



PROJECT CLOSURE REPORT
PROJECT: HEALTH SYSTEMS STRENGTHENING (HSS) PROJECT
IMPLEMENTED IN LIRA DISTRICT

PERIOD: 2016- 2017

COMPILED BY:

KIRYA RICHARD

PROJECT OFFICER

0757839340

rkmukenye@gmail.com

APPROVED BY

Namwoyo Samson
EXECUTIVE DIRECTOR

AUGUST 2018

Table of Contents.....	1
Background.....	2
Acknowledgement.....	3
Executive Summary	4
Project Activities	5
Summary of Outputs in Figures	6
Project Implemented Activities.	7
District Entry meeting.....	7
Community stakeholder CBO mapping & validation, selection meeting.....	7
Organization Capacity Assessment (OCA) for the selected CBOs.....	9
Capacity building for CBO leaders and staff	9
Identification and selection of community linkages facilitators (CLIFs) VHTs.....	10
Orientation meeting of linkage facilitators/VHT (at the district level)	10
Re-orientation of the CLIFs & Health workers on the use of the HMIS reporting tools	10
Printing and distribution of the reporting tools.....	11
Placement of CBO staff for experiential learning.	12
Facilitation of the CLIFs.....	13
Monitoring visits	13
Provide CBOS with Facilitation for activities in line with National priorities.....	13
On-site Mentorship of CBOs.....	14
Non Implemented Project Activities	14
Reasons for Non-Implementation of some of the Planned Project Activities	15
Challenges Faced	15
Lessons Learnt	16
Recommendations.....	17
Conclusions.....	18
Appendices	19

Background

This Health Systems Strengthening (HSS) project was implemented in Lira district with support from Global Fund through TASO Uganda. The project had a capacity building component targeting the VHTs and the native community based organizations (CBOs) in the district. This was all aimed at strengthening the community systems for improved service delivery in the district

Building a strong health system, was a process and it required concerted effort of different players through planning, implementation, and monitoring of any intervention in the community. The success of this HSS Grant therefore required the engagement of the grass root structures such as VHTs and their motivation was paramount since these acted as a link between the community and the health facilities.

Acknowledgement

KADO would like to thank the different stakeholders for their tremendous contributions during the implementation of the HSS project.

KADO is also immensely indebted to the Principal Recipient for their continued technical support under this project, especially the re-orientation of the CLIFs and Health Workers this enhanced the collection and reporting of the community data by the VHTs which informed the performance of the district in terms of data collection and reporting.

Thanks goes to AIDS INFORMATION CENTRE (AIC) for conducting the capacity building for the CBO staff of Lira district this opened way for the implementation of the subsequent activities under the HSS grant such as the placement of the CBO leaders.

Our sincere appreciation also goes to the staff and management of the following CBOs, LAYDNET, GLOFORD, FIRD, AOET, NCHU & CHILD HUG UGANDA for the commendable level of cooperation and commitment exhibited right from the time of capacity building for the CBO leaders and staff up to the time of placement for experiential learning.

Thanks to Lira NGO Forum, Lango Samaritan Initiative, Organization for Community action (OCA) & Lango Child Community Development Federation (LACCODEF) for accepting to host the respective CBOs during the five days of placement for the CBO staff for experiential learning.

Lastly appreciation goes to Lira District Local Government especially the office of the DHO for providing us with man power during the implementation of the project activities and not forgetting the health workers who supervised the CLIFs in the collection and reporting of community data.

Executive Summary

This is end of project report covering the entire period of project activity implementation. The project covered the following activities; District Entry meeting, Community stakeholder CBO mapping & validation, selection meeting, Capacity building for CBO leaders and staff, Orientation meeting of linkage facilitators/VHT (at the district level), Re-orientation of the CLIFs & CLIFs supervisors on the use of the HMIS reporting tools, Placement for CBO staff for experiential learning., Facilitation of the Linkage facilitators (CLIFs), Monitoring visits, Printing and distribution of the reporting tools, Organization Capacity Assessment (OCA) for the selected CBOs, Performance reports from linkage facilitators, Provide CBOS with Facilitation for activities in line with National priorities, Facilitate CBO representatives to meet policy makers in district meetings, Dissemination of the score card result at community level, Orientation of 20 Key stake holders in Lira district on the score card (CBOs, networks of people affected by the diseases, community leaders, district political team).

The project was meant to strengthen the health and community systems for quality, equitable and timely service delivery and the project specific objectives were;

To strengthen the referral and linkage systems among the various community stakeholders in the provision of health services.

To build the capacity of the community groups and networks to reduce stigma and discrimination, create demand for health care, social mobilization and addressing gender-based violence to enable provision of equitable services.

The report therefore presents detailed information on the implemented activities, detailed description of implemented activities, achievements, challenges, lessons learnt, conclusions recommendations and appendices.

Project Activities

- ❖ District Entry meeting
- ❖ Community stakeholder CBO mapping & validation, selection meeting
- ❖ Capacity building for CBO leaders and staff
- ❖ Orientation meeting of linkage facilitators/VHT (at the district level)
- ❖ Re-orientation of the CLIFs & CLIFs supervisors on the use of the HMIS reporting tools
- ❖ Placement for CBO staff for experiential learning.
- ❖ Facilitation of the Linkage facilitators (CLIFs)
- ❖ Monitoring visits
- ❖ Printing and distribution of the reporting tools.
- ❖ Organization Capacity Assessment (OCA) for the selected CBOs.
- ❖ Performance reports from linkage facilitators
- ❖ Provide CBOS with Facilitation for activities in line with National priorities
- ❖ Facilitate CBO representatives to meet policy makers in district meetings
- ❖ Dissemination of the score card result at community level
- ❖ Orientation of 20 Key stake holders in Lira district on the score card (CBOs, networks of people affected by the diseases, community leaders, district political team).
- ❖ On site mentorship of CBOs

Summary of Outputs in Figures

20 district stakeholders were oriented on the project during the project launch.

8 CBOs were mapped and selected for the capacity assessment.

12 CBO staff benefited from the capacity building program.

30 VHTs and 15 health workers were oriented on the use of the HMIS reporting tools.

30 VHTs and 30 health workers were successfully re-oriented on the use of the HMIS reporting tools.

12 CBO staff were successfully placed for experiential learning in the different organisations for five days.

30 VHTs benefited from the monthly facilitation for a period of six month.

Project Implemented Activities.

District Entry meeting

The success of any intervention primarily depends on the level involvement of the key stakeholders. The district entry meeting was deemed prudent enough and it targeted twenty (20) district leaders and technical team of the district. This was a district based



A project Officer together with the Executive Director KADO presenting during project launch in the DHO's board room Lira district.

meeting aimed at orienting the key district stakeholders on the goals and objectives of the project. The purpose of the meeting was to enhance sustainability and ownership of project outcome. The meeting gave chance to the key players in the district to internalize the project and its intended

objectives. During the meeting the district leadership and technical team selected the sub-counties of operation depending on the need of the district, and also identified the KADO focal person for the project.

Community stakeholder CBO mapping & validation, selection meeting

KADO through the office of the DCDO of Lira district ran an advert on the local radio stations in Lira town and also displayed copies on the district notice boards for the interested CBOs to submit their profiles to the office of the DCDO. A total of 14 CBOs submitted their profiles and a team of three officials comprising of one KADO staff, DCDO and DHE Lira district conducted the validation and selection based on the criteria provided.

During the three day selection exercise, Profiles of the different organizations with due diligence to the guidelines for selection as submitted by TASO. The validation team found out that only 8 CBO out of the 14 were eligible for selection. This validation and selection exercise gave equal chances for all the CBOs to compete and thereafter not even a single organization complained after being left out. This did not only demonstrate a high level of transparency but also helped these CBOs to identify the existing gaps with their organizations. However, below is a list of selected CBOs;

S/N	NAME OF ORGANIZATION	TELEPHONE	EMAIL
01	Child Hug Uganda P.O Box 966 Lira, Uganda	0782799947	info@childhug.ug.org
02	Lango Youth Development Network (LAYDNET) P.O Box 38 Lira Uganda.	0782151775	Laydnet2012@gmail.com
03	Noah Community Health Uganda (NCHU) P.O Box 572 Lira, Uganda	0772870510 0782793933	noahcommunityhealthuganda@gmail.com
04	Global Forum for Development- GLOFORD Uganda Plot 74 Station Road, Adyel Division P.O Box 382 Lira, Uganda	0392175980 0774016223	Gloforduganda2009@gmail.com Morris_Ongom@outlook.com
05	Gates of Hope Uganda (GOH-U) C/o. Box 199, Lira-Uganda	0788548611	gohi.ug@gmail.com
06	Northern Uganda Effort for the Needy (NUEN) P.O Box 629 Lira, Uganda	0774127024	nuenonline@yahoo.com
07	Aids Orphans Education Trust (AOET) Adekokwok Sub County Headquarters	0783287298	doreenalvitsa@yahoo.co.uk www.aoet.org
08	Foundation for integrated Rural Development (FIRD) P.O Box 711 Lira, Uganda	0772611162	Fird.uganda@yahoo.com

Organization Capacity Assessment (OCA) for the selected CBOs.

The Organization Capacity Assessment was carried out on 8 selected CBOs in Lira district. The Capacity Assessment team comprised of two staff from TASO GMU, one from KADO and two district staff from the DCDOs office.

The capacity assessment was a rigorous exercise and based on the findings at each CBO that was assessed, 6 CBOs out the 8 eight that were recommended for the capacity building which was the subsequent activity.

The capacity assessment was conducted with the major aim of understanding/finding out the areas of weaknesses and strength within these organizations so that this forms a basis for kind of support to these organizations during the mentorship.

Capacity building for CBO leaders and staff

This activity was implemented following the recommendations from the organizational capacity assessment (OCA) that was conducted by TASO together with KADO, six CBOs out of eight were assessed and recommended for capacity building. Two staff from each of the six selected making a total of 12 staff were mobilized for capacity building. The five days capacity building training that took place in Gulu district was organized by AIDs Information Centre (AIC) in partnership with TASO Uganda and KADO. The training that aimed at building the capacity of the CBO staff in the area of leadership and governance, monitoring and evaluation and as well as financial management. The training was successfully conducted and the CBO staff appreciated and indeed demonstrated acquisition of knowledge and skills gained from the training during the implementation of the on-site mentorship of the CBOs.

Identification and selection of community linkage facilitators (CLIFs) VHTs

This was one of the preliminary activities that was done in Lira district spearheaded by the district health educator Madam Atim Grace together with the district supervisor of the VHTs. During the selection process, first priority was given to the most active VHTs in the respective sub-counties of operation. However, a total of 30 VHTs and 15 health facilities were identified whereby two VHTs were meant to be attached to each of the identified 15 health facilities.

However, given the good work relationship the district was able to integrate this activity with other district programs in the community and therefore it was implemented at no cost.

The identification and selection was in preparation for the orientation of VHTs on the use of the HMIS reporting tools.

Orientation meeting of linkage facilitators/VHT (at the district level)

This one day training targeted thirty (30) VHTs and fifteen Health unit in-charges from 15 selected health facilities in the district. The health unit in-charges who attended only on the first day, received a full package on their roles regarding the supervision of the work of the selected VHTs.

The VHTs on the other hand went through a three days' comprehensive training on their roles and responsibilities. The objective of having two trained VHTs attached to each selected health facility was ideally to create a linkage between the community and health sector through a strengthened referral system.

Re-orientation of the CLIFs & Health workers on the use of the HMIS reporting tools

This activity was born following the identified knowledge gap among the CLIFs and Health Workers. The orientation targeted (30) thirty CLIFs from 15 Health facilities of attachment and (30) thirty health workers.

This two days activity started with the orientation of the Health workers on 17/05/2017 and then followed by the orientation of the CLIFs held on the 18/05/2017.

The orientation was facilitated by the Biostatistician and the District Health Educator Lira district local government. During the two days orientation the emphasis was put on the following HMIS tools; 097A, 097B, 15A, 15B, & as well as the VHT register and the referral forms.

Printing and distribution of the reporting tools.

The reporting tools were developed and distributed to all the 30 trained VHTs from the selected 15 health facilities in Lira district. The tools that were printed and distributed included the following Referral forms, VHT Household register, VHT Quarterly Report form, VHT Monthly report form, at the time of distribution, each VHT received 4 copies of the data collection tools.

The distribution team comprised of one SR staff and the district Biostatistician of the district who oriented the VHTs on how to collect the data and also report the data collected using the tools provided in order to inform planning and decision making.

Placement of CBO staff for experiential learning.

This was a subsequent activity shortly after the capacity building. The activity targeted to place 12 CBO staff from the six CBOs. This was for experiential learning purposes. However, this activity was facilitated by KADO in terms of transport refund and SDA for the period of five days. The table below therefore presents the details of the organization where and when the placement took place.

S/N	NAME OF CBO	ORGANISATION OF PLACEMENT	START DATE	END DATE	COMMENT
1.	NOAH COMMUNITY HEALTH UGANDA	ORGANISATION FOR COMMUNITY ACTION (OCA)	19/06/201 7	23/06/2017	Activity successfully completed
2.	CHILD HUG UGANDA	LANGO SAMARITAN INITIATIVE	26/06/201 7	30/06/2017	Activity successfully completed
3.	GLOBAL FORUM FOR DEVELOPMENT (GLOFORD)	LANGO CHILD COMMUNITY DEVELOPMENT FEDERATION	26/06/201 7	30/06/2017	Activity successfully completed
4.	LANGO YOUTH DEVELOPMENT NET WORK	LIRA NGO FORUM	21/06/201 7	25/06/2017	Continued up to 27/06/2017 at their own cost
5.	AFRICAN ORPHAN ORGANISATION TRUST	LIRA NGO FORUM	19/06/201 7	26/06/2017	Continued up to 26/06/2017 at their own cost
6.	FORUM FOR INTEGRATED RURAL DEVELOPMENT	LIRA NGO FORUM	21/06/201 7	25/06/2017	Continued up to 27/06/2017 at their own cost

Facilitation of the CLIFs

KADO facilitated a total of 30 VHTs from 15 selected health facilities for a period of monthly. This activity was integrated with the monitoring visit that was conducted in the respective health facilities of attachment. These VHTs were facilitated depending on the number of days they worked in a particular month. The facilitation started in June 2017 and ended in December 2017.

Monitoring visits

Since monitoring is a routine follow up of the implemented activities, one monitoring visit was conducted in Lira district. This was a three days activity that was implemented by a team of three people one SR staff, the DHE and the Biostatistician.

During the monitoring visit emphasized the quality of data collected and reporting by the CLIFs using the HMIS tools provided.

Provide CBOS with Facilitation for activities in line with National priorities

Following the recommendation from the capacity assessment team, three CBOs notably Global Forum for Development (GLOFORD), Foundation for Integrated Rural Development (FIRD), Lango Youth Development Network (LAYDNET). A total of 25,000,000 shillings was shared among the three CBOs to implement project activities in selected sub-counties in Lira district.

Through this facilitation the three CBOs undertook different intervention in the areas of HIV prevention that contributed to the strengthening of the health systems in the district.

On-site Mentorship of CBOs

This mentorship activity targeted the three CBOs that received funding from KADO under the facilitation for activities in line with National priorities. This was a one day



Finance Manager & Project Officer KADO conducting Mentorship at LAYDNET in Lira District

activity that was implemented for four consecutive months effective from sept up to December 2017, the activity was implemented by a team of three staff two from KADO as the implementing partner and one from Lira district Local Government (DCDO) following a rigorous training by TASO on the same. The

mentorship was aimed at building the systems of the three CBOs (LAYDNET, GLOFORD and FIRD) in the area of leadership and governance, monitoring and evaluation and financial management.

This mentorship of CBOs gave an opportunity to KADO as an implementing partner to closely monitor on a monthly basis the operations of these CBOs during the implementation of the sub-grant, this on a good note enhanced their performance evidenced by the quality of the reports both financial and programmatic.

Non Implemented Project Activities

- ❖ Dissemination of the score card result at community level
- ❖ Orientation of 20 Key stake holders in Lira district on the score card (CBOs, networks of people affected by the diseases, community leaders, district political team).
- ❖ Meeting with CBO staff in KADO office Dokolo.

Reasons for Non-Implementation of some of the Planned Project Activities

- ❖ Failure by PR to kick start some activities like the orientation on the score card made it difficult for us to implement that activity.
- ❖ Untimely disbursement of the funds by TASO Uganda the principle recipient of Global Fund.

Challenges Faced

- ❖ The delay to deliver the HMIS tools to the VHTs delayed the activity implementation.
- ❖ Late disbursement of funds by the Principle Recipient (TASO) this delayed the implementation some project activities.
- ❖ Inadequate budget for the monitoring visits this limited the participation of the key stakeholder in the follow up of the project activities in the district.
- ❖ There was no budget for the project launch this made it difficult to implement project activities without orienting the stakeholders. The organization incurred an extra cost of facilitating this activity.
- ❖ Some activities such as the facilitation of the VHTs was integrated with monitoring visits which made the implementation of this activity very difficult resulting into unnecessary delays. This attracted a lot of criticism from the district emerging from a number of complaints presented by the VHTs on the same.

Lessons Learnt

- ❖ Project launch through district entry meeting is a healthy practice because it gives the project team an opportunity to interact with other key project stakeholders in the district of operation. This enhances ownership of the project by the stakeholders hence leading to the realization of the project goal and objective.
- ❖ On-site mentorship of the CBOs enhanced the performance of these CBOs in terms of reporting.
- ❖ Integrating project activities with the aim of minimizing operational costs is ideal however, it's important to consider when, where and how these activities will be implemented. This explains why it was difficult to implement facilitation of the VHTs.
- ❖ Placement of CBOs in other organizations is critical for experiential learning, promotes networking and collaboration among the partner organizations.

Recommendations

- ❖ The trained VHTs should be encouraged to work on voluntary basis for the good of the community and submit reports to the health units for submission to the district. This will enhance sustainability of the project outcomes.
- ❖ The DCDO's office should provide continuous mentorship to the CBOs that benefited from the funding under this HSS grant.
- ❖ The DCDO's office should invite the CBO staff for district level meetings to interact with the policy makers. This will give them chance share with the district the interventions they are undertaking in the community and also advocate for the voiceless people in the community.
- ❖ There is need for continued placement of CBO staff in reputable organizations, this will give them chance to learn from such organizations and adopt some best practices.

Conclusions

The smooth implementation of this HSS project that translated into the realization of the project specific objectives was anchored on the fact that there was full engagement of the key project stakeholders both at the level of the district and the sub-county right from the inception meetings which helped to build resilience and spirit of ownership during the project implementation.

Appendices

APPENDIX I: ACTIVITY PHOTOS



On the left is the Finance Manager and Project Officer KADO Conducting on- Site Mentorship of CBOs at LAYDNET in Lira District.



One of the Health Unit In-Charges Emphasizing the Roles of the VHTs in this Health System Strengthening (HSS) project during orientation on HMIS reporting tools in Lira district



In a white T-shirt is a Project Officer KADO presenting during the Launch of the HSS project in Lira district in the DHOs Board Room held on 19/06/2016