

February 24, 2011

Memorandum

To: COTR, Program Cycle Services Center

From: USAID/Uganda, Program Office, C. Smith

Subject: Emergency Evaluation Assistance

Due to unforeseen circumstances, USAID/Uganda's M&E Officer is now on extended personal leave status and is not expected to return until the start of FY 2012. To deal with this situation, our Mission Director has requested that your support office second a staff member or otherwise provide USAID/Uganda with the assistance it needs to develop and implement a detailed evaluation schedule pursuant to our existing rolling evaluation plan, which is attached. A summary of the projects for which roughly 15 evaluations are to be completed this FY is also attached. The first evaluation, which was to have been undertaken this month (Fanta 2) has been rescheduled to begin in May, due to the absence of the M&E Officer.

We are requesting the services of a member of your staff, or one of the new evaluation specialists you are currently training. The Mission's Deputy Director has already stated that in light of the Evaluation Policy, she will start chairing the reviews of all evaluation draft reports the Mission receives as well as all post-evaluation decision meetings. The PRO Office Director will chair reviews of all SOWs for evaluations. This has serious implications for these two senior staff members. The first thing we need the PCSC officer to do is assist us to create a detailed calendar for the development and review of SOWs and draft evaluation reports for each of the evaluations in the Mission's existing plan.

On the attached summary of the projects you will see that the Mission's M&E Officer has provided an annotation estimating the number of weeks each scheduled evaluation will take from the time a contract is signed until receipt of a draft report. Please work with these time estimates and forward us a detailed draft FY calendar along with dates for the reviews of all SOWs and evaluation draft reports to be produced during the FY, and post-evaluation decision meetings that should occur during the FY. Also forward the name and a CV or other experience summary for the officer who will be coming to the Mission.

FYI – I am departing for my new post in Mozambique tomorrow, please send further communications through the Deputy Director, as my replacement will not be here for another two weeks.

Attachments: a/s

USAID Uganda FY2011 Evaluation – Projects and Time Estimates

1. FANTA 2 (12 weeks)

Uganda

[2008-Present]

At the request of USAID/Uganda, FANTA-2 is helping to strengthen maternal and child health and nutrition (MCHN) programming in Uganda, build political interest in MCHN and develop a community-based nutrition program approach to reduce malnutrition among women and children. The project's earlier work included providing technical assistance for the nutrition care and support of people living with HIV (PLHIV).

2. NUWSS (5 weeks)

The Senator Paul Simon Water for the Poor Act of 2005 (the WfP Act) was signed into law on December 1, 2005. The Act makes access to safe water and sanitation a specific policy objective of U.S. foreign assistance.

It requires the Secretary of State, in consultation with the U.S. Agency for International Development (USAID) and other U.S. Government agencies, to develop and implement a strategy "to provide affordable and equitable access to safe water and sanitation in developing countries" within the context of sound water resources management. It also requires the Secretary of State, in consultation with the USAID Administrator, to submit an annual report to Congress describing changes in the

U.S. strategy and progress in achieving the objectives of the WfP Act. This is the fourth report to Congress since the passage of the WfP Act.

In FY 2008, the United States obligated more than \$1 billion for water- and sanitation-related activities in developing countries (excluding Iraq). Of that amount, over \$815 million was obligated in 95 countries worldwide to improve access to safe drinking water and sanitation and promote hygiene. Investments in Sub-Saharan Africa rose to \$648.7 million in FY 2008, largely due to obligations by the Millennium Challenge Corporation (MCC) under Compacts signed in FY 2007. The United States is one of the largest bilateral donors to water and sanitation activities in developing countries, accounting for 10 percent of all official assistance to the water and sanitation sector in 2006–2007. The United States also remains one of the largest donors to several multilateral development banks and intergovernmental organizations, which are significant contributors to water and sanitation projects.

3. SPEAR (12 Weeks)

Children are at the centre of World Vision's HIV&AIDS response. World Vision Uganda is implementing its HIV&AIDS program through the three programming models;

_ Community-led approach to Orphans and Vulnerable Children (OVCs).
_ Value-based age appropriate prevention model, targeting children aged 5-24 years.

_ Channels of Hope, targeting faith-based leaders. World Vision also raises resources to avail increased HIV&AIDS services through grants. These priorities reflect World Vision's mission as a child focused organisation.

They also reflect World Vision's assessment of the most strategic ways to invest resources in the fight against HIV&AIDS.

4. EMIS (12 weeks)

Uganda Support for Education Management Information System (EMIS)

The Uganda Ministry of Education conducts an annual education census exercise to collect information so it can better plan a national strategy to properly allocate scarce education resources. The information gathered has not been as useful as it could be due to delays in data gathering, poor quality data or planning exercises that were not well coordinated. AED is working with the Ministry to improve the timeliness, accuracy, reliability, and availability of the information gathered and to improve strategic planning techniques.

The Uganda EMIS Program provides the Ministry of Education with the logistical, operational, and technical support to continue enhancing and strengthening their Education Management and Information System (EMIS). The project is an integrated set of system capacity building activities in three components:

- **Improved Strategic Planning and Management for PIF Implementation**
- **Strengthened Education Management Information System with Needs Assessments, Training, and Equipment**
- **Strategic Business Plans for the Universities of Malawi and Mzuzu**

5. HIP (8 weeks)

Safe Water and Hygiene Project Examples

Uganda

- Working with key national and international partners through the National Sanitation Working Group of the Uganda Water and Sanitation NGO Network, HIP recently completed an assessment of opportunities for sanitation marketing in Uganda with specific recommendations for broader support and actions by multiple in-country stakeholders to promote demand for and increase access to sanitation options.
- Together with the World Bank Water and Sanitation Program, HIP is supporting national sanitation policy and advocacy actions. A district-level pilot in collaboration with Plan International is also exploring opportunities to link sanitation marketing with an ongoing community-led total sanitation effort to better ensure appropriate sanitation supply options along with demand creation.

6. ABT Associates (10 weeks)

Reducing Malaria in Uganda through Indoor Residual Spraying

USAID

Abt Associates was recently awarded a contract by USAID/Uganda to implement indoor residual spraying (IRS), which is the cornerstone of the President's Malaria Initiative (PMI) program in Uganda. In 2005, President Bush launched PMI and pledged to increase U.S. funding to fight malaria. Through the Uganda IRS project, Abt Associates will collaborate with the National Malaria Control Program (NMCP) to implement a high quality IRS program, conduct comprehensive monitoring and evaluation, and develop national capacity to conduct IRS. The project will cover eight priority districts that are prone to outbreaks of malaria. The project builds on Abt Associates' extensive experience implementing IRS in more than 15 districts in Zambia.

7. WILD (12 weeks)

Conservation through community use of plant resources

Posted by Authors Wild, R. G. and J. Mutebi — last modified Mar 31, 2010 04:34 AM

KEYWORD: Community-based Natural Forest Management, Africa. Africa, Uganda, community forestry, incentives, income generation, conservation, protected areas, co-management, forestry department, institutional strengthening, NGO, training, community participation, equity, case study, evaluation. **SUMMARY:** This report was generated as part of CARE's Development-Through-Conservation (DTC) project in Uganda. The project attempted to reconcile local needs with forest conservation at Bwindi Impenetrable and Mgahinga Forests, which were declared National Parks in 1991. Collaborative management of protected area resources was selected as an approach to sustainable conservation. The Uganda Wildlife Authority (UWA) established legal agreements for community use of resources from the protected areas. This strategy was seen as a means of compensating communities for the costs of creating and protecting the parks. Harvesting under the agreements began at Bwindi in 1994. Community users collect small quantities of resources, monitoring mechanisms have been established and relations between communities and park staff have improved. The authors note that negotiating resource use from within these protected areas has returned a measure of equity to local people, and better relations between the parks and adjacent communities are likely to reduce the risk of deliberate forest destruction. They recommend that continued capacity building of the Uganda Wildlife Authority (UWA) in techniques of resource assessment and community interaction. They note that although community support for conservation should reduce the need for heavy law enforcement, the UWA must develop the capacity to effectively control forest use and enforce park rules. The authors suggest that co-management has great potential for effectively including local communities in the management of protected areas in Uganda and elsewhere in Africa, and can contribute to the resolution natural resource use conflicts beyond those engendered by protected areas

8. NUMAT (10 weeks)

The Northern Uganda Malaria, AIDS TB Project (NUMAT) was designed to support expansion of access to and utilization of HIV & AIDS, TB and malaria activities in the Northern Uganda districts of the Acholi sub-region (Gulu, Pader, Amuru, and Kitgum) and the Lango sub-region (Lira, Amolatar, Dokolo, Apac, and Oyam). It is funded through a Cooperative Agreement with the United States Agency for International Development (USAID) for the period August 2006 through August 2011. It is implemented by JSI Research and Training Institute, Inc., and includes World Vision (WV) and the AIDS Information Center (AIC) as consortium members. The objectives of the project are:

- Improved coordination of HIV/AIDS and TB responses
 - Increased access to and utilization of quality HIV/AIDS, tuberculosis and malaria prevention, care and treatment services
- 10
- Decreased vulnerabilities for specific groups to HIV/AIDS and other infectious diseases
 - Increased access of PHAs and their families to wrap-around services (care and support)
-
- Improved use of Strategic Information for planning health services

9. CDC (4 weeks)

Continuous heavy rains from late February to early March resulted in landslides and floods in eastern Uganda. On March 1, a landslide buried three villages in Bududa District, near the Kenya–Uganda border, killing at least 80 people and leaving more than 300 people missing, according to the Government of Uganda (GoU) Office of the Prime Minister. In addition, the Uganda Red Cross Society (URCS) reported that flooding resulted in at least 100 deaths and affected more than 10,000 people in Bududa, Butaleja Katakwi, Amuria, Pallisa, Mbale, Moroto, Nakapiripirit, Sironko, Manafwa, Bukwo, and Budaka districts as of March 4. The GoU and URCS deployed assessment teams to affected areas and the GoU dispatched medical and search and rescue teams to the landslide site. URCS responded to the needs of affected populations through the distribution of emergency relief supplies, including blankets, tents, water containers, and kitchen sets.

On March 4, U.S. Ambassador Jerry P. Lanier declared a disaster due to the effects of the landslide and floods. In response, USAID/OFDA provided \$50,000 through USAID/Uganda to URCS for the provision of emergency relief supplies to affected populations.

10. AIDSTAR (10 weeks)

The RTI International team offers USAID extensive worldwide experience in HIV/AIDS prevention, care, and treatment programs. We are innovators with reputations for effectively working with local organizations to increase and expand their long-term capacity to deliver high-quality HIV/AIDS programs and services. With broad expertise in prevention, palliative care and support, pediatrics and family-oriented antiretroviral treatment (ARV), clinical- and community-based training, applied research, community-based orphans and vulnerable children (OVC) programming, gender and stigma and discrimination, working with people living with HIV/AIDS (PLWAs), and institutional capacity building and sustainability, RTI's team is uniquely assembled to be responsive to USAID Missions' AIDSTAR Sector One task order (TO) requests.

The RTI team has permanent offices and/or ongoing projects in over 80 countries, including all 20 U.S. President's Emergency Plan for AIDS Relief focus and second tier countries, and has fostered an impressive range of relationships with community-based, civil society, and faith-based organizations. RTI's consortium can mobilize quickly to respond to TOs and provide the combination of skills necessary to meet the needs of USAID Missions and Bureaus using the AIDSTAR mechanism.

As the prime contractor, RTI brings a strong, multidisciplinary and multi-sectoral perspective to the consortium. Our experience bridges development sectors from health and education to democracy and governance, each of which is important for an effective, country-level response to HIV/AIDS. In addition to our strengths in research, policy, strategic planning and capacity building, our experience spans technical areas at the heart of the AIDSTAR Sector One: prevention education, HIV counseling and testing (HCT), care and support, knowledge management, and monitoring and evaluation

11. UNITY (12 weeks)

UNITY is the cornerstone and the only activity of USAID/Uganda's education program. The UNITY project has four central components and one cross-cutting component. The four central components are 1) professional development; 2) expanded implementation of PIASCY; 3) increased parental and community participation in education; and 4) implemented education policy agenda. The grants component to NGOs and schools was intended to enhance the four main components.

12. SPM (9 weeks)

Looks at financial management systems used by the poor to manage their financial needs in an environment where they have no access or very limited access to formal financial institutions. The main objective of this study was to obtain a clearer understanding of the financial mechanisms societies or groups of people may develop in the absence of formal financial institutions.

13. STAR (10 weeks)

The USAID-STAR (Sustainable Tourism in the Albertine Rift) Program is supported by USAID-Uganda and implemented by the Global Sustainable Tourism Alliance (GSTA). This program seeks to reduce threats to biodiversity by addressing constraints in the tourism sector, reducing limitations for local entrepreneurs in developing tourism businesses, enhancing marketing efforts, and improving linkages between local, national, and global value chains.

Uganda's economy today relies primarily on commodities produced through small-scale agriculture. Coffee, tea, cotton, and grains top the list of traditional exports, with tourism serving as the largest non-traditional export. In the 1960s, Uganda was the main tourist destination in eastern Africa and tourism was one of the country's most

important economic sectors. However, during the 1970s and 80s, natural resources were depleted, trained personnel left the country, tourism infrastructure was destroyed, wildlife was poached, and Uganda's image as a tourist destination was severely damaged. With political instability and civil unrest now in the past, Uganda is enjoying strong economic growth and making progress toward redevelopment of its national park infrastructure and recovery of its animal populations.

14. CSF (10 weeks)

The main objective is to support the effective functioning of the CSF through the management and oversight of the technical assistance component; resulting in sustainable systems. The purpose of the CSF is to bring together multiple donor funds and disperse grants to civil society organizations that are fully aligned with national plans and decision taking processes and enable an effective, scaled up and comprehensive response to HIV/AIDS, TB and malaria.

15. STRIDES (12 weeks)

STRIDES for Family Health Launches in Uganda—a Sustainable Approach to Strengthening Family Health Services

The STRIDES for Family Health project was officially launched August 27 in Kampala, Uganda, in an event attended by representatives from MSH and its project partners, the Uganda Ministry of Health, the Uganda Parliament, and the Uganda USAID Mission. Other attendees included administrative and health officials from the 15 Ugandan districts collaborating with the USAID-funded STRIDES project, and representatives from civil society and other stakeholder organizations.

At the community level, the project will strengthen family health services by building the capacity of and connecting the many local organizations—nongovernmental, community-based, and faith-based—that deliver a large portion of Uganda's health services so they can cover the same package of integrated family planning/reproductive health services—including information on healthy timing and spacing of pregnancy—and child survival services offered at district health facilities. Village health teams, comprised of community health workers and an extension of the government health system at the community level, also will be strengthened by STRIDES. The project will provide support to both the public and private sector to ensure that high-quality services are delivered using the comparative advantage of each.

The goal of the STRIDES project is to give “over eight million people access to quality health services in these districts five years from now,” said another MSH speaker at the launch, Gloria Sangiwa, Director of Technical Quality and Innovations. According to the 2006 Uganda Demographic Health Survey, only 24 percent of women in the reproductive age group were using family planning, and the percentage of women who would want to space or limit births but cannot get family planning services was 41 percent. Through the STRIDES project's efforts to increase access to essential services in the 15 selected districts, contraceptive use and healthy timing and spacing of pregnancy will increase, lowering maternal, neonatal, and child morbidity and mortality.

To improve staff retention and achieve family planning/reproductive health and child survival services that are high-quality and cost-effective, the STRIDES project will be using performance-based mechanisms at both the district and community levels in all 15 target districts. In the process, genuine public-private partnerships will be formed, tested, and strengthened, ensuring the sustainability of those services over the long-term.

In addition to MSH, the USAID-funded STRIDES for Family Health Project in Uganda will be implemented in partnership with Jhpiego, Meridian International, and the Ugandan organizations Communication for Development Foundation Uganda (CDFU) and the Uganda Private Midwives Association (UPMA).