



UPHOLD EXTERNAL EVALUATION BRIEFING BOOK



May 2007

**FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT WITH SUPPORT FROM THE GOVERNMENT OF
UGANDA UNDER THE TERMS OF AWARD NO. 617-A-00-02-00012-00**



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Financial support for this publication was provided by USAID, Cooperative Agreement number 617-A-00-02-00012-00. The views expressed in this document do not necessarily reflect those of USAID.



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



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Acronyms

ABC	Abstinence, Being faithful, and Condoms
ACT	Artemisinin-based Combination Therapy
AEI	African Education Initiative
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS Integrated Model District Program
ANC	Antenatal care
AOM	Action Oriented Meetings
ARVs	Anti-Retroviral Drugs
AWP	Annual Workplan
BASICS II	Basic Support for Institutionalizing Child Survival II Project
BCC	Behavior-Change Centered Communication
BEPS	Basic Education Policy Support Project
BFP	Budget Framework Paper
CA	Cooperative Agreement
CAO	Chief Administrative Officer (local government)
CB TB	Community Based TB treatment
CB TB DOTS	Community Based TB Directly Observed Therapy Short Course
CBGP	Community-based growth promotion
CCT	Coordinating Centre Tutors
CDWs	Community development workers
CGPs	Community growth promoters
CHECHEA	Community Health and Education Agencies
CIE	Community Involvement in Education
C-IMCI	Community-based Integrated Management of Childhood Illnesses
CL	Cooperative Learning
CMD	Community Medicine Distributors
COP	Chief of Party (UPHOLD)
CoP	Certificate of Performance
CORPS	Community outreach persons
CPC	Community Participation Coordinator (UPHOLD)
CPD	Continuous Professional Development
CPTCs	Core Primary Teacher Colleges
CPTs	Customized performance targets
CRHWs	Community reproductive health workers
CSO	Civil society organization
DCI	Development Cooperation of Ireland
DCOP	Deputy Chief of Party (UPHOLD)
DDHS	District Director Health Services
DDP	Deputy Principal Pre-service
DDs	Drug Distributors
DELIVER	JSI Logistics Program
DHACs	District HIV/AIDS Committees
DHE	District Health Educator
DOT	Directly Observed Therapy



DPOs	Deputy Principals for Outreach
DPT	Diphtheria, pertussis, tetanus
DSW	German Foundation for World Population
DVO	District Veterinary Officer
EDC	Education Development Center, Inc.
EMIS	Education Management Information System
EMS	Education management strengthening
ENA	Essential Nutrition Action (program)
EPI	Expanded Program on Immunization
ESA	Education Standards Agency
ESIP	Education Sector Investment Plan
F&A	Finance and Administration
FAO	Finance and Administration Officer (UPHOLD)
FAO	Food and Agricultural Organization
FCA	Family and Community Action
FDS	Fiscal Decentralization Strategy
FFI	Focus for Impact
FLEP	Family Life Education Program
FM	Frequency Modulated Radio Station
FP	Family planning
FPP	Focal Point Person
FY	Fiscal Year
GBV	Gender-based violence
GOANC	Goal-oriented antenatal care
GoU	Government of Uganda
GPM	Growth promotion and monitoring
G-tax	Graduated Tax
HBMF	Home Based Management of Fever
HCP	Health Communications Partners
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome
HMIS	Health Management Information System
HSSPII	Health Sector Strategic Plan II
ICCM	Inter-Agency Coordination Committee on Malaria
IDIQ	Indefinite Deliverable Indefinite Quantity
IDPs	Internally displaced persons
IEC	Information, education, communication
IES	Integrated education strategy
IPT	Intermittent preventive treatment
IR	Intermediate Result
IRCU	Inter-Religious Council of Uganda
IRH	Integrated Reproductive Health
IRI	Intermediate Results and Indicators
IRS	Indoor residual spraying
ISCA	Integrated Services Cooperative Agreement
ISSP	Integrated Social Services Project (UPHOLD)
ITNs	Insecticide-Treated Nets
JSI	JSI Research and Training Institute, Inc.



KAARO	Kaaro Rural Development Organization
LCs	Local Councils
LG	Local Government
LLINS	Long-Lasting Insecticide Treated Nets
LQAS	Lot Quantity Assurance Sampling
M&E	Monitoring and Evaluation
MARPs	Most-at-risk population
MCP	Mwizukulu Community Program
MDD	Music, dance and drama
MED	Monitoring, evaluation and dissemination
MEEP	Monitoring and Evaluation of the [US President's] Emergency Plan for AIDS Relief
MIP	Malaria in pregnancy
MIS	Management Information System
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender, Labor, and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoUs	Memorandum of understanding
NARO	National Agricultural Research Organization
NMCP	National Malaria Control Program
NMS	National Medical Stores
NSARWU	National Strategy for the Advancement of Rural Women in Uganda
NUMAT	Northern Uganda Malaria AIDS and TB Project
NUSAF	Northern Uganda Social Action Fund (World Bank)
OCHA	Office on Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PLE	Primary [school] leaving examinations
PLHA	People Living with HIV/AIDS
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PSSG	Psychosocial support groups
PTC	Post-test clubs
PTC	Primary Teachers Colleges
PVO	Private Voluntary Organization
QA	Quality Assurance
RAIN	Rakai AIDS Information Network
RCQHC	Regional Centre of Quality of Health Care
RH	Reproductive Health
RUGADA	Rukungiri Gender and Development Association
RUHECO	Rural Health Concern
RWODEC	Rukungiri Women Development Company
SBQR	School Based Quality Reform
SC/US	Save the Children Federation-United States
SDU	Strengthening Decentralization in Uganda



SMC	Senior Management Committee
SO8	USAID Strategic Objective 8: to improve human capacity
SP	Strategic Plan
STF	Straight Talk Foundation
STI	Sexually Transmitted Infections
STM	Senior Training Mentor
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistance
TASO	The AIDS Service Organization
TB	Tuberculosis
TDMS	Teacher Development Management System
TE	Teacher Effectiveness
TE/CL	Teacher Effectiveness / Cooperative Learning
TFGI	The Futures Group International (now Constella Futures)
TOTs	Training of trainers
TPI	Training and Performance Improvement
TPI/QA	Training and Performance Improvement/Quality Assurance
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic Health Survey
UDTA	Uganda Development Theatre Association
UNCHO	Uganda National Health Consumers/Users Organization
UNEPI	Uganda National Expanded Program of Immunization
UNICEF	United Nations Children's Fund
UPE	Universal primary education
UPHOLD	Ugandan Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
UShs	Uganda shilling
USD	United States Dollars
VCT	Voluntary Counseling and Testing
VHT	Village Health Team
WE	World Education, Inc.
YSP	Yellow Star Program



I. Overview

The Uganda Program for Human and Holistic Development (UPHOLD) has written this briefing book to assist with the United States Agency for International Development's (USAID) independent evaluation of the program scheduled for May 2007.

UPHOLD is a bilateral, integrated social service program designed by the Government of Uganda (GOU) and USAID. In October 2002, JSI Research & Training Institute, Inc. (JSI) and its partner organizations were awarded the Uganda Integrated Social Service Program, now known as UPHOLD.¹ UPHOLD was designed in response to the GoU's policy frameworks including the Poverty Eradication Action Plan (PEAP), Health Sector Strategic Plan (HSSP), Education Sector Investment Plan (ESIP), Universal Primary Education (UPE), the Local Government Act, and the Fiscal Decentralization Strategy (FDS).

UPHOLD is implemented under USAID's *Integrated Services Cooperative Agreement* (ISCA) in support of USAID's Strategic Objective 8 (SO8) which aims to improve human capacity. A Cooperative Agreement is used by USAID under two conditions: 1) when the principle purpose of the relationship between USAID and the implementing organization is the transfer of services, money, property or anything of value to accomplish a public purpose of support; and 2) when substantial involvement is anticipated between USAID and the implementing partner. In the case of ISCA, the substantial involvement of USAID/Uganda included the approval of annual workplans, the approval of key personnel (four positions) and approval of the monitoring and evaluation plans as well as the monitoring progress towards achievement of results.

The ISCA called for a careful crafted package of high-quality technical assistance, training and capacity building, as well as financial and material support to districts and non-governmental organizations. Strategically focused to increase access, utilization, quality support and sustainability of services in Education, Health and HIV/AIDS through an integrated approach, UPHOLD works in six broad technical areas which include;

1. Child Health;
2. Adolescent Health (Youth Friendly Services);
3. Integrated Reproductive Health;
4. Communicable Disease Control (Malaria and TB); and
5. HIV/AIDS;
6. Primary School Education.

In addition to these technical areas, five cross-cutting interventions play a lead role in UPHOLD activities. These cross-cutting themes have been incorporated into every district plan with the purpose of generating effective Information Education Communication (IEC) messages and mechanisms to promote behavior change (BC) and increase participation of the key players in decision-making. They are:

1. Performance Improvement;
2. Quality Assurance;
3. Behavior Change Communication and other BC Strategies;
4. Private Sector Support; and
5. Community Involvement.

¹ Partners include: Education Development Center, Constella Futures, Malaria Consortium, The Manoff Group, Inc., and World Education.



Investments made under UPHOLD aim to be catalytic insofar as they foster sustainable approaches to the provision of services, accelerate their scale-up and create more opportunities for communities to play an active role in decision-making. The commitment to scale-up meant that UPHOLD focused its approach early on to ensure rapid coverage in the 20 districts of operation and to pursue avenues of collaboration regarding best practices.

UPHOLD is also committed to an evidence-based approach to design and implementation. To that end, UPHOLD staff have continuously analyzed the impact of our methodologies, disseminated the results to stakeholders, used evidence to refine implementation, and revised policies and resource allocations to reflect more effective programming.

UPHOLD's Vision

UPHOLD envisioned that by the end of the project, more Ugandans are healthier, use quality health and educational services, and have more productive livelihoods.

UPHOLD's Guiding Principles

UPHOLD identified and adopted six principles that have governed interventions and interactions with clients and partners. Over the past four years, UPHOLD has worked to build these into dynamic principles which have guided the implementation process.

- 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

Focus on people-centered results

UPHOLD resources have focused mainly on those areas where interventions can make a difference in the lives of people and communities. To promote this principle, UPHOLD has worked with proven (and often informal) social and community structures that underlie patterns of social interaction.

Stakeholder involvement and participation

UPHOLD has worked closely with stakeholders such as local governments (LGs) and Civil Society Organizations (CSOs), and principal partners including the Ministries of Education and Sports and Health, in the key stages of program intervention. At the minimum, this has included program design, implementation, monitoring, and measurements towards results. Stakeholder participation has included both periodic formal exchanges as well as more frequent day-to-day interactions.

Capacity-building features prominently in all activities

UPHOLD has invested in strengthening the core competencies, skills, and convictions of individuals and institutions to influence others and their environments and effect positive change. The intent of these investments has been to improve organizational effectiveness through the use of knowledge and material



resources to improve program outcomes. Methodologies used for facilitating capacity building include on-the-job training, information exchange, networking, workshops, and mentoring.

District focus (sub-district, sub-county)

The program has maintained a strong district and sub-district focus, paying particular attention to communities. UPHOLD has also worked with central ministries and applicable institutions to strengthen and advance the delivery of services at the district and sub-district level activities that were particularly important since USAID’s planned complementary Systems Project was not awarded.

Culture and gender as resources

The program has focused on promoting behavior change— individual, collective and institutional— rather than on simply raising awareness. In recognition of the strong influences culture, gender, and interpersonal relationships have on human behavior, UPHOLD’s strategies include appreciative inquiry methodologies to address the concept of culture as a positive resource (not simply as a barrier or constraint). The project has also been mindful of and embraced gender-sensitive approaches and promoted a rights-based approach to foster relations among communities, social service providers, and elected or government-appointed officials.

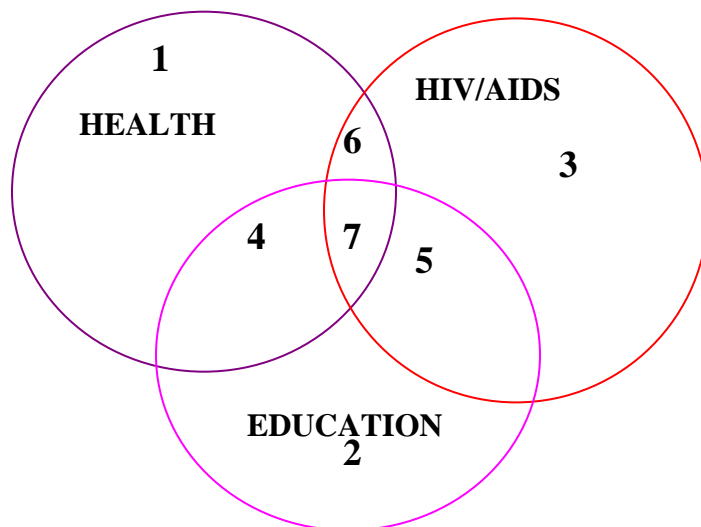
Continuous learning and use of good practices

Finally, given the complex and dynamic nature of the process of integrating the Education and Health sectors with HIV/AIDS interventions, UPHOLD has been committed to the culture of continuous learning and the adoption and expansion of good practices.

Integration of Services Where It Makes Sense

The design of UPHOLD addressed USAID’s SO8 strategy of integration, “bringing together health, population, nutrition, HIV/AIDS and basic education interventions in Uganda’s decentralized context to achieve broader human capacity results.” (RFA p.22)

In order to increase high-quality services, UPHOLD activities have been implemented in seven broad technical domains as the diagram below illustrates. Some of the activities were implemented strictly within one of the three sectors: Health (1), Education (2) or HIV/AIDS (3). Other technical activities were implemented through four areas of integration among sectors: Education/Health (4), Education/HIV/AIDS (5), Health/HIV/AIDS (6) and Education/Health/HIV/AIDS (7).





UPHOLD has looked for technical synergy whenever possible; however staff have not forced integration when the situation did not lend itself to technical overlap. In addition, the project has encouraged different sectors to work together, particularly in the planning phase of the local government grants, so that opportunities for collaboration within programs could be identified and acted upon.

Planned Interdependence of the Services and Systems Programs

USAID’s RFA for the “Uganda Integrated Social Services Program” (ISSP) stated that in order for SO8 to meet its objectives, it would award two programs concurrently: a Services program (under a Cooperative Agreement) and a program for Strengthening Support Systems (under a contract). The Services portion of ISSP (later UPHOLD) was designed to focus on “promoting the use of sustainable, high-quality social services” while the Systems piece would focus on “increasing capacity of the national and central-level support systems to sustain social sector services in an improved enabling environment.” The separate Services and Systems programs were designed to be interdependent and complementary. The Services program was designed to work at the district level to support Uganda’s decentralization. It was intended to identify the gaps in service delivery, promote innovative ways to address the gaps and offer suggestions from a field perspective on how to strengthen the line ministries. The Systems program was designed to focus on activities at the central or national levels, such as: strengthening the Uganda AIDS Commission; ensuring that important policy questions were brought from the field to the Ministry of Education & Sports (MoES) regarding how Universal Primary Education (UPE) was working; and promoting national best practices in health service delivery based on evidence from the districts.

USAID awarded the Services program which has been implemented as UPHOLD; however, in November 2003, after almost ten months of UPHOLD operations, USAID decided not to award the Systems contract. As a result, UPHOLD has needed to become much more involved at the national level to fill the gaps left by the decision to cancel the Systems contract. UPHOLD has faced a persistent challenge to get the balance right within these constraints. The ministries have constantly expressed their desire to see UPHOLD more involved at central-level meetings and activities, and the project has needed to strive to meet both our district-level commitments and work effectively at the central level.



Early 2003 UPHOLD held a technical meeting which guided the programme’s Strategic Framework



II. UPHOLD Staffing, Structure, and Partners

A brief summary of UPHOLD staffing, functional roles and responsibilities of the staffing levels, a description of the structure of the program are included below. A staffing list and organizational chart have been included in Annex A and B to be referred to in conjunction with this Section.

Further information on UPHOLD management systems and budget data have been included in Annexes C and D.

UPHOLD Staffing



UPHOLD Staff visiting Community Drug Distributors in Labuje Kitgum District

There are currently 100 full-time UPHOLD employees. This includes 55 staff members in the UPHOLD Headquarters office and 45 staff members in UPHOLD's six regional offices. Of the 100 full time staff, three are expatriate and 97 are Ugandan. The UPHOLD staff are hired by JSI and their five international subcontractors. Consultants have also been hired both locally and internationally to provide additional technical expertise to the UPHOLD team and their local partners.

Senior Management

UPHOLD is led by a Chief of Party and a senior management team including four Deputy Chiefs of Party (Technical; Regional Programs; Monitoring, Evaluation, & Dissemination; and Finance & Administration) and senior staff members including the Regional Operations Manager, Grants Manager, and a rotational representative from the Regional Directors.

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The Chief of Party is responsible for all communication and coordination between UPHOLD and USAID. He also serves as the primary contact person between UPHOLD and the line ministries including the Ministry of Education & Sports and the Ministry of Health. The four Deputies provide direct supervision for their respective teams and are responsible for ensuring technical integration and programmatic linkages between the different activities.

Technical Programs

Under the leadership of the Deputy Chief of Party for Technical program, four Senior Advisors have been appointed to oversee the technical implementation of the UPHOLD technical programs: Education, Health, HIV/AIDS, and PIASCY. Supporting each technical sector are between three to five permanent technical staff members. The Senior Advisors and the technical specialists are responsible for managing UPHOLD central-level programs and for providing technical direction for the implementation of district-level activities, including local government and CSO grants.



In addition to the Senior Advisors and their respective teams, the technical team originally included four cross-cutting technical specialists supporting UPHOLD activities. These specialists included a Behavior Change and Communication (BCC) Specialist, a Training Performance Improvement Specialist, a Private Sector Specialist, and a Quality Assurance Specialist. These positions provided specific and integrated support to each of the UPHOLD technical sectors and to the UPHOLD partners. In this final year of UPHOLD, the full-time positions of the Training and Performance Improvement Specialist, the Private Sector Specialist, and the Quality Assurance Specialist have been phased out as many of the activities have been fully integrated into the sector programs.

Regional Programs

The Regional Programs team includes the Deputy Chief of Party for Regional Programs (DCOP-RP), the Regional Operations Manager, the Grants Team, six Regional Directors (RD), and the technical/administrative staff in the regional offices. The Regional Programs team works closely with existing structures at the district level to ensure that program activities unfold through a collaborative process of integrated district planning and implementation. The ROs oversee the general local, district-level activities.

The DCOP-RP provides strategic leadership and oversight to the Regional Programs team. The Regional Operations Manager acts as the focal point within UPHOLD headquarters for regional office issues and together with the DCOP and technical teams harmonizes operational and implementation issues within the UPHOLD districts/regions. The Grants Manager and his team is responsible for the overall granting structure of UPHOLD including the implementation of the grants strategy, issuing of requests for applications, and monitoring of grantees.

The Regional Office teams are comprised of the Regional Director, Community Participation Coordinators, Communicable Disease Officers (in two Regional Offices), Finance and Administration Officers, Drivers, Office Assistants and Attendants. The primary role of the UPHOLD Regional Office is to take lead in the delivery of UPHOLD services and products within the districts covered by each Regional Office by coordinating, mobilizing, communicating, participating in activities and providing the necessary technical and logistics support to the program, monitoring, and providing support supervision to UPHOLD's district partners.

Monitoring, Evaluation, and Dissemination (MED)

The MED team is led by the Deputy Chief of Party for Monitoring, Evaluation, and Dissemination and consists of a team of six specialists including a Senior M&E Specialist, a Senior Action Research Specialist, two M&E Specialists, a Data Manager, and the Resource Center Coordinator. Within the team, focal point persons have been identified to provide direct M&E support to the three UPHOLD sectors. The department is also responsible for all data compilation and analysis, action research, documentation, and dissemination. M&E staff travel frequently to visit LG and CSO partners to strengthen their capacity to link activities to results, capture data and use them for decision-making.

Finance and Administration

The Finance/Administration Department is managed by the Deputy Chief of Party for Finance and Administration and the Finance/ Administration Management Team consisting of the Finance Manager, the Administration Manager, the Human Resources Manager, the IT Manager, and the Senior Driver. The Finance/Admin team is considered an UPHOLD service unit with a primary objective of ensuring that all administrative, financial, and logistical requirements are in place to ensure smooth and cost-efficient implementation of the program.



UPHOLD Structure

Regional Offices

UPHOLD has successfully used six Regional Offices (ROs) and a satellite office in Arua to implement its program which is an increase from the original four offices included in the UPHOLD proposal. Designed to originally support three - four districts each, the UPHOLD Regional Offices now support an average of six – seven districts due to re-districting as detailed below. The office locations were selected because of their geographic location, accessibility, infrastructure and communications, and capacity to accommodate regional meetings with an end goal to provide efficient, cost-effective and essential services to decentralized levels including district, sub-district, parish and community levels. Regional office openings began with Central Region in June 2003 and by December 2003 all offices were operational. A map detailing UPHOLD offices and partner districts has been included in Annex E.

Table 1: UPHOLD Regions and Districts

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

Note: Asterisks have been included to indicate the new districts. See text below for implications additional districts had on the UPHOLD program.

The primary role of the UPHOLD Regional Office is to take lead in the delivery of UPHOLD services and products within the districts covered by each Regional Office. This is achieved by:

- Ensuring positive relationships with local district government and partners
- Coordinating the UPHOLD team to identify and respond to technical and resource needs
- Identifying and managing training and capacity building needs
- Ensuring the success of health, education and HIVAIDS activities

Over the life of the program, UPHOLD management and supervision responsibilities have become increasingly decentralized to the Regional Offices. Since 2005, the Regional Office team has been expected to take the lead in annual and quarterly work planning as they are best placed to work with each district to identify their most urgent needs, coordinate activities to ensure maximum use of resources, and to agree upon specific scheduling for implementation. They also serve as the primary managers for the UPHOLD grants awarded in their districts - responsible for supporting and assisting both local government and civil society grantees to achieve their results through monitoring and mentoring. Data collection from district partners and the sharing of district level data analysis has also been decentralized to the regional offices, with technical



assistance being provided by M&E staff at headquarters as required. Additional efforts have also been made to capitalize on the technical expertise of staff employed at the Regional Offices. Although regional staff were originally employed for their management and capacity-building expertise, many RO staff members also have specific expertise in the UPHOLD technical areas of education, health, HIV/AIDS, and M&E. These staff members are regularly used to lead HQ-planned technical trainings within the UPHOLD districts (i.e., trainings in the education modules, Yellow Star trainings, and Malaria in Pregnancy trainings) and to provide follow-up technical support supervision.

In order to implement these responsibilities, the Regional Offices have structured themselves in different ways. Some offices have assigned specific staff members as the UPHOLD focal point persons for specific districts while other offices have chosen to assign in-house focal point persons by technical sector. Both systems allow for efficient management as both district partners and UPHOLD HQ staff can quickly contact the best-informed person for specific questions. The Regional Offices have also tried to establish strict monitoring and supervision requirements in which each district partner is visited at least once a quarter, but often monthly. This is in addition to Regional Office participation in headquarters-led trainings within the districts and in activities sponsored by UPHOLD grantees. Regional Offices also schedule regular meetings with district and regional partners to review program implementation challenges and successes, confirm that financial reports are accurate, and analyze results to date.

Headquarters Office

The UPHOLD headquarters (HQ) office based in Kampala includes senior management, technical advisors, M&E, grants, and finance/administration. The primary role of HQ is to provide technical direction, supervision and support to the activities being implemented at the district level. This is achieved by:

- Ensuring positive relationships with line ministries, USAID, and national partners
- Defining technical strategies for program implementation at the national, district, and community levels
- Managing the implementation of UPHOLD HQ-initiated technical program activities
- Providing technical guidance and support to the district-level activities being implemented by UPHOLD regional offices and district partners
- Managing program-wide monitoring and evaluation requirements
- Finalizing and submitting contractual requirements such as annual work plans, reports, etc.
- Ensuring resources and administrative and logistical support for the implementation of activities

UPHOLD Implementing Partners

UPHOLD includes a number of international, national, district and local partners – all of which have worked in close coordination to achieve the UPHOLD results.

International Partners

JSI Research & Training Institute, Inc. (JSI), an American non-profit organization based in Boston, Massachusetts, serves as the prime recipient for the ISSP program and is therefore directly responsible for the overall management and coordination of the cooperative agreement. In addition to JSI, UPHOLD includes five international partners. Each partner provides the program with specific technical expertise as detailed below. Partner organizations also provide both full and short-term staff to the program. Administratively all staff regardless of their partnership organization, are treated as UPHOLD staff, with little or no distinction regarding the partner organization who has employed them.



Table 2: UPHOLD International Partners

International Partners	Contributions	No. of full-time staff (Uganda)
JSI Research & Training Institute, Inc. (JSI)	Overall management; monitoring and evaluation; finance/administration; HIV/AIDS (including PIASCY); integrated reproductive health; and tuberculosis	69
Education Development Center, Inc. (EDC)	Education Management Strengthening and Teacher Effectiveness	3
The Futures Group – Constella	Private Sector and Training Performance Improvement	1
Malaria Consortium	Communicable diseases (malaria and tuberculosis)	3
The Manoff Group, Inc.	Technical management; Behavior Change and Communication; Child Health (including growth monitoring); and HIV/AIDS support	4
World Education, Inc.	Regional Programs, Grants Management, and Community Involvement in Education	20

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

National Partners

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

Table 3: UPHOLD Government Partners

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

In addition to partnerships with the line ministries, UPHOLD has also successfully partnered with other national USAID and other donor-funded programs in an effort to promote effective coordination and efficient use of resources including the AIDS Integrated Model (AIM) district programme, Elizabeth Glaser Pediatric



AIDS Foundation (EGPAF), Strengthening Decentralization in Uganda (SDU), and the CORE Initiative for orphans and vulnerable children, to name a few.

District and Community Partners

In addition to the international and national partners, UPHOLD has entered into formal partnerships with 34 local governments as well as non-governmental organizations, community-based organizations, and faith-based organizations. In addition, UPHOLD RO staff have forged strong relationships with local partners including other program offices, local chapters of the NGO Forum, and associations which request technical assistance but who may not receive financial assistance. These partnerships are detailed further in the Grants Section of the Briefing Book.

III. Program Implementation

UPHOLD's Entry into Districts

Two key strengths in Uganda in 2002 when UPHOLD began were its decentralized local government system and the existence of Civil Society Organizations in all districts. The existence of planning, supervision and administrative structures in a decentralized framework is central to how UPHOLD operates. In 2002, Uganda was considered a model of how decision-making could be brought closer to the populations receiving services, as well as to those whose job it is to provide the services.

The selection of districts in which UPHOLD was to work was fundamental to beginning operations. In the RFA, USAID stated that it hoped to have “a very limited number of districts selected prior to the award, thereby enabling the recipient to begin work soon after the project is awarded” (RFA p.27). To that end, USAID and the Ministries of Health and Education and Sports began discussions in November 2002; however districts were not agreed upon until early May 2003. While not a participant in the decision-making regarding choice of project districts, UPHOLD staff did attend discussions and learned a lot about GoU priorities in districts. Not surprisingly, the Ministries engaged in a lot of back and forth negotiation before agreeing on a final list. Unfortunately the line Ministries were not keen to name a few districts in lieu of the list of 20, and implementation at district-level was unable to start at project inception.

While delay prevented direct dialogue with district-level stakeholders and impeded UPHOLD's ability to establish baseline surveys which would have generated data to establish specific objectives and targets, UPHOLD did conduct a rapid situational analysis of two districts (Kamuli and Mbarara) which were on both Ministries' preliminary lists. In addition UPHOLD obtained six District Development Plans (DDP) and twelve Budget Framework Papers (BFP) for analysis. Finally UPHOLD staff visited numerous Civil Society Organizations (CSOs), international Private Voluntary Organizations (PVO), International Organizations (IO) such as UNICEF, and other programs in country. Staff used national policies and frameworks to guide the analysis which resulted in UPHOLD's Strategic Framework (May 2003). These documents were shared with districts and, along with each district's DDP and BFP, they provided the basis for first-year planning and strategies.

Local Government Partnerships

Based on the analysis outlined above, UPHOLD believed that once districts were announced, it would be able to analyze DDPs and BFPs with district officials and program technical and financial resources to fund 'gaps'



identified in these district planning documents. As UPHOLD was ‘out of cycle’ for district planning in a formal way, this was a viable option.

Upon identification of the final list of selected districts, UPHOLD immediately began to visit the 20 districts, establishing regional offices, and identifying staff with the right mix of language, technical and managerial skills. District partners including technical officers, district management, and political leadership were also identified and relationships established to ensure decision-making remained at local level to the greatest extent possible. Each district identified an UPHOLD focal point person (FPP) whose job it is to coordinate UPHOLD inputs and report to the Chief Administrative Officer (CAO). The CAO is the district LG representative who reports to the Local Councils and is responsible for all inputs into the district. UPHOLD works closely with the CAO and technical officers on program planning and management for services as part of our efforts towards sustainability of practices.

Technical and regional staff began holding planning meetings with Local Government (LG) officials to identify specific areas of support beginning in late May 2003. During these meetings, district technical officers presented their priorities for support. Not surprisingly, UPHOLD found that districts’ ability to plan varied significantly, planning approaches and formats were not uniform, and support from bodies other than the LG were not part of the district plans, making it more difficult to have confidence that redundant funding did not occur. Despite specific guidelines of funding ceilings and areas of intervention, district proposals the first year came in largely over budget and outside UPHOLD’s mandate. In addition, districts wanted “to do all things in all places” – that is to say that instead of focusing significant resources on two or three areas per sector, districts and central Ministries, desired and lobbied for, smaller levels of support across the broad range of activities outlined in the Strategic Framework.

In order to finalize the first round of local government grants, UPHOLD met with districts as many times as was needed to refine the planning and budgets. While the experience caused some frustration on both sides, it did demonstrate commitment to the districts and provided an opportunity to work closely with district staff. The final plans which were approved by USAID were responsive to the districts needs and provided necessary support to programs within UPHOLD’s mandate.

In subsequent years, UPHOLD became more prescriptive in its guidance to the districts which clarified and framed access to technical and financial resources, and resulted in more results-oriented work plans. In 2004 and 2005, UPHOLD was actively part of the LG planning cycle and worked closely with the Strengthening Decentralization in Uganda (SDU) program to better understand and support LGs. In addition, in 2005, UPHOLD refined its approach with districts and CSOs through its “Focus for Impact” strategy (see below). In 2006, UPHOLD provided districts with very focused program interventions based largely on the need to achieve more significant, quantifiable results, and the decreased amount of program funds available for LG use.



Radio Listening Club

CSO Partnerships

UPHOLD held over fifty sessions with potential stakeholders from January through March 2003. The objectives of the meetings were to establish relationships, learn as much as possible from experts in Uganda,



and complete two stakeholder tables for future reference once districts were decided. A review of the table confirmed that of the 50 listed, at least 28 CSOs have worked directly with UPHOLD over the past four years. In addition UPHOLD has supported additional CSOs which were not originally part of informant interviews. UPHOLD began to forge relationships with district stakeholders, allowing for opportunities in the following years to be part of NGO Forum activities at the district level, and to use both formal and informal networks to vet ideas and potential grantees.

Some district-specific grants and a national grant to the Uganda Private Midwives Association (UPMA) were awarded in 2003 and 2004. In 2005, UPHOLD worked closely with both LGs and CSOs while designing a nationally publicized Request for Applications (RFA) entitled 'Family and Community Action Grants'. During the RFA process, 242 grant proposals were reviewed out of the 625 applications received. Of those, 42 grants were awarded. Local Government and CSO representatives were part of the decision process for award. Throughout grant implementation, UPHOLD has worked to ensure linkages between the LGs and CSOs for better results and increased sustainability of interventions.

A detailed description of the types of grants UPHOLD has awarded and management of UPHOLD grantees is included in the Grants Section of the Briefing Book

Conflict Districts

Recognizing the additional challenges and unique opportunities presented by working in conflict and post-conflict districts, UPHOLD designed a strategic framework to guide its operations. In April 2003, after extensive consultations with key players in the North including members of the UN Office of Humanitarian Affairs (OCHA), CSOs working in the area, and local government officials in Gulu, Kitgum and Lira, UPHOLD wrote a document which outlined its northern strategy. The strategy was based on three guiding principles: 1) a commitment to work with and through existing efforts to increase the delivery to and use of quality services in education, health and HIV/AIDS by those living in conflict areas; 2) to clearly define UPHOLD's niche with partners in improving service delivery and use; and 3) to maintain safety for UPHOLD staff living and working in conflict districts.

UPHOLD identified six strategies to guide our work in the conflict areas:

- Focus on those activities which contribute to the development initiatives in the short-to-medium term, and not on emergency efforts;
- Gain entry into the North through establishing a presence and building trust-based relationships with local staff and informal, de-facto leaders;
- Continue learning mode on efforts in the North, especially local, community driven responses;
- Develop flexible grants instruments for the North which take into consideration the potential changes in the situation allowing grantees to operate most effectively;
- Encourage and support innovation in the pursuit of meeting service delivery needs; and
- Develop flexible, yet accountable systems to effectively manage programs and resources.

UPHOLD established two offices in the conflict areas: Gulu and Lira. In addition, due to travel restrictions from Gulu to Yumbe and Arua, a satellite office was opened within the AIM Arua office to allow one UPHOLD technical staff person to operate effectively in those districts.



Introduction of LQAS

The emergence of decentralization at district level in Uganda aimed at improving the quality of governance accountability and a form of scarce resources on the most relevant needs. At district level, this created a need for reliable lower level data for evidence-based planning and management for social services. Unfortunately, household level surveys such as the five year Uganda Demographic Health Survey (UDHS) do not provide district level estimates. There was thus a need to assist district planners to get access to information that would be useful for their planning needs and could be collected in rapid, cost effective and participatory manner. In its area of geographical coverage, UPHOLD helped fill this gap by introducing an annual survey that collects information on several social services indicators using the Lot Quality Assurance Sampling (LQAS) survey technique. The LQAS survey has now been carried out three times in the history of the UPHOLD project. District specific results from the previous years' survey are analyzed and disseminated to all districts in time to be fed into the work planning process for the next financial year. This has proven to be an invaluable source of information for district level planning and prioritization that also guides UPHOLD's allocation of resources in the technical areas that we support in each district. Further details on UPHOLD use of LQAS and district-level results can be found in the annual survey reports available in hard-copy and on the UPHOLD web-site.



District Official trained by UPHOLD to Interview people in Wakiso District aged 15-49 years during LQAS survey

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Strengthening District Capacity to Deliver Services

One Intermediate Result in USAID's Strategic Objective 8 is "Increased capacity to sustain social sector services" and more specifically, "improved decentralized planning, management and monitoring systems." UPHOLD has contributed to this result through interventions and implementation approaches that build the technical and managerial capacity of staff throughout the district. Selected activities contributing to this result include the following:

District-level stakeholder involvement in planning and delivery of services. UPHOLD has engaged district level stakeholders in shaping its programs since the beginning of the project, seeking out the most important and innovative ways in which program resources could be applied to improve the quality and use of services at the facility level. UPHOLD actively linked local government staff at all levels, vertically, i.e., from headquarters to community levels and horizontally, promoting dialogue, problem solving and planning across departments. By the end of UPHOLD's second cycle of LG grants, UPHOLD activities were approved by District Councils as part of the District Development Plans. District officers were on the teams that reviewed and selected Family and Community Action Grantees. In addition, district cadres managing and implementing UPHOLD-supported activities had access to technical assistance, support supervision, tools, materials and funds with which to achieve results. These resources enabled district staff to strengthen their roles and capacities in the following areas:

- Developing and integrating work plans and budgets across sectors and departments, e.g., Health and Education;
- Building linkages with national systems, including sources for HIV Test Kits and other commodities as well as identifying and securing the services of approved national trainers;



- Coordinating the inputs of an external donor, local governments and civil society organizations to increase the quality and use of services at the facility level;
- Managing and accounting for funds allocated for specific activities;
- Using verifiable criteria and a transparent process to rank and select technical proposals for grant awards; and
- Service delivery.

Support supervision across the program has also enhanced technical and managerial capacity in the districts. It has provided opportunities for district staff to take the lead in continuous improvement of the quality of services in health, education and HIV/AIDS, and meaningful integration of those services. UPHOLD has provided tools, training and/or funding for support supervision of health facilities and schools. Standards-based tools enable district staff to objectively pinpoint specific areas of strength and concern per facility/school, and to help staff plan and implement specific improvement plans. Training and orientation in critical communication and mentoring skills as well as the use of the tools enable supervisors to provide performance feedback relative to objective standards reflected in the tool. Financial support fills a critical resource gap, which has been exacerbated by the suspension of graduated tax.



Kyabazinga of Busoga Kingdom (Cultural Leader) launches advocacy programme for health in Eastern Districts

UPHOLD has developed support supervision tools for:

- Family and Community Action Grantees (comprehensive tool for services and management);
- *Improving School Performance: A Guide to Supervision Tools* (non-infrastructure standards for schools, linked to UPHOLD interventions);
- Integration of Clinical Services in HIV/AIDS, STIs, Malaria and TB;
- Rapid Assessment of the New Malaria Case Management Policy; and
- Prevention of Malaria in Pregnancy.

Training has been provided to district and sub-district level staff in the use of the above tools as well as in the following supervision activities:

- Mentoring for Improved Supervision;
- Yellow Star Program for continuous quality improvement of health services; and
- Supervision of Community-Based Growth Promoters.

UPHOLD funding for support supervision has enabled teams of staff to conduct joint supervisions, enhancing the likelihood that interrelated problems such as record keeping, supply chain management and technical protocols are fully and adequately addressed and planned for during supervision.

UPHOLD staff members also provide support supervision to implementing partners during activities and during the planning, reporting and accounting periods, promoting responsibility, transparency and a results focus linking financial and technical reporting.

Behavior change communication has enabled district officers, councilors and civil society organizations to confidently promote new practices, increasing demand for quality social services. UPHOLD has engaged



formal and informal, religious and political leaders and civil society organizations in BCC efforts from the identification and selection of messages and audiences to the development of specific tools, including posters, radio, drama and others. Technically sound, action-oriented messages enable district staff to more fully play their role in promoting the use and quality of social services. A package of messages, targeting adults, adolescents and young children has been disseminated to LC IIIs (district-level political leaders) throughout the UPHOLD partner districts, positioning them as advocates for improved health and education practices and as competent and caring leaders.

District Performance Reviews were initially conducted for HIV/AIDS program coordinators from the 12 districts which UPHOLD supported. The reviews were held bi-annually in preparation for PEPFAR reporting. In the review meetings, implementers and focal persons reviewed service statistics, described context related to the statistics, and developed plans for more effective data collection, reporting and service delivery.

Subsequently, the review was expanded to include the Health and Education sectors. This broader review provided a forum for technical officers and policy makers to share data and discuss the results of UPHOLD-supported initiatives and use the results to plan improvements in service delivery, data collection and reporting. Participants including implementers, managers and planners were asked to bring data for the indicators to which they contribute. The reported benefits of the reviews included promotion of teamwork within districts, between districts and CSOs, and between districts. They also strengthened and reinforced the use of monitoring and evaluation tools that had been shared previously and helped Regional Offices begin to take a more analytic view of the data and reports that were submitted. In one review meeting, the results of the LQAS surveys of 2004 and 2005 were shared and discussed. This helped grantees to link LQAS results to indicators in their individual work plans and led to a determination to link performance reviews with the dissemination of the annual LQAS results.

The review meetings provided a forum for district officers to review and discuss CSO results and to strengthen their experience in linking CSO resources with the unmet needs of the district. CSOs also enjoyed the forum for sharing their results with the districts and several districts have begun to appreciate the contributions of CSOs, rather than view them as competition for scarce resources.

Several UPHOLD Regional Offices also conducted performance review meetings on a quarterly or monthly basis, bringing together local government technical focal point persons, UPHOLD focal point persons and CSO representatives. Larger, more structured review meetings are planned this year to take place in conjunction with the dissemination of the 2006 LQAS results.

Focus For Impact (FFI)

In early 2005, UPHOLD grappled with two main questions. First, how can the program achieve significant results in key areas when competition for finite resources meant that UPHOLD often provided small amounts of money across many interventions resulting in limited impact? Secondly, would technical and regional staff be better able to serve districts if the program did not try to ‘do everything, everywhere’, but instead looked at the data and identified the most pressing health, education and HIV/AIDS needs?

Staff and partners began an analysis of these issues by looking closely at LQAS results for 2004. Data seemed to confirm that larger investments needed to be made in crucial areas and that those investments were district specific in most cases. Discussion with USAID began to outline UPHOLD’s intent to focus on selected interventions in specific districts in order to achieve significant results.



In March 2005, UPHOLD met with USAID to discuss the idea of FFI. The meetings resulted in a workplan strategy that specifically narrowed and deepened UPHOLD’s implementation focus to more explicitly define technical priorities in the education and health sectors. HIV priorities remained largely the same as dictated by the PEPFAR regulations and county-operational plans detailed later in this section. At the same time, the shift included efforts to achieve greater geographic expansion in program implementation for some areas while limiting interventions such as community-based growth promotion and integrated reproductive health activities to fewer districts. Prior to this analysis, resources were provided to districts across many program areas and while results were realized, the scale and depth of the impact in crucial areas was not optimal. We believe that FFI allowed the UPHOLD program to become more results-focused.

Table 4: Areas of ‘Focus for Impact’

Sector	Technical Area	Modifications made
Education	Community Involvement in Education	Intervention in 330 schools increased to 2,830 schools. Training of School Management Committees was dropped per request from USAID.
	Teacher Effectiveness/Cooperative Learning	Target of 1,600 schools for TE and EMSI modules was increased to 3,731. To reach this number, all primary schools in UPHOLD’s original 12 districts would be reached with all of the modules while 8 districts would include a target of 80 schools.
	Education Management Strengthening Initiative	
Health	Purchase and distribution of Long Lasting Insecticide Treated Nets	UPHOLD procured and distributed 260,000 Long Lasting Insecticide Treated Nets in four districts with Internally Displaced Person’s Camps and in five non-conflict districts with low bed net coverage.
	Home-based management of fever (HBMF)	UPHOLD would continue intensive support to the HBMF strategy. UPHOLD would not purchase new Homapak but use existing stocks from other sources (e.g., GFATM) since the malaria treatment algorithm was changed to ACT.
	Tuberculosis control and management	UPHOLD would continue activities with an emphasis on CB-DOTS in non-AIM districts.
	Immunization	UPHOLD would continue approaches for immunization specifically targeting children below one year with all the eight antigens and women in the reproductive age group with Tetanus Toxoid vaccinations. Routine immunization and supplemental immunization campaigns as well as the integrated Child Days Plus strategy would be supported to achieve increased coverage. Activities would also address Vitamin A coverage and de-worming.
	Growth Promotion	Community-level activities in targeted districts.
	Integrated Reproductive Health	Focus on clean deliveries and goal-oriented antenatal care strategies. Family planning activities in targeted districts.
HIV/AIDS	PMTCT	Greater links with goal-oriented antenatal care proposed

Redistricting, Abolition of Graduated Tax Impact, and District Restructuring

In August 2005 the Government of Uganda undertook steps which significantly changed the configuration, staffing structure, and ability to raise revenue of local government in the country. Uganda went from a country with 56 districts to one of, at last count, 80 districts. Each of the new districts is required eventually to have adequate administration, facilities, staff, vehicles, and operating budget, etc; however when the changes first took effect both the new and old districts’ ability to operate was significantly reduced. During the same time, Uganda was in the middle of its national election year, and at times attention was drawn away from service provision and use by both clients and providers when campaign activities were held within the districts.



These changes had an impact on UPHOLD's operations. First, the redistricting exercise meant that UPHOLD's catchment area increased from 20 to 34 districts. While the geographic area remained the same, UPHOLD now had 34 district local governments with which it worked. Resources were divided between, or among, "mother" and "baby" districts. This reality seriously impeded all districts' ability to ensure implied or explicit inputs into the UPHOLD activities, and brought into question how UPHOLD could continue to provide and account for resources without undertaking an unacceptable level of risk. These new districts presented a number of challenges for the program activities, including a lack of staff, inadequate financial accounting systems, and, in most instances, a lack of physical offices and equipment. The 'mother' districts also confronted a new set of challenges as staff left station to become part of the 'baby' district, equipment and furnishings were divided among the districts and activities were not carried out due to confusion and lack of personnel.

Secondly, the abolition of the graduated tax (G-tax) in effect disabled local government from collecting significant resources which had been used to address district-specific needs. While the abolition of the G-Tax was the main focus of LG concerns regarding revenue, the fact that this tax was no longer collected made it unreasonably expensive to collect some other smaller taxes which had been 'piggy-backed' onto the G-Tax. In effect, the loss of revenue was greater than what was calculated due to the fact that other taxes remained on the books, but it was no longer cost-effective to collect them. One significant result of the decrease in revenue was the fact that Local District Councils no longer had the resources needed to meet and make decisions.

Finally, the Ministry of Local Government began a review of LG staff and determined that many of those currently in service did not have the proper qualifications or experience and therefore these staff were dismissed. In some instances these civil servants had worked for the MoLG for many years and their knowledge and experience have proven difficult to replace in the short to mid-term.

These changes in the operation of local governments required UPHOLD to conduct an analysis of the impact on UPHOLD's ability to ensure that service delivery to communities and program results were not compromised, and that fiduciary risk did not rise to an unacceptable level. In August and September 2005, UPHOLD staff consulted with USAID, LGs, SDU and other stakeholders to identify options which would allow the program to continue working within the new LG reality. The analysis resulted in six options for UPHOLD's partnership with districts. The options were vetted and shared with various stakeholders. UPHOLD chose to continue to work in the same geographical area (now 34 districts) and to design systems which would address the challenges both new and "mother districts" faced. For example, for UPHOLD to continue operating within LG policies and GOU laws, workplans had to be revised to reflect the changes. The UPHOLD-supported Mbarara activities, for example, which were in one plan and had been approved for funding, now had to be disaggregated into four plans. In addition, since most of the new districts had no bank accounts, computers, or even in some cases a financial officer, UPHOLD had to design and then train districts on how to request, report and account for UPHOLD funds. In many cases the district officials who were assigned to the new districts did not know UPHOLD and required additional support to understand the program and the activities which had been planned while they were part of the mother district. While UPHOLD could have reasonably decided to remain within its 20 districts given the obvious direct and indirect cost implications, instead, UPHOLD decided that the benefit to the communities and families of service delivery in the now 34 districts outweighed the additional costs.

The end result is that UPHOLD continues to work in its original geographical area, but with varying mechanisms to get resources and provide support to the districts (see Memo entitled 'Analysis of Possible Effects of the Abolition of Graduated Tax, Staff Restructuring and Redistricting on the UPHOLD Program – 9/05' for further details).



Presidential Initiatives

Changes in USAID programming such as the implementation of The President's Emergency Plan for AIDS Relief (PEPFAR) and the Presidential Malaria Initiative (PMI) have also affected UPHOLD programming.

President's Emergency Plan for AIDS Relief (PEPFAR)

The United States Government's President's Emergency Plan for AIDS Relief (PEPFAR) is a \$15 billion, five-year program which began in 2003. USAID is one of six agencies that implement the program, and Uganda is one of PEPFAR's 15 focus countries and, as such, has received over US \$400 million since 2003. UPHOLD received its initial infusion of PEPFAR funds in October 2004 which required the scaling-up of existing activities, as well as the addition of new activities. To date, the total amount of PEPFAR funds received (including AIC and TASO support) is \$42,357,690.

While the funding was largely in line with the HIV/AIDS strategies which UPHOLD had already undertaken with partners and through its central program, additional reporting requirements and adjustments to workplans and budgets needed to be implemented. In addition, new targets and indicators were introduced and definitions of some of the targets changed in the initial years of implementation. PEPFAR programming was also completed on an annual basis through Country Operational Plans where planning (targets and funding levels) for specific interventions was completed more at the national level by the US Government PEPFAR Team than at the district level.

UPHOLD has provided PEPFAR resources through Family and Community Action grants, District grants, and central program activities. These grants and activities were reserved for 12 of UPHOLD's 20 original districts to avoid overlap with the AIM program. Further information on the key activities and accomplishments is included in the Technical Briefs section of this Briefing Book.

One unique component of the UPHOLD response to PEPFAR is President Museveni's Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY). PIASCY is a direct response to the Ugandan President's commitment to the fight against HIV/AIDS. In 2004, USAID requested UPHOLD to assist in orienting 45,000 primary school teachers nationwide on the delivery of the PIASCY program. This was a six month intensive effort and is a good example of how UPHOLD was able to implement a national program which integrated both the HIV/AIDS and education sectors at the school and community levels.



*St. Apollo Kanon PIASCY Talking Compound
– Rakai District*

After a hiatus of six months, USAID again formally requested UPHOLD to further assist in the implementation of PIASCY with school-based interventions that would focus on the adoption of behaviour change among pupils and the practice of supportive behaviours by teachers and peers. This activity is currently on-going and integrated within UPHOLD. Further details on this activity can be found in Technical Briefs section of the Briefing Book.

In addition, two of UPHOLD's key partners, AIDS Information Center (AIC) and The AIDS Support Organization (TASO) received their expected funding plus additional funds under PEPFAR to expand services to more branches.



Presidential Malaria Initiative (PMI)

In June 2005, the (United States) President's Malaria Initiative (PMI), a five-year initiative to rapidly scale-up malaria prevention and treatment interventions in sub-Saharan Africa, was launched. The goal of PMI is to reduce malaria mortality by 50% by achieving 85% coverage of at-risk groups with four key interventions, namely Artemisinin-based combination therapy (ACT), intermittent preventive treatment (IPT) for malaria in pregnancy, insecticide-treated mosquito nets (ITNs), and indoor residual spraying with insecticides (IRS).

In the fight against malaria, UPHOLD is among the organizations tasked by USAID to implement Year 1 activities of the PMI in Uganda. UPHOLD's PMI interventions totaling \$1,312,000 included; the distribution of ITNs, net re-treatment, support for home-based management of fever and increasing utilization of intermittent preventive treatment of malaria in pregnancy. These PMI activities are closely aligned with activities UPHOLD was implementing but the scope of activities has expanded for net-retreatment to also cover non-UPHOLD districts.

IV. Overview of UPHOLD Results

UPHOLD's Performance Monitoring Plan (PMP) has ten USAID SO8 Intermediate Results (IRs) for which UPHOLD is responsible. These IRs are:

- Effective Use of Social Services
- Improved Quality of Social Services
- Increased Access and Availability of Social Services
- Improved Behaviors Adopted
- Increased Capacity to Sustain Social Services
- Improved Decentralized Planning, Management and Monitoring Systems
- Increased Private Sector Role in Service Delivery
- Strengthened Enabling Environment for Social Services
- Increased Community Participation and Advocacy
- Effective Sectoral Policies and Advocacy

Through the PMP, performance indicators and their definitions describe the expected results of the UPHOLD interventions over the life of the project. For example, under *increased use of social services*, UPHOLD provides technical and financial inputs which aim to increase the number of antenatal care visits in districts and increase the number of students who attend school regularly. Within the IR focusing on *improved behaviors adopted*, UPHOLD works to increase the number of children under five who sleep under a treated bednet, as well as the percentage of HCT clients who register as couples.

The initial UPHOLD PMP was submitted in 2003. Baseline data was derived from available sources, e.g. *Ministry of Health/WHO/BASICS II HBMF Evaluation, 2003*. Modifications to the plan have been made in 2004 and 2007 to address contextual issues and the addition of new programs and USAID indicators. A copy of the current PMP has been provided under separate cover.

Sources of data in the PMP include:

- Routine health and education management information systems (HMIS, EMIS)
- LQAS survey results
- UPHOLD program reports



As detailed in the PMP, UPHOLD has or expects to meet the majority of program targets. For those few areas where UPHOLD may not achieve the planned targets, clear justifications can be provided.

V. Technical Briefs

In this section, each technical area of UPHOLD (HIV/AIDS, Health, and Education) provides an overview of its strategic approach, selected results, key activities, challenges to date, and proposed future activities.

A. HIV/AIDS

HIV/AIDS Counselling and Testing (HCT)

A complete HCT service includes pre-test counselling, HIV testing, giving results, post-test counselling and follow up and support. UPHOLD aims at increasing uptake of HCT services by making the services more available, confidential, comprehensive and by improving their quality.

Strategic Approach

HCT services are a critical means to identify people who need care and support. The UPHOLD HCT strategy aims at creating demand for HCT services, through community mobilization on the importance of HIV testing. It also aims at increasing availability of HCT services through increasing service outlets and community outreaches. Additional focus is put on strengthening the quality of HCT services. Particular emphasis is placed on serving populations vulnerable to infection, such as pregnant women and their partners, couples, TB-infected individuals and persons with STIs, as well as adolescents, internally displaced persons and people identified by districts and CSOs as engaging in high risk behaviors.

Key Activities

- Providing HCT services at static sites and outreaches.
- Increasing HCT out-reach services to difficult-to-reach populations, including conflict affected areas.
- Awarding of 26 grants to strengthen HCT services.
- Conducting support supervision of HCT sites and community-based providers.
- Creating a conducive a private environment for HCT service delivery by refurbishing 18 health units.
- Provision of HIV testing kits to partners during times of shortage.
- Supporting the integration of HCT with HIV/TB and other HIV/AIDS services.
- Training for HCT counselors.
- Training laboratory personnel in rapid testing and in logistics management for HIV commodities.
- Training of Community Owned Resource Persons (CORPs) to strengthen community HCT initiatives.

Selected Results

- A cumulative total of 228,475 (*target of 71,600*) clients counseled, tested and received results.
- Trained 887 (*target 300*) HCT service providers (counselors, lab staff, and counseling aides).
- UPHOLD supported increase in HCT sites from 32 in 2004 to 683 in 2006 (including 76 static sites).
- Awarded 13 CSO grants and 13 LG grants for HCT services.
- Rehabilitated 18 health units to create laboratories and counseling rooms.
- Provided technical support (monitoring and supervision sessions) to service providers in 13 districts.
- 40 private clinic staff trained to provide HCT services.
- Conducted research on partner disclosure which has informed current programming.



- Training of staff from 40 private clinics to provide HCT services.
- Development and dissemination of key messages on benefits of HCT through a variety of communication channels including the mass media and community based theatre groups.
- Establishment of post-test clubs and other follow-up support initiatives.
- Support to the MoH to develop and pretest the *HCT Counselor Training Manual*.
- Support to the MoH in the review of the *HCT National Policy Guidelines* and the *Strategic HIV/AIDS Framework*.

CHALLENGES

- Frequent national stock outs of HIV test kits.
- Client–Service provider ratio high: therefore same-day test results not guaranteed especially during outreaches done by public facilities.
- Inadequate number of trained laboratory technicians and counselors due to long standing ban on by MOH on further recruitment of personnel.
- Slow progress by the public sector in integrating HIV/TB, STI and other clinical services.
- Socio-cultural beliefs limiting male involvement in HCT services.
- Stigma and lack of community support for PLWA still subverts HCT efforts.
- Some areas in conflict areas inaccessible for provision of HCT services.
- Inadequate HIV/AIDS care and treatment services by both private and public sectors.

THE WAY FORWARD

- Increase access to HCT services by supporting additional CSOs and districts which used to be supported by the AIM program.
- Support the roll out of Routine Counseling and Testing (RCT) in public hospitals.
- Increase support for home-to-home and family-based HIV counseling and testing.
- Increase support to HCT outreaches to hard to reach populations like fishing communities and migrant workers.
- Improve capacity of private clinics for provision of HCT and palliative care services.
- Continue to train, monitor, support and mentor service providers mainly focusing on strengthening of counseling skills, laboratory services, logistics and records management.
- Continue to work with DELIVER and MOH to supply test kits directly to sites.
- Further strengthening of integration of TB, malaria, STI, and HIV/AIDS services.
- Step up campaigns for male involvement and reduction of stigma.
- Continue to produce and distribute user friendly IEC materials to service providers and users.
- Increase support to post test services through post test clubs (PTCs) and networks of PLHAs.
- Increase support for couple focused interventions through use of ‘model couples’ in PTCs, community education and communication activities to increase uptake of HCT services.
- More support to initiatives that integrate Gender Based Violence prevention into HIV/AIDS programming.
- Increase community participation and involvement in HCT services mobilization by local theatre/drama groups.



Prevention Of Mother to Child Transmission (PMTCT)

Prevention of mother-to-child transmission of HIV (PMTCT) activities focus on providing a minimum package of services for preventing transmission of HIV from the mother to the unborn or newly born baby. The package includes: provision of proper antenatal care, counselling and testing for pregnant women, use of antiretroviral drugs to prevent transmission of HIV, safe delivery practices, counselling and support for safe infant feeding practices, and counselling and support for future family planning practices.

Strategic Approach

UPHOLD works in partnership with districts and FBOs/NGOs through provision of technical and financial support to hospitals, HC IVs and some HCIIIs to increase access and utilisation of PMTCT services in 10 districts. The thrust of this strategy is to train and support the integration of PMTCT into goal-oriented antenatal care (ANC) services through site visits as well as linking PMTCT services to intermittent presumptive treatment of malaria (IPT) in pregnancy activities. The strategy also aims to improve skills of health workers for provision of PMTCT services and for proper management of PMTCT logistics through training and provision of on-going site based support to ensure that services are provided in accordance set national guidelines and standards.

In addition, efforts are geared towards putting in place suitable conditions for provision of quality services through improvement of available structures to create private and comfortable counseling space, room for providing laboratory services, and waiting areas. Family support groups of HIV+ mothers and their spouses are promoted to carry out community mobilization and to provide psychosocial support and referral services to HIV positive mothers and their spouses. Key focus is also placed on addressing Gender Based Violence (GBV) in relation to HCT and PMTCT service uptake. Increased uptake of PMTCT services is also encouraged through music, dance and drama, radio talk shows, community dialogues and distribution of user-friendly IEC materials.

Key Activities

- Scaling up provision of PMTCT services through public, private for profit and non-profit CSOs.
- Training of health workers to integrate PMTCT into goal-oriented antenatal care (ANC).
- Support to MoH in launching of revised *National PMTCT Policy* and *Family Support Guidelines*.
- Renovation of facilities to create suitable counselling, waiting and laboratory rooms
- Provide on-going site based support to PMTCT facilities and community-based service providers to ensure achievement of agreed upon service standards set by the MoH.
- Train partners to address gender based violence issues in relation to HCT and PMTCT uptake.
- Conduct community education programmes to promote understanding of the PMTCT programme and its benefits; and the roles of community and family members.

Selected Results

- A cumulative total of 27,217 (*target 28,400*) HIV+ pregnant mothers tested and received results by end of 2006, rising from 924 in 2004. Of those mothers testing HIV positive, 1,139 of the targeted 920 received Prophylactic ARV regimen
- Trained 360 (*target 509*) service providers in PMTCT.
- UPHOLD supported 55 PMTCT sites in 2006 from 9 in 2004.
- Awarded 9 CSO and 10 LG grants in 2006 for the provision of PMTCT services.
- Provided technical support (monitoring and supervision sessions) to service providers in 10 districts.
- A total of 17 Family Support Groups (FSGs) were formed and facilitated.
- 4,690 long lasting bed-nets distributed to members of FSGs.



- Support for HIV+ mother networks and community based follow-up and referrals by both community health workers and HIV+ mothers.
- Review, print and distribute IEC materials for use by different target groups with a focus on increasing uptake of PMTCT services.
- Provision of treated mosquito nets to prevent malaria as an integrated service in goal oriented antenatal care and PMTCT service delivery.

CHALLENGES

- Low number of women delivering at health units.
- Difficult to follow up PMTCT clients in communities due to shortage of staff and logistics, mainly at public facilities.
- Inadequate number of trained laboratory technicians and counselors due to limitations on recruitment in the public sector.
- Same-day test results not guaranteed owing to staffing constraints.
- Due to staffing constraints facing most public health facilities, service providers give less priority to data collection and reporting.
- Inadequate care and treatment services rendering referral services ineffectual.
- Frequent national stock outs of HIV test kits and irregular supply of Nevirapine.
- Difficult to follow up clients in conflict areas of the North and North East.
- Cultural beliefs negatively affect male involvement in PMTCT services.
- Stigma and lack of community support for HIV+ mothers still subverts PMTCT efforts.

THE WAY FORWARD

- Increase access to PMTCT service through increasing the number of outlets and taking on former AIM districts.
- Support the roll out of Routine Counseling and Testing in public health facilities.
- Scale up training of existing providers to roll-out the revised PMTCT policy.
- Continue to support integration of PMTCT into goal-oriented antenatal care (ANC).
- Provide site based support to service providers by joint teams from the MoH and UPHOLD to ensure achievement of national service standards.
- Work with lab staff in logistics management and forecasting of needs.
- Continue to work with DELIVER and MoH to supply test kits and Nevirapine directly to sites.
- Step up community education programmes to promote understanding of the PMTCT programme.
- Increase facilitation for psychosocial support groups to provide peer counseling and referral of clients for further care, support and treatment including anti-retroviral therapy.
- Develop and distribute user-friendly IEC materials (including job aides) for increasing uptake of PMTCT services.
- Support more initiatives that address gender based violence prevention with a view of increasing male involvement and subsequently improving uptake of PMTCT services.
- Continue to provide treated mosquito nets to prevent malaria as an integrated service in goal oriented antenatal care.



Palliative Care –General

A holistic approach is necessary for addressing the many and multi-faceted medical and psychosocial needs of people living with HIV/AIDS. In this respect, UPHOLD emphasizes integration of HIV/AIDS services into other clinical services to ensure that there are no missed opportunities in terms of care and treatment. Significant focus has been placed on creating a synergistic relationship between facility based and community based services to ensure a continuum of care for people living with HIV/AIDS (PLHA). The focus of integrated clinical services includes management of malaria/STIs and TB; pediatric AIDS management; and provision of cotrimoxazole prophylaxis. Other support includes psychosocial, spiritual and terminal care.

Key Results

- A cumulative total of 16,438 (*target 33,000*) PLHAs had been provided with treatment for opportunistic infections (including TB) by close of 2006, rising from 2,785 in 2004.
- Trained 509 (*target 222*) health workers and provided on site technical support to provide palliative care (general) services.
- 42 sites providing palliative care services.

Strategic Approach

Palliative Care aims to provide comprehensive care and support services to PLHA. UPHOLD provides financial and technical support to both public and private health facilities to strengthen the delivery of comprehensive and integrated clinical services so that health facilities become a one stop centre for the holistic management of opportunistic infections (OI). Partnering with 13 local governments and 8 CSOs, UPHOLD supports these organizations to provide general palliative care services. A family approach to delivery of palliative care services is promoted. Community based structures including post-test clubs, psychosocial support groups for HIV+ mothers and spouses, religious leaders, faith-based organizations and volunteers are supported and utilized in carrying out community mobilization and in the delivery of care and referral services. The links between the health units and community support groups are also strengthened to ensure effective referral and follow up for PLHA.

Key Activities

- Training of health workers in management of opportunistic infections.
- Training of home based care providers in basic facts about HIV, basic counseling skills, home based management of common opportunistic infections.
- On job training and support supervision to health workers and community workers providing palliative care.
- Community campaigns through multi media activities to improve knowledge, attitudes and practices related to care and support, stigma and discrimination against PLHA.
- Development and dissemination of *Guidelines for Providing Home Based Care*.
- Supporting activities of Family Support Groups and Post Test Clubs to increase access to care and support.
- Development and dissemination of print materials and conducting radio programs on care and support.
- Distribution of treated bed nets to PLHA.

CHALLENGES

- Poor data collection and documentation by the partners.
- Slow pace of integration of HIV/TB, STI, FP and malaria services by public health facilities.
- Inadequate number of trained laboratory technicians and counselors due to establishment limitations.
- Inadequate numbers of trained health service providers in lower level public health units.



- Inadequate capacity of diagnostic services in lower level health units
- Irregular supply of drugs for treating opportunistic infections.
- Inadequate care and treatment services vis-a-vis rising demand.
- Inadequate number of staff and logistics following up PLHA in communities especially by public health facilities.
- Stigma and lack of community support for PLHA.

THE WAY FORWARD

- Provide more grants and increase number of partners providing palliative care services.
- Continue with on job training and support supervision to health workers for integration of HIV/TB, STI, FP, and malaria referral services and in data collection and reporting.
- Continue training of health workers in management of OIs.
- Training more home based care providers in home based care, including psychosocial support and management of common opportunistic infections.
- Improving referral networks between health facilities and community based service providers.
- Work with health personnel to improve logistics management and forecasting of needs.
- Continued community campaigns through multi media activities to improve knowledge, attitudes and practices related to care and support, and reduce stigma and discrimination against PLHA.
- Printing and dissemination of print materials and conducting radio programs on care and support.
- Scale up support for activities of Family Support Groups, Post Test Clubs and PHA networks.
- Support more initiatives that address gender based violence prevention with a view of increasing male involvement and service utilization/uptake.
- Leverage PMI resources to provide treated bed nets to PLHA.

HIV/TB Services

Interventions in this program area are geared towards increasing HIV/TB detection and treatment success rates.

Strategic Approach

In order to contribute to the national effort towards improving HIV/TB detection and treatment success rates, UPHOLD's interventions in this area aim at improving the forecasting of TB drug requirements, improving skills of health personnel, increasing diagnostic capacity of health facilities and providing follow up of clients in communities.

UPHOLD provides financial and technical support to local governments and CSO health units to provide integrated HIV/TB prevention and treatment services. In particular, site based technical support and mentoring on TB/HIV integration is provided to health workers to improve their competencies in TB/HIV diagnosis and management, internal and external referrals for support counseling and ART for eligible individuals, logistics planning and TB/HIV reporting.

Community involvement in HIV/TB prevention and care is promoted through training of CSO staff and volunteers in the provision of community based directly observed tuberculosis treatment (CB-DOTS). Community mobilization activities aim at reducing stigma associated with HIV status and TB infection. The links between the health units and community support groups are also strengthened to ensure effective referral and follow up for PLHA.

Key Results

- A cumulative total of 671 PLHAs provided with treatment for HIV+TB.
- Trained 509 health workers to provide HIV/TB care.



Key Activities

- Training of health workers in detection and management of TB.
- On job training and support supervision provided to health workers, home based care givers and community workers.
- Support for home visits and home and community/group counselling and treatment.
- Support community awareness and mobilization of communities on TB prevention and treatment through implementation of a CB-DOTS programme.
- Strengthening linkages and effective referral systems between CB-DOTS programmes, home-based care and facility-based care.
- Post-test club formation and support.
- Train and support community counsellors to offer psycho-social support.
- Development and dissemination of key messages on importance of early health care seeking behaviour.
- Distribution and dissemination of *Guidelines for Providing TB Care*.

CHALLENGES

- Slow rate of integration of HIV/TB, STI, FP and malaria services by public health facilities.
- Inadequate numbers of trained health service providers in lower level public health units.
- Inadequate capacity of TB diagnostic services in lower level health units.
- Inadequate number of trained laboratory technicians and counselors.
- Intermittent supply of drugs for treating TB.
- Following up PLHA in communities in problematic due staffing and logistics constraints facing public health institutions.
- Stigma and lack of community support for PLHA.
- Collection of data and documentation at partner level still inadequate due to insufficient prioritization.

THE WAY FORWARD

- Continued support for the roll out of routine HIV counseling and testing services.
- Continued on job training and support supervision to health workers for integration of HIV/TB, STI, FP, malaria referral services and in data collection and reporting.
- Training of additional health workers in detection and management of HIV/TB.
- Training to increase the number of home based care providers.
- Improving referral networks.
- Work with health personnel to improve logistics management and forecasting of needs.
- Development and dissemination of print materials and radio programs on HIV/TB care and support.
- Step up community campaigns through multi media activities to improve knowledge, attitudes and practices related to HIV/TB care and support, and reduce stigma and discrimination against PLHA.
- Providing more grants to CSOs and local governments for improving access to HIV/TB services.



Abstinence and Faithfulness

UPHOLD supports abstinence and faithfulness activities which increase awareness and encourages positive behaviour change in regards to HIV/AIDS prevention. Both interventions are in accordance with US government PEPFAR abstinence and faithfulness requirements.

Strategic Approach

Promotion of abstinence and delay of first sexual encounter are key messages for young people in Uganda mainly through the UPHOLD supported (Uganda) Presidential Initiative on AIDS Strategy for Communication to Youth (PIACSY) program. The broad strategy of the program is to prevent HIV/AIDS by increasing the number of primary school children who delay sex until marriage through a sustainable, mainstreamed HIV/AIDS education program in all primary schools in Uganda. In addition, behavior change is aimed at reducing stigma towards children and adults affected and/or infected with HIV/AIDS. The implementation strategy focuses on creation of Centers of Excellence (model schools) in 1,078 primary schools nation-wide with monitoring and support supervision of activities provided through 23 Core Primary Teachers Colleges. These Centers serve as models of learning for other primary schools which share best practices such as drama festivals and talk shows through exchange visits.

In addition, UPHOLD targets out-of-school youth, couples and the general community with information, education and communication messages so as to create an enabling environment for youth to abstain from early sexual activity and for the sexually active to reduce sexual partners and remain faithful to each other. In addition, UPHOLD supports CSO activities that promote faithfulness and gender based violence reduction among couples. This is completed through partners such as Tuko Club in conjunction with the Office of The First Lady and Raising Voices that train CSO staff in communicating 'Be Faithful' messages, in improving couple counseling skills and incorporation of gender based violence prevention activities into programs.

Key Activities

PIACSY

- Implementation of PIACSY program in all primary schools nation-wide.
- Conduct tailored training for school based guidance and counseling and use of PIACSY print materials.
- Support to increase community involvement in PIACSY oriented school based activities.
- Distribution of PIACSY print materials in 1,078 model schools.
- Monitoring and support supervision for 78 districts and 510 model schools.

Key Results

- A cumulative total of 4,721,546 (*target 4,440,000*) reached with abstinence and be-faithful messages by end of 2006.
- A cumulative total of 4,389,815 (*target 4,000,000*) school going children reached with abstinence messages by end of 2006 up from 315,000 in 2004.
- Trained a total of 58,863 people (*target 80,780*) to provide abstinence only promotional services.
- Grants provided to 11 CSOs to promote abstinence-only and 5 to promote faithfulness in 2006.
- 1,078 model schools have received grants for strengthening school based PIACSY activities.
- School clubs functioning in more than 1,140 model and non-model schools.
- Guidance and counseling sessions were conducted in all the 1,078 model schools and over 1,600 teachers trained in PIACSY.
- More than 1,250 schools with talking compound environments.



Other AB activities

- Development and Dissemination of *Listening Parents Guide* a guide to encourage discussions between parents and children between the ages of 8 and 12.
- Development and dissemination of a *Be-Faithful Manual* used to train CSO partners in be-faithful messages.
- Training on abstinence and faithfulness for community leaders and religious leaders.
- Training on abstinence and faithfulness for youth out-of-school
- Conduct mass media campaigns to promote sexual abstinence and faithfulness through Radio Listening Clubs.
- Carrying out abstinence and faithfulness IEC/BCC community campaigns focused on specific target groups by CSOs.
- Promotion of abstinence and faithfulness and HIV/AIDS prevention among married couples and/or partners and other support groups.
- Support to CSO drama troupes to perform targeted music, dance and drama.
- Support school-based STI preventive initiatives for secondary and tertiary institutions.
- Monitoring and support supervision to provide technical guidance on implementation of abstinence and be-faithful activities in schools and communities.

CHALLENGES

- Lack of specialized and trained HIV/AIDS counselor teachers in schools to provide effective counseling services.
- Due to multiple roles played by teachers, recording and technical reporting on PIASCY school based activities is not well taken and implemented by schools.
- Prevalence of cultural inhibition by adults regarding engaging in positive communication about HIV/AIDS with the children.
- Some religious sects still find it very hard to open up on sex education, while others still encourage female submissiveness to male counterparts.
- Community support for setting up a risk-free environment for pupils is not yet adequate.
- Male involvement in abstinence and be-faithful activities is low due to cultural issues.

THE WAY FORWARD

- Increase sensitization of parents and school communities on HIV/AIDS.
- Increase training of teachers in adolescent friendly communication and life skills education.
- Increase targeted supervision of teachers by head teachers.
- Further mentoring of teachers by Coordinating Centre tutors to ensure effectiveness of the trainings.
- Ensure regular and effective district, county and sub-county level supervision of schools by the District Inspectorate Department.
- Use of couple role models to increase couple involvement in be-faithful campaigns.
- Continued training of CSO partners and community leaders in gender based violence prevention.



Prevention Other

UPHOLD's other prevention interventions target most at risk populations such as commercial sex workers, long distance truck drivers, urban motorcycle riders (commonly referred to as 'boda boda' riders), discordant couples, fishermen and the communities living at the landing sites and internally displaced persons and other mobile populations.

Strategic Approach

Through UPHOLD financial and technical support, CSOs reach out to most-at-risk populations with HIV/AIDS education, HIV counseling and testing as well as condom education and distribution services. Locations in proximity to places where transactional sex often takes place like lodges, nightclubs and bars are targeted for condom distribution and with messages to raise awareness of and reduce risky behaviors. Additionally, communities living near landing sites for fishing are specifically targeted for prevention interventions. Promotion of responsible behaviors that include couple testing and mutual disclosure, as well as consistent and correct use of condoms among discordant couples and casual partners. Community mobilization and education on gender based violence prevention and HIV/AIDS are also given due attention. Sexually active youth – mainly, out-of-school- are reached with youth friendly services.

Key Activities

- Support targeted condom distribution and education.
- Support STI treatment services appropriate for specific target populations.
- Train on prevention of HIV/AIDS for various community groups, institutions, youth out-of-school, and community leaders.
- Support school-based preventive initiatives with a focus on secondary and tertiary students.
- Establishment of anti AIDS peer support clubs.
- Implementation of peer education approaches and youth friendly services.
- Support prevention for positives programmes through Post-Test Clubs and PHA networks.

CHALLENGES

- Most at risk population difficult to reach and serve owing to unwillingness to disclose their identity.
- Prevalence of transactional sex due to rampant poverty.
- Intermittent supplies of condoms to health units.
- Gender based violence frustrates efforts especially by females towards adoption of safer sex practices like condom use.

THE WAY FORWARD

- Scaling up interventions for most-at-risk populations with HIV/AIDS education, HIV counseling and testing as well as condom education and distribution services.
- Increase targeted condom distribution and education through multiple channels.
- Train more CSOs in integrating Gender Based Violence prevention issues in HIV/AIDS programming.
- Increase support to post test clubs and PHA networks to educate their membership on prevention of HIV re-infection and partner disclosure.

Selected Results

A cumulative total of 131,066 (target: 147,000) people reached with prevention messages beyond Abstinence and "Be Faithful" by end of 2006.

- Trained 303 (target: 2,240) service providers in promoting prevention other messages.
- Awarded 6 CSO grants for prevention other promotional activities



- Scale up peer education approaches and increase support to initiatives that promote youth friendly services.
- Continue to work with MoH to ensure supply of condoms in outlets operated by UPHOLD partners.

Orphans and Vulnerable Children (OVC)

OVC interventions include activities aimed at improving the lives of orphans and vulnerable children affected by HIV/AIDS. The emphasis is on strengthening community managed responses to meet needs of vulnerable children. The package includes socio-economic security for meeting basic needs (shelter, health, nutrition and schooling costs), food security and nutrition, reducing the impact of conflict on children, education, psychosocial support, health care, child protection and legal support.

Strategic Approach

UPHOLD provides both technical and financial support to CSOs and FBOs for implementation of activities geared towards providing OVC with medical care, socio-economic and psychosocial support and livelihood skills training in supported districts. Community care providers are trained to provide home based care. Care and support include medical care (e.g. provision of drugs for treatment of opportunistic infections and other ailments including referral of eligible HIV+ OVC to anti-retroviral therapy sites, psychosocial support (e.g. guidance and counseling) and advocacy for child rights). Livelihood skills training and apprenticeships in income generating activities including relevant elementary start up equipment is provided. The CSOs are supported to work with the community in order to initiate interventions aimed at ensuring long term food security interventions in vulnerable households with OVC.

CSOs also work directly with OVC in order to promote positive behaviors such as delay in sexual debut and avoidance of early marriages and exchange of sex for money and gifts.

Key Activities

- Support to food security and production activities for families with OVC.
- Support income generating activities for families and communities to improve socio-economic security for OVC families.
- Support of referral activities for sick children to access facilities providing medical treatment and ART.
- Conducting training workshops for NGOs, CBOs, FBOs and community leaders in the Ministry approved *OVC Support Package*.
- Training of care givers in provision of psychosocial support.
- Training of teachers in school-based OVC support and care.
- Community education on child protection and legal support.
- Limited support for primary and secondary school children –mainly through TASO.

CHALLENGES

- Stigma and lack of community support for OVC affects interventions.
- Community networks for extended families which would in the past absorb and care for orphans are overwhelmed and or even broken down.

Selected Results

- 6,388 orphans reached with care and support by end of 2006 from 500 provided with care and support in 2004.
- Trained 622 (*target: 660*) service providers in OVC care and support.
- Trained 157 additional home care givers in OVC home based care service provision.
- Awarded 11 CSO grants
- Disseminated *OVC National Policy* and *OVC Operational Plan* to 11 CSOs.



- Most CSOs are unable to offer the whole package of services hence relying on referrals to other agencies which are also overwhelmed by numbers.
- Inadequate care and treatment services due to intermittent supply of drugs and inadequate number of service providers trained in management of pediatric illnesses.
- Insufficient coordination among OVC service providers resulting in service gaps and inaccurate clientele data.

THE WAY FORWARD

- Increase sensitization of communities on OVC care, child rights and responsibilities.
- Continue to provide support for socio-economic and food security improvement of house holds with OVC.
- Increase support and number of CSOs implementing OVC services to improve access to services.
- Support for referral activities of sick children to access facilities providing medical treatment and ART.
- Support CSOs to improve referrals networks.
- Conduct regular CSO coordination and experience sharing meetings to improve coordination.

B. HEALTH

Overview of Health Sector:

Health activities are an important element in achieving UPHOLD's long-term objectives of improved services, capacity building and focus on-people-centered results. The core interventions, Child Health, Integrated Reproductive Health and Communicable Disease Control in malaria and tuberculosis, have worked to increase both service availability at health facilities. They have also included community mobilization that promotes the use of these services and good health seeking practices in the household. The Health Sector interventions have improved the quality and availability of the health services in UPHOLD's priority districts, served as successful models for larger programs at the national level and will ultimately help reduce child and maternal morbidity and mortality in Uganda.

In addition to its core interventions, Health Sector activities have also made significant and innovative contributions in other health areas. These have been primarily focused on quality improvements in services and more community and client demand. The most important of these include full participation in the Yellow Star Program, the "Stars in Progress" initiative to increase community support for quality improvements in health centers, the "Mentoring for Improved Supervision" approach, extension of consumer advocacy efforts and integrated programming with other sectors in UPHOLD.



Child Health

UPHOLD's Child Health sub-component is focused on disease prevention through two strategies - increased routine and supplemental immunization services including bi-annual Child Days and Community-Based Growth Promotion to improve child health at the household level. To support these, UPHOLD has provided assistance to national and district government priorities and to local organizations. UPHOLD support has included national level coordination and planning; training and follow up of service providers; technical assistance in program design; planning; monitoring and evaluation; social mobilization; BCC and job aids to support health personnel in districts where activities have been carried out.

Strategic Approach

The UPHOLD strategy for achieving improvements in immunization coverage is broad, extending from assistance to the MoH for EPI policy and planning to grants for support of service delivery, social mobilization, monitoring and evaluation to increase immunization coverage at the local level. In UPHOLD supported districts specifically, the project has played a lead role in the implementation of bi-annual Child Days Plus and Sub-National Immunization Days (SNIDs). It has also helped strengthen routine immunization at health facilities through training, improved management systems and better record keeping. In the community UPHOLD has worked to improve immunization outreach services, especially for hard to reach areas, and has done community mobilization through well-coordinated and focused BCC.

Community-Based Growth Promotion has been the principal strategy for promoting and contributing to integrated child health services at the local and household level. In line with the MOH Village Health Team (VHT) approach, UPHOLD uses trained community volunteers to empower communities to take responsibility for their own health. Through monthly village-level weighing sessions for young children, these volunteers identify sub-optimal feeding and care practices. These problems are then addressed through individual counseling to help mothers to improve on these and to re-establish or maintain adequate growth. The monthly weighing sessions are also an opportunity to address issues of immunization, antenatal care, childbirth practices, and other child and maternal health issues. Since 2005, UPHOLD has focused these efforts in 6 districts chosen based on child health needs, the likelihood of sustainability due to district priorities and geographic location. Complete training and counseling materials as well as tools for record keeping and reporting have been developed and community volunteers have been trained to implement the strategy. Results of this intensive work and prototype materials are intended for adaptation and use throughout Uganda in conjunction with other activities to improve child health.

Selected Results

- Percentage of children between 12 and 23 months who received 3rd dose of DPT by 12 months increased from 50.8% to 72.2% to 84% in 2004, 2005 and 2006 respectively, in UPHOLD districts (LQAS 2004, 05 and 06).
- Coverage of 2006 Mass Measles campaign) – achieved more than 100% coverage in targeted areas as children over the target age were provided immunization and vitamin A supplements.
- Coverage of 2003 Mass Measles, Polio and Tetanus Campaign achieved more than 98% coverage in UPHOLD districts.
- Coverage of Vitamin A supplementation for children 6 to 59 months reached 82% in 2006 Child Days Plus (Health Facility Data).
- 30% of facilities in UPHOLD-supported districts achieved 75% of basic health care standards.



Immunization

Key Activities

- Grants to district local governments to support social mobilization for immunization, purchase of equipment, training and support supervision of health workers, and support to outreach in hard-to-reach areas.
- Technical and planning support for EPI at national level.
- Training of health workers in data management and utilization of HMIS and national strategy.
- Training in and advocacy for the “Yellow Star” program of accreditation of health facilities.
- Training of mentors and supervisors to support performance improvement of lower level health facility staff.
- Public-private health initiative including training of private child health care practitioners in standards of care and immunization.
- Grants to CSOs to support routine, outreach and supplemental immunization services.
- Printing and distribution of child health cards, monitoring charts and other materials to support the EPI program.
- Technical support and materials for BCC including:
 - *Health Workers Matter* newsletter edition on Routine Immunization with MOH (10,000 copies for 34 districts).
 - Complete Immunization motivation poster and stickers [insert with newsletter].
 - BCC Support to partner districts for 6 Child Days: posters, radio spots on 10 stations, instructions and support for District Health Educators.
 - BCC Support to national mass measles campaigns: Mr. Immunizer posters in 6 languages, Mr. Immunizer stickers for children, radio spots in 9 languages on 10 stations, press coverage.
 - BCC Support to SNIDS campaign against polio in the North and North West: flyers, posters, radio spots, banners in 3 languages.
 - Radio programs for Radio Listening Clubs on 10 radio stations in 9 languages produced and broadcast (35,000 active club members; immunization, child feeding, fatherhood).
 - Drama performances by 200 local troupes (on-going activity) in 34 districts with one play: immunization.
 - Local leaders oriented on promoting immunisation, child feeding, fatherhood through advocacy training for 800 Local Council Leaders in 34 districts.
 - Radio talk shows through CSO grantees.

CHALLENGES

- Competition, rather than collaboration, between some CSOs and local governments in provision of services and mobilization.
- Immunization outreach services are still inadequate to ensure universal, consistent immunization coverage.
- Government funding through PHC grants, which should fund monthly outreaches for routine immunization, is overstretched and often delayed

WAY FORWARD

- Assess sub-county level immunization coverage data to identify areas for targeted immunization support.
- Reinforce public-private partnerships.



Community-Based Growth Promotion

Selected Results

- 80 district and sub county level trainers and 1,225 Community Growth Promoters trained to cover on-going growth monitoring and promotion in 500 villages in 6 districts.
- 15,000 children attended the monthly village level growth promotion sessions for weighing and individual counseling.
- Preliminary data show a decline in missed immunization as a result of Community-Based Growth Promotion.

Key Activities

- Training of trainers and community growth promoters in Community-Based Growth Promotion.
- Identification and training of parish level supervisors as first-line supervisors for community growth promotion activities.
- Support supervision for effective growth monitoring and promotion through sub county, district and national level supervisors.
- Training of growth promoters on Essential Nutrition Actions to build counseling capacity.
- Quarterly review meetings for continuous (refresher) training and data collection.
- Village level feedback meetings to discuss results and raise support for growth promotion activities at community level.
- Development and provision of integrated child health tool kit.
- Technical support and materials for BCC include:
 - BCC Support to Community-Based Growth Promotion / Village Health Teams: Child Health took it for volunteers including counseling cards, counseling reminder sheets, referral cards, village registers, data summary sheets, Child Health Cards.
 - Radio programs for Radio Listening Clubs on 10 radio stations in 9 languages produced and broadcast (35,000 active club members; community support to volunteers).
 - Radio talk shows through CSO grantees.
 - Exercise books printed with deworming messages for school-age children to support Child Day mobilization and prevention of re-infection distributed through regular private-sector channels (1 million)
 - Video documentary on integrated child health including growth promotion training.

CHALLENGES

- Inadequate counseling and corrective measure guidance.
- Delayed and limited funds to support Community-Based Growth Promotion.

WAY FORWARD

- Provide closer support supervision and continue to enhance training to build counseling skills.
- Document successes in Community-Based Growth Promotion, advocate for integration in Village Health Teams.

Integrated Reproductive Health



Integrated Reproductive Health supports UPHOLD objectives to improve services and their use and to both educate and mobilize communities, families and women of reproductive age to access them. UPHOLD's primary interventions in IRH are in maternal health, particularly goal-oriented antenatal care, and family planning.

Strategic Approach

The UPHOLD IRH approach varies across the 14 districts that receive assistance in this area. It is also responsive to local priorities while it extends opportunities to improve maternal care and safety and to expand individual options for family planning and reproductive choice. Interventions, which are primarily supported through grants to LGs and CSOs, as well as through direct assistance from UPHOLD, are designed to: increase the use of antenatal care (ANC) and clean delivery ; expand service accessibility by linking IRH and FP services to other ongoing health initiatives like child health; improve birthing services and safety and to address the vast unmet need in family planning.

Further, UPHOLD assists in the expansion of youth-friendly sexual and reproductive health programming and participates in the national policy dialogue about these issues with the MoH and with other partners. Training and education are critical elements of UPHOLD's work in this area and are focused on increasing capacity in the health system, extending networks for better private care and supporting community reproductive health workers. Extensive community mobilization and advocacy are also important components.

Key Activities

- Community development workers and reproductive health providers were brought together for the first time to collaborate on community mobilization for reproductive health.
- Close collaboration with the MoH continued on family planning issues and policies. This ongoing UPHOLD role includes discussion and review of diverse issues that affect the delivery of RH and FP in the MoH system, including review of RH materials, identification of program strengths, gaps and weaknesses, discussion of policy and consideration of program changes at the national and district level.
- Participated in the development of the *National Communication Strategy for Family Planning*, completed early in 2007.
- Provided grants to five CSOs and 1 LG to promote family planning information and services in UPHOLD districts, beginning in 2005.
- Developed grants with the Uganda Private Midwives Association (UPMA) to increase outreach of private sector providers in integrated reproductive health services (including HIV/AIDS). Over 160 private midwives are currently supported in the UPHOLD districts.
- Procured and distributed almost 17,000 clean delivery (Mama) kits to pregnant women in crisis-areas.

Selected Results

- Goal-oriented ANC training for service providers in UPHOLD districts improved the percentage of women who completed their 4th visit to 53%, up from an original 48%.
- Family Planning counseling by midwives was provided to over 300,000 pregnant women on their 1st visit in 2006 and the number is rising in 2007.
- There has been a 28.8% increase in the number of women accessing clean and safe delivery kits in UPHOLD districts.
- In the last two years the percentage of women who have delivered at a health unit has risen to 50% in UPHOLD districts, up from 41%
- The percentage of women receiving IPT1 and IPT2 during the last pregnancy has risen to 35.8% since 2005.
- In UPHOLD districts 20.5% of women 15-59 use modern contraception
- Women who received iron, folic acid and mebendazole through UPHOLD-supported activities has risen to 15%; in 2004 this item was not assessed.



- Supported the development and distribution of over 40,000 copies of the *Women's Health Passport* to two pilot districts and will collaborate with the MoH in finalizing this important RH aid when the pretest is concluded and results are analyzed in 2007.
- Worked with the MoH Reproductive Health Division and Health Communication Partners (HCP) to provide BCC materials, including
 - Radio programs for Radio Listening Clubs on 10 radio stations in 9 languages produced and broadcast (35,000 active club members; for use in both the UPHOLD districts and the national-level RH and FP programs.
 - Three radio programs on family planning, ANC and the need for skilled attendance at birth were produced in nine languages for use in Uganda's Radio Listening Clubs. These were aired on 10 radio stations and broadcast to 35,000 active club members.
 - Radio contracts have been signed to produce 10 additional radio programs that will further address family planning and ANC issues
 - Training for presenters from 14 leading radio stations which broadcast their own programs and spots to promote family planning.
 - Support for development of two plays on Family Planning and Skilled Attendance at Birth. These are being preformed as an ongoing activity by 200 local troupes in 34 districts.
 - Orientation for 800 Local Council Leaders in 34 districts on promoting Family Planning, Birth Preparedness, Antenatal Care, Skilled Attendance at Birth and Male Involvement in RH through advocacy training.
 - Designed and pre-tested materials to promote RH at the community level (Family Planning, Antenatal Care, Birth Preparedness community action tools; posters on male involvement) in 2005. These are already available in health units.

CHALLENGES

- In some cases, collaboration between the CSOs and the DHT (or the RH focal person of the district) has not been optimal. Occasionally there are no service providers at mobilization activities conducted in villages far from the health unit to answer technical questions.
- The uptake of antenatal services has been slow. Attendance at ANC clinics is low and the often the full range of ANC services has not been available at clinic sites.
- Knowledge and skills to deliver long-term family planning methods is still generally lacking at service sites.

WAY FORWARD

- Improve community mobilization and increase the demand for services through UPHOLD's BCC strategies and assistance.
- Improve services providers skills through refresher courses and carry out on-job training for family planning provision especially long term methods.
- Increase follow-up of trainees through M and E, as well as assist grantees and LGs to provide more on-job support supervision, especially in record keeping and logistics management. These measures should reduce missed opportunities for service provision



Communicable Disease Control: Malaria

In the fight against Malaria, UPHOLD is an implementing partner in the US President's Malaria Initiative (PMI), which aims to rapidly scale up malaria prevention and treatment in high burden countries in Sub-Saharan Africa by reducing malaria mortality. The main areas supported by UPHOLD include: Home Based Management of Fever (HBMF); roll-out of the new national malaria treatment policy; intermittent preventive treatment of malaria in pregnancy; insecticide treated bed-nets (ITN) and distribution and net re-treatment.

Strategic Approach

UPHOLD's original support to malaria prevention and control activities focused on the training and support of Community Medicine Distributors (CMDs), the community volunteers who implement the Home Based Management of Fever (HBMF) approach. Homapak, the front line treatment for malaria at community level, has been procured and distributed to selected UPHOLD districts and CMDs trained and provided with registers and other materials to identify the program. Support supervision of the CMDs was also facilitated through UPHOLD. Other priorities in this phase of the program were bed-net distribution and re-treatment campaigns, as well as national and district-level BCC to promote prompt, appropriate care seeking behaviors and the prevention of malaria using ITNs.

UPHOLD also received additional funds under the PMI for specific malaria interventions, including support supervision of health workers for roll-out of the new malaria treatment policy, Malaria in Pregnancy (MIP) interventions for increased uptake of Intermittent Preventive Treatment (IPTp)² and bed-net re-treatment.

UPHOLD malaria activities have been implemented in all 34 UPHOLD supported districts, mainly through central technical program support and partnerships with local governments. Select activities such as bed-net re-treatment have also been expanded to non-UPHOLD, but PMI supported districts. All activities have been implemented in close collaboration with the Ministry of Health utilizing the existing health system

Key Activities

- Support to over 38,000 CMDs to implement HBMF activities in over 19,000 villages.
- Training of 25,570 CMDs (19,798 CMDs in 13 out of the original 20 districts at inception of the HBMF strategy and 5,772 trained later to meet demand).
- Training of 780 district trainers for mobilizing and training lower levels for HBMF activities.

Selected Results

- Over the past two years, in UPHOLD districts over 5 million episodes of fever in children below five years were treated, with over 65% of them reporting for treatment to CMDs within 24 hours of fever onset. Over 92% of them recovered on Homapak alone, without referral to the next level of care (UPHOLD reports 2006).
- Percentage of children below five years who had fever in the past 2 weeks and received recommended treatment within 24 hours of fever onset increased from 30.7% (2004) to 76.6% (2006) (LQAS 2004, 2006)
- The proportion of children below five years sleeping under an ITN has increased from 11.7% 2004 to 26.8% 2006 (LQAS 2004, 2006).
- By 2006, 39% of households in UPHOLD supported districts owned a net of some kind.
- Survey results show that children below five years who reported with fever in the past 2 weeks decreased from 55.8% (2004) to 43.3% (2006), (LQAS 2004, 2006)
- In UPHOLD-supported districts 35.8% of mothers accessed IPTp (2) services (LQAS, 2006).
- Community based model of distribution of free nets were tested in 12 districts, using community medicine distributors - a model which is now being utilized by MoH and partners for the distribution of 1.8 million nets being procured under the Global Fund. An evaluation study done 6 months after the distribution showed that 95% of the households had the nets and 87% of the children below five years had slept under one the night before the household was surveyed.



- Support for review meetings of CMDs, including support supervision and refresher training.
- Procurement of over two million doses of Homapak and 27,100 CMD registers.
- In-depth review and a report on the HBMF system. Recommendations for increasing motivation and strengthening supervision of CMDs are being included in MoH proposals to The Global Fund Against AIDs, Tuberculosis and Malaria and The (US) President’s Malaria Initiative.
- UPHOLD facilitated training and assistance for MoH workers and others through PMI have included:
 - Support to increase IPT uptake using on-job training and on-site support supervision. This was done in 17 districts, covered 79 health facilities and reached 236 health workers.
 - Training on the implications for malaria in pregnancy, including materials and technical assistance for the Goal-Oriented ANC workshops, enabling health personnel to offer integrated services to expecting mothers. 168 health workers were also trained on goal oriented antenatal care, recognizing that IPT, as well as prevention of mother to child transmission (PMTCT) were integral components of this approach.
 - Development and use of a 3 –day refresher training course to orient 43 mentors from 12 districts (Mityana, Mubende, Rakai, Lyantonde, Wakiso ,Luwero, Nakaseke, Mayuge, Pallisa, Kaliro, Kamuli Bugiri,). Each of the mentors supervises 3-5 facilities to provide on-site support for improved malaria in pregnancy management and subsequently IPT uptake.
 - Use of the Performance Improvement Approach (PIA) to improve IPTp2 uptake by training 31 health sub-district and facility managers who supervise health workers.
- Collaboration with Health Communication Partners (HCP) and UPHOLD grantees in 15 districts for the development and pre-testing of job aides for health workers (gestational wheel and IPT 2 wall chart) and radio spots and forum theatre for community education.
- On site support supervision for health workers to facilitate the MoH’s roll-out of the new national malaria treatment policy using Artemisinin based Combination Therapy (ACT). Two rounds of on site supervision were conducted, with each round covering over 1,100 health facilities in the 34 UPHOLD supported districts and providing on site support to over 4,000 health workers.
- Re-treatment of 144,615 bed-nets in six UPHOLD districts in 2004, 144,869 in 2005 and 505,573 in 27 PMI supported districts (including 12 in UPHOLD) in 2006.
- Procurement of a total of 311,311 ITNs for distribution to children below five years (239,183), pregnant women (25,612), people affected by HIV/AIDS (25,690) and Orphans and Vulnerable Children (200).
- Community mobilization for Long Lasting Insecticidal Nets distribution and net re-treatment activities.
- Study to assess the impact of HBMF on childhood illness in Kitgum district in 2004. This study demonstrated a dramatic decline in the prevalence of severe anemia in children 6-24 months, after 6 months of home based management of fever interventions.
- Participation in the MoH inter-agency coordination committee meetings on malaria (ICCM) and the technical working groups of this committee (vector control, malaria case management, malaria in pregnancy and monitoring and evaluation). Progress of implementation of malaria interventions is presented by the MOH/NMCP and lessons and best practices shared.
- Technical support and materials in BCC for malaria activities, including:
 - Development and broadcast of four radio spots to promote the appropriate use of ITNs and care-seeking behavior for fever in young children (broadcasted for three months on ten stations in nine local languages).
 - Health Workers Matter newsletter edition on “The Burden on Malaria” (10,000 copies for rural health workers in 34 districts, distributed with an insert on the new malaria treatment policy using ACTs as first line treatment of uncomplicated malaria.
 - Radio programs for Radio Listening Clubs on ten radio stations in nine languages produced and broadcasted (35,000 active club members; program on malaria).
 - Documentary on HBMF for advocacy use by MoH.



- Printing of ITN leaflets in local languages which were provided with the UPHOLD distributed LLINs in 12 districts and given to CMDs and Local Council leaders.
- Printing of IEC materials on MIP in Luo for use in Gulu and Kitgum
- Pre-testing of MIP BCC materials in collaboration with Health Communication Partners (HCP).
- Orientation of 800 Local Council Leaders on malaria prevention and treatment through advocacy training in 34 districts.

CHALLENGES

- Motivation for volunteers who deliver HBMF services remains an outstanding challenge. Systems for delivery of anti-malarial medicines from the facilities to the CMDs and retrieval of their data are weak. UPHOLD has sought to minimize these challenges by supporting regular quarterly review meetings of CMDs, at which medicines are delivered to CMDs and their records retrieved. However, money for this important activity has not been included in the PMI plan for FY07.
- Support supervision of health workers at different levels in the district is weak, affecting the quality of services. This is increasingly apparent in the roll-out of the new malaria treatment policy. UPHOLD will continue to support the MOH to supervise health workers in the 34 UPHOLD-supported districts, but over the longer term this remains a vulnerable program area for the MoH.
- Malaria management guidelines and policy documents are in short supply in the health facilities. UPHOLD will continue to support the MOH in the distribution of these documents but the MoH needs to incorporate this into its future planning.

WAY FORWARD

- Support to the HBMF system to strengthen supportive supervision of the CMDs, improve the systems for delivery of medicines to them and improve the systems for retrieving their data. This is crucial for planning and the efficient use of medicines as the country prepares to scale up use of the expensive artemisinin combination therapy (ACT) at the community level through HBMF.
- Increase community mobilization activities for awareness of the dangers of malaria in pregnancy, promote early and adequate antenatal visits, and improve the availability of sulfadoxine-pyrimethamine (SP) at the facility level. Improvements must also be made in administration and recording of IPT and future increases in IPT. Support to the private sector and NGO facilities needs strengthening to facilitate the increased uptake of IPT.
- Continue assistance to the MoH for strengthening malaria prevention and control activities through the ICCM and technical working group meetings.
- Support and collaborate with the MoH to supervise implementation of malaria case management services, with emphasis on severe and complicated malaria and dissemination of policy documents and job aides for improved quality of services.
- Improve net re-treatment and other malaria prevention activities, especially through BCC that promotes the correct use of ITNs,



Communicable Disease Control: Tuberculosis

Uganda is extremely burdened by tuberculosis. The prevalence of TB infection among adults is between 50-70%, with at least 50% co-infected with HIV/AIDS. The detection rate of new smear cases and treatment success rate are low. This is attributed mainly to limited recording and reporting, poor compliance to DOTS, poor access to health care services, insufficient number of skilled staff; and inadequate diagnostic facilities.

Strategic Approach

Tuberculosis control and treatment is a core technical area supported through UPHOLD. The primary emphasis of this program is the expansion and strengthening of the Community Based Tuberculosis Directly Observed Therapy Short course (CB TB DOTS) strategy and complementary strengthening of facility based tuberculosis (TB) services.

To ensure the accessibility and quality of CB TB DOTS services in its supported districts, UPHOLD has directly assisted the consolidation and expansion of this methodology. Major activities have included TB Stakeholder Meetings in the districts and the orientation and training of health workers and laboratory personnel on the CB TB DOTS strategy, including HIV/AIDS/TB collaboration. Specific areas of training include TB diagnosis and management, TB microscopy, and TB logistics management and support supervision of the health workers from district to the community level.

Facility-based TB services are also being supported through UPHOLD's integrated HIV/AIDS/TB/STI/malaria supportive supervision initiative. Under this intervention, 61 health facilities have been provided with intensive whole-site supervision, 325 service providers reached to promote quality and integration of services. This integration has been jointly financed between the Health Sector and HIV/AIDS sector of UPHOLD.

Originally UPHOLD TB activities were focused in the 12 UPHOLD districts that did not overlap with the USAID funded AIDS Integrated Model (AIM) Project. However, after the AIM Project ended in June 2006, TB activities were extended to the former AIM districts. A major effort is currently underway to strengthen TB services in all of the 34 UPHOLD districts. UPHOLD TB activities are primarily being implemented through local government grants and central program support through the UPHOLD Regional Offices to the local governments.

Key Activities

- Support for the training of HWs in integration of TB and HIV activities in public sector facilities in the UPHOLD supported districts
- Technical assistance and resources for BCC materials in support of CB TB DOTS efforts.

Selected Results

- TB Stakeholders' Meetings were supported in 6 districts, attended by 223 health workers.
- Orientations for health workers on the Community Based-TB DOTS strategy with emphasis on HIV/AIDS/TB collaboration, were held in 19 UPHOLD districts, covering 566 health workers.
- Training on management of TB logistics in collaboration with the USAID funded DELIVER project was conducted in 8 UPHOLD supported districts, covering 232 health workers.
- Support supervision activities that strengthened links from the district to the community have been conducted in 6 districts, reaching 126 health facilities.
- 10,000 copies of the *Health Workers Matter* newsletter on tuberculosis were produced and distributed to rural health workers in the 34 UPHOLD districts.



- Resources and technical assistance for support supervision of CB TB DOTS activities from the district to the community level.
- Quarterly review meetings of implementers of TB activities in the districts to share experiences and compile quarterly data.

CHALLENGES

- Local governments have not prioritized UPHOLD support in tuberculosis, mainly because earlier there were multiple projects and partners supporting TB interventions. Recently this number has decreased in UPHOLD supported districts and requests for support have increased. Programs through UPHOLD, however, are not being rolled out intensively and additional funding is scarce.
- Stigma is still an outstanding problem regarding TB, affecting TB case detection and treatment success rates. UPHOLD BCC activities will address this issue but it is expected to continue as a problem in the future.

WAY FORWARD

- Consolidation of CB TB DOTS to insure that all TB patients are on DOTS.
- Strengthen implementation of TB/HIV collaborative activities according to guidelines.
- Continue to strengthen logistics management to insure timely requisition of drugs from NTLP.
- Support and improve tracking of TB patient information from the unit TB registers.
- Insure that adequate IEC materials are available in health facilities.

C. EDUCATION

Teacher Effectiveness

The quality of Uganda's primary schools can be improved through School-based Quality Reform (SBQR). School Based Quality Reform occurs when education stakeholders, especially head teachers, teachers, parents and community members work together in a continuous and collaborative process for school improvement. Specifically, improving the quality of student learning requires improved teacher effectiveness in their instructional practices.

Strategic Approach

UPHOLD's Teacher Effectiveness strategy undertook to enhance the use of participatory teaching approaches to improve classroom instruction and maximize children's learning. Working in partnership with the MoES, districts and Core PTCs and using a cascade model, UPHOLD built the capacities of education managers, headteachers, deputies and teachers in the practice and use of the Cooperative Learning approach of teaching. UPHOLD emphasizes an interactive, participatory child-friendly approach to enhance teacher effectiveness thus improving the quality of classroom instruction and pupil

Selected Results

- Teacher Effectiveness has reached 3,918 schools in 34 districts
- Developed and printed 8,993 copies of Cooperative Learning Modules One and Two to improve teaching and learning
- Trained 450 national/district trainers
- Over 7054 head teachers and deputies and 348 district education and PTC staff trained in Cooperative Learning
- Over 31,281 teachers trained in Cooperative Learning method
- Over 313,631 students taught using Cooperative Learning approach
- On-site support supervision and mentoring provided to over 1564 Primary schools in 17 districts



learning. UPHOLD also facilitates support supervision to promote effective participatory classroom instruction at the school level. The support supervision is done during and after trainings in Cooperative Learning (CL) using the non-infrastructure Support Supervision tools and data gathering tools.

In addition, UPHOLD has continued to support the Teacher Development Management System (TDMS) structure and scaled up the provision of its Integrated Education Strategy roll-out services in 21 districts through its financial assistance and material support to 11 grantee Core PTCs. This support caters for the implementation of activities that cut across Teacher Effectiveness (TE), Education Management Strengthening (EMS), On-site support supervision and mentoring in schools in the catchment areas of the Grantee Core PTCs.

Key Activities

- Development of two Modules in Cooperative Learning method in collaboration with the MoES, BEPS spell out, Kyambogo University, and Ugandan National Examinations Board (UNEB)
- Training of district education and Core PTC outreach staff from 34 districts and 23 PTCs.
- Training of head teachers, their deputies and classroom teachers from 3,918 schools.
- Development of Teacher Effectiveness non-infrastructure standards and Support Supervision tools
- Conduct of on-site Support Supervision/mentoring at schools level.
- Grants to Local Governments and PTC to support training, support supervision and monitoring TE activities.
- Development of Certificates of Performance to award to education managers and teachers who are practicing and excelling in the Teacher Effectiveness interventions.

CHALLENGES

- Limited support supervision and mentoring of classroom teachers at school level
- Delayed access to Support Supervision/mentoring grants for CPTC for 12 Cohort 3 districts including Wakiso, Mityana, Mubende, Mbarara, Isingiro, Ibanda, Kiruhura, Bugiri, Pallisa, Budaka, Nakapiripirit, Kitgum, Gulu and Amuru
- Overload of trainings/Continuous Professional Development (CPD) on Coordinating Centre Tutors (CCTs), Head teachers and deputies
- Slowed roll out of Teacher Effectiveness –Cooperative Learning to classroom teachers
- Inadequate funds for inspectors to monitor and support Teaching and Learning activities at schools in the 34 districts.
- Delays in reporting and therefore requisitioning of funds by grantees

THE WAY FORWARD

- Work towards achieving institutionalization of TE intervention at Local Government and National Levels
- Facilitate support supervision visits for 12 districts in the 3rd cohort of districts
- Work with the MoES and other partners to coordinate and conduct Support Supervision and mentoring Cluster and School-Based TE activities
- Dissemination and use of the Electronic Support Supervision Tool to improve reporting of the on-site support supervision and mentoring activities carried out by the PTCs across the districts.
- Document and Share lessons learned and results of TE package with the MoES and other partners
- Award Certificates of Performance (CoP) for TE modules 1 & 2 to deserving nominees and share the CoP experience with MoES and other partners working in the Teacher Effectiveness field.



Community Involvement in Education

Communities especially parents have a critical role in improving the quality of education. Therefore the quality of Uganda's primary schools can only improve if parents play their roles effectively and work in partnership with all stakeholders towards quality education.

Strategic Approach

UPHOLD developed and implemented a Community Involvement in Education (CIE) strategy by working with and through existing structures. Using highly interactive and participatory materials, guidelines and tools, UPHOLD has facilitated Action-Oriented Meetings (AoMs) at the school-community level that have strengthened school-community partnerships. Action-oriented meetings help school-communities collectively assess the situation in their schools and take concrete actions to improve the quality of pupils' learning in schools.

UPHOLD has facilitated support supervision to review actions taken, changes in attitudes, behaviors and practices of parents and school-community stakeholders. UPHOLD engaged religious leaders in advocacy for promoting parental and community participation in children's learning. Districts, CSOs and College staff are motivated and encouraged to support parental and community participation in schools through visiting schools to interact with teachers, attending school open days, supporting children's home work, feeding children in school, monitoring and promoting school health and hygiene and helping their children to change behavior to avoid HIV infection.

Key Activities

- Development of a set of interactive and participatory materials, tools and guidelines (CIE tool kit) on how to improve parental and community participation in school activities
- Training of Education teams, Community Development workers and CCTs on team work to improve community mobilization skills
- Orientation of district education teams from 29 districts and 23 PTCs.
- Orientation of religious leaders across 20 districts
- Grants to Local Governments and CSOs to roll out the CIE strategy in 2,830 schools
- Development of non-infrastructure standards and Support Supervision tools for supervision of CIE interventions at school level.
- Support supervision in schools through the CPTC and CSO grant mechanism
- Development of Certificates of Performance to award to those practicing CIE interventions.
- Printing and distribution of CIE materials.

Selected Results

- A comprehensive CIE tool kit developed
- 764 district and CPTC staff trained on use of the CIE tool kit
- 15,000 calendars and booklets produced and disseminated to 896 religious leaders at the district level, MoES, MGLSD, Religious Institutions at the national level
- 20,000 copies of the school open day guidelines produced and disseminated in the 29 districts
- 16,000 copies of the school open day guidelines procured for the MoES
- Launching and adoption of the School open day guidelines by the MoES for use in all primary and secondary schools
- Over 700 schools have held SODs
- Action-oriented meetings held in over 2,023 schools with over 300,000 parents and community members actively involved
- School-based Quality Reform (SBQR) targeted in 2,830 schools in 29 districts
- 6 CSOs identified and provided grants to reach out to 478 schools
- 896 religious leaders oriented and are now advocating for parent and community participation in education in 20 districts



CHALLENGES

- Delays in accounting for funds by grantees have slowed the roll out to school-community level.
- Poor management of project activities by two CSOs has led to canceling of grants.
- Similar programs and materials confuse the target participants in shared districts.
- Insecurity in some districts has caused late or no scheduling of CIE interventions.
- Lack of funds for inspectors to visit schools in all schools in the 29 districts where CIE interventions have been implemented to document has resulted in fewer schools receiving follow up as desired.

THE WAY FORWARD

- Continue to provide funds to LGs, CSOs and PTC in the districts where CIE activities are being conducted.
- Work with the MoES and other partners to coordinate remaining CIE activities in the LG, PTC and CSO grants.
- Share lessons learned and results of CIE interventions with the MoES and other partners.
- Support LGs and CSOs as they roll out CIE at school-community level.
- Participate in central-level support supervision with line ministries.
- Follow up and document results on the CIE interventions and the impact of SBQR in schools where all 3 components have been implemented.
- Award Certificates of Performance (CoP) for CIE to deserving nominees and share the CoP experience with MoES and other partners.
- Translate, print, and disseminate selected CIE tool kit materials.

Education Management Strengthening

The quality of Uganda's primary schools can be improved through School-based Quality Reform (SBQR). School-Based Quality Reform occurs when education managers, especially head teachers, teachers, and parents and communities work together in a continuous and collaborative process for school improvement. Important to this process is the leadership of Education Managers at all levels.

Strategic Approach

UPHOLD is working through the MoES, districts and Core Primary Teachers' College to implement a Performance Improvement Package for education managers from the district level through to the school level. Key to the strategy is training to improve the performance of the Education Managers as managers themselves, while at the same time enabling them to conduct training and provide support supervision and mentoring to their peers, head teachers, deputies and classroom teachers.

Selected Results:

- School-based Quality Reform (SBQR) targeted in 3,731 schools in 34 districts
- Four modules developed for the Ministry of Education and Sports to improve education management practices
- Over 6900 head teachers and deputies and 350 district education and PTC staff trained in modules 1-3 (Leadership, Managing School Improvement, Financial Management)
- 1,231 district and PTC staff and 2,627 head teachers and deputies so far trained in Curriculum Management
- All four EMS modules have been adopted by the MoES for use in non-UPHOLD districts.



The Education managers include district education staff and Core PTC outreach staff, and head teachers and their deputies. The trainings focus on key management areas (namely, Leadership, Participatory planning for School Improvement, and Financial and Curriculum Management). UPHOLD supports Education managers at the district and CPTC level to provide support supervision visits to the worksites (schools) to enhance changed attitudes and practices. UPHOLD also supports the use of job aids and Certificates of Performance in order to motivate and ensure practice of skills and knowledge gained through trainings.

Key Activities

- Four Modules in the Education Management Strengthening Initiative: Managing for Quality series developed in conjunction with the MoES, BEPS and Kyambogo University using lessons learned and best practices from existing Uganda projects and programs and international best practice.
- Training of district education and Core PTC outreach staff from 34 districts and 23 PTCs.
- Training of head teachers and their deputies from 3,731 schools.
- Development of non-infrastructure standards and Support Supervision tools for UPHOLD supported schools.
- Support supervision to schools.
- Grants to Local Governments and PTC to support the above.
- Development of Certificates of Performance to award to those who are putting into practice what they have learned in trainings.

CHALLENGES

- Overload on trainers, especially CCTs
- Overload of trainings on head teachers and deputies
- Slow accounting for funds by grantees has slowed the roll out to head teachers and deputies
- Similar activities in some districts confuse the target participants
- SMC spell out not trained and yet they are key decision-makers and actors at the school-level
- Insecurity in some districts and non-residential nature of trainings have caused late arrival of participants foreshortening the number of training contact hours
- Some government policies are difficult to act upon by head teachers (i.e. banking all funds before they are used when schools are very far from banking facilities)
- Lack of funds for inspectors to visit schools in eight of the 34 districts has led to very erratic follow up of those trained.

Future Activities

- As of February 2007, UPHOLD has provided funds to district and PTC in the eight remaining districts for Support Supervision and follow up.
- Work with the MoES and other partners to coordinate training activities.
- Share lessons learned and results of EMS package with the MoES and other partners.
- As the roll out of the trainings to head teachers and deputies in EMS 4 ends by March 30th, more time will be spent on support supervision, follow up and documentation of results and changed practices.
- Award Certificates of Performance for EMS Modules 1-4 to deserving nominees and share the CoP experience with MoES and other partners.



D. QUALITY ASSURANCE

UPHOLD Quality Assurance (QA) component worked with technical departments and cross-cutting components of Training and Performance Improvement, Behavior Change Communication and Private Sector, to establish and maintain quality improvement activities as an integral and sustainable part of systems or organisations. The aim was to inculcate a culture of quality at all levels of the education and health systems as well as in HIV/AIDS interventions.

Strategic Approach

The component focused on developing and establishing systems to monitor and improve performance standards at service delivery level, including scaling up existing best practices. Community participation and involvement in the development of standards, monitoring, development of an incentive system and achievement of standards were considered important and integral elements of all QA initiatives.

Key Activities

1. *Scaling up the Yellow Star Program implementation in the health sector to new districts*

The Ministry of Health's Yellow Star Program (YSP) is a QA initiative which aims to improve the quality of services through a system of supervision, certification and recognition of facilities that achieve and maintain 35 basic standards of service delivery. UPHOLD introduced and established the YSP to 30 new districts, as well as revitalizing it in four other districts in which it had previously been established. The training manual for the YSP was improved upon by strengthening the community component to include community dialogue led by district community development workers to promote community involvement in the monitoring and improvement of health services. The primary users of the tools are facility managers, Health Sub-district and District Health Team supervisors. Additionally, the 'Stars in Progress' initiative was introduced to further brand quality health care and strengthen the motivation to achieve Yellow Star status through community-based celebration activities for every 20% achievement of standards by facilities.

2. *Introducing QA systems to Education Sector Interventions*

UPHOLD worked with the Education Standards Agency and the Ministry of Education and Sports to develop a set of non-infrastructure standards covering education management, teacher effectiveness and community involvement in education. A toolkit based on these standards was developed to guide support supervision as opposed to inspection at school level. The primary users of the tools are school managers, coordinating centre tutors, inspectors of schools and education officers. Additionally, an electronic database was developed in collaboration with Peace Corps Volunteers to assist in data collection and analysis of supervision findings at the coordinating centre, district and central levels.

3. *Strengthening integration of HIV/AIDS services with health services at facility level*

UPHOLD developed supervision tools to promote integration of HIV/AIDS services with those of tuberculosis, malaria and sexually transmitted diseases. The tools are based on standards developed by the AIDS Integrated Model Districts Program and the Regional Centre of Quality of Health Care. These tools have been used to supervise all UPHOLD-supported HIV/AIDS sites.

Selected Results

- Trained 718 health workers and community development workers on YSP
- 30% of facilities achieved 75% of the YSP basic standards
- Five facilities have achieved 100% standards, two with Yellow Star status
- Developed and disseminated standards and support supervision toolkits for education and HIV/AIDS services
- 63 UPHOLD – supported health facilities provided with support supervision promoting integrated HIV/AIDS/TB/Malaria/STI services
- Concept paper for Educators of Excellence finalised



4. Strengthening Community Participation in QA

Across the sectors, community participation and involvement in quality improvement activities was promoted by ensuring the inclusion of standards reflecting client satisfaction and by promoting community dialogue and action planning on improvement of the quality of social services. In the health sector, a grant was provided to the Uganda National Health Consumers/Users Organization to promote consumer advocacy for health and HIV/AIDS service quality and utilization, and to begin health unit management committees in two districts. Ninety (90) community consumer advocates were trained and are currently engaged in mobilizing communities for health and HIV/AIDS service utilization through community dialogue meetings. In addition, representatives of health unit management committees from all health units in the two districts were oriented on their roles and responsibilities and introduced to concepts of health rights and responsibilities as part of their advocacy package.

5. Developing Incentive Systems

Incentives are an inherent component in the Yellow Star program. In support of the health workers achievements, UPHOLD procured and distributed certificates and appreciation mugs to all health sub-districts which were given to health workers identified as star performers. UPHOLD's Training and Performance Improvement component introduced a similar system in the education sector to recognize teachers and education managers who applied what they learned through UPHOLD education training programs.

RESULTS

The Yellow Star program has been established in all 34 UPHOLD-supported districts. 718 health and community development worker have been trained in quality assurance, support supervision and quality assessment, teamwork, problem solving and community dialogue. All but one district, have had at least one round of support supervision and quality assessment using Yellow Star Program tools. Lot Quality Assurance Sampling survey for 2006 showed that 67% of health facilities had received support supervision using Yellow Star Program tools. Thirty percent (30%) of the health facilities achieved 75% or more of the basic standards in their YSP quality assessment, up from 24% in 2005. Five facilities have achieved 100% of the standards, and two of facilities received the Yellow Star award.

All 63 HIV/AIDS sites implementing HIV/AIDS interventions under UPHOLD support have received two rounds of focused support supervision to improve the quality and integration of HIV/AIDS services with health services at facility level.

CHALLENGES

Increasing the profile of quality improvement interventions is still a challenge across the sectors. Although stakeholders recognize the need for support supervision, financial and human resources allocated to supervision activities are still minimal.

Data collection and compilation of support supervision/quality assessment activities remains difficult. As the existing management information systems do not include indicators on quality assurance, parallel reporting systems have had to be established. UPHOLD continues to negotiate with the Ministries to include these indicators into the Health and Education Management Information Systems.

Review of results occurs at varying levels in each district and the culture of using data for quality improvement needs to be strengthened.



WAY FORWARD

To enhance and strengthen achievements made in promoting QA across the sectors, there is need to:

- Lobby for increased support to quality assurance initiatives across the sectors through the sharing of results at sub-district, district and national levels and supporting effective support supervision.
- Develop user-friendly databases for quality assessment data.

E. PRIVATE SECTOR

UPHOLD's private sector work represents a range of cross-cutting activities that leverage the potential and capacities of private sector delivery systems in health, HIV/AIDS, and education. All private sector activities support one or more of UPHOLD's three core technical sectors to achieve UPHOLD's objectives of expanding the availability and quality of social sector services.

Strategic Approach

UPHOLD developed a private sector strategy because research shows that a majority of Ugandans seek social services through the private sector. For example, in health sector, 60-83% of Ugandans seek services from the private sector, despite availability of free public sector clinics. Addressing social sector service delivery only through the public sector overlooks a significant population, while missing opportunities to leverage cost-effective and sustainable delivery mechanisms.

UPHOLD's strategic approach defines the private sector as any non-governmental social sector service delivery mechanism or institution. This encompasses private commercial and civil society organisations, including the NGO sector. Specific strategic approaches include:

- Action research and assessments to document and disseminate information and models that identify actual and potential opportunities for strategic partnerships between local governments and private sector organizations that will help to achieve sectoral health, HIV/AIDS and education goals and objectives.
- Developing and delivering technical assistance programs and systems to support the work of civil society organizations (CSOs) receiving grants from UPHOLD.
- Providing seed support and technical guidance to innovative initiatives offering solutions to specific social sector problems through public-private partnerships, especially including corporate support
- Establishing models for integrating services between District Local Governments and appropriate local private sector service providers and delivery mechanisms.
- Designing and implementing central level activities and tools to expand specific services into the private sector through district-level recruitment, training, and linkages with DLGs.

Key Activities

Integrated:

- Completed the following action research and assessments:
 - Identified and mapped district-level Ugandan civil society organizations (CSOs) working health, HIV/AIDS and education
 - Analysed opportunities to establish partnerships between district-level CSOs and District Local Governments to achieve shared social sector objectives.
 - Assessed capacity of private sector health providers to integrate the delivery of HIV/AIDS counseling and testing (HCT) and palliative care services into their ongoing practices.



- Assessed and documented changes in the organizational and technical capacities of CSO grantees by measuring key indicators before and after receipt of UPHOLD grants and associated technical assistance.
- Assessed the strengths and weaknesses of CSO-CSO partnerships under the Family and Community Action Grants program.
- Developed a system to provide ongoing technical assistance support to CSO grantees in HIV/AIDS, health, and education under UPHOLD's Family and Community Action Grants program.
- Facilitated design and feasibility analysis of a corporate social responsibility initiative to help girls stay in school through P6; established a multi-sectoral partnership among Federation of African Women Educationalists-Uganda (FAWE-U), relevant government ministries, and prospective corporate partners and funders.

HIV/AIDS:

- Through Nsambya Home Care delivered technical assistance in CB-TB-DOTS for home-based care of people living with HIV/AIDS to Uganda Community-Based Association for Childwelfare (UCOBAC).
- Identified, trained and followed up 40 private sector clinics in 14 districts to deliver HCT services; and 34 private sector clinics in 15 districts to deliver palliative care services. Some clinics received both types of training.
- Trained health providers in 25 Uganda Private Midwives Association (UPMA) health facilities to deliver prevention of mother to child transmission (PMTCT) services; delivered range of PMTCT services to 3,798 mothers receiving ante-natal care (not all received full range of PMTC services) during the 8 months (June 2006 – Jan 2007)

Health:

- Trained and followed up 260 private health providers in 6 districts to deliver improved child health management practices; documented 50 – 80% improvement in providers' demonstrated abilities to correctly diagnose and treat cough, fever, and diarrhea in children under age 5.
- Delivered technical assistance to three CSO grantees and District Local Governments (DLGs) to improve delivery of child health services: CB TB DOTS, malaria control, nutrition/growth management, and immunization.
- Provided grant funding and technical assistance to the Uganda Private Midwives Association (UPMA); documented improvements in support supervision through the Regional Representatives system; 2006 returns documented more than 113,000 outpatient and inpatient encounters including malaria, ante-natal care, PMTCT, family planning, HIV counseling, and STI treatment.

Education:

- Facilitated startup of Educators of Excellence initiative, to leverage commercial sector support for a program to recognize excellence among district-level educators; developed strategy, completed feasibility study, identified prospective local partners, and supported multi-sectoral stakeholders workshop.



CHALLENGES

- Private sector activities are not free-standing; by definition, the approach integrates across sectors, requiring a high level of coordination and linkages across the UPHOLD technical sectors and with all partners.
- Partnerships with district health systems in particular require high levels of cooperation, particularly when public sector supplies are required for service delivery. For example, some the private clinics trained to deliver HCT services were constrained by a lack of testing kits available from the District Health Services. These constraints are not only district-level responsibilities, but also reflect the limitations on national systems to provide essential drugs and supplies to the districts. The same issue holds for the availability of Nevarapine to deliver PMTCT services.
- The private education sector does not, in itself, has not presented significant opportunities to leverage UPHOLD's approach.
- Training without supplies and drugs is not useful. Availability of supplies and drugs among the districts is very inconsistent.
- Inconsistent access to HCT test kits and other needed medical supplies by UPMA clinics and other private clinics trained in provision of these services
- Districts have access to Nevarapine for PMTCT, but not providing to private providers, especially midwives
- There is a strong need for additional training of midwives in PMTCT; only 25 were trained.

THE WAY FORWARD

- UPHOLD will provide new grant to the UPMA for HIV/AIDS and IRH, especially to increase the number of midwives delivering PMTCT.
- UPHOLD's technical assistance program to CSO grantees should continue to operate as a joint effort coordinating the grants unit with the technical specialists.
- UPHOLD's CSO grantees will be more actively linked to the district governments and services in order to promote long-term sustainability of the services they deliver.
- The challenges regarding availability of drugs and supplies through the district health services must be addressed in order for training and improved service delivery to become operational.

VI. Grants

Overview

UPHOLD's grants strategy supports USAID's Strategic Objective 8 of increasing the human capacity of Ugandans through increasing the number of real choices people have to improve their health, lives and productivity, and by empowering people to make the most of these choices.

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

- a) expand people's access to and use of quality social services,
- b) foster the concept of integrated social services at decentralized levels of government by promoting effective synergies between the education, health and HIV/AIDS sectors,



c) increase the capacity of indigenous civil society organizations (non-governmental organizations, community-based organizations, and faith-based organizations) to constructively utilize grants for social transformation; and

d) develop the capacity of local government and civil society organizations to implement grant activities and monitor them in a manner consistent with high standards of transparency and accountability.

Guiding Principles

UPHOLD invested a lot of time in the beginning of the granting process to ensure success. Specifically, UPHOLD carried out a CSO mapping exercise, conducted a study on CSO relationships, and studied examples of other grant programs such as the USAID-funded AIDS Integrated Model (AIM) project, the Northern Uganda Social Action Fund (NUSAF), and other similar programs administered within Uganda. Extensive discussions were also held with district partners regarding their desires and expected benefits from a grants program.

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

- Inclusion of local government partners in process and decision-making;
- Award to a manageable number of grants;
- Use of civil society organizations who are recognized for their innovativeness, their grassroots-based interventions, and their ability to be flexible, pragmatic, relatively quick and effective in implementation;
- Promotion of social transformation in which social norms, structures, and systems change in such a way to improve the choices and opportunities available to people, particularly to those who are vulnerable, marginalized, or disadvantaged;
- Focus on mid-level grantees with established experience and systems in place;
- Emphasis on partnerships (public and private);
- Provision of limited capacity building to grantees as required;
- Measurement and reporting of results; and
- Participation of LGs and CSO representatives in all aspects of the award process to ensure transparency.

Grant Mechanisms used by UPHOLD

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



Table 5: UPHOLD Grant Mechanisms

ID	Grant Mechanism	Total Ushs	Total US\$	Percentage
1	National Grant- AIDS Information Centre (AIC)	24,968,485,800	\$13,871,381	32%
2	National Grant – The AIDS Information Organization (TASO)	29,802,006,000	\$16,556,670	38%
3	Local Government Grants	8,726,630,966	\$ 4,848,128	11%
4	Civil Society Grants	6,409,185,693	\$ 3,560,659	8%
5	Non-RFA District-Specific Grants	2,353,268,831	\$ 1,307,372	3%
6	Central Grants	1,174,555,227	\$ 652,531	1%
7	Core Primary Teachers Colleges (CPTC) Grants	5,768,981,975	\$3,204,990	7%
	TOTAL:	79,203,114,492	\$44,001,730	100%

* Average exchange rate of Ushs 1800/US\$1 used.

The specific categories of grants are briefly described below.

National Grants: USAID had been a development partner of both AIC and TASO since the early 1990’s. Within the ISSP RFA and the subsequent cooperative agreement, USAID required UPHOLD to provide each organization with a designated amount of funds for the period of January 2004 – June 2007 to implement their respective strategic plans. In addition, UPHOLD was to provide a limited amount of technical support that would support each organization in their day to day operations, in the expansion of services to new sites and districts, and in strengthening their financial sustainability. AIC and TASO provide UPHOLD technical and financial reports on a quarterly basis. Semi-annual and annual PEPFAR plans and reports are also completed and submitted through UPHOLD to USAID.

Local Government Grants: Local governments have proven to be an essential UPHOLD partner. The first round of local government grants were awarded to the 20 UPHOLD district partners on/around March 2004 for a period through October 2004. These grants were a result of proposals submitted by the local governments to UPHOLD detailing the district’s most urgent needs in the health, education, and HIV/AIDS sectors and a series of negotiations held between district officials and UPHOLD staff to ensure that the proposed activities were technically sound, cost-effective, and promoted integration where possible. The grants were signed by the Chief Administrative Officer (CAO) of the district as the responsible officer and separate bank accounts were opened by the local governments for management of USAID/UPHOLD funds. Local government grantees were required to submit both program progress reports and financial reports twice during the grant period. To the extent possible, financial reporting requirements were in line with official district financial reporting guidelines. Between October and December 2004, the first-round of district grants were amended to include additional activities through July 31, 2005.

A second round of 20 UPHOLD district grants were signed in July 2005 for a one-year period. These grants included detailed work plans and budgets for each district for activities starting in August 2005. Each UPHOLD grant was also incorporated in the respective official District Development Plans which is an important step in ensuring district-level transparency and accountability. Within these grants, reporting requirements were also adjusted to include quarterly technical program and financial reporting. In November 2005, nine new grant agreements were awarded to cover activities in the newly created districts. The grant agreements for the original districts were also amended to remove the activities/monies allocated for the newly created districts. Grant agreements for the new districts were completed as Memorandums of Understanding with funds being allocated through the UPHOLD Regional Offices rather than through



district-specific accounts. This decision was jointly reached with the local governments due to the personnel and infrastructure limitations they were facing as new districts.



*American Days – Mbarara
9th November 2005*

The third round of UPHOLD district grants were signed with 29 local governments in August 2006 for activities through February 2007. Due to limited funding in the UPHOLD agreement and the requirement for more targeted interventions under PEPFAR and PMI, these grants were relatively small in value (approximately 30 Million Ugandan Shillings per district) and prescriptive in scope. The estimated value of the grant was included in many of the District Development Plans but specific activities were not agreed upon until after the official submission of the Plans and therefore not always specifically detailed. For the majority of the new districts, a decision was reached to continue funding district-level activities through the Regional Offices because of continued personnel and infrastructure limitations. In addition, it was decided that grants to districts such as Gulu and Kyenjojo which had

significant problems in previous grants in terms of timely utilization of funds and accountabilities would also be managed through the UPHOLD Regional Offices. In February 2007, the 29 grants were amended to allow for continued implementation of activities through April 2007.

Civil Society Grants: In 2004 UPHOLD developed an innovative and competitive grants application program for civil society organizations (CSOs) in the 20 target districts. The grants, called Family and Community Action grants were designed to enable organizations to achieve programmatic results that promote the quality, availability, and effective use of social services and other key behaviours in direct partnership with families and communities. The 88 possible grants were designed in partnership with UPHOLD local government partners to ensure that the grants met district needs and were owned by local governments. The proposed grants and application process were also shared in advance with USAID, the US PEPFAR Coordinating Committee, and Ministries of Health, Education and Sports, Gender, Labour and Social Development.

In late July 2004, UPHOLD publicly released the Request for Applications (RFA). During the first week of August, 30-minute radio talk shows in seven languages played on 12 radio stations describing the RFA process and application. By the application deadline, 625 applications were received. Of the 625 applications, 242 applications were considered complete after a pre-screening process. During the months of October and November, Technical Review Panels comprised of Local Government officials, UPHOLD staff, and representatives from CSO fora, with USAID officials where possible, reviewed applications from each district. Criteria to select grants included project description, management capacity/past performance, partnership, reasonableness of costs related to results, and monitoring and evaluation capability. Applications that scored highly in these areas were sent to the UPHOLD head office for a final review and selection process.

Pre-award workshops called “CSO Spas” were then held with the prospective grantees to improve the quality of the proposals and to ensure that all USAID requirements were met in terms of appropriate target-setting and cost-reasonableness. By early 2005, grants were awarded to 42 CSOs with over 100 partners as detailed below. A national public relations campaign was launched detailing the specifics of the process and the



awards and opening up a hotline for any questions regarding the process. District leadership participated in the signing of the grants and in follow-on monitoring and supervisory activities.

Table 6: Award of Family and Community Action Grants

Sector	Grants for Award	Actual Grants Awarded
Education	10	5
Health	35	12
HIV/AIDS	43	25
TOTAL:	88	42

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

Health and Education grants were two-year grants while HIV/AIDS grants were only for a year due to PEPFAR limitations. In 2006 after confirmation on the funding levels for the next PEPFAR year, a review process was completed of the HIV/AIDS grants which were nearing completion to determine if the grants should be renewed for an additional year. Of the original 25 grants, 21 HIV/AIDS grants were renewed for an additional year of funding. In addition 2 new grants were added making a total of 23 PEPFAR Grants. These grants currently expire on/around June 2007 and UPHOLD is preparing for another competitive RFA process in the event of an extension for HIV/AIDS and reproductive health activities.

Non-RFA District-Specific Grants: In response to USAID’s expectation for results soon after UPHOLD began as well as UPHOLD’s recognition of existing CSO capacity within the target districts, UPHOLD awarded grants to selected CSOs which had submitted un-solicited proposals for specific activities in the districts. These proposals were thoroughly reviewed prior to award by a committee consisting of district personnel and UPHOLD regional and headquarters staff for the need and relevancy of the proposed activities, the management and technical capacity of the organization, the proposed targets, and cost-reasonableness of the proposals. Within this category, there were 14 grants awarded for such activities as school health and nutrition, early childhood education, child health, and specific HIV/AIDS interventions. One of the most successful CSOs under this category is Straight Talk Foundation which opened Gulu Youth Center in 2004 in order to provide youth friendly reproductive health and HIV/AIDS services to the underserved youth in Gulu district. Another example is the school health and nutrition work being completed by Save the Children-US in Luwero and Nakaseke districts.

Central Grants: Central UPHOLD grants are those grants which have multi-district reach and are able to address needs across districts. They were targeted for better cost efficiency and their ability to be co-coordinated from the central level. These grants which tend to be \$50,000 or above were awarded after a thorough assessment by UPHOLD and USAID. The four grantees in this category include Uganda Private Midwives Association (UPMA), Tuko Club, Inter-Religious Council of Uganda (IRCU), and Uganda National Health Consumers Organisation (UNHCO). These grants have proven successful in providing assistance to multiple districts in a cost-effective manner.

Core Primary Teacher College (PTC) Grants: UPHOLD provides grants to Core PTCs for integrated education and PIASCY activities. The objective of the support to CPTCs is to effectively and efficiently support teachers work in classrooms to ensure that quality and content of learning is at standard. Core PTCs are part of the centrally-run TDMS system and cover multiple districts. A comprehensive MoU was signed



between UPHOLD as a representative of USAID and the Ministry of Education and Sports, who supervises the Core PTCs. Following the signing of the overall MOU, individual MOUs were also signed between UPHOLD and each Core PTC (23 in total) for specific activities.

Grants Management

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

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

UPHOLD grantees are expected to abide by all terms and conditions of the agreement, including, but not limited to:

- Implementing activities per the approved workplan and budget;
- Using and manage funds appropriately;
- Submitting technical and financial reports as required;
- Notifying the UPHOLD focal point person prior to implementation of public meetings/events or training activities;
- Participating in review meetings with UPHOLD staff, and;
- Discussing progress and sharing reports with district-level partners

District officials played key roles in identification of UPHOLD funded CSOs and were part of the grants award process at each step. District officials are also expected to play an active role through the life of each grant, encouraging public-private partnerships, participating in meetings and events, and providing general oversight and feedback on grant implementation.

The UPHOLD Regional Offices are the key point of management and communication with grantees. They provide support-supervision and work with grantees directly to ensure that the agreed MOU is well implemented and that required reporting is submitted in a timely and compliant manner. The Regional Offices have also been instrumental in ensuring communication and collaboration between the district partners and the civil society organizations and in organizing formal reviews of grant progress. Within the UPHOLD Regional Offices, matters to do with grants are primarily managed by the Community Participation Coordinators and the Finance and Administration Officers under the direction and leadership of the Regional Director.

Kampala Headquarters Staff are to provide support and guidance to the programs in the field. They are also responsible for reviewing reports, analyzing M&E data, releasing funds, and ensuring that programs are effective as possible. Kampala technical and grants staff have also taken the lead in managing the central/multi-district grants and the Core PTC grants.

Where possible, successful grantees have been extended to continue implementation of activities and have had additional activities added. This decision is reached through a detailed program review by UPHOLD and district-level staff. For un-successful grantees extensive mediation efforts are made to improve the grant and



as a last result, grants are terminated or not renewed. This process is also done in close collaboration with the districts. Over the life of UPHOLD, three grants have been terminated due to performance issues.

Capacity Building Efforts for Grantees

As part of the grants strategy, UPHOLD has also assisted grantees with specific capacity building inputs as required. These inputs have been provided through the initial proposal-refinement workshops called ‘Spas’, workshops held at the time of award, on-site support supervision, and through special interventions. Specific capacity building efforts from UPHOLD to grantees have covered the following areas:

Work-planning/Budgeting

Through the spas and start up workshops, UPHOLD helped CSO grantees finalize detailed workplans which included specific objectives, activities, and targets and corresponding budgets. Grantees have reported back that they are now more comfortable with both workplanning and budgeting and have used the UPHOLD template to assist in planning for other organizational activities and in proposal-writing for other donors. Similar assistance has also been provided to the other categories of UPHOLD grantees.

Program Implementation/Technical Assistance

UPHOLD has provided significant levels of technical assistance to grantees in program implementation. This assistance is provided by UPHOLD RO and HQ staff with expertise in specific areas, through district and central-level government counterparts, and through organizations with extensive experience such as Community Healthcare and Education Agencies (CHECEA), Raising Voices, and Ndere Troupe in corresponding program areas. A few such examples include training in rapid testing for HIV and improved counseling skills; better integration of services such as HIV testing, PMTCT, goal-oriented ANC, malaria and TB prevention, STI treatment and family planning in programs; introduction of issues surrounding gender-based violence and programming strategies; roll-out of the Be-Faithful Manual; training and follow-up of community growth promoters; and training and follow-up of music, dance, and drama groups to better promote positive behaviors and community dialogue. These interventions have made a major impact in the achievement of results by grant partners and will likely influence their future programming.

Partnership

As a main component of the grants strategy, UPHOLD has promoted and facilitated successful partnerships between different CSOs and between CSO and district-level partners. As part of this effort, UPHOLD has worked with CSOs to draft formal memorandums of understanding with potential partners and to mediate problems. It is expected that many of the successful partnerships formed will exist beyond the life of UPHOLD.

Technical Reporting

Due to the stringent reporting guideline imposed on UPHOLD by USAID, UPHOLD has required detailed reporting from grantees. This type of reporting is new to many of the grantees and has forced a positive mind-shift in terms of data collection and analysis by grantees. It has also improved grantees ability to properly document and disseminate results, important for both fund-raising and advocacy.

Financial Reporting

UPHOLD has provided grantees with a financial reporting package that can be used either electronically or manually for improved financial reporting and monitoring of expenses. UPHOLD has also worked closely with specific grantees to improve financial controls and reporting. These controls have assisted grantees to use money more wisely and have increased the amounts available for program implementation.



Monitoring and Evaluation

Significant levels of assistance have also been provided in terms of improving grantee skills in the area of monitoring and evaluation. UPHOLD worked closely with the grantees to establish reasonable targets for activities and has continued to work with them to monitor achievements through program implementation. Data reporting, collection, and analysis tools have been provided and regular efforts are made to work with the grantees to ensure accomplishment of results.

Further information on the impact of capacity-building on UPHOLD CSOs can also be found in the June 2006 *UPHOLD CSO Follow-Up Capacity Report*.

Challenges and Mitigating Strategies During Implementation

Like any large-grants program, UPHOLD has faced some challenges during program implementation. A list of these specific challenges and mitigating strategies implemented has been detailed below.

Challenge	Mitigating Strategy
Low absorption/liquidation rates by grantees especially local government	More intensive planning meetings held with the grantees to ensure utilization of funds; change of funding mechanism through the Regional Offices where required
Capacity of civil society organizations to implement efficiently	Development and implementation of capacity-building strategy for the grantee; termination of the grant in the worst-case scenarios
Inefficient level of documentation– in details, content, appropriateness	Reporting formats provided to grantees and significant on-the-job assistance has also been provided to complete the reports appropriately
Technical reporting issues – delays in submitting reports. Some times reports are incomplete	Additional funds are not released until reports are received which has helped in the timeliness of reporting
Failure to track results/targets; Grantees mainly focus on activities	Intensive M&E assistance provided in this area; This is new to many grantees and will required continued assistance
Emergency of new districts (LGs). This affected the speed of implementation in some districts	Due to the lack of personnel and infrastructure in the new districts, grants were signed with funding channeled through the UPHOLD Regional Offices
Political elections delayed activities for both LGs and CSOs in all districts	Intensive implementation of activities was encouraged and accomplished after the election period
Stringent PEPFAR requirements delayed release of initial RFA and allowed for only one-year grants which administratively caused a break in services and reduced time available for implementation	UPHOLD worked within the PEPFAR requirements receiving all approvals for the grants program before implementation and worked hard to renew successful grants for a second-year once money became available



VII. Monitoring, Evaluation & Dissemination

The Monitoring, Evaluation and Dissemination (MED) Department is a key service unit within UPHOLD whose role is to address the information needs of the technical departments as well as contribute to measuring USAID's Mission's Strategic Objective 8 (SO8) Results Framework.

The indicators on which UPHOLD routinely collects information both for its own programmatic needs and for reporting to USAID are contained in *UPHOLD's Performance Monitoring Plan (PMP)*. Data on these indicators as well as on our training activities is stored in the UPHOLD Indicator Database from which analysis is done to respond to the various reporting needs.

Over the life of the project, the UPHOLD MED Department has achieved results in the following illustrative areas:

Documentation and Dissemination of Program Results

One of the key areas of focus of UPHOLD's MED department is to ensure that programmatic results and lessons learned are shared to relevant audiences in a timely manner. To this end, UPHOLD disseminates program achievements and challenges through various routine annual and quarterly reports. Other special reports include: the bi-annual (US) President's Emergency Plan for AIDS Relief (PEPFAR) report, which details achievements in HIV/AIDS interventions; the bi-annual Africa Education Initiative report which details achievements in the education sector; and the (US) President's Malaria Initiative, which details achievements in malaria interventions.

Additionally, UPHOLD has shared its experiences through over 30 presentations at both local and international conferences, commissioned various studies and disseminated the results on a several program interventions. Copies of presentations and study reports are available on request.

Support to Routine National Health Information Systems

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

- In 2004, UPHOLD provided technical assistance to the Ministry of Health (MoH) to conduct a situational analysis of its routine reporting system called the Health Management Information System (HMIS) with the goal of identifying the gaps and then developing an action plan to strengthen the system.
- Following this situational analysis, in 2005 UPHOLD and other partners successfully negotiated for the inclusion of a number of important indicators on HIV/AIDS that had hitherto been missing in the HMIS for data capture at health facility level.
- UPHOLD then supported the roll-out and training of over 1,100 district and health facility level staff from 16 districts on the use of the revised HMIS modules. Additionally, UPHOLD worked with MoH to develop a training manual aimed at strengthening HMIS data quality. HMIS focal persons in some of our supported districts have already been oriented on the use of this manual.



- For malaria control, in order to strengthen the home-based management of fever (HBMF) strategy, UPHOLD supported the procurement and dissemination of registers to community medicine distributors (CMDs) in all the districts where we work.
- UPHOLD has also supported the procurement and dissemination of registers for HIV voluntary counseling and testing (VCT) as well as for prevention of mother-to-child transmission of HIV (PMTCT) in order to ensure that those facilities that provide these services in our geographical area of coverage can capture client details accurately.
- In recognition of the important role that support supervision plays in improving the quality of service delivery, UPHOLD has supported an innovative program of mentoring of ‘champions’ for support supervision. Among the selected target group, are the Focal Persons for HMIS in the districts who are trained on data quality improvement using the manual described above. The initiative has so far been conducted in 12 districts and extension to other districts is planned to enable districts to address some of the challenges in data collection as well as timely and accurate reporting back at facility level.

Support to the Development and Use of Supervision Tools

Developing and strengthening quality assurance systems to monitor performance has been a focus of all UPHOLD interventions. In the health sector, UPHOLD has scaled up the Yellow Star Program to all 34 districts to promote quarterly integrated supervision and quality assessment at facility level. Additionally, UPHOLD developed supervision tools for integrated support supervision of HIV/AIDS/Tuberculosis/Reproductive Health services at facility level. These tools are based on standards developed by the MoH with the Regional Centre of Quality of Health Care and the former AIDS Integrated Model (AIM) District Program. UPHOLD ensured supervisors visited all the 63 HIV/AIDS sites it supports to provide on-job training of service providers using these tools.

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

As detailed earlier, LQAS has proven to be an invaluable source of information for district level planning and prioritization that also guides UPHOLD’s allocation of resources in the technical areas that we support in each district.

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

Internal Utilization of Innovative Ways of Performance Monitoring and Feedback

A short-term five year project like UPHOLD requires performance measurement systems that are frequent as well as sensitive enough to track trends over relatively short intervals in order to allow changes to be made where necessary. In order to achieve this, UPHOLD has a subset of indicators that measure the ‘pulse’ of the project on a monthly basis. These indicators are representative of four major perspectives of program performance namely: Implementation Results, Financial Utilization; Innovation and Learning as well as Client Satisfaction. Sample data is collected and analyzed on a total of 17 indicators in what has come to be termed as the *‘UPHOLD Balanced Scorecard’*. The results of the each month are then discussed during the



monthly Results Management Committee (RMC) meeting which brings together staff at both regional and headquarter level. Action points from these RMC meetings are then forwarded to the Senior Management Team (SMT) which is tasked with reviewing recommendations and authorizing actions deemed necessary.

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

M&E Support to Civil Society Organizations (CSOs)

As part of its implementation strategy, UPHOLD supports over 110 lead and partner civil society organizations to implement activities in HIV/AIDS, health and education. A baseline survey of the M&E capacity of these grantees revealed many gaps and UPHOLD put in place mechanisms to enhance this capacity and enable grantees to report on their activities more effectively. Standardized reporting tools were developed and a data collection flow process clearly outlined. There is on-going support provided to CSOs according to their specific needs and a recent self assessment study² reveals that many of the CSOs have greatly benefited from this UPHOLD support. The support includes on-site support supervision as well as tailored skills-building sessions at regional level. Over time UPHOLD has leveraged district, UACP, UNICEP, and NUMAT resources to conduct LQAS surveys – something that shows increased buy-in in the methodology.

VIII. Lessons Learned

UPHOLD is a large, complex, and demanding program which has operated during an interesting and challenging period in Uganda's history. UPHOLD and partners have learned many lessons during the past four years of implementation which can be used in the future to inform USAID programs, as well and JSI's approach to project design and implementation. Below we offer some of the lessons we have used to refine our thinking as we have worked with, and for, the families and communities in the 34 UPHOLD-supported districts. We look forward to the conclusions and recommendations of the evaluation team to enrich the learning.

Regional/District Presence Key to Successes

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

² CSO Follow-up Capacity Report (*Available on Request*)



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

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

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

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

Integration Remains Challenging in Uganda

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

Strong Management Systems Essential

- A large program inevitably has multiple international and local implementing partners. Management should be clear from the onset that there is one program, not many. Staff should identify first with the program and secondly, with their 'home' institution. Policies and procedures must be uniform to the extent possible.



- Efforts to communicate and coordinate among the international partners should be a high priority at the beginning of a program. While time intensive during start-up, the time savings over the long-run is significant,
- Economies of scale are achieved with large-scale programs. UPHOLD was able to effectively work in three sectors through a regional presence, and with one system for administration, finance, monitoring and evaluation, grants management and information technology.
- Systems within the health and education systems in Uganda remain weak, and may have even weakened since the start of UPHOLD.

Program Foci Affects Service Delivery at a Systems Level

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

Baseline Survey at the Onset of a Program Needed

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

Communication at all Levels Required

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



Sustainability of Large, Complex, Multi-Sector Program Challenging

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



ANNEXES

Annex A. Staff List

NAMES	POSITION
Abel Nkolo	TB Control Specialist (Temp. Consultant)
Agnes Barungi	Senior Accountant
Alex Mugume	Senior HIV/AIDS Advisor
Alice Mugoya	Program Manager-PIASCY
Annet Bamanya	Administrative Assistant-PIASCY
Anthony Kihika Mugasa	Reproductive Health Specialist
Apollo Nkwake	Monitoring & Evaluation Specialist (PIASCY)
Barbara Durr	Deputy Chief of Party - Regional Programs
Beatrice Muwa	HIV/AIDS Specialist
Betty Mpeka	Communicable Disease Specialist
Consolata Tumwesigye	Program Officer-PIASCY
Christopher Opit	IT Manager
Dorothy Aanyu	Senior Education Advisor
Edith Kiggundu	WE & EDC Accountant
Elizabeth Ekochu	DCOP ME & Dissemination (Quality Assurance)
Elizabeth Jawoko	Teacher Effectiveness and Childhood Learning Advisor
Elizabeth Kisaakye	Administrative Assistant to COP
Flavia Kayenje	Procurement Assistant
Geoffrey Musisi	Grants Manager
Gorret Nafuna	Temp. Actg. Education Management Systems Advisor
Grace Namazzi	Administrative Assistant to DCOP & Tech. Dept
Harriet Nassamula	Monitoring & Evaluation Specialist
Jocelyn Ochieng	Receptionist/Logistics Coordinator



NAMES	POSITION
John Kyakulaga	Private Sector Specialist (Long Term Consultant)
Josephine Kasaija	Organisational Development/HIV/AIDS Specialist
Joshua Okwena	Program Manager-PIASCY
Joshua Kakaire	Data Manager
Judith Oki	Training Performance Improvement Specialist (Consultant)
Katrina Kruhm	Deputy Chief of Party - Finance & Admin.
Kenneth Mukwaba Mulondo	Behavioural Change & Communication Specialist
Linda Apecu	Accountant
Lois Kiracho	Administrative Assistant - Education
Lucy Shillingi	DCOP Technical
Lydia Buzaalirwa	HIV/AIDS Specialist
Madina Nakibirige	Grants Program Officer
Margret Kyenkya	Senior Health Advisor
Martin Olanya	Office Assistant/Cleaner
Micheal Okello	Office Assistant /Cleaner
Milly Ayot	Office Assistant
Moses Kiema	Finance Manager
Pascal Onegiu Okello	Regional Operations Manager
Patrick Mulondo	Part Time IT Assistant
Peter Kintu	Senior Monitoring & Evaluation Specialist
Peter Ndawula	Senior Accountant
Rita Laura Lulua	Community Involvement in Education Coordinator
Robert Titre	Education Grants Officer
Samson Kironde	Chief of Party
Simon Sserunjogi	Assistant Accountant
Susan Candiru	Resource Centre Coordinator



NAMES	POSITION
Steven Mutyaba	Office Assistant
Sarah Bateta Okwi	Grants Finance Officer
Vivien Bakainaga	Human Resource Manager
Xavier Nsabagasani	Action Research Specialist
Zachary Lubwama	Administrative Manager
Andrew Tumusiime	Driver
David Bawunha	Driver
Grace Kwehangana	Driver
James Ekaal	Driver
John Charles Okidi	Driver
Steven Mbabazi	Senior Driver
<u>REGIONAL OFFICES</u>	
CENTRAL – Wakiso	
Richard Ofwono	Regional Director
Hans Mugwisa	Office Attendant
Martin Ejokuna	Administrative Assistant
Naboth Muhereza	Driver
Silvanus Bob Turyamwijuka	Community Participation Coordinator
Sarah Tibagwa Nyakabwa	Finance & Administrative Officer
Suzan Mwebembezi	Community Participation Coordinator
Alex Tumwebaze	Temp. Finance Administrative Assistant (FAA)
EAST – Jinja	
Daniel Tsubira	Office Attendant
Martin Ndifuna	Community Participation Coordinator
Martin Kaleeba	Regional Director - East
Ebony Quinto	Communicable Disease Technical Officer



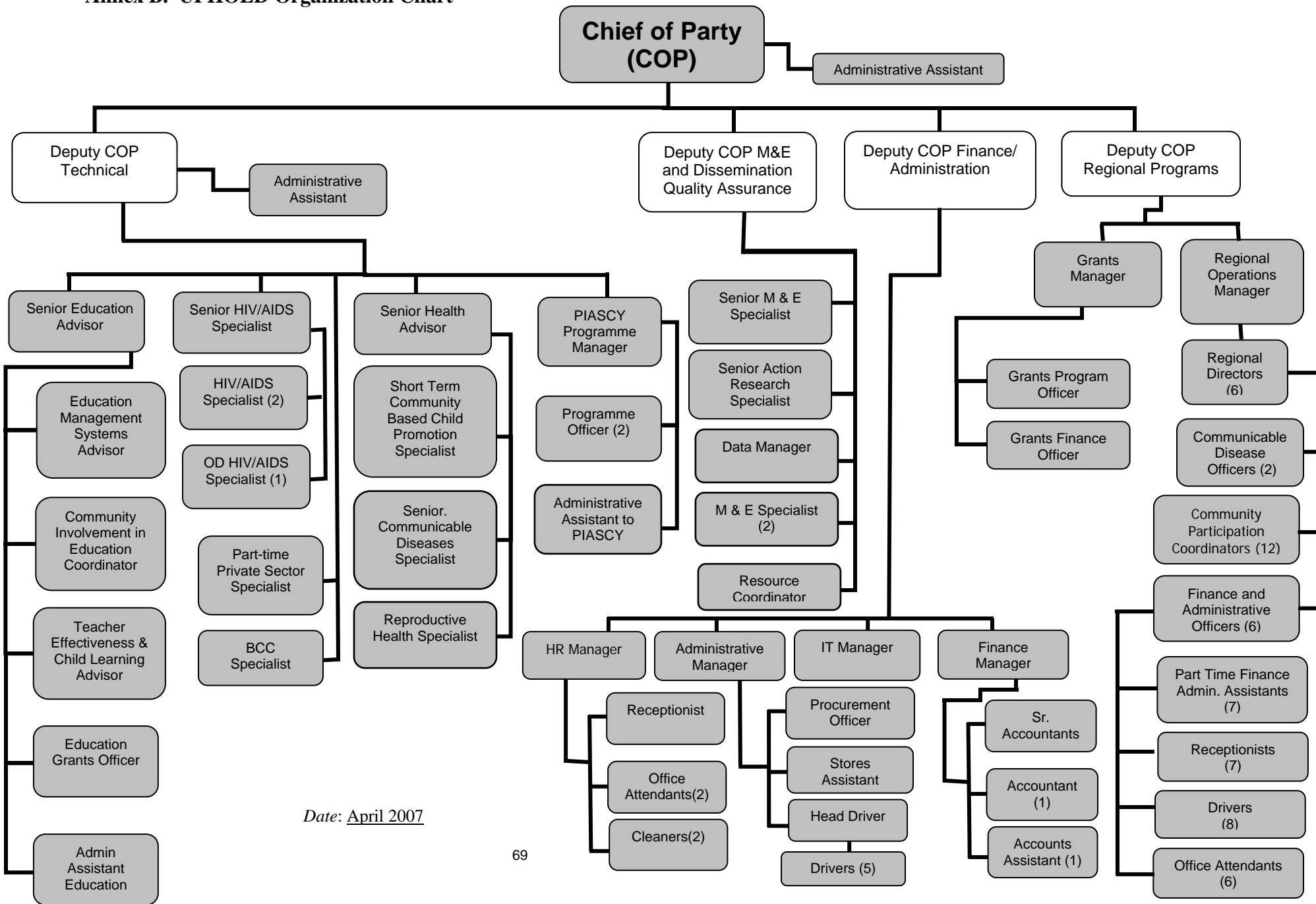
NAMES	POSITION
Naomi Nakamatte	Community Participation Coordinator
Sulaiman Nsamba	Driver
Winnie Were	Finance&Administrative Officer
Annet Wanyana	Administrative Assistant
SOUTH WEST – Mbarara	
Espilidon Tumukurate	Regional Director
Fred Karambuzi	Driver
Florence Owoyesimiire	Administrative Assistant
Lois Kateebire	Community Participation Coordinator
John Tumwesigye	Communicable Disease Technical Officer
Jasper Tuhairwe	Office Attendant
Perusi Barata	Finance & Administrative Officer
Richard Kikaffunda	Community Participation Coordinator
Max Tugume	Temp. Finance Administrative Assistant
NORTH EAST – Lira	
Alfred Otema	Office Attendant
Charles Dickens Otin	Community Participation Coordinator
George Opiyo	Community Participation Coordinator
Fredrick Arop	Driver
James Charles Okello	Regional Director - North East
Betty Akwero	Finance & Administrative Officer
Micheal Ojok	Administrative Assistant
Edward Mpanga	Driver
NORTH – Gulu	
Betty Milly Aryemo	Administrative Assistant
Ponsiano Gyagenda	Driver



NAMES	POSITION
Christine Oryema-Lalobo	Regional Director
David Atube	Office Assistant
Francesca Akello	Community Participation Coordinator
Onesmus Dralega	Community Participation Coordinator
Robert Opira	Finance & Administrative Officer
Robert Asea	Driver
Farida Nalubega	Officer Assistant
Alice Drazuru	Temp.Finance Administrative Assistant (FAA) – Arua
Simon Peter Oola	Temp. Finance Administrative Assistant(FAA) Gulu
RWENZORI – Fort Portal	
Vacant	Regional Director
Charles Wamalia	Administrative Assistant
Robert Wakonayo	Office Attendant
William Bagonza	Finance & Administrative Officer
Robert Mugenyi	Driver
Specy Kakiiza	Community Participation Coordinator
Caeasar Olega	Temp. CPC – Bundibugyo
Christine Kiiza	Temp. CPC - Rwenzori



Annex B. UPHOLD Organization Chart



Date: April 2007



Annex C: UPHOLD Management Systems

During the early stages of project implementation, UPHOLD established a series of internal project management and monitoring systems. These systems have enabled JSI to implement project activities in a strategic manner that is both time and resource efficient. The systems can be summarized under the following categories: Work Planning, Internal Coordination, Progress Monitoring, and Administrative Management. UPHOLD collaboration with other JSI partners has been described.

Work Planning

As contractually required, JSI submits an *Annual Work Plan (AWP)* to USAID each project year. The AWP provides an overview of the priorities and planned activities for the upcoming year, a SWOT analysis, a review of program risks and mitigation strategies and budget summary.

All technical staff and regional office staff participate in the development of the AWP and joint meetings are held to review the final Work Plan before submission to USAID. The work planning exercises that lead to the development of the AWP allow an opportunity for the UPHOLD teams to refine plans from the previous year based on lessons learned and to revisit strategies of implementation. It also provides a formal forum to facilitate coordination of inter-program dependencies, identify areas of integration, and to review resource requirements and actions needed to produce results for specific activities.

Using the AWP as the framework, each regional office team develops a detailed *Quarterly Work Plan and Budget* to guide work for the period. The Quarterly Work Plan/Budget is developed by the Regional Office teams and is based primarily on district-level UPHOLD activities which are to be implemented in the subject period. The Quarterly Work Plan is submitted to the Regional Operations Manager for review and approval. As part of the review process, the Quarterly Work Plan is then shared with the HQ team leaders (technical, M&E, grants, and finance/administration) to ensure that all required activities are included. The approved Quarterly Work Plan is then used as a working document for all staff.

Internal Coordination

Due to the complex nature of the UPHOLD program, UPHOLD management has worked hard to ensure effective coordination and information-sharing within UPHOLD. This includes the use of weekly updates, regular meetings, and results management.

Weekly Updates detailing specific achievements for the week are completed by all UPHOLD departments and compiled and disseminated by the M&E Department. These updates, which are shared with staff, USAID, and international partners on a weekly basis, provide quick and easy-to-read bullets on activities completed. They assist in information-sharing and often encourage further dialogue on specific activities between the UPHOLD HQ and regional offices and between USAID and UPHOLD management on specific activities.

Regular meetings have also been key to the success of UPHOLD. UPHOLD Teams meet on a monthly basis, at a minimum. These include integrated technical team meetings, technical sector meetings, M&E meetings, grants meetings, regional office meetings, and finance/administration meetings. The integrated technical meetings specifically look to promote synergies and efficiencies within the program and often include representatives from the other UPHOLD departments such as monitoring and evaluation, regional programs, grants, and finance/administration. The specific sector/departmental meetings are used for prioritizing activities and addressing obstacles which may be delaying implementation.



The *Results Management Committee (RMC)* convenes on a monthly basis to oversee and strategically monitor progress in program implementation. RMC members include the COP, DCOPs, Regional Directors, Regional Operations Manager, Grants Manager, Senior Advisors, and Cross-Cutting Technical Specialists. The Committee uses output and process data in the form of the *Balanced Score Card* to review progress made towards achieving quarterly, annual, and five-year results for each program indicator. The RMC is empowered to manage progress towards results by identifying problems specific to districts, indicators, or the like and generating solutions to problems by actively working to remove obstacles to achievement of results and by taking required corrective actions. Regional Directors are then tasked to utilize the solutions generated and adjust programming as required at the regional or district level to ensure success. Meeting minutes from the RMC are circulated to all UPHOLD staff members and it is the responsibility of the relevant team leader to brief his or her team on issues discussed.

The *Senior Management Team (SMT)* which includes the COP, DCOPs, Regional Operations Manager, Grants Manager and a rotational representative from the Regional Directors also meets at least once a month to review program implementation at the central and district levels, internal/external coordination, and administrative/financial issues. These meetings are usually held as a follow-up to the RMC meetings in order to respond to any pending management issues that were not resolved during the RMC. Ad-hoc meetings of the SMT are also held as required.

Departmental Retreats are also held as required. These retreats, which have been held by departments such as technical, M&E, regional offices, and finance and administration, are used to focus on specific implementation issues and often emphasize team-building.

All-staff meetings are also held at least once a year. The meetings include a general review of the status of program implementation and highlight any significant policy or procedure changes.

Progress Monitoring

Quarterly Reports are submitted to USAID and partner organizations one month after the end of each quarter as contractually required. These reports focus on the results achieved during the quarter, constraints and challenges met, and other pertinent information.

Semi-annual and quarterly progress reports are also submitted to USAID as required for special initiatives such as PEPFAR, PMI, Avian Flu, and the African Education Initiative (AEI).

Administrative Management Systems

UPHOLD-specific administrative management systems have been established. These systems cover general administrative functions such as administrative and financial policies and procedures; procurement management; human resources/consultant management; financial tracking; and grants tracking.

UPHOLD administrative and financial policies and procedures have been outlined in the following six manuals:

- Personnel Policy
- Office Procedures
- Travel and Transport Procedures
- Financial and Administrative Procedures
- Regional Office Operations Manual
- Regional Office Financial Guidance



Many of the policies and procedures were adapted from systems and tools which JSI has developed over the years through implementing large, complex programs. These policies and procedures are also supplemented by *Administrative Notices* which are issued by the UPHOLD Chief of Party when specific policies need to be highlighted or are changed. In February 2006, an Administrative Notice was issued introducing a *Decision-Making Matrix* which decentralized many of the management approvals from the COP/DCOP level to the Regional Directors and Senior Technical Advisors.

In terms of procurement management, UPHOLD follows all USAID rules and regulations. To assist with the management of procurement activities, the following systems and databases have been implemented:

- Vendor Database
- Procurement Tracking Database (details all procurement actions and awards)
- Local Purchase Order System
- Stores System
- Non-Expendable Property Inventory System

Human Resources are considered to be one of UPHOLD's greatest assets. Extensive effort went into ensuring that the best people were recruited for each UPHOLD position. Additional efforts have also been made to ensure that staff members are retained. This has been completed through annual performance appraisals and human resource tracking systems that collect and analyze information on areas of improvement and training needs for each staff member.

The effective use of local and international consultants has also contributed to the success of UPHOLD. The HR Department manages a consultant resume database so that consultants can be readily identified for specific assignments. A consultant payment database has also been instituted so that days worked and payment information can be readily tracked.

An overall UPHOLD Financial Tracking System has been developed to track monetary expenditures by budget line-item. This system includes monthly expenditure information and is used to develop expenditure reports and burn-rate analyses. Data from this system is also used to provide a *Program Cost Financial Report* to the Technical Team on a monthly basis. This report includes budget versus actual expenditure data for specific technical interventions.

JSI/Boston has also developed a Grants Financial Tracking Database of which UPHOLD is the initial user. All administrative and budget data related to each UPHOLD sub-grantee has been entered into the system. Grantee advances and expenditures from UPHOLD's accounting system are currently being down-loaded directly into the system. Reports tracking budget utilization and expenditures by specific grantee, type of grantee, district, sector, etc., will soon be generated from the system.

UPHOLD Collaboration with other JSI Programs

UPHOLD is managed and implemented by JSI Research & Training Institute, Inc., a not-for-profit health consulting firm that also implements USAID's Northern Uganda Malaria and Tuberculosis project (NUMAT) in Northern Uganda. Both are USAID-funded bilateral programs. JSI also manages USAID's centrally-funded DELIVER project, which has a Ugandan presence, The Supply Chain Management Systems (SCMS) project another centrally funded project specifically aimed at HIV/AIDS Logistics as well as the Making Medical Injections Safer (MMIS). Finally, until May 2006, JSI also managed the AIDS Integrated Model (AIM) district program. These five USAID-funded programs work closely on technical, program and



administrative areas whenever possible. The Uganda projects work with JSI staff and consultants from the main office in Boston, with whom they collaborate constantly and from whom they receive continual support.

USAID receives many cost-savings benefits, as UPHOLD, NUMAT, DELIVER, SCMS, and MMIS share resources and leverage each other's work to achieve streamlined services and, most important, results. Three of the projects share an office building in Kampala. The projects also share transportation, information technology, and security, as well as the operation of common resource centers. This allows the projects to enjoy increased efficiency, saving on labor, resources, energy and funds. In PY1, JSI negotiated with Standard Chartered Bank for a preferential, group exchange rate for the projects, which will result in a savings of hundreds of thousands of dollars over the course of the project's lifespan.



Annex D: UPHOLD Budget Information

The original UPHOLD cooperative agreement (CA) was awarded at approximately \$86 Million. Over time, the CA budget was increased to \$96,125,315 which included specific modifications for AIC and TASO, PIASCY, and PMI activities.

USAID sources of funding for UPHOLD have been varied and have changed with the introduction of specific Presidential Initiatives, namely PEPFAR and PMI. To date, UPHOLD has been provided with an obligation of \$89,940,664 which is approximately 94% of the budget or \$6 Million less than the original budget ceiling. At this point, UPHOLD is not expecting additional funds and the Year Five Work plan was developed with the expectation that the total funding available would be the current obligation.

Of the monies obligated to-date, USAID has provided money for the following sectors. UPHOLD expenditures have also been closely aligned to these estimates.

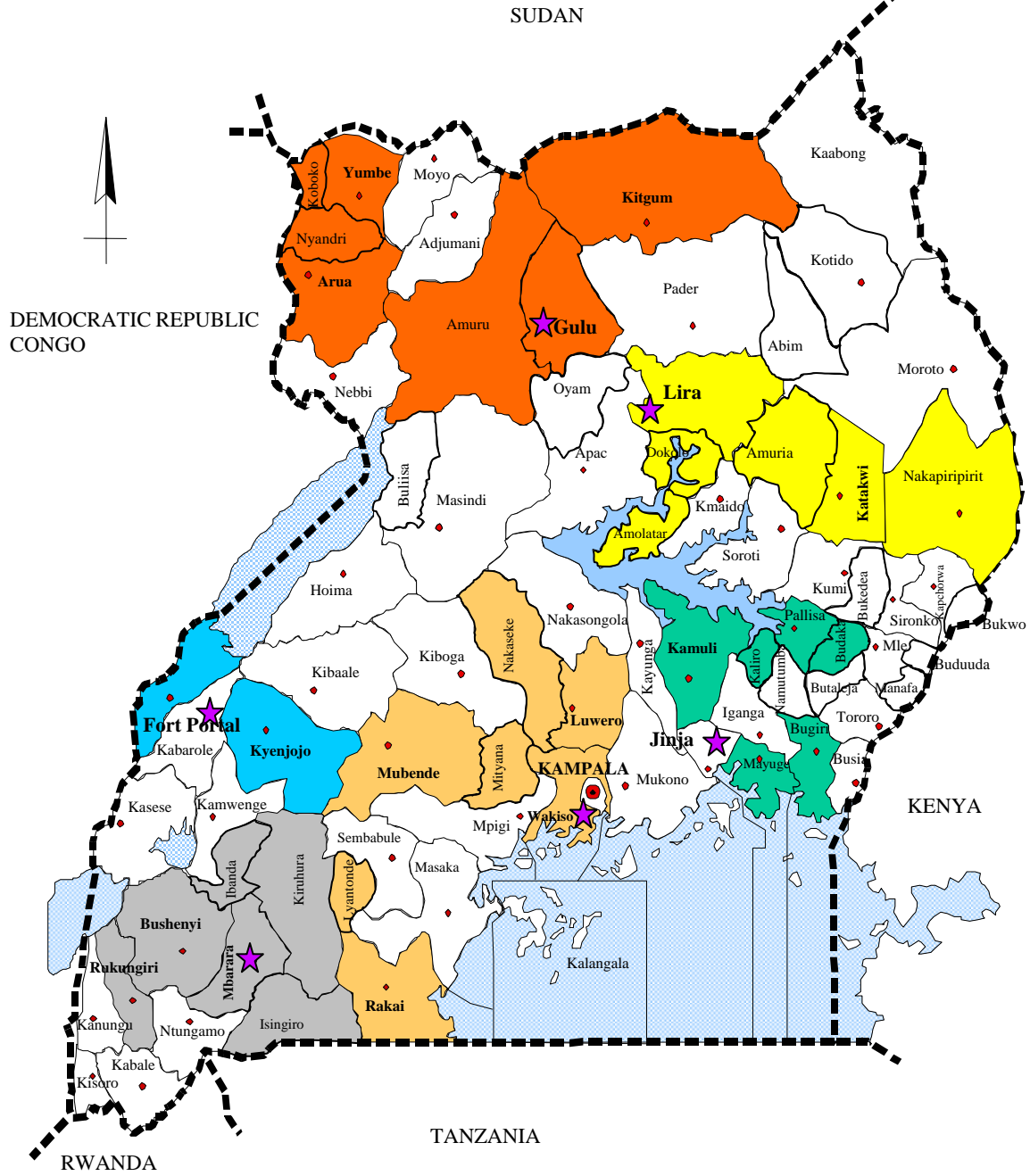
Funding Directive	Estimated Percentage
Education	20%
Health	17%
HIV/AIDS	30%
AIC/TASO	34%
TOTAL:	100%

In the original UPHOLD budget the budget emphasis was on technical assistance rather than direct program support. In response to this observation, JSI/UPHOLD instituted a budget revision process which resulted in a 239% increase in the program cost line item increasing the budget from \$3.39M to \$11,475,220. This was completed by reducing the JSI salary item and the related indirect cost and allowances budget line items; the travel line item; the equipment, materials, and supplies line item and the total international subcontractors' budget. This revised budget was submitted to USAID in November 2004 and approved per Modification #7 in June 2005. USAID expressed tremendous gratitude that UPHOLD had initiated this important change. The program costs budget was later increased by an additional \$3 Million bringing the total line item budget to \$14,475,220 or 15% of the budget. Combined with the sub-grant line item, direct program monies currently make up more than 60% of the total UPHOLD budget.







Included within the cooperative agreement is a requirement for UPHOLD to expend an amount not less than \$5,324,415 from cost-sharing. This amount has been achieved through UPHOLD grantees including AIC, TASO, and other CSOs in addition to other contributions made by UNICEF and other UPHOLD partners including vendors.



Annex E: UPHOLD Map



Key:

	South-Western		Eastern
	Rwenzori		North-Eastern
	Central		North