



## Minnesota International Health Volunteers (MIHV)

### Uganda Malaria Communities Partnership FY2008 Annual Report

**Prepared and edited by:**

AfroDavid Bankunda, Program Coordinator  
John Brittell, Program Manager  
Paige Anderson Bowen, Uganda Country Director  
Laura Ehrlich, International Program Director

**Submitted to:**

President's Malaria Initiative (PMI) Malaria Communities Program  
(MCP)

October 30, 2008



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## FY2008 Annual Report Cover Page

Minnesota International Health Volunteers (MIHV)  
Uganda Malaria Communities Partnership

|                                 |   |
|---------------------------------|---|
| Name of PVO:                    | Minnesota International Health Volunteers (MIHV)  |
| Project title:                  | Uganda Malaria Communities Partnership  |
| Cooperative Agreement number:   | GHN-A-00-07-00005-00  |
| Program location:               | Uganda, West Nile Region  |
| Project start/end dates:        | September 30, 2007 – September 29, 2010 (3 years)   |
| Headquarters contact:           | <p>Laura Ehrlich, MPH<br/>International Program Director<br/>Tel: 612-230-3256<br/>Email: <a href="mailto:lehrlich@mihv.org">lehrlich@mihv.org</a></p> <p>Diana K. DuBois, MPH/MIA<br/>Executive Director<br/>Tel: 612-230-3250<br/>Email: <a href="mailto:ddubois@mihv.org">ddubois@mihv.org</a></p> <p>Minnesota International Health Volunteers (MIHV)<br/>122 West Franklin Avenue, Suite 510<br/>Minneapolis, MN 55404<br/>Tel: 612-871-3759<br/>Fax: 612-230-3257</p> |
| Uganda contact:                 | <p>Paige Anderson Bowen, MPH<br/>Uganda Country Director<br/>PO Box 35514<br/>Kampala, Uganda<br/>Tel: +256 774 047035<br/>Email: <a href="mailto:pbowen@mihv.org">pbowen@mihv.org</a></p>  |
| Dates covered by Annual Report: | October 1, 2007 – September 30, 2008  |

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## List of Acronyms

|                  |   |
|------------------|---|
| <b>ACT</b>       | Artemisinin-based Combination Therapy                                       |
| <b>ANC</b>       | Antenatal Care  |
| <b>BCC</b>       | Behavior Change Communication   |
| <b>CBM</b>       | Community-Based Malaria   |
| <b>C-IPT</b>     | Community-(based) Intermittent Preventive Treatment of malaria in pregnancy |
| <b>CMD</b>       | Community Medicine Distributor  |
| <b>CSO</b>       | Civil Society Organization  |
| <b>DHT</b>       | District Health Team  |
| <b>DHO</b>       | District Health Officer   |
| <b>HBMF</b>      | Home-Based Management of Fever  |
| <b>IEC</b>       | Information Education Communication   |
| <b>IPTp</b>      | Intermittent Preventive Treatment of malaria in pregnancy                   |
| <b>LLIN</b>      | Long-Lasting Insecticide Nets   |
| <b>M &amp; E</b> | Monitoring & Evaluation   |
| <b>MACIS</b>     | Malaria and Childhood Illness NGO Secretariat                               |
| <b>MC</b>        | Malaria Consortium  |
| <b>MEMS</b>      | Monitoring and Evaluation Management Services                               |
| <b>MIHV</b>      | Minnesota International Health Volunteers                                   |
| <b>MOH</b>       | Ministry of Health  |
| <b>NGO</b>       | Non-Governmental Organization   |
| <b>NMCP</b>      | National Malaria Control Program  |
| <b>PAC</b>       | Project Advisory Committee  |
| <b>PMI</b>       | President's Malaria Initiative  |
| <b>SP</b>        | Sulfadoxine pyremethamine   |
| <b>TRM</b>       | Terms of Reference  |
| <b>UMCP</b>      | Uganda Malaria Communities Partnership                                      |
| <b>USAID</b>     | United States Agency for International Development                          |
| <b>VHT</b>       | Village Health Team   |

## **Section A: Main Accomplishments**

The major activities implemented during FY2008 include those listed below.

### **A.1 Project Launch**

- The project successfully launched in the West Nile Region and began operations in the 5 districts initially targeted in Year One – Arua, Maracha/Terego, Koboko, Yumbe, Moyo.
- Minnesota International Health Volunteers (MIHV) opened a West Nile Regional Office in Arua District from which it manages the program. This office houses 9 programmatic, administrative and support staff directly associated with the Uganda Malaria Communities Partnership (UMCP), including the Program Manager, Program Coordinator, Technical Officers (2), and Operations Officer.
- During the project launch and ongoing program implementation, UMCP partners consistently shared resources to achieve greater impact within the approved budget. This partnership approach allowed such collaborations as shared office and transport in West Nile Region between MIHV and Malaria Consortium (MC). An example of pooled resources between MIHV and Malaria and Childhood Illness NGO Secretariat (MACIS) is highlighted below under A.4 CSO Capacity-Building.

### **A.2 Civil Society Organization Partner Selection**

The success of the UMCP project relies heavily on the quality of its Civil Society Organization (CSO) partners. To this end, project staff executed an in-depth, transparent selection process to identify and choose appropriate CSO partners. Key steps in this process included:

- The proposed process for assessment/selection of CSOs was shared with regional stakeholders at a meeting held in Arua District on 17 January 2008. Revisions to the application form and selection process occurred based on feedback from district officials.
- A Request for Applications (RFA) soliciting CSO involvement in the UMCP project was advertised in the West Nile Region in March 2008.
- MIHV and MC staff reviewed 26 applications in response to the Request for Applications (RFA) from CSOs in the five Year One target districts. Applications were assessed according to their responsiveness to the RFA, experience handling donor funds, experience in malaria and other health-related interventions at community level and staffing structures. Twenty-two (22) candidate CSOs were short-listed and invited to undergo selection interviews by the convened District Selection Committees between 1 and 10 April 2008.
- UMCP staff designed a standardized metric for the District Selection Committees to use when assessing short-listed CSOs. The metric measured the following: evidence of links with the community, community coverage of previous interventions, the extent to which the target groups are priorities under UMCP, past performance in health and behavior change projects, evidence of ability to integrate health and development interventions, experience in capacity building and training, organizational and logistical capacity, sustainability of funding

- The District Selection Committees included District Chairperson, District Chief Administrative Officer, District Secretary for Health, District Health Officer, District Malaria Focal Person, District Community Development Officer, Resident District Commissioner, District NGO Forum representative, UMCP Program Coordinator.
- The District Selection Committee highly recommended that the selection process be used by other implementing and development partners that provide sub-grants to CSOs.

The identification and selection process was successfully implemented. The CSOs chosen as partners in the UMCP are listed in Table 1.

**Table 1. UMCP CSO partners selected during Year 1.**

| <b>District</b> | <b>Name of CSO</b>  |
|-----------------|---|
| Arua            | Nile Rural Advocacy Program for Community Empowerment & Development (NIRAPROCED)  |
|                 | Ayivu Youth Effort for Development (AYED)   |
| Maracha/Terego  | Maracha Action for Development (MAFORD)   |
|                 | Rural Initiative for Community Empowerment (RICE)                                 |
| Koboko          | Federation of Communities Infected and Affected with HIV/AIDS in Koboko (FECHA-K) |
|                 | Koboko District Farmers Association (KODFA)                                       |
| Yumbe           | Needy Kids – Uganda   |
|                 | Safe Motherhood for the Support to People Living with HIV/AIDS                    |
| Moyo            | Youth Anti AIDS Students Association (YAASA)                                      |
|                 | Counseling and Education Program on AIDS Project (CEPAP)                          |

Six (6) additional CSO partners will be selected in Year Two following a similar protocol. At least four of the new partners will be identified and selected from the two additional target districts (Nebbi, Adjumani) for Year Two.

### **A.3 Community Based Malaria Programs – A Model**

Development of a model curriculum and training protocol for the implementation of community-based malaria programs by CSOs was a significant output of the UMCP project in Year One. This process included the following steps: curriculum development, stakeholders meetings, pilot training, training of trainers (TOT), curriculum revision, CSO training. The implementation of this model through the training of the CSO partners was a fundamental step toward a primary objective of the UMCP project: to develop a network of CSOs with the capacity to deliver a generic model for malaria control in communities.

### Curriculum Development

- The initial draft of the curriculum was produced in Quarter 2. The curriculum is split into 4 sections: (1) Malaria Control in Uganda; (2) CBM Program Interventions; (3) CBM Program Design; (4) Monitoring and Evaluation.
- Initial development and adaptation of the curriculum was shared by MIHV and MC. For all sections, each lead partner developed appropriate training objectives, wrote the curriculum content to follow these objectives and developed Facilitator's Guides (including handouts and activities) to direct the training in a participatory manner.
- The overall aim of the curriculum is to build the capacity of the CSOs technically in malaria control and in the design, implementation, and monitoring of a CBM program; this approach is in line with the aim of the project. Initial drafts of the sections were shared between the partners, and each partner provided input into discussions on the scope of the other's modules.

### Stakeholders Meetings

- A draft of the model was presented to the MACIS steering committee, the National Malaria Control Program (NMCP), and USAID Uganda PMI team on 10 January 2008. Comprehensive feedback from these stakeholders focused on the training content, objectives and, proper definitions for the roles of stakeholders. Some stakeholders showed interest in immediately utilizing the curriculum upon its approval by the MOH. Additionally, the stakeholders recommended a pilot test of the curriculum with attendance by an external observer (preferably the MOH) to provide feedback on the training content and flow of the curriculum.
- Regional meetings were held in West Nile (17 January 2008; 19 February 2008) to officially introduce the UMCP program and the community-based malaria model, and to discuss the CSO selection process. District officials represented included: the District Health Officers, District Community Development Officers, District Malaria Focal Persons, District Chairpersons, District Secretaries for Health, Chief Administrative Officers and the Resident District Commissioners. Participants supported the UMCP objectives and design.

### Pilot Training

- Based on feedback from the national stakeholder meeting held on 10 January 2008 in Kampala, MIHV conducted a five-day (18-22 February 2008) pilot training of the curriculum with six participants from three randomly-selected CSOs based in Arua.
- A representative from the MOH attended as an observer.
- Significant revisions were made to the curriculum including addition of a sixth day of training. The MOH observer also recommended a TOT be held for all trainers involved in the training.

### TOT

- The MIHV Uganda Country Director facilitated a three-day (15-17 April 2008) Training of Trainers (TOT) in Kampala.

- Trainers participating in the TOT included MIHV staff, MC staff, and the West Nile Regional Malaria Focal Person (5 participants [4 male, 1 female]).
- TOT objectives were (1) to develop facilitation skills, (2) to increase technical content knowledge, and (3) to provide an opportunity for facilitation practice.

### Curriculum Revision

- The model (i.e. curriculum and training program) were revised on several occasions throughout the development process, namely following the training pilot and the TOT.
- The training pilot and the TOT were not in the Year One Work Plan, but project partners felt these activities were necessary to be responsive to stakeholder input and did assist in generating improved curricula to be used when training CSOs in Q3.

### CSO Training in CBM Model

- MIHV facilitated a six-day training (5-10 May 2008) in Arua District using the community-based malaria model for the 10 partner CSOs.
- Trainers were MIHV Uganda Country Director, MIHV Program Coordinator, and the Medical Officer from Arua Regional Hospital (recommended in the absence of the West Nile Regional Malaria Focal Person).
- Twenty (20) participants (4 females, 16 males) attended the training, 2 representatives from each CSO partner.
- By the end of the training, participants had received a general overview of malaria in Uganda; learned the role of a community-based malaria (CBM) program in malaria control in Uganda, including interventions appropriate for a CBM program; designed a CBM program following a formalized program design process; drafted a program management structure which follows a logic model and will appropriately manage the planned CBM program; selected key indicators and developed a comprehensive M&E plan for a CBM program; and understood the role of CSOs in the UMCP program.
- Participants responded as follows on post-training evaluations:
  - o Overall satisfaction with the workshop: 80% satisfied
  - o Ability to effectively apply the skills learned to their own projects: 90% very much
  - o The workshop met their needs: 85% very much
  - o The curriculum effectively disseminated the necessary skills: 80% very much
  - o Would you recommend this training to other colleagues: 95% of course

## **A.4 CSO Capacity Building**

The success of the UMCP at community level rests heavily on the CSOs. As such, UMCP partners continue to invest resources into building the capacity of the CSO partners to implement high-quality community-based malaria programs. Through UMCP, MACIS and MIHV were able to pool resources to provide such capacity-building services. Such collaboration achieved both an objective of the UMCP (to develop a network of CSOs with the capacity to deliver a generic model for malaria control in

communities) and a mandate of MACIS (to support the development of its members through capacity strengthening exercises and trainings).

In addition to programmatic support, CSOs received technical updates during MACIS meetings and support supervision visits.

Capacity-building in Year One included training and support supervision in both public health and organizational management concepts.

- Program staff facilitated a three-day (4-7 August 2008) training – “Proposal Writing & Financial Management” – for CSO partners.
- 10 partner CSOs attended; 20 participants, 2 from each CSO (4 female, 16 male).
- This capacity-building exercise was structured to enable CSOs to appropriately respond to the UMCP’s RFA process for sub-granted CSO partners and to effectively manage sub-grant funding once awarded in Year Two.
- Proposal writing training topics included: proposal elements, logic models, tools/methods for framing ideas, building a CSO profile, elements of traditional vs. logic (activity) budgets, writing budget narratives, M&E.
- Financial management training topics included: accounting workflow and processes; planning and budgeting; developing a project budget; accounting/bookkeeping; identifying expenses; reporting, policy and control.
- Post-training evaluations indicated that 94% of participants would recommend the course to other CSOs.
- UMCP continues to provide support to CSO partners through regular support supervision visits. In Q4, UMCP program staff provided technical support to CSOs in their responses to the UMCP RFA, and established a schedule for support supervisions (at least quarterly) and potential topics for future capacity-building sessions (e.g. organizational management, program coordination).
- An accountant from a CSO partner contributed the following feedback: *“UMCP we thank you for the good work you are doing to build our capacity. We feel that you have built our capacity in proposal writing, financial management, and delivering malaria programs to the community. We are now ready to move on to the next step.”*

This capacity-building training was a true example of the benefits of partnership in the UMCP. MIHV recognized the need for the training but did not have the budget; MACIS wanted to provide such training but did not have the technical capability. Through the partnership MIHV was able to provide technical know-how and MACIS the funding, and together they met the needs of the CSO partners. Such collaboration is planned again in Year Two with combined capacity building trainings and MACIS quarterly regional meetings.

### **A.5 Pre-Intervention Survey**

As part of their role in the UMCP, Malaria Consortium implemented the pre-intervention survey. Details of the pre-intervention survey are described below.

- The Uganda National Council for Science and Technology provided ethical approval for the pre-intervention; this body also participated in finalizing the

- The pre-intervention survey and protocol were modeled after the Malaria Indicator Survey (MIS) as requested by the USAID Uganda Mission. Matching the pre-intervention survey with the MIS allows for easier comparison between the project and other regional/national surveys.
- MC executed the pre-intervention survey during May-June 2008 (5 weeks; 1 week per Year One target district).
- There were two components to the baseline study: (1) household survey, and (2) health system assessment, which included four surveys – health facility workers survey, village health team survey, exit interviews with patients (ANC attendees), exit interviews with patients (caretakers of children under five presenting with fever).

UMCP shared results of the pre-intervention survey at the MACIS Annual General Meetings on 9 September for NGOs and 10 September 2008 for CBOs. In addition, CSO partners will use the results to assist them in designing programs appropriate for their communities, UMCP plans to share the baseline findings with regional and national stakeholders, and UMCP will use the results to inform the design of its Year Two Workplan. A full report on the pre-intervention survey is available.

**Table 2. Status of key project activities.**

| Project Objectives   | Indicator | Key Activities  | Status of activities (including outputs)  | Comments                                |
|--|-----------|---|---|---|
| <b>Objective 1: To develop a network of CSOs with capacity to implement Malaria Control in Communities model</b> |           |   |   |   |
|  |           | Activity 1) Develop community-based malaria model<br><br>Responsible Partner: MIHV, MC  | Status: Complete.<br>Output: Model developed.   |   |
|  |           | Activity 2) Present CBM Model to MACIS steering committee, MOH, PAC for feedback<br><br>Responsible Partner: MIHV, MC                       | Status: Complete.<br>Output: Consensus reached; feedback incorporated into final model.             | Stakeholders recommended pilot and TOT. |
|  |           | Activity 3) Implement mapping exercise to determine active CSOs in target region<br><br>Responsible Partner: MIHV, MACIS                    | Status: Complete.<br>Output: Mapping exercise conducted.  |   |
|  |           | Activity 4) Develop application process to select appropriate CSOs<br><br>Responsible Partner: MIHV, MC, MACIS, USAID/PMI/NMCP stakeholders | Status: Complete.<br>Output: Selection protocol developed with feedback from regional stakeholders. |   |

| <b>Project Objectives</b> | <b>Indicator</b>  | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b>                                      | <b>Comments</b>   |
|---------------------------|---|--|--|---|
|                           |   | <p>Activity 5) Select CSOs for training</p> <p>Responsible Partner: MIHV, MACIS, Regional stakeholders</p>                               | <p>Status: Complete.</p> <p>Output: Selection protocol executed; CSOs selected.</p>  | <p>2 CSOs were selected from each of the 5 districts (10 COS partners in Y1); 6 additional CSOs will be selected in Y2.</p>   |
|                           |   | <p>Activity 6) Adapt existing curricula and training materials for use in CBM training of CSOs</p> <p>Responsible partners: MIHV, MC</p> | <p>Status: Complete.</p> <p>Output: Curriculum and training materials developed.</p> |   |
|                           | Number of people (medical personnel, health workers, community workers, etc.) trained with USG funds in malaria treatment or prevention | <p>Activity 7) Train CSOs in community-based malaria model</p> <p>Responsible Partner: MIHV and Regional MOH</p>                         | <p>Status: Complete.</p> <p>Output: CSOs trained in the model.</p>                   | <p>Total trained = 31.</p> <p>6 participants (2 per CSO x 3 CSOs) – pilot, Q2</p> <p>5 participants – TOT, Q3</p> <p>20 participants (2 per CSO x 10 CSOs) – training, Q3</p>   |
|                           |   | <p>Activity 8) Fund CSOs to implement model at community level</p> <p>Responsible partner: MIHV</p>                                      | <p>Status: Postponed; sub-grants will be awarded in Y2, Q1.</p>                      | <p>10 partner CSOs received additional capacity-building training in financial management in preparation for sub-grant funding in Y2.</p> <p>Approved Y1 budget did not include sub-grant budget.</p> <p>CSOs will mobilize and train</p> |

| Project Objectives  | Indicator   | Key Activities   | Status of activities (including outputs)  | Comments  |
|---|---|--|---|---|
|   |   |  |   | community-based volunteers (VHTs, CMDs) in Y2; CSOs will link these community volunteers to health facilities and other resources to access necessary training. |
|   | Number of planned malaria prevention supervision visits conducted | Activity 9) Coordinate with MEMS program to access M&E tools for tracking CSO activities<br><br>Responsible Partner: MC      | Status: Complete.<br>Output: Tools shared by MEMS.  | Coordination with Uganda Monitoring & Evaluation Management Services (UMEMS, phase 2 of MEMS) on going.<br><br>Training in M&E included in CSO training.        |
|   |   | Activity 10) Facilitate bi-annual meetings to disseminate MOH policies and foster linkages<br><br>Responsible partner: MACIS | Status: Ongoing.<br>Output: Two meetings facilitated; information exchanged and updates given on MOH policies and project progress. | Regional District Health Educators included in second meeting.  |
| <b>Objective 2: To improve coverage of malaria prevention commodities by expanding community-based LLIN delivery.</b> |   |  |   |   |
|   | Number of LLINs distributed or sold nationally with USG funds     | Activity 1) Identify gaps in LLIN campaign distribution in coordination with NMCP<br><br>Responsible Partner: MC             | Status: Complete.<br>Output: Gaps in LLIN campaign distribution identified.   | 5 sub-counties identified for round one distribution: Arua – Ogoko, Ajia; Nyadri – Yivu, Tara, Nyadri.  |
|   | Number of people trained to deliver LLINs                         | Activity 2) Train CSOs in LLIN distribution mechanisms.  | Status: Complete (see Objective 1, Activity 7).   |   |

| <b>Project Objectives</b> | <b>Indicator</b>                                    | <b>Key Activities</b>   | <b>Status of activities (including outputs)</b>           | <b>Comments</b>  |
|---------------------------|---|---|---|--|
|                           |   | Responsible partner: MIHV, MC   |   |  |
|                           | Proportion of planned support supervision conducted | Activity 3) Monitor and support CSOs in LLINs distribution<br><br>Responsible partner: MIHV, MC   | Status: To be completed.                                  | LLIN distributions to occur in Y2 due to delay in receiving nets in-country.<br><br>Assessment of CSOs in LLIN distribution complete.<br><br>Strong CSOs will be used in round one distribution; weaker ones will observe and learn. |
|                           | Number of people trained to deliver LLINs           | Activity 4) Identify any gaps in the current AFFORD/MC training of ANC health facility-based staff in LLIN distribution<br><br>Responsible partner: MC  | Status: Complete.<br>Output: Gaps in training identified. | AFFORD covered and filled the gaps at facilities. More gaps identified in LLIN outreach distribution; MC continuing to monitor.  |
|                           | Number of people trained to deliver LLINs           | Activity 5) For those areas not captured in ongoing AFFORD/MC LLIN distribution activities at ANC, train health facility ANC staff in the expansion of maintenance LLIN distribution via outreach | Status: Adjusted.   | AFFORD is doing ANC trainings and distributions, so anything done by UMCP would be a duplication. UMCP is focusing its LLIN distributions on children under 5.   |

| <b>Project Objectives</b>  | <b>Indicator</b>  | <b>Key Activities</b>   | <b>Status of activities (including outputs)</b>                     | <b>Comments</b>   |
|--|---|---|---|---|
|  |   | (ensuring linkages with the USAID AFFORD project to avoid duplication and ensure effective sub-county coverage).<br><br>Responsible partner: MC |   | UMCP will train CSOs and health facility workers in the distribution target areas as TOT teams (i.e. CSOs partnered with HFWs) to train CMDs in supervision and monitoring following LLIN distributions.<br><br>Y1 LLIN distribution delayed (see comments under Activity 3). |
| <b>Objective 3: To improve prompt and effective treatment of malaria among children under 5.</b> |   |   |   |   |
|  | Number of health workers trained in case management with ACTs | Activity 1) Health facility refresher training in selected health facilities.<br><br>Responsible partner: MC                                    | Status: To be completed.  | An audit was done during baseline survey to assess actual needs. Gaps in specific areas identified for training.  |
|  | Number of community health workers trained in HBMF            | Activity 2) Technical training of VHTs and CMDs<br><br>Responsible partner: MC  | Status: To be completed.  | Gaps were identified through the baseline results especially in case management, referral and records keeping.<br><br>CSO partners will conduct training in Y2.   |
|  | Number of community health workers trained in HBMF            | Activity 3) Review current status of training tools for Village Health Teams (VHTs) on Home-Based Management                                    | Status: Ongoing.<br>Output: Final HBMF training materials in place. | MC is a member of the review panel revising the national VHT manual.  |

| <b>Project Objectives</b>                     | <b>Indicator</b>  | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b>                                       | <b>Comments</b>   |
|---|---|--|---|---|
|   |   | of Fever (HBMF) through discussions with NMCP and update where necessary<br><br>Responsible partner: MC  |   | It is likely that the VHT training curriculum and tools will undergo multiple revisions as the VHT model is scaled up and is operational for a longer period countrywide. |
|   | Number of health workers trained with USG funds in HBMF | Activity 4) Train CSOs to work with and support community volunteers (VHTs) in HBMF, the shift to ACT-HBMF (if approval initiated by MOH), and appropriate referral.<br><br>Responsible partner: MC, MIHV, CSO Network | Status: Complete (see Objective 1, Activity 7).                                       |   |
| <b>Objective 4: To raise coverage of IPTp</b> |   |  |   |   |
|   |   | Activity 1) Refresher trainings to FANC service providers<br><br>Responsible partner: MC   | Status: To be completed; trainings scheduled for Y2, Q1.                              | Gaps were identified through analysis of the baseline survey results.   |
|   |   | Activity 2) Support supervision of health facility staff in IPTp<br><br>Responsible partner: MC  | Status: To be completed; support supervision will occur following training in Year 2. |   |
|   | Number of CSOs trained in IPTp activities               | Activity 3) Train CSOs in IPTp awareness, mobilization   | Status: Complete (see Objective 1, Activity 7).                                       |   |

| Project Objectives   | Indicator                                    | Key Activities  | Status of activities (including outputs)        | Comments   |
|--|--|---|---|--|
|  |  | to ANC using VHTs, supporting ANC in IPTp delivery<br><br>Responsible partner: MC, MIHV   |   |  |
|  |  | Activity 4) Advocate to NMCP for approval of c-IPTp for startup of c-IPTp in Year Two<br><br>Responsible partner: MC, MIHV, MACIS | Status: Eliminated.                             | See discussion under Section E (“Quarter 2”) of the Annual Report.   |
| <b>Objective 5: To improve demand, uptake and utilization of effective malaria prevention and treatment services through a CSO-led BCC campaign.</b> |  |   |   |  |
|  | Number of CSOs trained in IEC/BCC activities | Activity 1) Train CSOs to lead an intensive community-level IEC/BCC campaign<br><br>Responsible partner: MIHV, MC                 | Status: Complete (see Objective 1, Activity 7). | The model curriculum included practical training on how to develop and implement IEC/BCC campaigns including Malaria Awareness Days. |
|  | Number of IEC materials developed            | Activity 2) Develop malaria calendars<br><br>Responsible partner: MIHV  | Status: Cut                                     | Preferred focus on existing IEC/BCC materials rather than developing new ones per discussions with USAID Uganda PMI team.            |
|  |  | Activity 3) Assess existing IEC/BCC materials developed   | Status: Complete.<br>Output: Existing materials | Assessment conducted of PMI implementing partners.   |

| <b>Project Objectives</b> | <b>Indicator</b>                                  | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b> | <b>Comments</b>   |
|---------------------------|---|--|---|---|
|                           |   | in Uganda to assure coordination and to inform the development of additional materials to fill gaps in communication.<br><br>Responsible partner: MIHV | assessed for appropriateness in target region.  |   |
|                           | Number of IEC materials developed and distributed | Activity 4) Reproduce and distribute IEC/BCC materials appropriate for use in West Nile Region<br><br>Responsible partner: MIHV, MC                    | Status: To be completed Y2, Q1.                 | Translators identified in four local languages (Lugbara, Madi, Kakwa, Aluru) for regional translation of messages.  |
|                           | Number of IEC materials developed                 | Activity 5) If needed, develop additional community-targeted IEC/BCC materials to address specific topics<br><br>Responsible partner: MIHV             | Status: In process.                             | MIHV partnered with Mango Tree (local business specializing in production of IEC/BCC and educational materials) to produce malaria community flipcharts. MIHV added two pages (ANC/IPTp, CMDs) to MT's already existing flipchart to strengthen its technical content. UMCP will translate the malaria charts into the major local regional languages for CSOs to use for sensitization purposes and to give to District Health |

| Project Objectives   | Indicator   | Key Activities   | Status of activities (including outputs)  | Comments   |
|--|---|--|---|--|
|  |   |  |   | Educators for local use.   |
|  | Number of IEC materials distributed   | Activity 6) Distribute existing and project-developed IEC/BCC materials to communities in West Nile Region through CSO network<br><br>Responsible partner: CSO Network           | Status: To be completed; distribution will occur in Y2 following production of materials. |  |
| <b>Objective 6: To improve public-private coordination for correct treatment of malaria.</b>                   |   |  |   |  |
|  |   | Activity 1) Identify private drug vendors not captured in ongoing AFFORD training<br><br>Responsible partner: MC   | Status: To be completed.  | MC will use analysis of AFFORD's training to determine the training needs of the private sector in malaria control.  |
|  | Number of people (medical personnel, health workers, community workers, etc.) trained with USG funds in malaria treatment or prevention | Activity 2) Train private drug vendors on appropriate treatment and referral using previously developed AFFORD/MC training guidance and materials<br><br>Responsible partner: MC | Status: To be completed.  | Training will be based on analysis of the experience of the pilot study being conducted in East Uganda by Medicines for Malaria Venture, which is training private providers in malaria control. |
| <b>Objective 7: To disseminate promising practices and advocate for community-based malaria interventions.</b> |   |  |   |  |
|  |   | Activity 1) Report and document promising practices/lessons learned in   | Status: Postponed; production of first newsletter planned for Y2,                         | MACIS has not produced its bi-annual newsletter since 2006 and needed adequate   |

| <b>Project Objectives</b> | <b>Indicator</b>  | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b>                           | <b>Comments</b>  |
|---------------------------|---|--|---|--|
|                           |   | <p>project and share with national MACIS membership thru the bi-annual newsletter</p> <p>Responsible partner: MACIS</p>  | Q1.   | <p>time to procure technical assistance (editor, graphic design) for production.</p> <p>The first newsletter will showcase promising practices among UMCP partner CSOs. The additional time allocated for production of the newsletter will benefit CSOs as they will have more time to demonstrate performance.</p> |
|                           | Number of IEC materials developed                           | <p>Activity 2) Standardize community-targeted IEC/BCC materials produced by the UMCP, including the procurement of MOH approval</p> <p>Responsible partner: MIHV</p> | Status: Postponed; standardization will occur following production in Y2. |  |
|                           | Number of IEC materials distributed to CSOs and communities | <p>Activity 3) Distribute project-developed and other existing IEC materials to MACIS national membership</p> <p>Responsible partner: MIHV, MACIS</p>                | Status: To be completed.  | MIHV and MACIS plan to distribute materials at MACIS annual general meeting and other national fora in Y2.   |

| <b>Project Objectives</b>  | <b>Indicator</b> | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b>                      | <b>Comments</b>  |
|--|------------------|--|--|--|
|  |                  | Activity 4) Form Project Advisory Committee (PAC)<br><br>Responsible partner: MIHV   | Status: Complete.<br>Output: PAC formed.                             | PAC formally launched in Q3.   |
|  |                  | Activity 5) Facilitate bi-annual PAC meetings<br><br>Responsible partner: MIHV   | Status: Ongoing.   | Prior to formal launch in Q3, members of the PAC met on several occasions to provide critical feedback to the project.<br>MIHV chaired the first official PAC meeting on 24 June 2008. Bi-annual meetings will continue in Y2. |
|  |                  | Activity 6) Participate effectively in HPAC, GFATM CCM, PMI Planning committee & MOH TWGs, and advocate for community-based malaria activities<br><br>Responsible Partner: MIHV, MC, MACIS | Status: Ongoing.   | UMCP partners participated in meetings (HPAC/GFATM, CCM, PMI Planning committee, and MOH Technical Working Groups) and shared information and advocated for community-based malaria activities.                                |
| <b>Cross-Cutting Objective: To effectively monitor and evaluate the project.</b> |                  |  |  |  |
|  |                  | Activity 1) Develop pre-intervention survey to measure knowledge, behavior and practice at the community and HF level, as well as prevalence among target                                  | Status: Complete.<br>Output: Pre-intervention survey tools in place. | Pre-intervention survey tools developed with input from stakeholders (e.g. PMI in-country team)  |

| <b>Project Objectives</b> | <b>Indicator</b> | <b>Key Activities</b>   | <b>Status of activities (including outputs)</b>  | <b>Comments</b>  |
|---------------------------|------------------|---|--|--|
|                           |                  | population<br>Responsible partner: MC   |  |  |
|                           |                  | Activity 2) Pre-intervention survey in West Nile.<br>Responsible partner: MC  | Status: Complete.<br>Output: Pre-intervention survey conducted in West Nile (5 districts in Y1). |  |
|                           |                  | Activity 3) Development of monthly activity report tool for CSOs<br>Responsible partner: MC, MIHV                         | Status: Complete.<br>Output: Monthly activity report tools in place.                             | Activity report tool was developed in partnership with the selected CSOs during the M&E module of the community-based malaria training conducted in Q3.                |
|                           |                  | Activity 4) Monthly reporting on activities by CSOs<br>Responsible partner: CSO Network                                   | Status: To be completed.   | Reporting requirements are currently being identified and will be reflected in the proposal submitted by each CSO in response to the issued RFA for sub-grant funding. |
|                           |                  | Activity 5) Quarterly monitoring and support supervision with individual CSOs in network<br>Responsible partner: MIHV, MC | Status: Ongoing.   | Monitoring and support supervision visits began following CSO training (Q3). UMCP staff visited each of the 10 CSO partners in Q4.                                     |

| <b>Project Objectives</b> | <b>Indicator</b> | <b>Key Activities</b>   | <b>Status of activities (including outputs)</b>   | <b>Comments</b>  |
|---------------------------|------------------|---|---|--|
|                           |                  | <p>Activity 6) Quarterly reporting on activities and project progress towards targets by regional offices</p> <p>Responsible partner: MIHV, MC</p>                    | Status: Ongoing.  | Program Manager submits monthly and quarterly internal program reports to MIHV Uganda Country Director. Quarterly reports are shared with MIHV International Program Director. |
|                           |                  | <p>Activity 7) UMCP project team quarterly meetings to inform decision making, measure progress and identify barriers</p> <p>Responsible partner: MIHV, MC, MACIS</p> | Status: Ongoing.  |  |
|                           |                  | <p>Activity 8) Regular community level dissemination of findings through Local Council 1 (LC1) and other leaders</p> <p>Responsible partner: MIHV, MC</p>             | Status: To be completed.  | Pre-intervention survey findings will be shared with local leaders in Y2.  |
|                           |                  | <p>Activity 9) Pre-intervention survey for Karamoja</p> <p>Responsible partner: MC</p>  | Status: Adjusted; pre-intervention survey planned for Y2, Q1 in Nebbi and Adjumani Districts. | USAID approved a geographical adjustment, which eliminated the districts targeted in Karamoja Region and added two additional  |

| Project Objectives  | Indicator | Key Activities   | Status of activities (including outputs)                     | Comments   |
|---|-----------|--|--|--|
|   |           |  |  | districts (Nebbi, Adjumani) in West Nile Region.   |
| <b>Cross-Cutting Objective: To successfully manage the project.</b> |           |  |  |  |
|   |           | Activity 1) Hire Project Director<br><br>Responsible partner: MIHV                           | Status: Complete.<br>Output: Project Director hired.         | To enhance project success and disburse the large workload, MIHV added a program staff position – the Program Coordinator. The Program Manager mentors the Program Coordinator (formerly the Project Director) to increase his capacity in program, staff, and financial management. |
|   |           | Activity 2) Establish regional office in West Nile<br><br>Responsible partner: MIHV          | Status: Complete.<br>Output: Regional office opened.         |  |
|   |           | Activity 3) Develop job descriptions for regional staff<br><br>Responsible partner: MIHV, MC | Status: Complete.<br>Output: Job descriptions in place.      |  |
|   |           | Activity 4) Hire West Nile regional staff<br><br>Responsible partner: MIHV, MC               | Status: Complete.<br>Output: West Nile regional staff hired. | Program Manager and Program Coordinator positions replaced the Regional Manager position.  |

| <b>Project Objectives</b> | <b>Indicator</b> | <b>Key Activities</b>  | <b>Status of activities (including outputs)</b>                  | <b>Comments</b>   |
|---------------------------|------------------|--|--|---|
|                           |                  | Activity 5) Stakeholders sensitization meeting at regional level<br><br>Responsible partner: MIHV                    | Status: Complete.<br>Output: Regional stakeholders meeting held. | MIHV introduced UMCP program, solicited input on CSO selection protocol, and shared community-based malaria model.  |
|                           |                  | Activity 6) Monthly UMCP meetings<br><br>Responsible partner: MIHV   | Status: Ongoing.   | Key UMCP partner staff meet on an ongoing basis to assure coordination and enhance planning.  |
|                           |                  | Activity 7) Locate regional office space for Karamoja region<br><br>Responsible partner: MC                          | Status: Eliminated.  | USAID approved a geographical adjustment, which eliminated the districts targeted in Karamoja Region and added two additional districts (Nebbi, Adjumani) in West Nile Region.  |
|                           |                  | Activity 8) Monitor security situation in Karamoja in preparation for FY2 operation<br><br>Responsible partner: MIHV | Status: Complete.<br>Output: Security situation monitored.       | MIHV had several communications with the USAID Uganda Mission, in-country PMI team, and the UN Department of Safety & Security before determining that it was in the best interest of the project to pull out of Karamoja Region and focus resources on the West Nile Region in its entirety. |

## Section B: Factors Impeding Progress

Several factors impeded progress in Year One. The primary challenges and the actions being taken by UMCP to overcome these constraints in Year Two are detailed below.

- Pre-intervention survey delayed: The project partners agreed that the pre-intervention survey would be most useful if sampling could be targeted toward those areas captured by partner CSOs. As such the pre-intervention survey was delayed until after the CSO selection process was complete. Additional activities not originally identified in the Year One Workplan (e.g. community-based malaria model pilot and TOT) prolonged the CSO selection process. Analysis of the pre-intervention survey data did not indicate any value added by sampling according to CSO catchment area. As such, the Year Two baseline survey for the additional target districts is planned for Quarter 1 and will not wait until the Year Two CSO selection process is complete.
- LLIN acquisition delayed: UMCP was designed to access free nets from other USAID/PMI partners in country. This mechanism was unsuccessful due to external factors (e.g. partner funding, workplans, mandates) out of the control of the UMCP partners. UMCP was able to source nets from Swim Against Malaria and AFFORD in Year One, Quarter 4. Another barrier that caused delays was the need to source external funding to cater for the net distributions. UMCP has raised the estimated USD \$1 per net cost for 30,000 nets from external donors. Distribution of Year One nets is planned for Year Two, Quarter 1. Year Two LLINs have been sourced, but distribution costs are still needed. This is a challenge of which the UMCP is aware and for which it is preparing.
- CSO capacity limited: Although the CSOs selected as partners are the highest qualified relative to others operating in the target districts, they remain limited in their capacity to implement and manage quality public health programs. As such, UMCP needed to invest heavily in building their capacity, which required resources (time, money, personnel) from the project and delayed other activities (e.g. CSO sub-grant funding). The initial round of sub-grant funding will occur in Year Two, Quarter One. Prior to receiving sub-grant funding, UMCP program staff will provide CSOs with additional support to prepare proposals of agreed standard. The Year Two Workplan has taken into consideration the need for ongoing capacity building and the corresponding extension of time associated with implementing key project activities via the CSO partners.
- Level of CSO funding: Due to limited capacity, CSOs require greater funding than available through the currently budgeted UMCP sub-grants. In addition, the number of activities that each CSO is expected to implement are many. The UMCP has addressed this challenge in two ways: (1) The catchment areas for partner CSOs was reduced to increase quality programming in smaller, more manageable areas; and (2) Sub-grant funding will be awarded on a performance-based system rather than flat-rating system. In other words, those CSOs with a

- Program staff overstretched: Given the scope of the project and the time needed to support 10 CSOs, project staff was overstretched during part of Year 1. To enhance project success and relieve the large workload, MIHV recruited an additional staff member to fill the role of Program Manager. The Program Manager assists in the coordination, planning, and follow-through of activities identified in the UMCP workplan. Importantly, the Program Manager mentors the Program Coordinator/Project Director to increase his capacity in program, staff, and financial management. MIHV is proposing to add a Program Officer in Years 2 and 3 to further address this issue. In addition, with the additional staff in place, the program will be able to place volunteers at the site. Volunteers have already been recruited for Year Two and anticipate to be posted by Year Two, Quarter Two.
- Poor U.S. Dollar: The project was further constrained by higher than anticipated operating costs (e.g. fuel price) due to poor international economy and low exchange rate for U.S. Dollar.

## **Section C: Technical Assistance**

No specific technical assistance needs have been identified at this time.

## **Section D: Information Requests**

No specific information was requested for future response during the workplan consultation or from the review of previous project reports for inclusion in the Annual Report. MIHV has submitted requests for geographic realignment of the project from Karamoja Region to the West Nile Region's Adjumani and Nebbi districts. Further information is outlined in Section E below. MIHV is communicating with the USAID PMI Uganda team to clarify the Project Director's role.

## **Section E: PMI Team Collaboration In-Country**

UMCP sought feedback, guidance, and support from the Uganda PMI Team throughout Year One. Particularly constructive interactions are highlighted below.

- Quarter 1
  - USAID Mission Senior Malaria Advisor advised that the UMCP baseline survey be coordinated with the pending Malaria Indicator Survey (to be conducted by PMI Uganda in late 2008/early 2009). He urged UMCP to do an

- The UMCP management team solicited feedback from the USAID Senior Malaria Advisor on its draft of the Year One Workplan. His comments and suggestions were incorporated into the final workplan submitted to and approved by USAID Washington.
- Quarter 2
  - The project was officially introduced to the USAID Uganda health team (8 January 2008), including the USAID and CDC PMI representatives. The MIHV Uganda Country Director led a detailed presentation and discussion on the UMCP's approved Year One Workplan; participants provided critical feedback. It was based on one point of feedback during this session that UMCP pursued an adjustment to language in its Year One Workplan. Namely, the UMCP chose to not focus on "advocating" for c-IPT, as community-based distribution of IPT could be detrimental to the current national strategy of promoting ANC. Pregnant women visiting ANC receive many services in addition to IPT; building a program of c-IPT could undermine the ANC structure by decreasing the coverage of other essential antenatal services (e.g. iron supplements, tetanus shots) as mothers will be less likely to visit the health facility. The NMCP agreed that c-IPT was not in the interest of achieving their national malaria goals.
  - Representatives of the Uganda PMI Team attended the stakeholders meeting (10 January 2008) during which UMCP presented its draft of the community-based malaria model.
  - The USAID Senior Malaria Advisor provided assistance as UMCP attempted to source LLINs from other PMI partners. Specifically, he put UMCP in contact with AFFORD to source nets from its NGO LLIN Net Facility.
- Quarter 3
  - The PMI Program Management Specialist and representatives from MEMS (Monitoring & Evaluation Management Services) visited the program site in West Nile on 14 April 2008. The site visit provided an opportunity to assess the project's progress and provide assistance in planning future activities to assure adherence to the Year One Workplan. In addition, it was during this visit that the PMI representative and MEMS elected to support MIHV with donated equipment. The equipment has helped UMCP tremendously in West Nile. For example, donated computers are made available to CSO partners in the UMCP West Nile Regional Office's public space so they can accomplish project tasks more efficiently. In addition, UMCP staff use the computers to teach CSO personnel new computer skills.
  - PMI Uganda Team participated in the launch of the Project Advisory Committee (see section below).

### Participation in PMI Implementing Partner (IP) activities

- The MIHV Uganda Country Director presented an overview of the UMCP project and planned activities for Year One at the FY08 PMI Implementing Partners retreat (21 February 2008). The retreat provided IPs an opportunity to network and discuss areas of collaboration to enhance PMI's impact in Uganda.
- The MIHV Uganda Country Director attended the USAID FY09 Malaria Operational Plan planning meeting for implementing partners in Uganda (8-9 April 2008). The PMI partners conducting IEC/BCC activities collaboratively assessed the existing materials produced and identified gaps remaining. Six partners contributed information – HCP, AFFORD, Malaria Consortium, UPHOLD, National Drug Authority, Netmark. Upon review of this assessment, MIHV identified the following gaps: HBMF, IRS. Initial distribution of IEC/BCC materials under UMCP will likely include replication of materials already developed under AFFORD and HCP. Replication rather than reproduction is based on feedback from other PMI partners and the desire to scale-up IEC/BCC efforts in Uganda instead of duplicate.

### Geographical adjustment

The Uganda PMI Team was instrumental in the UMCP's decision to adjust its geographical focus to not include Karamoja Region in Years 2-3 activities, as originally proposed. MIHV had ongoing communications with the USAID Mission and PMI team to discuss this issue during Quarters 1 and 2.

Given the underlying instability in Karamoja and after discussion with the USAID Uganda PMI team and the UMCP USAID CTO, it was determined that MIHV should submit a revision to the program description and budget for a geographic shift of the UMCP to Nebbi and Adjumani districts of West Nile Region from Karamoja Region. This revision was submitted 19 May 2008. A full rationale for this decision was submitted at that time.

The revision to the UMCP's geographical coverage reduced the security risk to the project while simultaneously achieving a goal of PMI Uganda to have contiguous project coverage of the northern part of Uganda (UMCP covers West Nile Region; NUMAT covers the Northern Region).

### Project Advisory Committee (PAC)

- Members of the Project Advisory Committee (PAC) were identified. Members include: National Malaria Control Program representative, PMI in-country representatives (USAID, CDC), MIHV Uganda Country Director, MIHV Program Manager, MC Program Manager, MACIS Secretariat Coordinator, and 1 CSO representative.
- Prior to the formal launch of the PAC, proposed members were involved in ongoing project meetings as noted in other sections of this report.
- As a precursor to inviting NMCP to participate in the PAC, the MIHV Uganda Country Director and USAID Senior Malaria Advisor introduced the UMCP project to the NMCP on 28 January 2008.

- The PAC was officially launched on 24 June 2008.
- A draft Terms of Reference (TOR) has been adopted by the PAC. The PAC will be the primary mechanism for project coordination at the national level and will provide quality technical assistance/support and strategic advice throughout the project.

## Section F: Year Two Workplan Matrix

(See also attached workplan matrix.)

Country: UGANDA

### Program Area: Uganda Malaria Communities Partnership (UMCP)

| OBJECTIVE  | MAJOR ACTIVITIES  | TASKS  | OUTPUTS  | PMI Indicator Target                             | YEAR 2 Timeline |               |       |       | Responsible UMCP Partner | Key Sub-Partners  | Location   |
|--|---|--|--|--|-----------------|---------------|-------|-------|--------------------------|---|--|
|  |   |  |  |  | Qtr 1           | Qtr 2         | Qtr 3 | Qtr 4 |                          |   |  |
| <b>Objective 1. To develop a network of CSOs with capacity to implement Malaria Control in Communities model</b> |   |  |  |  |                 |               |       |       |                          |   |  |
| 1  | Activity 1.   |  |  |  |                 |               |       |       |                          |   |  |
|  | Funding (SubGranting) of 10 CSOs trained in community-based malaria model to implement at community level | 1. Assess & Review Proposal Writing & Financial Mngmt Capacity 2. Fund 10 CSO Q1 3. Tasks by each CSO: MADS, Net Distribution, Updating & Supporting VHT's, Distribution of IEC to Community, Promotion of ANC, etc. 4. Assist CSOs in developing CSO capacity development plan  | 10 Trained CSOs receive sub-grants                       | Supports all PMI Indicator Targets excluding IRS | x (Oct & Nov)   |               |       |       | MIHV                     | CBOs: NIRAPRPCED, AYED (Anua); MAFORD, RICE (Mancha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt District Health Teams | Arua; Maracha/Terego; Koboko; Yumbe; Moyo  |
| 1  | Activity 2.   |  |  |  |                 |               |       |       |                          |   |  |
|  | Implementation of mapping exercise in the Y2 new districts (Nebbi and Adjumani).                          | 1. Contact District Personnel; 2. Write Letter to District; 3. Introductory Meeting; 4. Visit District 5. Cost share activity with MC  | Mapping exercise conducted                               |  | x (Oct)         |               |       |       | MIHV, MC                 | Govt: District Health Teams   | Nebbi; Adjumani  |
| 1  | Activity 3.   |  |  |  |                 |               |       |       |                          |   |  |
|  | Selection of new CSOs (6 total) - 4 from Nebbi & Adjumani and 2 from Y1 target districts                  | 1. Request CSO List from NGO Forum (Mapping Exercise) 2. RFA of CSOs (Advertisement) 3. Shortlisting CSOs 4. Invite Selection Committee 5. Schedule Selection Days for CSOs 6. Conduct Selection of CSOs   | CSOs selected  |  | x (Dec)         | x (Jan)       |       |       | MIHV, MACIS              | Govt: District Health Teams, District Chief Administrative Officer, Resident District Commissioner, District NGO Forum Representative   | Nebbi, Adjumani, plus 2 chosen from Y1 target districts (Anua, Mancha/Terego, Koboko, Yumbe, Moyo) |
| 1  | Activity 4.   |  |  |  |                 |               |       |       |                          |   |  |
|  | Training of CSOs in Community-Based Malaria model (new CSOs).   | 1. Update Curriculum 1A. Research/Review Existing Tools for Measuring CSO Capacity 1B. Adjust to include IEC/BCC Exercises, e.g. MAD, Sensitization, and Training on updated LLIN model 2. Logistics of Planning Training (Accommodation, Meals, Transport, Invitation Letters, etc.) 3. Train 4 CSOs from Nebbi, Adjumani, and 2 from Y1 target districts 4. Share with MACIS Standardized Tools (Curriculum, etc.) | 6 CSOs trained in the CBM model; 12 participants trained |  |                 | x (Feb & Mar) |       |       | MIHV, MC                 | Govt - Regional Malaria Focal Person  | Nebbi, Adjumani, plus 2 chosen from Y1 target districts (Anua, Mancha/Terego, Koboko, Yumbe, Moyo) |



| Objective 2. To raise coverage of malaria prevention commodities by expanding community-based LLIN delivery |   |  |   |  |              |              |               |                |                 |   |   |
|---|---|--|---|--|--------------|--------------|---------------|----------------|-----------------|---|---|
| 2   | Activity 1.<br>Community based LLIN (Net) Distribution Round 1 (2 Districts, 6 Subcounties)   | 1. Finalize Net Distribution guidance for West Nile Region 2. Confirm net delivery schedules for donated nets (AFFORD & WAM) 3. Transport & Store Nets to MC Kampala 4. Transport & Store Nets in Arua District 4A. Translation & Testing of IEC/BCC 5. Finalize Net Distribution Curriculum 6. Train 3 Central Trainers 7. Introduction of Campaign to Leaders w/Letter 8. Mobilization of Community Partners 9. 10-Day LLIN Distribution Campaign (Sensitization of District Leaders, Training of Training of CSO's to lead net distribution ie Village Mobilization, Orientation of Parish Leaders, LCI, CMD's, Details Training of CMD's in Distribution Process, Beneficiary Registration, Allocation of Nets, Distribution, Follow up Data Collection & Summaries) 10. Review Net Distribution Model for adjustments 11. Report to M.O.H. 12. Adapt Methodology of Net Retention. 13. CSO's monitor net use and 14. Review of Net Retention & Use 3 Months After 15. Report to donors (World Against Malaria & MTN Foundation) | Round 1 30,000 nets distributed                         | More than 90% of households with pregnant women and/or children under five will own at least one ITN; 85% of children under five will have slept under an ITN the previous night; 85% of pregnant women will have slept under an ITN the previous night; | x (Oct, Nov) | x (Mar)      | x (Apr)       |                | MIHV, MC        | CBOs- NIRAPROCED, AYED (Arua); MAFORD, RICE (Maracha-Terego); Govt- Regional & District Malaria Focal Persons; DHT; District Health Teams, Healthworkers x 6 sub counties, LC's x 6 SC's  | Arua; Maracha/Terego                      |
| 2   | Activity 2.<br>Community based LLIN (Net) Distribution Round 2 (3 Districts, 9 Subcounties)   | 0. Liaise with NMCP in Kampala for Subcounty locations 1. Finalize Budget 2. Raise Funds 3. Transport & Store Nets to MC Kampala 4. Transport & Store Nets in Arua District 4A. Translation & Testing of IEC/BCC 5. Review and update Net Distribution Curriculum 6. Identify central trainers from Round 1 Trained CSO's/HWs and UMCP staff and review net distribution process And Steps 7-14 as above.  | Round 2 30,000 nets distributed                         |  |              |              | x (May, June) | x (July, Sept) | MIHV, MC        | As above, but districts & sub counties to be determined with MoH, hence CBOs  | West Nile Region                          |
| 2   | Activity 3.<br>Source Nets & Fund Raise for Round 3 Community based LLIN (Net) Distribution   | 1. Identify Sources & Acquire Nets 2. Identify Sources & Acquire Funding 3. Submit Concept Paper   | Round 3 distribution sourced                            |  |              |              |               | x (July, Aug)  | MC, MIHV, MACIS |   | West Nile Region                          |
| Objective 3. To improve prompt and effective treatment of malaria among children under five                 |   |  |   |  |              |              |               |                |                 |   |   |
| 3   | Activity 1.<br>Training of Trainers for CSO's & Health Facility Workers in HBMF & Areas Identified as Gaps from Baseline Survey (i.e. Record keeping, CMD role at Community level, linkages & referral with HF, promotion of ANC to increase uptake of IPT, etc.). For support and linkages HF's from the CSO's catchment areas will be trained together with the CSO members | 1. Finalize Baseline Results & Analysis 2. Disseminate Findings of Baseline 3. Develop Curriculum 4. Schedule/ Organize Training Logistics 5. Conduct Training of Trainers - linking CSO's and HWS from same catchment areas to form a training team 6. Review Baseline Results Round 2 7. Plan for Round 2 CSO/HF Workers TOT   | 40 individuals trained as TOT (CSO members, HF workers) | 85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms  | x (Dec)      | x (Jan, Feb) |               |                | MC, MIHV        | CBOs: NIRAPROCED, AYED (Arua); MAFORD, RICE (Maracha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- Health Workers, District Malaria Focal Persons, | Arua; Maracha/Terego; Koboko; Yumbe; Moyo |





| Objective 7. To disseminate promising practices and advocate for community-based malaria interventions |             |   |   |   |  |                   |                   |                    |                    |                 |   |   |
|--|-------------|---|---|---|--|-------------------|-------------------|--------------------|--------------------|-----------------|---|---|
| 7  | Activity 1. | Report on project activities in MACIS bi-annual newsletter  | 1. Meet with MACIS to Coordinate articles for MACIS Newsletter (s) 2A. MACIS develops Terms of Reference(s) for newsletter Writer/Developer & Designer 2B. Develop/Write articles with key highlights of malaria findings 3. Approve/Edit articles in-house UMCP 4. Newsletter articles approved by MACIS board 5. Newsletter designed, printed and disseminated to stakeholders and MACIS members through selected forum, eg MACIS AGM, MOH, National Level Technical Working Groups, etc. | MACIS bi-annual newsletter produced and shared with national members and other stakeholders | Supports all PMI Indicator Targets excluding IRS | x (Dec)           |                   | x (June)           |                    | MACIS           |   | MACIS partner districts   |
| 7  | Activity 2. | District Stakeholder Meeting Disseminating Baseline Findings (including IPTp)   | 1. Schedule & Organize District Health Teams, Subcounty Reps, CAO, RDC, Health Facilities, Other Stakeholders 2. Organize Logistics (Facility, Food, Transport, Identify Date, etc.) 3. Plan Agenda/Format of Meeting (Share Baseline & Actions Moving Forward including strengthening support supervision to facilities)   | Findings disseminated to 7 districts  |  | x (Dec)           | x (Jan, Feb, Mar) |                    |                    | MC              | Govt- District Health Teams & Health stakeholders, Political stakeholders (CAO, RDC etc); CSO Stakeholders (NGOs, CBOs, private sector etc)   | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi          |
| 7  | Activity 3. | Facilitation of Partnership Advisory Committee (PAC) meetings   | 1. Coordinate & Schedule Meeting with Partners, USAID, MOH, & CSO representative  | Two PAC meetings held   |  | x (Dec)           |                   | x (June)           |                    | MIHV            | Govt- MoH Malaria Control Program; Partners- PMI-USAID/ CDC; CSO- CBO representative  | Kampala   |
| 7  | Activity 4. | Regular participation in district/ regional and national malaria committees, working groups, and stakeholders meetings (e.g. DHT meetings, NMCP, HPAC, etc) to assure information transfer between stakeholders and project | 1. Document minutes of any meetings attended after attendance 2. Attend District Health Planning/Coordination Meetings for each District or REGION 3. Coordinate & Schedule with District Health Teams to maintain communication for attendance of meetings 4. Participate in District Technical Working Groups as appropriate 5 Participate in national meetings and technical working groups such as HPAC, PMI planning committee   | No of district/ regional and national meetings/working groups attended on a regular basis   |  | x (Oct, Nov, Dec) | x (Jan, Feb, Mar) | x (Apr, May, June) | x (July, Aug, Sep) | MIHV, MACIS, MC | Govt- National & District Health & malaria planners/coordinators; National & District CSO representatives   | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi          |
| 7  | Activity 5. | Dissemination of UMCP programme lessons and good practices through multiple approaches  | 1. Identify appropriate measures for dissemination such as MIHV/MC and other websites, annual reports, email lists, national malaria notice board, talk shows, partner/stakeholder newsletters etc 2. Develop guidance for writing guidance and practices and train members including CSO's in these. 3. Document & disseminate lessons and practices through case studies, articles, reports, radio/TV talk shows etc  | Lessons and practices shared through various formats  |  | x (Dec)           |                   | x (Apr)            |                    | MIHV, MC, MACIS | CBOs NIRAPPCED, AYED (Arua); MAFORD, RICE (Manacha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- District Health Teams | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi; Kampala |

| Cross-cutting Objective. To effectively monitor & evaluate the project |   |  |   |  |                   |         |          |         |                 |   |   |
|--|---|--|---|--|-------------------|---------|----------|---------|-----------------|---|---|
| CC   | Activity 1.<br>Reporting on Activities by Partners, CSO   | 1. Coordinate with Partners to schedule due dates on Reporting 2. Coordinate with CSO's to establish corresponding due dates for report submission 3. Submit reports to HQ, PMI, UMCP and USAID in timely manner | Timely reports  |  | x (Dec)           | x (Mar) | x (June) | x (Sep) | MIHV, MACIS, MC | CBOs NIRAPRPCED, AYED (Arua); MAFORD, RICE (Manacha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- District Health Teams                        | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi; Kampala |
| CC   | Activity 2.<br>Conducting pre- intervention Baseline survey in the new two districts.                         | 1. Update, adapt & Finalize Survey Tools 2. Plan & Conduct Baseline Survey 3. Tabulate Survey's 4. Report on Baseline  | Baseline survey reports in place.   |  | x (Oct, Nov)      |         |          |         | MC              | Govt - District Health Teams  | Nebbi; Adjumani   |
| CC   | Activity 3.<br>UMCP team quarterly meetings to inform decision making, measure progress and identify barriers | 1. Schedule Meeting Dates around activities. 2. Report on meeting activity   | Meeting minutes in place  |  | x (Oct)           | x (Jan) | x (Apr)  | x (Jul) | MIHV, MACIS, MC |   | Arua; Kampala   |
| CC   | Activity 4.<br>Regular community level dissemination of findings through local councils via CSO               | 1. Prepare findings in an appropriate format. 2. Coordinate with CSO's in delivering appropriate report information to communities.  | CSO Meeting minutes in place  |  | x (Dec)           | x (Mar) | x (June) | x (Sep) | MIHV, MC        | CBOs NIRAPRPCED, AYED (Arua); MAFORD, RICE (Manacha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- District Health Teams; Political- Local LC's | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi          |
| CC   | Activity 5.<br>Review & Update M&E system for all Project Data in line with UMCP workplan                     | 1. Compile Reports from UMCP partners & CSO's 2. Review and update and re-design data collection system 3. Analyze data 4. Report on Findings  | Functioning Data collection system generating quality information and data                                    |  | x (Oct, Nov, Dec) | x (Mar) | x (Jun)  | x (Sep) | MC, MIHV        | CBOs NIRAPRPCED, AYED (Arua); MAFORD, RICE (Manacha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- District Health Teams;                       | Arua; Maracha/Terego; Koboko; Yumbe; Moyo; Adjumani; Nebbi; Kampala |
| CC   | Activity 6.<br>Feedback sessions with CSOs on measuring project progress                                      | 1. Schedule with CSO's time for meeting via CSO Supervision or quarterly MACIS meetings 2. Provide environment for CSO's to share their challenges, findings, issues, & successes.                               | Feedback sessions conducted with CSOs on measuring project progress, and greater CSO capacity to analyze data |  |                   | x (Mar) |          | x (Sep) | MACIS, MIHV, MC | CBOs NIRAPRPCED, AYED (Arua); MAFORD, RICE (Manacha/Terego); FECHA-K, KODFA (Koboko); Needy Kids Uganda, Safe Motherhood for the Support of PHAS (Yumbe); YAASA, CEPAP (Moyo); Govt- District Health Teams;                       | Arua  |
| CC   | Activity 7.<br>Facilitation of quarterly meetings with Uganda PMI Team  | 1. Schedule Meeting with PMI Team for MIHV as Implementing Partner 2. Discuss and Share project challenges and information related to UMCP & other Public Health activities. 3. Report to partners               | Quarterly meetings with Uganda PMI Team held  |  | x (Dec)           | x (Mar) | x (Jun)  | x (Sep) | MIHV            | PMI   | Kampala; Arua   |

## Section G: Annex 1

### Annex 1 – PMI Annual Report Call for Information from MCP Grantees

| 1. Insecticide-Treated Bednets  | Number<br>(MCP contribution<br>only except where<br>noted) | Comments  | Data<br>Source |
|---|--|---|----------------|
| Total number of ITNs procured   | 30,200   | Donation from Swim Against Malaria (10,200) & AFFORD (20,000) | Qtrly Report   |
| Total number of ITNs distributed  | n/a  | n/a   | n/a            |
| Please indicate the number of ITNs distributed through:   |  |   | n/a            |
| (a) campaigns   | (a) n/a  | n/a   | n/a            |
| (b) antenatal clinics or child health clinics   | (b) n/a  | n/a   | n/a            |
| (c) private/commercial sector   | (c) n/a  | n/a   | n/a            |
| (d) other distribution channels (specify)   | (d) n/a  | n/a   | n/a            |
| Number of nets retreated with insecticide   | n/a  | n/a   | n/a            |
| <b>If IEC activities have been carried for ITNs, please provide more information below.</b> Describe any community sensitization/mobilization meetings held, radio/TV spots aired, brochures/pamphlets/posters created, drama/theatre shows held. |  |   | n/a            |
| 2. Malaria in Pregnancy   | Number<br>(MCP contribution<br>only except where<br>noted) | Comments  | Data<br>Source |

|   |  |                 |                        |
|---|--|-----------------|------------------------|
| <b>Number of health workers trained in IPTp</b>   | n/a  | n/a             | n/a                    |
| <b>Number of SP tablets procured</b>  | n/a  | n/a             | n/a                    |
| <b>Number of SP tablets distributed to health facilities</b>  | n/a  | n/a             | n/a                    |
| <b>If any IEC activities have been carried out for IPTp, please provide more information below. n/a</b>                                       |  |                 | n/a                    |
| <b>3. Case Management</b>   | <b>Number<br/>(MCP contribution only<br/>except where noted)</b> | <b>Comments</b> | <b>Data<br/>Source</b> |
| <b>Number of health workers trained in ACT use</b>  | n/a  | n/a             | <b>n/a</b>             |
| <b>Number of ACT treatments procured</b>  | n/a  | n/a             | n/a                    |
| <b>Number of ACT treatments distributed</b>   | n/a  | n/a             | n/a                    |
| <b>Please indicate the number of ACT treatments distributed through:</b>  |  |                 |                        |
| <b>(a) health facilities</b>  | (a) n/a  | n/a             | n/a                    |
| <b>(b) community health workers (HBMF, CCM)</b>   | (b) n/a  | n/a             | n/a                    |
| <b>(c) private/commercial sector</b>  | (c) n/a  | n/a             | n/a                    |
| <b>Number of health workers trained in malaria diagnostic techniques (RDTs or microscopy)</b>   | n/a  | n/a             | n/a                    |
| <b>Number of RDTs procured</b>  | n/a  | n/a             | n/a                    |
| <b>Number of RDTs distributed to health facilities</b>  | n/a  | n/a             | n/a                    |
| <b>If any IEC activities have been carried out for ACTs/RDTs, please provide more information below. n/a</b>                                  |  |                 |                        |
| <b>Has your MCP-funded project played a role in logistics, supply chain management, and/or pharmaceutical management related to ACTs? n/a</b> |  |                 |                        |

|   |
|---|
| <b>4. Additional information</b>  |
| (a) For any of the above focus areas, has your project helped <i>facilitate</i> the implementation of malaria activities by other major partners such as the MoH, Global Fund, UNICEF, WHO, etc? No |
| (c) Have any new policies related to malaria been initiated since your project began in your target location? No  |
| <b>6. Photos, Stories, and Quotes:</b> <i>See below.</i>  |

**Story 1:**

The Rural Initiative for Community Empowerment (RICE) is one of 10 CSOs trained and supported by the UMCP project. Its geographical coverage stretches from Arua to Koboko to Maracha/Terego Districts; three of the seven districts in the UMCP catchment area.

RICE delivers services to a variety of sectors in society, one of which is health including community-based malaria control. Mr. Pax Sakari, the Director, acknowledged that since their partnership with UMCP their capacity to manage programs has greatly improved. They now see the value of collaboration with the districts and its systems, and have passed that information on to communities where they encourage communities to communicate and work with the districts and local councils at village level.

Another area Mr. Sakari also acknowledged growth was in RICE’s technical proposal writing skills. Mr. Sakari said, "We have not ceased to role out proposals because of the confidence we have in our proposal writing skills thanks to the UMCP capacity strengthening."

**Story 2:**

At the proposal review meeting (29 August 2008) held at RICE, the Program Manager shared that he could not stop thinking about the exercise shared at the Proposal Writing & Financial Management Capacity Strengthening Training. The exercise focused on sending the right message to the listener or audience; and it was in the format of: (1) verbal message delivery, (2) the listener then documenting what the other has said, (3) the listener then sharing what was written with the source person, and (4) the source person verifying the message and/or clarifying the message. He and the UMCP program staff used this process when reviewing his proposal. He stated that the meeting was one of the most helpful technical meetings he has experienced since working in any Community-Based Organization.

**Story 3:**

FECHA-K of Koboko was the top scorer in the proposal submission for sub-grants under the UMCP project. Based on their high performance, FECHA-K will receive the highest level of funding to carry out UMCP activities at community level. It was a young man named Gershom that took the responsibility of writing the proposal, even partnering with another CSO. This was an innovative approach to developing and designing their program; as a result they were able to best convey their messages to UMCP in their proposal. It was during our proposal review meeting (23 September 2008) that Gershom shared his understanding that FECHA-K had performed well, and offered FECHA-K's assistance to help other UMCP partners prepare their proposals. This attitude communicated to UMCP that the CSOs partners are team players and want not only to treat malaria, but to work together, as a regional network of CSOs, to provide services to their communities.

**Quotes:**

CSO members shared the following after a support supervision visit (25-29 August 2008):

*"This has truly been a helpful exercise and has clarified our way forward."* - CSO in Arua

*"These are the tools that we needed to see in order to develop our M&E Plan."* - CSO in Koboko

CSO members shared the following after a Proposal Review Meeting (23 September 2008):

*"We thank you for the good work you are doing to build our capacity; we feel that you have built our capacity in proposal writing. We are now ready to move on to the next step."* – AYED, Accountant

## **Section H: Other Relevant Aspects**

All relevant aspects of the program from Year One are discussed in detail in other sections of this Annual Report.

## **Section J: Project Publications/Presentations**

UMCP project team members presented on the project on two major occasions in Year One.

- USAID Child Survival Health Grants Program (CSGHP) Technical Development Meeting (2-4 June 2008; Washington, DC): The MIHV Uganda Country Director was a panelist for the session “Malaria: How PVOs contribute to reducing the malaria burden.” Her presentation – Synergies between MCP & CSGHP, the Uganda Malaria Communities Partnership – highlighted the CSO partnering process, including CSO identification/selection, CSO capacity building, and community-based implementation through CSOs. Representatives from the PMI Washington team attended this session.
- MACIS Annual General Meetings (9-10 September 2008; Kampala): The meeting was attended by 20 NGOs, 55 CBOs, the MOH, and the Uganda Malaria Research Centre. The MIHV Interim Deputy Director presented highlights of the UMCP from Year One, while the MC Program Manager presented the findings from the pre-intervention survey. MACIS plans to use similar fora in the future to promote the good practices from UMCP to encourage CSO members to learn from the project and scale up.