UPHOLD Strategic Framework:

April 2003- March 2004

Working Document for Dialogue with District Stakeholders

May 16, 2003

This document was made possible through support provided by US Agency for International Development, under the terms of Award No. 617-A-00-02-00012-0

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LIST OF ACRONYMS.

ABEK	Alternative Basic Education for Karamoja
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ARH	Adolescent Reproductive Health
AYA	African Youth Alliance
BCC	Behaviour Change Communication
BCS	Behaviour Change Strategy
BEUPA	Basic Education for Urban Poverty Areas
BTL	Breakthrough to Literacy
CAO	Chief Administrative Officer
CBMIS	Community Based Management Information System
CBO	Community Based Organisation
CCT	Coordinating Centre Tutor
CDA	Community Development Assistant
CDO	Community Development Officer
CHAI	Community HIV / AIDS Initiative
CMS	Commercial Marketing Strategy
COPE	Complementary Opportunities for Primary Education
CORPS	Community Own Resource Persons
CPD	Continuous Professional Development
CSO	Civil Society Organisation
C / U	Church of Uganda
DHAC	District HIV / AIDS Committee
DHMT	District Health Management Team
DOTS	Directly Observed Therapy Short Course
DTPC	District Technical Planning Committee
ECD	Early Childhood Development
EMIS	Education Management Information System
ESA	Education Standards Agency
ESIP	Education Strategic Investment Plan
EUPEK	Enhancement of UPE in Kampala
FAL	Functional Adult Literacy
FBO	Faith Based Organisation
FLEP	Family Life Education Programme
FPAU	Family Planning Association of Uganda
GEM	Girls' Education Movement
HBMF	Home Based Management of Fever

HC	Health Centre
HIV	Human Immunodeficiency Virus
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
IEC	Information Education and Communication
IGA	Income Generating Activity
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
KAP	Knowledge, Attitude and Practice
LGDP	Local Government Development Programme
MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTCT	Mother – to – Child Transmission
NCDC	National Curriculum Development Centre
NECDP	Nutrition and Early Childhood Development Programme
NGO	Non – Governmental Organisation
NHP	National Health Policy
O.R	Operational Research
PEAP	Poverty Eradication Action Plan
PDC	Parish Development Committee
PLE	Primary Leaving Examination
PLWA	Persons Living with AIDS
PMTCT	Prevention of Mother – to – Child Transmission
PTA	Parents and Teachers Association
PTC	Primary Teachers' College
PVO	Private Voluntary Organisation
RDC	Resident District Commissioner
SFG	School Facility Grant
SMC	School Management Committee
SOW	Scope of Work
SP	Sulphadoxine / Pyremethamine
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TASO	AIDS Support Organisation

TB	Tuberculosis
TDMS	Teacher Development and Management System
TOR	Terms of Reference
UACP	Uganda AIDS Control Project
UNFPA	United Nations Fund for Population Activities
UPE	Universal Primary Education
UPHOLD	Uganda Programme for Human and Holistic Development
VCT	Voluntary Counselling and Testing
VHT	Village Health Team
WHO	World Health Organisation

1. Introduction

1.1 *Overview of UPHOLD's Strategic Framework for its First Year of Operations: April 2003-March 2004*

The present document represents an overview of the strategic framework for the Uganda Programme for Human and Holistic Development (UPHOLD), and in particular, its values, principles, priorities, core interventions and key strategies during its first year of operations, from April 2003- April 2004. It also represents the syntheses of extensive stakeholder consultations and situation analyses conducted from January to April 2003. The parameters for the analysis were demarcated by the governing national policies and frameworks currently in force, under the auspices of the various agencies and organs of the Government of Uganda.

This overview is presented in ten sections. Section 1, the Introduction, presents an overview of UPHOLD, including the process followed to identify its priorities and strategies, constraints encountered in the process, and efforts to mitigate these constraints. The introduction concludes with an overview of the Program's design and conceptual framework. Section 2 outlines UPHOLD's identity as a program, particularly its vision, value proposition, core values, and guiding principles. Section 3 describes UPHOLD's approach to partnership, and presents information generated by the Program's analysis of its stakeholders, partners and clients. Section 4 describes the situational analysis conducted by UPHOLD during its first four months of operations, and the priority areas, rationale and critical assumptions that were generated from this analysis and that will govern its first year of activities. Section 5 describes the broad strategies and overall approaches UPHOLD will follow in its first year of operations, with a distinction between managerial strategies, operational strategies and technical strategies. Section 6 describes UPHOLD's program activities. Section 7 presents an overview of the Monitoring and Evaluation Framework, which is comprehensively presented in a separate document submitted to USAID/Uganda. Section 8 presents an overview of the risks faced by the Program in its first year of operations, the implications of these risks, and strategies UPHOLD will use to mitigate them. Section 9 offers a brief statement of conclusion. The document concludes with Section 10, which contains ten appendixes providing more detailed information that has guided the steps and processes leading to the development of UPHOLD's priorities and strategies for its first year of operations.

1.2 *Process followed to develop the Strategic Framework, Key Constraints, and Efforts to Mitigate Constraints*

The process followed to develop the Strategic Framework is presented in Box 1 on the following page. Because of the many opportunities presented for dialogue, learning, and effective innovation, the process of developing a single multisectoral approach to social services has proven to be as important as the product itself. The process offers a useful case study for the approach to multisectoral planning and integrated social service interventions.

It is important to note that a key constraint in the identification of priorities, strategies, and eventually a detailed annual plan of activities, was a delay in receiving the authorized list of 20 districts in which UPHOLD will be implementing its activities. This delay prevented direct dialogue with stakeholders in the 20 districts, and also impeded the implementation of baseline surveys and formative research which would have generated information needed to establish specific objectives. To mitigate these constraints, UPHOLD conducted a rapid situational analysis in two districts (Mbarara and Kamuli), and also obtained and analysed six District Development Plans and 12 District Budget Frameworks based upon an unofficial preliminary list of 20 districts under consideration by the Ministry of Health and the Ministry of Education and Sports. This work is documented in two separate reports, which will be submitted to USAID/Uganda along with the present Strategic Framework.

UPHOLD will document and share the experiences gained through this process with its stakeholders and partners in the Education, HIV/AIDS and Health sectors. Lessons learned from the process of developing this Strategic Framework will be applied to improve both the process and the product over the coming years.

Box 1: Process Followed to Develop the Strategic Framework for Year 1

Step 1: Conduct Situational and Stakeholders' Analyses A situational analysis and a stakeholders' analysis, which included a review of national policies and priorities and an examination of Strengths, Weaknesses, Opportunities and Threats (SWOT), were conducted in all three sectors.

Step 2: Develop Separate Strategic Framework Strategic frameworks were developed for each technical area based upon the information gathered in Step 1 and in consultation with stakeholders and partners.

Step 3: Merge Separate Strategies and Technical Plans and Develop a Single Multisectoral Strategic Framework Separate strategies were merged into one document, which was then reviewed by a multidisciplinary work

group to eliminate redundancies, capitalize on synergies and common activities, and to coordinate the entirety of UPHOLD's priorities and strategies over Year 1.

Step 4: Present the Strategic Framework to Key Stakeholders for Review and Discussion

UPHOLD's Strategic Framework, along with the 20 District Development Plans and Budget Frameworks will serve as a basis for discussion and planning upon UPHOLD's entry into the districts.

1.3 *Program Design: UPHOLD'S Conceptual Framework*

The Uganda Program for Human and Holistic Development (UPHOLD) is an integrated social services program designed by the Government of Uganda (GOU) and the United States Agency for International Development (USAID). UPHOLD is designed to support the Government of Uganda's social sector policies and priorities, as well as USAID's Strategic Objective 8 Results Framework for improved human capacity. Strategically oriented to increase the utilization, quality, support and sustainability of services in Education, Health and HIV/AIDS through an integrated approach, the program's four main goals are to:

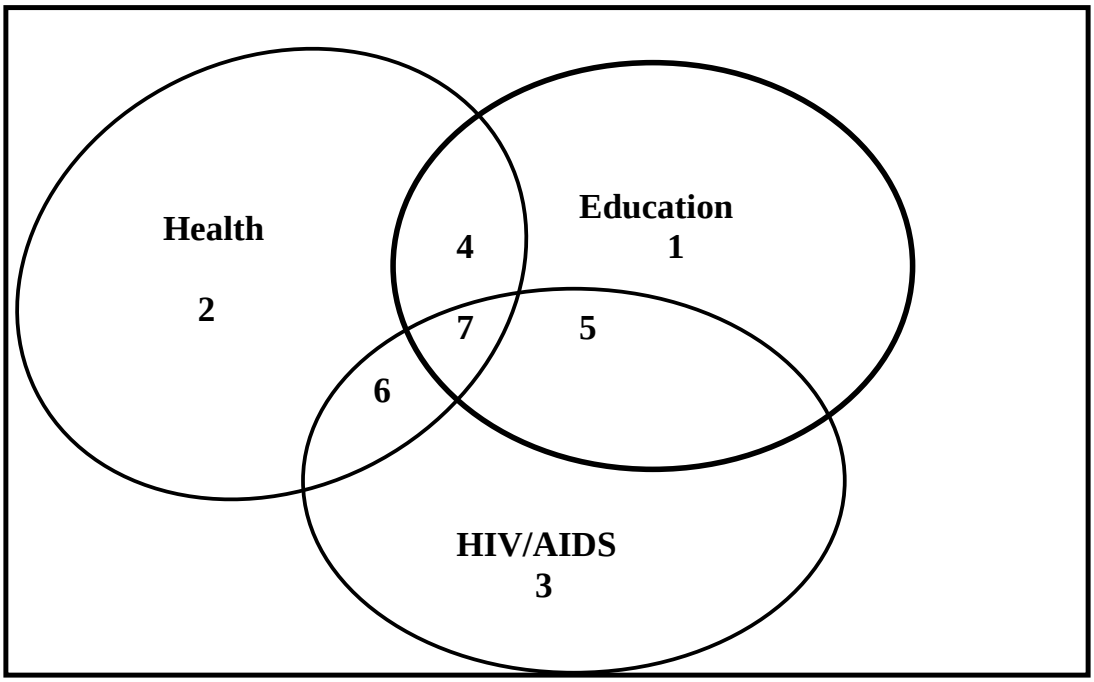
1) improve educational status;
2) reduce the spread of HIV/AIDS and Sexually Transmitted Infections (STI);
3) decrease child and maternal mortality; and
4) stabilize population growth in 20 districts in Uganda.

The list of the 20 districts supported by UPHOLD, and a table of the demographic groups of beneficiaries is provided in Appendix B.

Investments made under UPHOLD aim to be catalytic insofar as they accelerate going to national scale, foster the emergence of sustainable approaches for social services provision, leverage other sources of funds, and create opportunities for communities to have an active role in decision-making. In so doing, the Program has formed and organized itself as a learning organization that will leverage UPHOLD partners' combined expertise and knowledge to nurture Ugandan institutions and providers in continuously producing and delivering high quality health and educational services.

UPHOLD's activities will be implemented in seven broad technical domains, as shown in Figure 1 below. Some of UPHOLD's technical activities will be implemented strictly within one of the three sectors: either in Education (domain #1), Health (domain #2), or HIV/AIDS (domain #3). Other technical activities will be implemented through four areas of integration between the sectors: Education/Health (domain #4), Education/HIV/AIDS (domain #5), Health/HIV/AIDS (domain #6), and Education/HIV/AIDS/Health (domain 7).

Figure 1: UPHOLD's Seven Technical Domains



Within the seven broad technical domains, UPHOLD's specific technical interventions will cover:

- Primary School Education
- Early Childhood Development
- Child Health
- HIV/AIDS and STI prevention and care
- Adolescent Health
- Integrated Reproductive Health (specifically, safe motherhood and family planning);
- and Communicable Disease Control (particularly malaria and TB control)

An additional five technical interventions are cross-cutting. These are:

- Performance Improvement
- Quality Assurance
- Management and Strategic Planning
- Behaviour Change (BC) Communication and other BC Strategies
- Community Ownership and Involvement

Further descriptions of UPHOLD's technical interventions is presented in Sections 4.2, 5, 6 and 7, and also in Appendices A, F and G. A more detailed example of the ways in which UPHOLD will address areas of integration is provided in Appendix G, which identifies synergies between the three sectors in supporting the 16 key household practices promoted in the Community IMCI approach.

2. Vision, Value Proposition, Core Values, and Guiding Principles

2.1 *Vision*

UPHOLD envisions that by 2007, more Ugandans are healthier, use quality health and educational services, and have more productive livelihoods.

2.2 *Value Proposition*

For institutions including government and non-governmental organizations (NGOs) that seek sustainable approaches for improving human capacity, UPHOLD is a knowledge-based program committed to seek, adopt, and diffuse innovative solutions. In particular, UPHOLD shall provide culturally sensitive, tailored, integrated and technically sound management solutions

that increase the choices of families, communities and institutions to use quality social services.

2.3 *Core values*

Six core values, shown in Box 2 below, will drive UPHOLD's transactions, relationships, and interventions whether internal or external to the organization. The core values are presented on the following page.

Box 2: UPHOLD Six Core Values

- Excellence
- Innovation
- Empowerment
- Boundarylessness
- Responsible speed
- Team Work

- Excellence

UPHOLD will strive to assure quality in the process and products derived from interactions with its clients and partners. Inherent in the value of quality is the understanding that excellence, like quality, will continuously evolve with more insight and hindsight.

- Responsible speed

UPHOLD commits to speed in implementation. Speed implies rapid responses, nimbleness, and ease in adapting to new and emerging opportunities. At the same time, speed in implementation will be balanced with participatory approaches and outcomes that are technically sound, client-friendly and results-oriented.

- Empowerment

UPHOLD commits to utilizing approaches that embrace skills strengthening, hands-on participation, leadership development and the concept of 'systems thinking' as developed by Peter Senge. These approaches add force to individuals' ability to think and act with greater assurance and confidence for producing results.

- Innovation

UPHOLD will systematically promote a culture of a continuous quest for innovation and better ways of achieving results in all aspects of its implementation. This will be fostered by multidisciplinary approaches to work and systematic analyses of emergent trends associated with the external environment.

- Boundarylessness

UPHOLD will actively promote the free flow of ideas and information across the various disciplines, sectors, institutions, partners and stakeholders associated with the Program. Inherent in this approach is a commitment to transparency, openness and sharing, and the concept of one-- UPHOLD-- that is greater than the sum of its individual components.

- Teamwork

UPHOLD will actively utilize teamwork to leverage the collective knowledge of UPHOLD staff and partners to foster innovation and creativity.

2.4 *Guiding Principles*

In addition to the core values, UPHOLD has identified and adopted six principles that shall govern all interventions and interactions with clients and partners. As indicated in Box 3 below, the principles focus on people-centered results, stakeholder involvement and participation, capacity-building at the core of every activity, district focus (health sub-district, sub-county), continuous learning and use of good practices, and culture and gender as resources.

Box 3: UPHOLD's Six Principles

- Focus on people-centered results
- Stakeholder involvement and participation
- Capacity-building at the core of every activity
- District focus (health sub-district, sub-county)
- Continuous learning and use of good practices
- Culture and gender as resources

2.3.1 Focus on people-centered results.

The resources of the program and the means of verification will focus mainly on those areas where interventions can make a difference in the lives of people and communities. Mindful that sound technical interventions are essential to producing people-centered results, the attainment of these results must also depend on their alignment with social and institutional patterns of behavior. To promote this principle, UPHOLD will work with proven (and often informal) social and community structures that underlie patterns of social interaction.

2.3.2 Stakeholder involvement and participation.

Linked to 2.3.1 above, UPHOLD will work very closely with stakeholders and principal partners in the key stages of program intervention. At the minimum, this includes, program design, implementation, monitoring, and measurements towards results. Stakeholder participation will rely on periodic formal exchanges as well as more frequent day-to-day interactions.

2.3.3 Capacity building shall feature prominently at the back of every activity.

UPHOLD's approach to capacity building draws on Albert Bandura's concepts of self-efficacy, collective efficacy and institutional efficacy. UPHOLD will invest in strengthening the core competencies, skills, and convictions of individuals (and the institutions they represent), in influencing others and their environments, and in effectuating positive change. The intent of these investments is to improve organizational effectiveness to direct knowledge and material resources to improve program outcomes. Portals for facilitating capacity building include on-the-job training, text-based information exchange, networking, workshops, and mentoring.

2.3.4 District focus (sub-district, sub-county).

The program shall maintain a strong district and sub-district focus with a focus on community. UPHOLD will also work closely with central ministries and applicable institutions insofar as these interactions expressly strengthen and advance the delivery of services at the district and sub-district level.

2.3.5 Culture and gender as resources.
The program will focus on promoting behavior change— individual, collective and institutional— rather than simply raising awareness. In recognition of the strong influences culture, gender, and interpersonal relationships have on human behaviour, UPHOLD's strategies will use appreciative inquiry methodologies to address the concept of culture as a positive resource (not simply as a barrier or constraint), be mindful of and embrace gender-sensitive approaches, and promote a rights-based approach to foster of relations between communities, social service providers, and elected or government-appointed officials.

2.3.6 Continuous learning and use of good practices.
Finally, given the complex and dynamic nature of the process of integrating the Education and Health sectors with HIV/AIDS interventions, UPHOLD shall help nurture the culture of continuous learning and the ceaseless adoption and expansion of good practices.

3. Stakeholders and Partners

3.1 *Key findings from Stakeholder Analyses*

UPHOLD devised a simple analytic tool to capture key points of information regarding stakeholders. Each meeting in which staff participated concluded with plotting information into the stakeholder table, and sharing findings on a periodic basis with the larger group. The table will remain a living document, updated, refined and analyzed throughout UPHOLD's iterative process of partnership.

Based on the initial stakeholder analysis, UPHOLD has identified 3 key findings which contributed to the process of developing this Strategic Framework, they are:

1) Of the fifty organizations profiled, only 15 are undertaking programs which demonstrate integration among the three sectors of education, HIV/AIDS and health;
2) Stakeholders and potential partners exist in all of the districts in which UPHOLD will operate; and
3) Conflict areas and districts recovering from conflict appear to have organizations working in social sector service delivery.

These initial findings confirm that: UPHOLD will operate in an environment in which much has already been done and, therefore learning with, and from, stakeholders is essential to UPHOLD's success; the opportunity to share findings and strategies exists in all districts; and strategies for identifying and articulating the value-added of service integration where it exists should be documented and shared widely. UPHOLD staff also recognizes that, because conclusions are based on a limited sample of interviews and document reviews, confirmation at the district level needs to occur.

Two summary tables of UPHOLD's Stakeholders are included in Appendix D. UPHOLD will use the Stakeholders Tables in a variety of ways including identifying partners for mentoring, assessing technical experience in districts and nationally, and geographic scope of organizations. Both tables will be updated regularly as operations in the districts intensify.

3.2 *UPHOLD's Strategic Approach to Partnership*

Central to UPHOLD's strategy is working with, and through, partners to increase the availability, quality and use of services in the twenty districts of operation. While understanding that capacity levels within partner organizations will often need to be increased, UPHOLD also recognizes that successfully tapping into the existing knowledge, experience and power within partner organizations is key to achieving long-term impact. UPHOLD will work to create partnerships between and among UPHOLD, government, communities, NGOs, CBOs, central ministries, church groups, schools and other stakeholders identified in the process of its work in the districts. The Partnership Development Strategy will identify key stakeholders in the 20 districts and rapidly, yet effectively, assess current capacity to address service gaps identified in the districts situational analysis. The UPHOLD team and partners will then design focused interventions to address areas that present challenges and monitor/evaluate the intervention's impact.

UPHOLD's five-pronged approach to partnership development (Box 4 below) is designed to expand capacity by providing the right type of approach at the right time, with the appropriate stakeholders. Short guides or manuals will be developed, and staff trained in order to systematize UPHOLD's approach across districts.

Box 4: UPHOLD's 5-pronged approach to partnership development

1. Stakeholder Analysis: UPHOLD's Stakeholder analysis provides a quick overview of geographic and technical areas of operations of potential partners. The table allows one to identify areas of potential coordination between and among stakeholders and targets of opportunities to meet gaps in the 20 districts.

2. Institutional Capacity Assessments: The scale and depth of assessments will correspond with the type of collaboration and the level of the existing capacity of the partners.

3. Focused, Multi-Session Workshops: Once potential partners and operational challenges have been identified, UPHOLD will provide targeted assistance to increase capacity to deliver quality services.

4. Partner Mentoring: Whenever possible, UPHOLD will identify mentoring opportunities
for organizations that can benefit from the experience of others.

5. Partnership Action Research Groups: As partners work together, the need to answer important research questions to unblock bottlenecks in service delivery and use will occur. UPHOLD will encourage stakeholders to work together to analyze the situation using a systems approach.

3.2.1 *Priority Partnerships with USAID-funded programs*

Among the numerous programs with which UPHOLD will collaborate closely, there are five USAID-funded programs which will have top priority for partnerships and/or transitions in the first year of operations: AIM, BASICS, DELIVER, CMS, and DISH. Illustrative areas of collaboration with these prioritized USAID-funded programs in Uganda are shown in Table 1 on the following page:

Table 1: Prioritized partnerships with USAID-funded programs

Program	Illustrative examples of collaboration or transition
AIM	• UPHOLD and AIM will also coordinate and share resources for trainings, conferences, baseline studies, operational research, and support to AIC and TASO. • As both programs have a grants component, information-sharing and careful coordination between both programs will guide the review, approval and disbursement of grants. *UPHOLD and AIM have already:* • negotiated combined office space in Nakawa House-Kampala, and a shared regional office in Lira; • conducted a collaborative mapping of VCT centres supported by AIM and AIC. The collaborative mapping has led to the strategic decision for UPHOLD to support the establishment of 13 new VCT centres. UPHOLD will support AIC in establishing an additional 6 new VCT centres in 2 districts in the North.
BASICS	• UPHOLD will review, adapt and disseminate effective tools and approaches developed by BASICS in all 20 districts. These include: community problem solving and strategy development, Community-Based Growth Promotion tools and approaches, the Facilitators' Guide to improve dialogue and relationships between Health workers and Communities. • To integrate preserve some of BASICS' institutional memory, UPHOLD has hired the former Immunization Officer of BASICS as its Child and Adolescent Health Specialist, who now serves as a human link between the two programs.
DELIVER	UPHOLD and DELIVER will collaborate to: • support the goal of USA Presidential PMTCT initiative. In Uganda the plan is to expand access to free test kits and Niverapine from the current 8,000 beneficiaries to 40,000 beneficiaries nationwide over the next two years. • strengthen districts' capacity in quantification, procurement planning and distribution systems for drugs (ARVs, Contraceptives, Malaria, STIs, OIs and TB), test kits as well as vaccines and RH supplies. • facilitate improved coordination and dialogue between and among partners responsible for management and tracking of health products at national and decentralized levels. • develop and support special strategies for HIV/AIDS prevention in areas of conflict and IDPs through private sector social marketing groups in the distribution of essential commodities, supplies, and equipment.

CMS	UPHOLD will partner with CMS to: • support the pilot simple health insurance and prepayment schemes for children in private schools. • improve and expand private sector distribution systems of materials and commodities (e.g. condoms, ITNs, drugs). • strengthen behaviour change component of existing social marketing strategies to promote beneficial household practices (e.g. family dialogue and decision-making) and increase the utilization of commodities. • train, supervise and monitor private providers (particularly the Uganda Private Midwives Association) • disseminate and expand the use of a curriculum for training private providers in business skills as a preliminary step for providers receiving loans management training and loans. • strengthen school health interventions in private schools including piloting health insurance prepayment schemes for school children, HIV control, sanitation and school environment, school lunch programs, adolescent reproductive health and infectious disease control. • scale up CMS's experiences from the PROFAM pilot project providing targeted grants for training, equipment and support supervision to private providers (including PHP) to improve access to critical HIV services like VCT, PMTCT, DOTs, and adolescent friendly services.
DISH	UPHOLD has transitioned with the former DISH II program to: • introduce and expand the Yellow Star Program to 16 new districts. • assess and strengthen the program, particularly the community component, in the remaining 4 districts where the Yellow Star Program has already been established; and • preserve some of the institutional memory of DISH by hiring five former technical and administrative DISH staff: the M&E Specialist, the Quality Assurance Specialist, the Private Sector Specialist, an Administrative Officer, and a Receptionist.

4. Situational Analysis, Priority Areas, Rationale and Critical Assumptions Governing the Strategic Framework for Year 1

4.1 *SWOT Analysis*

To establish the priority issues upon which UPHOLD and its inherent resources must be focused, UPHOLD undertook a situation analysis culminating in a SWOT analysis of the social sector with particular

emphasis on the education, health sectors as well as on HIV/AIDS programming in the national context of Uganda. Table 2 on the following page provides a summary of chief attributes in each of the strengths, weaknesses, opportunities and strengths of the social sector. This analysis relied on a detailed scanning of the internal and external environment utilizing publicly available policy and program documents, key informants, and expert opinion.

Table 2: Strengths, Weaknesses, Opportunities, Threats (SWOT) of the Social Services Sectors

STRENGTHS	***WEAKNESSES***
• Existence of planning, supervision, and administrative structure in a decentralized framework • Existence of conducive and strong national policies and strategic plans for the social sector development. • Strong political commitment and goodwill in the prioritization of primary education (UPE), health and HIV/AIDS. • Strong track record in securing Development Partners' financial support for the realization of the PEAP through multisectoral approach • Existence of community-based models for sustainable social sector development. • Expanding private sector participation in social services delivery.	• Limited integration between the three sectors (Education, HIV/AIDS, Health) • Limited human, technical and financial resources at the district and lower level for efficient delivery of social services. • Weak linkages between and among the public and private social sub- sectors. • Inadequate and inequitably distributed social services and facilities. • Limited community involvement in the planning, implementation, monitoring and evaluation of social services. • Inadequate community-based IEC programs on health, HIV/AIDS, education and nutrition. • Slow progress in the realization of gender mainstreaming and integration of HIV/AIDS in the district plans. • Weak and underutilized Management Information System (MIS) especially at the community level. • Availability of VCT and home-based care largely inadequate in comparison to need in the districts. • Limited integration of social, cultural factors in education, health, HIV/AIDS Interventions • Varying, and sometimes contradictory interpretation of what constitutes quality service. • Limited opportunities for policy dialogue and dissemination of standards for social services delivery • Limited incentive mechanisms for good performance.

OPPORTUNITIES	***THREATS***
• Ongoing government and non-government initiatives to enhance quality and equitable delivery of social services. • Existence of TDMS as a delivery system for social services. • Presence and experience of NGO, CBO and CORPs working with communities. • Political environment which strives to empower women, youth and people with disabilities. • Trend of increasing national awareness and the need for targeted social sector interventions at all levels, including the community. • Functioning coordination mechanism for partners working with IDPs. • Favorable policy for private/ public partnerships. • Socio-cultural, religious, and political contributions to some social development concepts and initiatives. • Existence of a national human resource base to support further capacity building. • Large numbers of primary school students who constitute an opportunity for reaching	• Low household income levels especially in the rural areas particularly among women the youth. • Uncertainty in timing and volumes of financial and other resource disbursement to districts and lower local governments. • Persistent instability in conflict areas • Negative impact of HIV/AIDS on human capacity • Complacency due to progress made in control of HIV/AIDS with potential to slow national HIV prevalence decline below 6% • Potential widening of time lag between the Local Government restructuring process on the one hand, and the integration approach on the other. • Varying perception and interpretation of voluntarism by stakeholders • Socio-cultural, religious, and political barriers to some social development concepts and initiatives. • Uneven openness in the sharing of information among various partners and stakeholders. • High population growth rate.

the greater part of the population.	

4.2 *Priorities*

Based upon the situational analysis of the social services sectors, UPHOLD has identified priorities for its interventions across and within the three main social sectors in Year 1, presented in Box 5 below. UPHOLD anticipates that most of these priorities, particularly those that are cross-cutting, will remain unchanged over the five years of its operations. The rationale and key assumptions underlying the identification of these priorities are presented in Appendix F.

Box 5: UPHOLD's Priorities

General Cross-Cutting Priorities:

1. Introduction and establishment of the UPHOLD programme in 20 districts
2. Conduct a social sector situation analysis
3. Promote participatory approaches in the district and community development processes
4. Support gender mainstreaming capacity building
5. Support community-based social service initiatives (household and community IMCI, NFE,
   Community–Based Education, Home Based Management of fever, Community Based Growth
   Promotion, Community DOTs)
6. Support social sector initiatives and interventions in the conflict areas/IDP camps

7. Strengthen supervision and institutional management systems.

8. Provision of logistical support to districts and other partners
9. Strengthen management information system at the district and lower levels
10. Support performance improvement for social services providers
11. Support to action based research (Gender violence, etc)
12. Support the improvement of the quality of social services
13. Strengthen and develop behaviour change communication materials, messages and strategies

Education Sector Priorities:

1. Promote teacher effectiveness in primary schools
2. Strengthen performance improvement systems for instructional supervisors and educator leaders.
3. Strengthen and increase parent and community involvement in support of child development and
   education.
4. Increase the access of disadvantaged groups to quality education opportunities.

5. Accelerate the implementation of national policy related to school health, sex education, life skills and
nutrition interventions
6. Strengthen HIV/AIDS prevention and mitigation initiatives in the education sector

HIV/AIDS Sector Priorities:
1. Improve availability, access and utilization of VCT services.
2. Invest in preparation and set up for expanded PMTCT services to rural areas.
3. Support community awareness and behaviour change on prevention, care-seeking and treatment for Sexually Transmitted Infections (STI)
4. Increase information, training, and psycho-social support to providers of home-based care and support to PLWHAs.
5. Strengthen care and support for orphans and vulnerable children (OVC).
6. Strengthen the education sector response to HIV/AIDS prevention and mitigation.

Health Sector Priorities:
1. Support community-driven infrastructure development to increase provision of quality social services.
2. Increase immunization coverage in children less than 12 months of age.
3. Increase access to quality adolescent-friendly health services.
4. Support the increased provision of essential obstetric and postnatal care.
5. Increase utilization of family planning services.
6. Increase the availability and use of ITNs by pregnant women and children under five years of age.
7. Support the national campaign for mass treatment for schistosomiasis among children.
8. Increase coverage of services provided through community-based treatment of TB (Community DOTS)

5. Broad Strategies and Overall Approaches

UPHOLD will use a combination of managerial, operational, and technical strategies to increase the effective use of social services, improve the capacity to sustain these services, and foster an enabling environment to support them.

5.1 *Managerial strategies*

During Year 1, all of UPHOLD's activities will be implemented within seven broad and interrelated managerial strategies, summarized in Box 6 below.

These strategies are closely linked to UPHOLD's six core values and six guiding principles stated in Sections 2.3 and 2.4, respectively.

Box 6: UPHOLD's Seven Managerial Strategies

1) Facilitating multisectoral dialogue and collaboration.
2) Evidence-based approaches with continuous feedback and dialogue
3) Increasing stakeholders' ownership and involvement in the design, monitoring and
support of social services.
4) Capacity-Building: fostering individual, collective and institutional efficacy.
5) Responsible speed in implementation.
6) Awarding grants to foster social change.
7) Measuring for results

5.1.1 Facilitating multisectoral dialogue and collaboration with and between stakeholders

UPHOLD will strengthen partnerships and build new alliances between the public and private sectors. To foster effective synergies between the Education, Health and HIV/AIDS sectors, UPHOLD will promote opportunities for dialogue among stakeholders from all three sectors to address cross-cutting priority areas, such as quality assurance and community involvement. This strategic approach will be not only be used to increase the number and diversity of facilities and providers where quality services are offered, but will also be used to support effective areas of integration by galvanizing resources and diversifying the sources of support for these services. For example, by integrating child-to-child and child-to-parent activities into teaching methodologies used in primary schools, UPHOLD can assist the Education Sector to support Community IMCI in promoting beneficial health-related household/family behaviours and practices.

5.1.2 Evidence-Based Approaches

Information generated from situational analyses, stakeholders' analyses, formative and operational research, baseline studies, needs assessments, and monitoring & evaluation forms the strategic starting point for all of UPHOLD's technical interventions to increase the utilization, quality and sustainability of social services. This strategy will enable UPHOLD and its stakeholders to:

- design and/or improve services and strategies to be more tailored to the needs and desires of consumers, providers, program managers, opinion leaders and decision-makers;
- understand and track awareness, attitudes & perceptions;
- understand motivations and constraints behind behaviors and practices;
- assure continuous organizational learning and subsequent program improvement; and
- measure performance and results.

5.1.3 Increasing stakeholders' ownership and involvement in the design, monitoring and support of social services

To increase stakeholders' ownership of, and involvement in, the delivery of social services, UPHOLD will work within district plans and priorities to build on the existing strengths, accomplishments, structures and networks of its wide range of stakeholders. Participatory processes will be used to facilitate feedback and dialogue, foster trust, and promote effective collaboration between UPHOLD's large and diverse array of stakeholders, who include policy-makers, opinion leaders, program managers, local government officials, public and private sector providers, consumers, and community resource persons.

Given that increasing community involvement in the support of social services is a high priority issue across the three overlapping sectors, UPHOLD will place great emphasis on involving families and communities, and on developing sustainable strategies to motivate communities' own resource persons (CORPs). In Year 1, UPHOLD will develop a strong consumer advocacy component, which includes the adaptation and scaling up of the Participatory Dialogue for Quality (PDQ) approach pioneered by Save-USA. UPHOLD will also promote consumers' awareness of—and ability to exercise—their rights and responsibilities in the effective use of quality social services. UPHOLD will give particular attention given to strategies that actively engage children, adolescents, parents, spouses, and peer groups not simply as consumers of social services, but as the co-owners of these services as well.

5.1.4 Capacity-building: fostering personal, collective and institutional efficacy

In its' approach to capacity-building, UPHOLD will focus on fostering *efficacy*, which in the present strategic framework means people's ability to make choices and decisions, take actions, and effectively influence situations or other people in a way that leads to positive change, combined

with their belief that as individuals, members of a group, community, or institution, they indeed have these abilities and have the opportunity to use them. Perceived self-efficacy, collective efficacy or institutional efficacy strongly influences how people think, feel, motivate themselves, and act[1]. Fostering efficacy means going beyond simply raising awareness or increasing knowledge to include: building skills; facilitating shifts in attitudes, perceptions, and mindsets; and understanding and responding to opportunities, threats and challenges related to issues of gender and culture. Fostering efficacy also entails offering mentoring and technical support, and taking an activist stance to promote changes in social and institutional norms or systems that may de-motivate or otherwise disempower people from providing, utilizing or supporting social services.

UPHOLD will use a wide array of technical interventions and strategies to foster efficacy among individuals, groups, families, communities, and institutions. These include:

- behaviour-centered communication strategies (messages, materials, tools and interventions);
- formal and on-the-job training, supportive supervision, and quality assurance;
- leadership development, organizational development, and team-building;
- advocacy, coalition-building, and expanding social and professional support networks;
- promoting and publicizing positive role models of efficacious individuals, groups, communities, organizations and institutions; and
- providing technical assistance in strategic planning, systems-thinking, and management.

5.1.5 Responsible speed in implementation

A results-oriented program, UPHOLD will work quickly to implement effective interventions as widely as possible across 20 districts. Speed will be balanced with the need for technical soundness, and for sustainable, participatory approaches that foster ownership and build capacity among the various stakeholders. UPHOLD's "flat" organizational structure, flexible management style, and core values are strategic both in their design and their function, as these characteristics increase the responsiveness and efficiency of the technical, operational and administrative components.

5.1.6 Awarding grants to foster social change

[1] Bandura, Albert. *Self-Efficacy in Changing Societies.* 1995. Cambridge University Press.

Within the framework of UPHOLD, grants totalling $40 million shall be awarded to improve human capacity. Of this $40 million, $25 million will be awarded to AIC and TASO, two partners whose interventions reach within and beyond the 20 districts supported by UPHOLD. The remaining $15 million will be awarded to organizations and government entities within the 20 UPHOLD districts.

The vision of UPHOLD's grants strategy is a strengthened civil society that positively contributes to people-centred governance in Uganda. Within this arrangement, it is envisaged that strong and productive partnerships, especially those between public and private actors, will advance the objectives of decentralization. Furthermore, it is anticipated that these partnerships will foster the advancement of an enabling environment for increased use of better quality social services by more Ugandans.

The main goals of UPHOLD's grants strategy are to:

- Improve people's access to and use of better quality social services;
- Foster the concept of integrated social services at decentralized levels of government by promoting effective synergies between the education, health and HIV/AIDS sectors;
- Increase the capacity of indigenous civil society organizations (non-governmental organizations, community-based organizations, and faith-based organizations) to constructively utilize grants for social development; and
- Develop the capacity of local councils and civil society organizations to give grants and monitor them in a manner consistent with high standards of transparency and accountability.

There are six grant types: operational grants, technical assistance grants, innovation grants, special area grants, local council grants, and community grants.

5.1.7 Measuring for results

UPHOLD's monitoring and evaluation (M&E) framework is organically linked to USAID's Strategic Objective 8 (SO8) results framework, with improved human capacity as the overriding consideration, with three intermediate results: (1) increased use of social services, (2) increased capacity to sustain social sector services and (3) a strengthened enabling environment. The M&E framework is designed to explicitly contribute verifiable information on progress towards the three result areas. Dialogue and feedback with stakeholders, as well as promoting a culture of data use in planning and decision-making, are integral parts of the M&E framework. The M&E Framework is comprehensively presented in a separate document submitted to USAID/Uganda.

5.2 *Operational strategies*

5.2.1 Overview

UPHOLD operations focuses on achieving three main outcomes: 1) improved, integrated district development plans, 2) community mobilization and civil society strengthening, and 3) establishing and maintaining positive relationships with all partners and stakeholders.

UPHOLD recognizes that increased quality, delivery and use of services requires an effective, multidimensional and holistic planning approach not usually found at the district, county or parish levels. Regional and technical staff will work with district officials and partners, within the existing framework, to assist them to enlarge their concept of human development planning to include integration of service sectors where possible. UPHOLD will model, and encourage partners to adopt, a systems approach to analyzing opportunities and constraints.

Over the next twelve months, UPHOLD's operations unit will complete staff recruitment and training, launch the programme at the national, regional and district levels and establish six, well-functioning, regional offices able to assist districts to meet their development priorities in education, health and HIV/AIDS. UPHOLD has already identified two regional offices, hired many key technical and regional staff, and begun to make contacts with key partners at both the central and regional level. With the confirmation of the 20 districts, UPHOLD will gear up quickly and be fully operational in all 20 districts within the first year.

5.2.2 Priorities and strategies for UPHOLD's operations

UPHOLD has identified seven key priorities to address during the first year of program operations. The seven priorities and their respective strategies are presented in Table 3 on the following page.

Table 3: Operations Priorities and Strategies

PRIORITIES	STRATEGIES
1. Entry into the 2003 / 2004 District Sector Plans	Statutory provisions stipulate that district planning process ends on June 15 each year. The process, therefore, is now entering the final stages when the inputs from the lower local government are being synthesised. UPHOLD had hoped to join the districts at the early planning stage, but was unable to do so due to the delay in GOU's agreement on a final list of the 20 districts of operation. To mitigate the delay, UPHOLD analysed 12 District Budget Framework Papers for the financial year 2003/2004 and 6 District Development Plans from the 20 in which UPHOLD will operate. The analysis identified districts' priority areas for development and service delivery as well as funding gaps and will serve as a basis for discussion with district stakeholders on entry points for UPHOLD into the implementation plans for 2003/2004. District Development plans will be reviewed on a regular basis to assess performance gaps, continued relevance and levels of effectiveness in close collaboration with partners in the districts. This exercise calls for a re-examination of the previously set priorities and requires the inputs of all the stakeholders. This provides an opportunity for UPHOLD to support the district planning unit to re-examine the whole district development planning process.
2. Positive Relationships Established and Maintained in the Districts	UPHOLD understands that trust and mutual respect must be established within the districts in order to accomplish agreed outcomes. Communication strategies, clearly articulated expectations and working methodologies will be identified, agreed upon, and captured in a memorandum of understanding with districts and other partners. Staff will be trained and mentored on how to establish and maintain productive relationships.
3. Establishment of Six Highly Performing Regional Offices	UPHOLD will work to ensure that staff are highly competent, offices are adequately resourced, and operations systematically monitored to ensure high performance. Internal management systems are being developed and documented to that end. UPHOLD is committed to building capacity within its staff as well as with partners. Appropriate training, mentoring, study tours and resource networking will be identified to ensure capacity continues to increase within the programme.
4. Development of Participatory Planning Skills	Meaningful development plans take into consideration the needs and priorities of the communities they serve. UPHOLD recognizes the imperative that the LC 1/ Village, as the primary planning unit, actively participates in the planning exercise. This can only be done effectively if the communities are guided to identify their needs and priorities. The process requires the availability of skills in participatory appraisal. UPHOLD, in partnership with competent NGOs and CBOs, will support the development of PRA skills at the sub-county and parish levels.
5. Successful	In the first year, UPHOLD will officially launch its program at

5.3 *UPHOLD's Beneficiaries, Technical Priorities and Strategies*

5.3.1 Evidence-Based Strategy Development:

This Strategic Framework presents broad technical strategies to be used by UPHOLD in Year 1 based upon a situational analysis, meetings with stakeholders, and an extensive review of national policies, priorities and strategies. UPHOLD's technical strategies are also oriented towards the intermediate results and goals of USAID's Strategic Objective 8 Framework.

Following baseline surveys, needs assessments, and other formative research, UPHOLD and its partners will develop specific, measurable, appropriate and time-bound (SMART) objectives and refine its technical strategies.

5.3.2 Primary Beneficiaries:

UPHOLD's total beneficiary population is approximately 10,393,377 people in 20 districts, which represents 42% of the national population. The demographic breakdown of the main beneficiaries and actors is presented in Box 7 on the following page. Many of those benefiting from UPHOLD-supported social services will also be active participants (agents) in the Program's broad approach to building capacity by strengthening individual, collective and institutional efficacy. For example, while school children will be beneficiaries of improved quality education services through UPHOLD, this same beneficiary group will be agents in promoting increased awareness and beneficial practices related to health, both at school and at home through child-to-child and child-to-parent learning activities, as well as through peer support group activities.

Box 7: Demographic Distribution of UPHOLD's Beneficiary Groups and Agents[2]

Children under 1 year of age:	519,661
Children under 5 y ears of age:	4,949,795
Primary School Children:	2,822,697
Adolescents:	2,390,469
Orphans and Vulnerable Children:	NA*
People Living with HIV/AIDS:	NA*
Women of Reproductive Age:	2,390,469
Districts:	20
Health Sub-Districts:	87

[2] Sources: National Bureau of Statistics (Population and Housing Census 2002); Ministry of Education-Education Information Management System (EMIS)

Sub-counties:	410
Parishes:	2,379
Villages:	19,203
Schools:	4,783

*NA: Data not available at the time of writing this document

UPHOLD will work with district officials to estimate population sizes of Orphans and Vulnerable Children (OVC) and People Living With HIV/AIDS (PLHWA) in the 20 districts, two very important primary beneficiary groups of the Program.

5.3.3 Secondary Beneficiaries: To improve the health and educational status of its primary beneficiaries, UPHOLD's technical interventions are also oriented towards secondary beneficiaries: services providers (e.g. teachers, health care workers, social workers and counsellors, community resource persons), managers and supervisors (e.g. District Education Officers, District School Inspectors, District Health Officers, Chief Administrative Officers, LC Council members).

5.3.4 Technical priority areas and corresponding strategies

UPHOLD's technical strategies address the priority areas in Education, HIV/AIDS and Health identified in Section 4.2. The technical priority areas and a summary of the corresponding strategies are presented in Table 4 on the following page.

Table 4: Technical Priorities and Strategies in Education, HIV/AIDS and Health

I. EDUCATION SECTOR PRIORITIES	
PRIORITIES	**KEY STRATEGIES**
1) Promote teacher effectiveness in primary schools	During the first quarter, UPHOLD will support an evaluation of the CCT performance within TDMS, local, regional and national workshops to disseminate and discuss findings. UPHOLD will develop in-service training modules in cooperative learning and inquiry teaching, and train Teacher Trainers in 7 districts in Year 1. UPHOLD will also disseminate best practices in school-based quality reform in all 20 UPHOLD-supported districts, and develop criteria and process for identifying pilot school clusters. Understanding the important influence attitudes, professional work norms and colleagues have on teachers' effectiveness, UPHOLD will develop a multi-media communication strategy promoting positive role models and practices for teachers. UPHOLD will undertake a survey on use and management of instructional materials in the 20 districts, and in conjunction with partners, develop a strategy for strengthening production, use and management of instructional materials. UPHOLD will also review current continuous assessment practice in the 20 districts.
2) Strengthen performance improvement systems for instructional supervisors and educator leaders.	UPHOLD will analyse national and district plans, and conduct training needs assessments in leadership, supervision and management of school head teachers, school inspectors, and their assistants. Qualitative research will also be conducted on attitudes and behaviors of School Head teachers, instructional supervisors, managers, administrators and other decision makers at decentralized levels of the education sector. UPHOLD will facilitate a participatory organizational development approach to strengthen the roles of CCTs and District School Inspectors and support workshops and other opportunities for dialogue and decision-making aimed at clarifying these roles. UPHOLD will also facilitate dialogue and exchange of experiences between the education and health sectors on the Yellow Star program and possible ways to adapt the lessons

	learned in performance improvement systems to the education sector, where appropriate.
3) Strengthen and increase parent and community involvement in support of child development and education.	Formative research on community perceptions of UPE and the role of families and communities in children's education will be conducted in the first quarter to inform the design of a multi-media behaviour change communication strategy promoting parental involvement in children's development and learning both at home and in school. UPHOLD will support the roles of Community Development Officers, PTAs and SMCs, assisting them to increase opportunities for school-community dialogue and community involvement in school-based activities. UPHOLD will disseminate best practices in School Quality Reform to introduce education stakeholders to effective approaches to school-community partnerships. UPHOLD will identify and support the dissemination and expansion of best practices in Early Childhood Development through operational and technical assistance grants. Given that some key household behaviours in the MOH's Community-IMCI strategy are directly related to early childhood development and learning, UPHOLD will support the organization of workshops and conferences bringing stakeholders from the health and education sectors together to discuss this issue. Operational Grants, technical grants and multisectoral exchanges will also be used to disseminate the Participatory Dialogue for Quality (PDQ) approach (a best practice) developed by Save-US in the health sector for adaptation and piloting in the education system in at least 5 districts.
PRIORITIES	**KEY STRATEGIES**
4) Increase the access of disadvantaged groups to quality education opportunities.	UPHOLD will work with partners to develop interactive radio education specifically for teachers and students in areas of conflict and instability where other strategies may not be possible. Through the grants strategy, UPHOLD will support private-public partnerships to disseminate and expand best practices in non-formal education and community-based schools (e.g. CHANCE and ABEK schools) in at least 5 districts during the first

	year.
5) Accelerate the implementation of national policy related to school health, sex education, life skills and nutrition interventions	UPHOLD will support the dissemination of the national School Health Policy in all 20 districts, through reproduction of the policy, and multisectoral conferences and planning workshops. During the first quarter, UPHOLD will conduct formative research on knowledge, perceptions and behaviours related to sexuality and life skills among primary schoolchildren. Formative research will also explore the issues related to sanitation, hygiene and sexual harassment as important factors contributing to absenteeism and drop-outs among girls. UPHOLD will partner with AMREF to review, disseminate and expand AMREF's best practice on School Health and AIDS Prevention in primary schools in Katakwi. UPHOLD will also support the piloting of this best practice in at least 5 other districts in Year 1.

II. HIV/AIDS SECTOR PRIORITIES	
PRIORITIES	**STRATEGIES**

1) Improve availability, access and utilization of VCT services	UPHOLD has coordinated with the MOH, AIM, AIC and TASO to map existing VCT services in the 20 districts (See Appendix E). Based upon the findings from this mapping exercise, UPHOLD will support AIC in establishing 6 VCT centers in Gulu and Kitgum and work with partners to support the opening of 13 new VCT centers in 9 districts where no VCT services exist (especially for the procurement of equipment and supplies, and the training of personnel and possibly to provide some support for infrastructure). UPHOLD will conduct KAP surveys on both VCT and PMTCT (see below) to develop appropriate public information and behaviour change campaigns, as well as educational materials and work aids, to accompany the opening of all VCT centers.
3) Support public awareness and behaviour changes related to STI prevention, care-seeking, and treatment	As part of the initial baseline research, rapid KAP surveys and qualitative research will be conducted during the first few months of operations in the districts. Based upon the research findings, UPHOLD will develop behaviour change communication strategies. Primary schoolchildren, adolescents (both in and out-of-school), teachers, parents, and other adults will be primary audiences of the communication strategies. UPHOLD will also organize forums and planning workshops to disseminate and adapt good/best practices in youth-friendly STI counseling, testing and treatment services already piloted by a number of NGOs. UPHOLD's operational and technical assistance grants will be awarded to support the expansion of best practices in youth-friendly STI services in at least 5 districts.
4) Increase information, training, and psycho-social support to providers of home-based care and support to PLWHAs.	UPHOLD will increase support to NGO service providers (e.g. TASO), public service providers and traditional practitioners to improve their services and to increase the collaboration and cross-referrals between them. UPHOLD will build on an initiative begun by the MOH/PPP in and support districts to conduct an inventory of tradipractioners in at least 5 districts. UPHOLD will help to disseminate MOH-approved information and materials already developed by Natural Chemotherapeutics Laboratory and THETA to improve traditional practioners' care of PLWHA in at least 5 districts (e.g. counseling,

	nutrition advice, care of skin infections related to HIV/AIDS). UPHOLD will also assess psycho-social support needs among providers of care (including family members) to PLWHA. Conduct workshops and organize forums to strengthen collaboration between public sector providers, AIC, TASO and traditional practioners in 10 districts Psycho-social support to providers of services to PLWHAs.
5) Strengthen care and support for OVC	Support to TASO, FBO, conflict areas, IDPs
7) Strengthen the education sector response to HIV/AIDS prevention and mitigation.	Support PIASY music, dance and drama competitions, youth-oriented messages, peer counseling and support for teachers and students, interactive, multi-media materials designed for children and adolescents
8) Increase multisectoral collaboration and partnership on HIV/AIDS prevention and mitigation.	UPHOLD will disseminate information and foster opportunities for multisectoral dialogue by organizing workshops, forums, exchange visits. Given that the majority of UPHOLD's beneficiaries are farmers, pastoralists, or fisher people, the Program will also explore partnership with the agriculture sector.

III. HEALTH SECTOR PRIORITIES	
PRIORITY AREAS	STRATEGIES
1) Support community-driven infrastructure development to increase access to and provision of quality social services.	**Community grants will be awarded to assist communities who have initiated the construction of schools and health centers and who need some financial and/or technical assistance in completing the construction. This strategy is expected to promote social change through influencing government policy in terms of increasing support to infrastructure development at district and community levels.**
2) Increase immunization coverage in children less than 12 months of age.	UPHOLD will build on the experiences and lessons learned from MOH/BASICS, particularly to review, adopt and reproduce the tools developed for monitoring immunisation performance, drop out rates and vaccine wastage at the health unit level. UPHOLD will also support the dissemination, review and expansion of the tools and approaches developed by BASICS for community problem solving and strategy development, and for improving provider-community dialogue and relationships. UPHOLD will also support the reproduction of materials developed by DISH II to support districts and health sub-districts to conduct whole site support supervision activities. UPHOLD will also advocate for the introduction of TT immunisation in primary schools to strengthen national TT campaigns and to sustain a high TT coverage.

3) Increase access to quality adolescent-friendly health services.	UPHOLD will prioritize operational and technical grant awards to support the dissemination, piloting and expansion of best practices in adolescent-friendly health services in both in-school and out-of-school settings. UPHOLD's strategies will also focus on developing and expanding behaviour change communication strategies that promote teacher-child and parent-child dialogue, as well as peer support and counseling groups for adolescents. UPHOLD will collaborate with DELIVER to assess logistical needs and facilitate strategic planning among stakeholders to improve the availability of equipment and supplies for adolescent-friendly health services.
4) Support the increased provision of essential obstetric and postnatal care.	UPHOLD will increase availability of ECO services through community support to bring the services closer at HC3 and HC2 levels. Support will also be provided to HC4s to become functional in the provision of emergency obstetric surgical services. Training of service providers will be geared towards the improvement of interpersonal skills. Family and community health-seeking behaviours will also be addressed through an interactive process between the service pr4oviders and the community.

5) Increase utilization of family planning services.	Increase FP uptake through improved culturally acceptable advocacy at the national, district and more decentralized levels. Support improved logistics management and facilitating more and functional avenues for long term and permanent FP methods.
6) Increase the availability and use of ITNs by pregnant women and children under five years of age.	In support of MOH's ITN policy, the public and private sector will be supported to procure and sell ITNs at a subsidized price that will be decided through dialogue. UPHOLD will also support demonstrated good practices of displaying and providing ITNs in health facilities.
7) Support the national campaign for mass treatment for schistosomiasis among children.	UPHOLD will collaborate closely with the MOH, MOE and the Schistosomiasis Control Initiative (SCI) to develop behaviour change communication strategies, messages and materials in support of the mass distribution of praziquantel among primary school children in endemic areas. The BC messages will target children, teachers, school administrators, parents, and community leaders.
8) Increase coverage of services provided through community-based treatment (DOTS) of TB	In conjunction with the zonal TB L supervisors and the District Health Teams, the existing DOTs strategy will be expanded to cover more subcounties, following the national guidelines.

5.3.5 Cross-cutting technical priority areas and strategies:

As noted in Box 5 of section 4.2, there are a number of priorities that cut across all of the social sector services and for which technical strategies will be developed. *Behaviour Change Communication* and other behaviour change strategies will serve as critical technical components to increase demand and utilization of social services, improve dialogue between service providers, service planners and managers, and consumers, and provide an enabling environment to sustain the delivery of quality social services. As noted elsewhere in this document, formative research, combined with a review of existing behaviour change strategies, messages, and materials will precede the development of new and/or improved BC strategies during Year 1.

Behaviour change communication strategies will be closely linked to strategies developed in another cross-cutting technical area: *Community Ownership and Involvement.* UPHOLD's strategic approach to increasing community ownership and involvement will begin with facilitating multisectoral and multilevel dialogue, consensus and improved strategic thinking about how programs define and address "communities". In addition to a definition of communities based upon geographic areas (i.e. "villages" is often synonymous with "communities"), UPHOLD will develop strategies to address and involve specific groups and collectives who are bound together on the basis of shared identities, perspectives or interests (e.g. parents, children, teachers, and PLWHAs). UPHOLD will also explore innovative and culturally-sensitive approaches to increase community involvement through strategies building on family networks and other social support networks, as pioneered in Uganda by anthropologists and other social scientists working in community-oriented programs like the National Onchocerciasis Control Program.

During its first year of operations, UPHOLD will prioritize the dissemination and application of a number of existing national and program strategies promoting community involvement. These include: Community-Based Growth Promotion (BASICS); Community-IMCI (MOH); Home-Based Management of Fever (MOH); Partnership for Dialogue on Quality (Save-USA); successful and/or promising pilot initiatives in Non-Formal Education and Community–Based Education; and Community Direct Observed Treatments for tuberculosis control.

Quality Assurance (QA), which can be simply defined as a system to support performance according to standards, is a third important cross-cutting technical priority area. UPHOLD's strategic approach to Quality Assurance places a strong emphasis on client satisfaction and consumer advocacy, establishing incentive systems and other behaviour-centred

strategies to motivate service providers to give quality services, and performance improvement approaches that promote skills-building, effective supervision and institutional support. Promoting dialogue across the sectors and disseminating best practices will be important strategies in UPHOLD's first year of operations, as the concepts of QA are not yet well-known by stakeholders at all levels. UPHOLD's Stakeholder Analysis has indicated that the MOH's Yellow Star Programme has attracted considerable interest in all sectors. An important QA strategy will consequently be to strengthen YSP in the health sector and to facilitate its introduction and adaptation to the Education and HIV/AIDS sectors through multisectoral conferences, workshops, and planning meetings.

6. Description of Program Activities

6.1 *Overview*

UPHOLD's activities during Year 1 will be implemented within five main components: 1) managerial, 2) operational, 3) grants, 4) research, monitoring and evaluation, and 5) technical area.

Managerial activities are those activities conducted internal to UPHOLD to assure rapid and effective performance in its external activities. Examples of management activities include staff recruitment and professional development, financial and administrative procedures, and internal planning, supervision, and monitoring.

Operational activities are those cross-cutting activities conducted by UPHOLD as an organization that are implemented with the purpose of facilitating or supporting UPHOLD's technical activities. Examples of operational activities include establishing regional offices, holding UPHOLD's national and regional launches, organizing and facilitating multisectoral Annual Planning workshops, assisting stakeholders to identify areas of action research, and organizing stakeholder forums on cross-cutting issues (e.g. gender mainstreaming, community ownership, quality assurance, public-private partnerships).

Grants activities are those activities specific to operationalizing UPHOLD's Grants Strategy. Examples of grants activities include reviewing proposals from grant applicants, providing technical assistance to support Local Councils in developing proposals, reviewing financial reports, and monitoring the management of grant awards.

Research, Monitoring and Evaluation activities are those specific to operationalizing UPHOLD's Monitoring and Evaluation (M&E) Framework. Examples of Research, M&E activities include conducting an assessment of NGO/CBO capacity and performance in HIV/AIDS support, conducting formative research on stakeholder perspectives on quality of care in HIV/AIDS services, conducting baseline surveys, data collection, entry and analysis, procuring laptop computers for districts, and developing quarterly MIS bulletins.

Technical area activities are those activities specifically related to Education, HIV/AIDS and Health within UPHOLD's seven domains of technical intervention, as noted in Section 1.3. Table 5 below presents some illustrative examples of activities within each of the seven domains of technical interventions.

Table 5: Technical Domains and Illustrative Key Activities

N°	Domains	Illustrative Interventions
1	Education	• Evaluation of CCT performance within TDMS • Developing a concept paper on school-based quality reform including an Assessment Instrument for Best Practices in School Effectiveness • Conduct teacher training needs assessment • Develop in-service teacher training in cooperative learning and inquiry teaching and train Teacher Trainers in 7 districts • Increase involvement of teachers, parents and children in the development of locally made learning resource materials • Increase family and community involvement in schools • Public awareness campaigns and community meetings to promote girls' education
2	Health	• Train providers in Integrated Management of Childhood Illness (IMCI) • Support to strengthen cross-referral systems between public and private RH providers (includes TBAs) • Dissemination of immunization guidelines and performance standards to 20 districts • Train Health Workers in Performance Improvement for immunization • Behaviour change communication strategies promoting home management of fever
3	HIV/AIDS	• Expansion of VCT coverage by AIC • Increase coverage and quality of PMTCT services • HIV/AIDS care including counseling and social support to PLWHAs • Strengthen cross-referral systems between public providers and traditional practitioners in management of opportunistic infections
4	Education/Health	• School-community forums to discuss and develop school feeding initiatives • Train teachers in participatory methodologies promoting child-to-child and child-to-parent activities in support of C-IMCI • School-based distribution of praziquantel in

		schistosomiasis-endemic areas • Support the scale-up of effective community-based ECD initiatives
5	Education/HIV/ AIDS	• In-school peer counseling and support groups for students and teachers • Facilitate music, dance and drama competitions and other behavior change communication strategies to support the President's Initiative on HIV/AIDS education in schools. • Support dissemination of PIASCY manuals and the training of teachers in their use
6	Health/HIV/ AIDS	• Integrated HIV/AIDS and TB at multiple service entry points • Strengthened referral systems between public health care providers and traditional healers in the management of opportunistic infections
7	Education/Health/HIV/AIDS	• Promotion of school based reproductive health, HIV/AIDS and STI information and services for adolescents • Support the development and piloting of integrated School Health and HIV/AIDS activities to support existing curriculum

7. Monitoring and Evaluation Framework

UPHOLD's Monitoring and Evaluation (M&E) Framework is a separate document submitted to USAID/Uganda. As with all of UPHOLD's strategic planning documents, the M&E Framework is conceptually linked to USAID's Strategic Objective 8 and focuses on increasing the utilization, improving the quality, and strengthening the sustainability of social service delivery.

The main purposes of the M&E framework are to:

- measure and report UPHOLD's progress and performance in achieving the three intermediate results to USAID/Uganda and other UPHOLD stakeholders at all levels;

- contribute to a culture of information use for planning, decision-making, and program improvement by making dialogue and feedback integral systems of M&E; and

- provide an evidence-based platform for policy discussions and advocacy at district, regional and national levels.

The M&E Framework was developed through a consultative process of interactions with stakeholders in all three sectors, as well as through a preliminary review of the national HMIS and EMIS systems, and indicators used by USAID/Uganda.

8. Program Risks

The present Strategic Framework was developed with the knowledge that a number of key risks are associated with implementation of UPHOLD's activities that may present constraints on the Program's expected outcomes in the first year. A critical analysis of the program environment indicates that eight elements constitute significant and highly probable risks to the effective operations of UPHOLD in its quest for results.

In general, these risks fall into four categories: the *first* is linked to conflict in Northern Uganda and elsewhere; the *second* refers to those risks intrinsic to government policy actions such as the gap between policy discourse on community ownership and on-the-ground responses, boundaries arising from shifting roles in decentralization implementation, and sector-wide approach to implementation; the *third* refers to shortage of skilled human resources; and the *fourth* refers to USAID/GOU decisions on a systems-type program. While unavoidable, the implications of these risks on program action and potential strategies for mitigation are also described.

These risks will be tracked during the first year of implementation and well beyond as circumstances warrant.

Table 6 on the following page presents a summary of the key risks, implications, and mitigation strategies employed by UPHOLD.

Table 6: Key Risks, Implications and Mitigation Strategies Associated with UPHOLD Implementation

Risk (Probability)	Implications	Mitigation Strategies
Conflict escalation or and delays in the emergence of lasting peace in Northern Uganda. (80%)	Potential delays in the deployment of technical and material assistance to districts.	Evolve flexible strategies and implementation of work in conflict areas. Maintain regular contacts with Local Government partners, UN OCHA for up-to-date developments in the North. Specifically advance activities linked to strengthening civil society Contribute to activities to promote dialogue.
Persisting gap between policy discourse on community ownership substantive responses at the district and sub-district levels. (70%)	Delays in the inclusion of communities in development. District-supported programs may still be under-utilized, as they may not address community needs.	Work with districts to develop practical mechanisms for promoting community involvement. Invest in systems thinking for district leaders. Be an example of community orientation in program operations.
Shortage of essential supplies (books, drugs curricula) to support social services delivery. (60%)	Access to quality social services by communities may still be hampered. Improved health and education outcomes will be less than expected.	Work with DELIVER to improve district logistics planning and management for medical supplies. Work with technical experts to increase education related logistics planning and management district Plan a priori for security of supplies.
Persisting "boundaries" between actors across sectors and levels of decentralization. (70%)	Duplication of roles and responsibilities, and interventions at district and sub-district levels. Missed opportunities for collaboration essential for intersectoral	Invest in systems thinking training for key leaders. Invest in leadership development skills for leaders. Develop, advance, and track the use of composite indicators that foster cooperative, multisectoral transactions at district and

	approaches to poverty eradication at district level. Potential to undervalue multisectoral approaches to human capacity development	sub-district levels.
The reality of UPHOLD as a project in an environment driven by a sector-wide approach to implementation. (95%)	Potential perception that UPHOLD may not be amenable to GOU partnership principles.	Implement findings from stakeholder analysis. Actively embrace stakeholder participation in all aspects of implementation. Comply with and track progress on MOH and MOE partnership principles. Affirm and promote the niche role of UPHOLD to directly support district provision of social services.
Intensified shortage of skilled personnel at district and sub-district levels and NGO. (50%)	Partners may not be able to absorb funds to implement key social interventions. Results may take longer than anticipated to be realized.	Invest in leadership development and training for existing personnel in districts. Promote use of public-private partnerships to leverage in-country human resources.
Delay of planned USAID investments in systems-type program. (80%)	Short to medium term delay in the resolution of policy questions related to effective service delivery. Mechanism for feedback loop between service delivery and systems activity could be delayed if not re-conceptualized.	Intensify dialogue on systems-related activities with central level government partners. Form and intensify alliances with other partners engaged in policy-related activities.

9. Conclusion

The program of work presented reflects UPHOLD's current understanding of the priority policies governing the education, HIV/AIDS and health sectors and focal areas. While efforts have been made to understand the priorities of districts through key pertinent documents, the proposed activities must still be verified through direct contacts with local council functionaries in the participating 20 districts. While it is understood that some activities may change, every effort has been made to capture district priorities. Similarly, it is anticipated that new opportunities can and will emerge that will shape the choice of strategies and the chosen activities for implementation.

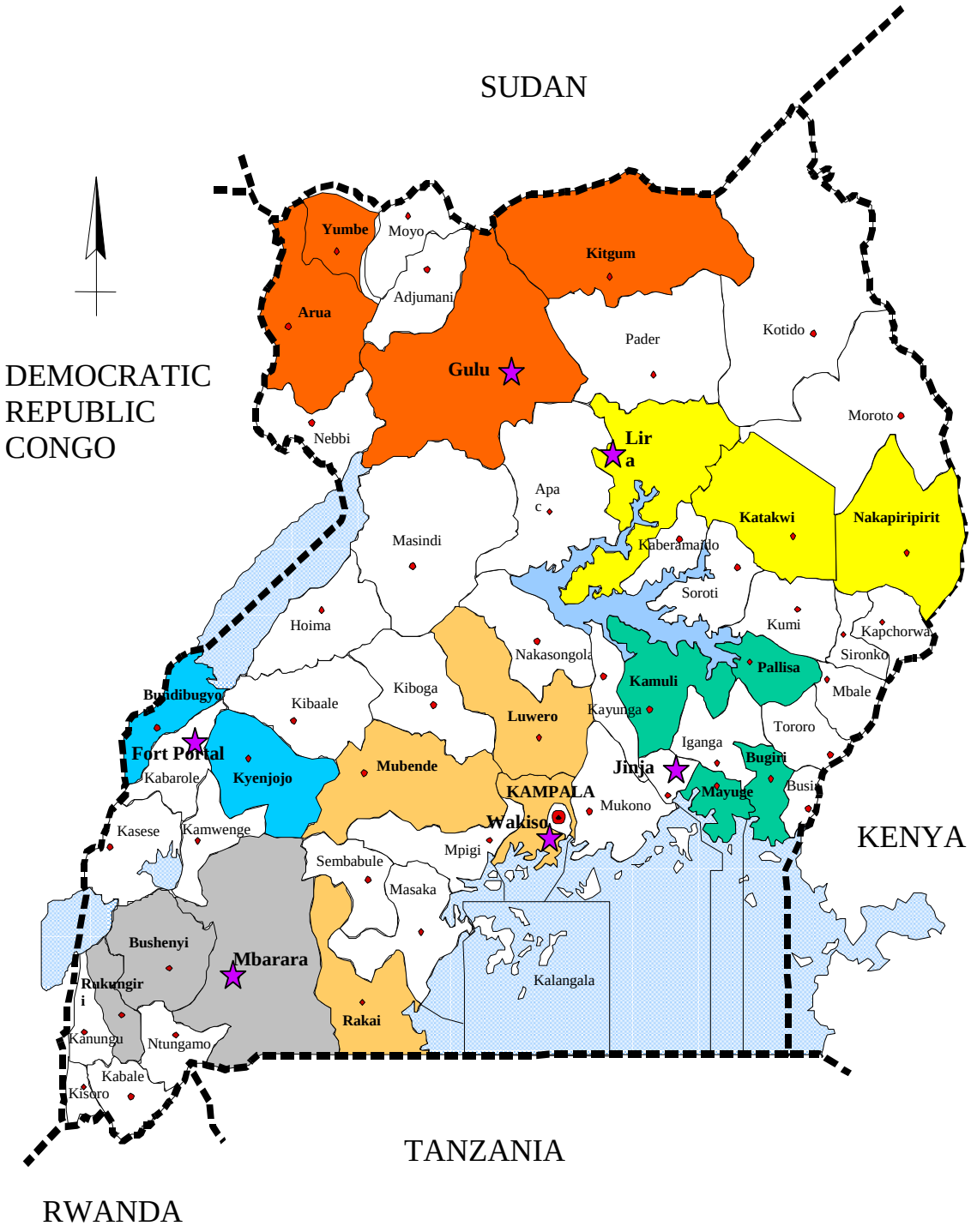
In closing, the current Strategic Framework is viewed as a living document subject to changes as warranted and negotiated with partners and stakeholders. The governing principles including those that emphasize partnerships, stakeholder participation, and a focus on results shall, however, remain unchanged. A focused commitment to increasing the use of social services that install sustainable improvements in human capacity shall also remain unchanged.

APPENDIX A

Map of Uganda showing districts and regional offices

APPENDIX A

APPENDIX A


SUDAN
DEMOCRATIC REPUBLIC CONGO
KENYA
TANZANIA
RWANDA
Yumbe
Moyo
Kitgum
Arua
Adjumani
Pader
Kotido
Gulu
Moroto
Nebbi
Lira
Apac
Katakwi
Nakapiripirit
Masindi
Kaberamaido
Soroti
Hoima
Kumi
Kapchorwa
Nakasongola
Sironko
Pallisa
Kamuli
Bundibugyo
Kibaale
Kiboga
Luwero
Kayunga
Mbale
Tororo
Fort Portal
Kabarole
Kyenjojo
Mubende
Iganga
Bugiri
Jinja
KAMPALA
Mayuge
Busia
Mukono
Wakiso
Kasese
Kamwenge
Mpigi
Sembabule
Masaka
Bushenyi
Mbarara
Kalangala
Rukungiri
Rakai
Kanungu
Ntungamo
Kabale
Kisoro

APPENDIX B

List of UPHOLD-Supported Districts and Beneficiary Groups

List of UPHOLD-supported Districts and Beneficiary Groups

	District	Region	Counties	Sub counties	Parishes	Villages	HSDs[1]	Primary Schools[2]	REGIONAL OFFICE BASE	Remark
1	ARUA		7	36	321	2,103	7	331	***GULU**	
2	YUMBE	**NORTH**	1	8	42	324	1	83	**15 Counties**	
3	GULU		5	23	121	407	4	179		
4	KITGUM		2	19	93	763	2	146	**86 Sub counties**	
			15	**86**	**577**	**3,597**	**14**	**739**		
5	LIRA		6	28	159	2,139	7	313	***LIRA**	
6	KATAKWI	**NORTHEAST**	3	18	93	711	3	160	**14 Counties**	
7	NAKAPIRIPIRIT		3	10	42	183	3	111	**56Sub counties**	
			14	**56**	**299**	**3033**	**13**	**584**		
8	MAYUGE		1	7	68	383	3	116	*** JINJA**	
9	BUGIRI	**EAST**	1	16	101	544	3	250	**10 Counties**	
10	PALLISA		4	28	136	688	4	173		
11	KAMULI		4	23	135	1,296	5	163	**74 Sub counties**	
			10	**74**	**372**	**2,528**	**12**	**702**		
12	WAKISO		3	17	135	764	7	597	***WAKISO**	
13	LUWERO	**CENTRAL**	3	21	138	897	4	183	**14**	

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14	MUBENDE		4	20	136	1,273	6	406	**Counties**	*commur*
15	RAKAI		4	26	121	904	4	262	**84 Sub counties**	*schools*
			14	**84**	**530**	**3,838**	**21**	**1,448**		
16	MBARARA		8	46	240	2,253	10	472	***MBARARA**	
17	BUSHENYI	**SOUTH**	5	29	170	2,027	7	429	**15**	
18	RUKUNGIRI		2	11	73	818	3	194	**Counties 86 Sub counties**	
			15	**86**	**483**	**5,098**	**20**	**1,095**		
19	BUNDIBUGYO		3	10	47	428	4	84	***FORT**	
20	KYENJOJO	**WEST**	2	14	71	681	3	131	**PORTAL 5 Counties 24 Sub counties**	
			5	**24**	**118**	**1,109**	**07**	**215**		
TOTALS			**73**	**410**	**2,379**	**19,203**	**87**	**4,783**		

APPENDIX C

Population Characteristics

Population Characteristics of the 20 UPHOLD-supported Districts

DISTRICT NAME	MALES	FEMALES	TOTAL POPN	WOMEN OF REPROD AGE	CHILDREN <1YR	CHILDREN <5YR	ADOLESCENT	EDUC_CLASS ROOMS	GOVT TEACHERS	CHILDREN ENROLLED IN SCHOOL
ARUA	409,203	445,852	855,055	196,662	42,752	171,011	196,662	2,456	5,444	304,052
BUGIRI	206,902	219,620	426,522	98,100	21,326	85,304	98,100	1,085	1,889	124,229
BUNDIBUGYO	103,152	109,732	212,884	48,963	10,644	42,576	48,963	564	1,081	59,207
BUSHENYI	349,051	374,376	723,427	166,388	36,171	144,685	166,388	3,287	4,229	242,310
GULU	228,181	240,226	468,407	107,733	23,420	93,681	107,733	1,625	2,382	148,281
KAMULI	346,847	365,232	712,079	163,778	35,603	142,415	163,778	1,962	2,941	206,241
KATAKWI	148,604	158,428	307,032	70,617	15,351	61,406	70,617	889	1,725	83,471
KITGUM	139,375	146,747	286,122	65,808	14,306	57,224	65,808	722	1,352	86,022
KYENJOJO	189,255	191,107	380,362	87,483	19,018	76,072	87,483	843	1,336	91,829
LIRA	373,974	383,789	757,763	174,285	37,888	151,552	174,285	2,780	4,143	208,679
LUWERO	234,916	239,711	474,627	109,164	23,731	94,925	109,164	1,921	2,681	137,450
MAYUGE	159,480	167,087	326,567	75,110	16,328	65,313	75,110	570	1,633	102,305
MBARARA	537,005	552,046	1,089,051	250,481	54,452	217,810	250,481	2,861	5,704	293,086
MUBENDE	354,993	351,263	706,256	162,438	35,312	141,251	162,438	1,771	3,103	163,317
NAKAPIRIPIRIT	76,892	76,970	153,862	35,388	7,693	30,772	35,388	158	257	20,880
PALLISA	253,030	269,224	522,254	120,118	26,112	104,450	120,118	1,489	2,435	154,460
RAKAI	232,262	239,544	471,806	108,515	23,590	94,361	108,515	1,469	3,249	120,331
RUKUNGIRI	144,875	163,821	308,696	71,000	15,434	61,739	71,000	1,236	1,740	79,999
WAKISO	462,277	495,003	957,280	220,174	47,864	191,456	220,174	1,638	2,765	115,593
YUMBE	127,092	126,233	253,325	58,264	12,666	50,665	58,264	429	1,451	80,955
TOTAL	**5,077,366**	**5,316,011**	**10,393,377**	**2,390,469**	**519,661**	**2,078,668**	**2,390,469**	**29,755**	**51,540**	**2,822,697**
National Total	**12,124,761**	**12,624,216**	**24,748,977**	**5,692,265**	**1,237,449**	**4,949,795**	**5,692,264**	**67,980**	**118,784**	**6,421,746**
% of National Tot	**42**	**42**	**42**	**42**	**42**	**42**	**42**	**44**	**43**	**44**

Sources: National Bureau of Statistics (Population and Housing Census 2002)
Ministry of Education - Education Management Information System (EMIS)

APPENDIX D

UPHOLD Stakeholder Analysis to date and Illustrative Example of Stakeholders by UPHOLD-Supported Districts

Stakeholder Analysis Table to Date
(April 2003)

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
1	Africare	X		X	X		X		Ntungamo, Kabale, Kabarole	School feeding in 4 districts in SW; Worldspace radio for HIV ed. in schools
2	ActionAid	X	X		X			X	Bundibugyo, Mbarara, Mpjiji, Mubende, Kalangala, Iganga, Pallisa, Kapchorwa, Katakwi, Apac, Masindi, Kitgum,	Long track record on emergency response, rights.
3	ACFODE (Action for Development)	X	X	X					Kiboga, Pallisa, Lira, Rukungiri, Arua, Kampala,	Successful at training in women's leadership skills.
4	AIC (AIDS Information Centre)	X					X		Kampala, Luwero, Masaka, Nakasongala, Rakai, Sembabule, Bushenyi, Jinja,	Youth friendly services in and out of schools

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/ED AIDS	Districts	Notes
									Kamule, Kapchorwa, Kumi, Mbale, Pallisa, Soronko, Tororo, Katakwi, Moyo, Soroti, Kasese, Masindi, Mbarara, Ntugama, Adjumani, Arua, Nebbi, Yumbe	
5	AIM (AIDS/HIV Integrated Model District Programme)	X	X	X		X	X	X	Yumbe, Arua, Nebbi, Pader, Apac, Lira, Katakwi, Soroti, Kumi, Pallisa, Tororo, Mubende, Kibale, Bushenyi, Rukungiri, Ntugamo	Involved in PIACY Taskforce; discussing with MOES and USAID how it can support the PIACY manuals that have been developed
6	Aga Khan Foundation-EUPEK		X				X		Kampala	School-based teacher education, reform and community school partnership for

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										improved learning
7	AMREF (African Medical and Research Foundation)	X	X	X	X	X	X	X	Luwero, Ntungamo, Gulu, Nakasongola, Soroti, Kotido, Mbale, Kampala, Kibale, Kibale, Rukungire, Kabale, Kisoro, Iganga, Tororo, Bugiri, Busiro, Kumi, Pallisa, Sironko, Mayuge, Bundibugyo	Has an impressive best practice on school health and AIDS, well documented in a report: "The Effects of the Katakwi/Soroti School Health and AIDS Prevention Project"
8	BASICS II			X					Lira, Apac, Masindi, Luwero, Kiboga, Masaka, Kumi, Ntungamo.	Immunization, Nutrition (Community based growth promotion), CIMCI
9	BEPS (Basic Education)		X			X	X		National coverage	UPHOLD identified to take over some

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										activities in 2004
10	CARE			X					Arua, Gulu, Kabale, Kasese	Capacity building
11	CDFU	X		X	X				National consulting NGO	NGO with experience with BCC
12	CMS (Commercial Marketing Strategies)	X		X	X				National Program	Private sector marketing project
13	Communities	X	X	X	X	X	X	X	Nationwide	Assumptions regarding intersection of sectors to be confirmed.
14	CRD (Community Resilience and Dialogue	X	X						Kisese, Bundibugyo, Arua, Yumbe, Kitgum, Gulu, Pader, Nakapiripirit, Kotido, Moroto	Consortium working on psychosocial, peace education, HIV/AIDS, community ownership of

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										schools
15	CRS (Catholic Relief Services)	X	X						Gulu, Kitgum, Pader, Arua, Nebbi, Bundibugyo, Kabarole, Hoima, Masindi, Kibaale, Kisese, Luwero, Nkasongola, Kampala, Masaka, Rakai	Work w/FBOs, school feeding program, experience in North
16	DELIVER			X	X				National level program	
17	District government	X	X	X	X	X	X	X		Recognize that coordination and integration of sectors may not be strong in all districts
18	FENU (Forum for Education NGOs in Uganda)		X						All, District offices set up in Mbale, Masindi, Mubende, Nakasongola, Bundibungyo	This network of NGOs in the education sector. Assist partners in

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/ED AIDS	Districts	Notes
										advocacy and resource mobilization.
19	Health Training Consult	X		X	X	X	X	X	National	Focus on training of health workers and communities in various health care activities
20	Institute of Public Health (IPH)	X		X	X				National coverage	Good at capacity building for Action Research
21	Kyambogo University		X			X	X	X	Connect ED in: Shimoni, Kamuli, Bushenyi, Tororo, Lira, Gulu, Soroti, Mbarara	Responsible for teacher training in PTC, TTC, and NTCs. USAID funded project- Connect ED has installed

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										computer facilities in 8 PTCs
22	Ministry of Education	X	X			X	X	X	National coverage	Meetings held with Dept of Special Needs/Guidance and Counselling, Primary/Pre-primary, Planning and Budget, ESA
23	Ministry Gender, Labour and Social Development	X	X	X	X	X	X	X	National coverage	All domains of intervention as they affect women and families
24	Ministry of Health	X	X	X	X	X	X	X	National coverage	Meetings held with Mental Health, IMCI, Repro health, Infectious Disease, Vector

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										Control Unit, UNEPI, Yellow Star etc.
25	Ministry of Local Government								National coverage	
26	MOST			X					National program but also has direct interventions in Kumi and Sembabule.	Vit. A capsule supplementation, food fortification, diet diversification, control and prevention of anaemia
27	MUST-CHD (Mbarara University of Science and Technology– Community Health Department)	X		X	X				Mbarara, Bushenyi, Rakai, Ntungamo, Kasese, Sembabule	Community based medical education programme with emphasis on participatory Operations Research
28	NCRL (Natural Chemotherapeutic Research	X		X					Nationwide coverage	Disseminate information to traditional

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
	Laboratories)									healers on safety of herbal medicine and effective botanical substances
29	NGO Forum	X	X	X	X	X	X		Nationwide coverage	
30	NRC (Norwegian Refugee Council)		X						Gulu	Focus on school construction and teacher training. Will move to do similar work in Kitgum and Pader next year.
31	NUSAF (Northern Uganda Social Action Fund)		X	X					Pallisa, Kumi, Soroti, Katakwi, Kotido, Gulu, Kitgum, Pader, Lira, Apac, Adjumani, Moyo, Yumbe, Nebbi, Arua, Moroto, Nakapiripirit, Kaberamaido	Four components: Community development initiative, support to vulnerable groups, community

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										reconciliation, and institutional development
32	OCHA (United Nations Office for the Coordination of Humanitarian Affairs)	X	X	X	X	X	X		Gulu, Pader, Kitgum,	OCHA coordinates the efforts of humanitarian assistance
33	Pathfinder	X				X	X		Currently in 13 districts	AYA (AIDS Youth Alliance) which is school-based RH and HIV
34	RCQHC (Regional Centre for Quality Health Care)	X		X	X	X			International programme	Focus on networking to promote better practices in quality of health care. Train in QA, PI, leadership skills.
35	Save the Children/USA		X	X		X	X		Nakasongola, Kasese, Luwero.	CHANCE schools, school

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										feeding, RH, HIV/AIDS
36	Save the Children - Denmark	X	X	X					Kumi, Wakiso, Mpigi, the North	Child protection and rights of the child, increase district and NGO capacity, peace and reconciliation
37	Save the Children - Norway	X	X	X	X		X		Kampala, Moroto, Kotido, Lira, Mbale, Igang, Mayuge, Mpigi, Lira, Apac, Soroti, Kaberamaido	Rights of the Child, basic education, children affected by armed conflict, child sexual abuse and exploitation, ABEK
38	SDU (Strengthening Decentralization in Uganda)	X	X	X					Gulu, Apac, Nakasongola, Luwero, Kamuli, Tororo, Mbarara, Kabale	Capacity building in all sectors; opportunity to

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
										coordinate on management training
39	SCI (Schistosomiasis Control Initiative)			X					Arua, Nebbi, Adjumani, Apac, Moyo, Masindi, Hoima, Nakasongola, Kibale, Bundibudyo, Lira, Busia, Bugiri, Mayuge, Jinja, Wakiso, Kayunga, Mukono, Gulu, Kitgum, Pader	Receives funds from Gates Foundation. Donates drugs for mass treatment for school children in 21 districts
40	Straight Talk Foundation	X		X	X	X	X	X		Development and dissemination of age appropriate print materials, media communication and training on HIV and health issues
41	TASO (The AIDS Support	X			X				Kampala, Wakiso, Jinja, Masaka, Mbale,	

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/ED AIDS	Districts	Notes
	Organisation)								Mbarara, Mulago, Tororo	
42	Uganda AIDS Commission	X					X		National coverage	PIACY
43	UNHCO (Uganda National Health Users/Consumers Organization)	X		X	X	X		X	Kampala, Bushenyi, Luwero	Focus on patient rights to quality health care
44	Ugandan Red Cross	X		X	X				Adjumani, Apac, Arua, Bundibugyo, Bushenyi, Busia, Gulu, Hoima, Iganga, Jinja, Kabale, Kabarole, Kagadi, Kalangala, Kampala, Kamuli, Kapchorwa, Kasese, Kisoro, Kitgum, Kumi, Lira, Luwero, Masaka, Masindi, Mbale, Mbarara, Mityana, Moroto, Moyo, Mpigi, Mukono, Nebbi, Ntungamo, Pallisa,	Operations curtailed in the North since February 2003, due to insecurity

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
									Rakai, Rukungiri, Soroti, Tororo	
45	UNICEF including Breakthrough to Literacy and ECD	X	X	X	X	X	X	X	Kalangala, Kiboga, Masaka, Mubende, Rakai, Sembabule, Bugiri, Busia, Pallisa, Tororo, Adjumani, Apac, Arua, Gulu, Kitgum, Kotido, Lira, Moroto, Moyo, Nakapiripirit, Nebbi, Pader, Yumbe, Bundibugyo, Kabarole, Kamwenge, Kasese, Kibaale, Kyenjojo, Mbarara, Ntungamo	Working in ECD, HIV/AIDS, OVCs, PMTCT, basic education, rights of the child, nutrition, school and community sanitation and water, builds district level capacity
46	UNFPA (United Nations Population Fund)									RH and population issues
47	UPMA (Uganda Private Midwives Association)	X		X	X				Kampala, Kiboga, Mubende, Mukono, Mpigi, Kayunga, Wakiso, Jinja, Kamuli,	Focus of RH, child and adolescent health, and

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/ED AIDS	Districts	Notes
									Iganga, Bugiri, Mayuge, Pallisa, Kumi, Kapchorwa, Tororo, Soroti, Busia, Arua, Gulu, Apac, Lira, Nebbi, Masaka, Rakai, Sembabule, Mbarara, Bushenyi, Kabarole, Kasese, Hoima, Masindi, Rukungiri, Kibale	quality improvement
48	WFP (World Food Programme)			X					Bundibugyo, Gulu, Adjumani, Arua, Yumbe, Moyo, Pader, Kitgum, Kotido, Moroto, Nakapiripirit	Food distribution relief
49	WHO (World Health Organization)	X		X	X	X		X	National coverage	Works in all health areas nationally
50	World Vision	X	X	X	X	X	X	X	Kabale, Bundibugyo, Hoima, Kitgum, Luwero, Nakasongola, Nebbi, Arua, Gulu, Pader, Kotido, Moroto,	North experience, OVC, vocational education for youth

	Name	HIV/AIDS	ED	Hlth	Health/HIV	Health/ED	ED/AIDS	Hlth/EDAIDS	Districts	Notes
									Nakapiripirit Kapchorwa, Tororo, Soroti, Mukono, Kampala, Mpigi, Masaka, Rakai, Lira	

Illustrative Example of Stakeholder Presence

	Stakeholder	Arua	Bugiri	Bundibugyo	Bushenyi	Gulu	Kamuli	Katakwi	Kitgum	Kyenjojo	Lira	Luwero	Mayuge	Mbarara	Mubende	Nakapiripirit	Pallisa	Rakai	Rukungiri	Wakiso	Yumbe
1	ActionAid			X				X	X					X			X				
2	AIC	X			X							X		X			X	X			X
3	AIM	X			X			X			X				X		X		X		X
4	AMREF		X	X		X						X	X				X		X		
5	BASICS II										X	X									
6	CARE	X				X															
7	CMS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8	CRD	X		X		X			X							X					X
9	CRS (Caritas)	X		X		X			X			X						X			
10	MoE- Instructional Materials Unit										X							X			
11	NUSAF	X				X			X		X						X	X			X
12	Private schools and clinics	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
13	Save the Children/USA											X									
14	Schistosomiasis Control Initiative	X	X	X		X					X	X								X	
15	SDU					X	X					X		X							
16	TASO													X						X	
17	UNEPI	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
18	UPMA	X	X		X	X					X		X	X	X		X	X	X	X	
19	World Vision	X		X		X			X		X	X				X		X			
20	Yellow Star						X					X		X				X			

APPENDIX E

Mapping of VCT Services in UPHOLD-supported Districts

Mapping of VCT Services for UPHOLD Districts.

REGION	DISTRICT	POPN.	HSDs	VCT SITES	PARTNERS	COMMENTS
NORTHERN	1. ARUA	855,055	7	3 Maracha, Omugo R. Camp	**AIM, AIC, TASO**, UACP, UNICEF, CRD, CMS, ? MOH	Leave to AIM
	2. GULU	468,407	4	0	CMS, CRD, UNICEF,	AIC, TASO coming on board For **UPHOLD**
	3. YUMBE	253,325	1	0	**AIM, AIC**, UNICEF, CMS, CRD	Leave to AIM
	4. KITGUM	286,122	2	0	UACP, UNICEF, CRD	AIC, TASO coming on board For **UPHOLD**
NORTH EAST	1. KATAKWI	307,032	3	1 Katakwi	**AIM, AIC**, CMS	Leave to AIM
	2. LIRA	757,763	7	0	**AIM**, UACP, UNICEF, CMS	AIC, TASO coming on board Leave to AIM

	3. NAKAPIRIPIRIT	153,862	3	0	UACP, UNICEF, CRD, CMS	For **UPHOLD**
MID WEST	1. KYENJOJO	380,362	3	0	UACP, UNICEF, CMS, CRD	For **UPHOLD**
	2. MUBENDE	706,256	6	0	**AIM,** UNICEF, CMS	Leave to AIM
	3. BUNDIBUGYO	212,884	4	0	UNICEF, CMS, CRD	For **UPHOLD**
WESTERN	1. BUSHENYI	723,427	7	0	**AIM**, UACP, AIDSMARK, CMS	Leave to AIM
	2. MBARARA	1,089,051	10	3 Ruhoko Rushere AIC	**AIC, TASO**, AIDSMARK(PMTCT), UNICEF, UACP, CMS	For **UPHOLD**
	3. RUKUNGIRI	308,696	3	0	**AIM**, CMS	Leave to AIM
CENTRAL	1. WAKISO	957,280	7	0	**TASO**, UACP, CMS	For **UPHOLD**
	2. LUWERO	474,627	4	7 Kasana Bamunanika Kalagala Katikamu Matete Ntusi Zirobwe	**AIC**, CMS**, PLAN**	Well served

	3. RAKAI	471,806	4	3 Rakai Kalisizo Lyantonde	**AIC**, UNICEF, UACP, CMS	For **UPHOLD**
EASTERN	1. PALLISA	522,254	4	4 Kamuge Pallisa Budaka Nagwere	**AIM, AIC**, UNICEF, CMS	Leave to AIM
	2. BUGIRI	426,522	3	0	UNICEF, CMS	For **UPHOLD**
	3. KAMULI	712,079	5	3	**AIC**, UACP, CMS	For **UPHOLD**
	4. MAYUGE	326,567	2	0	UACP, CMS	For **UPHOLD**

Planned Establishment of VCT Centres

DISTRICT	VCT CENTRES (1st Year)	VCT CENTRES (2nd Year)	RESPONSIBLE ORGANISATION
1. GULU	3	-	AIC
2. KITGUM	3	-	AIC

3. NAKAPIRIPIRIT	1	2	UPHOLD
4. KYENJOJO	1	2	UPHOLD
5. BUNDIBUGYO	2	2	UPHOLD
6. MBARARA	3	4	UPHOLD
7. WAKISO	3	4	UPHOLD
8. RAKAI	0	1	UPHOLD
9. BUGIRI	1	2	UPHOLD
10. KAMULI	1	1	UPHOLD
11. MAYUGE	1	1	UPHOLD
TOTAL	19	19	

APPENDIX F

Priorities, Rationale and Assumptions

Priority Areas, Rationale and Assumptions

GENERAL PRIORITIES		
PRIORITIES	**RATIONALE**	**ASSUMPTIONS**
1) Introduction and establishment of the UPHOLD programme in 20 districts	To forge partnerships and gain acceptance	Acceptability of the programme by the districts. Synchrony of UPHOLD and district priorities and approaches.
2) Conduct a social sector situation analysis	Benchmarks needed for future planning, design, implementation, monitoring and evaluation process.	No updated baseline data available
3) Promote participatory approaches in the district and community development processes	Strengthening community ownership and accountability of social services	Competent NGO/CBOs exist to support capacity building process
4) Support gender mainstreaming capacity building	Limited collection and use of disaggregated data. Low capacity in the districts to translate national gender policy into practice.	Capacity to support the development of gender analytical skills available.
5) Support community social service initiatives (household and community IMCI, NFE, Community – based Education, Home based management of	Low community participation in the development process	There are community initiatives to be supported. Supporting these initiatives will enhance participation in bottom up planning

fever, Community based growth monitoring promotion)		
6) Support social sector initiatives and interventions in the conflict areas/IDP camps	Limited social sector support activities available in the conflict areas.	Access to conflict areas continues to improve. Presence of credible NGO/CBO.
7) Strengthening the supervision and institutional management systems.	Low levels of Supervision and management skills in the social services sector.	Social service managers available. Trainers available.
8) Provision of logistical support to districts and other partners	Inadequate logistics to support the efficient delivery of social services.	Existence of a system that will ensure effective use and maintenance of the logistics.
9) Strengthening management information system at the district and lower levels	Weak MIS systems at the different levels.	Decision makers appreciate the value added to decision – making based on data. Human resource at the district and lower levels available
10) Support performance improvement for social services providers	Low capacity among the service providers.	Availability of capacity building plan. System for support supervision in place. Other factors `affecting service provision are addressed
11) Support to action based research (Gender violence,	Lack of evidence-based practices	Research expertise available in the various areas identified

etc)		
12) Support the improvement of the quality of social services	General inability of the social sector to meet the required quality standards.	Other factors needed for quality service delivery are addressed.

PRIORITIES IN THE EDUCATION SECTOR		
PRIORITIES	**RATIONALE**	**ASSUMPTIONS**
1) Promote teacher effectiveness in primary schools	A focus on effectiveness will compel a shift from teacher-centred approaches to child-centred approaches in teaching. It will promote a holistic way of improving learning outcomes.	Other factors that contribute to improved learning such as remuneration, supervision, inspection, learning materials, etc. are addressed. Instructional leaders needed for this intervention are present in adequate numbers.
2) Strengthen performance improvement systems for instructional supervisors and educator leaders.	School-based teacher supervision is more likely to be sustained and more effective.	Schools will readily create a supportive environment for these partnerships.
3) Strengthen and increase parent and community involvement in support of child development and education.	Currently low participation of parents and community in school activities. Greater involvement and participation will strengthen the vital link between the school and home; need to improve child development and learning.	Schools will readily create a supportive environment for these partnerships.
4) Increase the access of disadvantaged groups to quality education opportunities.	Fewer opportunities for access to quality education currently exist for disadvantaged groups (fishing/pastoral communities, the girl child, children with disabilities, orphans, and vulnerable children).	Successful partnerships are formed with primary implementing organizations.
5) Accelerate the implementation of national policy related to	School health policy not translated into practice. Teenage pregnancies and	Health and education sectors will capitalize on integration opportunities and increase support to

school health, sex education, life skills and nutrition interventions	sexual harassment remain at an unacceptably high level and have not been adequately addressed.	the school system.
7) Strengthen HIV/AIDS prevention and mitigation initiatives in the education sector	Education sector is negatively impacted on by the HIV/AIDS Opportunities for prevention and mitigation underutilized	Education sector supports HIV/AIDS initiatives. Expertise exists in the education sector to support the implementation of HIV/AIDS activities.

PRIORITIES IN THE HIV/AIDS SECTOR		
PRIORITIES	**RATIONALE**	**ASSUMPTIONS**
1) Improve availability, access and utilization of VCT services.	Less than 50% of the districts have VCT facilities. Limited access of VCT services persist for adolescents.	Improved access and use of VCT services will significantly contribute to control of HIV/AIDS transmission. Other support services for HIV/AIDS mitigation are available.
2) Invest in preparation and set up for expanded PMTCT services to rural areas.	Expanded PMTCT services are needed to tackle mother-to-child transmission of HIV now estimated at an incidence of 15-25%.*	ARVs shall be provided on a consistent basis to health facilities. Efforts to promote positive community actions to prevent MTCT succeed.
3) STI Support community awareness on prevention and health seeking □ehaviour for STI.	STI prevalence remains high alongside the associated risk of increased HIV transmission.	Established community structures readily support sensitization on STI. Essential drugs for STI management are readily.
4) Increase information, training, and psycho-social support to providers of home-based care and support to PLWAs.	Functional home-based care systems reduce burden on fixed facilities and increase access to care.	TASO activities and other CBO readily available. Community support for home-based care improved.
5) Strengthen care and support for orphans and vulnerable children (OVC).	Opportunities need to be expanded to meet growing demand arising from a rising number of orphans and vulnerable children due to	Committed and credible partners are locally available. Communities are

	HIV/AIDS, displacement and conflict.	committed to act on the rights of children.
6) Strengthen the education sector response to HIV/AIDS prevention and mitigation.	The underutilization of effective mitigation responses by the school system has contributed to a negative impact of HIV/AIDS on the education sector.	Expertise and applicable resources are readily allocated in the education sector to support the implementation of HIV/AIDS activities.

HEALTH		
PRIORITIES	**RATIONALE**	**ASSUMPTIONS**
1) Support community-driven infrastructure development to increase provision of quality social services.	Severely underserved and disadvantaged areas have poorer social services indicators.	Communities are willing to contribute own resources to infrastructure development. Better infrastructure will improve the delivery and use of social services.
2) Increase immunization coverage in children less than 12 months of age.	High infant mortality rate estimated at 88/1000 live births (UDHS, 2000/1). Immunization coverage for children under 12 months is at an unacceptable level of 38% (UDHS, 2000/1).	Services are readily accessible to the community. Effective community mobilization strategies in place.
3) Increase access to quality adolescent-friendly health services.	This large and vulnerable population cohort is still underserved; this confounds the effectiveness of HIV prevention interventions, among others.	Health workers are skilled in the provision of adolescent health services, and that their attitude towards adolescents will improve.
4) Support the increased provision of essential obstetric and	High maternal mortality at 527/100,000 live births. (UDHS, 2000/1)	Medical officers available at HC IV and hospitals.

postnatal care.	High perinatal mortality rate at 43/1000 pregnancies. (UDHS, 2000/1)	Expectant mothers and their family choose to use health facility for obstetric services.
5) Increase utilization of family planning services.	Low contraceptive prevalence rate of 23% for all methods (UDHS, 2000/1). High unmet need for family planning services at 35% (UDHS, 2000/1).	Availability of/and access to family planning information and services. Social and cultural acceptance of family planning services by the community will increase.
6) Increase the availability and use of ITNs by pregnant women and children under five years of age.	High morbidity and mortality attributed to malaria and this is especially the case among pregnant women and children.	Families have access to and are able to buy ITNs. Community understanding of the usefulness of ITNs in the prevention and control of malaria continue to improve.
7) Support the national campaign for mass treatment for schistosomiasis among children.	High levels of schistosomiasis infection in 7 out of the 20 UPHOLD districts. Schistosomiasis contributes to anemia which affects learning.	Drugs for the treatment will be available. Community mobilization will be effectively executed.
8) Increase coverage of services provided through community-based treatment of TB (Community DOTS)	High levels of TB persist especially in conjunction with high levels HIV/AIDS.	Drugs for the treatment will be available. Community mobilization effectively done.

APPENDIX G

Points of Social Sector Integration in Support of Community IMCI

Points of Social Sector Integration in Support of Community IMCI

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
1	**Breastfeed infants exclusively up to 6 months (Mothers found to be HIV positive require counseling about possible alternatives to breastfeeding)**	**Nutrition**		**X**	**Preventing Mother-to-Child Transmission (PMTCT) of HIV/AIDS is a strategic point of integration between the technical areas of Nutrition (breastfeeding & alternatives to breastfeeding) &** HIV/AIDS**. Will require behaviour-centred communication strategies, as well as social support strategies (e.g. mothers' support groups, HIV Positive Clubs, counselling).**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
2	**Starting at 6 months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to 2 years or longer**	**Nutrition**	**X**	**X**	**Implicates the** Education Sector **in developing curriculum & materials promoting this behaviour, as well as child-to-child and child-to-parent activities. PMTCT activities are also implicated, as in Row#1 above. Programmatic support of this behaviour will also require behaviour-centred communication strategies, a** community mobilization strategy **(e.g. mothers' support groups; community-based growth promotion).**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
3	**Ensure that children receive adequate amounts of micronutrients (Vit. A and iron in particular) either through diet or through supplementation**	**Nutrition**	**X**		**Implicates the** Education Sector **in developing curriculum & materials promoting this behaviour, as well as child-to-child and child-to-parent activities.**
4	**Dispose of faeces, including children's faeces, and wash hands after defecation, before preparing meals, and before feeding children**	**Hygiene & Sanitation**	**X**		**Implicates the** Education Sector **in developing curriculum & materials, and child-to-child and child-to-parent activities.**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
5	**Take children as scheduled to complete a full course of immunization (BCG, DPT, OPV and measles)**	**EPI**	**X**		**Implicates the** Education Sector **in curriculum development and in child-to-child and child-to-parent activities. A communication strategy for the Expanded Program for Immunization (EPI) already exists, and needs strengthening.**
6	**Protect children in malaria endemic areas by ensuring that they sleep under insecticide-treated materials (ITMs)**	**Malaria**	**X**		**Implicates** Education Sector **in curriculum & materials development and in promoting child-to-parent activities. Programmatic support will include the ITM voucher system, a behaviour-centred/gender-sensitive communications strategy,** community mobilization**, and gender-sensitive formative research on willingness to pay for ITMs.**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
7	**Protect mental and social development by responding to a child's needs for care (through talking, playing and providing a stimulating environment)**	**Child Health**	**X**	**X**	**Implicates** Education Sector**: child-friendly schools, child-centred learning activities and materials for use in classrooms and in schools; promoting a stimulating home environment; and** community mobilization **around Early Childhood Development. Implicates** HIV/AIDS **sector particularly for orphans and vulnerable children. Also presents a strategic highlight for UPHOLD's work in** Northern Uganda **and other conflict areas.**
8	**Continue to feed and offer more fluids, including breast milk, to children when they are sick.**	**Nutrition**	**X**	**X**	**Implicates** Education Sector **and HIV/AIDS sectors as in Rows ~1, 2 and 3 above.**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
9	**Give sick children appropriate home treatment for illness**	**Child Health**	**X**		**Implicates** Education Sector
10	**Recognise when sick children need treatment outside the home and timely care seeking**	**Malaria**	**X**		**Implicates** Education Sector **and also highlights the role of the private sector in the delivery of timely and appropriate services to sick children.**
11	**Follow the health worker's advice about treatment, follow-up and referral**	**Malaria**	**X**		**Implicates the** Education Sector **and the private sector in reinforcing key messages about malaria in schools, homes and communities.**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
12	**Ensure that every pregnant woman gets adequate antenatal care.**	**Integrated Reproductive Health; Adolescent Health; EPI**	**X**	**X**	**Implicates Immunization component for TT vaccination (could be provided in** schools**). Implicates community mobilization for transport at time of delivery, or emergency transport. Implicates** Malaria **interventions for IPT.**
13	**Promote timely recognition, prevention and appropriate action to child abuse.**	**Child & Adolescent Health**	**X**		**Implicates** Education Sector **and** Community mobilization **around child abuse. This should be a strategic highlight in UPHOLD's interventions in** Northern Uganda **and in other conflict areas.**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
14	**Practice appropriate behaviours regarding HIV/AIDS prevention and care for the sick and orphans**	**Child & Adolescent Health; Integrated Reproductive Health**	**X**	**X**	**Implicates the** Education sector **(particularly for children with special needs) and the** HIV/AIDS Sector **(PMTCT, care and support for PLWHA).**
15	**Ensure that men actively participate in provision of childcare and are involved in reproductive health**	**Integrated Reproductive Health**	**X**		**Implicates the** Education sector **in developing curriculum, materials and activities promoting life skills for boys. Programmatic support will need to include formative research and behaviour-centred communication that address gender issues in childcare and reproductive health.**
16	**Prevention and appropriate management of child injuries.**	**Child & Adolescent Health**	**X**		**Implicates the** Education sector **in developing child-to-child and child-to-parent materials and activities in classrooms and homes. This should be a strategic**

#	C-IMCI's 16 Household Behaviours	Strategic points of integration for UPHOLD			
		Key Technical Areas of Health Intervention	Education	HIV/AIDS	Observations and comments
					highlight in UPHOLD's interventions in Northern Uganda **and in other conflict areas.**

APPENDIX H

List of Contacts Made with UPHOLD Stakeholders

LIST OF CONTACTS MADE WITH UPHOLD STAKEHOLDERS

ACFODE - Action for Development
ACP/MOH
Action Aid
AIC - AIDS Information Centre
AIM - AIDS Integrated Model
AMREF
BASICS
BEPS
CRS -Catholic Relief Services
CDFU – Communication for Development Foundation Uganda
CMS - Commercial Market Strategies
Elizabeth Glaser Foundation
IMCI - Integrated Management of Childhood Illness
Medair
MOE - Department of Pre-primary and Primary
MOE - Department of Secondary Education
MOE - Department of Teacher Education
MOE - Educations Standards Agency
MOE – Planning
MOE - Special Needs and Disadvantaged
MOGLCD - Ministry of Gender Labour & Social Development
MOLG - Ministry of Local Government
MOST - Micronutrient Operational Strategies & Technologies
OCHA - Organization for Coordination of Humanitarian Assistance
Pathfinder International
PMTCT
Quality Assurance/Yellow Star Program
RH/MOH
Save the Children – Denmark
Save the Children – Norway
Save the Children – USA
Straight Talk Foundation
TASO - The AIDS Support Organization
Uganda Management Institute
Uganda Red Cross
Uganda Red Cross
UNEPI - Uganda National Expanded Program on Immunization
UNICEF - United Nations Children Education Fund
USAID/FMO
USAID/Front Office
USAID/SO7
USAID/SO8

USAID/SO9/CRD
USAID/SO9/SDU
WHO - World Health Organisation
World Bank/NUSAF Programme
Peace Corps/Uganda
Yellow Star Program
The NGO Forum
Various Stakeholders in: Wakiso, Mbarara, Bushenyi, Kamuli, Gulu and Nakasongola
Ministry of Local Government
Ministry of Gender Labour and Social Development
Elizabeth Glaser Foundations - Sembabule, Arua, Kampala

APPENDIX I

UPHOLD Staff List

UPHOLD Staff List

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APPENDIX J

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