A member of the youth group at the Reach Out Mbuya program in Kampala.

THE STRENGTH AND IMPACT OF INTEGRATED PROGRAMS

Findings from the CARE Learning Tour to Uganda

April 4-6, 2012
Introduction:
From April 4-6, 2012, a high-level delegation of U.S. policymakers and influential decision-makers traveled to Uganda to learn how key innovations and investments in U.S. foreign assistance, particularly those designed to improve the conditions of women and girls, have made progress possible. This visit highlighted the poverty-fighting programs that demonstrate how integrated health and economic development programs can help to achieve sustainable changes in the lives of women, men and their families.

Due to the longstanding HIV/AIDS epidemic in Uganda, health services were once designed to primarily address the treatment and prevention of the disease. However, over the past decade, the country has witnessed an evolution: More health services are including integrated programs that address issues such as maternal health, child nutrition, economic development and literacy. These integrated programs provide a comprehensive approach to treating patients, many of them women.

Over the course of the trip, the delegation visited urban and rural sites in Uganda, consulted with senior Ugandan leaders and civil society groups and interacted directly with community members and local leaders. The delegation had the unique opportunity to visit Gulu in northern Uganda where the violent armed militia group, Lord’s Resistance Army (LRA), was once active. Since 2006, after the LRA’s infamous leader Joseph Kony’s expulsion, much progress and advancement in livelihoods has been achieved in northern Uganda.

The delegation also learned what a strong partner the United States is in the country by examining key U.S.-supported programs, such as the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Health Initiative (GHI) and Feed the Future (FtF). These programs are working to foster innovation, integrate services and collaborate with civil society organizations to improve the health and well-being people in these communities.

Participants:
- Dr. Helene Gayle (President & CEO, CARE)
- Senator Johnny Isakson (R-Georgia)
- Representative Jack Kingston (R-Georgia)
- Representative Barbara Lee (D-California)
- Ambassador Jimmy Kolker (Principal Deputy Director of the Office of Global Affairs, U.S. Department of Health and Human Services)
- Bo Cutter (Chairman of the Board, CARE USA)
- James Coughlan (President of Customer Solutions, UPS)
- Dr. Stephen Keith (Fellow of the Academy of Pediatrics and Diplomat of the American Board of Pediatrics)
- Catherine Connors (Director of Community and Social Good at Babble.com and author of HerBadMother.com)
- Rodney Muhumuza (Reporter, Associated Press)
- Chris Carr (Chief of Staff, Senator Johnny Isakson)
- Chris Sullivan (Legislative Assistant, Senator Johnny Isakson)
- Angela Lee (Guest, Representative Lee)
Uganda Overview

Nestled in the Great Lakes region in East Africa, Uganda is a diverse country of nearly 36 million people - a little more than one-tenth of the U.S. population (approximately 314 million people).

Uganda's history, recent economic growth and geopolitical position bordering Kenya, Sudan, the Democratic Republic of the Congo, Rwanda and Tanzania, make it an influential and strategic player in the region. Impressive progress on several key Millennium Development Goals (MDGs) has been achieved, including improved parity between girl's and boy's education, promotion of women's empowerment and access to HIV/AIDS treatment.

While Uganda has made many improvements in development, there are still significant challenges facing Ugandans, including access to health services, education and literacy, especially for women. This may be associated with the country's inability to sustain its massive population growth – one of the highest in the world – with a population growth rate of 3.2 and fertility rate of 6.6 (compared to .89 and 2.0 in the U.S., respectively).

According to recent statistics, Uganda's maternal mortality rate is currently 430 per 100,000 births. However, the 2015 MDG target for maternal mortality is 131 per 100,000 births, and the proportion of births attended by skilled health personnel is set at 100 percent. Despite the national policy of promoting maternal health through informed choice, service accessibility and improved quality of care through the national Safe Motherhood Program, reaching this MDG target remains a considerable challenge for the Ugandan government. With the advent of PEPFAR, the HIV prevalence rate has dropped significantly since the early 1990’s– from over 20 percent to 6.5 percent. That said, much work still remains to be done on HIV prevention and treatment.

The U.S.'s strategic and sustained investment in the country, recent media attention on the post-conflict northern region as well as Uganda’s record of meeting development challenges with innovation, made this a unique case study. There is also a complexity of development actors including bilateral and multilateral agencies, private sector partners and civil society groups involved in addressing the needs of the country’s diverse population. Successes and challenges to poverty alleviation continue to inform current U.S. foreign policy and humanitarian aid efforts in Uganda.
Day One: Setting the Stage in Uganda

On the first morning of the Learning Tour, the delegation heard from a unique group of local technical experts who provided the historical context of Uganda, as well as the current health, development, post-conflict successes and challenges in country, particularly for Ugandan women and children. In addition to Dr. Helene Gayle, the delegation heard from James Bot (CARE Uganda); Dr. David Apulli Kihumuro (Uganda AIDS Commission); Janet Jackson (United Nations Population Fund); Jebbah Forster (UN Women); Chris Dolan (Refugee Law Project); and Rabbecca Nyonyonzi (CARE Uganda).

Nsambya Home Care

Following the morning briefing, the delegation headed to Nsambya Home Care (NHC), located in an urban slum, Ggaba, in Kampala. This program, created in the late 1980’s in response to the HIV epidemic, offers confidential medical and psychosocial support to people living with HIV/AIDS. Home visits are just one of the many services Nsambya provides for more than 8,900 people in Kampala. Other services at Nsambya include pediatric counseling, provision of food and income-generating activities. With support from the CDC, PEPFAR and the Catholic Relief Services (CRS), Nsambya provides anti-retroviral (ARV) treatment to their clients.

While the HIV/AIDS rate has declined sharply since the early 1990’s, infection rates still remain a major challenge for the country, and are often higher in poorer areas like the Ggaba community. While testing for HIV is an important component of HIV treatment and prevention, a critical part of the process is ensuring that patients are taking their medication. With clients often too weak to travel for care, Nsambya’s community health workers perform home visits to ensure that patients are taking their medicine and receiving adequate care.

The delegation divided into three small groups to visit directly with patients in their homes. One group met with Benedicta and her granddaughter, Diana who is 12-years-old and HIV-positive. Through ARV treatment and support from her community health worker, Harriet, Diana is living a healthy and prosperous life. She shared with the group that she would like to become a lawyer when she grows up. Another group met with Lawiya, an 18-year-old orphan who currently lives with her guardians. Lawiya shared her heartfelt story with the group, saying that she is empowered to live a healthy life through support from the program. Her community health worker, Lydia, joined the group and demonstrated what a home visit typically looks like. Lastly, the third group met with Prossy, a shy young mother who is coping with HIV while raising her two children.

Senator Isakson and Deborah Conner from CDC Uganda greet Diana at Nsambya Home Care.

Ambassador Jimmy Kolker, Dr. Helene Gayle and Senator Johnny Isakson visit Benedicta and her granddaughter Diana at Nsambya Home Care.
Reach Out Mbuya

Next, the delegation headed to Reach Out Mbuya (Reach Out), a comprehensive faith-based organization in Kampala with funding and support from CDC and PEPFAR. Since its creation, Reach Out has enrolled over 8,400 clients in care; they have counseled and tested over 50,000 individuals and provided medication to 700 mothers to prevent the transmission of HIV to their newborns.

A vibrant and dynamic traditional dance from a local youth group greeted the delegation. Dr. Stella Alamo, Reach Out’s Executive Director, welcomed the delegation by providing an overview of the program. The delegation made its first stop at the health clinic where Reach Out tests and provides ARV treatment to its patients. During the visit, the delegation met John Roberts, one of the first recipients of ARV treatment in Uganda through PEPFAR. John shared his incredible story that, at the time he received treatment 10 years ago, he was close to death. Today, after receiving treatment and counseling through PEPFAR, he leads a healthy and normal life as a teacher in Uganda.

Representative Barbara Lee (D-California) was especially impressed by Reach Out. She was one of the key policymakers who helped write the first PEPFAR bill and was thrilled to see “the face” of what she and her colleagues in U.S. Congress had worked so hard to accomplish. After meeting John she said,

“It was quite humbling to get to meet the first recipient of PEPFAR.”

Additionally, Ambassador Jimmy Kolker, who served as the U.S. Ambassador to Uganda from 2002 to 2005, remembered John’s initial treatment and was thrilled to have the opportunity to see him again.

In Uganda, CARE has been partnering with local organizations to incorporate lessons on micro-savings and business development by introducing CARE’s Village Savings and Loans Association (VSLA) program, an innovative savings program that teaches financial literacy and business skills to those living in poverty, especially poor women. Typically, VSLA members meet each week to deposit small amounts of money in the group’s tin savings box. The group then uses the money to make loans to each other in order to generate income on a larger scale. Participants use the loans to start a small business selling vegetables or jewelry. Some VSLA participants also use profits to pay for school and health clinic fees for their children. Impressively, loan repayment rates exceed 99 percent.
Over three years ago, CARE partnered with Reach Out through the addition of a VSLA program to their existing health services. On this visit, the delegation participated in a typical VSLA meeting. Afterwards, the women shared their stories on how the VSLA program has enabled them to become more confident and economically secure.

Following the meeting with the group, Senator Isakson said,

“The VSLA concept teaches people not only financial skills, but the way to live a lifetime and manage their money. That’s a real payback.”

Following the visit to Reach Out, the delegation met with Ugandan Prime Minister, Amama Mbabzi, to discuss development programs in Uganda, the impact of U.S. investments in foreign assistance and the strong partnership between Uganda and the U.S., including significant contributions to health care, nutrition, education and park systems from U.S. missionaries, nongovernmental organizations, private universities, HIV/AIDS researchers and wildlife organizations.

The day ended with a special briefing from the U.S. Mission, including the integral work of the United States Agency for International Development (USAID), in Uganda. This discussion was led by U.S. Ambassador Jerry Lanier and USAID’s Mission Director Dave Eckerson on the U.S. strategy and partnerships in Uganda, specifically focused on health, education, food security and governance. That evening, the U.S. Embassy and CARE hosted a cocktail reception at the Serena Hotel in honor of the delegation’s visit to Uganda, attended by ministers and representatives of the Government of Uganda, along with key technical partners from USAID, CDC, CARE and other NGOs.

Day Two: Understanding the Impact of Integrated Programming

On the second morning, the delegation took a short flight to Gulu district in Northern Uganda. This region is a post-conflict area where many Ugandan families have returned to their homes after years of civil war and displacement. On this day, the delegation was joined by Karla Diehl and Ryan Mannion, two Peace Corps Volunteers who are currently posted in Gulu district.

Northern Uganda Women Empowerment Program

The first visit was to CARE’s Northern Uganda Women Empowerment Program (NUWEP), an integrated and holistic development program that focuses on the safety and protection of the people – particularly women – affected by Uganda’s past conflicts in the north. The foundation of the program is called Roco Kwo, which translates to “Transforming Lives.” Part of the program includes CARE’s VSLA program, which has increased the community’s capacity to be productive in agriculture and small enterprises.

Despite their challenging past, the participants showed remarkable resilience. Many of the women and men...
started their own small businesses raising live stock and selling food. During our visit, several families shared with us how the gender empowerment aspect of the program helped improve relationships between husband and wives and gave women the opportunity to be a larger part of the decision-making process.

After greeting the delegation with a traditional song, a group of 30 women participants from the VSLA performed a short non-verbal skit to help the delegation understand the positive impact of the VSLA program. The skit called, “We Will Never Give Up,” centered on a poor woman in rural northern Uganda whose husband refused to contribute to their daily workload. After the woman received counseling from the NUWEP and joined the VSLA, her life began to slowly improve. Eventually, her husband saw her ability to save and invest money and began helping her share the daily tasks.

The skit gave a glimpse into the positive changes many of these women have seen since joining the program. Roseline Lanyero, the chairwoman of the VSLA group and single mother of eight children, thanked the delegation for visiting NUWEP and then demonstrated how the group works. Through the VSLA, Roseline started a small business five years ago selling food. She said,

“This program has empowered me to live a dignified life; to send my children to school; and to exercise my leadership in the community.”

After hearing from the group, the delegation visited each of the women’s small businesses. One group of women sold seeds, grains and vegetables. Another sold tapestries where money from the VSLA was spent on a sewing machine. And the last group sold beads and feminine products.

Representative Jack Kingston commented as the delegation departed,

“It’s important for us to go and get beyond the paperwork, the statistics, and the powerpoints to see the people and actually talk to them.”
ARISE
Following the visit to NUWEP, the delegation headed to the Addressing Unmet Need for Contraception among HIV-Positive Women to Prevent HIV Infections through Averted Pregnancies (ARISE) program in the Awach community.

With support from Pathfinder International and the Canadian International Development Agency (CIDA), this program integrates family planning services into existing health services, including prevention of mother to child transmission of HIV (PMTCT) and ARV’s for people living with HIV/AIDS. In particular, the ARISE program works through the National Community of Women Living with HIV/AIDS (NACWOLA) to sensitize men and women on the importance of getting HIV testing and treatment through community outreach.

The delegation heard from an inspiring community health worker named Jimmy Ooloya who talked about the importance of linking the community to the health system. The NACWOLA group then performed an educational song for the delegation, followed by a discussion of the different family planning methods that are available. The delegates also heard from Joyce, the chairperson of the group, who shared her personal story of being tested and treated for HIV through the program.

The delegation then split into three groups and walked to nearby homes to see an outreach demonstration done by NACWOLA. They learned about the amazing and important work the community health workers are doing to address some of the barriers that exist to getting HIV testing and family planning services, such as stigma and cultural beliefs.

The delegation left Gulu with many inspiring stories and messages about the importance of U.S. foreign assistance investments in Uganda, and how communities and families are working to lift themselves out of poverty with the assistance of innovative programs like NUWEP and ARISE.

Day Three:
Taking Action Back Home: The Importance of Sustainable Solutions

The population of Uganda is growing exponentially. With 1.2 million additional people born each year, the need for innovative and sustainable programs has never been greater.

On the last day of the Learning Tour, the delegation met with three women parliamentarians who are leading the way toward change in their country.
The Speaker of Parliament, Rebecca Kadaga, welcomed the group by emphasizing the focus of her work: To ensure that the principles of gender equity cut across all programs in Uganda. During her tenure, she has worked to ensure 30 percent women’s representation in parliament.

Betty Aol, who represents the Gulu district, discussed the challenges that still face the country, including gender inequality, water and sanitation and health care. She explained the gap that exists in staffing community health workers: Only 179 community health workers currently exist while 500 are needed in Gulu district.

The delegation next heard from Betty Bigombe, the State Minister for Water Resources in Parliament. Minister Bigombe has been instrumental in the peace process in Northern Uganda, working as the chief mediator with the Lord’s Resistance Army. She emphasized the need to address the challenges of Ugandan women, including poor health services and sexual and gender-based violence (SGBV).

Mildmay Health Center

After a robust discussion with the women parliamentarians, our delegation headed to Mildmay Uganda (MUg), a faith-based health facility that promotes comprehensive and integrated care to its patients and is designated as a center of excellence by the Ministry of Health in Uganda. At Mildmay, people living with HIV (and their families) receive reproductive health services as part of their routine HIV care. They also receive specialist care, such as dental and vision, and participate in income-generating activities that help to support their families and create sustainable change in their lives. What is most unique about this facility is their psychosocial support initiatives and focus on women and children. After our delegation split into two groups to tour the clinics, youth center, school and income-generating shop, we joined back together to watch a performance by the youth group.
The group performed a short skit that told a promising story of a HIV positive mother who learned she could give birth to a HIV negative child through PMTCT measures. They also performed a beautiful song called “Thank You” and a young man educated our group on the importance of taking his ARV’s through a song and dance.

This program is a strong example of integrated programming where people receive the care they need, not in sectors, but in one comprehensive package. With funding from the CDC, Mildmay currently supports almost 44,000 people (54% are women; 13% are children).

After the Mildmay visit, the delegates met with Peace Corps Volunteers, Rebecca Workman, Ryan Mannion, Nick Leichliter, Nancy Wesson and Jacob Carpenter. The members of Congress specifically thanked them for the important work they are doing in-country. The meeting was particularly special for Senator Isakson, who co-sponsored The Kate Puzey Peace Corps Volunteer Protection Act of 2011. This act requires the Peace Corps to improve the training of volunteers to reduce sexual assault risk; to protect whistleblowers; and to require the Peace Corps to hire victims’ advocates for each region in which the agency serves.

That night, before the delegation headed back to the U.S., CARE hosted an intimate dinner to reflect on the trip and discuss ways to continue the conversations started in-country – particularly the impact that foreign assistance programs have on the health and livelihoods of women, men and their families in Uganda and around the globe.

**Conclusion**

This Learning Tour provided a distinct opportunity to understand how integrated programs can lead to a more effective, sustainable development model. It is clear that a woman’s economic empowerment is very much interconnected to the health and the well-being of her children.

This trip demonstrated how development programs evolved to include access to financial services, such as VSLAs, a concept that CARE pioneered in Africa more than two decades ago. These comprehensive, integrated models promote social and economic opportunities and allow for a wide range of stakeholders including the Ugandan government, international donors, civil society groups, religious institutions, corporate sector partners, private foundations and community members to be involved in the program. Supporting the expansion of financial services for the poor is an important investment in maternal and child health because it can ensure access to skilled attendants through the pregnancy and post-partum periods and to appropriate emergency care.

While integrated programs are a critical part of smart development, they are complex and difficult to implement for one organization alone. Nongovernmental
organizations, community groups, governments and the private sector need to continue to work together as partners to create strong programs. If integrated programs are designed in a comprehensive and context-appropriate manner, they can be successful in enabling more women to stand on their own and contribute to the well-being of their families, their communities and their nation as a whole.

Next Steps & Policy Recommendations

Support U.S. Investments: While recognizing that there are significant strains on the federal budget, we urge Congress to support strong, smart investments in international development and humanitarian programs and oppose efforts to cut modest funding for these cost-effective programs. The International Affairs budget – only one percent of the U.S. federal budget – is critical to addressing the underlying causes of poverty and meeting basic human needs in developing countries. It represents a practical and smart investment in building a prosperous, stable and secure world.

The International Affairs budget is critical to reducing extreme poverty and helping the more than one billion people around the world struggling to survive on less than one dollar a day. This budget is critical to issues Americans care about including tackling global hunger, helping women and men create income-generating jobs, and fostering global stability.

The President’s FY13 request of $56.2 billion for the International Affairs budget represents an increase of 2.4 percent ($1.3 billion) over the FY12 enacted level – a relatively flat budget request.

CARE has been witness to the profound difference these investments make, especially in the lives of girls and women. Because of U.S. assistance, over the last 60 years, maternal and child mortality have dropped sharply, literacy rates have increased and economic opportunities for women have expanded in the developing world. The U.S. Agency for International Development (USAID) – the agency at the heart of U.S. foreign assistance efforts – has more than doubled spending on women and girls since 2008. These funds produce real change in the lives of women, children and their families living in extreme poverty, changing entire communities and nations for the better.

Thanks to U.S. Foreign Assistance:

• In the past 20 years, the number of chronically undernourished has been reduced by 50 percent.

• In the past 50 years, infant and child death rates in the developing world have been reduced by 50 percent.

• Investments in agriculture by the U.S. and other donors over the past two decades have helped feed an extra billion people.
The CARE Learning Tours program introduces policymakers and other influential individuals to the importance of U.S. investments overseas, particularly as it relates to family health outcomes for women and girls. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach to these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit to Uganda a success. CARE specifically thanks the Bill and Melinda Gates Foundation for its generous financial support to the Learning Tours.

If you are interested in CARE’s Learning Tours program, please contact:

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