

Data Sheet

USAID Mission:	Uganda
Program Title:	Human Capacity
Pillar:	Global Health
Strategic Objective:	617-008
Proposed FY 2004 Obligation:	\$34,460,000 CSH; \$6,900,000 DA
Prior Year Unobligated:	\$750,000 ESF
Proposed FY 2005 Obligation:	\$34,294,000 CSH; \$4,446,000 DA
Year of Initial Obligation:	FY 2002
Year of Final Obligation:	FY 2007

Summary: The program aims to improve capacity for sustainable delivery of quality social services and commodities; improve quality of social services through development and support of standards and norms; increase availability of quality services through grants to non-governmental organizations (NGOs) including faith-based organizations; strengthen HIV/AIDS prevention, care, and support services, as well as improve the quality and coordination of HIV/AIDS services in conflict areas; enhance private sector service delivery; and, improve policy dialogue and advocacy for key health and education interventions.

Inputs, Outputs, Activities:

FY 2004 Program:

Effective use of services (\$19,988,832 CSH; \$3,157,760 DA; \$350,000 prior year ESF). USAID will fund activities to assure effective use of and demand for quality health, education and HIV/AIDS services. USAID will provide training, commodities and equipment; upgrade facilities as a component of the President's Emergency Plan for AIDS Relief (PEPFAR); and will fund information/education campaigns to improve the quality of selected health and education services. Health activities will build capacity for service delivery in both public and private sectors, including strengthening the logistics and supply system for essential drugs and commodities. HIV/AIDS and tuberculosis activities will focus on delivering integrated HIV/AIDS services, including expanded counseling and testing, care for people living with HIV/AIDS, prevention of mother-to-child transmission, community-based directly observed therapy short course for tuberculosis, and building capacity for public and private delivery of anti retroviral therapy. USAID will fund instruction materials, grants to upgrade classrooms and training of teachers to improve the quality of basic education for children. The health of children will be improved through immunization campaigns, grants to improve school sanitation and availability of insecticide-treated bednets, and development of guidance and counseling services. Alternative education and integrated social services will continue to be offered in under-served areas and areas with armed conflict where children are not regularly in school. Principal contractors and grantees: John Snow Incorporated, Deloitte Touche Tohmatsu, Joint Clinical Research Center and International Rescue Committee (primes).

Sustainability (\$9,425,863 CSH; \$2,166,120 DA; \$400,000 prior year ESF). USAID will fund technical assistance and training for districts to improve decentralized planning, budgeting and monitoring. At the national level, USAID will provide technical assistance, training and software to the Ministries of Health and Education as well as the private sector to improve social service management and financing. To improve social service delivery, USAID will provide technical assistance to encourage public-private partnerships. USAID assistance will improve grant administration by NGOs and faith based organizations (FBOs); build incentive programs that encourage private, for-profit health providers to offer services such as HIV/AIDS treatment, immunization, and reproductive health services; and establish an effective disbursement mechanism for Global Fund monies. Principal contractors and grantees: John Snow Incorporated, Abt Associates; and Management Science for Health (all prime).

Policy-making (\$5,045,305 CSH; \$1,576,120 DA). Technical support to the GOU will improve national level policy dialogue; consensus building; data driven decision-making and budgeting; transparency; and

accountability. USAID will engage members of the Parliamentary Social Service Committee in policy dialogue as well as work to increase the capacity of districts and communities to advocate for delivery and support of social services, particularly in conflict areas. USAID will continue to promote health units that deliver health care within predetermined quality standards, and will fund quality assurance programs for basic education. Principal contractors and grantees: John Snow Incorporated, Deloitte Touche Tohmatsu, Development Associates and Abt Associates (all prime).

FY 2005 Program:

Uganda is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Effective use of services (\$19,950,014 CSH; \$2,117,960 DA). Support will go to national multimedia campaigns on HIV/AIDS, reproductive health, malaria and tuberculosis. USAID will support an in-school HIV prevention campaign with materials and training of teachers and community leaders. USAID will increase the number of sites providing services in counseling and testing, care for people living with HIV/AIDS, prevention of mother-to-child HIV transmission; integrated management of childhood illnesses; and assistance to orphans and vulnerable children. Principal contractors and grantees: John Snow Incorporated, Joint Clinical Research Centre, International Rescue Committee, Deloitte Touche Tohmatsu (all prime).

Sustainability (\$9,158,139 CSH; \$1,102,320 DA). USAID will continue to focus on more effective delivery of social services, and to improve social sector financing. Incentives such as tax breaks, loans, and grants to expand the provision of affordable reproductive health, HIV/AIDS and child health services in the private, for-profit sector will be further expanded. Principal contractors and grantees: John Snow Incorporated, Abt Associates, and Management Science for Health (all prime).

Policy making (\$5,185,847 CSH; \$1,225,720 DA). USAID will provide technical assistance and tools to improve policy development and decision-making at national and district levels. USAID will support NGO and faith-based organization advocacy networks that promote citizens' involvement in health sector decision-making. Principal contractors and grantees: John Snow Incorporated, Development Associates, International Rescue Committee, Abt Associates, and Deloitte Touche Tohmatsu (all prime).

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: USAID contributed to the decline of Uganda's pupil-teacher ratio from 65 pupils per teacher in 2001 to 56 pupils per teacher in 2003. Improvements in teacher performance and the quality of education led primary school completion rates to increase to 66% from approximately 45%, before universal primary education was introduced in 1997. Moreover, there is little wealth bias in enrollment, with the poorest 20% and wealthiest 20% of Ugandan households having similar enrollment rates. Vitamin A supplementation given to children under the age of five years increased to 75%, from 60% in November 2002 and 54% in May 2002; and fortifying vegetable oil and maize with micronutrients and minerals ensured sustainable gains in nutrition. Social marketing and promotion of insecticide-treated mosquito nets resulted in a significant increase in their use, generating half a million person years of malaria protection in 2003. USAID activities in HIV/AIDS testing led to an increase in people counseled and tested from 89,735 in 2002 to 111,411 in 2003, of whom 54% were women. In 2003, the number of people living with HIV/AIDS who received basic care, community and home-based social support through USAID-assisted activities was 31,336, of whom 60% were women. The number of orphans and vulnerable children supported through USAID activities in 2003 was 72,120, up from 1,367 the previous year and well over the target of 10,000.

By the end of the current USAID program, there will be decreased school drop-out rates and improved usage for health prevention services such as immunization, family planning, and universal primary education; increased births attended by trained personnel; increased numbers of individuals requesting an HIV test and receiving timely results; increased utilization of services for the prevention of mother to

child transmission and ARV therapy; and increased participation of communities, NGOs, faith-based organizations and the private sector in the delivery and co-management of social services

US Financing in Thousands of Dollars

Uganda

617-008 Human Capacity	CSH	DA	ESF
Through September 30, 2002			
Obligations	31,520	8,152	0
Expenditures	697	50	0
Unliquidated	30,823	8,102	0
Fiscal Year 2003			
Obligations	38,479	8,459	0
Expenditures	21,088	5,322	0
Through September 30, 2003			
Obligations	69,999	16,611	0
Expenditures	21,785	5,372	0
Unliquidated	48,214	11,239	0
Prior Year Unobligated Funds			
Obligations	0	0	750
Planned Fiscal Year 2004 NOA			
Obligations	34,460	6,900	0
Total Planned Fiscal Year 2004			
Obligations	34,460	6,900	750
Proposed Fiscal Year 2005 NOA			
Obligations	34,294	4,446	0
Future Obligations	34,294	4,446	0
Est. Total Cost	173,047	32,403	750