results**



As part of the scale-up strategy, activities were focused on outreaches to provide services to vulnerable hard-to-reach populations, such as those living in fishing villages and camps for internally displaced persons (IDPs). Furthermore, innovative approaches were applied to attract pregnant mothers, youth and various at risk populations to utilize HCT services, such as testing of family members of index clients and working with *Be Faithful* clubs to strengthen referral networks.

Innovations by partners included home-to-home counseling and community camping. Home-based HCT was mainly provided by six CSOs including Mayanja Memorial Hospital Foundation (MMHF), Kisubi Hospital, Uganda Reproductive Health Bureau (URHB), Kyembogo Holy Cross, Family Life Education

Program (FLEP) and the Integrated Community Based Initiatives (ICOB). Most-at-risk populations were particularly targeted and services were accessed to communities inhabiting approximately 35 landing sites and islands in Lake Victoria and the River Nile. There was a special focus on youth to reduce their vulnerability through youth-friendly services provided at FUR centres: Namayumba, Kajjansi and Buwambo HCs in Wakiso District and Gulu Youth Centre.

Local music, dance and drama (MDD) troupes were effectively utilized as a means through which communities received messages on the benefits of couple HIV counselling and testing (HCT) and other messages that promote health-seeking behaviour for care (including anti-retroviral therapy [ART]). This MDD approach performed by local troupes, was an effective means through which adults received messages on the benefits of couple HIV testing, mutual fidelity and prevention of gender-based violence. To enhance the messages provided by the groups, 220 troupes received training through Ndere Troupe (a top national group of performers) on managing large audiences, conducting community dialogue after performance and other performing skills. These troupes were later supported by the Raising Voices, a national CSO, to incorporate messages on prevention of gender based violence in their performances. Community mobilization activities were also carried out by post-test clubs, family support groups (FSGs)

and through film shows.

In 2006, UPHOLD participated in concerts organized through the United States Embassy by Cultivating Art and Realizing Alternative Ventures for Aid to the African Nation (CARAVAAN) to mobilize people for HCT, mainly in IDP camps in Gulu and Lira. A total of 1,244 individuals were counseled, tested and received results in a period of six days during these performances. UPHOLD partners in this effort, such as TASO Gulu, AIC, Gulu Youth Centre and ACCORD Gulu, collaborated in mobilizing the population for this successful event.

### **Improving the Quality of Services**

To improve the quality of service delivery for HCT and other HIV&AIDS services, UPHOLD supported the rehabilitation of 21 health units, focusing on ensuring privacy for HCT counselling and improving laboratory infrastructure. Health workers were further provided with on-job support and mentoring to integrate HIV&AIDS/TB/STI/RH/malaria services at their work place, with an aim of improving case management but also reducing missed opportunities for providing HCT services. This support was provided through three consultancy firms, UNISON MG Consulting Services (UNISON), Health Training Consult Ltd (HTC) and Services for Generations (SFG) that had experienced trainers and supervisors for HIV&AIDS services, with the MoH providing oversight to the supervision process.

Throughout the program period, logistics for HCT that include HIV test kits and other consumables, remained a constraint is service delivery. To ensure regular supplies of these products, UPHOLD worked closely with the MoH and the Supply Chain Management System Project (SCMS) to procure and distribute HIV test kits to all supported sites. Additionally, through training and on-job support at health facilities, health workers were encouraged to utilize the 'pull' system for these commodities by sending timely and correct reports of consumed commodities to the National Medical Stores (NMS). UPHOLD also strived to ensure that all supported health units had the recommended HCT monitoring tools and this entailed securing and distributing HCT client cards and HCT registers and through routine support supervision, ensuring that health workers

are able to correctly use these tools.

## **Partnership with AIC**

AIC is a leading HCT provider in the country and through its cooperative agreement with USAID, UPHOLD was mandated to provide organizational support to AIC in order to increase its capacity to sustain the delivery of HIV&AIDS services. UPHOLD provided technical assistance to and jointly implemented a capacity building plan with AIC in funding, programming, planning, and monitoring and review processes.

To strengthen the organization's internal management, UPHOLD supported AIC to carry out an organization needs assessment that resulted in a recommendation for several interventions, including the review and development of a new strategy. In addition to the management assessment, UPHOLD continued to provide guidance on regular review, planning, financial management and reporting to enable AIC provide effective and efficient services.

UPHOLD nurtured a working relationship with the AIC Board of Trustees to jointly devise means of strengthening AIC's corporate governance. Following the organizational needs assessment, AIC's Board of Trustees was supported to undertake a strategic reflection exercise. The objective was to facilitate the board exploring and adopting alternative corporate practices so as to ensure AIC growth, and sustained ability to deliver services. Issues highlighted were: leadership strengthening (at management and board levels); structural and procedural streamlining; and resources improvement (human and financial). An action plan for addressing these areas was drawn and support provided for the improvement of financial as well as monitoring and evaluation systems as key elements in organizational development for AIC. Specifically, UPHOLD supported the revision of AIC's Administrative and Financial Policy and Procedures Manual, drafted and provided technical assistance in implementing the Navision Financial System and assisted in closing previous USAID audit findings.

Additionally AIC was supported to recruit personnel for key positions, namely the Executive Director, Monitoring and Evaluation Manager, Finance Director and Human Resource Director.



Other management support provided to AIC included: support to the Finance Director to attend a USAID Rules and regulations course in Nairobi; job evaluation, streamlining of job descriptions and a review and orientation of staff to performance appraisal tools; strengthening the internal audit function; a needs assessment for the M&E Department, revision of the counseling cards and development of a new database to cater for its key indicators and help the organization prepare descriptive and analytical reports.

Other key initiatives in the UPHOLD's partnership with AIC were the piloting of community-owned voluntary counselling and testing in Kayunga District, which resulted in the development of a training manual: *Manual on Participatory Rural Appraisal of Community-Owned Voluntary Counseling and Testing for HIV/AIDS*, and a qualitative research on the dynamics of disclosure *Social Dynamics of Voluntary Counseling*

*and Testing (VCT) and Disclosure in Uganda* that was carried out in collaboration with MACRO International. The study provided insights into the concerns of men, women and youth when considering HIV testing and whether or not to disclose their status after testing positive. It confirmed that in many cases the spouse who first disclosed that they were HIV positive feared to be blamed for bringing HIV into the home and were worried about how to handle the aftermath of the revelation. Women were most concerned about being deserted by their husbands and families, while men were worried about their wives breaking down after hearing the news and having no one to look after them when they manifested signs of AIDS. The results were disseminated to AIC program managers and used to improve counselling to disclose HIV sero-status to spouses, family members and friends.

By the end of the grant period, AIC realized several achievements among which were: 773, 190 clients who were tested and received their results from

AICs 89 sites and 419,050 clients who received HIV prevention messages beyond abstinence and mutual fidelity.

## Collaboration with Other Partners

UPHOLD together with other partners, Young, Empowered and Healthy (YEAH), Uganda Health Marketing Group (UHMG), the Joint United Nations Program on HIV/AIDS (UNAIDS) and MTN Uganda, provided financial and technical support to the *Philly Lutaaya Memorial Campaign*. The campaign was coordinated by the Uganda AIDS Commission (UAC) with support from AIDS Development Partners (United Nations and bilateral agencies). It aimed at reawakening Ugandans to the late singer's crusade of *One Voice, One Goal*, a means of addressing the perceived complacent attitude of Ugandans to HIV/AIDS and uniting the nation in the fight against HIV transmission and stigma against those infected or affected. The campaign was launched during the Philly Lutaaya Day on 17th October 2007 at Manyi landing site in Mityana District with several activities in the schools, places of worship and district offices, and the public and private sector including the civil society, engaged in addressing the theme of the campaign. Other activities which followed the launch included the Philly Lutaaya tribute album launch on 29<sup>th</sup> November 2007. Re-sounding the voice of Philly Bongoley Lutaaya, more than 40 popular artists performed for the general public with messages on HIV prevention and stigma.

## Challenges and Future Considerations

The success of HCT programs heavily relies on the continuous availability of supplies and consumables such as testing kits, which need to be available in the right quantities, quality and at the right time for consistent utilization of services. For the successful implementation of HCT projects, addressing the availability of HIV testing kits and accompanying consumables as well as enabling the health workers provide quality, quick and timely results is important.

Training and equipping of lay providers with

knowledge and skills for HCT was a useful innovation in addressing the human resource bottlenecks for HCT as well as getting the community involved in service delivery and ways of improving service delivery through them should be continued.

Most-at-risk populations hardly access static HCT services and information for reasons such as work schedules, fear of discrimination and higher than realistic risk perception of contracting HIV or dying. Innovations such as working with peer-led groups and referral networks and community camping were very vital in scaling up delivery of CT services and should be continued.

Monitoring of service delivery in communities and homes poses a challenge in terms of documentation. There is need to invest in program monitoring, logistics and data management so as to document consumption requirements and progress made in terms of coverage and benefits from new innovations that take services right to communities and homes so as to inform better program planning.

## B. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

### Objective

To provide HCT services to 100,400 pregnant women and provide HIV prophylaxis to 4500 HIV positive mothers and babies.

### Strategies

1. Scale up sites providing PMTCT services through training and equipping of health workers.
2. Increase social support to HIV positive mothers.
3. Increase demand for PMTCT services through BCC.

The transmission of HIV from mother to child is the second most common means of HIV transmission in the country accounting for up to 25%<sup>1</sup> of new infections. The MoH started implementation of prevention of mother-to-child transmission (PMTCT) services free of charge from January 2000, providing HCT and free ART in the form of Nevirapine to mothers and new born children. However, in 2002, there were only 32 sites providing comprehensive PMTCT. At the same time, the continuum of care for HIV positive mothers was difficult to provide because of limited couple counseling and social support to HIV positive mothers. There was lack of understanding of feeding options for babies born to these mothers and high levels of stigma in the communities coupled with fear of gender-based violence.

### Activities and Results

During the course of the project a total of 87,241 pregnant mothers were counseled, tested and received their HIV results in 100 UPHOLD-supported sites across eight districts and 2,845 HIV positive mothers were provided with a complete course of prophylactic ARV regimen for the prevention of mother-to-child transmission of HIV (**Table 15**).

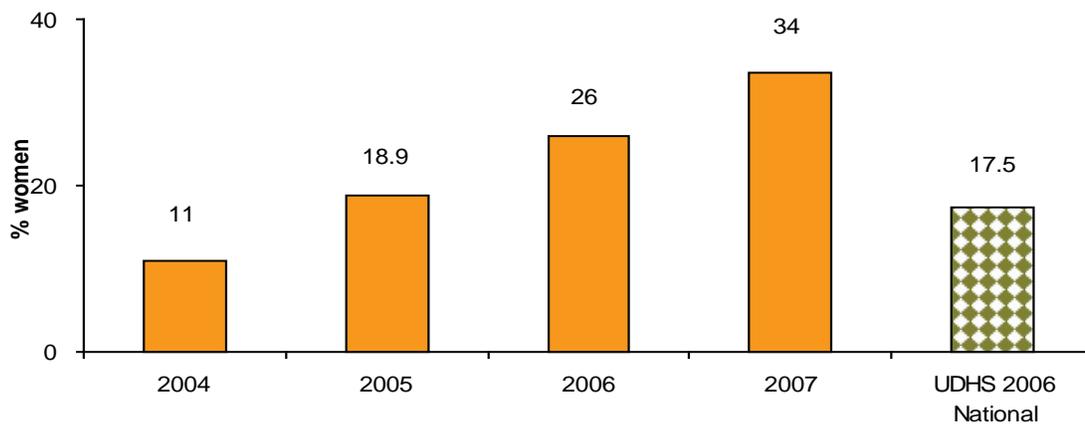


**Table 15: PMTCT Indicators 2003- 2008**

Indicator	Number of Individuals
Maximum number of service outlets providing PMTCT services according to national and international standards	100
Number of pregnant mothers receiving HIV counseling and testing for PMTCT and receiving their results	87,241
Number of pregnant women who tested positive for HIV	5,825
Number of pregnant women provided with a complete course of ARVs in a PMTCT setting	2,845
Number of Babies who received Nevirapine	1,494
Number of PMTCT providers trained	1,269

Source: UPHOLD Program Records; UPHOLD PEPFAR Reports 2004-2007

**Figure 10: Proportion of pregnant women who were counseled, tested and received their HIV test results**



Source: UPHOLD LQAS surveys 2005-2007

To achieve these results, UPHOLD collaborated with both LG and CSO partners in 15 districts as well as private midwives affiliated to UPMA.

## Training of Health Workers in PMTCT

In FY 2001/02 the MoH developed the PMTCT Policy and Guidelines for the reduction of MTCT of HIV, which were revised with UPHOLD participation in 2006. These were the basis of all PMTCT training in the country.

Over the program life, UPHOLD collaborated with the MoH and SCMS to train 1,269 service providers in the provision of quality PMTCT and infant feeding services at 100 static and outreach sites, including facilities providing youth friendly services, namely Gulu Youth Centre, Kajjansi, Namayumba and Buwambo Teenage Centers in Wakiso District and UPMA member clinics. The training package included: Goal-ANC; counseling

and testing for pregnant women; use of antiviral drugs to prevent transmission of HIV; safe delivery practices; counseling and support for safe infant feeding practices; and counseling and support for family planning options and logistics management for PMTCT commodities. To ensure performance improvement the trainees were followed up through support supervision by technical staff from the MoH and UPHOLD to enable health workers integrate HIV/TB/ RH/STI/malaria services. Other quality improvement activities include the renovation of facilities for adequate and proper counseling environment and for some CSOs like Kisubi Mission Hospital and URHB, the training of traditional birth attendants (TBAs) to promote referrals within the communities. Additionally the program procured and distributed 5,000 *mama kits* to all PMTCT sites to encourage pregnant women attend ANC and deliver at health facilities.

## Increased Social Support to HIV Positive Mothers

HIV positive mothers need support from their spouses and families in order to cope with their own sero-status as well as the risk of passing the infection to their babies. Access to PMTCT was increased through home-based counseling by CSOs such as Mayanja Memorial Hospital Foundation in Mbarara and Isingiro Districts, Kyembogo Holy Cross in Kyenjojo District and Kisubi Mission Hospital in Wakiso District. These CSOs were supported to identify and test pregnant mothers within their homes then refer them to both CSO and public health facilities for PMTCT services. Further, these home visits were opportunities to ensure that HIV positive mothers completed the cycle of care, adhered to their choice of infant feeding method and disclosed their HIV status to their spouses.

The establishment of family support groups (FSGs) was another key mechanism for providing social support to HIV positive mothers. A total of 31 FSGs were formed during the program life with a membership of 2,005 adults and 173 children. The FSGs were instrumental in providing appropriate psychosocial support, promoting adherence to HIV&AIDS palliative care and ARV treatment, and in some cases promoting income generating activities (IGAs) for affected families. During the program life, 48 (21 male,

27 female) FSG mentors from Bugiri, Bundibugyo, Kamuli, Kyenjojo, Nakapiripirit, Nakaseke and Wakiso, and 22 female mentors working with World Vision Gulu, were trained with the objective of providing them with the skills and knowledge to establish FSGs within their communities. The training covered peer counseling on disclosure of HIV status to spouses; partner support; living positively with HIV&AIDS; and referral of clients for further care, support and treatment, including ART. A second training session covered the minimum package of PMTCT services, living positively with HIV/AIDS, the importance of male involvement, informed decision-making on attending ANC, choice of delivery place, post natal care, family planning, infant and young child feeding options, and income generating activities. Further, UPHOLD partnered with the Makerere University-Johns Hopkins (MU-JHU) Research Collaboration to strengthen the community component of PMTCT through establishing and provision of mentoring support to PMTCT father and mother mentors, FSGs and community-based volunteers. This partnership resulted in the mainstreaming of psychosocial support and peer education into PMTCT service delivery at health facility level that addressed discordance, positive prevention and family planning. It also resulted in the setting up children's clubs and IGAs such as *friend-in-need* and loan schemes. Through the FSGs, 5,358 HIV positive women received ITNs procured by the program.

## Community Mobilization for PMTCT Services

In addition to home-based counseling, UPHOLD supported community mobilization for PMTCT through MDD performances by community-based groups. In August 2005, UPHOLD facilitated Raising Voices, a local NGO, to train 32 participants from eight CSO grantees and their partners. Participants learned about rights-based community mobilization approaches to preventing gender-based violence, skills in integrating gender-based violence prevention into their program activities, the intersection between violence and HIV/AIDS prevention, and how to use materials, including posters and modules, during community outreach visits. At the end of the training,



participants developed action plans that will be monitored and supported by Raising Voices through follow-up visits. They received resource packs, posters, and monitoring forms for implementation. UPHOLD also worked with the Ndere Troupe, a renowned national NGO, to supported 123 MDD groups to improve performance messaging and dialogue for integrated social services.

At national level the program worked with partners and MoH to develop, print and distribute IEC materials and job aides for health workers and communities, including ANC, post-natal and PMTCT registers.

## Challenges and Future Consideration

Most pregnant women attend ANC without their spouses in the country and consequently testing for HIV, disclosure of their sero-status to their spouses and adherence to infant feeding options remains a challenge for them. Ways of involving men in supporting pregnant women attend ANC, get PMTCT services and deliver at facilities, such as FSGs should continue to be explored. Discussions held with health unit staff on the possible solutions included integrating PMTCT and ANC into existing immunization services, outreach activities and use of “model spouses” in mobilization activities targeting males.

The inadequate and inconsistent supply of Nevirapine and HIV test-kits remains a challenge in HIV&AIDS service delivery. In 2007, the prophylactic regimen was extended to include more ART combinations, but health workers have not yet embraced the new combinations. Partners in PMTCT need to support implementers in the requisition and delivery of necessary PMTCT logistics through the NMS and the MoH as well as in better documentation of PMTCT outputs in primary and secondary data collection tools.

Although efforts to follow up of HIV positive mothers and provide them with necessary support in their home environment have been initiated, the inability of families of HIV positive mothers to afford supplementary feeding for their babies remains a challenge that has to be addressed by considering local food options. GBV and stigma also have to be addressed.

## C. PALLIATIVE CARE

Palliative care is the provision of care and support to those who have illnesses that lead to death. It was introduced to Uganda in 1993 by Hospice Africa (Uganda) with a focus on end of life care for the terminally ill. According to Hospice Uganda at the beginning of the AIDS epidemic, nearly all terminally ill patients died in their own homes under the care of their families, having been discharged from hospital as their diseases had no cure. HIV/AIDS stretched the already poorly resourced healthcare infrastructure in Uganda but with the advent of ART and methods of prevention and treatment of opportunistic diseases among AIDS patients, as well as a proliferation of an NGO sector working in and with communities, palliative care gradually took on a new face of providing care and support to those infected and affected by HIV&AIDS before the patients were terminally ill. The estimated cumulative number of people living with HIV&AIDS in Uganda by December 2000 was about 1,108,000, but due to stigma associated with AIDS, in conjunction with poverty, many HIV symptomatic patients remained in the community without appropriate care. Additionally co-infection of HIV clients with TB was reported to be between 40-60% among HIV positive clients, yet the TB and HIV&AIDS were being run as vertical programs in the country.

### Objectives

1. To provide palliative care to 83,000 HIV positive clients.
2. Reduce the burden of TB among HIV positive clients.
3. Financial and organizational development support to TASO.

### Strategies

1. To build the capacity of districts to provide facility and home-based palliative care to HIV positive clients through training and partnerships with CSOs working in communities.
2. Increase public awareness on palliative care and services.
3. Support to The AIDS Support Organization (TASO)



### Activities and Results

#### ***Building Capacity for Facility and Home-Based Palliative Care***

To build the capacity of palliative care providers, UPHOLD trained 2,510 service providers. Those trained included health facility staff including 40 private-for-profit providers, CSO staff and lay providers, who were critical in addressing shortages of skilled health workers. The training emphasized quality and integrated care for people living with HIV&AIDS (PLHIV) and covered treatment of opportunistic infections (including TB prevention and control and Septrin® prophylaxis); home-based care (HBC); networking and referrals; and data and logistics management.

Palliative care support for people living with PLHIV and their immediate families increased tremendously through work undertaken by CSOs. Through HBC activities, the counseling and testing of family members of index clients was promoted to ensure that other a holistic approach to palliative care was provided to the whole family. UPHOLD procured and distributed 4,500 HBC kits to maintain hygiene and protect patients from infection and equipped the CSOs with HBC manuals and guidelines for comprehensive HIV&AIDS care including 2,500 HBC flip charts and 356 HBC cue cards. There was special focus on providing nutritional supplementation for people on HIV/TB treatment and anti-retroviral therapy. World Vision, Gulu for example, worked with the World Food Program to access food to 5,295 PLHIV. Networks of PLHIV actively participated in providing peer support, community mobilization and referral services to ensure that they received care and support services. Provision of other wrap around services for PLHIV not under UPHOLD's mandate such as ART legal help for neglected clients, and occasionally access to additional medical care was promoted through the referral networks. UPHOLD also purchased and distributed 21,000 ITNs to PLHIV through AIC and TASO with priority given to women and children.

## Increasing Awareness on Palliative Care

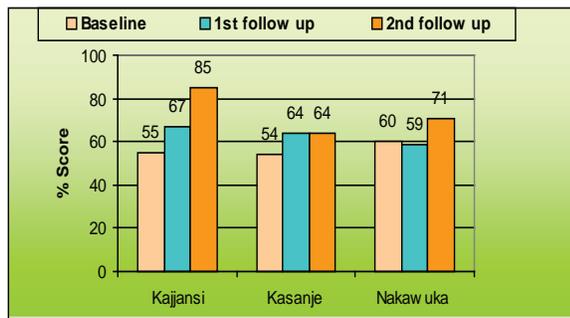
To increase awareness on care and support for HIV positive clients, the program intensified public education on palliative care, emphasizing prevention activities among HIV positive clients, screening and treatment of STI's and opportunistic infections, and couple-focused interventions. PLHIV groups such as post-test clubs, psycho-social support groups, and FSGs were supported to address stigma and discrimination of PLHIV through MDD shows, community dialogue, personal testimonies, home visiting, and group meetings. They also participated in providing psychosocial support at service delivery points to encourage HIV testing and utilization of palliative care.

## TB/HIV Collaboration

Co-infection TB is a major cause of illness and death among PLHIV and TB/HIV collaboration was a major focus area to improve the quality of life of PLHIV. In 2005, UPHOLD conducted an assessment of efforts made to deliver integrated services not only for TB and HIV but also for malaria, STI and RH, and to establish the barriers to this practice. The assessment revealed that negative health worker attitudes, shortages of human resources, inadequate logistics and supplies as well as inadequate infrastructure were the biggest barriers to integration. To improve health worker practices, the program trained 752 health workers in the integration of HIV&AIDS/TB/STI/RH/malaria between 2004 and 2008 and procured 65 microscopes to support TB diagnosis.

Building on previous experiences on performance improvement, the program further supported supervision on integration through three firms with technical experience in this area, namely UNISON, SFG and HTC. The firms pre-tested supervision tools that UPHOLD developed based on HIV&AIDS service standards developed by the AIM Project and the Regional Centre for Quality of Health Care, after which they provided on-job training on integration to health workers. TB/HIV material such as registers, client cards, TB/HIV health worker guides to facilitate integration efforts and proper data management were also printed and disseminated at health facilities, while District TB Focal Persons were facilitated to conduct support visits, collect data, provide laboratory support and hold quarterly performance review meetings with implementers. Through this exercise, 329 (197 male, 132 female) health workers were supervised and mentored on the importance and practicalities of integrating health services and reports from filed visits indicated that this intervention enabled health facilities to improve the provision of integrated services as exemplified in **Figure 11**. Through a scoring system that graded facilities according to achievement of integration standards the facilities ('good': 75-100% of the standards achieved; 'fair': 50-74% of the standards achieved; and 'poor': 0-49%) improvements were documented, especially at hospitals and Health Centre (HC) IVs including, provision of laboratory services on a daily basis, provision of HCT services to pregnant women on a routine basis, and improved availability of drugs and laboratory supplies as a result of better records and logistics management.

**Figure: 11 Percentage achievement of integration standards by facilities, Wakiso District 2007-08**



## Support to TASO

Recognizing the pivotal role that indigenous organizations have in providing care and support infected and affected by HIV&AIDS, USAID provided grant funding to TASO amounting to \$.....from 2003 through to December 2007 through UPHOLD.

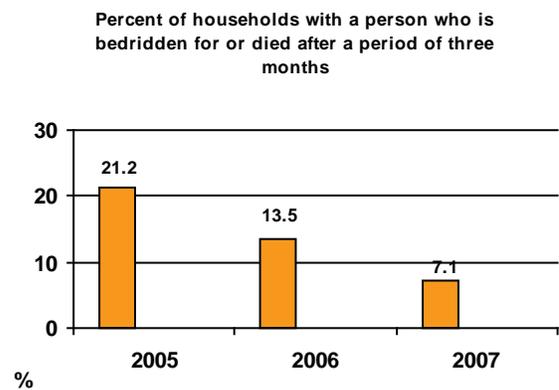
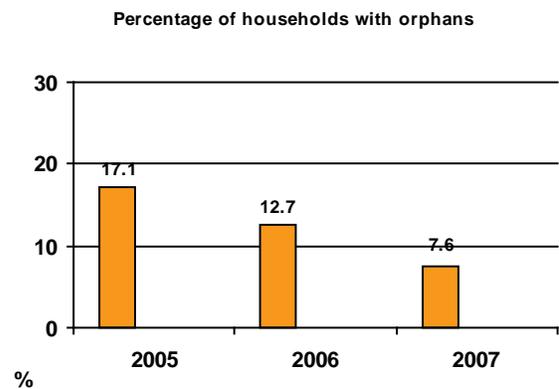
TASO’s core business is to provide care and support to PLHIV and during the period of UPHOLD support, the organization expanded in terms of geographical coverage, clients served, areas of support to clients, human resource and inflow of technical and financial resources. UPHOLD supported it to increase its capacity to sustain the delivery of HI&AIDS services through focused technical support to various departments.

In 2004, UPHOLD held a successful two-day workshop that resulted in draft BCC strategies for both AIC and TASO and in November 2004, the organization was provided with technical support during its mid-term review, whose outcomes resulted in new strategies to enable TASO to innovatively deal with challenges that came with the ever increasing demand for their services. The recommendations included a stronger focus on gender programming, new strategies for organizational strengthening. TASO management was also supported to plan for and streamline its cash flow and a financial systems review was funded through a local auditing firm.

As a result of all the palliative care interventions, 357, 153 PLHIV were able to access palliative care services from 315 UPHOLD-supported sites and 4,708 HIV positive clients were treated for TB. Additionally, UPHOLD contributed to these achievements by TASO between 2004 and 2007:

Through these interventions and national efforts to improve care and support to individuals infected or affected by HIV&AIDS, there was improvement in proxy indicators for palliative care measured through UPHOLD’s annual LQAS surveys (**Figure 12**)

**Figure 12 Trends in palliative care proxy indicators**



Source: UPHOLD LQAS surveys 2005-2007

## Challenges and Future Considerations

Clients face a number of challenges that constrain efforts to provide them with palliative care. An example is their mobility; some clients move from their places of residence during treatment or after their health status improves which makes follow-up difficult and expensive to service providers. PLHIV were very essential in mobilizing communities and clients for services such as CD4 testing, ART and nutritional support, and were an important resource for the community and health care delivery system, if well trained and supported. The involvement of PLHIV networks in following up their peers ensures adherence to medication and provision of appropriate support and these PLHIV networks should be strengthened.

The need for material support to HIV positive clients is a constant challenge to program managers. Clients who experience food scarcity often default on their medications underscoring the importance of good nutrition in HIV/AIDS care. Linkages with partners who can provide material support is an essential component of palliative care service delivery that should be encouraged.

Palliative care is a relatively new service area to the health system in Uganda and faces the challenge of data collection from primary, secondary and tertiary level, since it is not well defined in the MoH's Health Management Information System (HMIS). During the program life, data collection tools were disseminated to service providers, but these still need to be refined to enable data capture for unique individuals at facility and community level.

Delivery of integrated TB/HIV/malaria and RH services ensures a more efficient way of offering palliative care, and new projects need to invest in networks as well as delivery of integrated HIV/TB/malaria and RH services, while addressing systemic challenges such as human resources; infrastructure needs through provision of registers and TB diagnostic facilities and supplies; and providing standard operating procedures.

## D. ABSTINENCE INTERVENTIONS

### Context

According to the WHO<sup>1</sup>, public education for behavior change and increased awareness of HIV transmission mechanisms was the mainstay of Uganda's initial fight against HIV&AIDS. In the late 1980s, the GoU conducted mass campaigns to promote awareness and used the 'Abstinence,' 'Be Faithful,' and 'Condom use' (ABC) approach in prevention of HIV transmission among the populace. In 2001 the President of Uganda, launched the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) targeting school pupils, but the roll out of the program was limited to school assemblies that discussed HIV prevention. During FY 2002/03 the MoH revised the IEC Communication Strategy and continued with effort to reach the population through print, radio and TV materials as well as community dialogue on issues pertaining to the transmission of HIV in different age groups. However, while the messages often reached the general public and special target groups like primary school children, out of school youth, and married or cohabiting couples were not adequately catered for.

### Objectives

Assist children in staying safe from HIV&AIDS and preventing and/or mitigating the effects of HIV&AIDS.

Increase the skills and knowledge of pupils, teachers, parents, community leaders that culminate in the practice of behaviours that delay sex till marriage.

Promote a stigma-free school environment in support of children infected and affected by HIV&AIDS.  
Increase communication between parents and pupils to delaying sexual debut.

Increase the capacity of the Uganda Education System to set and sustain model schools that demonstrate HIV prevention interventions within school communities.



### Strategies

1. Training of national, PTC and school staff on the implementation of PIASCY.
2. Establishment of model schools as centres of excellence and learning in PIASCY implementation within coordinating centres.

### Activities and Results

#### *Training for PIASCY*

In its first year of operation (2003), UPHOLD funded the National Youth Forum that targeted 10,000 youth from schools around the country with abstinence messages. In 2004, USAID requested UPHOLD to support the MoES to scale-up the Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY), which was designed to provide all school going children, teachers and communities with information to enable them prevent and cope with the HIV&AIDS pandemic. In collaboration with

1. WHO 2000. The World Health Report 2000.

the MoES, UPHOLD worked with the 23 Core Primary Teachers' Colleges (CPTCs) in the country to support schools in the dissemination of relevant messages for HIV prevention within school communities.

In the first phase of PIASCY beginning in 2004-2005 UPHOLD provided logistical and financial support to the MoES to conduct two-day orientation meetings on PIASCY for 45,000 primary teachers from 15,680 primary schools in the then 56 Ugandan districts. This national roll-out was accomplished in a record time of five months and also presented an opportunity to strengthen the interaction between CPTC staff, district education officials and school representatives. It was probably among the most ambitious rollout efforts of its kind in Africa.

To consolidate the gains made in the first phase the MoES established a PIASCY Primary Working Group with representation from the Pre-Primary/Primary, Teacher Education, and Secondary Departments of MoES as well as the HIV Technical Advisor, the PIASCY Primary Focal Point Officer and UPHOLD. With support from UPHOLD, a national stakeholders' meeting was convened to help stakeholders understand the implementation framework and accounting procedures. The PIASCY Primary Working Group also developed a centrifugal strategy that identified 2,156 model schools that were to be foci of concerted HIV prevention interventions that promoted practices and environments to enable children abstain from sex. They were selected based on a number of criteria; equity, capacity to provide leadership and good lessons to other schools, presence of PIASCY trained teachers. These model schools were expected to scale up the interventions to other schools within their coordination centres. Subsequently, training workshops were held to cascade knowledge skills to school level: 151 National Facilitators were trained to incorporate PIASCY, guidance and counselling, and the MoES' thematic curriculum, with agreed targets, reporting and funding level modalities; 539 coordinating centre tutors were trained as trainers for district PIASCY activities; and these in turn trained five teachers each from the 1,078 model schools and a teacher each from seven non-model schools in each coordinating centre amounting to a total of 17,305 teachers.

Additionally, to support the PIASCY initiative, over 200,000 copies of targeted IEC materials including PIASCY hand books, Guidance and Counselling Manuals and the Community Involvement in Education Toolkit were procured and disseminated to the schools.

The approach used in implementing PIASCY activities targeted pupils, parents and communities reinforces consistent with the whole school approach and child-centric activities. In-school activities included the use of school assemblies to disseminate HIV prevention messages, reactivation of integrated school clubs, development of School Talking Environments, talk shows and integration of PIASCY messages into the curriculum subjects. They were also involved in performing arts festivals and establishing the Safety Friends System. Teachers provided guidance and counselling and promoted opportunities to increase communication between parents and children on HIV prevention. Parents were actively engaged through school open days, parent-child dialogue, action-oriented meetings and MDD performances.

The CPTCs and schools were funded under a memorandum of understanding between UPHOLD and MoES, and subsequently a disbursement instrument was signed between each CPTC and UPHOLD and school incentive grants were provided through the CPTCs.

## School Incentive Grants

CPTC staff were guided on how to help model schools develop proposals for School Incentive Grants (SIG) applications following guidelines approved by the MoES. Subsequently, the grants worth US\$ 688,000 were given to the first batch of 1,078 model schools to facilitate school-based innovations and transfer best practices from model to non-model schools. By design, US\$ 100,000 was to be devoted to developing *School Talking Environments* and Coordinating Centre Tutors (CTTs) were responsible for supervising the use of the funds at each participating school.

### School Talking Environments

Learning environments are a common feature of quality education and this communication approach was employed to disseminate HIV&AIDS prevention, care and support messages, targeting the community, parents and pupils. It also served to reinforce whatever pupils learned during class time. During program implementation 12,974 Teacher's Guides to School



Talking Environments were distributed to all primary schools in the country and each of the 2,156 model schools. Over 10,000 primary schools developed and improved on their talking environments with varying degrees of success.

In communities where the programs were not yet fully appreciated, school talking environments were vandalized hence frustrating the schools in their efforts. Some schools then resorted to using more expensive and secure materials to avoid their work being vandalized.

## Reactivation of School Clubs

Initiating discussions on sexuality is challenging for parents, teachers and adolescents, yet the foundations of sexuality, reproductive health and gender relations are laid early in life, being influenced by the interplay of socio-cultural and economic factors, peer pressure, media influences and familial forces. School clubs are avenues that foster peer to peer learning, because the majority of adolescents feel more comfortable discussing sexual issues with peers rather than with teachers. As a result of PIASCY activities, all the model schools reactivated or formed three to five clubs, with the most active ones being the MDD and the HIV&AIDS clubs. Good practises were found in

schools like Budo Junior in Wakiso District where students from senior two attending Kings College Budo, a neighbouring secondary school came every week to interact with the pupils on issues affecting them.

## Performing Arts Festivals and Talk Shows

The MoES through its curriculum provides for co-curricular education, to promote positive attitudinal change, skills development, and knowledge expansion in a non-formal way. MDD through performing arts festivals (PAF) was identified as one way of enhancing pupil participation in sharing and disseminating HIV prevention messages. Districts were given the option of coming up with themes that best addressed their HIV prevention communication needs based on their local contexts and the school children formulated poems, creative dances, skits and traditional dance and folk songs based on these themes. Examples of the themes include: 'PIASCY in Action for Positive Behaviour Change,' 'School Learning and the Future of the Ugandan Child,' and 'Abstinence the best option for Staying Safe from HIV&AIDS.'

Over 10,000 primary schools countrywide participated



in these festivals, which attracted parents, district officials and political leaders and 1,617 schools (two schools that performed best at the PAF from each catchment area serviced by a model school) took part in the district level competitions. The PAF were so popular that districts and PTCs demanded that the festivals be made a regular feature of the primary school calendar. This edutainment approach was well received as a channel for continuous reinforcement of HIV&AIDS prevention and mitigation communication and served as an advocacy tool for the national program.

## Setting up the Safety Friends System

The Safety Friends System was designed to ensure children's safety while on their way to and from school and within the school compound; each pupil selects three to four "safety friends" who are responsible for accompanying them to a teacher's room or home during and after school time to stay safe from defilement, unwanted pregnancies and HIV&AIDS. Under the system the children are supposed to sit with peers, teachers and parents to discuss safety issues and a Safe School Contract, which they sign to confirm their commitment to actions that promote safety. This contract is then posted in a strategic place for all to refer to.

In the course of UPHOLD, six teachers from each of the 2,156 model schools were trained on how to set up and maintain the Safety Friends System. The 23 CPTCs also held meetings with all districts in their catchment areas with the aim of discussing and agreeing on how each district would set up and maintain the Safety Friends System in their schools. The majority of the districts reported positive outcomes of the initiative. Mityana and Mubende Districts reported that not only do the children move in groups, but also boys and girls of older age-groups support the younger ones. Additionally, parents had identified bushy and therefore risky areas on the children's way to school and volunteered to clear these to make it safer for the children.

## School Based Guidance and Counselling

Guidance and counselling supports the philosophy of reforming basic education and quality enhancement. Scale up of guidance and counselling was very critical for ensuring retention, safety and education for all under theme 'To turn a child's crisis into an opportunity not a disaster.' In the Uganda Education System, Senior Woman and Man Teachers have the designated role of counselling and guidance for the pupils. Many schools reported they have children who are infected or affected that need specialised counselling services and some of the children do not know their HIV sero-status but have continue to take medication, suspecting that there is something wrong with them but remaining in because there is lack of disclosure they are in a dilemma. Supervision reports indicate that some schools designated rooms for guidance and counselling and group counselling was common, but in most of the cases there was little evidence in form of documentation to back up what was being reported. In other schools, such as Our Lady of Good Counsel Kabimbiri Primary School in Kayunga District, the children formed a Young Talk Club through which they share information on HIV&AIDS. The anonymous box also proved to be a popular for the pupils in many schools, providing them with an avenue to voice challenges on how to manage their sexuality and reproductive health.

## Community Involvement and Participation in Education and HIV Prevention

In real life, choices are not influenced just by factual information but by a complex interaction of factors, including young people's motivation, their ability, life skills and forces in the environment. Taking this into consideration, the PIASCY initiative used the whole school approach to tackle HIV&AIDS prevention, involving entire communities to take a pro-active stance against the epidemic. Parents and communities were involved through action-oriented meetings that discussed contextual factors influencing the transmission of HIV and protection of their children. The meetings discussed in-depth information on concepts and perceptions of stakeholders on how to collaborate in the smooth running of schools, provision of safe environments and



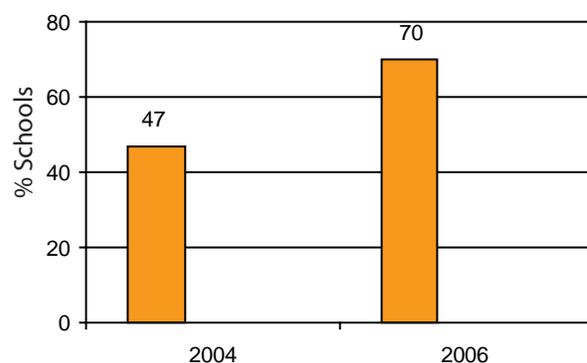
quality education for their children. Altogether 8,632 action-oriented meetings were held in all the model schools (two meetings every term). These meetings were considerably successful in terms of garnering community participation with most of the action plans that were developed focused on defilement and risky situations. In Busubizi PTC catchment area for example the community and parents realising their critical role in the proper development of their children participated in the opening and responding to questions from anonymous boxes in schools. In the process, it emerged that parents need skills to enhance their competences in communicating issues of sexuality to their children and the trained school teachers assisted them to do so.

Another major activity that involved parents and communities was the use of school open days that focused on HIV&AIDS. Every school calendar year, schools conduct school open days or parent-teacher association meetings or science fairs to show case what children have learned and what they are capable of doing. As a way of integrating HIV education into the school system without having to set up parallel structures, schools were encouraged to focus on HIV& AIDS issues for some of their open days. This proved to be an opportunity for schools to orient and solicit

for support from parents and the community on the PIASCY program. Over 10,000 school open days were conducted during the program life and it is hoped that this will now be a regular future of the school calendar.

## Monitoring and Supervision of PIASCY Interventions

**Figure 13:** Proportion of schools with one or more HIV&AIDS activities



Source: UPHOLD Program records

During PIASCY program implementation UPHOLD together with MoES carried out support supervision and monitoring at school level to ensure effective implementation across the country. Approximately

2,500 schools were supervised across the 80 districts in the country. This activity strengthened the CPTCs in the ability to coordinate, manage and be accountable for PIASCY activities, empowering the coordinating centre tutors in their responsibility of guiding and mentoring schools in all the various aspects of PIASCY implementation.

As a result of the PIASCY interventions, the proportion of schools in UPHOLD-supported districts with one or more HIV&AIDS activities (other than assembly e.g. peer training, anti-AIDS or straight talk clubs, curriculum, meetings) during the term increased from 47% in 2004 to 70% in 2006 (UPHOLD LQAS Facility Surveys 2004 and 2006). In 2008, two schools that were star PIASCY performers were identified in each coordinating centre and rewarded at colourful ceremonies.

## Challenges and Future Considerations

Over the past four years of PIASCY implementation, several challenges that need stakeholder involvement at national, district and community level have emerged. They include negative parental and community attitudes and programmatic constraints in the implementation of PIASCY using the whole school approach and model schools.

Although most parents value the PIASCY program there are some that still harbor negative attitudes among some parents who have continually thought that teachers are promoting immorality through PIASCY. These attitudes are a result of illiteracy and strong negative cultural beliefs. In Adjumani District for example, communities complained and resisted PIASCY, because the abstinence messages contradict their culture that encourages early marriages. Program managers need to continue reaching out to parents and communities sensitizing and equipping them with skills to enable them and their children benefit from PIASCY. They also need to be involved more in the development of talking environments by

Many of the PIASCY initiatives are still in their infancy

and need to be strengthened. An example is the use of question boxes that is not yet fully exploited by schools – many schools have them, but often teachers do not respond to the questions, or take too long to do so. Effective mechanisms, such as question and answer booklets, are required to capture the challenging questions from the children, document them and provide standardized answers to them. Others are the *'Safe School System'*, for which the MoES should develop detailed guidelines for setting up safe schools and the implementation strategy and PAF, which were recommended as an effective way of enhancing communication with the youth and communities about HIV&AIDS, and should be encouraged and integrated in the school programs.

Many schools do not provide lunch to their children and as a result some children stray away from school in search for something to eat and girls often become vulnerable to rape and defilement. Discotheque clubs and video houses in the neighbourhood of some schools are seen as a threat since they tempt children away from school or into bad practices. Often the information derived from these entertainment houses can be contradictory to the desired goals of PIASCY and children need an environment in which to voice their questions and concerns as they grow up.

Some teachers feel that PIASCY is an added load on their teaching schedule, and demand allowances for the extra work, yet the program is supposed to be an integral component of the school program. Additionally transfer of teachers, especially in the middle of the school academic year, interrupts implementation of PIASCY activities in schools. District education offices should be mindful of the harm done in adhoc transfers during the middle of the terms or school year and agree on a timetable (for transfers) that addresses the need for continual training on PIASCY implementation for any ensuing staff gaps. Teacher training on HIV&AIDS prevention and care should be included in the teacher training curricular and conducted at least once a year for all teachers so that they are equipped to implement the PIASCY program continually.

HIV infected children without proper parental or family cares are sometimes seen as a burden to the school community and are victims of stigmatization.



In addition, some infected or affected teachers and children have not opened up fully to benefit from the basic counseling services around their localities, yet teachers require specialized skills and knowledge in helping learners and colleagues who are infected or affected by HIV&AIDS to cope psychologically and access treatment and advice on positive living. The existing guidance and counseling program needs to be strengthened to cater for these emerging needs the scope of PIASCY interventions needs to be widened to cater for the specific needs of the school community members. This should be discussed at all levels of the education system and partnerships built with other service providers like TASO, the Education Sector AIDS Workplace Policy Implementation Program (ESWAPI) and the MoH.

The model school strategy has had several constraints. There are some hard-to-reach schools in some coordinating centres which render the efforts of the coordinating centre tutors to create and develop the centrifugal strategy through outreach activities difficult. There is also a significant variation in levels of program implementation, because of the unbalanced number of satellite schools being serviced by individual model schools. Additionally, the disbursements of incentive grants have not been received well by the non-model schools who feel

they have been marginalised and as a result are very reluctant to carry out PIASCY activities claiming lack of facilitation, while supervision reports indicate a high level of non-transparency on the part of many school administrators. Many took unilateral decisions without consulting stakeholders or procured items, such as radio cassettes, which were not in the grant proposals. In the short term, the MoES needs to increase the number of model schools and ensure that non-model schools do not feel marginalised and are able to collaborate with the model schools. In the long term, all schools be treated the same and incentives given to them based on merit. These incentives may also need to be non-financial in order to be more sustainable.

Monitoring program implementation in schools and conferencing with teachers was fully supported by UPHOLD, but to be continued by the MoES and other partners with supervision visits carried out at least once a term. Additionally a forum for all stakeholders to share experiences and respond to contextual issues through action plans should be supported at least once a year, while the PIASCY Training manuals should be reviewed by a panel of experts regularly to ensure that they address emerging issues in implementation.

## E. HIV PREVENTIONS INTERVENTIONS OUTSIDE SCHOOLS



### Objectives

1. To delay sexual debut among unmarried couples.
2. To increase the number of couples practicing mutual faithfulness.
3. To reduce the risk of HIV infection among most-at-risk populations.

### Strategies

1. Increase awareness and dialogue on ABC HIV prevention methods among the population.
2. Partnerships with CSOs to mobilize communities and increase awareness on HIV prevention methods.
3. Utilization of model couples to disseminate HIV prevention messages and counsel couples on mutual fidelity.
4. Provision of outreach services targeting most-at-risk populations (MARPs).

### Context

As a result of the Universal Primary Education Policy initiated in 1997, the gross enrollment ratio (proportion of children attending Primary 1-7 to those of age 6-12 in the population) rose to 126% in 2002. This meant that the PIASCY Program addressed HIV prevention among most of the 7,000 or so primary school-going youth. However, a large number of youth were in secondary schools or out of school and were not targeted adequately by HIV prevention programs. According to the UDHS 2000/01, the age of sexual debut for women 15-49 years was 16.7 years and 18.8 for men 25-54 years. The UHDS also reported that 51.2% of women 15-19 years had ever had sex and from age 20 onwards almost all of them had ever had sex; and that in the 12 months prior to the survey, 11.2% of unmarried men compared to 2% of unmarried women were likely to report having had two or more sexual partners. It was therefore a challenge for programs to address specific 'abstinence', 'Be Faithful' or 'use condoms' messages to the older youth and general population and segment the population so as to determine those most-at-risk for acquiring HIV infection.

### Activities and Results

During the program life, 6,509,296 individuals were reached with abstinence and Be Faithful messages and 579,789 individuals reached with messages on HIV prevention beyond abstinence and being faithful.

To reach out-of-school youth and the general population with a combination of these ABC HIV prevention messages, UPHOLD used various channels of communication, partnering with 12 CSOs across 11 districts during the program life.

In 2005, a series of radio spots that promoted 'an ideal man' who is faithful to his wife were broadcast on ten radio stations in eight languages, covering 5.28 million adults in all UPHOLD-supported districts. These spots ran for nearly two months and were estimated to reach approximately 80% or 4.22 million of the targeted population, according to Steadman, a media research firm. The radio spots re-introduced the concept of 'zero-grazing' and focused on a new definition of masculinity and manhood: faithfulness

to one's wife. Ragga Dee, a popular musician with great social influence and instant recognition among men of all ages throughout the country, was also used as a message bearer in the radio spots and posters depicting him as a faithful man were printed and distributed to places where men congregate, such as markets, lodges, bus parks, and religious centers in the 20 districts.

The partner CSOs were supported to improve messaging and community dialogue through music dance and drama (MDD) sessions performed by local MDD troupes. In 2006 UPHOLD trained 34 supervisors from the Uganda Development Theatre Association (UDTA) to train and supervise community dialogue activities conducted by these local MDD groups and further technical assistance was provided by two national non-governmental organizations, Ndere Troupe and Raising Voices contracted by UPHOLD; Ndere Troupe supported 123 MDD groups to improve performance messaging and dialogue, while Raising Voices worked with the CSOs to improve programming to address gender-based violence (GBV), providing them with resource packs for implementation.

More than 50 troupes affiliated to the CSOs performed to audiences, adapting scripts developed by UPHOLD to local contexts: The Clever Dancer (focusing on abstinence); Are You Safe (faithfulness and prevention of GBV); Is this a Home? and Are you Sure? focusing on HIV counseling and testing. In one of the scripts, the heroine models skills for refusing to be caught up in compromising situations and life skills to abstain from sex until marriage. After performances, the troupes engaged their audiences in interactive dialogues on the topic of abstinence and innovative solutions were arrived at. Abstinence commitment cards were also another innovation promoted by CSOs for youth who wished to make self commitments on abstinence. After these performances, audiences learned more about the benefits of abstinence and mutual fidelity as the actors engaged them in discussions on the issues presented in the play. Other CSOs such as Rural Welfare Improvement for Development (RWIDE) in Kyenjojo District, used sports activities to mobilize out-of-school-youth and successfully engaged them in discussions on HIV&AIDS prevention.

Building on experiences to promote prevention of GBV, UPHOLD engaged two partners already experienced in Be Faithful promotion namely;

Tukolerewamu (TUKO) Club and the Office of the First Lady (OAFLA). In collaboration with OAFLA and the MoH, UPHOLD organized the training of 34 radio presenters throughout the country on Be Faithful promotion in 2005.

With UPHOLD support, TUKO worked with 25 CSOs in 18 districts to carry out couple counseling through 27 trainers and 714 trained model couples<sup>14</sup> that represented a wide range of age-groups. This approach was particularly notable for its use of local structures (religious and other opinion leaders) whose role was further strengthened to refocus their traditional counseling role on faithfulness and GBV prevention. The couples trained and offered support supervision to enhance faithful activities among different community groups, and local and religious leaders continued to be part and parcel of these activities. During monthly peer support group meetings, many members of Be-faithful Clubs had no inhibition in informing others how peer support inspired them to trust and remain faithful to each other. These testimonies became a common feature of community mobilization strategies which focus on enhancing communication and reducing GBV.

Through the Model Couple approach 313,000 adults and couples were reached with Be Faithful messages. In addition, the trained model couples also formed 22 couple support groups which mobilised more couples for HIV&AIDS services but also offered psychosocial support to members.

UPHOLD is particularly proud of its contribution towards not only increasing the number of couples accessing HCT services, but also the resource materials that were developed in the course of implementing the strategy; the Be Faithful Training of Trainer Manual, and the Model Couple Trainers Manual, that can be utilized in future interventions targeting couples.

In the course of implementation of Be Faithful activities, UPHOLD provided intensive on-job support through its staff and also through Atlas Procurement Consult Limited, Chain Foundation and TUKO Club. The support was tailored to individual CSO needs as identified from a training needs assessment as well and those noted during the training cascade.

*14. A "model couple" is one with exemplary behaviour with regards to marriage ideals within a given community. Model couples are respected and trusted members of the community and one is defined as a model couple by their own community members.*



sex with either partner under the influence of alcohol and this was more common in rural areas. Together with the Uganda Health Marketing Group, UPHOLD conducted a training needs assessment in 172 bars and lodges around the country in order to generate information for developing an appropriate training curriculum. In June 2007, 166 participants from bars and lodges from 13 districts underwent training on the National HIV&AIDS Work Place Policy as well as better HIV prevention communication to their clients. The establishments were further provided with condoms to distribute, and job aides including wall charts on the relationships between alcohol and high risk sex, correct condom use and where to access services for sexually transmitted infections within their vicinity. The establishment of a formal condom supply and education system for bars and lodges widened the scope of reach of HIV preventive measures to high risk populations. This is evidenced by the markedly high condom consumption within the establishments of close to 50,000 pieces within six months.

To ensure that correct information on the prevention of HIV infection and re-infection is passed on to peers, UPHOLD also supported the training 61 (29 male and 32 female) expert clients<sup>2</sup> in positive prevention. The training covered strategies for community mobilization for positive prevention through the use of participatory media communication, information about HIV&AIDS and STIs, coping mechanisms for people living with HIV and AIDS, basic information on family planning, skills and knowledge for adopting and maintaining positive prevention strategies, and documentation skills on positive prevention activities in the community.

## Challenges and Future considerations

The use of the resource materials developed for couple counselling is currently limited to English and two other languages. Future programs should consider translating the materials to other languages across the country for more effective interventions since reading in English is limited across the country. Additionally, the couple support groups formed are an effective strategy for HIV prevention among couples

since they go beyond religious denominations, clans or families and embrace entire communities. The trained trainers for this strategy (list appended) can be utilized in scaling up the approach.

Implementing OP activities for hard-to-reach communities such as fishing communities require innovative strategies to fit the schedules of targeted communities. Peer education is an essential component in addressing HIV prevention in fishing communities and needs to be strengthened. Additionally, the design of interventions targeting fishing communities should address their unique culture in terms of language, sexual habits and altered work and sleep patterns.

While women find it easier to listen to fellow women about OP, it is often difficult for female volunteers or staff to educate or provide technical support to the most-at-risk women especially commercial sex workers and those working in bars. Program managers need to devise creative means of reaching these groups.

2. An "expert client" is a person living with HIV&AIDS who has disclosed his/her status, is living positively with HIV&AIDS and is involved in care and support for PLHIV.



## F. ORPHANS AND VULNERABLE CHILDREN



### Objectives

Contribute to improving the quality of life of OVC.

### Strategies

Partnerships with CSOs in the provision of holistic psychosocial and material support to OVC.

### Context

According to a situation analysis of orphans carried out in 2002<sup>11</sup>, there were glaring gaps in the existing laws, policies and programs, that did not cater for significant numbers of children who were orphaned or vulnerable (such as those who suffer from gender-based discrimination, displacement, armed conflict situations, abuse, extreme poverty, HIV&AIDS – either themselves or their caregivers).

When UPHOLD began operating in 2002, an increasing number of children were living in child-headed households, with minimal or no adult supervision or support. Children were at increased risk of losing opportunities for school, health care, growth, development, nutrition, and shelter. In 2003/04, the Government of Uganda, together with various stakeholders deigned and put in place the National Orphans and Other Vulnerable Children (OVC) Policy and the National Strategic Program Plan of Interventions for OVC.

### Activities and Results

During the period 2003 to 2007 UPHOLD support to OVC was mainly provided through eight CSOs: World Vision in Gulu, Kitgum, Rakai and Bundibugyo Districts, ACORD in Gulu District, St. Joseph's Hospital in Kitgum District, Fort Portal Diocese and Kyembogo Holy Cross in Kyenjojo District, Association Francois-Xavier Bagnound (AFXB) in Wakiso District, Mayanja Memorial Hospital Foundation in Mbarara District and Ibanda Child Development Centre in Ibanda District.

The interventions included life skills training, apprenticeship and income generating activities, provision of scholastic materials, referrals, home-based care, peer counselling and facilitating referral for anti-retroviral therapy. In line with the OVC national policy that UPHOLD participated in developing in 2005, efforts were undertaken to deliver a comprehensive package of services through networking with other agencies. In the IDP camps in the northern districts, 130 OVC were trained in marketable skills facilitating referral for anti-retroviral therapy, while in other district 100 home and community-based caregivers were trained in OVC program management.

Notable among the achievements are those which improved the productivity of OVC especially those children between 14-18 years who are expected to provide for their siblings. Ibanda Child Development Center for example, provided 300 of such OVC (174 girls and 126 boys) with goats and pigs as support for income generating activities.

In 2006 UPHOLD supported and participated in the coordination of an international conference in which CSOs, FBOs, CBOs engaged in providing services for orphans and vulnerable children (OVC) show cased their activities. The conference was part of the discourse on the interpretation and implementation of the OVC policy and was organized by World Education International.

Year	Number of OVC Receiving Support
2004	500
2005	5,753
2006	6,388
2007	4,649

Source: UPHOLD Program records

## Challenges and Future Considerations

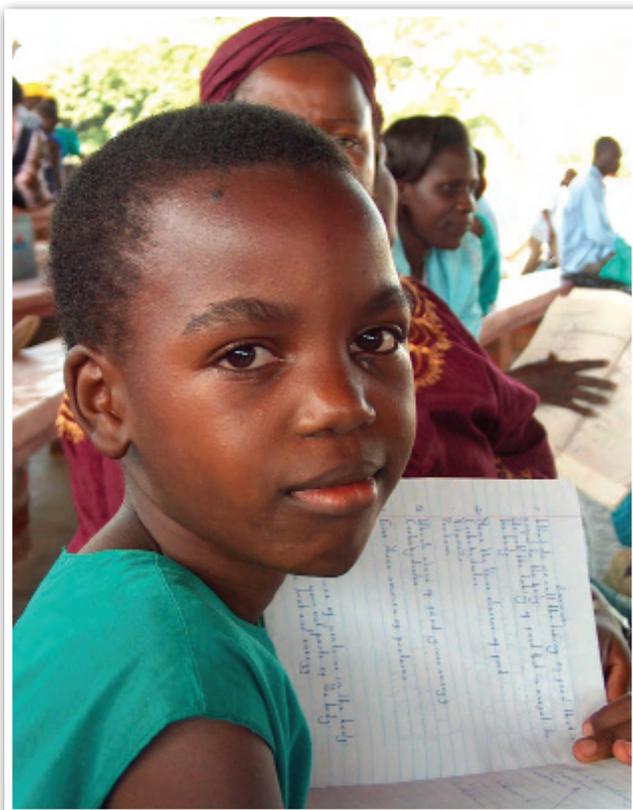
The sharing of data among OVC service organizations is limited and this made it difficult to plan and utilize the available resources efficiently. Now that the National Strategic Program Plan of Interventions for OVC is in place, coordination and collaboration on OVC care and support should be encouraged.

# 5

## EDUCATION SERVICES



## 4. Education Services



### Context

In 2002, the Ministry of Education and Sports (MoES) in Uganda had sound policies geared to providing quality education to primary school children. The Universal Primary Education (UPE) Policy had been operational since its launch in 1997 and since 1993 the MoES with support from USAID, had been implementing the Teacher Development Management System (TDMS) as a permanent delivery system for professional support to improved primary school teaching and learning. By 2002 the TDMS was being implemented through focused support to 539 coordinating centres (CCs) and 23 Core Primary Teachers' Colleges (CPTCs).

The Government of Uganda had undertaken extensive educational reforms aimed at expanding access and improving the quality of primary education. There was broad agreement among government, education officials, and development partners that the introduction of UPE expanded access to primary education to a sizeable number of children previously excluded from the system. However, the sharp rise in enrolment, from 2.7 million in 8,000 schools in

1996 to 7.6 million in 13,300 schools in 2003<sup>1</sup>, put an incredible strain on all components of the system and made the quality of education a priority in the strategic planning of the MoES.

The importance government, education officials and development partners attached to quality concerns is evidenced by the creation of The Education Standards Agency (ESA) within the MoES that is charged with developing a set of quality indicators, and the focus on quality through teacher education and management strengthening in the second Education Sector Investment Plan 2004-2009 (ESIP II). Initiatives, such as the new schemes of service for teachers and the Primary Teacher Development and Management Plan, provided the means for putting into practice the policy focus on quality at the school level. Under this system the main responsibilities coordination centre tutors (CCTs) based at PTCs were in-service training for new teachers and support to all other teachers. However, their mandate was not clearly streamlined into the decentralized district education structure and district education officers relied on them for information on everything that went on in schools, including needs and problems related to facilities, teachers and school operations<sup>16</sup>. While this development created opportunities for closer collaboration between the district education office and PTCs, it also distorted their roles and responsibilities. There was a need to rationalize the roles and responsibilities of the PTC staff with those of district education staff, particularly inspectors of schools and forge closer collaboration between them.

Within schools, despite the training of approximately 4,000 head teachers under the TDMS, poor school performances, staff absenteeism, the erosion of teachers' codes of conduct, as well as poor school community relations were attributed to the weak management capacity of head teachers<sup>2</sup> The management capacity of head teachers to plan, account for school resources, manage staff, as well as their ability to foster active and participative community involvement needed to be reinforced.

16. 2001. B.M Makau. Uganda: Primary Education and Teacher Development Project (PETDP), Final Supervision Mission.

17. MoES. 2002. Education Sector Review Report.

## Objective

To enhance primary school education by improving teaching and learning practices of all education stakeholders in 3,700 schools in the country.

## Strategies

1. Improve education management for primary schools.
2. Strengthen teacher effectiveness in teaching and learning practice.
3. Increase community involvement in education.
4. Improve school health and nutrition and promote HIV prevention within schools and the school community.
5. Increase private sector involvement in improving education outcomes.

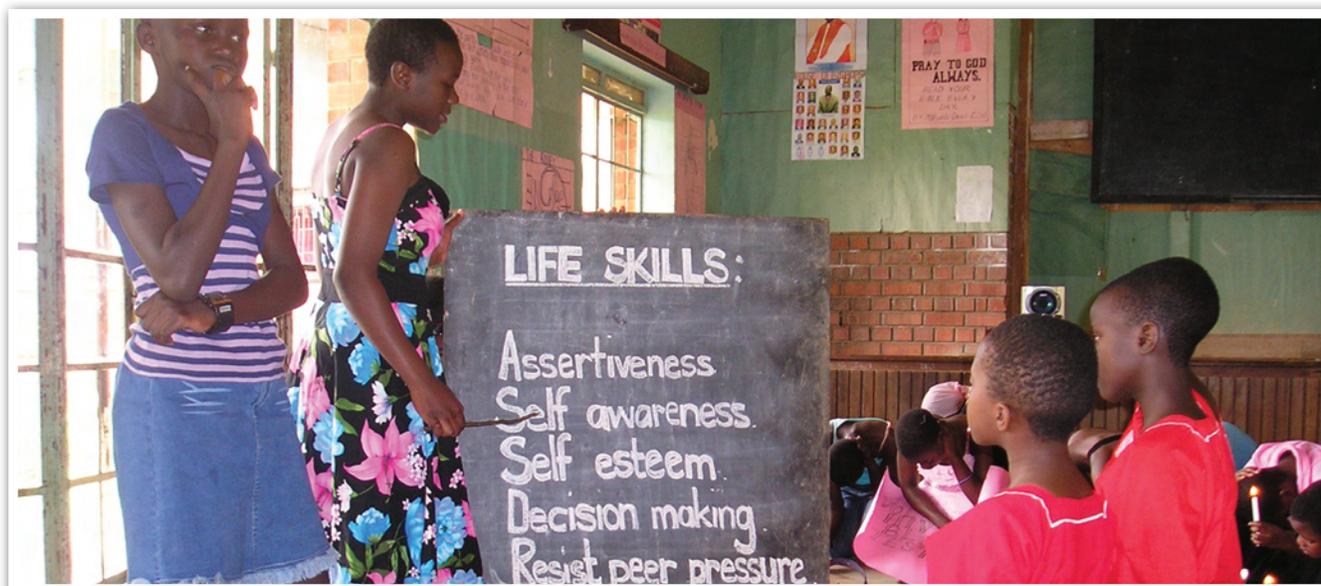


## Activities and Results

Cognizant of the fact that effective education reforms take into consideration all factors that affect the teaching and learning practice within school communities, UPHOLD designed an Integrated Education Strategy (IES) that utilized a school-based quality reform (SBQR) approach and employed performance improvement methods to change stakeholder practices. SBQR contends that for quality education to occur there has to be a continuous process of improving practices of school managers, classroom teaching and learning processes, as well as participation of the community in managing and supporting the learning of their children, thus the need for effective partnerships between parents, teachers and administrators.

The IES therefore had three main inter-related arms of implementation: the Education Management Strengthening Initiative (EMSI); Teacher Effectiveness (TE); and Community Involvement in Education (CIE). Integration between the education, health and HIV/AIDS interventions resulted in collaborative interventions to address the safety, health and nutrition of school children including HIV prevention, through the PIASCY Program. As in other sectors, UPHOLD continued utilized three main funding mechanisms to accelerate implementation of IES activities across 34 districts, including financial support to LGs, grants to CSOs and 11 CPTCs for





technical education interventions, and grants to 23 CPTCs for PIASCY interventions. UPHOLD-supported districts were divided into three implementation cohorts, because of the magnitude of coverage and to ensure that the interventions had the required technical support to promote quality. Districts for each cohort were selected from each of UPHOLD's six regions and a new cohort was added yearly for focused IES interventions. However, some activities geared towards achieving IES results were implemented even before the district was divided into cohorts and throughout the program life.

A cascade model of training was chosen as the best way to roll out the IES interventions and reach the target beneficiaries. A national training team comprising of technical staff in education from MoES, its affiliates at central level and senior training mentors (STMs) was formed and orientated to the IES strategy. Concurrently, training materials for the IES components were designed in collaboration with the MoES, Basic Education Policy Support Project (BEPS) and other national and district stakeholders. The national team subsequently trained selected education providers as master trainers (MTs), who in turn trained district trainers and school level staff (see **Annex III** for details of the IES cascade structure).

Altogether, 4,177 school were reached with at least one of UPHOLD's IES interventions (**Table 16**).

**Table 16 : UPHOLD training outputs 2003-2008**

Detail	Target #	# reached	% of project target	% of schools in UPHOLD-supported Districts	% of schools in country
Schools reached with CIE	3,700	3,631	98.1	55.6	22.9
Schools reached with TE	3,891	4,177	107.4	63.9	26.4
Schools reached with EMS***	3,891	3,891	100.0	59.5	24.6
Schools reporting SS results (central)	340	709	208.5	10.8	4.5
Schools reporting SS results (CPTC)	3,376	3,376	100.0	51.7	21.3
Schools reached with SS (by CCTs)*	3,716	5,105	137.4	78.1	32.3
Schools reached with SS (by DEO)*	3,716	4,797	129.1	73.4	30.3
**Schools in UPHOLD districts (34)-A		6,536			
**Schools in country -C		15,828			

\*Computed from UPHOLD LQAS Survey 2006, \*\*data compiled from MoES website, \*\*\* reached with at least one module EMS

UPHOLD's LQAS surveys and a formative evaluation of UPHOLD's education program undertaken in November 2006 provide results which are more directly related to UPHOLD support through the IES. As

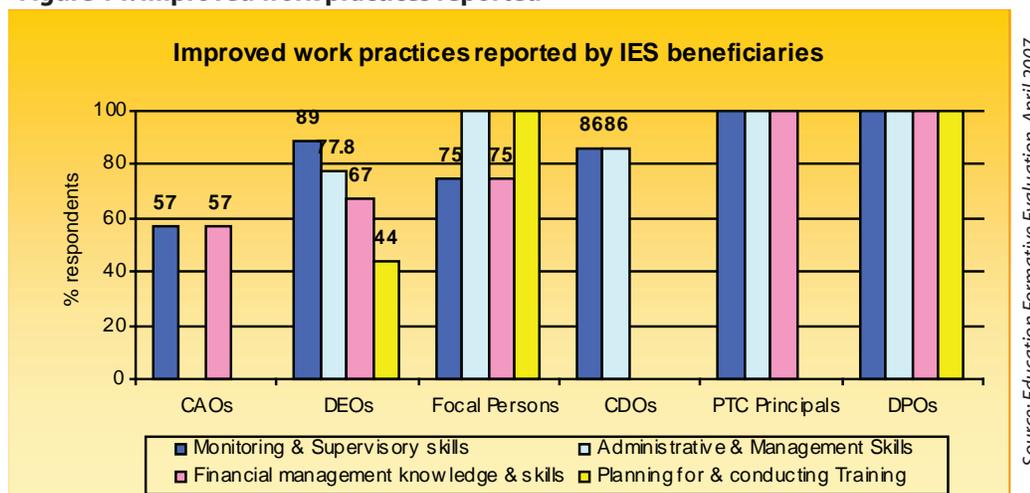
a result of the IES interventions, UPHOLD contributed to the improvement in key education indicators across 34 districts (**Table 17 and Figure 14**)

**Table 17: trends in selected education indicators 2004-2007**

Indicator	2004	2005	2006	2007
% primary school children attending school regularly (all 5 days preceding survey)	77	82	85	89
& primary school children who have never and are not attending school		13	4	3
& primary school children who took homework home during the term	34	49	53	55
% households that report assisting children in doing homework during the term	70	78	70	73
% households with primary school children whose parents or guardians report visiting the school during the school year	63	63	64	66
% school providing food for pupils	32	-	46	-
% schools conducting continuous professional development workshops	48	-	68	-
% schools supervised regularly by coordination centre tutors	Public-62 Private- 36	-	Public-82 Private- 57	-
% schools supervised regularly by district education officers	Public-39 Private-18	-	Public-77 Private- 58	-
Percent of public schools with evidence of private sector involvement in education in the last 12 months	31	-	34	-

Source: UPHOLD Program records

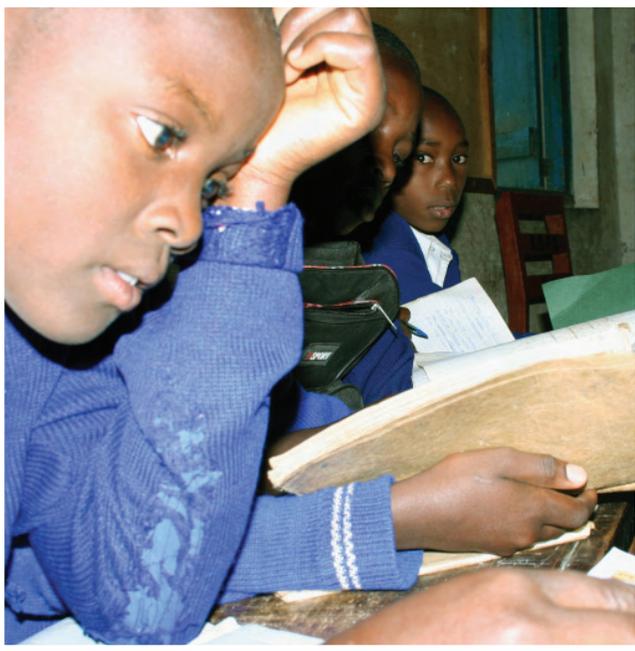
**Figure 14: Improved work practices reported**



Source: Education Formative Evaluation, April 2007

**Key:** CAOs - Chief Administrative Officers DEOs - District Education Officers  
 CDOs - Community Development Officers PTC - Primary Teachers' Colleges  
 DPO - Deputy Principals in charge of Outreach Services

## A. TEACHER EFFECTIVENESS



### Context

The introduction of UPE in 1997 enabled the GoU to increase access and equity in primary education, although challenges in education quality, relevance, efficiency and low levels of literacy remained. A situation analysis carried out at the beginning of UPHOLD's operations highlighted the need to equip classroom teachers with approaches to effectively manage large classes, as well as techniques to ensure that each pupil benefits from every lesson. This culminated in the adoption of Cooperative Learning (CL), an internationally recognized pedagogical approach to increase pupils' participation in the teaching and learning process. CL focused on building competencies in academic, social, and life skills of learners, as well as improving classroom practices of teachers.

### Objective

To enhance the classroom teaching and learning process in 3,891 schools in the country.

### Strategies

1. Train head teachers and their deputies in the CL approach.
2. Increase community awareness and involvement in classroom activities.

### Activities and Results

Early in the program life, UPHOLD carried out an evaluation of the coordination centre tutors (CCTs) who are central to teacher education in the TDMS<sup>18</sup>. The study contributed to the design of teacher effectiveness interventions, which were designed to improve the working relationships between CCTs and their district education counterparts, a partnership viewed as critical to the success of SBQR. Working in partnership with MoES, representatives from CPTCs, the Uganda National Examinations Board (UNEb), ESA, Kyambogo University and partner districts, UPHOLD then designed and developed the training series *"Towards Improving Classroom Instruction: Cooperative Learning in the Classroom, Modules 1 and 2."* The modules were designed to complement the national primary school curriculum, and models of lesson plans incorporating concepts and elements of CL were further provided to support the CL practice. The training served as an important refresher activity for many teachers who had not undergone refresher training for many years and through them, UPHOLD emphasized the role of head teachers and their deputies as pedagogical leaders for continuous professional development (CPD) through training, support supervision and mentoring. To improve relationships between PTCs and District Education Offices, PTC outreach staff and district education staff were trained together, planned and shared resources, and provided training and supervision to school representatives together.

The CL approach also supported the government policies and guidelines related to teacher effectiveness and child learning. The promotion of regular use of text and non-text materials by teachers and pupils and cultivating the culture of reading in pupils is an example since in CL, pupils form subject teams to share books and complete assignments at home. Another example is the implementation of the MoES' Customised Performance Targets (CPT) outlined in **Annex IV**

In line with its core value of 'boundarylessness' UPHOLD freely shared its training and support

materials with education partners in the country and this resulted in the adoption of UPHOLD materials



by the MoES which requested other development partners operating in districts not covered by UPHOLD to utilize them. As a result, TE modules have been used by partners such as Ireland Aid in the Rwenzori region; the Jane Goodall Institute in four districts in the South Western region; and Basic Education Support Program (BESP), a Christian

organization working in four districts in the North Eastern region. In addition the TE interventions have provided an opportunity for inspectors of schools to interact more with classroom teachers. Altogether 3,918 schools were reached and 7,978 head teachers and deputies trained in the CL methodology.

## TE Highlights

- 3,376 schools in 34 districts reached with the CL
- 17,986 copies of CL training manuals Modules developed, printed and disseminated
- 2,777 Teacher Preparation Books with CL messages as reminder materials for teachers were developed, printed and disseminated
- 350 National and District Trainers were trained in Cooperative Learning, Support Supervision and Mentoring skills and practices
- 7,978 head teachers and deputies trained in CL
- 588 district education managers and PTC staff (341 in-service and 271 pre-service) trained in TE/CL
- Approximately 34,000 teachers trained in CL
- Approximately 358,000 pupils in 34 districts using the CL approach
- Regular use of text and non-text materials by teachers and pupils and the culture of reading re-awakened



*We taught lessons not pupils.  
Now we teach pupils*

**Teacher, Kalanamu Public School,  
Luwero District**



## B. EDUCATION MANAGEMENT STRENGTHENING



### Objectives

To improve management practices of head teachers and deputies in 3,891 schools in the country.

### Strategies

1. Train head teachers and deputies in education management strengthening (EMS).
2. Strengthen supervision practices for primary schools.
3. Increase community awareness and involvement in school management.

### Context

In FY 2002/03, the MoES reported that head teacher management of the curriculum and the teaching or learning process was at an unsatisfactory level of 46% nation-wide<sup>19</sup>. Poor performance, absenteeism of head teachers and class teachers, non-conformity of educators to the Teacher's Code of Conduct, and poor school-community relationships were common across the country. UPE grants were the GoU mechanism for meeting tuition costs for UPE and building infrastructure to accommodate the increased enrollment of children in schools, but management of these funds was reported to be poor at district and school level. The Auditor General's UPE tracking study in 2002 and SFG Value for Money Audit, 2003 identified financial management as a limitation to effectiveness of the UPE program and recommended training of head teachers in financial management<sup>20</sup>.

### Activities and Results

Early in 2003, UPHOLD began a consultative process to determine areas of focus in education management and began to review existing management training materials and develop education management training modules in collaboration with the MoES, BEPS, Kyambogo University and ESA. In 2004, UPHOLD conducted an action research to inform the design of a user-friendly, practical performance improvement package to change the attitudes, behaviors and practices of education managers from district to school level<sup>1</sup>.

The EMSI focused on a number of competencies, including: leadership, participatory planning for quality, financial management, curriculum management, and the use of data for better decision making. It 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 education manager and current attitudes, behaviors and practices influencing the quality of management. The training, professional development

19. MoES. 2003. National Inspection Report 2002/2003

20. Office of the Auditor General, Value for Money Audit on the Universal Primary Education Program. July 2003, pp. 8 – 24

21. Nansozi K Muwanga, Arsene M Balihuta, Xavier Nsabagasani, Megan Thomas. 2004. Report on Education Management Strengthening Interventions. UPHOLD.



plans and supportive follow-up were based on these initial assessments. They strengthened supervision and monitoring of head teachers and enabled district and PTC staff to become role models of good management and leadership for head teachers and school communities. Focus was on the individual and what practical changes they could make to improve education.

By the end of 2007 when funding for education interventions ceased, 3,891 schools had been reached with EMSI interventions and 7,814 head teachers and deputies trained to strengthen their management practices.

## EMSI Highlights

- 334 national and district trainers trained in EMSI Modules 1-3
- 1,288 district trainers trained on EMSI Module 4: Managing the School Curriculum
- 7,259 head teachers and deputies trained on EMSI Module 1: Leadership in Education
- 7,107 head teachers and deputies trained on EMSI Module 2: Managing School Improvement
- 7,814 Head teachers and Deputies trained on EMSI Module 3: Managing School Finances
- 7,752 head teachers and deputies trained on EMSI Module 4: Managing the School Curriculum
- All 4 EMSI training modules adopted and printed for nation-wide roll out by the MoES
- Enhanced implementation of MoES' Customized Performance Targets
- Other development partners and institutions using EMSI materials to carry training to non- UPHOLD supported districts

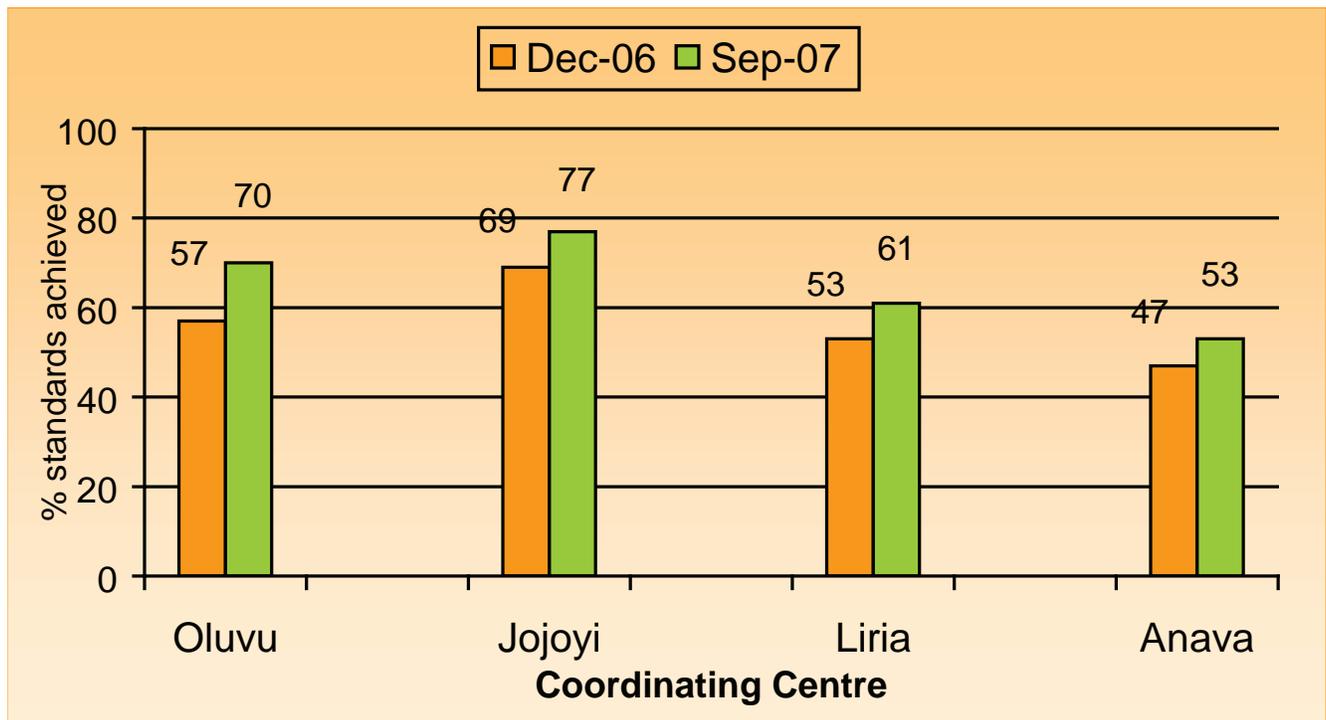
## Quality Assurance/Performance Improvement Initiatives in Education

Training and orientation activities are not sufficient to ensure improved quality of primary school education. To successfully adopt a new practice is behavior change process that requires self-reflection, feedback, and coaching. To improve support for the practices taught through the IES interventions, UPHOLD worked with the MoES and ESA to develop a set of support supervision tools to review schools' progress against a set of non-infrastructure standards covering the areas of School Leadership, Administration and Management, Planning, Teacher Effectiveness, Community Involvement in Education, and School Health and Nutrition. The standards reflect the intersection between minimum standards developed by ESA<sup>22</sup>, the MoES' Customized Performance Targets<sup>23</sup> and the results targeted in UPHOLD's IES Strategy. The tools were also unique in that they were designed to allow schools to conduct regular self-assessments to improve quality with a

scoring mechanism for assessing quality. They were pre-tested in Bushenyi District, revised and a user-friendly guide developed for their use. They were subsequently introduced to all UPHOLD-supported districts through the CPTCs beginning in 2006. A total of 3,376 schools were supervised using these tools at least once with 2,131 of them receiving more than two visits across the 34 districts. Some schools also received supervision and mentoring support from officials from the MoES, ESA, the Ministry of Local Government (MoLG) and Ministry of Gender, Labor and Social Development (MoGLSD) through centrally organized support supervision exercises.

Supervision report<sup>8</sup> show improved trends in various performance areas across the districts. In Arua and Bushenyi CPTCs for example, changes at school level were noted in the period between December 2006 and September 2007 (Figures 15 & 16). The improvements indicate the positive impact of the IES, as well as the power of regular supervision in promoting improvements in schools.

**Figure 15: Percent of administration standards achieved by schools under Arua CPTC**



22. MoES. 2001. Basic Requirements and Minimum Standards Indicators for Educational Institutions.

23. MoES. 2005. Customized Performance Standards



Further, UPHOLD’s Education Formative Evaluation carried out in 2007<sup>24</sup>, indicated that 70% of district education staff surveyed reported improved management skills and practices after the EMSI interventions, such as monitoring and supervision, institutional planning, and financial management. In addition 76% of the schools surveyed had school development plans (SDPs) and 69% of the schools had reviewed or revised their mission statements. UPHOLD’s LQAS results also indicate improved school management: in 2006, all schools surveyed were reported to have documented SDPs compared to 43% in 2004 and half of the schools reported that school management committees and parent-teacher associations (PTAs) had participated in the development and implementation of these plans. Additionally, 83% of teachers reported changed practices of their head teachers and different cadres of staff reported benefits from the EMSI experience

As UPHOLD ended operations, the Assistant Commissioner for Teacher Education was considering adopting the tools noting the approach had been missing from the CCT’s Toolkit and would be implemented alongside the “Teacher Effectiveness Mentor’s Training Guide.”

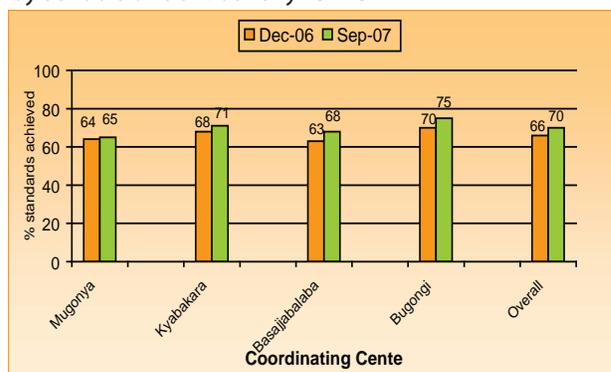
24. M. Ocheng, P. Namubiru-Sentamu, A. Nkwake, D. Angura-Aanyu, R. Lulua, M. Thomas, E. Jawoko, E. Ekochu, S. Kironde. 2007. A Formative Evaluation of UPHOLD’s Integrated Education Strategy. UPHOLD, 2007.

## Certificates of Performance

UPHOLD also developed a concept for awarding certificates of performance to support the IES. The certificates were awarded based on application of learning rather than the traditional certificate of “attendance” given to workshop participants. Certificates were designed for each module under each of the IES components, with the aim of capturing specific ways in which individuals applied the knowledge and skills gained during the training activities. They were awarded based on a set of stated criteria for on-job application by each eligible cadre of educator. A total of 2,296 certificates were awarded in the life of the program.

The innovation was shared with the MoES’ Monitoring and Evaluation Working Group, which expressed interest in the process and requested UPHOLD to share its experiences widely with a view to mainstream the innovation nationally.

**Figure 16:** Proportion of leadership standards achieved by schools under Bushenyi CPTC



## C. COMMUNITY INVOLVEMENT IN EDUCATION



### Objectives

1. To increase pupil attendance rates and reduce drop out rates especially for girls.
2. To establish community-facility partnerships for improved education outcomes in 3,700 schools in the country.

### Strategies

1. Improve community-facility dialogue through action-oriented meetings (AOMs).
2. Promote school open days to involve parents in children's school activities.
3. Promote inter-school learning through exchange visits.
4. Partnerships with CSOs to promote CIE.
5. Improve children's safety through *Safe School Contracts*.
6. Increase public awareness on CIE and involve the private sector in supporting education.

25. Ministry of Education and Sports, Guidelines on Policy, Roles and Responsibilities of Stakeholders in the implementation of Universal Primary Education (UPE). (September 1998), pp. 17-19.

26. Office of the Auditor General, Value for Money Audit on the Universal Primary Education Program. July 2003, pp. 8 – 24.

### Context

A key governance structure in the management of the UPE Program in Uganda is the School Management Committee (SMC) - each school is required to have one. SMCs are charged with providing overall direction to the operation of the school, ensuring that the school has a development plan for ensuring quality education within and outside the classroom, approving the school's annual budget, monitoring the school's finances to ensure that they are properly used, linking the school to the community, promoting harmony among the head teacher and members of the staff, ensuring that teachers and parents do not cause undue psychological stress on pupils or cause them to withdraw from school, and liaising with school foundation bodies on the best way of utilizing foundation resources for promoting school objectives and goals. They are also required to carry out public fundraising functions, report regularly to parents and community leaders on the financial and of operational status of school programs take leadership in improving and developing school facilities and compound by, among other things, mobilizing the community, and following up on requests made by the head teacher to the District Education Officer<sup>25</sup>.

Given these multiple tasks and the lack of proper orientation to their roles, most SMCs were found to be poorly functioning in an evaluation study carried out in 2003<sup>26</sup>. This resulted in limited involvement of parents and communities in children's education and required interventions to promote effective mechanisms of community involvement in education (CIE).

### Activities and Results

Initially, UPHOLD targeted 2,800 schools in 20 districts with intensive community mobilization through existing structures such as CSOs, community development officers, (CDOs), the TDMS, and District Education Offices. Two workshops held for central and district level stakeholders on the Partnership Defined Quality (PDQ) approach implemented by SCF led to central stakeholder support for exploring and scaling up best practices in community mobilization for social services.



## School-based Action Oriented Meetings

AOMs were designed to get parents and community members to plan for their schools with the school management. These meetings were held in more than 3,700 schools and every school succeeded in developing a plan for simple low or no-cost actions that parents could take to improve the quality of learning for their children. By the end of UPHOLD, most schools were holding AOMs at least twice a term and parents have been empowered to be part of the decision making process for the education of their children.

Several positive outcomes resulted from these meetings such as parents providing pupils with time, lighting facilities and guidance on difficult tasks as well as reminding pupils to complete their homework and checking assignments in their books. Also discussed were risky situations affecting girls' education and the negative impact of excessive or dangerous work on girls' academic achievements after which strategies were identified for the protection of girls from defilement, HIV and STD. Parents were encouraged to communicate more openly with their daughters (and their teachers) around issues affecting girls. This had an indirect effect on girl child retention - in Yumbe District for example, support supervision results reported an increase in school attendance for girls from 12,836 in March to 13,754 in May, 2006.

## School Open Days

UPHOLD worked with the MoES to develop a key tool for education managers - *Guidelines for School Open Days* - that was disseminated to all UPHOLD-supported districts and schools. Using this tool, schools were able to plan and implement effective school open days that provided opportunities for parents and communities to observe what their children learn in school and introduced them to improved teaching strategies and content, guiding them in school-community assessments and sharing of results. The guidelines covered a variety of themes, such as attendance, retention, feeding, health, homework and safety. This ensured that parents understood their children's needs and how they could contribute to the learning process. The guidelines were later adopted by the MoES and disseminated for use in all primary and secondary

schools in Uganda through the CPTCs. In addition, MoES has included school open days in the Annual School Calendar.

## Inter-school Exchange Visits

UPHOLD's strategy of inter-school exchange visits provided opportunities for parents, teachers, SMCs and parent teacher associations (PTAs) to transfer lessons in better education practices from better performing to less performing schools. The visits created healthy competitions among schools and encouraged head teachers and the entire school management to appreciate their successes and at the same time strive to change in areas that they identified as needing improvement. Following extensive discussions on how their peers were able to transform schools to improve their children's learning process, visiting participants usually met in their own school groups and developed action plans to address the challenges they faced within their own communities. In addition to encouraging the visiting schools, host schools formed a forum for articulating their achievements and challenges, and to receive feedback from visiting schools. By the end of the program, 3,990 parents and leaders from 622 schools had participated in the exchange visits hosted by 156 better performing schools.

## Safe School Contracts

Safe school contracts (SSC) are commitments, made by pupils and teachers to promote their safety in the school community, including school compounds, homes, and on the way to and from school. UPHOLD oriented 764 district and CPTC staff on the *Safety Friends* and *Safe School Contract Strategy*, and they in turn oriented teachers and pupils within their schools. During the orientation of pupils to the concept, they were made aware of their responsibilities in order to claim their rights and in-turn to grow up knowing their roles in participating in the education of their own children. Teachers and pupils were then required to sign the SSC with teachers agreeing to protect pupils from abuse while pupils identified at least three *Safety Friends* to accompany them when moving within the school community. Positive changes like increased confidence, less tension within school grounds, less harassment and reduced assaults were reported by stakeholders in UPHOLD's Education Formative Evaluation carried out in 2006<sup>1</sup>.



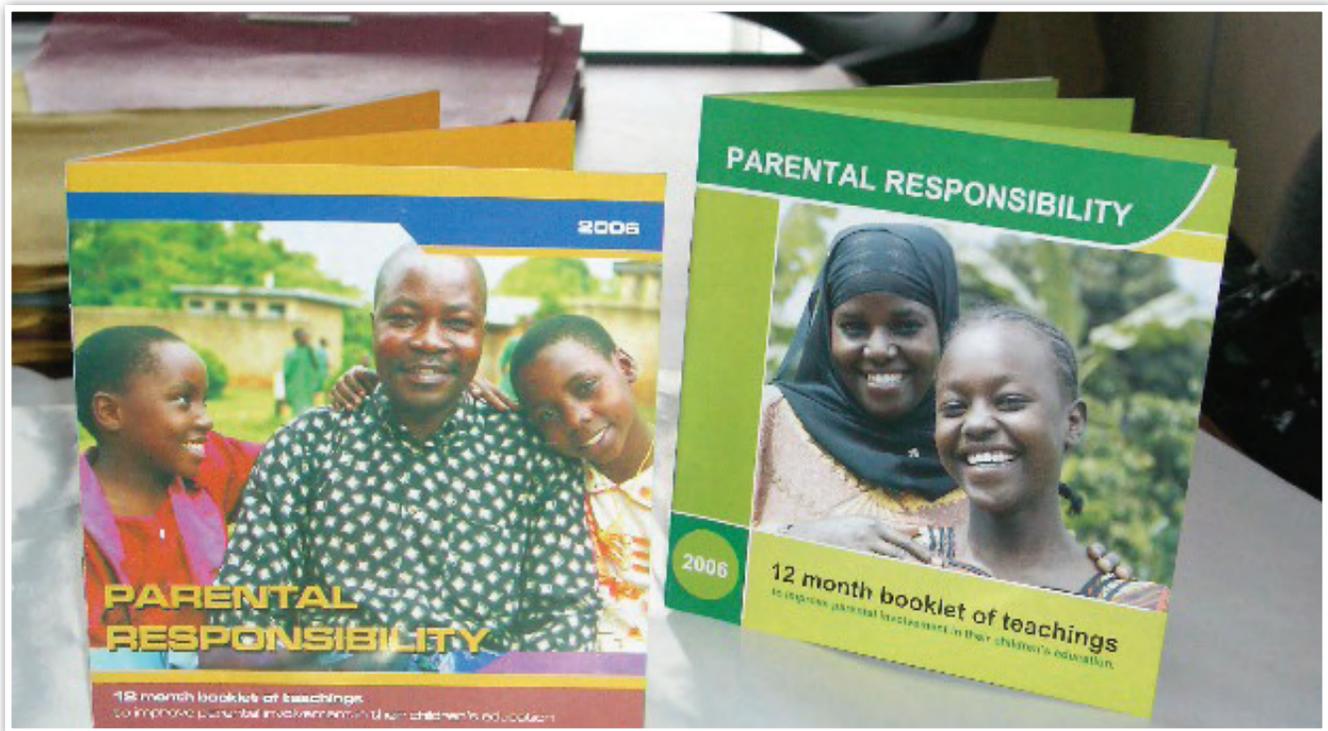
## Partnerships with CSOs for Improved Education

UPHOLD collaborated with six CSOs providing them with grants to mobilize communities to participate in education activities. These were: Literacy and Adult Basic Education (LABE) in Bugiri and Yumbe Districts, Madrasa Resource Centre in Wakiso District, Save the Children (US) in Luwero Districts, The Kids League in Arua District, Fort Portal Diocese Education Department in Kyenjojo District and the Inter-religious Council of Uganda (ICRU) across the country. Although all of the CSOs were oriented on the UPHOLD-developed toolkit for CIE, each of them had a unique approach to service delivery.

Fort Portal Diocese Education Department in Kyenjojo District actively mobilized parents and communities for education in 132 schools in Kyenjojo District, carrying out AOMs and interchange school visits. One of the most exciting achievements by the CSO was the radio listeners' program which facilitated parents and community leaders to discuss critical issues affecting the quality of their children's learning. Two radio programs were held focusing on: regular attendance and retention of pupils, especially girl child education and encouraging parents to organize school open days for their schools. As a result, 126 school open days were conducted in the district in June 2006.

The Kids League (TKL), in Arua utilized volunteer parents as coaches and youth ambassadors and through sports activities, club meetings and a variety of outreach activities promoted CIE. Outreach activities included league games, monthly radio talk shows and a monthly newsletter to disseminate health, education and HIV/AIDS messages to school and out-of-school youth. Through their interventions, 13,545 parents (5,984 male and 7,561 female) attended coach-parent volunteer training.

Literacy and Adult Basic Education (LABE) in Yumbe District utilized advocacy and training activities to promote parents' participation in their children's education. Working with 75 primary schools across eight sub-counties in the district, over 2,000 parents learned how to read and write in the local language and prepare local teaching and learning aides for their children in collaboration with teachers. Additionally, 3,225 mothers were trained to monitor their children's school attendance. They established 58 home learning centers and eight women pressure groups with about 60 women in each to increase daily attendance of all children, especially girls. As a result of this group, at least 12 girls who had dropped out of school returned to study in PY 6.



Madarasa Resource Centre focused on early childhood learning and development, enhancing parental involvement and participation in pre-school children's learning in Wakiso District. Through their interventions, ten out of the 15 supported pre-schools mobilized their communities to develop educational materials for their children and establish growth promotion activities at the schools including preparing meals for children and regular growth monitoring. By the end of UPHOLD support, Madrasa was planning to replicate the success of the program in other districts.

UPHOLD also developed an exciting intervention through collaborative work with representatives from leading faiths in Uganda (Protestant, Catholic, Orthodox, Seventh Day Adventists and Muslim) under the auspices of the Inter-Religious Council of Uganda (IRCU). The effort identified ways to better involve religious leaders in improving community support for education.

During planning meetings, religious leaders selected quotations and images from the Bible and Quran that reflect various components of CIE to be included in two types of calendars for the respective leaders and accompanying teaching booklets. Each month of the calendar and its corresponding teaching booklet highlights a particular message, such as the

importance of visiting classrooms, girls' education, providing lunch and scholastic materials, compassion, promoting abstinence, and guiding and counseling children.

“

*I used not to listen to children and I would shout at them. I have learnt better interaction strategies with children, listening to them, and now they are free with me.* **Teacher, Najeera Muslim Nursery School**

”

Through a grant to IRCU, UPHOLD supported the orientation of 896 religious leaders of all denominations to the materials across 20 districts (Arua, Bundibugyo, Bushenyi, Gulu, Katakwi, Kitgum, Kyenjojo, Lira, Mbarara, Rukungiri, Rakai, Luwero, Nakapiripirit, Mayuge, Bugiri, Pallisa, Kamuli, Bundibugyo, Wakiso and Yumbe). The program also disseminated the Muslim and Christian advocacy booklets and calendars and supported their use by religious leaders in their communities through intensive support supervision.

### School Health and Nutrition

UPHOLD's school health and nutrition (SHN) interventions addressed the link between health and learning outcomes in children. SHN activities were integrated into all SMS, TE and CIE interventions as well as through a grant to Save the Children Federation



(SCF) for activities in Luwero and Nakaseke Districts. Through SHN activities, teachers and pupils benefited from Vitamin A supplementation, immunization and nutrition education, as well as from the treatment of communicable diseases such as malaria and intestinal worms and hygiene promotion. Life skills training also empowered students to make healthy and responsible life choices, and helped girls stay in school. School nutrition programs varied from parents agreeing to contribute funds or food within

their means for centralized school feeding (porridge or hot meals), or packing food for their children to carry to school. Others opted to establish school gardens.

Through SCF, most indicators related to the CSOs interventions improved as measured by baseline and end of grant studies<sup>18</sup>. **(Table 18)**

**Table 18: School health and nutrition indicators in Luwero and Nakaseke Districts 2005 and 2007**

SHN Indicators	Baseline value 2005	End of grant value 2007
Prevalence of helminthes among school children	24.5%	15.2%
Proportion of pupils reporting falling sick with malaria in the last 30 days prior to the survey	54.3%	46%
School attendance rate	63% Boys: 61% Girls: 64%	70.4% Boys: 71% Girls: 69.4
Percent of children reporting taking malaria medicine at school when ill with fever	12.6%	21.4%
Percent of children reporting sleeping under or next to an insecticide treated net	19.4%	35.0%
Percent of pupils reporting sexual activity in the year of the survey	15.0%	1.0%
Percent of pupils who wash hands after using the toilet at school with soap or ash	33.0%	75.8%
Percent of pupils who can name where a safe house is located	0%	44.0%
Percent of girl pupils who feel confident refusing unwanted sex	65.0%	59.0
Percent of pupils who can name where a safe house is located	0%	44.0%
Percent of schools with safe school policies	0%	86%
Percent of schools with functioning latrines for girls and boys	33.0%	76.2
Percent of schools with functioning SMCs,	50.0%	76.2%

Source: UPHOLD Program records

## Private Sector Initiatives in Education

UPHOLD strengthened the role of the private sector in the delivery of quality education through ensuring that 20% of the target schools were either private or community-run, partnering with the public and private sectors to implement the Educators of Excellence Award Initiative and harnessing private sector support for education, especially for girls.

The Educators of Excellence (EoE) Award was developed with the Teacher Education Department of the MoES with the aim of improving teacher performance and reinforcing SBQR. The Uganda National Teachers' Union (UNATU) took responsibility for coordinating the Educators of Excellence initiative. The concept was based on the identification of teachers and head teachers or deputies that were star performers through the supervision tools that were developed by UPHOLD, MoES and ESA. In October 2007, the MoES used the Certificates of Performance and the Educators of Excellence Award initiative to recognize 18 head teachers and teachers from Kabale District on World Teachers' Day.

To support girl child education, UPHOLD supported Forum for African Women Educationalists (FAWE) to develop and submit proposals focusing on hygiene and sanitation of girls to improve daily attendance and retention, to Stanbic Bank and Unilever (Uganda) Ltd.

## Challenges and Future Considerations

- Forging strong partnerships between district education staff and PTC has been effective in providing more and better coordinated support to schools and their communities. However, the partnerships are not uniformly effective across the districts and need to be nurtured to ensure the two groups continue to work together effectively.
- The IES was implemented in districts by teams of district education staff and PTC outreach staff, but in many instances, these cadres, especially

the CCTs and Deputy Principals Outreach (DPOs), were overwhelmed with training programs. This overload has impacted outreach staff's ability to provide support supervision and mentoring to head teachers and teachers on practicing the new skills, attitudes and behaviors they have learned. Careful planning is required for implementing these training activities to ensure that they fit into the yearly plan for schools and PTCs.

- Developing and disseminating simple, practical job aides which address the capacity gaps of teachers, education managers and communities was effective in changing behaviors and practices. Partners should continue to explore innovations in this area for more effective support to head teachers.
- CL is a challenging pedagogical approach even in well-resourced learning environments. For CL to get institutionalized, teachers need to be well trained and receive regular mentoring and support. Ugandan teachers are excited about the innovation and many have championed the transformation of their instructional practices in their schools. However, given the overload of the CCTs and the lack of an effective mechanism for peer mentoring it is possible that trained teachers will slip back to viewing CL as simply "group work." The approach needs to be consolidated by districts and PTCs, should be taught in both pre-service and in-service programs.
- The program had planned on using CPD sessions and peer group meetings under the TDMS structure to provide support to those trained but, UPHOLD-supported interventions were not included in the CPD schedule and UPHOLD found that peer group meetings for head teachers were either not held or, when they were called, were poorly attended. Follow up for those trained came late and was insufficient. However, in a few districts (Kamuli, Arua and Luwero) head teachers organized themselves effectively through the Head Teachers' Association and gave each other peer-support. Such innovations should be explored to sustain the IES interventions.
- Contradictory political pronouncements on parental contribution to their children's education in





## Health/Education/HIV & AIDS Integration



### Applying the Concept

Bringing together inputs and processes within management or operational systems so as to improve the efficiency and/or quality of services is important in resource constrained environments. UPHOLD therefore strived to attain integration where it made sense to optimize resources and build capacity within districts to sustain interventions. The program's conceptual framework (**Figure 1**) shows four inter-sectoral areas where integration was promoted at program and operational or service provision level: Health-Education; Education-HIV & AIDS; Health/HIV & AIDS and Health-Education-HIV & AIDS. At program level, UPHOLD staff underwent periodic orientation on various aspects of each sector to stay abreast with technical updates as well as look for appropriate ways of ensuring integration. Some examples of how UPHOLD addressed integration are described below, but by no means exhaust the many details that UPHOLD promoted among its partners in the planning, implementation and monitoring of supported interventions.

### **Radio Listening Clubs**

Radio Listening Club started in PY4 as an integrated BCC activity targeting the general public. By the end of the program approximately 1,000 clubs were active throughout the UPHOLD-partner districts. Ten leading radio stations, through top presenters at each station, helped to form, motivate and continue the clubs' operations. The stations include Arua FM and Mega FM, Akabozi FM, Buddu FM and Super FM, Kiira FM and Unity FM and Voice of Teso, Voice of Toro and Radio West. Together they continue to reach more than 11 million people across the country, with approximately 10,000 community leaders active in the clubs. Each program is 45 minutes long with 30 minutes of pre-recorded content using talk show format and 15 minutes of call-in time for clubs. Presenters also read letters sent in by clubs. The programs that were aired included:

- The *Be a Man* campaign coordinated with the Young Empowered and Healthy (YEAH) Initiative. The campaign encourages discussion about social norms and images of men, especially related to violence, faithfulness, abstinence and use of services;
- *Stigma and home-based care for PLHIV*. In this program, emotion-based testimonials of PLHIV who are active and successful in local communities were held and aired. They focused on how there is no blame and what people can do to show compassion and acceptance to PLHIV;
- *Malaria treatment using the Home-Based Management of Fever (HBMF) strategy*. This program emphasized early treatment of malaria and promoted the recognition the CMDs through small community awards;
- *Malaria prevention through the use of insecticide-treated nets*. The program included testimonials of people who are currently using ITNs every night, providing tips and techniques for using, hanging and avoiding over washing of the nets;
- *Tuberculosis*. This program aimed to encourage seeking of care for coughs that last for three or more weeks without responding to treatment. In addition, it also supported patients' adherence to their treatment course;



- *Avian Influenza.* This program focused on the role of community leaders in sensitizing the public on actions they can take to combat the pandemic; ensuring that the community knows where and how to report incidences of sickness among birds; and be role models in practices that prevent spread of infections like hand washing, safe handling of birds; and
- *Education improvement.* This program aimed at promoting parental and community involvement in pupil learning, health and safety, as well as teacher effectiveness and education management.

### ***The District Innovations Newsletter***

UPHOLD partner districts and CSOs shared best practices, especially innovations that they have identified in the delivery of social sector services, through the *District Innovations Newsletter*. Three editions were developed and distributed at district level to highlight partner experiences in various initiatives to improve access and quality of social services. One story about the Single Mother's Radio Listening Club, was highlighted by USAID on a special website on International Women's Day 2007, under the heading of *Success Story: Single Mother's Radio Listening Club Demonstrates the Power of Women:*

[http://www.usaid.gov/our\\_work/global\\_health/home/News/iwd\\_2007/mhn.html](http://www.usaid.gov/our_work/global_health/home/News/iwd_2007/mhn.html)

### ***Local Council Advocacy Program***

District, sub-county and village levels are among the most influential people in their communities and between 2006 and 2007, UPHOLD developed and disseminated a BCC-oriented training package designed for Local Council (LC) leaders. The training was rolled out to all districts and district officials reported that it was the first time that the LCs had been guided and given facts about issues related to social sector services. At the orientation for Northeast leaders, the LC III chairpersons in Lira District immediately formed an association and elected a leader as part of their action plan. They felt that this association would play a lead role and increase their bargaining power in advocating for social services for their communities, while addressing the major bottlenecks like corruption among the higher leadership. Approximately 800 LCIII members were trained across UPHOLD-supported districts.

The program contracted with a theater group to train and support 220 local groups from 20 districts on MDD content and methods, to promote key behaviors related to social sector services, using scripts that emphasize overcoming barriers and support positive practices. Each of the 220 groups performed approximately three times, to an average audience of 800 people, reaching a total of almost 53,000 people.

## ***Other Behavior Change Communication***

### ***Activities***

Other BCC activities that were implemented in an integrated manner, include the use of music, dance and drama for community awareness and mobilization in HIV&AIDS, health and education.

### ***UPHOLD Grants Strategy***

UPHOLD's granting system was designed to promote integration among sectors. Negotiations with LGs and CSOs on activities to include in their annual work plans depend on sector heads at district level being able to work together in the planning process so as to allocate resources to priority activities across sectors.

### ***HIV&AIDS and Health Integration***

HIV&AIDS and health integration seems a natural fit since, at facility level, services are provided by the same health workers. However, many times the services are run in vertical manner from MoH to facility level. To meet this challenge and increase efficiency and effectiveness of services, UPHOLD supported training and on-site support supervision to service providers to change mind-sets at the work place and assist in the organizing of work to enable appropriate integration where it made sense - a prime example being the integration of HIV&AIDS, TB, malaria and STI services at facility level.

To improve integration of malaria control, RH and PMTCT services, 43 health service mentors were trained on Goal ANC, management of malaria in pregnancy and integration of those services with PMTCT. These in turn supported the health workers that had received similar training. CSOs that were funded by UPHOLD to provide RH services such as Rakai AIDS Network, Tooro Kingdom, Fort Portal Diocese and UPMA also mobilized communities for both antenatal and PMTCT service delivery.

Another activity that reflected integration was the provision of LLINs to PMTCT mothers attending psychosocial support groups and members of post-test clubs as a way of addressing the prevention of malaria among HIV positive individuals and pregnant women.

### ***The Yellow Star Program***

The Yellow Star Program (YSP) was a major effort towards quality improvement in the early years of

UPHOLD. This MoH strategy for quality improvement was first piloted in the country between 2000 and 2002 with USAID support through the Delivery of Improved Services for Health II Project. It uses an integrated approach to improving service delivery through a system of supervision, certification and recognition of health facilities that achieve and maintain 35 basic standards of health care cutting across health and HIV&AIDS. These basic standards were communicated to stakeholders who were given skills in promoting support supervision and community dialogue to create linkages between the facilities and the communities. The goal was to improve quality of services as well as client satisfaction and increase utilization of services.

UPHOLD strengthened the strategy through the revision of the standards and fostering stronger community-facility relationships through a community dialogue process that enabled better understanding of community perspectives on the quality of services and enlisted their involvement in improvement of service delivery. This facilitated the appropriate choice of quality issues to be addressed by communities and facilities that was wholly dependant on their contexts and also cut across sectors including education. UPHOLD successfully utilized this approach to explore community perspectives on IPT and HIV&AIDS services and develop action plans to address barriers to service uptake.

To complement the community involvement arm of the YSP, the 'Stars in Progress' initiative was developed as an innovation to involve community members in the recognition of a facility's progress towards achieving the Yellow Star award. Six districts with trained community mobilizers participated in holding 'Stars in Progress' ceremonies at health facilities, where quality of health care was advocated for through music, dance and drama and results of the health unit quality assessments were shared. The ceremonies culminated in painting a large star in front of the facility depicting the facility's achievement of standards with the painted surface area reflecting the proportion of YSP standards the facility has achieved.

Between 2004 and 2006, 718 health workers and CDWs (437 males and 281 females) were trained in quality assurance skills and followed up to support

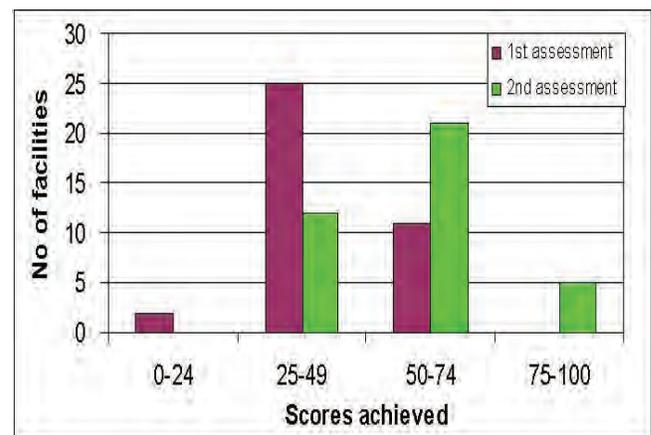


initiation of quality improvement activities. Overall 695 out of the approximate 1,000 health facilities in UPHOLD-supported districts received at least one round of integrated support supervision and quality of care assessment using YSP tools with positive in standards achievement and community participation in quality improvement.

Among the supervised facilities, 30% of them achieved at least 75% of the quality standards at the last supervision visit, while five of them; Buluba Hospital in Mayuge District, Kisubi Hospital in Wakiso District, Kabwooko HC III and Bikiira HC III in Rakai District and St Luke’s Namaliga Health Centre III in Luwero District achieved 100% of the basic health standards. St Luke’s Namaliga HC III, which had maintained the 100% achievement over two consecutive quarters, was awarded the Yellow Star at a colorful ceremony officiated by the Minister of State for Health.

support supervision to all their facilities, showed steady improvement in the achievement of standards by health facilities (Figure 17).

**Figure 17: Achievement of quality standards by health units in Bugiri District**



*"The In-charge purchased buckets, Vim and other items for infection control"* **Staff member, Katanga Health Centre Bugiri District**

*Staff who used to report on duty stinking of alcohol now no longer do it.* **Community Member, Kalong Village, Luwero District**

*The health unit at least opens earlier these days'* **Community Member, Pabbo Health Centre, Gulu District**

*"Health Unit Management Committee members are now known by facility staff."* **Community member, Bobi Health Centre, Gulu District**

### **Consumer Advocacy**

To further strengthen demand, utilization and quality of health services, UPHOLD worked with two districts of Mayuge and Bugiri and the Uganda National Consumers/Users' Organization (UNHCO) to develop an advocacy program for health and HIV&AIDS services. UPHOLD supported and facilitated the development of a training manual for district trainers and consumer advocates at lower levels. Thereafter, the advocacy program was introduced to 67 district level leaders (52 males and 15 females) in both districts, 30 district trainers in consumer advocacy for both districts (22 male and 8 female) were trained and these in turn trained 90 community consumer advocates (68 males and 22 females). They were engaged in mobilizing the communities for health and HIV&AIDS service utilization, through community dialogue meetings. In addition, representatives of health unit management committees from all health units in the two districts were oriented on their roles and responsibilities and introduced to concepts health rights and responsibilities as part of their advocacy package. Towards the end of the reporting period, radio spots and posters were developed and disseminated to support the advocacy initiative. As a result of this intervention, the proportion of active HUMCs from 51% to 100% in Bugiri District and from 70% to 86% in Mayuge District over one year.

At national level, UPHOLD staff from both the Health and HIV&AIDS teams were involved in the development of key policy documents with MoH and Uganda AIDS Commission, including the Routine Counseling and Testing Guidelines, the OVC Policy, the PMTCT annual work plan and Draft Guidelines for Early Diagnosis of HIV in Infants.

UPHOLD also encouraged CSOs to integrate services at service delivery points. UPMA members and other private providers were trained in HCT to expand their RH services, while SCF and Straight Talk Foundation by design, provided or promoted integrated health and HIV&AIDS services. Straight Talk Foundation for example, addressed reproductive health issues like STI as well as HIV prevention through their newsletter for adolescents, while SCF had components addressing nutrition, HIV&AIDS and health among school children.

### **HIV&AIDS and Education Integration**

PIASCY interventions formed the core interventions under this area of integration and are discussed in detail under the HIV&AIDS section of this report. In its implementation, tools designed through the education CIE interventions were used to conduct action-oriented meetings which addressed issues of HIV prevention at school communities, specifically safe school environments and abstinence promotion. PIASCY was also implemented through the same structures as the other education interventions, i.e. the CPTCs, and careful planning among the technical teams implementing these programs proved useful in ensuring that both the education and PIASCY agendas move forward.

### **Health and Education Integration**

Action-oriented meetings facilitated under the CIE component of the program often address improving various health aspects of school children including nutrition, through feeding programs, and sanitation. Additionally, guidance and counseling of children

under the PIASCY program addresses the health of pupils. The activities are discussed under the respective sections of this report.

The bi-annual Child Days held from 2005 onwards were a point of integration between health and education since school children were mobilized for Vitamin A supplementation. Additionally, UPHOLD's partnership with SCF, which ended in June 2007, focused on school health and nutrition interventions to improve sanitation, nutritional status and disseminate HIV&AIDS prevention messages in schools.



# 7

## GRANTS AND SUB-AWARDS





## Context

Financial resources are a key input for service delivery, yet remain a major constraint for all the sectors. Only 30% of HSSP I was funded and external aid to the education in Uganda accounted for over 50% of education expenditures (Ward M. et al, 2006). Additionally, where there was funding, the management and accountability of funds was a constant source of frustration to partners in the social sector limiting innovation, scale up of services and ultimately the social change required to meet the needs of Uganda's general population.

CSOs are recognized for their innovativeness, their grassroots-based interventions that serve families and communities often in hard-to-reach areas, and their ability to be flexible, pragmatic, relatively quick and effective in their implementation. At the beginning of UPHOLD, a few development partners had experience in providing grants to local government and CSOs and these included the World Bank through its District Health Services Project, the HIV&AIDS Control Project and the Northern Uganda Social Action Fund, as well as USAID through the AIM Project.

## Objectives

1. Increase the capacity of indigenous CSOs to constructively utilize grants for social development.
2. Strengthen the capacity of local councils, district administrations and CSOs to manage grants

## Strategies

1. Provide LGs, CSOs and CPTCs with funding in a transparent manner to address relevant technical priorities and promote positive social transformation.
2. Provide continuous support to partners to ensure technical and financial accountability.

## Activities and Results

UPHOLD's grants strategy supported USAID's Strategic Objective 8 to increase the human capacity of Ugandans through increasing the number of real choices people have to improve their health, lives and productivity, and by empowering people to make the most of these choices. As a tool for fostering positive social change, it was also linked with USAID's Strategic Objective 9: to foster more effective and participatory governance.

UPHOLD invested a lot of time in the beginning of the granting process to ensure success. Specifically, UPHOLD carried out a CSO mapping exercise<sup>29</sup> and studied examples of other grant programs such as the AIM Project. Extensive discussions were also held with district partners regarding their desires and expected benefits from a grants program.

Based on findings from these different exercises, UPHOLD established a grants strategy with the following guiding principles:

29. Muhangi D., Magumba G. 2003. Mapping of civil society organizations in Uganda: Phase I study report.

- Inclusion of local government partners in process and decision-making;
- Award a manageable number of grants;
- Use of CSOS who are recognized for comparative advantage in reaching grass root communities.
- Promotion of social transformation in which social norms, structures, and systems change in such a way to improve the choices and opportunities available to people, particularly to those who are vulnerable, marginalized, or disadvantaged;
- Focus on mid-level grantees with established experience and systems in place;
- Emphasis on partnerships (public and private);
- Provision of limited capacity building to grantees as required;
- Measurement and reporting of results; and
- Participation of LGs and CSO representatives in all aspects of the award process to ensure transparency.

### Grant Mechanisms used by UPHOLD

UPHOLD awarded financial grants and sub awards financial through different mechanisms in order to best achieve the UPHOLD objectives while still complying with USAID sub-grant rules and regulations. The categories of grants and the amounts awarded by UPHOLD over the life of the program are summarized below. Further detail on each specific grant awarded will be provided under separate cover.

**Table 19: UPHOLD Grant Mechanisms**

ID	Grant Mechanism	Total Ushs	Total US\$	Percentage
1	National Grant- AIC	22,561,976,700	13,271,751	28
2	National Grant –TASO	29,145,490,200	17,144,406	36
3	Local Government Sub-awards	8,873,234,900	5,219,550	11
4	District-specific grants	10,933,312,856	6,431,463	14
5	Central Grants	2,848,251,926	1,675,442	4
6	CPTC Grants	6,510,590,735	3,829,759	7
	<b>TOTAL:</b>			100

\* Average exchange rate of Ushs 1700/US\$1 used. Source: UPHOLD Program records

### National Grants:

USAID has been a development partner of both AIC and TASO since the early 1990’s and through UPHOLD’s cooperative agreement, the program was required to provide each organization with a designated amount of funds for the period of January 2004 – September 2007. UPHOLD continued to collaborate with TASO for the period October 2007 to December 2007. The funds were to assist the organizations to implement their respective strategic plans and additionally, UPHOLD was to provide a limited amount of technical support that would support each organization in their day to day operations, in the expansion of services to new sites and districts, and in strengthening their financial sustainability. AIC and TASO provided UPHOLD with their technical and financial reports on a quarterly basis and UPHOLD provided oversight to their semi-annual and annual PEPFAR plans and reports.

### Local Government Sub-Awards:

LGS were key partners to UPHOLD. The first round of LG funding was awarded to the 20 UPHOLD district partners on/around March 2004 for a period through October 2004. This funding was a result of proposals submitted by the LGs to UPHOLD detailing the district’s most urgent needs in the health, education, and HIV/AIDS

sectors and a series of negotiations held between district officials and UPHOLD staff to ensure that the proposed activities were technically sound, cost-effective, and promoted integration where possible. The memorandums of understanding (MoU) for these funds were signed by the Chief Administrative Officers (CAOs) of each district as the accounting officer and separate bank accounts were opened to operate them. The LGs were then required to submit both program progress reports and financial reports on monthly, quarterly and annual basis through the regional offices. To the extent possible, financial reporting requirements were in line with official district financial reporting guidelines. Between October and December 2004, the first-round of MoUs were amended to include additional activities through July 31, 2005.

Subsequent rounds of funding were approved and MoUs signed with old and newly created districts in July 2005, August 2006, February 2007 and October 2007 for one-year (or less for the final sub awards) periods as per submitted work plans which were aligned to the respective District Development.

*Civil Society Grants:* In 2004 UPHOLD developed an innovative and competitive grants application program CSOs in the then 20 target districts. The grants, called Family and Community Action grants were designed to enable organizations to achieve programmatic results that promote the quality, availability, and effective use of social services and other key behaviors in direct partnership with families and communities. The 88 possible grants were designed in partnership with UPHOLD LG partners to ensure that the grants met district needs and were owned by the LGs. The proposed grants and application process were also shared in advance with USAID, the US PEPFAR Coordinating Committee, and MOH, MoES, MoLG and MoGLSD.

In late July 2004, UPHOLD publicly released the Request for Applications (RFA). During the first week of August, 30-minute radio talk shows in seven languages played on 12 radio stations describing the RFA process and application. By the application deadline, 625 applications were received. Of the 625 applications, 242 applications were considered complete after a pre-screening process. During the months of October and November, Technical Review Panels comprised of Local Government officials, UPHOLD staff, and representatives from CSO fora, with

USAID officials where possible, reviewed applications from each district. Criteria to select grants included project description, management capacity/past performance, partnership, reasonableness of costs related to results, and monitoring and evaluation capability. Applications that scored highly in these areas were sent to the UPHOLD head office for a final review and selection process.

Pre-award workshops called “CSO Spas” were then held with the prospective grantees to improve the quality of the proposals and to ensure that all USAID requirements were met in terms of appropriate target-setting and cost-reasonableness. By early 2005, grants were awarded to 42 CSOs with over 100 sub-partners as detailed below. A national public relations campaign was launched detailing the specifics of the process and the awards and opening up a hotline for any questions regarding the process. District leadership participated in the signing of the grants and in follow-on monitoring and supervisory activities.

UPHOLD was unable to award all of the original grants due to lack of applications and lack of qualified CSOs in specific districts. Alternatives such as use of non-RFA grants and increases in the local government grants were sought for the districts where grants were not awarded in an effort to cover the identified areas of need.

Health and Education grants were two-year grants while HIV&AIDS grants were only for a year due to PEPFAR limitations. In 2006 after confirmation on the funding levels for the next PEPFAR year, a review process was completed of the HIV&AIDS grants which were nearing completion to determine if the grants should be renewed for an additional year. Of the original 25 HIV&AIDS grants, 21 were renewed for an additional year of funding and two new grants were added making a total of 23. These grants expired in June 2007 and a new RFA was issued in May 2007 with grant awards made in October 2007.

### Non-RFA District-Specific Grants:

In response to USAID’s expectation for results soon after UPHOLD began as well as UPHOLD’s recognition of existing CSO capacity within the target districts, UPHOLD awarded grants to selected CSOs which had submitted un-solicited proposals for specific

activities in the districts. These proposals were thoroughly reviewed prior to award by a committee consisting of district personnel and UPHOLD regional and headquarters staff for the need and relevancy of the proposed activities, the management and technical capacity of the organization, the proposed targets, and cost-reasonableness of the proposals. Within this category, there were 14 grants awarded for such activities as school health and nutrition, early childhood education, child health, and specific HIV/AIDS interventions. One of the most successful CSOs under this category was that to the Straight Talk Foundation which established Gulu Youth Center in 2004 in order to provide youth friendly reproductive health and HIV&AIDS services to the underserved youth in Gulu District. Another example is the school health and nutrition work being completed by SCF in Luwero and Nakaseke Districts.

✓ *Central Grants:* Central grants were awarded to CSOs that had multi-district reach and were able to address needs across districts. They were targeted for better cost efficiency and their ability to be co-ordinated from the central level. These grants which were \$50,000 or above were awarded after a thorough assessment by UPHOLD and USAID. The four grantees in this category include UPMA, Tuko Club, IRCU and UNHCO.

✓ *CPTC:* UPHOLD provided grants to CPTCs for integrated education and PIASCY activities. The objective of the support to CPTCs was support teachers and education managers to effectively and efficiently implement UPHOLD's IES strategy in SBQR. A comprehensive MoU was signed between UPHOLD as a representative of USAID and the MoES, who supervises the CPTCs. Following the signing of the overall MoU, individual MoUs were also signed between UPHOLD and each CPTC (23 in total) for specific activities.

## Grants Management

Grant agreements detailing grant terms and conditions were issued to all UPHOLD sub-grantees and signed by the UPHOLD Chief of Party, a responsible officer of the recipient organization, and a witness which was often a district official. The approval of awards, amendments and general authorizations rested with the UPHOLD Chief of Party for all agreements less than US \$50,000. For grants exceeding \$50,000,

USAID approval was required.

In addition to the grant agreements, UPHOLD developed a *CSO Grants Management Manual* in April 2005 to clarify roles and responsibilities of the grant recipients, district partners, UPHOLD Regional Office staff, and UPHOLD Headquarters staff. The specific roles and responsibilities of each party are detailed below.

## Capacity Building Efforts for Grantees

As part of the grants strategy, UPHOLD has also assisted grantees with specific capacity building inputs as required. These inputs were provided through the initial proposal-refinement workshops called 'SPAs', workshops held at the time of award, on-site support supervision, and through special interventions. Specific capacity building efforts from UPHOLD to grantees have provided tailored support to each CSO in the following areas: work planning and budgeting; program implementation/technical assistance; promotion of partnerships; monitoring and evaluation; and financial reporting. A study carried out in 2006 showed improvements in all these areas<sup>1</sup> with a major shift in the capacity of CSOs to implement their programs.

## Challenges and Future Considerations

Low absorption and liquidation rates by partners especially the LGs, was a constant challenge to achieving results. To address this UPHOLD held intensive and regular planning meetings with the partners to ensure utilization of funds and in some cases changed the funding mechanism to channel funds through the Regional Offices. These solutions should be considered by other development partners planning to work with LGs and CSOs.

The development and implementation of capacity-building strategy for the grantees was instrumental in ensuring quality interventions and future projects should borrow the UPHOLD experience in this area. Where necessary, termination of the grant should be

30. Godfrey Magumba, Samson Kironde, Geoffrey Beinomugisha, Xavier Nsabagasani and Sara Tiff. UPHOLD CSO Follow-Up Capacity Report June 2006.

done in worst-case scenarios.

Reporting of results was a challenge especially to CSOs. In the case of LG partners, the additional indicators required for UPHOLD program reporting caused an additional burden to facility level staff. The development of simple formats that are aligned to the primary data collection tools alleviated much of this constraint and significant on-the-job assistance is required to ensure timely and complete data.



# 8

## MONITORING AND EVALUATION



## 8. Monitoring and Evaluation



### Context

The emergence of decentralization at district level in Uganda aimed at improving the quality of governance and accountability. At district level, this created a need for reliable lower level data for evidence-based planning and management for social services. Unfortunately, household level surveys such as the four-five year UDHS did not provide district level estimates that were necessary for focusing interventions and the routine Health and Education Management Information Systems (HMIS and EMIS) did not provide timely or reliable data on a regular basis. There was thus a need to assist district planners to get access to information that would be useful for their planning needs and could be collected in rapid, cost effective and participatory manner.

To address this need, UPHOLD worked with both national and district technical leaders for monitoring systems to support data collection, management and use under the existing systems, while introducing innovations to promote better monitoring and evaluation (M&E) practices.

### Objective

To build the capacity of districts in the collection, management and use of relevant information to enable programmatic focus.

### Strategies

1. Scale up the use of Lot Quality Assurance Sampling (LQAS) as a low cost survey methodology.
2. Strengthen routine information management systems.
3. Increase evidence-based decision making at national and district level.

## Activities and Results

The Monitoring, Evaluation and Dissemination (MED) Department was a key service unit within UPHOLD that addressed the information needs of the technical departments and contributed to measuring USAID's Mission's Strategic Objective 8 (SO8) Results Framework and disseminated program achievements widely to both international and national audiences. The indicators on which UPHOLD routinely collected information both for its own programmatic needs and for reporting to USAID and other partners were contained in the *UPHOLD's Performance Monitoring Plan (PMP)* shown in **Annex II**. Data on these indicators as well as on training activities was stored in the UPHOLD Indicator Database and for HIV&AIDS services in the Monitoring and Evaluation of Emergency Plan Progress Project database. Analyses from these databases were carried out to respond to the various reporting needs.

### **Institutionalization of LQAS for Routine Evidence-based Planning and Decision-making at District Level**

In its area of geographical coverage, UPHOLD helped fill the information gap by introducing an annual survey that collected information on several social services indicators using LQAS. The LQAS annual surveys were carried out four times between 2004 and 2007. District specific results from the previous years' survey were analyzed and disseminated to each district and used in the work planning process for the next financial year. This proved to be an invaluable source of information for district level planning and prioritization that also guided UPHOLD's allocation of resources in the supported technical areas in each district.

In July 2006, leaders and policy makers at both national and district levels together with development partners and civil society organizations convened in Kampala to share lessons learned from utilizing the LQAS methodology at district level and to discuss how the use of this methodology could be scaled up. The national conference was opened by the Rt. Honorable Prime Minister of Uganda under the theme *Enhancing Evidence Based Planning at District Level: The LQAS Experience in Uganda*.

### **Support to Routine National Health Information Systems**

As an integrated and mainly district-focused project, UPHOLD largely avoided the creation of parallel systems of data collection, but instead worked together with the districts and the line ministries (especially the MoH) to strengthen existing systems of data capture and collation. Activities under this collaboration included the following:

- In 2004, UPHOLD provided technical assistance to the MoH to conduct a situational analysis of the HMIS with the goal of identifying its gaps and developing an action plan to strengthen the system.
- Following this situational analysis, in 2005 UPHOLD and other partners successfully negotiated for the inclusion of a number of important indicators on HIV/AIDS that had hitherto been missing in the HMIS, for data capture at health facility level.
- UPHOLD then supported the roll-out and training of over 1,100 district and health facility level staff from 16 districts on the use of the revised HMIS modules. Additionally, UPHOLD worked with MoH to develop a training manual aimed at strengthening HMIS data quality. HMIS focal persons in 13 UPHOLD-supported districts were oriented on the use of this manual in mentoring staff at lower level facilities.
- In order to strengthen service quality in all its partner districts UPHOLD supported the procurement and dissemination of HBMF registers to CMDs and registers for HCT and PMTCT data capture.

### **Support to the Development and Use of Supervision Tools**

Developing and strengthening quality assurance systems to monitor performance was also a focus of all UPHOLD interventions. In the health sector, UPHOLD scaled up the Yellow Star Program to all 34 districts to promote quarterly integrated supervision and quality assessment at facility level. Based on the YSP experience, UPHOLD also developed supervision tools for the education sector and for integrated HIV&AIDS/TB/RH/malaria services at facility level.

### **Innovations for Performance Monitoring and Feedback**

As a short-term project, UPHOLD required performance measurement systems that were

frequent as well as sensitive enough to track trends over relatively short intervals in order to allow changes to be made where necessary. In order to achieve this, UPHOLD had a subset of indicators that measured the 'pulse' of the project on a monthly basis. These indicators were representative of four major perspectives of program performance namely: Implementation Results, Financial Utilization; Innovation and Learning as well as Client Satisfaction. Sample data was collected and analyzed on a total of 17 indicators in the 'UPHOLD Balanced Scorecard'. The results of the each month were then discussed during the monthly Results Management Committee (RMC) meeting which brought together staff at both regional and headquarter level. Action points from these RMC meetings were then forwarded to the Senior Management Team (SMT) which was tasked with reviewing recommendations and authorizing actions as required.

Additionally, in order to foster more rapid dissemination of results to key stakeholders, UPHOLD introduced the *Weekly Bullet Points*. These provide a weekly one-pager summary of activities undertaken in different program areas and proved to be a useful source of information to stakeholders who would want to have a snap shot of the program's activities.

### M&E Support to Civil Society Organizations (CSOs)

As part of its implementation strategy, UPHOLD supported over 110 lead and partner CSOs to implement activities in HIV&AIDS, health and education. A baseline survey of the M&E capacity of these grantees revealed many gaps and UPHOLD put in place mechanisms to enhance their capacity to enable them to report on their activities more effectively. Standardized reporting tools were developed and a data collection flow process clearly outlined. Support through on-site support supervision as well as tailored skills-building sessions at regional level was provided to CSOs according to their specific needs and a self assessment study<sup>31</sup> revealed that many of the CSOs greatly benefited from this support.

### Documentation and Dissemination of Program Results

To ensure that programmatic results and lessons learned were shared to relevant audiences in a timely manner, UPHOLD disseminated program

achievements and challenges through various routine annual and quarterly reports and other special reports including: the bi-annual PEPFAR reports, that detailed achievements in HIV/AIDS interventions; the bi-annual Africa Education Initiative (AEI) reports for the education sector; and the PMI quarterly reports for malaria interventions.

Additionally, UPHOLD has shared its experiences through over 50 presentations at both local and international conferences, commissioned various studies and disseminated the results on a several program interventions as detailed in **Annex IX**

#### UPHOLD Participation in International and National Conference

- The International Conferences on HIV&AIDS, 2006
- The International Conference on HIV&AIDS and STIs in Africa (ICASA), 2005
- The Comparative International Education Society's Annual Conferences 2006 & 2007
- The Annual Global Health Council Conferences 2004 - 2007
- The Fifth African Population Conference, 2007
- The American Public Health Association Conference, 2008
- The Annual Makerere University-Institute of Public Health Scientific Conferences, 2006 & 2007
- The East African Community Health and Scientific Conference, 2007
- Towards Unity for Health (TUFH) International Conference, 2007
- PEPFAR Implementers Meetings 2006, 2007 & 2008
- The 5th African Conference on Child Abuse and Neglect, 2007
- Reproductive Health in Emergencies Conference, 2007

At the close of the project, UPHOLD held several national conferences to share its achievements and discuss ways of sustaining good practices with partners. Three regional and one national education conference were held in 2007 when the education sector support ended, while the end-of-project national conference that was officiated by the Prime Minister of Uganda, Hon. Apollo Nsibambi, was held in May 2008 under the theme *Making a Difference in the Lives of Ugandans: Delivering Services through Partnerships*. Thereafter district level meetings in each district were held to formerly bid partners farewell and again discuss sustainability of interventions. The national education conference attracted 237 participants and the end-of-project hosted 330 participants in two days of highly participatory sessions that celebrated the program achievements.

31. CSO Follow-up Capacity Report



# 9

## LESSONS LEARNED





UPHOLD was a large, complex, and demanding program which operated during an interesting and challenging period in Uganda's history. UPHOLD and partners have learned many lessons during the past six years of implementation which can be used in the future to inform USAID programs, as well as JSI's approach to project design and implementation. Below are some of the lessons that were used to refine program direction as the program worked with, and for, the families and communities in the 34 UPHOLD-supported districts.

## Regional/District Presence Key to Successes

- Regional presence in a large, multi-sector, district-focussed program is fundamental to achieving results and a level of sustainability. Early management decisions regarding location of offices, skill sets of Ugandan staff and process of entry into the local environment need to be well thought out and responsive to the changing circumstances. Local presence ensures that the 'one-size fits-all' approach is not used.
- Local partners are the experts regarding their needs and capacity, and they should be part of most decisions and allocation of resources. That is not to say

one must always agree, but a shared understanding is essential.

- Program should support partners to generate locally relevant information in order to make evidence-based decisions.
- Regional Staff need to establish relationships through participation in local council meetings, budget planning meetings, NGO fora meetings and other community activities. Their local knowledge should be used for advocacy, yet not replace local voices. Staff should be catalysts to increased opportunities for communities to be heard.
- Trust must be established and maintained. Staff who are members of the communities in which they work enjoy a level of credibility which they might otherwise not have and thereby increase trust.
- Local presence increases program efficiencies. Staff are able to easily and cost-effectively follow-up issues concerning reporting, attend district programs, and identify local human resources as needed;
- Regional presence facilitates a 'go national' strategy. UPHOLD was able to effectively and efficiently undertake national activities such as PIASCY, PMI, Child Days, and Radio Listening Clubs because of a regional presence.
- Presence in conflict and post-conflict districts is

both challenging and necessary. Informal and formal networks must be used to ensure safety of staff and partners, and to enable a program to adapt systems and activities to the changing context.

- The abolition of the graduated tax and district restructuring in 2005 had a negative impact on districts' ability to deliver services – regional presence allowed UPHOLD to obtain specific information on the impact at the district level;

## Culture of Learning from, and Adapting to, a Changing Environment Critical

- Evidence-based analysis should be part of program activities to foster 'national' efforts. For example, the use of Community Medicine Distributors for the distribution of ITNs proved to be a strategy that has been adopted by the MoH with other donor resources. Commitment to document and share results is fundamental;
- Programs must be willing and able to adapt to significant changes within their environment – this requires analytical skills and informed risk-taking. UPHOLD adapted its implementation strategies in numerous instances in response to inefficiencies in delivery of HIV test kits, PEPFAR requirements, the effects of redistricting on program activities and AIC's organizational management challenges.
- Programs should be committed to fostering a non-threatening environment of sharing information and encouraging healthy competition. UPHOLD's District Review Meetings which brought together districts from the same region to share experiences and data are an example. Another example is regional meetings in which LQAS results were presented to, and analyzed with, LGs and CSOs.

## Integration Remains Challenging in Uganda

- Integration where it makes sense can be a powerful methodology to achieve results, but is often time-consuming, labour-intensive and complex;
- Decision-makers have to agree there is value in integration – understand how it would work, and not view it as a threat to their resource base;
- Local structures must be aligned to allow

for integration which is not often the reality, as the question on responsibility for resource management, accountability and reporting arises.

- Programs and donors should understand that integration can often result in a delay in reporting and verification of results.

## Strong Management Systems Essential

- A large program inevitably has multiple international and local implementing partners. Management should be clear from the onset that there is one program, not many. Staff should identify first with the program and secondly, with their 'home' institution. Policies and procedures must be uniform to the extent possible.
- Efforts to communicate and coordinate among the international partners should be a high priority at the beginning of a program. While time intensive during start-up, the time savings over the long-run is significant,
- Economies of scale are achieved with large-scale programs. UPHOLD was able to effectively work in three sectors through a regional presence, and with one system for administration, finance, monitoring and evaluation, grants management and information technology.
- Systems within the health and education systems in Uganda remain weak, and may have even weakened since the start of UPHOLD.

## Program Foci Affects Service Delivery at a Systems Level

- Large program emphasis, and the resources that accompany them, have an affect on the type and scale of services delivered at facilities. Emphasis on delivering HIV/AIDS services in health centres, for example, can affect facilities' ability to provide basic health care; without an increase in the number of staff, some overall health delivery can be compromised.
- Various donor and GoU programs are often competing for the same people to implement activities and redundancy in funding can occur.

Tight systems and communication among similar programs is required.

- Programs which have similar activities should be guided by national policies on implementation. While this does happen in some cases, there are still many areas where Implementing Partners follow their internal practice. For example varying facilitation to Community Medicine Distributors has had an adverse effect on overall motivation to provide HBMF services at the village level.

## Baseline Survey at the Onset of a Program Needed

- Programs of this size and complexity should have a baseline study at the onset.
- Districts and CSOs continue to need significant support to develop a culture of data collection and analysis for decision-making.
- LQAS is a valued and reasonable methodology in programs like UPHOLD. It fosters local participation and ownership of the M&E process while keeping costs low.

## Communication at all Levels Required

- District-level programs must have the resources to adequately participate at the central level. Cancellation of the Systems contract had an effect on the allocation of UPHOLD's staff resources which still proved insufficient to meet partner Ministries' expectations. A mechanism should have been developed to compensate for the cancellation.
- Good communication and a 'solution-seeking' culture between USAID and implementing partners is essential for large, complex programs.
- Effective communication within communities is essential. A program like UPHOLD may not always be recognized at the community level as it works through partners and is not an implementing entity.

## Sustainability of Large, Complex, Multi-Sector Program Challenging

- Most factors affecting long-term sustainability of a program like UPHOLD in Uganda are outside the program's control. Policy decisions in a complex environment change the landscape and test assumptions on an on-going basis. The creation of Universal Secondary Education, mismanagement of Global Fund resources, abolition of the G-Tax, and redistricting have all had an impact on issues of sustainability
- In a country where over 50 percent of the national budget is donor money and is subject to donor's political and economic realities, long-term sustainability is a significant challenge. In UPHOLD-supported districts, HIV/AIDS has the greatest level of resources and activities under PEPFAR – under a new US administration this may change
- Much of the program's impact and sustainability will occur at the service delivery level. Health and Education staff have been trained to increase the quality of services they provide to communities and families. The Yellow Star program, Teacher Development Management Systems and established relationships between CSOs and LGs for example, have all been strengthened under UPHOLD and have a high likelihood of sustainability

## Annex I: Performance Monitoring Plan

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
<b>IR 8.1 Effective use of social services</b>						
<b>Health</b>						
DPT3 immunization coverage	<p>Definition: Number and percent of children under 1 year of age receiving the 3rd dose of DPT immunization</p> <p>Unit of measure: Number</p> <p>N° of surveyed children under 1 year of age who received the 3rd dose of DPT immunization* 100/ N° of children surveyed</p> <p>Unit of Measure: Percent</p>	HMIS	2003	375,926 (70.5%)	85%	81.1%
Couple-years of protection provided	<p>Definition: Number of couple years of protection distributed in target districts</p> <p>Unit of measure: number</p>	HMIS	2003	44,646	399,600	822,435
Antenatal care attendance	<p>Number of women who attended antenatal care at least four times</p> <p>Unit of measure: number</p>	HMIS/ LQAS	2003	694,446	55%	55.9%
Percentage of pregnant women who received two or more doses of intermittent preventive treatment (IPT) of malaria in pregnancy	<p>Unit of measure: number</p> <p>Number of pregnant women who have received two or more doses of IPTp during their pregnancy*100/Total number of pregnant women attending antenatal care</p> <p>Unit of measure : Percentage</p>	LQAS	2005	-	45%	38.9%
Assisted deliveries	<p>Definition: Number of deliveries at health facilities in previous 2 years<sup>1</sup></p> <p>Unit of Measure: Number</p>	HMIS	2003	88,629	210,844	225,885 <sup>2</sup>
Case notification rate in new sputum positive pulmonary TB cases	<p>Definition: Proportion of new sputum positive pulmonary TB cases reported against expected TB cases</p> <p>Measure: Percent</p>	LQAS	2003	43.5%	56%	43%

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
<b>Education</b>						
Primary school Net enrollment rate	Definition: Percent of primary school aged children (6-12) enrolled in primary school (by gender, public, private, conflict areas) Unit of measure: percent	EMIS	2003			NER =92%
Average daily school attendance rate	Definition: Number of children attending school (regularly) in the previous 5 school days before the survey/Number of children surveyed Unit of Measure: Percentage	EMIS LQAS	2003	76.3%	85%	88.9%
<b>HIV/AIDS<sup>4</sup></b>						
Individuals reached with HIV/AIDS prevention messages through abstinence or being faithful (PEPFAR)	*Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful Disaggregated by sex Measure: Number	UPHOLD-supported CSOs	-	-	4,300,000	
Individuals reached with HIV/AIDS prevention messages through abstinence (PEPFAR)	*Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence Disaggregated by sex: Measure: Number	UPHOLD-supported CSOs	-	-	4,000,000	
Individuals reached with HIV/AIDS prevention messages through other behavior change beyond abstinence or being faithful (PEPFAR)	*Number of individuals reached HIV/AIDS prevention messages through other behavior change beyond abstinence or being faithful Disaggregated by sex: Measure: Number	UPHOLD-supported CSOs	-	-	147,000	579,789



Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Individuals receiving HIV counseling, testing and results (PEPFAR)	*Definition: Number of individuals who received counseling and testing for HIV and received their test results (excludes PMTCT sites) Disaggregated by sex	UPHOLD reports	2003	126,334 <sup>5</sup>	371,600	726,569
Pregnant women who receive HIV counseling and testing and their results (PEPFAR)	Unit of Measure: Number *Definition: Number of pregnant women who receive HIV counseling and testing for PMTCT and received their results	UPHOLD reports	-	-	100,400	87,241
Pregnant women receiving PMTCT course of treatment (PEPFAR)	Unit of measure: number *Definition: Number of pregnant women provided with a complete course of antiretroviral (ARV) prophylaxis in a PMTCT setting Unit of Measure: Number	UPHOLD reports	-	-	4,520	2,845
Access to palliative care (including TB treatment) for PLWA (PEPFAR)	*Definition: Number of individuals provided with HIV-related palliative care including those HIV-infected individuals who receive clinical prophylaxis and/or treatment for TB Disaggregated by sex	UPHOLD reports UPHOLD-supported CSOs	2003	7,434 <sup>6</sup>	83,000	87,974
OVCs receiving care & support (PEPFAR)	Unit of measure: number *Definition: Number of OVCs served by an OVC program Disaggregated by sex Unit of Measure: Number	UPHOLD-supported CSOs	2003	1,367 <sup>8</sup>	5,000	6,388

**IR 8.1.1 Improved quality of social services**  
**Health**

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Percentage of health facilities meeting 75% of set quality standards	Definition: Percent of health supported facilities meeting 75% of set quality standards Unit of Measure: Percent	UPHOLD reports	2003	16% <sup>7</sup>	40%	30%
Number of health facilities provided with support supervision on malaria case management	Definition: Number of health facilities provided with support supervision in malaria case management Unit of measure: number	UPHOLD reports	2006	711	1,081	1,081
<b>IR 8.1.2 Increased access and availability of social services</b>						
Number of LLINs purchased for free distribution	Number of LLINs purchased for free distribution	Project reports	2003	24,000 <sup>8</sup>	311,311	311,311
Number of ITNs distributed	Unit of measure: Number N° of insecticide treated nets distributed	UPHOLD reports	2003	24,000 <sup>10</sup>	311,311	311,311
Number of LLINs distributed free for children under five years	Unit of measure: Number Number of LLINs distributed free for children under five years	Project reports	2006	-	260,000	256,302
Number of LLINs distributed free to people living with HIV/AIDS (PLWHA)	Unit of measure: Number Number of LLINs distributed free to PLWHA	Project reports	2006	-	...	27,748
Number of bed nets re-treated	Unit of measure: Number Definition: Number of bed nets treated or retreated	UPHOLD reports	2004	144,615	1,000,000	948,418
<b>HIV/AIDS<sup>5</sup></b>						
Number of service outlets providing HCT services (PEPFAR)	*Definition: Number of service outlets providing HIV/AIDS services Disaggregated by type of service Unit of Measure: Number	UPHOLD reports	2003	31	500	1700
Number of service outlets providing PMTCT services (PEPFAR)	*Definition: Number of service outlets providing HIV/AIDS services Disaggregated by type of service Unit of Measure: Number	UPHOLD reports	2003	-	135	100

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Number of service outlets providing Palliative care services (PEPFAR)	*Definition: Number of service outlets providing HIV/AIDS services Disaggregated by type of service Unit of Measure: Number	UPHOLD reports	2003	-	150	315
<b>IR 8.1.3 Improved behaviors adopted</b>						
<b>Health</b>						
Percentage of children under five years who slept under an insecticide-treated bed net (ITN) the previous night	Number of children under five years who have slept under an ITN the night prior to the survey)*100/Total number of children under five in the survey Unit of measure : Percentage	LQAS	2003	4.3% <sup>9</sup>	34%	43.9%
Percentage of children under 5 years of age with fever during the previous two weeks who received recommended anti-malarial treatment within 24 hours of onset of fever	Number of children under 5 years of age with fever during the previous two weeks treated with a recommended anti malarial treatment within 24 hours of onset of fever*100/Total number of children under five years with a fever during the previous two weeks Unit of measure : Percentage	LQAS	2002	18% <sup>13</sup>	55%	76.4%
<b>HIV/AIDS</b>						
Proportion of couples counselled and tested for HIV together	N° of all HCT clients that register as a couple*100/N° of registered HCT clients Unit of measure: Percent	UPHOLD reports	-	-	15%	14.4%
<b>IR 8.2 Increased capacity to sustain social sector services</b>						
<b>Health</b>						
Number of districts with integrated health strategic plans	Definition: Number of districts with costed health strategic plans integrated into district development plans Unit of measure: number	UPHOLD reports	2003	0	20	34
Number of health workers provided with training in malaria case management using ACT	Definition: Number of health workers provided with training in malaria case management using ACT (disaggregated by Male/Female) Unit of measure: number	Project reports	2006	-	-	-

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Number of health workers trained in IPTp	Total number of health facility staff trained or retained in IPTp Disaggregated by Male/Female Unit of measure : Number	Project reports	2006	-		
<b>HIV/AIDS</b>						
Number of districts with integrated HIV/AIDS Strategic Plan	Definition: Number of districts with costed HIV/AIDS strategic plans integrated into district development plans	UPHOLD reports	2003	0	20	34
Individuals trained in the provision of HCT services	Unit of Measure: Number *Definition: Number of individuals trained to provide HCT services	UPHOLD reports	2003	507 <sup>10</sup>	1,050	1,624
Individuals trained in the provision of PMTCT services	Unit of Measure: number *Definition: Number of individuals trained to provide PMTCT services	UPHOLD reports	-	-	880	1,269
Individuals trained in the provision of HIV-related palliative services	Unit of Measure: number *Definition: Number of individuals trained to provide HIV-related palliative services	UPHOLD reports	-	-	1,700	2,510
Individuals trained to promote HIV/AIDS prevention through abstinence or being faithful	*Definition: Number individuals trained to promote HIV/AIDS prevention through abstinence or being faithful Unit of Measure: number	UPHOLD reports	-	-	85,780	71,063
Individuals trained to promote HIV/AIDS prevention through other behavior beyond abstinence or being faithful	Definition: Number of individuals trained to promote HIV/AIDS prevention beyond abstinence or being faithful Unit of Measure: number	UPHOLD reports	-	-	7,240	3,478
<b>Education</b>						
Number of districts with integrated education plans	Definition: Number of districts with education strategic plans integrated into district development plans Unit of Measure: Number	UPHOLD reports	-	-	20	34

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Percentage of schools supervised regularly by CCTs	Definition: percent of schools receiving one or more support supervision visits per term from Center Coordinating Tutors (disaggregated by public/private) Unit of measure: Percent	LQAS	2004		Public-75% Private- 50% Overall -63%	
<b>IR 8.2.1 Improved decentralized planning, management and monitoring systems</b>						
Number of districts with improved district capacity to manage schools	Definition: Number of districts with coordinated planning between Core Primary Teachers' Colleges and DEOs (as shown by diverse membership in planning meetings, diversity reflected in annual work plan) Unit of measure: number	UPHOLD reports	-	-	20	34
Percentage of health facilities submitting timely reports of health data	Definition: Percent of health facilities reporting to district HMIS on time each quarter Unit Measure: Percentage	HMIS <sup>11</sup>	2003	67%	85%	
<b>IR 8.2.2 Increased private sector role in service delivery</b>						
Number of CSOs providing HIV/AIDS programs in the community	Definition: Number of CSOs receiving grants to improve HIV/AIDS prevention, care and support programs in the community (excluding OVCs) Unit of measure: number	UPHOLD reports	2003	2	76	
Percentage of schools with regular supervision from the district education office	Definition: Percent of schools receiving one or more support supervision visits per term from district education officials (disaggregated by public/private) Unit of measure: percent	LQAS <sup>12</sup>	2004	-	Public-75% Private- 50% Overall -63%	
<b>IR 8.3 Strengthened enabling environment for social sector services</b>						
Number of inter-sectoral partnerships at community level	N° of CSOs providing community-based integrated health/education/HIV/AIDS interventions Unit of measure: Number	UPHOLD reports	2003	0	26	
<b>IR 8.3.1 Increased community participation and advocacy</b>						
Percentage of functional community management structures for health	N° of health facilities that have active/functional <sup>13</sup> community management structures for health facilities (HUMC)*100/N° of health facilities Unit of measure: Percent	UPHOLD reports	-	-	60%	

Performance Indicator	Indicator Definition	Data Source	Baseline Year	Baseline data	End of Project Target	End of Project Actual
Number of school – community partnerships in place	N° of schools surveyed that have plans on quality that reflect school staff and community member cooperation Unit of measure: Number	LQAS <sup>14</sup>	-	-	3,700	3,731
<b>IR 8.3.2 Effective sectoral policies and advocacy</b>						
Number of districts implementing school health and nutrition policy at district level	Definition: Number of districts implementing programs in response to school health and nutrition policy objectives and specified activities Unit of measure: number	CSO reports	-	-	2	2
Percent of schools implementing HIV/AIDS interventions in school	N° of schools surveyed with one or more HIV/AIDS activities (other than assembly e.g. peer training, anti-AIDS or Straight Talk clubs, curriculum, meetings) during the previous term*100/ N° of schools surveyed Unit Measure: Percent	LQAS	2004	47%	50%	69.6%

(Footnotes)

- 1 Disaggregation by public/private not possible as MoH data not disaggregated this way
- 2 HMIS figures for July 2006-June 2007 (with projections for missing months)
- 3 National TB and Leprosy Program
- 4 All FY 07 and FY 08 HIV targets in this section overlap from one year to the other due to PEPFAR COP timing
- 5 AIC figures
- 6 TASO figures, 2003
- 7 DISH II project reports from 6 districts
- 8 For distribution to pregnant mothers only in Gulu and Kitgum Districts
- 9 MoH/WHO/BASICS II HBME Evaluation, 2003
- 10 AIC figures
- 11 Data from MoH League tables-UPHOLD districts
- 12 LQAS facility surveys carried out only in 2004 and 2006
- 13 Active/functional committees defined as those that meet at least once every quarter or for private facilities, as per organization's guidelines
- 14 Source changed from CSO reports since UPHOLD's focus of work in this area was with LGs

## Annex II: UPHOLD Household LQAS Results 2004-2007

Indicator	Indicator Details	2004	2005	2006	2007 <sup>1</sup>
<b>ITN</b>					
% of households with <u>any</u> mosquito net			32.1	38.7	54.4
% of households with <u>treated</u> mosquito net			23.4	33.5	51.3
% of under-5s sleeping under <u>any</u> mosquito net a night before survey				31.6	48.3
% of under-5s sleeping under a <u>treated</u> mosquito net a night before survey		11.7	17.2	26.8	43.9
<b>Malaria Management</b>					
% of under-5s who had fever in the last 2 weeks preceding the survey		55.8	53.4	43.3	35.0
(of those who had fever): % of under-5s who had fever in the last 2 weeks preceding the survey receiving recommended treatment within 24 hours		30.7	39.7	76.6	76.4
% of households reporting ever used Homapak (or other home based treatment package)				26.0	-
<b>Immunization</b>					
% of children 12-23 months old who have a child health card	<i>Card Observed</i>	45.4	38.6	38.8	39.5
	<i>Card Not Observed</i>	45.0	53.7	55.2	56.0
	<i>No Health Card</i>	9.6	7.7	6.1	4.5
% of children 12-23 months of age who received the 3rd dose of DPT by age of 12 months	<i>Either Source</i>	50.8	72.2	84.3	81.1
% of children 12-23 months of age who received measles vaccine by age of 12 months	<i>Either Source</i>		49.5	73.4	88.8
(of those immunized) % of children 0-23 months who were immunized from within the community outreaches in the last 12 months				34.2	19.0
% of children 0-59 months who received deworming medicine within the last 6 months				65.6	57.7
% of primary school children 6-12 years who received deworming medicine within the last 6 months				74.5	73.1
% of children 6-59 months receiving vitamin A supplementation within the last 6 months		79.0	82.0	91.0	80.3
<b>Reproductive Health</b>					
% of pregnant women attending ANC at least 4 times during the last pregnancy			48.3	53.1	55.9
% of women who have received a clean delivery kit/ Mama kits (for Nakapiripirit, Gulu, Kitgum and Katakwi)				20.8	32.6
% of pregnant women receiving IPTp1 and IPTp2 during the last pregnancy				35.8	38.9
% of deliveries (in the last 2 years) that took place in a health facility		41.0	45.9	50.0	57.8
% of women 15-49 years using family planning methods				20.5	21.7
% of pregnant women who received iron, folic acid and Mebendazole to prevent anaemia during the last pregnancy				15.0	19.4
<b>PMTCT</b>					

Indicator	Indicator Details	2004	2005	2006	2007 <sup>1</sup>
% of women who were offered an HIV test during ANC in last 2 years			28.2	36.0	42.4
% of women tested for HIV test during ANC in the last 2 years				29.9	36.8
% of women counseled, tested and received their HIV test results during ANC in the last 2 years		11.0	18.9	26.0	33.6
Proportion of <u>women</u> who know a mother can transmit HIV to her infant during:	<i>Pregnancy</i>		56.2	56.5	59.7
	<i>Delivery</i>		85.1	83.2	87.2
	<i>Breastfeeding</i>		70.5	69.8	75.7
Proportion of <u>men</u> who know a mother can transmit HIV to her infant during:	<i>Pregnancy</i>		54.8	54.8	55.2
	<i>Delivery</i>		86.7	84.0	88.0
	<i>Breastfeeding</i>		64.0	66.7	71.8
<b>HIV/AIDS</b>					
% of adults (15 years and above) who report having taken an HIV test	<i>Total</i>	20.0	23.1	31.4	34.6
	<i>Female</i>		23.0	32.7	36.1
	<i>Male</i>		23.1	28.2	30.5
% of adults (15 years and above) who report being tested and received their HIV test results	<i>Total</i>	16.4	18.7	28.0	31.8
	<i>Female</i>		18.5	29.9	33.1
	<i>Male</i>		18.9	25.7	28.2
% of adults who can mention 3 major ways of HIV/AIDS prevention	<i>Total</i>	46.0	48.0	51.5	62.2
	<i>Female</i>		44.4	50.3	61.3
	<i>Male</i>		51.5	54.1	64.7
% of adults who know where they can be tested for HIV in the district	<i>Total</i>	58.0	66.5	72.6	80.4
% of households with a person who is very sick or bedridden for a period of three or more months, or anyone died after being sick for more than three months	<i>Total</i>		21.2	13.5	7.1
% of households receiving care and support for a sick bedridden person or someone who died after being sick or bedridden for more than 3 months (Home-based care)	<i>Total</i>	7.6	15.8	8.6	5.0
% of households with any children under 18 years whose father, mother, or both parents died (orphans)	<i>Total</i>		17.1	12.7	7.6
% of households with orphans tested for HIV	<i>Total</i>			9.2	11.4
% of households with orphans tested for HIV and received results	<i>Total</i>			8.7	9.4
(those with an orphan) % of households receiving care and support because of the presence of an orphan	<i>Total</i>		42.8	29.1	29.1
% adults who ever tested for HIV as a couple	<i>Total</i>				15.4
% adults who ever tested for HIV as a couple and received their results	<i>Total</i>				14.0
% adults according to when they last took HIV test	<i>Within last year</i>				69.0
	<i>Within last two years</i>				16.7
	<i>within 3 or more years ago</i>				12.4
(for the last HIV test) % of adults who asked, were offered or required to do the test	<i>Asked for the test</i>				58.5
	<i>Offered and accepted</i>				24.6
	<i>Required</i>				12.0



Indicator	Indicator Details	2004	2005	2006	2007 <sup>1</sup>
% of adults 15+ who have ever heard about the existence of HIV discordant couples					64.8
% of adults 15+ who have never heard about the existence of HIV discordant couples and are married or cohabiting					32.5
<b>Tuberculosis</b>					
% adults 15+ who report having a persistent cough in the previous 3 or more					10.7
(of those with persistent cough) % of those who visited a health facility about this cough					63.6
(of those with persistent cough) % of those who visited a health facility and had their sputum tested					27.2
% adults 15+ who know that it is possible to have TB and HIV at the same time					82.8
% adults 15+ who know that TB is a curable disease					70.3
<b>Water and Sanitation</b>					
% of households with access to drinking water by the following sources:	<i>Piped water</i>		9.8	9.6	11.6
	<i>Borehole</i>		34.6	41.2	33.6
	<i>Protected well/spring</i>		16.7	14.4	17.6
	<i>Unprotected well/spring/surface water</i>		37.8	30.8	35.1
	<i>Rainwater collection</i>		0.5	0.8	0.9
	<i>Tanker-truck or cart</i>		0.3	0.2	0.5
	% of households reporting use of different water storage facilities	<i>Jerri can</i>			39.1
<i>Clay pot</i>				55.2	47.0
<i>Water Guard</i>				0.4	0.5
<b>Behavioral Change Communication</b>					
% of households which report getting at least 1 radio BCC about the prevention of HIV/AIDS in the last 12 months					88.5
% of households which report getting at least 1 IEC message from an education focused drama activity (on sanitation, girl retention, open days etc) in the last 12 months				44.8	
% of households which report getting at least 1 IEC message from an HIV/AIDS focused drama activity held in the community in the last 12 months				47.5	39.9
% of households which report getting at least 1 IEC message from a general health focused drama activity (on family planning, malaria etc) held in the community in the last 12 months				43.5	33.6
% of households which report having heard at least 1 IEC radio message on new ACT treatment within the previous month				60.5	61.5
% of households which report having heard at least 1 IEC radio message on treatment by community medicine distributors in the last 12 months				72.1	

Indicator	Indicator Details	2004	2005	2006	2007 <sup>1</sup>
% of households which report having received a message from at least one BCC drama activity focused on malaria in pregnancy held in their community					35.3
% of households which report having heard IEC radio messages on IPTp in the previous month				72.8	70.2
% of households which report having heard at least 1 IEC message on ITNs in the last 12 months				78.4	83.6
% of households which report having received a message from at least one BCC drama activity focused on family planning held in their community					33.8
% of households which report having heard at least 1 IEC radio message on family planning within the previous month					75.4
<b>Education</b>					
% of primary school aged children 6-12 years attending school regularly (attended all 5 days preceding the survey)	Total	76.9	82.2	85.6	88.9
% of primary school aged children 6-12 years have ever attended school	Total		86.7	96.2	97.1
% of primary school aged children 6-12 years who have never and are not attending school	Total		13.3	3.8	2.9
% of primary school children who take home some homework from school during the term	Total	33.9	48.5	52.8	55.0
% of households who assisted the children in doing their homework	Total	70.1	78.1	69.6	73.3
% of households with primary school children in which a parent/guardian reported visiting the school during this school year to:	<i>Meet or conference with school management (2004 &amp; 05)</i>	63.0	63.3	64*	65.9
	<i>Meet with head/teachers (2006/7)</i>				
	<i>For school celebration, performance and sports events</i>			53.2	61.8

(Footnotes)

1 Preliminary results for UPHOLD LQAS Survey 2007



## Annex III: UPHOLD Grantee List

CSO Name	Grant Amount
Agency for Cooperation and Research in Development(ACORD) Gulu	108,020,000
Agency for Cooperation and Research in Development(ACORD) Nakapiripit	118,583,500
Acowa Family Helper Project	98,046,500
Association Francois Xavier Bagnoud (AFXB)	70,757,000
Bandimagwara Cultural Group	57,739,000
Buganda Cultural Development Association (BUCADEF)	77,542,600
Bushenyi Medical Centre	134,932,600
Community Integrated Development Activities for Poverty Alleviation	8,379,000
Dokolo Project - Christian Children's Fund	95,565,150
Environmental and Community Health outreach Foundation (ECHO)	87,657,526
Education Secretariat Fort Portal Diocese	158,039,000
Family Life Education Program (FLEP) Kamuli	80,780,500
Family Life Education Program (FLEP) Mayuge	24,948,600
Fort Portal Diocese HIV/AIDS Focal Point	112,223,998
German Foundation for World Population	82,861,800
GOAL	27,563,847
Huys Link Community Initiative	86,215,900
Ibanda Child Development Centre	74,058,000
Idudi Development Association	171,224,800
Integrated Development Activities and AIDS Concern	48,209,800
IRCU - Inter Religions Council of Uganda (IRCU)	82,342,564
Kaaro Rural Development Organization	135,161,100
Kamuli Mission Hospital	101,011,343
Kisubi Mission Hospital	100,832,000
Kyembogo Holy Cross Family Centre	140,569,020
Literacy and Adult Basic Education-Bugiri	170,661,000
Literacy and Adult Basic Education-Yumbe	93,744,300
Madarasa Resource Centre	625,552,575
Maturity Audio Visual Uganda	69,354,000
Mayanja Memorial Hospital Foundation	145,455,850
National Strategy for Advancement of Rural Women in Uganda (NSARWU)	154,749,002
National Women's Association for Social and Education Advancement	13,367,500
Rakai AIDS Information Network (RAIN)	153,176,800
Rakai Health Sciences Project	232,918,000
Rural Health Concern (RUHECO)	148,822,350
Rukungiri Gender and Development Association	145,108,500
Rukungiri Women Development Centre	150,843,450
Rural Welfare Improvement for Development	80,519,360
Rural Welfare Improvement for Development	53,589,900
Save the Children Federation (US)	320,814,914
St Joseph's Hospital Kitgum	119,034,699
Straight Talk Foundation	994,440,654
Student Partnership Worldwide Kamuli	243,358,275

CSO Name	Grant Amount
Student Partnership Worldwide Mayuge	202,325,448
Student Partnership Worldwide Mayuge	31,618,500
Teso Islamic Development Organization	82,151,500
The Kids League	179,826,294
Tooro Kingdom	137,069,400
Tukolerewamu Club	222,958,195
Uganda Reproductive Health Bureau	86,175,393
Uganda Reproductive Health Bureau	57,564,900
Ugandan Community Based Association for Child Welfare (UCOBAC)	79,906,000
Uganda Youth Forum	37,462,550
Uganda National Health Users and Consumers Organisation (UNHCO)	89,916,000
Uganda Private Midwives Association (UPMA)	488,043,618
World Vision Bundibugyo ADP	135,000,000
World Vision Gulu ADP	120,197,000
World Vision Kapeeka ADP	82,959,000
World Vision Kitgum ADP	180,000,000
World Vision Kooki ADP	63,000,000
Youth Alive	90,071,113
Bishop Willis Core PTC	118,287,700
Kabulasoke Core PTC	78,895,300
Nakaseke Core PTC	68,793,900
Bushenyi Core PTC	67,336,100
Ndegeya Core PTC	74,088,800
Lodonga Core PTC	58,778,900
Loro Core PTC	105,357,300
Soroti Core PTC	103,736,500
Kabale-Bukinda Core PTC	103,218,900
Canon Apollo Core PTC	65,266,300
Arua Core PTC	72,050,900
Shimoni Core PTC	77,004,500
Nyondo Core PTC	88,741,900
Gulu Core PTC	68,352,200
Busuubizi Core PTC	79,235,300
Moroto Core PTC	50,762,540
Kitgum Core PTC	75,271,100
Ngora Core PTC	54,972,500
Kibuli Core PTC	49,979,900
Ibanda Core PTC	54,195,700
Mukujju Core PTC	71,899,900
Bulera Core PTC	133,902,300
Bishop Stuart Core PTC	137,544,500

## Annex IV: List of materials developed through uphold support

TITLE
<b>GENERAL</b>
<b>GRANTS</b>
1. 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 (2003).
2. Civil Society Organization (CSO) Grants Management Manual. (2005)
3. Family and Community Action Grants Request For Applications (2004).
4. Family and community action: a comparative grants program for civil society organizations working in education, health and HIV/AIDS (2004).
<b>ANNUAL WORK PLAN</b>
1. UPHOLD annual work plan: April 2003 – March 2004
2. UPHOLD draft annual work plan: October 2004 – September 2005
3. UPHOLD draft annual work plan: October 2005 – September 2006
4. UPHOLD draft annual work plan: October 2006 – September 2007
5. UPHOLD draft annual work plan: October 2007 – September 2008
<b>UPHOLD STRATEGIES &amp; PLANS</b>
1. UPHOLD strategic framework: working document for dialogue with district stakeholders (April 2003 – March – 2004).
2. Overview of national policies and priorities related to UPHOLD'S strategic framework (2003)
3. A situation analysis for UPHOLD's strategic planning: sample districts: Mbarara and Kamuli (2003).
4. Performance Monitoring Plan (PMP) with targets with actual – Revised May 16 <sup>th</sup> 2007 UPHOLD (2007)
5. Performance Monitoring Plan UPHOLD with Outputs (2005)
6. UPHOLD Grants strategy (2003).
7. UPHOLD Nutrition technical strategic framework (2003)
8. UPHOLD'S Integrated education strategy (2003)
9. UPHOLD Monitoring and evaluation framework (2003)
10. UPHOLD Monitoring and evaluation plan (2003)
11. UPHOLD'S integrated health strategy (2003)

TITLE
12. UPHOLD Northern strategy (2003)
13. UPHOLD Private sector strategy (2004)
14. Operationalizing the community Integrated Management of Childhood Illnesses (IMCI) behavior-change communications strategy in Uganda (2004)
15. School health and nutrition strategic framework in Uganda (2003)
16. Strategic framework for quality assurance component (2003)
<b>EDUCATION</b>
1. Education management strengthening initiative: Management for quality module 1: Leadership in education (2005)
2. Education management strengthening initiative: Management for quality module 2: Managing school improvement (2005)
3. Education management strengthening initiative: managing for quality: Module 3. Managing School Finances (2006).
4. Education management strengthening initiative: managing for quality: Module 4. Managing school curriculum (2005)
5. Education Management strengthening initiative: managing for quality. Performance improvement toolkit (2006)
6. Towards improved classroom instruction: cooperative learning in the classroom: Module 1 (2005)
7. Towards improved classroom instruction: cooperative learning in the classroom: module 2 (2005).
8. Improving performance: guide to using supervision tools (2006).
9. Parental Responsibility (2006)
10. Parental Responsibility (2006)
11. Voices from the field: improving schools together. A report on regional education workshops in Mbarara, Lira and Seeta May 2007.
<b>PIASCY</b>
1. UPHOLD / PIASCY end of tour report (2004)
2. Child guidance and counseling for primary schools: teacher's handbook (2005)
3. A resource book for primary school guidance and counseling: therapeutic play (2005).
4. PIASCY: helping pupils to stay safe: a handbook for teachers P.5 – P.7 (2005)
5. PIASCY: Helping pupils to stay safe: a handbook for teachers P.3 – P.4 (2005)

TITLE
6. Community integration program: facilitator's guide (2005)
7. Teacher's guide to school talking environment (2006)
8. Basic training for school service providers: Facilitator's guide (2005)
9. PIASCY-Logbook: stay safe
<b>HIV/AIDS</b>
24. Life Choices: the facilitator's guide to the life choices interactive video tool for young people on HIV/AIDS and other real life problems
24. Be faithful: training manual. Equipping couples with skills to stay faithful to each other as a preventive measure against HIV/AIDS
<b>HEALTH</b>
56. Strengthening the malaria emergency response and district health systems in Gulu & Kitgum (2004)
56. Rapid assessment of the new malaria treatment policy implementation (2006)
56. Distribution of free Long Lasting Insecticide Nets (LLITN) in nine UPHOLD – supported districts in Uganda (2007)
56. Training guide for training community-based child growth promoters (2005)
56. Promoting child growth and health in Uganda: Handbook for community growth promoters (2004)
56. Training of supervisors and Community Development Workers in Yellow Star Program in Bugiri, Luwero, Mbarara, Kamuli, Bushenyi and Gulu districts (2004)
56. Follow-up of supervisors and Community Development Workers in Pallisa, Mayuge, Gulu, Wakiso, (2005)
56. Follow-up Yellow Star Program in Kyadondo North Health Sub-District, Katakwi and districts (2005)
56. Training of Supervisors in Yellow Star Program in Mayuge, Bushenyi, Rukungiri, Gulu, Wakiso, Mubende, Bundibugyo, Lira, Katakwi, and Nakapiripirit districts
56. Report on a four day workshop of training of supervisors in Yellow Star Program: Pallisa District in Pallisa, Kyejonjo & Lira districts
<b>POSTERS &amp; CHARTS</b>
1. Christian and Muslim Calendars for religious leaders and teaching booklets
2. Set of CIE Monitoring Tools for Parents: Visiting classrooms, girls' education, feeding, retention, hygiene, homework,
3. Set of Posters: Cooperative learning; Teacher effectiveness and children's learning: teaching for quality; Teacher effectiveness and children's learning: teaching children how to learn; Community involvement in education: Partnering for quality; Community involvement in education: engaging communities in quality learning
4. Safe School Contract

TITLE
5. Counseling reminder sheet
6. Guidance and counseling activity chart
7. Support pupils and fellow teachers: a teacher is a parent, counselor and role model.
8. PIASCY: support pupils and fellow teachers
9. Mr. Immunizer poster
10. Child Days Posters and information sheets
11. Routine immunization: be a star health worker
12. Expanded Program for Immunization Monitoring chart
13. Table of minimum expected weight gain.
14. Parental responsibility: 12 month booklet of teachings to improve parental involvement in their children's education
15. Advocacy package for local council leaders on health, education & HIV/AIDS
16. Abstinence Commitment Cards
17. Score high marks in life: abstain for a brighter future ( <i>Message written on the inside cover of Picfare Exercise book of 96 pages</i> )
18. Referral cards ( in different languages)
19. Integrated health counseling cards (in various languages)
20. Mass measles campaign 2003: reaching immunization goals through strategic communications
21. Woman's Health Passport
22. Fact sheet on avian influenza / bird flu
23. A booklet with facts about intestinal worms
24. Insecticide treated mosquito nets: key messages
25. Village growth promotion register
26. Child Health Card
27. Goal oriented antenatal care protocol

TITLE
28. Set of community tracking sheets: immunization, child spacing, malaria, child growth,
29. UPHOLD – PIASCY Program brief
30. Child guidance and counseling
NEWS LETTERS
1. Health workers matter: revitalizing family planning ( Vol. 1, issue 2: August 2005)
2. Health Workers Matter, Vol. 2, issue 1 January 2006: The burden of malaria
3. Health Workers Matter, Vol. 2 Malaria with poster insert
4. Health Workers Matter, Vol. 3 Family Planning with poster insert
5. District Innovations: issue no. 01/2005
6. District Innovations
7. Listening parents guide: for parents of children 7 – 12 years
8. Listening parents: a guide for parents to talk to their children 8 – 12 years
SUCCESS STORIES
1. “I am encouraged: I can live longer...”: empowering People Living With HIV/ AIDS: Rukungiri District
2. Bringing us closer to services: Home based management of fever
3. Integrated education strategy: improving quality of classroom instruction
4. Leveraging efforts to achieve quality education: the case of the Luwero Centre Coordinating Tutor and community development assistants
5. Education Management Strengthening Initiative: benefits of stakeholder involvement in a school: the experience of Kinoni Primary School Mbarara
6. Mainstreaming Cooperative Learning in PTCs
7. Increasing parental / community participation in pupils' quality learning using participatory tools
8. Education Management Strengthening Initiatives: Timely support – an ingredient to improved management practices. Experiences from St. Mary's primary school Mubende District
9. Muhoro Muslim primary school: a PIASCY model school
10. Cooperative learning taking root in classrooms: experiences from UPHOLD districts

TITLE
11. Action oriented meetings as a key to sustainable parental support to children's education in schools.
12. Education Management Strengthening Initiative: Hands Up!!! Head teachers should be managers, leaders and educators
13. Community involvement in education: primary school's experiences in creating a safer learning environment
14. Effective support supervision
15. Brave girls who go to school and stay in school: stories from Bundibugyo
16. Bringing us closer: nationwide teacher orientation on PIASCY
17. Increased parental / community participation in pupil's quality learning using participatory tools
18. Bundibugyo: turning on the grinding stone
19. UPHOLD participates in American days
20. Improving quality of classroom instructions: using cooperative learning
21. A possibility to try again – Helen's story
22. Delivering PMTCT at health centers – Now I have hope and a health baby
23. Transforming youth in Western Uganda
24. Overcoming stigma in Kyarusozi – Lets live and work
25. A continuum of care for mothers living with HIV/AIDS
26. Changing communities one couple at a time
27. Bringing us closer to services: malaria treatment for pregnant women in Lira District

## Annex V: List of Studies Carried out by UPHOLD

Title	
1. Uganda Health Management Information System (HMIS) / Education Management Information System (EMIS) situation analysis : working draft (2004)	Anwer Aquil (Consultant), Lubaale Y, Orobato N
2. Civil Society Organisation (CSO), Monitoring and Evaluation (M & E) capacity assessment and tools: Phase one dissemination report.	Lukwago J C, Muhangi D, Egonda Ntende M & Isooba R
3. National Lot Quality Assurance Sampling (LQAS) conference report: enhancing evidence based planning at district level: the LQAS experience (2006)	UPHOLD
4. Lot Quality Assurance Sampling (LQAS) survey report 2004: results from 20 districts of Uganda	UPHOLD
5. District Training and data collection report : Lot Quality Assurance Sampling (LQAS) 2006: Arua, Maracha-Terego, Yumbe & Koboko districts	Businge D C
6. Lot Quality Assurance Sampling (LQAS) Survey report 2005: results from 20 districts of Uganda	UPHOLD
7. Report on Lot Quality Assurance Sampling (LQAS) data collection and supervision in Gulu, Koboko and Palisa districts (2006).	Begumisa A
8. Process documentation and evaluation of partnership defined quality (PDQ) methodology (2004).	Neema S & Atuyambe L
9. Regional Lot Quality Assurance Sampling (LQAS) training in Eastern Region, Iganga report (2006).	UPHOLD
10. Best Practices in Scaling up: Using a simple survey method to scale up evidence-based decision making at the district level: the UPHOLD project (2007).	Nsabasani X, Mibirizi J, Kironde S, Orobato N
11. An evaluation of UPHOLD's Long Lasting Insecticide Treated Nets (LLINs) distribution exercise: a process evaluation report (2006)	Wilsken Agencies
12. Post campaign communication evaluation report for the national measles immunization program (2004)	Steadman Research Services
13. Best practices in community participation and gender mainstreaming: literature review and documentation (2003).	Kyasiimire C (Consultant)
14. Report on TV and print materials pre-testing for Ugandan national measles immunization campaign (2003)	Steadman Research Services
15. Trials of Improved Practices (TIPS) (2004)	Owor J
16. Child Day and Sub- National Immunization Days (SNID) communication campaign evaluation (2005)	Steadman Research Services
17. Review of implementation of the home-based management of fever strategy in UPHOLD supported districts (2005).	UPHOLD, Malaria Consortium
1. Assessment on community involvement and school management strengthening strategy (2004)	Vavra J, Kasirye G, Akeny R, UPHOLD & SDU
2. Facilitators' guide community involvement in education kit (2005)	UPHOLD & MoES
3. Towards sustainable community participation for quality education: a training report on effective team building for community participation (2004)	Nyivuru Jawoko E, Kezaala N, Lulua R L
18. Rapid Assessment of the new Malaria treatment Policy Implementation (2006).	UPHOLD
19. Results of the 2006 net Mass treatment campaign in 27 districts of Uganda (2006).	UPHOLD & Malaria Consortium
20. Feasibility study of the mobile van for Voluntary Counseling and Testing (VCT) for HIV/AIDS (2004).	Asingwire N

Title	
21. Voluntary Counselling and Testing (VCT) services for HIV/AIDS national campaign baseline study (2004)	Asingwire N, Kyomuhendo S, Muhoozi C, Korukiiko L, Lutalo I, Kambabazi S, Lubaale Y M.
22. Rapid assessment of monitoring and evaluation in AIDS Information Center (AIC) (2005)	Muhangi D (Consultant)
23. Voluntary Counselling and Testing situation assessment for Kayunga district (2005).	Majara Kibombo G, Kanyesigye J (Consultants)
24. Assessing private clinics readiness/ potential for providing HIV counseling and testing (2006).	Begumisa A(Consultant)
25. Social dynamics of Voluntary Counseling and Testing and disclosure in Uganda (2006):DHS Qualitative research studies 13.	Nsabagasani X & Yoder S P
26. Issues affecting girl retention in school after primary 6: a literature review.	UPHOLD
27. Action research to identify gaps in planning and knowledge capacity in education management at district and primary school levels (2004).	Balihuta A M, Bakyika F M, Tiguryera S, Mwesigye F
28. Report on Education Management Strengthening Interventions (EMSI) (2004)	Nansozi K Muwanga, Balihuta A M
29. Baseline survey of school health and nutrition project in Luwero and Nakaseke districts: final report (2005)	UPHOLD
30. How to organize and conduct school open days (2005).	Lulua R L, Bowman B, Apiot C
31. Mapping of civil society organisations in Uganda (2003):Phase 1 study report	Muhangi D
32. Study of civil society organizations in Uganda (2004): Phase II report	UPHOLD
33. UPHOLD assessment of the financial and operational management of UPHOLD Local Government grants 2003/2004	UPHOLD
34. Assessment of Implementation of Programs in Local Governments supported by UPHOLD 2005/2006	Mabirizi D
35. Civil Society Organisation (CSO) Follow-up Capacity Report (2006)	UPHOLD
36. Civil Society Organisation Partnerships: what makes them work? (2006).	UPHOLD
37. Mid-term review report of UPHOLD supported Civil Society Organizations implementing health programs in 16 districts of Uganda: Financial year 2005/2006	Mabirizi D

## Annex VI: List of Presentations

TITLE	AUTHOR(s)
Prevention of Mother to Child Transmission	
1. HIV testing for pregnant women influences choice of delivery: lessons from a household based PMTCT utilization survey in Uganda. <i>The President's Emergency Plan for AIDS Relief (PEPFAR) Annual Meeting – Durban. (2006)</i>	Shillingi L, Mugume A, Kironde S, Muwa B, Kasaija J, Kakiiza S
2. Scaling-up PMTCT service delivery: using parental knowledge to reinforce prevention of mother to child transmission strategies. The <i>XVI International Conference on AIDS – Toronto August (2006)</i>	Mabirizi J, Mugume A, Muwa B, Kasaija J, Mwebembezi, S, Kakiiza S
3. Title: The Role of Family Support Groups in Improving Male Involvement in Prevention of Mother To Child Transmission Programs. <i>5<sup>th</sup> African Population Conference – Arusha (2007)</i>	Muwa B, Mugume A, Kironde S, Nsabagasani X, Kasaija J, Buzaalirwa L
4. Working with men to improve PMTCT Program; Lessons learnt from father mentors. PEPFAR Conference, <i>Kampala (May 2008)</i>	Mulindwa W, Muwa B, Kironde S, Ekochu E, Mugume A, Nkwake A, Buzaalirwa L, Kasaija J
Public Private Partnership	
5. Districts should leverage the experiences of other organizations for effective implementation: Experiences from Uganda (2006).	Magumba G, Musisi G, Kironde S, Durr B, Oki J
6. Increasing Parental Communication on HIV Prevention to Children in Uganda.	Apollo Nkwake
7. Couple-couple influence in HIV/AIDS prevention: The UPHOLD - TUKO (Tukolerewamu Club) network experience in Uganda.	Kintu P, Mugume A, Sekimpi L and Kironde S
8. Increasing HIV/AIDS service utilization through public-private partnerships: experiences from rural Uganda.	Samson Kironde, Lucy Shillingi, Madina Nakibirige
9. Leveraging Partnerships to amplify effectiveness in service delivery: Experiences from Civil Society Organization In Uganda.	Xavier Nsabagasani, Godfrey Magumba, Anthony Begumisa, Samson Kironde
10. Tailoring capacity support to the needs of Civil Society Organizations: Experiences from UPHOLD Uganda.	Godfrey Magumba, Joseph Mabirizi, Samson Kironde, Godfrey Beinomugisha, Xavier Nsabagasani
11. The role of culture in the Up-take of Public Health Programs: a case study for birth practices in Arua district, Uganda.	Mabirizi J, Dralega O, Kyenkya M, Nsabagasani X, Nassamula H, Kironde S, Mackeen L, Mosquera M
12. Harnessing Civil Society scale-up HIV/AIDS interventions: experiences from Uganda.	Shillingi L, Kironde S, Magumba, Nakibirige M, Lalobo C, Mundaka A, Durr B.
13. Partnerships for Strengthened Health Care Training : The Case of Makerere University Medical School's Community Based Education and Service	Luwedde F; Nassamula H; Nsabagasani X
14. From theory to practice: Improving Knowledge and skills through internships:	Businge D C, Nsabagasani X, Kironde S
15. Partnerships for Improved Health Service Management through Health Professions Education: Experience of Makerere University Medical School	Kazibwe R, Matumaine K, Odong J, Nassamula H
HIV Counseling and Testing	
16. Tailoring social support to the needs of individuals who test for HIV: Action Research on disclosure of HIV status in Uganda.	Nsabagasani X, Orobato S, Mugume A, Yoder S, Nabeta E, Nakamatte N
17. Using rapid testing to increase access to HIV counseling and testing services in resource limited settings: experiences from Uganda (2006)	Mugume A, Shillingi L, Nsabagasani X, Kironde S

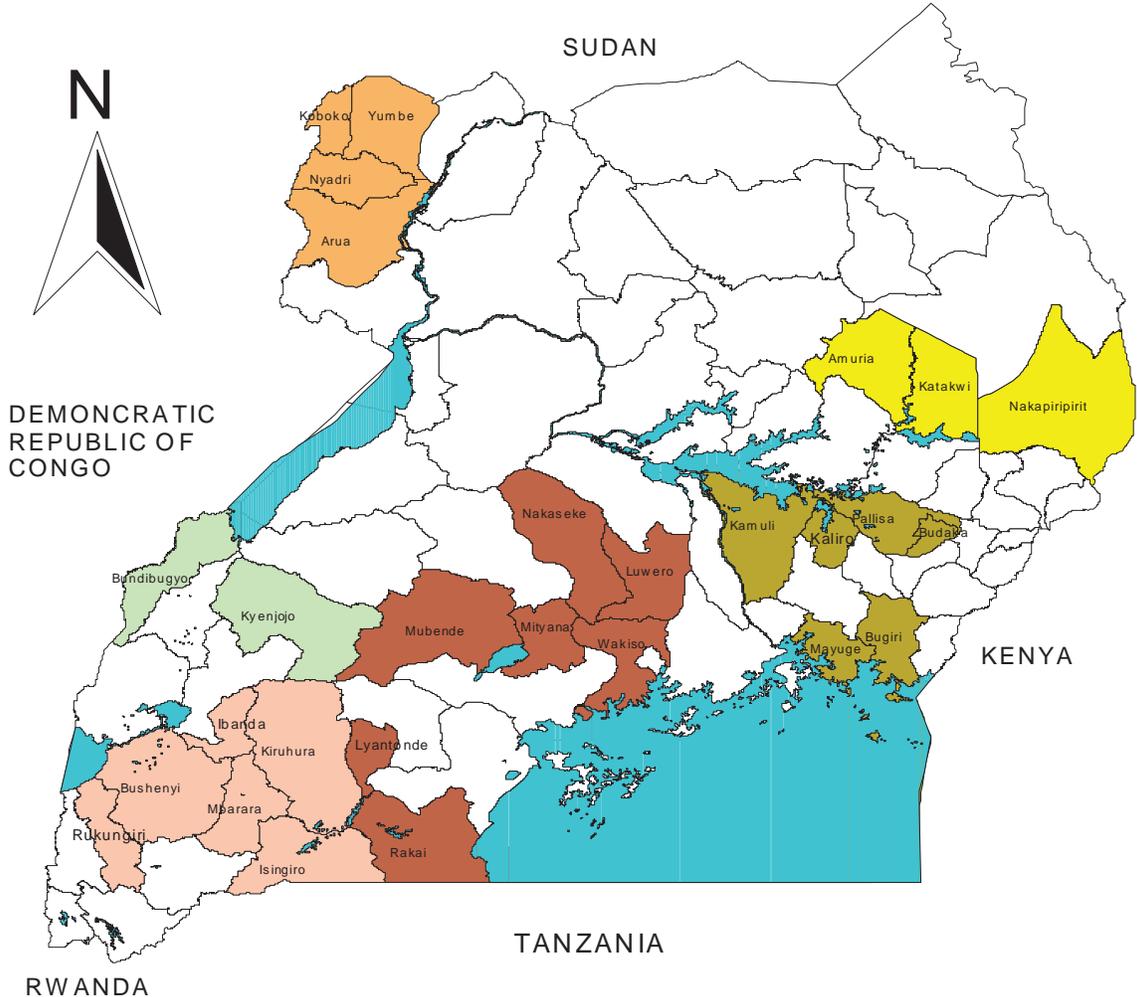
18. Re-thinking strategies for mobilization: the case of VCT in Nakapiripirit district in Uganda.	Nasamula H, Nsabagasani X, Okello J C,
19. Mitigating gender based violence to increase HIV/AIDS couple counseling and testing update in Uganda.	Mulondo K, Orobato N, Kironde S, Businge D, Kasaija J, Kakaire J, Mibirizi J, Mugume A
20. Increasing access using Home-based confidential HIV counseling and testing: an innovative community-based program in Uganda.	Joseph Mibirizi, Martin Kaleeba, Ezekiel Kisambira, Samson Kironde, Xavier Nsabagasani
21. Client Strategies in Disclosing HIV Test Results (2006)	UPHOLD
22. Becoming "listening parents": parent-child communication to prevent HIV/AIDS in Uganda.	Kateebire L, Sherburne L, Nsabagasani X, Owor J
23. The need for a child-centric approach to HIV/AIDS prevention and mitigation among youth: experiences from Uganda. 14 <sup>th</sup> ICASA Conference – Abuja (2005)	Kironde S, Ibale A, Orobato N, Nkwake A, Mibirizi J, Kibenge A
24. HIV Prevention among Youth in Internally Displaced People's Camps: Experiences from Uganda.	Peter Kintu, Alex Mugume, Samson Kironde, Denis Kibwola
25. Couple HIV/AIDS counseling and testing in the key to alleviating HIV discordance related issues.	D. Businge , A. Nkwake , S. Kironde, E. Ekochu, G. Kiracho,
26. Aligning program information needs to existing health information management systems: TB/HIV collaboration in Uganda.	Nkolo A, Mpeka B, Nkwake A, Kironde S, Ekochu E, Adatu F
27. Addressing HIV-AIDS infection among youth in a conflict situation.	Lalobo C, Ekochu E, Kironde S, Kibwola D
28. Utilizing Action Research Findings to improve Disclosure of HIV sero-status in Uganda. (August 2008)	J. Kasaija X. Nsabagasani, A. Mugume, S. Kironde, E. Ekochu, K. Tumuheirwe.
29. The influence of father mentors on their peers in active HIV prevention: The experience of community volunteers in HIV/AIDS service delivery. (August 2008)	Muwa B, Mugume A, Kironde S, Ekochu E, Mulindwa W.
30. Do Gender Based Violence Prevention Programs in HCT service impact couples' knowledge of their HIV sero status? (August 2008)	Wandera N, Kiracho G, Nkwake A, Ekochu E, Kironde S, Kasaija J.
Quality Assurance	
The Yellow Star Program: Stakeholders in Quality Improvement Global Health Conference, 2005	Ekochu E.
Monitoring and Evaluation	
31. Integrating monitoring and evaluation into a program: the UPHOLD experience (2007)	Ekochu E, Nsabagasani X, Kironde S.
32. Utilizing information service delivery at district level: experiences with Lot Quality Assurance Sampling (LQAS) Survey in Uganda (2007)	Kintu P, Ekochu E, Kironde S
33. Tailoring social support to the needs of individuals who test for HIV: Action Research on disclosure of HIV status in Uganda. (2006)	Nsabagasani X, Orobato N, Mugume A, Stan Yoder, Nabeta E, Kateebire L, Nakamatte N,
34. About UPHOLD: Illustrative Results of Progress to date: "Making a difference in the lives of Ugandans.	UPHOLD
Lot Quality Assurance Sampling (LQAS)	
35. Utilizing evidence to drive program implementation: how Lot Quality Assurance Sampling (LQAS) surveys to help district to target underserved areas in Uganda.	Kironde S, Mibirizi J, Businge D, Simbwa S, Orobato N
36. The Uganda Program for Human and Holistic Development: experience using a customized web-enabled indicator database (2007).	Kakaire J, Nsabagasani X, Kintu P, Ekochu E

37. Using LQAS for Improvement of District HIV/AIDS Programs – Uganda AIDS Control Project.	Kaweesa-Kisitu D.
38. The UNICEF/UPHOLD Collaboration in LQAS	Balaba M. and Nsabasagani X.
39. District experience in Education Interventions: Yumbe District.	Tivu M.
40. Why Use Lot Quality Assurance Sampling at District Level.	Mukooyo E.
41. Utilizing LQAS results for HIV/AIDS Program Planning – FLEP Mayuge.	Kasimbira E.
42. Linking the Lot Quality Assurance Sampling and national Monitoring and Evaluation System.	Ssewakiryanga R
43. Experiences of Using Lot Quality Assurance Sampling (LQAS) Methodology : UPHOLD Experience.	Mabirizi J.
44. Experience with LQAS In Uganda: Health Partners.	Batusa J.
45. Lot Quality Assurance Sampling (LQAS): An overview.	Mabirizi J.
46. Bushenyi District Experiences of Using LQAS in Health Interventions:	Katureebe C
47. Using Lot Quality Assurance Sampling to promote equity in the delivery of 'Roll Back malaria' program services in Uganda.	Mpeka B, Kyenkya M, Ebony Q, Mumwesigye J, Kironde S
48. Lot Quality Assurance Sampling (LQAS) as an option for localized evidence-based planning: Benefits and policy issues.	Kintu P, Ekochu E, Kironde S, Nsabagasani X,
49. Utilizing evidence to drive program implementation: Lot Quality Assurance Sampling (LQAS) survey make a difference in district planning in Uganda.	Kironde S, Mabirizi J, Orobaton. N
50. Working with community medicine distributors: Support and motivation.	Ebony Q, Mpeka B, Kyenkya M, Tumwesigye J,
51. Scale-up of malaria initiatives through community partnership (2007).	Mpeka B, Kyenkya M, Ebony Q, Tumwesigye J, Senfuka J, Kironde S, Orobaton N
52. Leveraging the services of lay health volunteers to increase access to insecticide-treated bed nets (2007).	Mpeka B, Kyenkya M, Kironde S, Nsabagasani X, Orobaton N,
53. Utilising Evidence to Guide Program Implementation: The Use of Routine Lot Quality Assurance Sampling (LQAS) Surveys at Household Level.	Kironde S, Ekochu E, Nkwake A, Kiracho, G, Businge D.
54. Utilising Evidence to Guide Program Implementation: The Use of Routine Lot Quality Assurance Sampling LQAS Surveys at Household Level. (August 2008).	S. Kironde, E. Ekochu, A. Nkwake, G. Kiracho D. Businge.
55. Utilizing lot quality assurance sampling (LQAS) as a tool for scaling-up HIV-AIDS interventions. (August 2008).	A. Mugume <sup>1</sup> , S. Kironde <sup>1</sup> , A. Nkwake, E. Ekochu, B. Mugerwa
Child Health	
56. Integrated Child Health through Growth Promotion. East African Community 1 <sup>st</sup> Health and Scientific Conference 28-30 March 2007.	Rianne S. Muyeti
57. Improving Child Health Management Skills of Private Providers: Practical Experience From Uganda.	Magumba G, Afrodavid Bankunda Tiff S
Education	

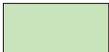
58. Enhancing management and leadership practices in primary schools.	Thomas M, Nafuna G, Nyivuru E J, Aanyu A D, Lulua R L, Titre A R, Nkwake A, Kikafunda R, Mugerwa C
59. Improving quality of pupil performance through cooperative learning.	Nyivuru E J, Aanyu A D, Lulua R L, Thomas M, Nafuna G, Titre A R, Nkwake A, Otin C D, Akello F
60. Enhancing pupil's quality learning through community involvement in education.	Lulua L R, Nyivuru E J, Aanyu A D, Nakamate N, Opiyo G, Thomas M, Nafuna G, Titre A R, Nkwake A, Mugerwa C
61. School-based quality reform through the integrated education strategy: A formative evaluation.	Nkwake A, Nyivuru E, Lulua R L, Aanyu A D, Cacich M, Thomas M, Titre R, Ekochu E, Ochieng M, Sentamu P, Byamugisha A,
62. Utilizing grants to enhance partnerships across systems for delivery of quality education interventions.	Aanyu D, Thomas M, Titre R, Nyivuru E, Nkwake A, Nafuna G.
63. HIV prevention communication to primary school youth through the Presidential Initiatives on AIDS Strategy for Communication to Youth	Bamanya A, Tumwesigye C, Kakaire J, Nkwake A, Ibale A, Kusemererwa E A
64. Promoting Community Participation in Early Childhood Development.	Sekalala S, Nzomo J, Kaule A, Matovu D, Nakajubi M, Namulwana J, Sendawula A Kiggundu S Aanyu D Lulua R
65. Managing Stigma and Discrimination among School Children: A Case Study of Budo Junior School in Uganda. PEPFAR Conference	Mugoya Ibale A, Okwena A, Kironde S, Kusemerewa E A.
66. Engaging School Communities for HIV Prevention among Youth in Uganda. (August 2008)	A. Nkwake, A. Mugoya, J. Okwena, C. Niwagaba, D. Businge.
67. Managing Stigma and Discrimination Among School Children: A Case Study of Budo Junior School in Uganda. (August 2008).	A. Mugoya, C. Niwagaba, A. Nkwake J. Okwena, S. Kironde
68. Addressing HIV-AIDS infection among youth in a conflict situation.	C. Lalobo, D. E. Ekochu, S. Kironde, Kibwola

# Annex VII:

## UPHOLD's Final 28 Partner Districts 2007 - 2008



**KEY**

	North-Eastern		Central
	South-Western		Eastern
	North-Western		Rwenzori

# Annex VIII

## UPHOLD's Original 20 Districts (2003 - 2005)

