UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT

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UPHOLD 2006

CSO Follow-Up Capacity Report

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UPHOLD
The Uganda Program for Human and Holistic Development (UPHOLD) is a five-year program designed to assist Ugandans to offer and use quality social services in three sectors: education, health and HIV/AIDS. UPHOLD is funded by the U.S. Agency for International Development (USAID) under contract no. 671-A-00-02-00012-00. Partners are John Snow Inc, American Institutes for Research, Constella Futures, The Malaria Consortium, The Manoff Group Inc, World Education, and Education Development Centre, Inc.

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1.0 INTRODUCTION

1.1 Background

The Uganda Program for Human and Holistic Development (UPHOLD) is a USAID funded program established to improve health, education and HIV/AIDS prevention and care services in 29 districts of Uganda.

As part of its grants strategy, UPHOLD supported a competitive grants program for civil society organisations (CSOs) working with families and communities in the 29 districts. This competitive program was open to private sector organisations, including private-for-profit and private-not-for-profit organisations, which have the capacity to promote positive changes for families, communities, and facilities. UPHOLD values the comparative advantage and local experience of CSOs to complement its central program activities and local government grants. Approximately 46 grants were awarded through this process. The CSO grants represent a substantial investment of UPHOLD resources, reflecting a recognition of the value of CSOs and their comparative advantage in assisting UPHOLD to achieve its social service delivery objectives. It is critical that the results of the grants be measurable in order to document the CSO grantees' roles.

In order to ensure the grantees' success, it was necessary to provide capacity support to the CSOs in certain areas. To identify potential areas of support, each CSO completed a baseline self-assessment in April 2005. During the grant period (2005-2006) the CSOs received tailored support and grants to enable them to implement their programs.

A follow-up self-assessment was completed in May 2006 to evaluate how these CSOs performed compared with a baseline self-assessment of capacity. At baseline, 41 CSOs completed the self-assessment. At follow up, 36 CSOs submitted responses. One CSO (ICOBI) that participated in the baseline was dropped shortly before the follow-up.

Another (KICA Project Kisubi) was not among the target CSOs, although it participated in the baseline. Four CSOs did not submit their self-assessment questionnaires at follow-up: World Vision-Gulu, World Vision-Kitgum, St. Joseph's Hospital-Kitgum and Fort Portal Diocese Education Secretariat. One CSO did not participate at baseline, but participated at follow-up: Huys Link Community Initiatives. The analysis and presentation of results includes only CSOs that participated in both the baseline and follow up self-assessment surveys.

1.1.1 CSOs Participating in Baseline and Follow-Up Self-Assessment Surveys

(√=participated, X=did not participate)

	CSO	Assessment	
		Baseline	Follow-up
1	AFXB	√	√
2	World Vision-Rakai	√	√
3	ACORD-Gulu	√	√
4	German Foundation	√	√
5	Buganda Cultural	√	√
6	UCOBAC	√	√
7	LABE-Bugiri	√	√
8	Youth Alive	√	√
9	CCF Dokolo Project	√	√
10	Rural Health Concern	√	√
11	Bandimagwara Cultural Group	√	√
12	WVU-Bundibugyo	√	√
13	Kyembogo Holy Cross Family Centre	√	√
14	RWIDE	√	√
15	Tooro Kingdom	√	√
16	Bushenyi Medical Centre	√	√
17	Ibanda Child Development Centre	√	√
18	Mayanja Memorial Hospital Foundation	√	√
19	Maturity Audiovisuals Uganda	√	√
20	Kaaro Rural Development Organisation	√	√
21	Rukungiri Women Development Company	√	√
22	Rukungiri Gender and Development Association	√	√
23	Fort Portal dioceses HIV/AIDS Focal Point	√	√
24	Kamuli Mission Hospital	√	√
25	IDUDI Development Association	√	√
26	ACORD-Nakapiripirit	√	√
27	ACOWA Family Helper Project	√	√
28	Teso Islamic Development Organisation	√	√
29	World Vision-Kapeeka	√	√
30	RAIN	√	√
31	Kids League	√	√
32	ECHO	√	√
33	Uganda Reproductive Health Bureau	√	√
34	SPW-Kamuli	√	√
35	SPW--Mayuge	√	√
36	World Vision-Gulu	√	X
37	World Vision-Kitgum	√	X
38	St. Joseph's Hospital Kitgum	√	X
39	LABE-Yumbe	√	√
40	Fort Portal-Education	√	X
41	Huys Link Community Initiatives	X	√
42	ICOBI	√	X
43	KICA Project Kisubi Hospital	√	X

1.2 Objectives

The objectives of this self-assessment were:

- To measure follow-up of capacity improvement among the CSOs after they were given grants and capacity-building support
- To evaluate the CSOs' capacity with respect to critical gaps identified by UPHOLD at baseline and then specifically supported
- To feed into the over all CSO capacity support strategy/plan

Three areas were addressed in the baseline and follow-up self assessments:

- **Core Capacity**, which included planning, budgeting, financial & technical reporting, monitoring and evaluation (M&E), partnership, and documentation & dissemination of project reports
- **General Technical**, which included social transformation, behavior change communication and training
- **Specific Technical**, which included specific technical areas in child health, integrated reproductive health, HIV/AIDS and community involvement in education

1.3 Self-Assessment Methodology

The self-assessment participants represented each grantee CSO and its partners. Each team was administered open ended questionnaires. The group discussed each question and provided their consensus response in writing. Participants were encouraged to be as truthful as possible so that UPHOLD could accurately assess their capacities. With this information UPHOLD could then organize the necessary support to improve their capacities.

This report compares the capacity of CSOs in the above three areas at baseline and follow-up. The capacity level in each area is represented by a colour code. **Green** indicates a satisfactory capacity, **orange** a fair capacity one, and **red** a poor capacity.

1.4 Limitations of the Self-Assessment

Self-assessment exercises have inherent biases. Self-assessors want to report well about their organisations and impress the assessors (UPHOLD). Having the two sets of results one year apart allows us to establish the trends and reduces some of this bias.

2.0 DATA ANALYSIS PLAN

2.1 Scoring Process

2.1.1 Scoring

The technical experts provided a set of expected responses to each question asked. This provided a standard against which the CSOs' capacities are measured.

Continuous response questions from Core capacity and General Technical
Questions that required a continuous response were coded as follows:

- A score of 2 was awarded for a response greater or equal to the minimum standard expected
- A score of 1 was awarded for a response greater than zero but less than standard
- A score of 0 was awarded for a none/wrong or zero response.

The standard minimum expected varied for the different capacities. For example, in monitoring and evaluation, the minimum standard expected in response to the question '*how often do you collect and review information about project activities*', was once in a month, while on the question '*Please mention the data collection tools that you use in your organisation*', the minimum standard was to mention any two data collection tools.

Dichotomous response to questions from Core capacity and General Technical
Questions that required a "Yes" or "No" responses were scored as follows:
A "Yes" response was awarded a score of 1, while a "No/none" response was given a score of 0.

Qualitative response to questions from Specific Technical
The UPHOLD technical team provided the minimum package of services/activities for each technical sub-topic. CSOs that mentioned services/activities up to or more than the expected minimum package were given a score of 2; those that mentioned any services equal to or less than the minimum package were given a score of 1. A score of 0 was awarded to a CSO that did not mention any services/activities within the minimum package.

2.2 Weighting

In all areas where there were two to three questions asked on each sub-topic, the technical team was asked to place the questions in order of importance with respect to the capacity. Each question was assigned a weight of 3, 2 or 1 according to the number of questions asked

in an area. For example, for a three question sub-topic, the most important question was given a weight of 3, the second most important question was given a weight of 2, and so on. A score for each question was multiplied by the corresponding assigned weight and the total for that particular sub-topic was calculated accordingly.

2.3 Coding Process

The weights within each sub-topic were added and a variable "*capacity-score*" obtained. *Capacity scores* between the minimum acceptable value and the maximum value for a minimum capacity were coded **green** to mean a satisfactory capacity; those that added up to a fair capacity score were coded **orange** to mean a fair capacity; while those added up to an unacceptable score were coded **red** to indicate a poor capacity. The maximum value (score) varied with the number of questions asked on each capacity measure. Capacities with one question had a maximum score of 2, those with two questions had a maximum score of 6, those with three questions had a maximum score of 12, while those with more than three questions had a maximum of 24 and 8. The latter two referred respectively to social transformation and HIV/AIDS prevention capacities. These two capacities were not weighted, but instead the scores were added.

A variable of o*verall capacity* on the CSOs' core capacities was created by summing up the standardized *capacity scores* (2 for green, 1 for yellow and 0 for red) from each sub-topic. Note that monitoring and evaluation, social transformation, partnership, documentation and dissemination of project reports and financial and technical reporting were each given a weight of two, as they are the main Core Capacities. CSOs with scores of 22 to 28 were coded **green** to mean a satisfactory capacity; those that scored 14 to 22 were coded **orange** to mean fair capacity; and those that scored less than 14 were coded **red** to mean a poor capacity. These overall capacity scores make it possible to infer each CSO's general capacity.

2.4 Data Entry

An MS Excel data entry sheet was designed and data entered into the computer.

2.5 Data Presentation

Since this was a 'before and after' study, all capacity scores for CSOs before the grants were compared with the corresponding scores a year later. These are presented in two forms: (1) Capacity matrix form and (2) figures.

2.5.1 The CSO Capacity Matrices

Performance status variables were presented in the form of two "Capacity Matrices", one showing performance status before grants were given, and the second showing performance status one year later.

2.5.2 Figures

Summary figures show trends on capacities at baseline and follow-up. These were created to further enhance the interpretation of comparative "Capacity Matrices".

2.5.3 Final Report

The final report includes CSO comparative "Capacity Matrices" with analysis methodology and a discussion of capacity changes one year after baseline capacities were measured.

2.5.4 Limitations on Data Analysis and Report Writing

- Some CSOs left out information on one of the original Specific Technical areas covered at baseline. These were: ACORD Gulu, Youth Alive, Maturity Audiovisuals, ACORD Nakapiripirit and RAIN. These organisations did not provide data on PMTCT at follow up, although they provided it at baseline. Some CSOs did not provide any information on Specific Technical areas at baseline, but did so at follow-up. These were: World Vision-Kapeeka, AFXB, Rukungiri Women Development Company, Buganda Cultural, and UCOBAC.

- Some CSOs' self-assessment questionnaires were returned too late to be included in data analysis and report writing. These were: World Vision-Gulu, World Vision-Kitgum, Port Portal Diocese Education Secretariat, and St. Joseph's Hospital-Kitgum.

Some CSOs that participated in the baseline survey had been dropped in the follow-up: ICOBI and KICA Project Kisubi Hospital. Those that did not participate at baseline were included at follow-up: Huys Link Community Initiatives.

3.0 RESULTS OF THE FOLLOW-UP SELF ASSESSMENT SURVEY COMPARED WITH THE BASELINE RESULTS

Figure 3.1a: CSO Follow-Up (May 2006) Capacity Matrix

CSO	Plan	Budget	F&TR	M & E	Partner	D&DP	ST	BCC	Train	Overall	Improve	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
AFXB																				
World Vision-Rakai																				
ACORD-Gulu																				
German Foundation																				
Buganda Cultural																				
UCOBAC																				
LABE-Bugiri																				
Youth Alive																				
CCF Dokolo Project																				
Rural Health Concern																				
Bandimagwara Cultural Group																				
WVU-Bundibugyo																				
Kyembogo Holy Cross Family Centre																				
RWIDE																				
Tooro Kingdom																				

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

Figure 3.1a: CSO Follow-Up (May 2006) Capacity Matrix (continued)

CSO	Plan	Budget	F&TR	M & E	Partner	D&DP	ST	BCC	Train	Overall	Improve	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
Bushenyi Medical Centre																				
Ibanda Child Development Centre																				
Mayanja Memorial Hospital Foundation																				
Maturity Audiovisuals Uganda																				
Kaaro Rural Development Org.																				
Rukungiri Women Development Company																				
Rukungiri Gender and Development Association																				
Fort Portal dioceses HIV/AIDS Focal Point																				
Kamuli Mission Hospital																				
IDUDI Development Association																				
ACORD-Nakapiripirit																				
ACOWA Family Helper Project																				
Teso Islamic Development Organisation																				
World Vision-Kapeeka																				

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

Figure 3.1a: CSO Follow-Up (May 2006) Capacity Matrix (continued)

CSO	Plan	Budget	F&TR	M & E	Partner	D&DP	ST	BCC	Train	Overall	Improve	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
RAIN																				
Kids League																				
ECHO																				
Uganda Reproductive Health Bureau																				
SPW-Kamuli																				
SPW--Mayuge																				
World Vision-Gulu																				
World Vision-Kitgum																				
St. Joseph's Hospital Kitgum																				
LABE-Yumbe																				
Fort Portal-Education																				
Huys Link Community Initiatives																				
ICOBI																				
KICA Project Kisubi Hospital																				

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

Figure 3.1b: CSO Baseline (May 2005) Capacity Matrix

CSO	Plan	Budget	F&TR	M&E	Partner	D&DP	ST	BCC	Train	Overall%	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
AFXB																			
World Vision-Rakai																			
ACORD-Gulu																			
German Foundation																			
Buganda Cultural																			
UCOBAC																			
LABE-Bugiri																			
Youth Alive																			
CCF Dokolo Project																			
Rural Health Concern																			
Bandimagwara Cultural Group																			
WVU-Bundibugyo																			
Kyembogo Holy Cross Family Centre																			
RWIDE																			
Tooro Kingdom																			
Bushenyi Medical Centre																			

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

Figure 3.1b: CSO Baseline (May 2005) Capacity Matrix (continued)

CSO	Plan	Budget	F&TR	M&E	Partner	D&DP	ST	BCC	Train	Overall%	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
Ibanda Child Development Centre																			
Mayanja Memorial Hospital Foundation																			
Maturity Audiovisuals Uganda																			
Kaaro Rural Development Organisation																			
Rukungiri Women Development Company																			
Rukungiri Gender and Development Association																			
Fort Portal dioceses HIV/AIDS Focal Point																			
Kamuli Mission Hospital																			
IDUDI Development Association																			
ACORD-Nakapiripirit																			
ACOWA Family Helper Project																			

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

Figure 3.1b: CSO Baseline (May 2005) Capacity Matrix (continued)

CSO	Plan	Budget	F&TR	M&E	Partner	D&DP	ST	BCC	Train	Overall%	CIE	CH	IRH	VCT	PMTCT	PC	HBC	OVC	Prevent
Teso Islamic Development Organisation																			
World Vision-Kapeeka																			
RAIN																			
Kids League																			
ECHO																			
Uganda Reproductive Health Bureau																			
SPW-Kamuli																			
SPW--Mayuge																			
World Vision-Gulu																			
World Vision-Kitgum																			
St. Joseph's Hospital Kitgum																			
LABE-Yumbe																			
Fort Portal-Education																			
Huys Link Community Initiatives																			
ICOBI																			
KICA Project Kisubi Hospital																			

Key to the 'Capacity Matrices':

Colour	Capacity level
Green	Good – up to the expected minimum standards
Orange	Fair
Red	Poor

A comparison between **Figures 3.1a and 3.1b** shows a major shift from predominantly red and yellow at baseline in May 2005, to more green at follow-up one year later (May 2006). In the baseline matrix, the first impression is that there are more **oranges** and **reds** than **greens**, while in the follow-up matrix the first impression is that there are more **greens** than **oranges** or **reds**.

This change of the matrix suggests improved CSO capacity. It is most likely that the technical assistance extended by UPHOLD to these CSOs supported this change. The technical assistance extended is described in Section Six. A detailed presentation of the trends revealed by the follow-up capacity matrix compared with the baseline capacity matrix is presented in Section Four and validated in Section Five.

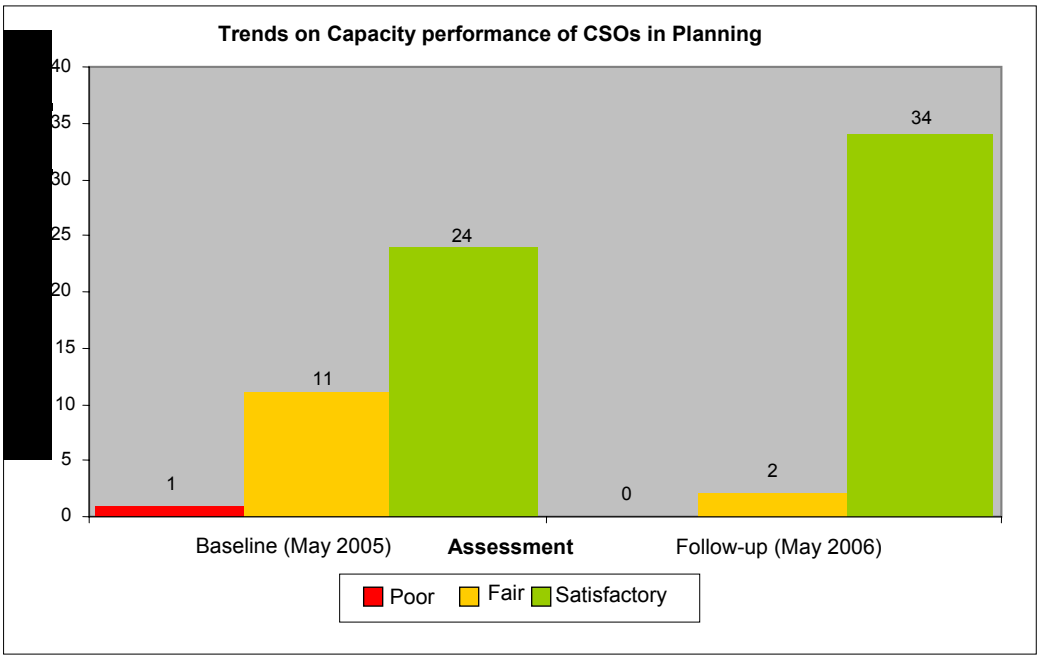
4.0 TRENDS REVEALED BY THE FOLLOW-UP CAPACITY MATRIX

These trends take into account only 36 CSOs that submitted follow-up self-assessment questionnaires and participated in the baseline survey. Four CSOs submitted their responses late and are not considered in the analysis: Fort Portal-Education, St. Joseph's Hospital Kitgum, World Vision Gulu, and World Vision Kitgum.

4.1 Performance on Core Capacity

4.1.1 Planning (Plan)

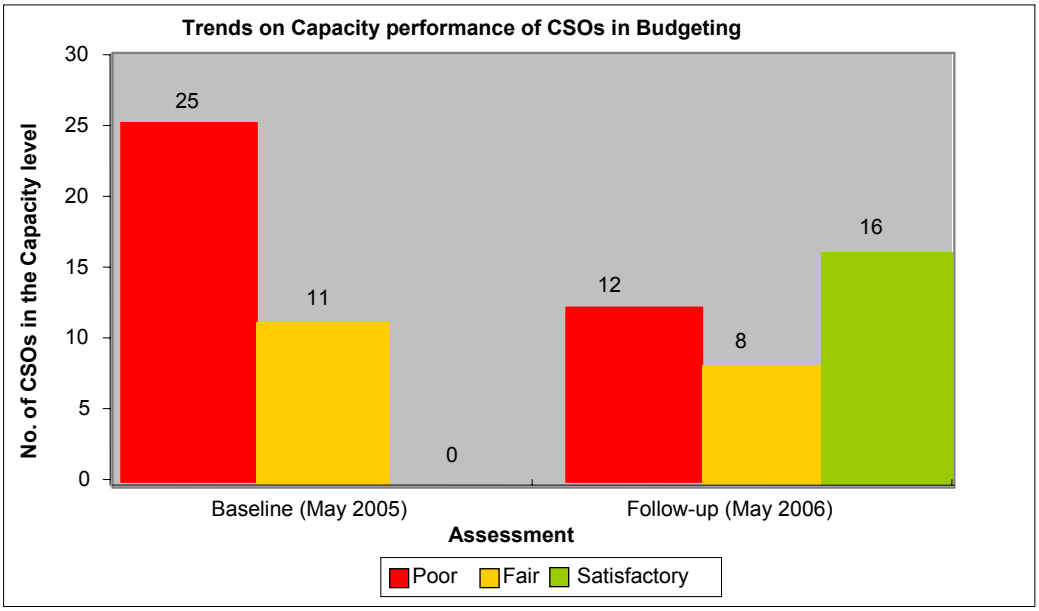
CSOs were asked how often they referred to their work plan in the past one month and what they needed in order to revise their work plans.



In this area, the percentage of CSOs that had a satisfactory capacity increased from 67% (24) at baseline to 94% (34) at follow-up, while those with a fair capacity decreased from 31% (11) to just 5% (2) at follow-up. There was no CSO with a poor capacity at follow-up compared to one (Rural Health Concern) at baseline.

4.1.2 Budgeting (Budget)

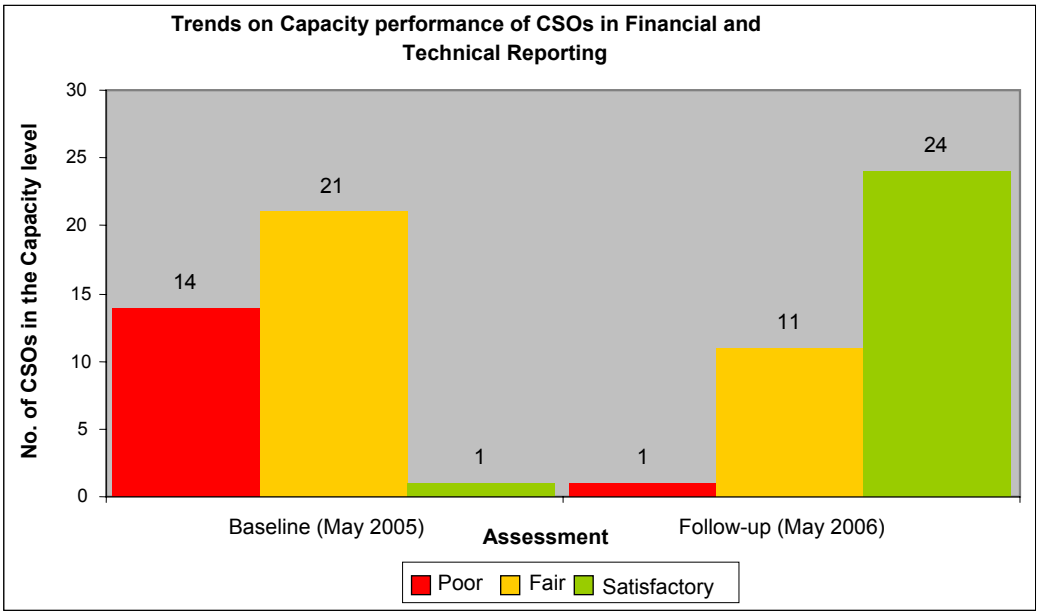
In this area, CSOs were asked whether they over spent or under spent on any major budget line items during their last project. They were required to provide an explanation for over- or under-spending.



Poor capacity performance decreased from 69% (25) of the CSOs at baseline to 33% (12) at follow-up. The percentage of CSOs that had fair capacity performance decreased from 31% (11) at baseline to 22% (8) at follow-up. The percentage of CSOs with a satisfactory capacity increased to 44% (12) at follow-up from zero at baseline.

4.1.3 Financial and Technical Reporting (F&TR)

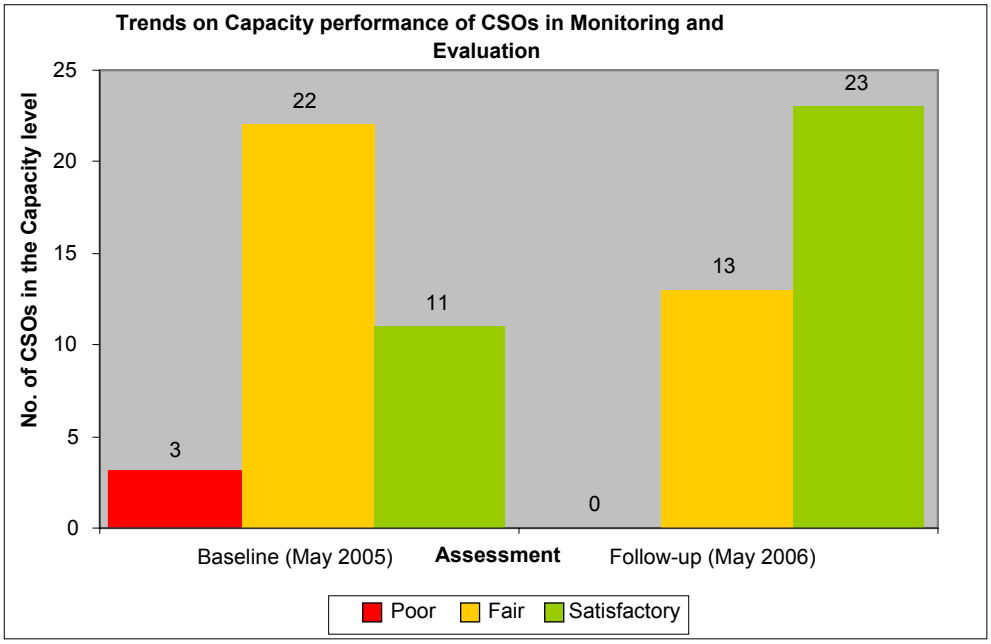
CSOs were asked the last date of submission of quarterly financial and technical reports, whether they submitted on time, and whether they were linking their activities to financial reporting.



According the figure above, CSO's with satisfactory capacity performance increased from only one CSO (IDUDI Development) at baseline to 67% (24) at follow-up; poor capacity CSOs decreased from 38% (14) to just one (WVU-Rakai), while CSOs with fair capacity decreased from 58% (21) at baseline to 31% (11) at follow-up.

4.1.4 Monitoring and Evaluation (M&E)

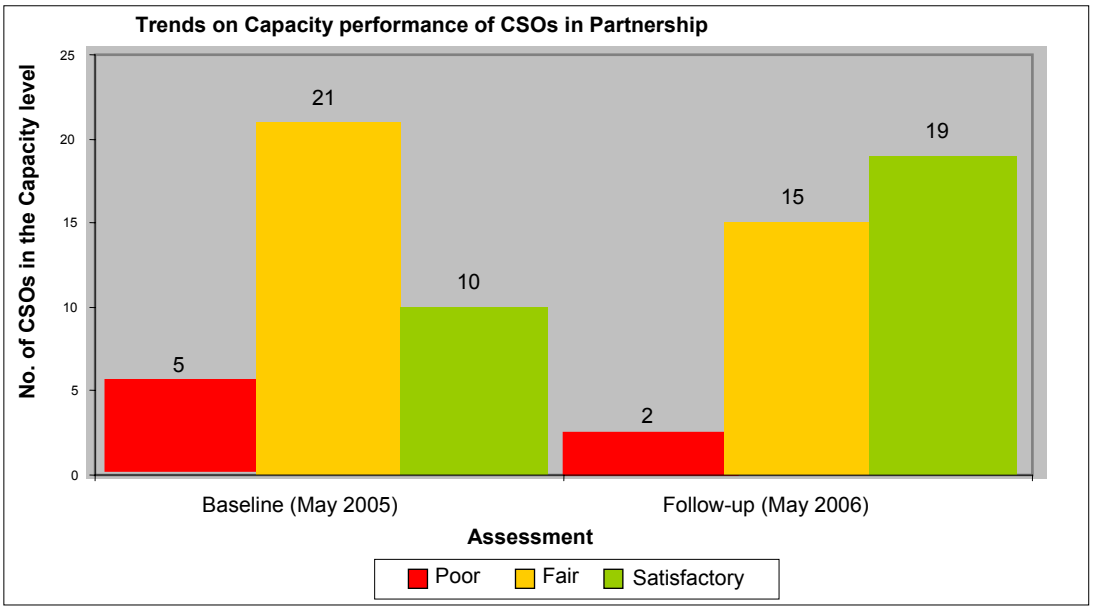
In this area, CSOs were asked to mention data collection tools they used, how often they could collect data and review project activities, and were also required to describe how their organisations kept records of activities.



From the figure above, the percentage of CSOs with a satisfactory capacity increased to 64% (23) at follow-up from 31% (11) at baseline. The percentage of CSOs with fair capacity in monitoring and evaluation decreased from 61% (22) at baseline to 36% (13) at follow-up. CSOs with poor capacity decreased from three (WV-Kapeeka, AFXB, and German Foundation) to none.

4.1.5 Partnership (Partner)

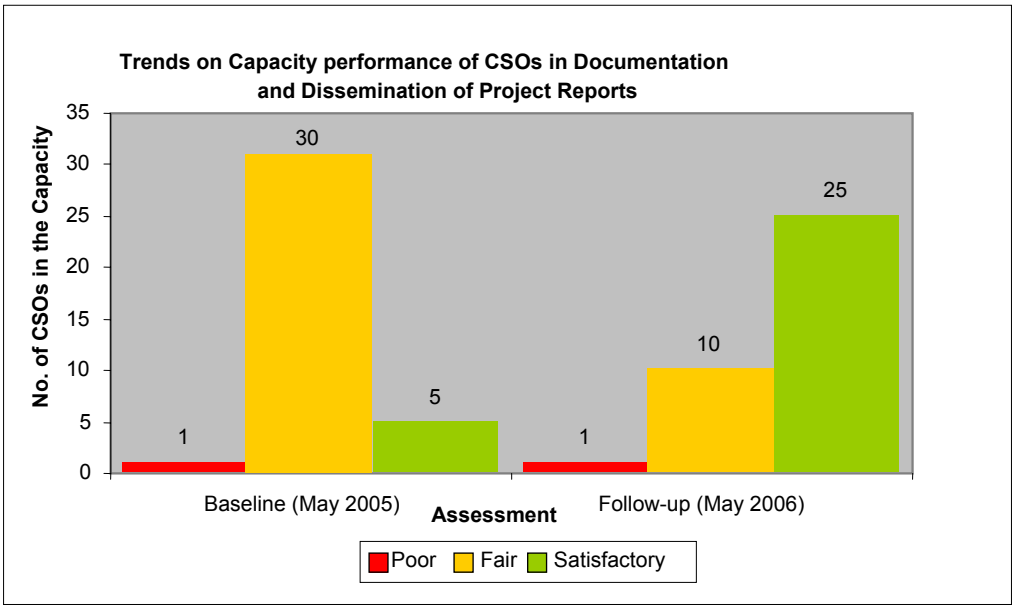
CSOs were asked the number of times in the last three months they met with local government officials to discuss programs and the number of times in the past one month they met with implementing partners to jointly develop plans and other agreements.



According to the figure above, the percentage of CSOs with satisfactory capacity on partnership increased from 28% (10) at baseline to 53% (19) at follow-up; the percentage with fair capacity decreased from 58% (21) at baseline to 42% (15) at follow-up; and the percentage with poor capacity decreased from five to two (World Vision, Bundibugyo and Uganda Reproductive Health Bureau).

4.1.6 Documentation and Dissemination of Project Reports (D&DP)

CSOs were asked how and with whom they could share information about the achievements and the number of times in the last year the organization presented information on its work in public settings at the district, national or international level.

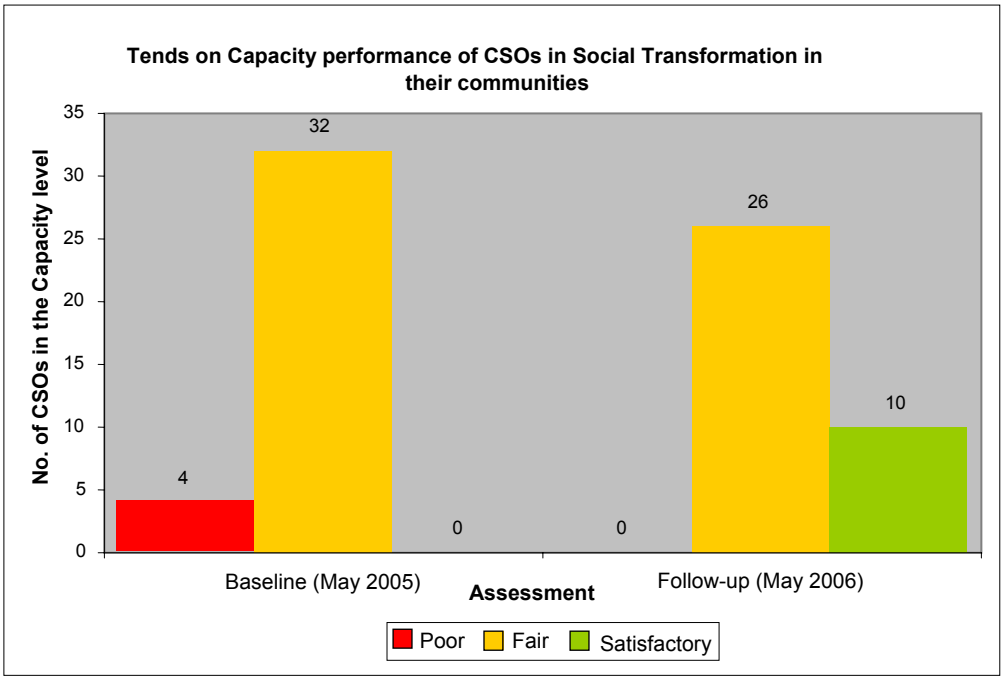


The figure reveals that the percentage of CSOs with a satisfactory capacity in documentation and dissemination of project reports increased from 14% (5) at baseline to 69% (25) at follow-up; the percentage with fair capacity decreased from 83% (30) to 28% (10); and the number with poor capacity remained constant at one (ECHO at baseline, and Uganda Reproductive Health Bureau at follow-up).

4.2 Performance on General Technical

4.2.1 Social Transformation (ST)

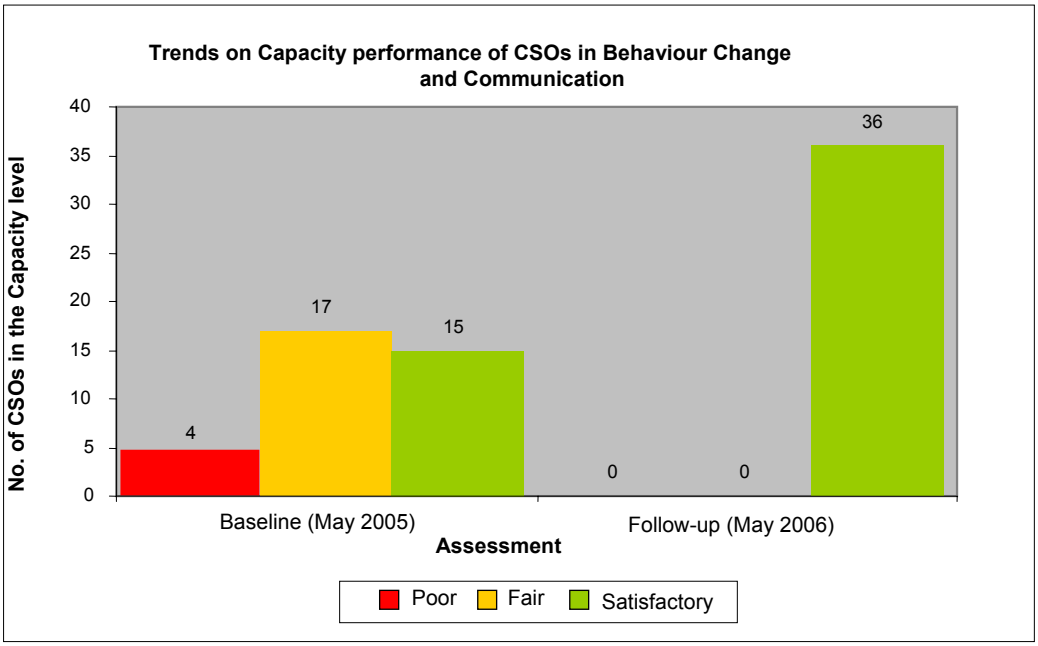
In this sub-section, CSOs were asked to rate the work tools or job aides used by their staff and volunteers and their technical skills and previous practical experience with respect to effective promotion of social transformation areas. Social transformation specifically refers to family dialogue and decision making, improved relationships between consumers and providers, prevention and mitigation of gender-based violence, delivery of services at household and community levels and gender-sensitive approaches to the community selection of volunteers.



There was no CSO with poor capacity at follow-up compared to four (11%) at baseline. The percentage of CSOs with fair capacity performance decreased to 72% (26) at follow-up from 89% (32) at baseline. The percentage of CSOs with a satisfactory capacity performance in social transformation increased from zero at baseline to 28% (10) at follow-up.

4.2.2 Behavior Change Communication (BCC)

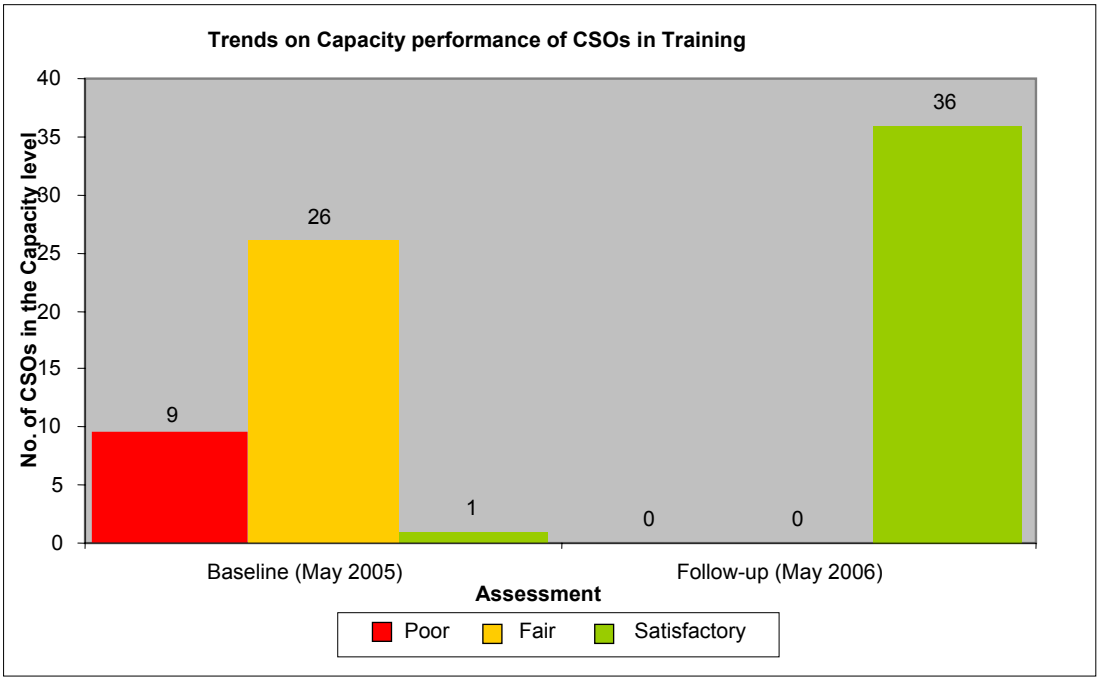
CSOs were asked to give specific positive behaviours they were promoting, how they promote them, and described how they overcame challenges to promoting behaviour change among their target communities.



The figure above reveals that the percentage of CSOs with satisfactory capacity increased from 42% (15) at baseline to 100% at follow-up. It also shows an absolute shift of four CSOs with poor capacity at baseline (Youth Alive, WVU-Kapeeka, AFXB and German Foundation for World Populations) to satisfactory capacity at follow-up. The figure also shows that the seventeen CSOs with fair capacity at baseline improved to a satisfactory capacity at follow-up.

4.2.3 Training (Train)

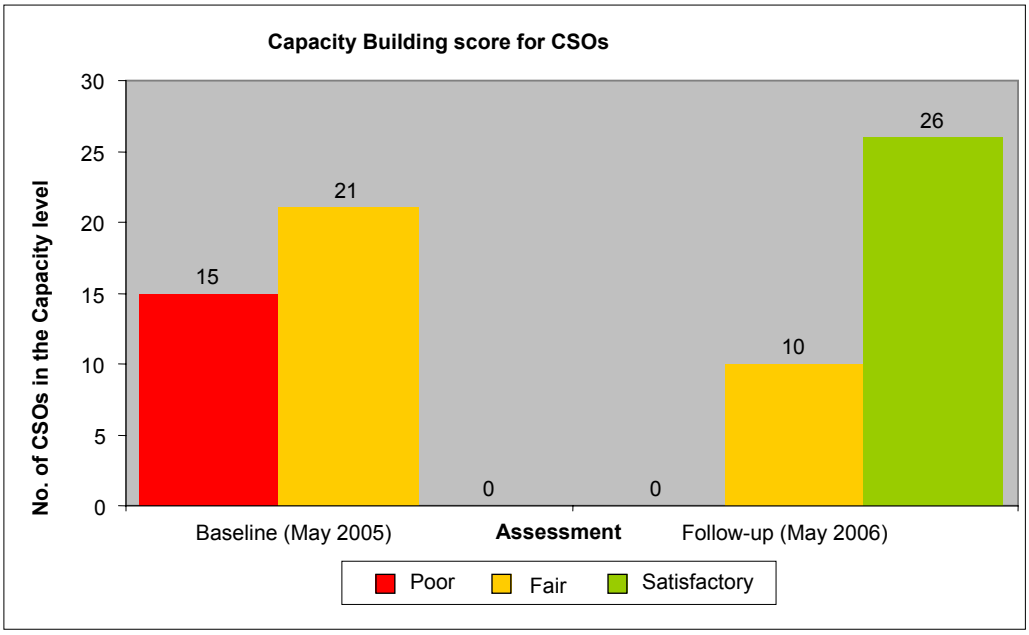
CSOs were asked how they knew when training was the appropriate intervention, activities that they could have done to achieve results, and what they did to make it easy for people to learn considering the most recent training program conducted at the family/community level.



In this area, all the CSOs (36) had a satisfactory capacity at follow-up compared to one CSO (Ibanda Child Development Centre) at baseline. The figure also reveals that nine CSOs directly improved training capacity to satisfactory capacity at follow-up.

4.2.4 Over all Capacity score in Core Capacity (Overall) & Improvement (improve)

This measure was created by summing up the standardized *capacity scores* (2 for green, 1 for yellow and 0 for red) from each sub-topic. Note that monitoring and evaluation, social transformation, partnership, documentation and dissemination of project reports and financial and technical reporting were each given a weight of two, as they are the main Core Capacities that reflect a CSO's performance. CSOs that scored 22 to 28 (80% and above) had a code of **green** to mean a satisfactory capacity; those that scored 14 to 22 (50% and 80%) had a code of **orange** to mean fair capacity; and those that scored less than 14 (less than 50%) were coded **red** to mean a poor capacity .



The number of CSOs with poor overall capacity decreased to zero at follow-up from 42% (15) at baseline; the percentage with fair capacity decreased to 28% (10) from 58% (21); and the percentage with satisfactory capacity increased to 72% (26) at follow-up from zero at baseline.

According to the table below, only four (11%) CSOs had an improvement of at least 50% from the baseline overall capacity score. These were: AFXB, German Foundation, Bandimagwara Cultural Group and World Vision-Kapeeka. Whereas 64% (23) of the CSOs had an improvement of 20% to 50% from baseline, 19% (7) of the CSOs had an improvement of zero to 20% from baseline. The capacity scores of two CSOs fell from baseline to follow-up, these were World Vision – Rakai and World Vision – Bundibugyo.

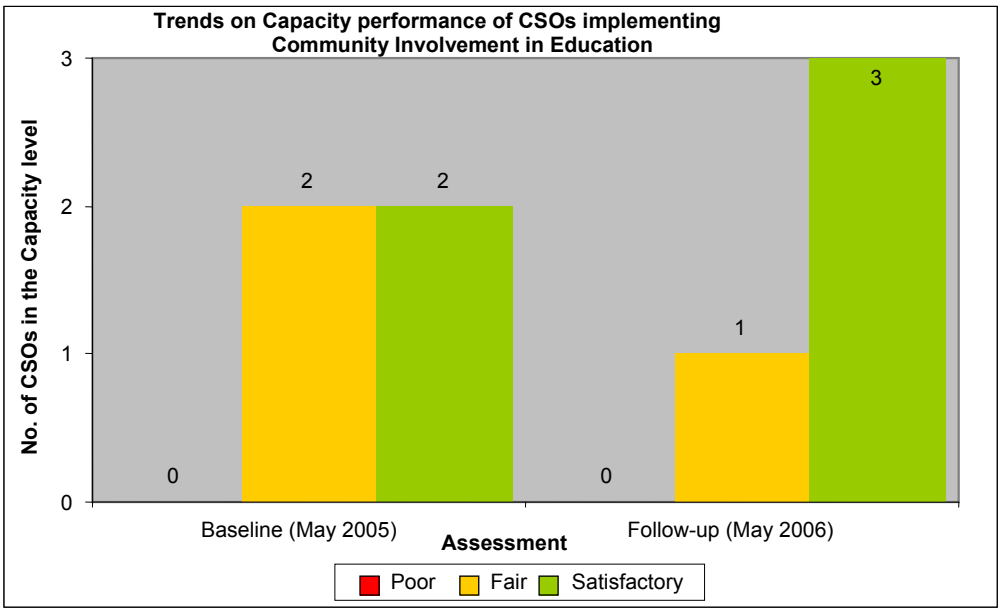
Improvement level	No. of CSOs	%age
At least 50%	4	11.0
Between 20% and 50%	23	64.0
Between 0% and 20%	7	19.0
Dropped	2	6.0
Total	**36**	**100.0**

4.3 Performance on Specific Technical

4.3.1 Community Involvement in Education (CIE)

Three CSOs were implementing community involvement in education (CIE) activities. They were asked to mention what the CSO does to involve parents and communities in promoting

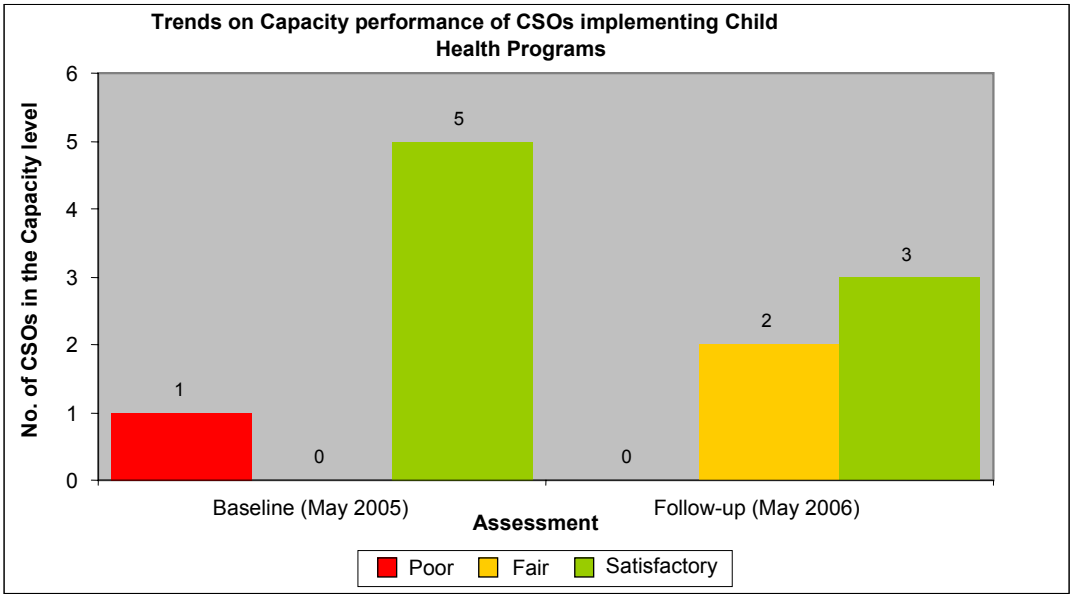
quality learning for their children, what they did to promote retention of children in school (especially girls), and what activities they were currently carrying out to promote school-community partnership.



From the figure above, the number of CSOs with satisfactory capacity increased from two at baseline to three at follow-up, the number of CSOs with fair capacity decreased to one from two, and there was no CSO with poor capacity at follow-up.

4.3.2 Child Health (CH)

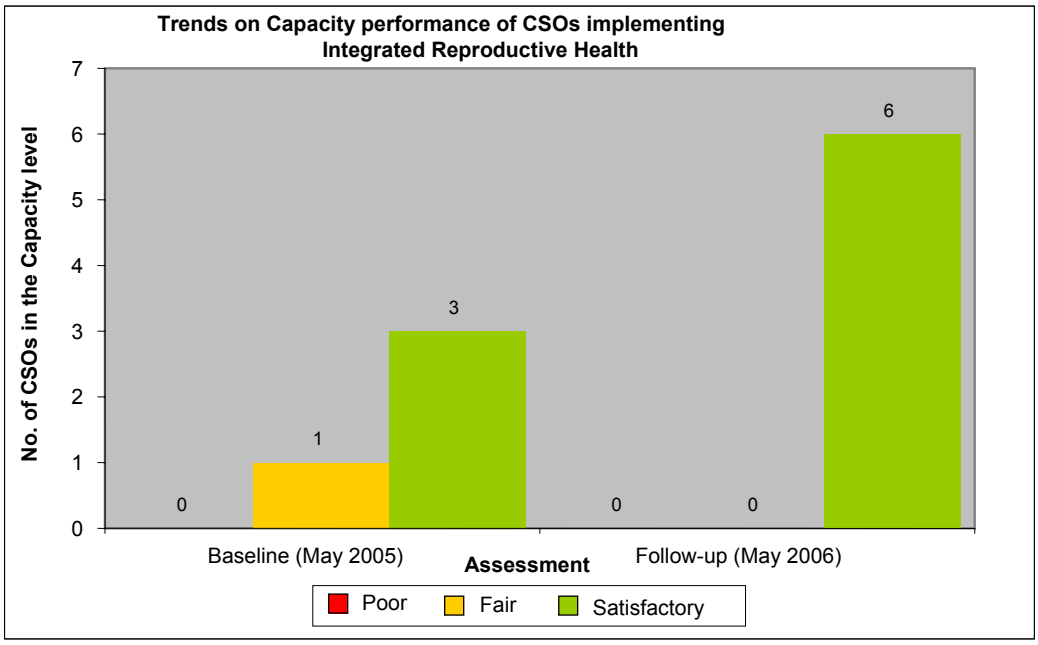
There were seven CSOs implementing activities in child health. They were asked to mention tools, materials and equipment they were currently using during a growth promotion session, the tools they used to collect data about child health in the community, and to describe the services they offered during the last Child Days.



The figure above shows that there was no CSO with poor capacity in child health at follow-up; Kaaro and TIDO, which demonstrated satisfactory capacity at baseline, dropped to demonstrating only fair capacity at follow-up (from **green** to **orange** capacity levels). CCF Dokolo, IDUDI and ACOWA maintained their capacity in green.

4.3.3 Integrated Reproductive Health (IRH)

There are five CSOs implementing integrated reproductive health (IRH) activities. They were asked to mention at least three recommendations/messages that should be given to all pregnant women and their families which could help improve pregnancy outcomes. They were also asked to name at least four danger signs in pregnancy that pregnant women and their families needed to know that indicate that the woman must immediately seek for care from a trained health provider.



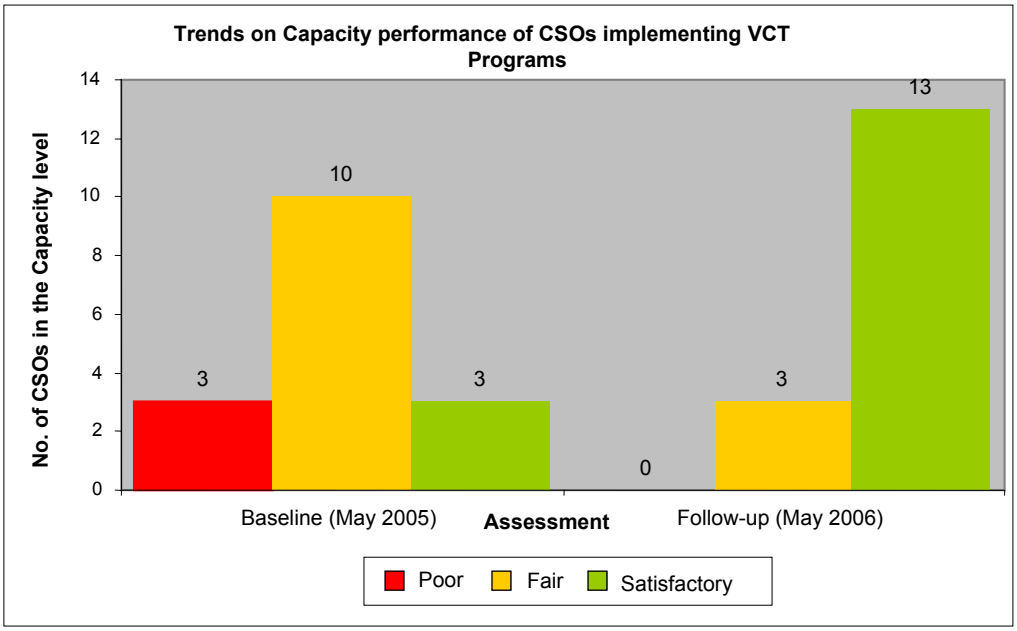
According to the figure above, all the CSOs implementing IRH demonstrated satisfactory capacity at follow-up. One CSO (Rural Health Concern) improved from fair (**orange**) capacity to the satisfactory level (**green**) . The rest of the CSOs maintained their capacities at the satisfactory level (**green**). These were RAIN (Rakai), Tooro Kingdom, Bushenyi Medical Centre and Rukungiri Women Development Centre.

4.3.4 HIV/AIDS

Of thirty-six CSOs that submitted self-assessment questionnaires, 20 were involved in HIV/AIDS related services. Specific sub-services included VCT, PMTCT, HBC, OVC and HIV/AIDS prevention.

Voluntary Counseling and Testing (VCT)

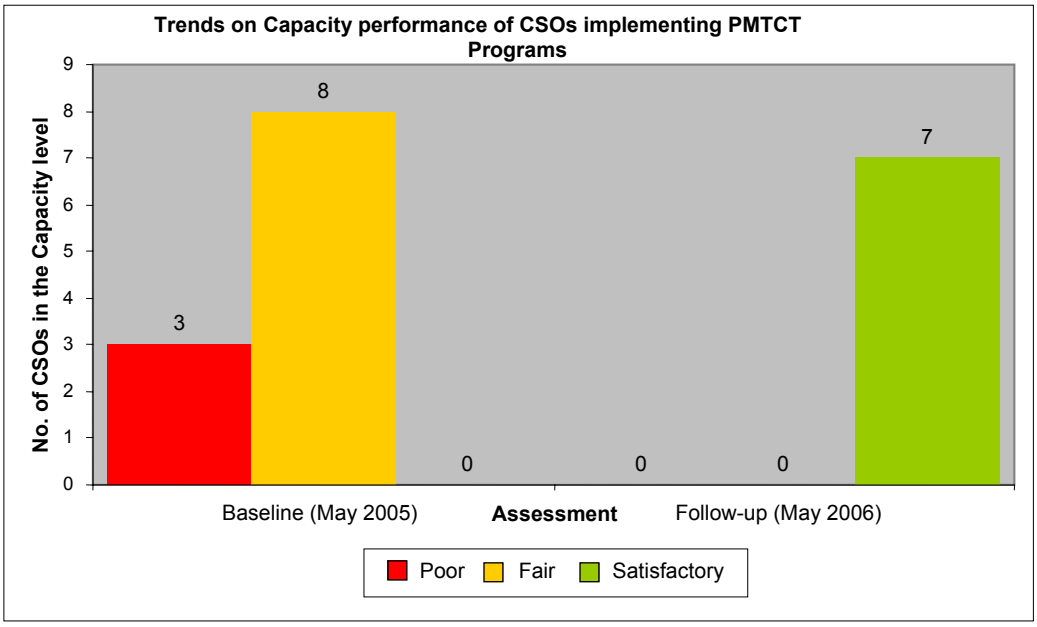
There are 16 CSOs implementing Voluntary Counselling and Testing. CSOs were asked to name the main activities conducted in the VCT program, to mention the main in-puts in delivering VCT services, and the major constraints faced during delivery of these services.



The figure above reveals that the number of CSOs with satisfactory capacity providing VCT services increased from three at baseline to thirteen at follow-up. The number with fair capacity decreased from ten to three, and the number with poor capacity decreased to zero at follow-up from three at baseline.

Prevention of Mother to Child Transmission (PMTCT)

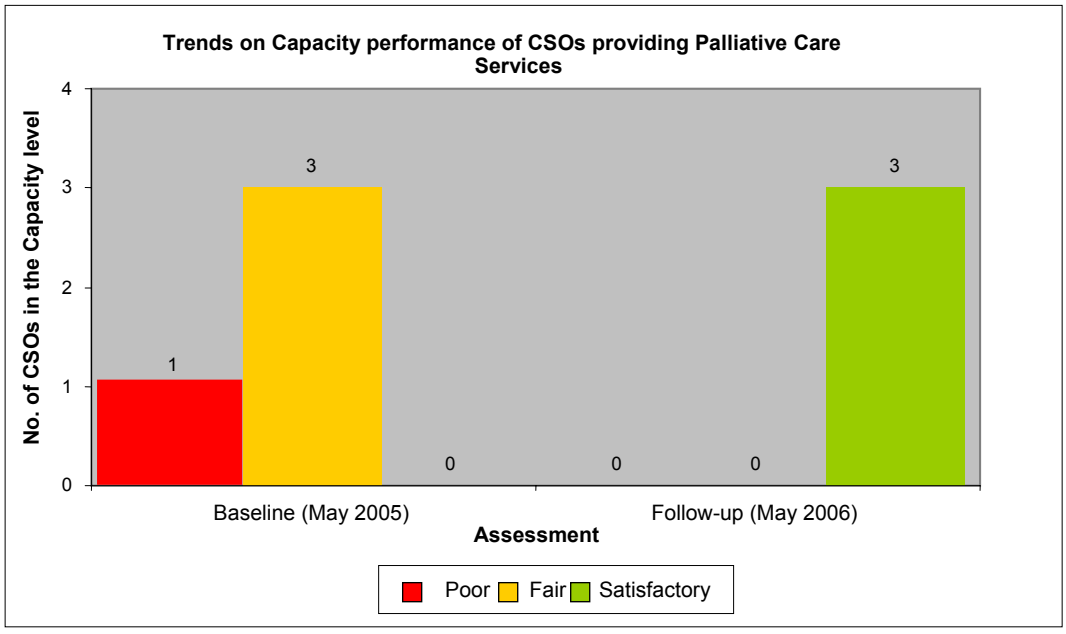
Eleven CSOs were implementing Prevention of Mother to Child Transmission services at baseline, but only seven were still involved in this service at follow-up. CSOs were asked to name the main activities conducted in the PMTCT program, to mention the main in-puts in delivering PMTCT services, and the major constraints faced during delivery of these services.



According to the figure above, all CSOs providing PMTCT services demonstrated satisfactory capacity at follow-up compared with zero at base line.

Palliative Care (PC)

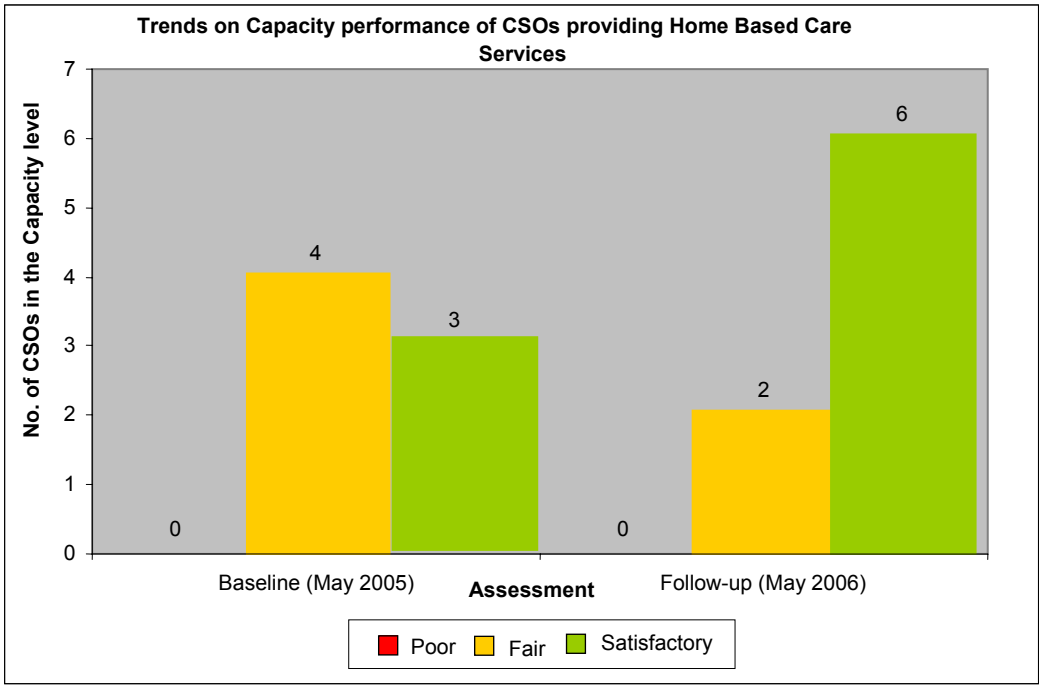
Three CSOs were implementing Palliative Care services at the time of follow-up, although four were identified at baseline. CSOs were asked to name the main activities conducted in the PC program, to mention the main in-puts in delivering PC services, and the major constraints faced during delivery of these services.



According to the figure above, all CSOs providing Palliative Care services demonstrated satisfactory capacity at follow-up compared with zero at baseline.

Home Based Care (HBC)

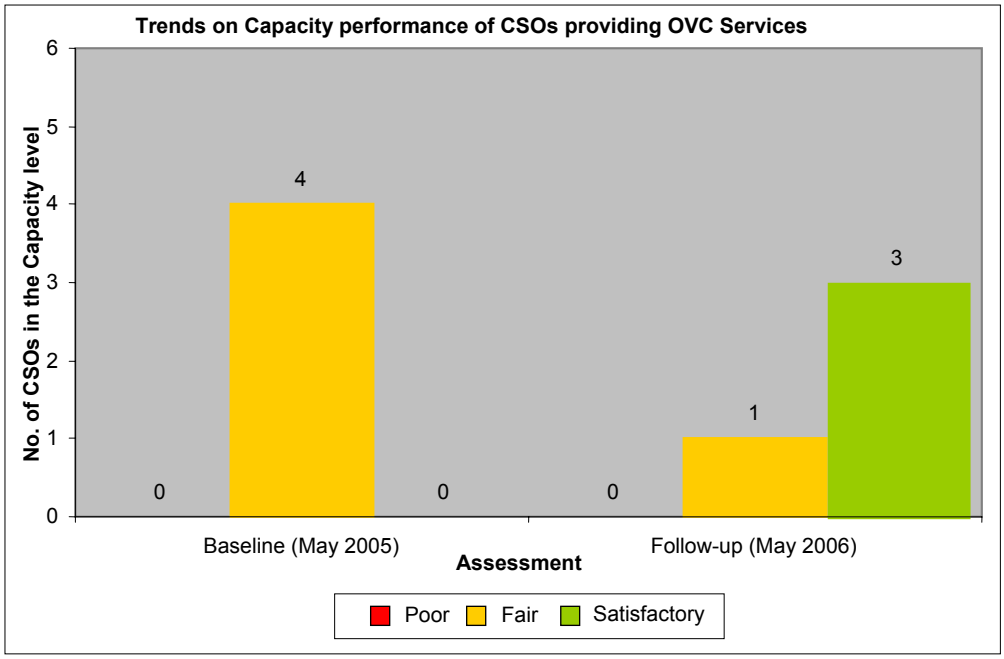
Eight CSOs were implementing Home Based Care services at follow-up, compared to seven at baseline. CSOs were asked to name the main activities conducted in the HBC program, to mention the main in-puts in delivering HBC services, and the major constraints faced during delivery of these services.



According to the figure above, the number of CSOs with satisfactory capacity in providing Home Based Care services increased from zero at baseline to six at follow-up. The number with fair capacity decreased from four to two, while there were no CSOs demonstrating poor capacity at follow-up.

Orphans and Vulnerable Children (OVC)

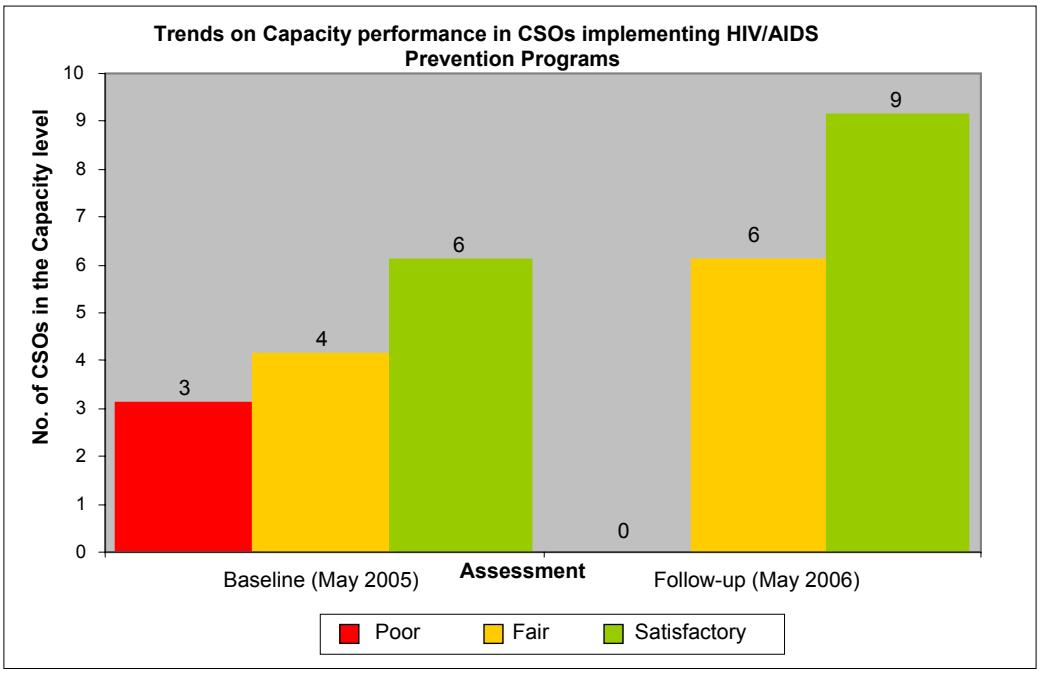
Four CSOs were providing services in the Orphans and Vulnerable Children technical area. CSOs were asked to name the main activities conducted in the OVC program, to mention the main in-puts in delivering OVC services, and the major constraints faced during delivery of these services.



From the figure above, the number of CSOs with satisfactory capacity providing OVC services increased from zero at baseline to three at follow-up. The number with fair capacity decreased from four to one, while there were no CSOs with poor capacity at follow-up.

HIV/AIDS Prevention (Prevent)

Sixteen CSOs were implementing HIV/AIDS prevention activities at follow-up, although there were 15 at baseline. CSOs were asked to name the main activities recently conducted in the HIV/AIDS prevention program with respect to abstinence, faithfulness and condom use, to mention the main in-puts in delivering HIV/AIDS prevention services, and the major constraints faced during delivery of these services.



According to the figure above, the number of CSOs with satisfactory capacity in HIV/AIDS prevention increased from six at baseline to nine at follow-up. The number with fair capacity increased from four to six, while there were no CSOs demonstrating poor capacity at follow-up compared to three at baseline.

5.0 DISCUSSION OF THE TRENDS ON CORE AND GENERAL TECHNICAL CAPACITIES

5.1 Overall Capacity Performance

The results of this study suggest a major shift in the capacity of CSOs to implement their programs. This improved capacity was expected because of the frequent tailored support given to the CSOs through the UPHOLD grant programme. UPHOLD developed and implemented a CSO capacity support strategy. The support was delivered through on-the-job support and non-workshop training. In addition, support supervision was carried out, which further emphasized capacity transfer on site and problem solving.

5.2 Planning

In general, there was a greatly improved planning capacity among the CSOs. The number of CSOs with a satisfactory capacity increased and most of them maintained their baseline satisfactory capacity. German Foundation, Youth Alive, Bandimagwara Cultural Group, Kyembogo Holy Cross Family Centre, Tooro Kingdom, Kamuli Mission Hospital, SPW-Kamuli, SPW- Mayuge and Fort Portal HIV/AIDS Focal Point improved their capacity to a satisfactory level at follow-up, while Kaaro Rural Development Organisation remained at a fair capacity level. IDUDI Development Association dropped from a satisfactory capacity at baseline to fair one at follow-up, while Rural Health Concern improved from poor capacity to satisfactory.

A review of End of Project Reports confirm this finding. Work plans were more carefully followed as time progressed. A number of CSOs exceeded their planned targets. For example, Ibanda Child Development Centre targeted about 2000 individuals and couples aged 19-49 years to have reported abstinence and faithfulness to their partners by end of 2005. This target was exceeded by more than 600 people. This performance seems to be the result of a well laid out work plan.

5.3 Budgeting

Although this area was the least improved, there is some improved capacity among a few CSOs at follow-up.

CSOs that improved from poor capacity to satisfactory capacity were: LABE-Bugiri, CCF Dokolo Project, Rural Heath Concern, Bandimagwara Cultural Group, Bushenyi Medical Centre, Ibanda Child Development Centre, Maturity Audiovisuals Uganda, Rukungiri Women

Development Organisation, Uganda Reproductive Health Bureau, Student Partnership Worldwide-Bugiri, LABE-Yumbe and Student Partnership Worldwide-Kamuli.

CSOs that improved from fair capacity at baseline to satisfactory at follow-up were: AFXB, German Foundation for World Populations, Youth Alive and Kyembogo Holy Cross Family Care.

CSOs that maintained their baseline poor capacity at follow-up were ACOWA, RAIN, Fort Portal Diocese HIV/AIDS Focal Point, Mayanja Memorial Hospital, Kamuli Mission Hospital, Rukungiri Gender and Development Association, RWIDE and Buganda Cultural. Those that maintained their fair capacity were World Vision-Bundibugyo, Tooro Kingdom, Kaaro Rural Development Association and Teso Islamic Development Organization. CSOs that dropped from a baseline fair capacity to poor were ACORD-Nakapiripirit, UCOBAC, World Vision-Rakai and ACORD-Gulu.

It should be noted that budgeting is one area that CSOs seem to find very challenging. It is the area where the most limited capacity is demonstrated at baseline and follow-up. Nearly a third of CSOs demonstrated poor capacity in budgeting. However, there was some marked improvement during follow-up compared to baseline. UPHOLD's finance and administrative officers at the regional level put in a lot of effort to help these CSOs to improve in this area.

According to End of Project Reports, most CSOs used more funds than they received, and a few had unused funds remaining at the end of the grant period. For example, AFXB used less than they received, while ACORD Gulu ran into budget deficits.

5.4 Financial and Technical Reporting

There was a reasonable improvement in CSO capacity in financial and technical reporting. The number of CSOs with poor capacity decreased to just one CSO (World Vision-Rakai). Surprisingly, this one CSO had fair capacity at baseline.

Some CSOs improved their capacity performance from poor at baseline to satisfactory capacity at follow-up: these were AFXB, ACORD-Gulu, German Foundation, LABE-Bugiri, Fort Portal Diocese HIV/AIDS Focal Point, Rukungiri Gender and Development Association, SPW-Kamuli, ACORD-Nakapiripirit, SPW- Mayuge and World Vision-Kapeeka.

CSOs that improved from fair capacity at baseline to satisfactory capacity at follow-up were: Buganda Cultural, Youth Alive, World Vision-Bundibugyo, Kyembogo Holy Cross Family Centre, Tooro Kingdom, Bushenyi Medical Centre, Ibanda Child Development Centre,

Maturity Audiovisuals Uganda, Kaaro Rural Development Organisation, Rukungiri Women Development Company, ACOWA Family Helper Project and RAIN. CSOs that maintained their fair capacity at follow-up were: CCF Dokolo Project, Rural Health Concern, RWIDE, Kamuli Mission Hospital, Teso Islamic Development Association, The Kids League and ECHO.

This trend is verified by a review of the End of Project Reports. Most CSOs report gaining skills in financial and technical reporting. For example, AFXB reports gaining skills in this area through UPHOLD training programs, specifically for F&T reporting.

5.5 Monitoring and Evaluation

In this area, some CSOs improved from their capacity. CSOs that improved from poor capacity directly to satisfactory were AFXB, German Foundation and World Vision-Kapeeka. CSOs whose capacity decreased from satisfactory at baseline to fair at follow-up were World Vision-Bundibugyo, Maturity Audiovisuals Uganda and RAIN.

CSOs that maintained fair capacity at follow-up were World Vision-Rakai, Buganda Cultural, UCOBAC, LABE-Bugiri, Tooro Kingdom, Ibanda Child Development Centre, Kaaro Rural Development Association, IDUDI Development Association, LABE- Yumbe and Kids League. The other CSOs improved from fair capacity at baseline to satisfactory at follow-up.

Based on a review of End of Project Reports, CSOs report regular visits by UPHOLD teams to support them in monitoring and evaluation. Workshops on monitoring and evaluation management services gave the CSOs insight on best practices in process indicators. As a result, there was generally good capacity by CSOs in this area.

5.6 Partnership

Some CSOs that had fair capacity at baseline improved to satisfactory at follow-up. These included Buganda Cultural, Mayanja Memorial Hospital Foundation, Bandimagwara Cultural Group, Kyembogo Holy Cross Family Centre, Bushenyi Medical Centre, Rukungiri Women Development Organisation, IDUDI Development Association, ACOWA Family Helper Project, Some CSOs maintained their capacity at follow-up. These included World Vision-Rakai, UCOBAC, CCF Dokolo Project, Maturity Audiovisuals Uganda, Kids League, Student Partnership Worldwide-Bugiri and Student Partnership Worldwide-Kamuli. CSOs that improved directly from poor capacity at baseline to satisfactory at follow-up were German Foundation, ACORD- Gulu, Buganda Cultural and ACORD-Nakapiripirit.

Based on a review of End of Project Reports, this trend on partnership capacity suggests a cordial relationship with donors and other partners that enabled the CSOs to implement their

respective projects. They indicated that there were more partnership meetings and general understanding among themselves. For example, Bandimagwara Cultural Group reported on their partnership with Bubandi Youth Drama Performers Organisation and Green Dove Puppeteers Organisation.

5.7 Documentation and Dissemination of Project Reports

In this area, only one CSO (Uganda Reproductive Health Bureau) dropped from fair capacity at baseline to poor capacity at follow-up. CSOs that maintained their capacity at fair were Buganda Cultural, World Vision-Rakai, Bandimagwara Cultural Group, World Vision-Bundibugyo, Kyembogo Holy Cross Family Centre, RWIDE, Tooro Kingdom, Fort Portal Diocese HIV/AIDS Focal Point, Kamuli Mission Hospital, and World Vision-Kapeeka. The rest of the CSOs improved from fair capacity at baseline to satisfactory at follow-up.

Based on a review of End of Project Reports, the CSOs' capacity improved in this area due to technical support from UPHOLD. Technical support included workshops and site supervision, specifically for documentation and dissemination activities. The CSO's reported that they received training on how to document and disseminate project information at the community and district levels.

5.8 Social Transformation

In this area, RWIDE was the only CSO that improved its capacity from poor at baseline to satisfactory at follow-up. Buganda Cultural, CCF Dokolo Project and Bandimagwara Cultural Group improved to fair capacity at follow-up from poor at baseline. CSOs that improved from fair capacity to satisfactory at follow-up were AFXB, German Foundation, LABE-Bugiri, Mayanja Memorial Hospital, Rukungiri Women Development Organisation, IDUDI Development Association, World Vision Kapeeka, LABE- Yumbe and RAIN. The rest of the CSOs maintained their capacity at the fair level.

In the End of Project Reports the CSOs describe how their projects have changed lives and practices in their communities. For example, Youth Alive Uganda reports a significant increase in the number of parents visiting their children at school, in addition to a corresponding increase in parents paying the required 2,000 shillings for their children's porridge. RWIDE reports an increased number of women attending VCT services, the major reason being that their husbands stopped preventing them from seeking the services.

5.9 Behaviour Change Communication

All CSOs improved BCC capacity from their baseline levels to satisfactory at follow-up. CSOs that had poor capacity at baseline but improved to satisfactory were AFXB, German

Foundation, Youth Alive and World Vision-Kapeeka. The rest of the CSOs improved from fair capacity to satisfactory at follow-up.

In the End of Project Reports, CSOs indicated their commitment to using Behaviour Change Communication in their communities. For example, Youth Alive Uganda reported using its BCC programs to influence men to stop preventing their women from attending VCT centres.

5.10 Training

The CSOs' training capacity improved. Training demonstrated the third best capacity improvement after BCC and planning. CSOs that improved from poor capacity at baseline to satisfactory were AFXB, ACORD- Gulu, German Foundation, Bandimagwara Cultural Group, Tooro Kingdom, Rukungiri Gender and Development Association, Kamuli Mission Hospital, ACORD-Nakapiripirit and World Vision-Kapeeka. The rest of CSOs moved one step to satisfactory capacity.

In the End of Project Reports all CSOs reported having training programs in several areas of concern. They reported training in monitoring and evaluation, financial and technical reporting, and budgeting. They also described training of health workers, community leaders and volunteers, and the population as a whole. The improvement in this area was largely due to the UPHOLD policy of ensuring adequate planning for training, using approved curricula and trainers, and UPHOLD's insistence that they participate in any CSO-organised training.

5.11 Performance on Specific Technical

Capacity on the specific technical area of implementation improved for most of the CSOs. This was a result of UPHOLD technical assistance provided in the above technical areas. UPHOLD organized technical support for CSOs in HIV/AIDS, child health, and education to improve specific technical skills. Much of the technical assistance support was organized through indefinite delivery indefinite quantity (IDIQ) subcontracts with expert organisations.

Organisations such as Nsambya Home Care provided support to CSOs implementing home care and TB care. Raising Voices provided support to CSOs carrying out activities to prevent gender-based violence, and the education mentor supported education CSOs. CHECHEA, MCDP and FARST supported child health CSOs. End of Project Reports indicated improved capacity and realization of targets set after the baseline survey.

6.0 TECHNICAL ASSISTANCE OFFERED BY UPHOLD

Planning

In this capacity, CSOs reported technical assistance by UPHOLD through spas. Start up workshops also helped CSOs to understand matters concerned with planning.

Budgeting

Although CSO capacity in budgeting was poor and did not improve dramatically, the CSOs indicated that they received budgeting technical support through spas, workshops and site supervision purposely for budgeting.

Financial and Technical Reporting

CSOs reported gaining financial and technical reporting skills because of UPHOLD's assistance. Start up workshops helped CSOs learn to handle financial and technical reporting.

Technical Skills/Experience

In this area, UPHOLD trained CSOs' staff in proposal writing and counseling skills during workshops and site supervisions.

Monitoring and Evaluation

CSOs report that they received a lot of technical support in monitoring and evaluation through workshops and site supervision. CSOs staff were trained in data reporting and collection tools.

Partnership

UPHOLD is reported to have facilitated partnerships between different CSOs. For example, Bandimagwara Cultural Group reported that UPHOLD gave them support to meet and organize shows with Bubandi Youth Drama Performers Organisation and Green Dove Puppeteers Organisation at the national, regional and district levels. UPHOLD taught the CSOs' staff how prepare memoranda of understanding with potential partners.

Documentation & Dissemination

Support supervision and regular visits from UPHOLD technical staff helped some CSOs' staff to gain skills on developing tools, keeping track of results, and documenting and disseminating them.

7.0 CONCLUSION

In this follow-up self-assessment, the desired scenario has been **a dramatic increase in the number of CSOs demonstrating satisfactory capacity and a corresponding decrease of fair and poor capacity.** The two sets of data indicate a trend toward this desired scenario for most of the CSO grantees.

- There was a marked improvement in overall capacity among the CSOs with the three best capacities (in order from first to third) being (1) Behaviour Change Communication, (2) Planning and (3) Training
- CSOs improved greatly in their specific technical areas
- Capacity support given to CSOs by UPHOLD appears to have yielded tremendous results after one year as measured by improvement in self-reported capacity
- Budgeting is a challenging area for the CSO grantees.

8.0 RECOMMENDATIONS

- There is need to address the problem of poor budgeting capacity. Special support should be offered to the CSOs that performed poorly
- There is a need to analyse whether improved capacity leads to improved results.