



USAID
FROM THE AMERICAN PEOPLE

UGANDA AIDS CAPACITY ENHANCEMENT PROJECT

**ANNUAL REPORT: DECEMBER 2005-DECEMBER 2006 &
FOURTH QUARTERLY REPORT: OCTOBER-DECEMBER 2006**

January 2007

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc.

UGANDA AIDS CAPACITY ENHANCEMENT PROJECT

**ANNUAL REPORT: DECEMBER 2005-DECEMBER 2006 &
FOURTH QUARTERLY REPORT: OCTOBER-DECEMBER 2006**

Contract No. GHS-1-00-03-00025, Order No. 345 with Chemonics International Inc.

**With:
IT Shows Inc.
Population Council
Training Resources Group Inc.**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

Acronyms.....	iii
Executive Summary	1
Section I. Project Background	3
Section II. The Organizational Diagnostic Study	4
Section III. Accomplishments by Deliverable	5
A. Deliverable One: Strengthened Capacity of the UAC.....	5
B. Deliverables Two and Three: Strengthened Capacity of the Inter-religious Council of Uganda and its Faith-Based Sub-grantees:	8
C. Deliverable Four: Strengthened Capacity of Selected Nongovernmental Organizations – Joint Clinical Research Centre	11
D. Deliverable Four: Strengthened Capacity of Selected Nongovernmental Organizations – Hospice Africa-Uganda.....	15
E. Deliverable Five: Strengthened the Capacity of the Ministry of Health Resource Centre	20
F. Deliverable Six: Improved HIV/AIDS Policies and Strategies	22
G. Task: U.S. President’s Emergency Plan for AIDS Relief Coordination and Planning	22
Section IV. Special Activities Fund.....	23
Section V. Conclusion	24
Annex A. Progress against Targets..	A-25

ACRONYMS

ACE	AIDS Capacity Enhancement
HAU	Hospice Africa-Uganda
HMIS	health management information system
HR	human resources
ICT	information and communications technology
IRCUC	Inter-religious Council of Uganda
JCRC	Joint Clinical Research Centre
LAN	local area network
M&E	monitoring and evaluation
MIS	management information system
MoH-RC	Ministry of Health Resource Centre
NGO	nongovernmental organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
NSP	National Strategic Plan
RCB	religious coordinating body
TRG	Training Resources Group Inc.
UAC	Uganda AIDS Commission

EXECUTIVE SUMMARY

This report is a presentation of the key interventions, successes, and challenges of USAID's AIDS Capacity Enhancement (ACE) project in its first year of implementation. The project was designed to address the U.S. government's efforts to boost the capacity and developmental needs of selected Ugandan institutions involved in HIV/AIDS programs. While this report is intended as both the fourth quarterly report for year one and the first annual report, activities from the fourth quarter are included in the general descriptions of accomplishments for the year. Financial information for the fourth quarter is presented in Annex B.

ACE has five local partners from the public and private sectors. These are: The Uganda AIDS Commission and Ministry of Health from the public sector; and the Inter-religious Council of Uganda, the Joint Clinical Research Centre, and Hospice Africa-Uganda from the private sector.

The first step taken on working with these organizations was a participatory diagnostic exercise using the "Star Model," a system for analyzing organizations based on five key areas: strategy, structure, human resources, rewards, and processes. The result of this exercise was identification of key organizational and project result areas that needed technical input from ACE. Detailed capacity building plans were then developed to guide the technical assistance process.

Because of the scope of work completed during the diagnostic process, technical assistance did not start until the middle of the project year. To date, ACE has worked with the targeted organizations to improve operational efficiencies in five key areas: organizational development, monitoring and evaluation, health management and information systems, finance systems, and communications.

As a response to the organizations' development needs, ACE provided leadership and management training for organization staff and governing bodies; reviewed and revised organization operational manuals, such as human resource policies, strategic plans, and annual reports; and helped with recruitment of key staff. One key national activity in this area was assistance to the Uganda AIDS Commission with development of the National HIV/AIDS Strategic Plan (NSP). ACE hosted and coordinated technical working groups involved in this process.

ACE's technical financial assistance was primarily in the introduction of a new and user-friendly accounting software package (Navision) and training staff in its use. This helped alleviate cumbersome and time-consuming reporting and enabled organizations to effectively meet reporting requirements.

Improving the health management information systems is an area of special interest to donors and Ugandan public health institutions. ACE primarily worked with the Ministry of Health Resource Centre (MoH-RC) to develop a Web-enabled data collection system

and a Web site, establish a digital library, and strengthen local area networks (LANs). Activities with other organizations included development of data collection tools and procurement of hardware and software necessary for efficient connectivity. Monitoring and evaluation (M&E) was a key activity in tandem with the design of data collection tools. Organizations were assisted in developing systems that would help them not only meet the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) reporting requirements, but their own as well.

Communications activities included development of communications strategies and materials for information and reporting purposes of the organizations.

This past year saw tangible improvements in all beneficiary organizations. Organizational structures were revised to create strong management teams and improve organizational operations, financial management systems were improved, and skills were transferred to staff in the finance, M&E, and human resources departments, a great sustainability factor.

The biggest challenge was fitting into the tempos of the individual organizations, especially the government institutions. There were often delays due to prolonged decision-making actions determined by the governing structures.

I. PROJECT BACKGROUND

The USAID AIDS Capacity Enhancement project is a three-year (2006-2008) project to build various capacities of selected Ugandan institutions, for improved and sustainable program outcomes in regards to HIV/AIDS prevention, care, and treatment.

The ACE project provides technical assistance, training, and material support (supplies and equipment) to the Uganda AIDS Commission (UAC), the Inter-religious Council of Uganda (IRCU) and its network of faith-based organizations, the Ministry of Health Resource Centre, the Joint Clinical Research Centre (JCRC), and Hospice Africa-Uganda (HAU). ACE assists these organizations in five broad thematic areas: organizational development, monitoring and evaluation, health management and information systems (HMIS), finance, and communications.

The project also provides facilitation and coordination of the PEPFAR team. ACE provides technical services that support the U.S. team in planning, coordinating, and managing its HIV/AIDS program in Uganda, including supporting achievement of the ‘three ones:’ one national coordinating body for HIV/AIDS, one monitoring and evaluation framework, and one national strategic plan for HIV/AIDS.

The ACE project’s approach to capacity building is performance-driven and is customized to the needs of each organization. The project’s strategy is to assess the resident or existing capacities of target organizations, develop capacity building plans to address identified gaps through technical assistance and skills building, and monitor and document progress in improving the operational efficiencies.

II. THE ORGANIZATIONAL DIAGNOSTIC STUDY

The technical approach of the ACE project was based on a participatory diagnostic of the targeted client organizations. ACE designed and implemented a diagnostic tool based on the “Star Model,” a system for analyzing organizations based on five key areas: strategy, structure, human resources, rewards, and processes. ACE put together a team of local consultants and then worked with the staff of each organization to understand where that organization was in terms of its organizational development and to identify key areas where assistance from ACE would be beneficial. In performing the diagnostic, ACE reviewed organizational documents such as corporate governance, strategic plans, work plans, and reports, and considered available previous diagnostics or analyses. The team conducted interviews of key staff, founders and board members, partners, and clients. For organizations with a nationwide presence, the teams visited locations around Uganda.

The diagnostic was performed with IRCU and a selection of its sub-grantees, JCRC, HAU, and MoH-RC. The UAC was an exception to this model. It had benefited from several similar exercises from other donors and development partners. Hence, a lot of information existed that provided the same kind of analysis as the diagnostic exercise. ACE worked with the existing materials, UAC staff, and USAID to determine needs at the UAC.

Once this diagnostic exercise was completed, ACE staff worked with the client organizations to develop detailed capacity building plans laying out the areas where ACE could address some issues identified in the organizational diagnostic. These capacity building plans were discussed in detail with the client organizations and USAID and refined to reflect all parties’ priorities and needs, and to be realistic in terms of the range and level of support ACE was designed to provide.

The capacity building plans identify clear desired results and describe the tasks, timelines, and resources needed to accomplish those results. An initial 18-month plan was developed following the completion of the diagnostic study and in conjunction with preparation of the annual work plan. This provided the basis for memoranda of understanding with the client organizations, laying out the responsibilities of ACE and the organizations. To update the plans and provide for changing circumstances and newly emerging needs, quarterly capacity building plans continue to be developed, highlighting activities to be undertaken with the client organizations in the upcoming quarter. This process has maintained the participatory nature of the diagnostic and capacity building process and has allowed for continued consultation on capacity building needs among the client organizations, ACE, and USAID.

III. ACCOMPLISHMENTS BY DELIVERABLE

A. Deliverable One: Strengthened Capacity of the UAC

The Uganda AIDS Commission was established by the Ugandan Parliament in 1992, to provide leadership on prevention and control of the HIV/AIDS epidemic. UAC was also mandated to ensure proper coordination of the national response to HIV/AIDS through the National Strategic Framework (now the National Strategic Plan), enable all implementing partners to work together through the joint annual review and other forums, and develop well-coordinated national HIV/AIDS action plans. ACE and UAC reached consensus and signed a memorandum of understanding for ACE support for capacity building needs of the organization, in particular the review and rewriting of the National Strategic Plan (NSP) and the associated monitoring and evaluation plan. In addition, ACE agreed to provide separate financial and logistical support to the PEPFAR advisory committee, which is managed by the UAC.

A.1. Accomplishments during the First Year

Development of one national strategic framework. During the first year, ACE participated in and supported planning activities for evaluation of the National Strategic Framework 2001-2006. ACE also supported preliminary development of the new National Strategic Plan 2007-2011. To that effect, ACE hosted and facilitated a number of technical committee meetings to develop the terms of reference for the technical working groups. The terms of reference were used to procure the consultants to guide the NSP process. As a result, by the end of 2006, there was a draft outline of the NSP, awaiting completion in the first quarter of 2007.

In addition, ACE staff participated in the M&E technical working group and represented the working group on the human resources and institutional arrangements technical working group. The M&E manager has been involved in developing the M&E framework and in advising both committees during the NSP development process.

UAC's capacity as one national coordinating body strengthened. ACE, working with the Training Resources Group (TRG), organized and facilitated leadership and management training for UAC staff to gain skills in teambuilding, coordination, and intra-organization communication. The training was part of overall support to strengthen UAC to become a stronger national coordinating body. It was designed to address UAC's internal management and leadership role, targeting uncovering untapped organizational strength among staff in anticipation of the new NSP process. It is envisaged that skills and orientation gained from the training will affect implementation of the NSP for 2007-2011.

Revision of the UAC human resources (HR) manual. The revision of the HR manual was considered a necessary input for ACE, to make the document, and the process in general, more germane to the current environment in which UAC operates. The new manual will take into account revised government HR policies, the new and evolving *modus operandi*, and increased roles and responsibilities of UAC. To this effect, ACE supported procurement of technical assistance to review and produce the updated manual. The draft

is awaiting input and adoption by UAC senior management, before production of the final document.

Development of a comprehensive communication and dissemination strategy. As part of strengthening UAC's coordination capacity, ACE supported UAC in conducting a national HIV/AIDS communications needs assessment, leading to development of a comprehensive national HIV/AIDS communication strategy. This process began with development of a draft communications technical working paper that was reviewed by key HIV/AIDS stakeholders for their consensus and input. Using this input, UAC organized a broader "think tank" of about 250 stakeholders at the end of June 2006. The resolutions from this process informed the drafting of terms of reference for development of a comprehensive national HIV/AIDS communications strategy. With ACE support, UAC asked for proposals to implement the assignment, scheduled for completion in the 1st quarter of 2007.

As part of communication and dissemination mechanisms, ACE supported UAC in reviving and jumpstarting its quarterly newsletter, created to reach out to stakeholders and the public in general with the latest topical issues, messages on strategic interventions, and the overall national response. The first issue is scheduled to be published in March 2007, and will be followed by development of a comprehensive organizational communications/dissemination framework.

Development of one national M&E system. In its first year, ACE has reviewed existing M&E structures and analyzed how they may be coordinated across other stakeholders in the national response. In collaboration with UAC staff, we have identified certain issues to be resolved, such as improving the existing M&E system at UAC; developing an M&E plan, operational manual, overarching database, and appropriate data collection tools; and hiring sufficient M&E personnel and technical assistance resources. Implementation of these activities is planned in the second year. Also in the first year, ACE supported UAC in identifying and hiring an M&E coordinator on a short-term basis, in line with identified staffing gaps in the M&E unit. This coordinator has begun supporting the M&E unit and is contributing to the drafting of the M&E plan for the NSP.

PEPFAR advisory committee supported. The PEPFAR advisory committee in Uganda was established in 2004, under the Office of the President of Uganda to assist the U.S. government PEPFAR team by providing guidance on the optimum use of PEPFAR. The group is multi-sectoral, comprising 19 representatives from the public and private sectors, bilateral and multilateral agencies, people living with AIDS, civil society organizations, faith-based organizations, the military, and other entities as appropriate.

ACE continued to provide logistical support to the PEPFAR advisory committee, by facilitating its quarterly meetings and providing assistance to the overall function of the committee secretariat. Under this guise, ACE facilitated travel for five delegates to Durban, South Africa to attend the annual PEPFAR implementers meeting in June 2006. The delegates included Kintu Musoke, chairman, PEPFAR advisory committee; David Kihumuro Apuuli, director general Uganda AIDS Commission; Jesse Kagimba,

presidential advisor on HIV/AIDS and member of the PEPFAR advisory committee; Eddy Mukooyo, assistant commissioner for the Ministry of Health Resource Center; and Emmanuel Kusemererwa from the Ministry of Education.

ACE also provided financial support and helped organize and coordinate the following meetings and workshops:

- U.S. government retreat at the American House, April 2006
- USAID/Uganda SO8 retreat, April 2006
- U.S. government FY07 PEPFAR consultative meeting on orphans and vulnerable children, June 2006
- PEPFAR national advisory committee meetings (quarterly)
- Counseling and Testing 17 consultative meeting, July 2006 (a consultative forum on strategies to expand HIV counseling and testing in Uganda during FY07)
- Stakeholders' consensus workshop on the country roadmap for accelerating HIV/AIDS prevention July 2006
- U.S. government antiretroviral therapy (ART) implementers workshop, July 2006, for discussion of priorities for future funding of ART as outlined in the country operating plan 2007
- U.S. government FY07 consultative meeting, August 2006
- PEPFAR advisory committee meeting, September 2006
- PEPFAR advisory committee, November 2006

A.2. General Progress at UAC

ACE has seen improved capacity at the UAC in two main areas during Year 1 of the project. First, coordination, team spirit, and interpersonal relationships have improved as a result of the leadership and management training for UAC staff. Second, UAC has improved M&E capacity as a result of day-to-day support provided by the M&E coordinator, facilitated by ACE. The coordinator has assisted UAC in reviewing the 2001-2006 M&E framework and is involved in the development of the new 2007-11 M&E plan and its operations manual. The final M&E plan and its operations manual will be ready in the 1st quarter of 2007.

A.3. Challenges and Recommendations for Resolution

ACE has identified two major challenges to achieving its goals with UAC. First, working with UAC required a great deal of coordination with other AIDS development partners. ACE relies on its USAID counterparts to ensure that its efforts fit within the context of all support UAC is receiving.

Second, many of the activities initially planned by ACE have depended on completion of the NSP. We are hopeful that with the completion of this process in the coming month, we will be able to move more of our activities forward.

A.4. Activities Planned for Year Two

Support to UAC for one national strategic plan

- Support UAC in the finalization of the new NSP
- Support UAC in leading implementation of the new NSP
- Assist UAC in translating the new NSP into clear operational plans
- Assist UAC in developing a public dissemination strategy and mechanisms

Strengthen the UAC's capacity as a national coordinating body

- Assist UAC in carrying out joint annual reviews
- Support UAC in developing a plan for coordinating the Global Fund Long-Term Institutional Arrangement
- Facilitate a coordination and knowledge-sharing workshop for national stakeholders
- Design follow-up activities to the leadership training for UAC that address staff and HR issues, as well as management of the Global Fund Partnership committee/country coordinating mechanism

Assist the UAC in leading implementation of one national M&E system

- Strengthen existing data collection systems
- Develop structures for operationalizing one national M&E system
- Support development of one M&E database and integrate it into the UAC Web site

B. Deliverables Two and Three: Strengthened Capacity of the Inter-religious Council of Uganda and its Faith-Based Sub-grantees

IRCU brings together five religious organizations within Uganda to work on areas of common interest. IRCU was established in June 2001 and registered as a nongovernmental organization (NGO) in November 2002. The council works with several projects implemented by these religious coordinating bodies (RCBs): the Uganda Catholic Church, the Uganda Muslim Supreme Council, the Church of Uganda, the Uganda Orthodox Church, and the Seventh-Day Adventist Church. IRCU also coordinates more than 100 faith-based and community organizations (sub-grantees) that provide HIV/AIDS prevention, care, and support for infected and affected individuals – whole families and orphans. With USAID support, IRCU has started implementation of a three-year (2006-2008), \$15 million program to scale-up access to HIV/AIDS prevention, counseling, and testing, and palliative care and treatment for people living with AIDS and their families. The program will enhance the attainment of PEPFAR and national goals for HIV prevention, care, and treatment.

B.1. Accomplishments during the First Year

Governance capacity strengthened. During July 2006, ACE conducted a three-day strategic leadership training for 40 participants, including IRCU board members, management and staff of the secretariat, and RCBs. The workshop strengthened the relationship among the levels of IRCU and resulted in a common understanding of the new grant-making process, norms/shared expectations of how the components of IRCU

will work together under the new process, and agreement on the next steps for each component of IRCU.

In the fourth quarter, ACE provided support to IRCU to start reviewing its constitution and drafting a new one. Although this assignment continues in Year 2, we have made progress in identifying the issues that need to be addressed and held discussions with stakeholders to inform the formulation of a new constitution.

Strengthened management information systems (MIS) and use of data for decision-making. ACE's organizational development manager and a local subcontractor assisted IRCU in reviewing its data management system in light of the new award from USAID. ACE upgraded IRCU's reporting forms, developed data collection tools for sub-grantees, and identified appropriate palliative care and orphans and vulnerable children indicators based on PEPFAR reporting requirements. This process included intensive consultation and testing with RCB M&E staff, who will be responsible for much of the collecting and reporting of data, and with the sub-grantees on the use of the tool.

During the third quarter, ACE provided technical assistance to support IRCU's efforts to improve its capacity to use information for strategic and operational planning and management. The activity involved identifying the information required for decision-making, training on how to collect and analyze it, and finally, training on how to use the information to enhance management processes.

ACE also assisted IRCU in preparing the quarterly report for July to September, the annual work plan and budget for the new HIV/AIDS program, and the PEPFAR annual report for October 2005 to September 2006.

Information and communications technology (ICT) systems improved. In September and October 2006, the ACE M&E/MIS team conducted an evaluation of the current status of IRCU M&E, MIS, and ICT systems. The activity involved documenting the current systems, identifying gaps, and making appropriate recommendations and improvements for the way forward. As result, IRCU was able to incorporate its MIS and ICT requirements in the 2007 budget and work plan.

Financial management systems strengthened. Using the USAID pre-award audit as guidance, ACE conducted a rapid administrative and financial management systems appraisal to identify and resolve any bottlenecks. The assessment resulted in two ACE technical team members working with IRCU to refine a proposal for a three-year \$15 million contract with USAID to scale-up HIV/AIDS prevention, care, and treatment. In the interim, ACE assisted IRCU in finalizing its bridge funding proposal to USAID which ensured interim support to IRCU between the previous grant and the current contract. The revised budget and proposal were submitted to USAID in March.

ACE also assisted IRCU in developing job descriptions and provided recruitment support for a finance and administration manager and a procurement officer. ACE assisted IRCU in contracting the financial management firm of KPMG International to streamline

IRCU's financial management procedures for an initial period of four months as a prerequisite to receiving USAID funding.

Improved grants management procedures implemented. Mr. Kibuuka supported IRCU in developing its solicitation for sub-grantees and in reviewing the ensuing proposals. The ACE MIS consultant provided technical assistance on inputting formulas in the spreadsheet and identifying budget line items in each program area to be supported by USAID. The assistance also involved budget analysis to assist the implementing partners.

The ACE financial systems manager reviewed the grants policies and procedures and provided input into a draft grants manual. This activity will continue into Year 2.

Managerial, strategic, and operational planning capacity strengthened. The ACE team, with a local sub-contractor, worked with the IRCU and RCBs to identify training needs for the sub-grantees and subsequently developed a leadership and management training program and manual. The training, which was implemented for sub-grantees from the Uganda Muslim Supreme Council, the Uganda Orthodox Church, the Church of Uganda, and the Seventh-Day Adventist Church, improved their managerial and operational skills and fostered discussion among sub-grantees of best practices in management and implementation of the new grants. Each training course ended with an action plan, a copy of which was sent to the respective RCB for follow-up and assessment of knowledge transfer.

B.2. General Progress at IRCU

The project has seen significant changes at IRCU this year that can, at least in part, be attributed to ACE support. First, IRCU's capacity in monitoring and evaluation has improved through development of the new PEPFAR data/reporting tool and through one-on-one training and mentoring in M&E skills that the consultant working on the tool has been providing while working in the IRCU offices. In the long run, this should improve IRCU's ability to provide timely and accurate reporting under its new contract.

In addition, IRCU's capacity to manage its new USAID contract has improved in several areas. Because of direct ACE support, it has a better understanding of key USAID deliverables such as work plans and quarterly reports. In addition, the process of competing and awarding sub-grants to the implementing partners, while not yet complete, has already strengthened its ability to manage the large number of sub-awards under this contract.

B.3. Challenges and Recommendations for Resolution

Throughout the year, the IRCU staff focused on working to finalize the grant-making process. This left staff and management with little time to attend to other capacity building needs and support that was provided by ACE. The project has tried to be responsive to the immediate needs expressed by IRCU in grant-making and has worked with the IRCU staff to help it speed-up the grant-making process.

B.4. Activities Planned for Year Two

Improved human resources and organizational governance

- Review and revise the existing human resource manual at IRCU and related governance tools
- Review and revise job descriptions for all positions at IRCU and provide technical assistance to effect the relevant structural changes
- Review and revise governance roles and responsibilities of the board of governors and council of presidents
- Conduct orientation workshops for the board of governors and council of presidents

Improved financial systems and grants management

- Streamline accounting procedures and processes
- Develop appropriate procurement and supply systems and processes
- Conduct training in grants management for all member organizations and sub-grantees and provide follow-on support

Strengthened management information systems and improved use of data for decision-making and reporting

- Provide technical assistance to IRCU on preparation of quarterly and annual reports
- Assist IRCU in organizing annual review meetings and training sessions
- Assist IRCU in compiling a comprehensive operations manual
- Assist IRCU in establishing a common monitoring and evaluation framework (data collection and reporting tools)
- Establish an effective MIS at IRCU

Improved sustainability mechanisms established

- Improve IRCU communications to sub-grantees, governments, and other stakeholders
- Support IRCU's efforts in diversification of the resource base
- Improve quality assurance and application of best practices

Improved capacity of IRCU sub-grantees

- Establish an effective supervisory system for data collection and reporting for sub-grantees
- Provide sub-grantees with other identified capacity building support that will enable them to effectively perform their roles as implementing partners

C. Deliverable Four: Strengthened Capacity of Selected NGOs – Joint Clinical Research Centre

The JCRC was founded in 1991 as a national AIDS research center. It developed as a collaboration between Makerere University's School of Medicine and Uganda's ministries of health and defense. The JCRC pioneered the provision of antiretroviral therapy in Uganda, and is estimated to have provided antiretrovirals to more than 40,000 clients since 1991, making it one of the largest ART providers in Africa.

With USAID support, JCRC implements the “Timetable for Regional Scale up of ARV Therapy” or “TREAT” program. The program is designed to provide high-quality, low-cost AIDS treatment to more than 60,000 Ugandans in the next three years. ACE therefore selected JCRC as one of the organizations to receive capacity-building support.

C.1. Accomplishments during the First Year

ICT technical and human resource capacity improved. During the year, ACE carried out an in-depth study of JCRC’s ICT status. The main areas addressed were hardware, software, connectivity, and staffing of the information technology department. ACE made several recommendations, categorized as those requiring immediate action and those that were a priority. JCRC has already taken steps to address some areas highlighted. Others will be undertaken in Year 2.

A detailed needs assessment of ICT knowledge requirements for staff in JCRC’s data department was carried out by a local subcontractor. Thereafter, a training program that was responsive to the identified needs was designed and implemented. The training covered the Basic Linux Operating System, Advanced Linux Operating System, Microsoft Windows 2003, Systems Administration, SQL Server 2005, and Web System Administration. A total of 21 people were trained on these systems.

JCRC staff also benefited from training in the Navision accounting software package. ACE identified categories of Navision users within JCRC, their level of knowledge, and their training needs, and designed a training program tailored to these needs. In addition to the basic accounting knowledge, selected staff were trained in setting up the elements required to use the inventory management and clinical management functions to capture patient/client information. The users were also trained to generate and make sense of the various categories of Navision reports, and analyze charts of accounts, general journal reversals, and bank reconciliations. The employees trained were from the departments of stores and logistics, laboratory, procurement, finance, human resource, clinical, data, and audit. Since completion of the training, JCRC staff have commented on how useful the software is to their business now that they are fully aware of its possibilities.

ACE also carried out a study that established that the Navision system could interface with different laboratory machines. The actual interfacing of Navision with selected laboratory machines will be carried out after all laboratory staff have completed training in the use of the Navision software. Once the interface is implemented, this will help JCRC to generate a direct billing system for laboratory services.

Another study this year determined the data backup requirements and hardware and software requirements for JCRC headquarters and its regional centers of excellence. The study recommended that JCRC acquire two database servers, with one as a backup server. A separate medium-capacity server was considered necessary to run applications other than the database servers and at the regional centers for excellence. It was further recommended that an integrated system be put in place to handle the patient care, pharmacy, and financials database. To strengthen data security at JCRC, the consultant recommended the provision of dedicated security equipment such as an improved

firewall for data protection. The consultant also provided a summary of approximate costs. Following the recommendations on data backup and server requirements, JCRC embarked on the procurement of the necessary hardware and software to support data backup. This will help JCRC avoid total loss of data in case of breakdowns.

Improved management and leadership. ACE, along with local consultants, worked in collaboration with JCRC staff to create a strategic plan for the organization. The process was participatory and included a three-day workshop. JCRC established five strategic objectives that will guide the implementation of activities. They are:

- Focusing on JCRC policy guidelines for research implementation and result dissemination developed and utilized by December 2009
- Management and practice of clinical and lab services strengthened by 2009
- A robust and accredited training institute established by 2009
- Proportion of overall budget from diverse set of JCRC self-generated sources increased by 2009
- Improved organizational effectiveness through strengthened institutional support systems by 2009

The strategic plan sets out strategies and actions necessary for the realization of the mission and vision and each of the strategic objectives, as well as an M&E. An implementation framework highlighting lead responsibilities and time lines for delivering on first-year goals was provided and a financing mechanism proposed.

Reporting capacity increased. ACE's program and operations manager and the communication manager helped JCRC improve the format for its annual report 2006, and edited and made comments on the draft that was submitted to USAID.

Financial systems strengthened. ACE's financial systems manager reviewed the findings of the U.S. auditors with JCRC staff, enhanced their understanding of the issues, and worked with the JCRC finance staff to write a response to audit queries.

C.2. General Progress at JCRC

In most of the areas where ACE is providing support to JCRC, the support is ongoing, so the organization is only showing the first signs of significant impact. However, through ACE support, JCRC recognized the benefits of the Navision system and has now fully converted from its old accounting package. This has led to fewer accounting errors, and staff are using Navision in new areas, such as inventory management and maintenance of laboratory data.

One benefit of the existence of the strategic plan has been convenience in preparing a work plan for 2007, because the strategic plan is the point of reference for implementation strategies and activities.

C.3. Challenges and Recommendations for Resolution

One challenge in working with JCRC is that certain departments, for example, human resources and M&E, are understaffed. At the same time, there is high staff turnover within the entire organization. The above two factors create a challenge to ACE in that in the course of providing technical assistance, there are no key personnel to work with. It also makes implementation of recommendations difficult. ACE will work with JCRC senior management to ensure that all departments are adequately staffed and that there is timely replacement of staff who leave the organization.

The rapid growth and expansion of the JCRC also creates a challenge for ACE. This is because of the increased activities that occupy staff and mean that they find it difficult to fit into ACE capacity building programs. To circumvent this problem, ACE has at times had to conduct training programs for JCRC staff after working hours or during the weekend.

C.4. Activities Planned for Year Two

ACE will support JCRC to develop and use systems and processes to effectively and efficiently provide AIDS clinical services as well as general health care, training, laboratory and research services.

To achieve that, ACE will provide technical support in the following areas:

Strengthen the management of JCRC

- Conduct organizational performance assessment
- Revise organization structure to ensure effective and efficient management
- Conduct job evaluation and develop job descriptions
- Conduct organizational development workshops to enhance decentralized decision making
- Assist in the preparation of a business plan

Strengthen the financial management system

- Review and revise financial and accounting regulations and produce a manual.
- Review and revise procurement guidelines and produce a procurement manual.
- Develop an inventory management system
- Develop and implement a human resource policy
- Review and revise HR policy and produce an HR policy manual

Enhancement of use of JCRC ICT assets

- Develop ICT policy and produce an ICT policy manual
- Conduct training in various ICT applications
- Provide technical assistance for improving connectivity, including improving the network and Intranet.
- Interface Navision with laboratory machines

Establish an organization-wide M&E system and enhance its effectiveness

- Develop and establish a JCRC-wide M&E system that covers all JCRC activities.
- Train M&E staff
- Support the M&E function
- Support the establishment of Web-based reporting.
- Develop feedback mechanism for ART site (42 sites)
- Standardize data and integrate databases

Design and implement an organization-wide communications policy

- Develop a communications policy and support the communications function.
- Develop reports for use by USAID and JCRC management
- Assist in the production of timely reports and plans

Establish a plan for reduced donor dependence

- Develop a revenue generation strategy

D. Deliverable Four: Strengthened Capacity of Selected NGOs – Hospice Africa-Uganda

Hospice Africa-Uganda is a national NGO that provides palliative care for people living with AIDS and other diseases. Part of the support provided by HAU is the management of pain through the administration of morphine. Previously, the hospice only managed cancer patients, but has its expanded to include patients who suffer with AIDS-related illnesses, as a result of the rising incidence of AIDS-related cancers. HAU has three centers and 102 staff. The centers are in Hoima, Mbarara, and Kampala, the latter of which is also a training center for palliative care service providers.

The objectives of Hospice Africa-Uganda in the NSP 2007-2011 are:

- to provide an appropriate palliative care service to patients with cancer and or HIV/AIDS and their families within the defined operational areas
- to enable the provision of palliative care services in Uganda, through advocacy, education, and training of stakeholders
- as an affordable African model, to facilitate the initiation and expansion of palliative care to all in need

In September, the ACE team, led by Ezeza Mulyagonja, hired a local subcontractor to provide technical assistance in the areas of governance and human resource management. Building the capacity of the board of governors was a priority, to enable the board to provide the strategic direction on which the organization would base future activity. The human resource component was necessary as a first step towards improving staff motivation, morale, and therefore retention.

D.1. Accomplishments during the First Year

Five-year strategic plan developed. One of HAU's most urgent needs was to refine the draft 2006-2011 strategic plan. A two-day strategic planning workshop was held on in March 2006 to create a common understanding of the purpose, uses, and components of strategic planning among HAU staff and management. Thereafter, ACE worked with HAU to review and redevelop HAU's strategic plan 2006-2011. The process was facilitated by TRG, the ACE organizational development manager, and a local consultant. The strategic plan was approved by the board of governors and officially presented to the annual general meeting in August.

In November, a strategy workshop took place with ACE support, to provide guidance on the future of the education department, the alliance with Makerere and Mbarara universities, and the cost and affordability of clinical services vis-à-vis the desire to remain a small model palliative care provider. Questions on succession were also raised, and handover plans were drawn up for transition between the founder/board member and the newly recruited chief executive director.

Capacity of the board of governors strengthened. A team of corporate governance experts worked with the HAU board of governors to strengthen the functionality of the board. After an in-depth review of existing structures, a comprehensive board policy and procedures manual was developed, with the full participation of the board members. The team, working with ACE, developed a system for tracking individual board member involvement and compliance with the board procedures manual. A board induction booklet that is a simplified guide to the board procedures and policy manual was also produced, and will be a useful tool for board members. To ensure that the tools developed are used, a detailed implementation plan and roll-out program for the new governance policy and procedures was developed and will enable ACE to support the governance function at HAU during the second year of the project. As part of the governance capacity building effort, ACE will, in the near future, conduct a board of governors' orientation program, which will include orientation and mentoring workshops for the HAU board.

Organizational structure revised. The HAU organizational chart was reviewed and revised. The entire process entailed redefinition of reporting lines and introduction of new positions. These positions were found to be necessary for the continued effectiveness and efficiency of HAU, a growing organization with changing positions and roles. Some of the new positions are program director, public relations and advocacy manager, monitoring and evaluation manager, internal auditor, and medical consultant.

Management and administrative teams strengthened. In concert with the revised organizational chart, clear terms of reference for management and staff teams were developed. This is aimed at creating a more visible middle management team that is tasked with ensuring operational effectiveness, while refocusing the senior management on a more strategic orientation.

Human resources function strengthened. ACE also reviewed and updated the hospice human resources policy to suit the organization's changing human resources management needs. The policy, which is more comprehensive, was realigned with Ugandan labor laws. It also recognizes the stressful nature of the work and makes revisions in areas such as stress management, staff benefits and welfare, and recognition for outstanding performance. The policy includes a performance management system, and tools were developed to that effect.

A staffing plan was developed to ensure the required staffing levels for the length of the current strategic plan. The staffing plan and the human resource development plan are intended to put in place the required human capital that HAU will require to implement the strategic plan.

As part of ACE support to the organizational development process, all staff contracts were reviewed and standardized to remove inconsistencies, in concurrence with the revised human resource policy. Detailed job descriptions were also developed for categories of staff at all levels.

ACE completed a volunteer program needs assessment and produced a report highlighting the findings of the assessment. Subsequently, the team developed a volunteer management policy that defines mechanisms for the recruitment, roles, responsibilities and reward for local and international volunteers at HAU.

During the next year, ACE will continue to support the hospice to implement the new policies. In this regard, a detailed implementation plan and roll-out program for the new human resources policy was developed. Employee orientation on the new policy will be conducted during a few days in the near future for all 102 existing staff members and those who are being recruited to fill identified gaps.

Strengthened monitoring and evaluation framework. ACE has worked with the hospice in writing the terms of reference and initiating the process for identifying a new full-time monitoring and evaluation manager. This person will be essential to the work ACE plans in M&E in Year 2.

D.2. General Progress at HAU

Despite the challenges encountered in the previous year, HAU has benefited from ACE support in various ways. HAU now understands the critical need for strategic planning and monitoring and evaluation, with clear strategic direction separated from operational plans and their implementation. Managers are able to request ACE support from time to time to clarify strategic issues as they emerge.

HAU is more aware of the need for a clear communications strategy, a consistency in messages with patients and other stakeholders, corporate branding, and a clear advocacy agenda. It is able to identify and correct without support any communications problems it may face.

HAU staff have taken on streamlining reporting lines and using clear job descriptions to address staff retention issues. They are also more aware of the need for staff motivation and the delicate legal issues involved with managing staff.

D.3. Challenges and Recommendations for Resolution

As a small organization with a limited number of staff, the hospice can only absorb limited technical assistance within a short period of time. The process consultancy approach used by ACE requires high staff participation. In light of this, ACE will work with the hospice at a slower pace than originally envisioned and some assignments, such as the financial systems work, will take place next year.

In August, HAU recruited a new chief executive director. The new director started on her induction program shortly after ACE started providing support to HAU. Because of these changes at HAU, the capacity building efforts were slowed down. There is need for careful management of the succession process, and ACE has proposed an executive coaching and mentoring program for the director.

The hospice philosophy is that the organization should stay small and be a model palliative care provider. Therefore, ACE capacity building efforts are often perceived as making hospice too big and therefore unaffordable. ACE will continue discussions on this with HAU and ensure our assistance is suited to its needs, while helping its staff think about other possibilities.

D.4. Activities Planned for Year Two

During the second year, ACE will support HAU to be a palliative care model providing the highest quality of patient care that will be supported by a fully involved and functional board of governors, capable, motivated management and staff, and robust business systems, by providing technical support in the following areas:

Strengthen the governance capacity of the HAU board of governors

- Executive coaching for the board chairman and board committee chairmen
- Review and update HAU Articles of Association/Constitution

Strengthen business strategy and leadership

- Orient staff at all levels on the strategic plan
- Train line staff on systems thinking
- Train middle managers on strategic leadership and systems thinking
- Mentor and coach all directors
- Conduct business planning for the education department

Build capacity for information management and decision making systems:

- Develop a decision-making framework
- Develop an information sharing and utilization policy
- Strengthen MIS

- Orient all staff on MIS and decision-making framework
- Refine M&E framework
- Develop, pre-test, and install M&E system
- Train M&E staff to use system
- Train staff on various ICT applications

Improve staff motivation and turnover

- Review and update staff welfare policy
- Carry out salary survey
- Design new salary structure
- Assist with recruitment for key positions
- Strengthen the human resources manager position through executive coaching
- Support implementation of revised human resources policy and staff retention plan

Strengthen financial management systems

- Review existing financial management systems
- Update/develop finance manual
- Develop audit manual
- Support establishment of the internal audit function
- Orient staff on finance and audit manuals

Strengthen the communications and advocacy function

- Develop a consistent branding strategy and identity cues to support the fundraising strategy
- Orient staff on the consistent application of corporate identity cues
- Redesign/update Web site
- Orient staff on new HAU communications strategy
- Review effectiveness of the new internal communications strategy
- Define roles and functions of HAU, Palliative Care Association of Uganda, and the Africa Palliative Care Association
- Develop strategy for collaboration and network-building
- Train advocacy staff in advocacy skills
- Train staff on communicating about HAU
- Support advocacy workshops for policy makers, development partners, academics, community leaders, and others
- Develop documentation framework
- Train documentation staff in documentation skills/telling the hospice story
- Facilitate documentation of best practice for Anne Merrimen (writing, editing, publishing)

Strengthen knowledge management and skills building

- Review the existing knowledge-building framework
- Update/redevelop knowledge-building policy framework
- Review the organization of the journal club

Support the improvement of quality of care

- Review the existing quality of care systems and protocols
- Review and strengthen pharmaceuticals and dispensing
- Study existing mobile services and identify gaps
- Develop support supervision framework
- Support clinical staff mentorship program

E. Deliverable Five: Strengthened the Capacity of the Ministry of Health Resource Centre

The Ministry of Health Resource Centre (MoH-RC, or RC) is in charge of the health information system, which includes ICT, documentation, library, and health data. MoH-RC is composed of a library and databank, which is a depository of information on the health sector, and is in charge of the health management information systems. Part of the center's mandate is to develop a comprehensive integrated health information and surveillance system and to ensure the proper use of health information at all levels. To fulfill that, MoH-RC systematically analyzes health data and projects trends in the nation's health status. It also periodically reviews indicators for monitoring and evaluation of the entire health sector, assesses the impact of programs on the nation's health, evaluates the satisfaction level of the users and the providers of health services, and validates morbidity and mortality data. To accomplish its objectives, MoH-RC links with other government departments and research institutions to conduct surveys and analyze data relevant to the health sector, strengthen health policy analysis and formulation by providing appropriate data, develop ICTs in the health sector, and strengthen health planning at all levels, using this information.

The ACE project supports MoH-RC in building its capacity to reorganize the information at the RC, close existing gaps, and make information retrieval and dissemination more systematic.

E.1. Accomplishments during the First Year

Interactive Web site under development. The MIS capacity building manager, with the consultants, worked with MoH-RC on design and development of an interactive Web site. A prototype of the Web site was presented at a three-day HMIS and Web site workshop, where MoH staff were able to provide comments and learn more about what the Web site will be able to do. The Web site will serve several functions. It will help the resource center share health information with the wider health community and provide the platform for an interactive Web-enabled HMIS.

Robust Web HMIS developed. ACE worked with the MoH until end of the year to establish the prototype of the HMIS database. A three-day HMIS and Web site workshop was held in Jinja with participants from MoH-RC, districts, and religious organizations (Uganda Catholic Medical Bureau, Uganda Protest Medical Bureau, etc), where the

prototype was presented for discussion and comments were made. The participants then agreed on the way forward for the development of the HMIS database and the Web site.

ACE has been working with the Centers for Disease Control and MoH-RC on the rollout of MIS at the district level. The M&E capacity building manager and MIS capacity building manager assessed the status of ICT in the western districts of Kibaale, Mubende, and Mityana to determine the status of the HMIS, the existing infrastructure, and its level of functionality. These districts were previously supported by the Uganda AIDS/HIV Integrated Model District Programme. It was found that the three districts' HMIS offices have relatively new information technology infrastructure, though it is not yet fully installed for use. This exercise will continue and will be supplemented by reports from different development partners.

Local area network system identified. Led by the MIS capacity building manager, ACE worked with MoH-RC to identify hardware and software to improve the local area network at MoH. The research center has provided the room to house the servers, the HMIS, and the backup system. ACE, with the MoH-RC, established the minimum equipment requirements in relation to the needs of the proposed link to the districts, the HMIS, and the Web site. ACE will procure the necessary equipment on behalf of the MoH-RC to establish the LAN and expects it to be installed in the first quarter of Year 2.

Functional digital library initiated. At the end of the first year, ACE took the initial steps towards establishing a corporate digital library at MoH-RC. The firm undertaking the assignment has completed its needs assessment and presented its findings. Design and development of the library will be completed in Year 2.

E.2. General Progress at MoH-RC

After the diagnostic process and the ongoing capacity building activities, MoH-RC is better able to pinpoint its needs. It also now has a comprehensive plan and approach to the development of a functional and effective national HMIS that links the districts with MoH-RC.

E.3. Challenges and Recommendations for Resolution

As ACE completes the first round of technical assistance with MoH-RC by developing the health management information system, Web site, and digital library, clarity is needed on how implementation of these systems will move forward and how will they be put to full use. For the HMIS and potential work at the district level, ACE needs to coordinate with the Centers for Disease Control and other development partners so as not to duplicate efforts. ACE will also need to address implementation issues, such as the lack of regular power and connectivity in many of the districts.

E.4. Activities Planned for Year Two

In Year 2, ACE will assist the MoH to make the RC a center of health data and information where the public and other stakeholders are knowledgeable about and able to

access health data, including HIV/AIDS data in varying formats at any time, and where the center receives timely weekly and monthly HMIS reports via the Internet from districts.

ACE will help MoH-RC identify and address key issues surrounding data collection and dissemination. These include: the potential role of the HMIS on improved patient referrals, program planning and service quality, data analysis, timely reporting for national M&E indicators, and effective links to the national M&E framework. Because the HMIS covers all health facility-related issues, improving components addressing HIV/AIDS must be balanced with improvement to the entire HMIS.

To achieve this, we plan to achieve the following key results:

- Improved and functional LAN at MoH-RC
- Improved HMIS linking MoH-RC with districts
- Effective monitoring and evaluation systems in place and functioning
- Improved interactive Web site for health data dissemination
- An operational online corporate digital memory and knowledge management

F. Deliverable Six: Improved HIV/AIDS Policies and Strategies

Although by mutual agreement with USAID, this deliverable has not been a high priority for ACE this year; selected activities have been undertaken relating to the client organizations that contribute to improved policies and strategies.

The ACE communications manager worked closely with the UAC in developing a concept paper for a National Behavior Change Communication Strategy. The concept paper involved discussion with numerous stakeholders followed by a competitive procurement process to identify the firm to implement the assignment. This will continue in Year 2.

In addition, as noted above, ACE has participated actively in the National Strategic Plan process, which will form the basis for improved HIV/AIDS policies. ACE has financially supported some key stakeholder forums and has participated in three of the committees drafting the NSP.

G. Task: PEPFAR Coordination and Planning

In Year 1, ACE provided facilitation and coordination technical assistance to the PEPFAR team through the services of the TRG. In two assignments, a TRG training specialist worked with the team to support it in completing its planning process. These types of assignments will continue in Year 2.

IV. SPECIAL ACTIVITIES FUND

The Special Activities Fund was the primary mechanism for the acquisition of technical assistance to supplement the efforts of ACE staff working with the five client organizations. Contracts under the fund are managed by the contracts/grants specialist and the ACE technical team. Assistance to the client organizations was provided through the following mechanisms.

- *Subcontracts.* Used to competitively source local (and where necessary, regional) technical assistance to clients. Local subcontractors were hired to fill assignments in M&E, MIS, organizational development, and human resources.
- *Short-term consulting assignments.* Local and regional consultants were also hired as individuals to provide targeted technical assistance in all areas of the project.
- *Training.* ACE provided training and facilitated workshops for the client organizations in a number of different areas.
- *Materials.* ACE is doing limited procurement of materials for the client organizations, particularly MoH-RC, as part of the establishment of the LAN and HMIS.

These forms of assistance supplement direct support provided by technical staff. Local subcontractors and consultants undertake assignments, which require a team to work intensively with the client organizations on a full-time basis. All assignments are supervised by the appropriate ACE staff member, who provides quality control, supervision, and oversight, and ensures satisfaction by the client organization.

V. CONCLUSION

During ACE's first year of implementation, a major lesson was the importance of confidence- and trust-building with the client organizations. Given the diversity in size, origin, and nature of the organizations, different approaches were used to gain the cooperation of each institution. Once this had been achieved, it was easy for organizations to identify areas that needed improved efficiency. As a result, ACE activities with client organizations are now demand-driven, as they realize and enjoy the benefits of learning new skills that enhance their performance. Building on this experience, ACE will in Year 2 assist organizations further in the development of systems and skills that will ensure sustainability of processes that have already been initiated.

ANNEX A. PERFORMANCE MONITORING

The ACE project recently revised its indicators and performance monitoring plan. The new set of indicators includes all PEPFAR indicators relevant to this project, as well as some general indicators selected to track progress against the work plan. The full table of indicators is below, along with results achieved in Year 1.

ACE Performance Monitoring	
PEPFAR Indicators	
Number of local organizations provided with technical assistance for strategic information	7
Number of individuals trained in strategic information	5
Number of organizations provided with technical assistance for HIV-related policy development	1
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	65
Number of individuals trained in HIV-related policy development	0
Number of individuals trained in HIV-related institutional capacity building	231
General Indicators	
Number of timely deliverables submitted by client organizations to USAID	3
Number of supported organizations implementing improved financial systems	2
Number of individuals trained in financial systems	72
Number of organizations applying improved governance and leadership structures	2
Number of organizations implementing improved human resource policies	1
Number of supported organizations implementing a communication strategy	1
Number of supported organizations entering data on PEPFAR indicators to MEEPP database on time	2
Number of supported organizations implementing improved M&E systems (data-gathering tools, personnel skills, infrastructure)	2
Number of organizations who have taken steps to diversify their funding sources	1