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CONGRESSIONAL AND WHITE HOUSE DELEGATIONS TO UGANDA

**SENATOR RICHARD DURBIN
AGRICULTURE, DEFENSE AND APPROPRIATIONS COMMITTEES**

**MS. SANDRA THURMAN
OFFICE OF NATIONAL AIDS POLICY, WHITE HOUSE**

Announcement of White House HIV/AIDS Initiative in Uganda “Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic” January 11, 2000

In July 1999, The White House announced a US \$100 million funding increase to support the global battle against AIDS, the largest-ever US Government budget increase since the inception of the AIDS epidemic. With close to 70% of the global total of HIV-infected people, sub-Saharan Africa has been the hardest hit by the AIDS epidemic. Ms. Sandra Thurman, White House HIV/AIDS Advisor is here on her third visit to Uganda to announce that the US Government has pledged a majority of these funds to fight the AIDS epidemic in Africa, and as result of Uganda's success in fighting HIV/AIDS, US Government support to Uganda will double from \$7 million last year to nearly \$14 million this year.

The U.S. \$100 million White House HIV/AIDS Initiative, “Leadership and Investment in Fighting an Epidemic” (LIFE), aims at expanding successful innovative HIV/AIDS programs and increasing existing efforts to prevent and treat AIDS. With 12 million deaths, one quarter of them children, the AIDS epidemic in sub-Saharan Africa is one of the largest health and economic crisis in the history of the world. And it continues, each day an additional 5,500 women and children are buried in sub-Saharan Africa as result of AIDS.

In the early 1990s, Uganda was known to the world as the epicenter of the HIV/AIDS epidemic with one of the highest HIV infection rates of 25-30% among pregnant women. By 1998, HIV prevalence in pregnant women had dramatically dropped to 10%. Uganda is the first country in Africa to slow the epidemic and is now recognized as a global leader in the fight against AIDS. The key contributors to this success include President Museveni's political leadership, candor and activism, an environment of national openness, strong donor support, “state of the art” research, and the development of innovative prevention programs, such as those developed by the AIDS Information Center, The AIDS Support Organization, and the National Community of Women Living with AIDS. President Clinton, First Lady Hillary Clinton, Secretary of State Madeleine Albright, and most recently the U.S. Ambassador to the United Nations, Richard Holbrooke have all visited Uganda to see “first-hand” Uganda's success story. Uganda is repeatedly cited as a model example of how the AIDS epidemic can be won.

However, the fight is not over in Uganda. More than 1.5 million people in Uganda are infected with HIV; 24,000 babies are born HIV+ annually due to mother-to-child-transmission; there are 1.7 million orphans as a result of the epidemic, and that number is expected to increase to 3.5 million by 2010. The additional funds through the White House HIV/AIDS Initiative will support four critical areas: containing the AIDS pandemic on a global level, providing of home and community based care, support for children orphaned by AIDS, and strengthening infrastructure and capacity to plan and implement HIV/AIDS programs.

For Uganda, the additional funds will support the expansion of some of the globally renowned “state of the art” HIV/AIDS activities developed right here in country. Specifically, the LIFE funds for Uganda

will support HIV prevention activities including the expansion of Protector Condoms in northern Uganda, additional targeted information, education and communication campaigns for vulnerable and high-risk risk groups, and the implementation of new drug therapies to reduce HIV transmission from mother to child. The AIDS Information Center's (AIC) voluntary counseling and testing program will receive additional support to expand their activities, including special targeting for youth and other vulnerable groups. The AIDS Support Organization (TASO) will receive additional support to expand the provision of care and social support to those with HIV, their families and communities, with a special emphasis to reach orphans. The National Community of Women Living with AIDS (NACWOLA) will receive support through TASO to expand their "Memory Book Project", a program which enables mothers and children to talk about HIV and ensures children's inheritance rights after their mother's death. In addition, through the Centers for Disease Control and Prevention (CDC), additional funding will support strengthening and expanding the Ministry of Health's HIV surveillance system, evaluating affordable medicines for treating HIV infection and preventing opportunistic infections, and training of Ugandan professionals in the public health skills needed to fight the epidemic.

With more than 20 million people infected with HIV around the world, the US \$100 million through the White House HIV/AIDS "LIFE" Initiative will further our fight against the AIDS epidemic here in Uganda, in sub-Saharan Africa, and globally.

CONGRESSIONAL AND WHITE HOUSE DELEGATIONS TO UGANDA

Announcement of White House HIV/AIDS Initiative in Uganda “Joining Forces for LIFE: Leadership and Investment in Fighting an Epidemic” January 11, 2000

Talking Points for

U.S. Ambassador Martin Brennan

It is a pleasure and an honor for the US Embassy Mission to Uganda to host two high-level U.S. Government delegations to Uganda – U.S. Senator Richard Durbin and his delegation and The White House HIV/AIDS Advisor, Ms. Sandra Thurman and her delegation. Both have come to see “first-hand” Uganda’s HIV/AIDS success story and to announce a new White House HIV/AIDS Initiative called LIFE – Leadership and Investment in Fighting an Epidemic.

With 12 million deaths, one quarter of them children, the AIDS epidemic in sub-Saharan Africa is one of the worst health and economic crisis in the history of the world. And it continues, each day brings an additional 5,500 deaths in sub-Saharan Africa alone. A more startling realization is that over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties in all of the wars of the 20th century combined.

But there is much hope. Uganda was once known as the epicenter of the HIV/AIDS epidemic. After a decade of successfully implementing national-level HIV prevention programs, Uganda is the first country in Africa and one of the first in the world to dramatically decrease HIV infections by more than half in young people. Today, Uganda is a global role model for the rest of sub-Saharan Africa and the world.

Many of you here today have contributed significantly to Uganda’s success story. The United States Government applauds your efforts and strongly encourages you to continue to pioneer innovative programs to further not only Uganda’s success, but to assist in the global fight against HIV/AIDS.

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Divider Title: _____

White House HIV/AIDS Delegation to Uganda
Ms. Sandra Thurman, White House National AIDS Policy Director
January 9 – 12, 2000

SUNDAY, JANUARY 9

11:30 PM	Arrive at Entebbe Airport	Kenya Air # 416; Arrive at 11:35 pm Proceed to Sheraton, Check-In
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MONDAY, JANUARY 10

8:30 AM	Depart Sheraton	Travel to Masaka District, Casual Dress
10:30 AM	UWESO Site Visit	UWESO Briefing and visit to two homes with grandmothers caring for AIDS orphans who are recipients of UWESO microfinance loans <i>(briefing in packet)</i>
12:00 PM	Lunch at Hotel Brovad	Lunch and FINCA Briefing
1:20 PM	Depart Hotel Brovad	
1:30 PM	FINCA Site Visit	Visit to Masaka Market and visit with three women caring for AIDS orphans who are recipients of FINCA microfinance loans <i>(briefing in packet)</i>
2:30 PM	Depart FINCA Site	
2:45 PM	TASO Site Visit	Brief visit to TASO's newest site in Masaka
3:30 PM	Depart Masaka	Equator rest stop on the return to Kampala
6:00 PM	Arrive Sheraton	
7:15 PM	Depart Sheraton	
7:30 PM	U.S. Ambassador BBQ	U.S. Ambassador Residence (Casual dress)
9:30 PM	Return to Sheraton	

TUESDAY, JANUARY 11

8:00 AM	Depart Sheraton	
8:15 AM	HIV/AIDS Briefing at USAID Mission	
9:00 AM	Depart USAID Mission	
9:15 AM	The AIDS Support Organization	Mulago Hospital, support for people with HIV <i>(briefing in packet)</i>
10:45 AM	Depart TASO Site	
11:00 AM	Mulago Hospital, "Ward 11"	Visit to Mulago Hospital Pediatric Ward where mother-to-child HIV transmission research is currently being conducted <i>(briefing in packet)</i>
11:45 AM	Depart Mulago Hospital	
12:00 PM	No-Host Lunch	Mambo Point Italian Restaurant
	A) Thurman /Durbin	Military and HIV/AIDS Mambo Point back room <i>(briefing in packet)</i>
	B) Delegation members	Discussions on HIV/AIDS in Uganda Mambo Point main room
1:45 PM	Depart Mambo Point	
2:00 PM	The AIDS Information Center	voluntary HIV testing and counseling <i>(briefing in packet)</i>
3:15 PM	Depart AIC Site	
3:45 PM	National Community of Women Living with AIDS	preparing children for orphanhood <i>(briefing in packet)</i>
5:00 PM	Depart NACWOLA	
5:15 PM	HIV/AIDS Reception Announcement of HIV/AIDS	Cocktail Reception at USAID Mission Director's Residence, Business Attire

White House LIFE Initiative

7:30 PM	Return to Sheraton	
8:30 PM	Depart Sheraton Optional Event–No Host Dinner	Khana Khazana Indian Restaurant

WEDNESDAY, JANUARY 12

7:15 AM	Baggage, Ticket, and Passport Pick-up	expeditors will come to your room and knock on your door: expeditors take luggage to airport
7:30 AM	Check-Out of Sheraton	individual check-out at lobby reception
8:00 AM	Depart Sheraton for Entebbe Airport	
8:45 AM	Arrive Entebbe	Check-In, VIP Lounge, return tickets and passports to Thurman delegation
10:00 AM	“Wheels Up” and “Bon Voyage!”	Alliance Air # 102 depart at 10:00 am

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Divider Title: _____

**WHITE HOUSE HIV/AIDS DELEGATION TO UGANDA
MS. SANDRA THURMAN
OFFICE OF NATIONAL AIDS POLICY
JANUARY 9 – 12, 2000**

List of Delegation Members

Ms. Sandy Thurman, Office of National AIDS Policy, White House

Dr. Michael Iskowitz, Office of National AIDS Policy, White House

Ms. Mary Fisher, Family AIDS Network

Ms. Kathleen Carr, Elizabeth Glaser Pediatric AIDS Foundation

Mr. Thomas Niblock, State Department, AF Economic Policy Staff

Mr. Ron Johnson, Member of Presidential Advisory Council on HIV/AIDS

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LIST OF ACRONYMS

AIC	AIDS Information Center
CWRU	Case Western Reserve University
FINCA	The Foundation for International Community Assistance
HIVNET	HIV Network
LIFE	Leadership and Investment in Fighting an Epidemic
NACWOLA	National Community of Women Living with AIDS
TASO	The AIDS Support Organization
UPDF	Uganda People's Defense Force
USAID	United States Agency for International Development
UWESO	Uganda Women's Effort to Save Orphans
WLI	World Learning Inc.

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Responding to the AIDS Epidemic in Uganda: The Collaboration between Uganda and USAID

In the early 1990s, Uganda was known to the world as the epicenter of the HIV/AIDS epidemic with one of the highest HIV infection rates of 25-30% among pregnant women. By 1998, HIV prevalence in pregnant women had dramatically dropped to 8-10%, and recent data now suggests a 50% decline in new infections among young women. Uganda is not only the first country in Africa to reduce HIV infection rates, it is one of the first in the world, and as a result, Uganda is now recognized as a global leader in the fight against AIDS. The key contributors to this success include President Museveni's political leadership, candor and activism, an environment of national openness, the development of innovative prevention programs, such as voluntary testing and counseling, "state of the art" research, and strong donor support. In the last decade, donors have provided approximately US \$180 million to support Uganda's efforts against AIDS, and USAID has been the major bilateral donor, contributing more than US \$46 million.

President Museveni confronted the AIDS epidemic soon after taking over leadership of the country in 1986 and established the first National AIDS Control Programme in Africa, which promoted a multi-sectoral response to the epidemic. Within this environment of openness to AIDS, the collaboration between Uganda and the United States resulted in the development of pioneering programs in HIV prevention, AIDS care and orphan support, and "state of the art" research.

Since the late 1980s, USAID has provided major funding and technical support in the development of two indigenous programs in Uganda. The AIDS Support Organization (TASO) is the first organization of its kind and is recognized as the premier AIDS support agency in sub-Saharan Africa. As of mid-1999, TASO has provided care for over 50,000 clients and their families and trained thousands of AIDS counselors in Uganda and elsewhere in Africa. The AIDS Information Centre (AIC) is the first voluntary and anonymous HIV counseling and testing program in Africa, and today, it is the largest in the world to use new rapid tests to provide on-site, same day results. As of mid-1999, AIC had conducted over 500,000 HIV testing and counseling sessions, an astonishing accomplishment not yet matched elsewhere in sub-Saharan Africa. USAID also supports condom education and distribution, and in 1998 alone more than 8 million USAID subsidized condoms were sold. Finally, USAID has provided over US\$5 million for programs supporting orphans.

In addition to USAID's contributions, other US government agencies, including the National Institutes of Health, the Centers for Disease Control, and the Department of Defense, are working with Ugandan partners to conduct "state of the art" HIV/AIDS research. The most recent highlights include the development of drug therapies to reduce mother-to-child transmission by 50% as well as the initiation of the first-ever HIV vaccine trials in sub-Saharan Africa.

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FACT SHEET

Uganda Women's Effort to Save Orphans (UWESO) Masaka District Site Visit Monday, January 10, 2000

Scene Setter

The Uganda Women's Effort to Save Orphans (UWESO) was founded in 1986 by First Lady Janet Museveni in an effort to address the worsening situation of orphans in Uganda as a result of the AIDS epidemic. UWESO serves as an advocate for children's rights protection and supports activities to assist orphans and their families, such as assistance with school fees, establishment of foster homes, and microfinance loan schemes. Between 1989 to 1998, USAID provided \$570,000 to specifically support AIDS orphans. USAID continues to support UWESO and in FY99 provided \$509,403 to expand their savings and credit scheme. During your site visit, you will visit the homes of two grandmothers, Bernadette and Lovinsa, who currently care for AIDS orphans and are recipients of UWESO microfinance loans (see attached biographies). The Director of UWESO, Pelucy Ntambirweki, and Thompson Odoki, the Masaka UWESO Program Officer will accompany you to the homes and brief you on UWESO activities.

Background

As a result of the AIDS epidemic, Uganda currently has 1.7 million orphans. That number is expected to increase to 3.5 million by 2010. UWESO is one of many indigenous non-governmental organizations in Uganda currently addressing the AIDS orphan issue. Founded by First Lady Janet Museveni, UWESO's initial focus was to provide humanitarian assistance to children orphaned after the civil war ended in the mid 1980s, which included provision of food, clothing, primary school fees and vocational training. Since 1995, UWESO has become increasingly concerned about the sustainability of its activities, including concern for what will eventually happen to children who are orphaned. With assistance from USAID and the Peace Corps, UWESO shifted the emphasis of its programs from school fees and grants to micro-finance activities to provide an opportunity for income generation to orphan households. These include households headed by widows, grandmothers, and a few child-headed households in addition to families providing foster care. These loans must be repaid from profits on the investment, which fosters a more systematic approach to small-business development. In conjunction with related technical training (also provided by UWESO), this activity also promotes more economically sustainable income generation.

Results

UWESO currently has more than 7,500 women "members" in 35 of Uganda's 45 districts, most of whom provide direct care for orphans. In total, 2,600 women, of whom 846 live in Masaka district, have received funds from UWESO for income generation activities. In addition, UWESO annually sponsors 2,000 orphans in primary school and 200 older orphans in vocational training programs. Cumulatively, over the past decade, UWESO has helped over 25,000 orphans.

**UWESO Biographies
Masaka District Site Visit
Monday, January 10, 2000**

Bernadette Nakayima

Bernadette lives in a small village called Kalagala outside of the town of Masaka. She is 70 years old. Eleven of her 12 children have died of AIDS, and her brother and his wife have also died of AIDS. With the help of her remaining daughter, she is now caring for 31 grandchildren, 3 great grandchildren, and 4 of her brother's children. Bernadette has received three loans from UWESO. The first was for 100,000 shillings, the second for 150,000 shillings, and the third for 200,000 shillings. With the loans, she has been raising and selling pigs, as well as buying and selling small fish in the market. Bernadette uses the profits to support and pay for school fees for the 38 children in her care.

Lovinsa Ndagire

Lovinsa lives in a small village called Kyalusowe outside of the town Masaka. She is 70 years old. Lovinsa had 3 children of her own, all boys. All three children and their spouses died of AIDS. She is now caring for her 13 grandchildren. The youngest is 2 years and the oldest is 14 years. Lovnisa has received three loans from UWESO. The first was for 40,000 shillings, the second was 50,000 shillings, and she is currently on her third of 70,000 shillings. With the loans, she has been making and selling "banana beer", and she uses the profits to support and pay for school fees for her grandchildren.

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FACT SHEET

The Foundation for International Community Assistance (FINCA) Masaka District Site Visit Monday, January 10, 2000

SCENE SETTER

The Foundation for International Community Assistance (FINCA) founded in 1984 is a non-profit, private voluntary organization specializing in “village banking” for poor women and has been supporting microfinance activities in Uganda since 1992. With the increase in the number of orphans in Uganda as a result of the AIDS epidemic, in 1995 USAID provided \$1.7 million to FINCA specifically to expand its microfinance activities to increase the income-earning capacity of orphan caretakers. Today, USAID continues to support FINCA in Uganda and in 1998, FINCA received another award of \$806,843 to support the extension of financial services to micro-entrepreneurs in Northern Uganda. You will be visiting a local market area in Masaka where you will meet three Ugandan women, all of whom care for orphans, who are recipients of microfinance loans from FINCA (see attached biographies). Prior to visiting the market area, Mr. Michael McCord, FINCA-Uganda Country Director, and Mary-Margaret Nansubuga, FINCA Credit Director, will provide you with a brief overview of FINCA activities in Uganda. Mr. Guy Winship, the in-coming FINCA - Uganda Country Director will also be present. Mr. Winship has been managing the FINCA-South Africa program.

BACKGROUND

FINCA began its activities in Uganda in 1992 with a small pilot project setting up “village banks” consisting of women members. Through these “village banks”, FINCA provided small loans to members, and each “bank” assumed responsibility for repaying all loans, with interest. Since that first pilot project, FINCA has grown to be the largest and most successful micro-finance activity in Uganda. Today, initial loans start at around \$50, and as these are repaid with profits from the small businesses established, women become eligible for larger loans, up to a maximum of \$600. FINCA clients’ businesses include; grocery stores, retail shops, restaurants, kiosks, trade in charcoal, tomatoes, bread, groundnuts and fish, tailoring, poultry production, grain milling, mushroom growing, operating hair salons, making and selling handicrafts, brick making and brewing local beer.

RESULTS

FINCA’s membership is currently in excess of 20,059 clients/households in 673 village banks in 12 of Uganda’s 45 districts, and the current loan repayment rate is over 90%. FINCA surveys have demonstrated that about 70% of its members are caring for orphans. The average first loan per individual is \$50 and current value of loans disbursed is \$10,829,892.

**FINCA Biographies
Masaka District Site Visit
January 10, 2000**

Sara Kizito, A Seller of used shoes

Sara is 36 years old and has 5 children of her own and 1 “adopted” orphan. She had a small shop where she used to sell a variety of items such as bread, toiletries, and sweets. Last year, she changed enterprises and now sells used shoes, a fast growing business in Masaka. She has received five loans from FINCA. Her current loan is 150,000 shillings. She makes approximately 20,000 shillings per month to support and pay for school fees for all 6 of her children.

Federesi Nakirigya, A “Pancake” Maker

Federesi is 59 years old. After her husband died, she was left to care for her two children. She has received five loans from FINCA. The first loan was for 100,000 shillings, the second loan for 145,000 shillings, the third for 120,000 shillings and her current loan is 150,000 shillings. With the loans, she has established a “pancake” making business, and currently sells her pancakes to the other shopkeepers. She makes approximately 40,000 per month to support and pay for school fees for her two children. Her son is currently learning to be a mechanic, and her daughter Josephine recently passed her O’ level school exams and graduated. She begins Senior Six this term.

**Margaret Nanyonjo, Seller of Local brew and spirits
Chairperson, Kirumba Katwe Village Bank**

Margaret is 46 years old. After her husband died in 1990, she has was left to care for her own 5 children and has also been caring for three other “adopted” children. She has received four loans from FINCA, her first two were for 100,000 shillings. Her current loan is 500,000 shillings. With the loans, Margaret sells local spirits, Tonto (locally made banana beer), Waragi (locally distilled gin) and has recently added bottled beer to her stock. She uses the profits to support and pay for school fees for all of her children. One of her daughters has a learning disability, and Margaret has been able to afford to send her to handicraft classes so that she learns a skill.

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WHITE HOUSE AND CONGRESSIONAL DELEGATIONS TO UGANDA

White House HIV/AIDS Delegation
Ms. Sandra Thurman, Office of National AIDS Policy

Guest List for Buffet Lunch at Hotel Brovad - Masaka (approx. 20 people)
January 10, 2000

Ambassador Martin Brennan

Thurman Delegation

Ms. Sandy Thurman, Office of National AIDS Policy, White House
Dr. Michael Iskowitz, Office of National AIDS Policy, White House
Ms. Mary Fisher, Family AIDS Network
Ms. Kathleen Carr, Elizabeth Glaser Pediatric AIDS Foundation
Mr. Thomas Niblock, State Department, AF Economic Policy Staff
Mr. Ron Johnson, Member of Presidential Advisory Committee on HIV/AIDS

USAID Implementing Partners

Ms. Pelucy Ntambirweki, UWESO Director
Mr. Thompson Odoki, Masaka UWESO Program Officer
Mr. Michael McCord, FINCA-Uganda Country Director
Ms. Mary-Margaret Nansubuga, FINCA Credit Director
Mr. Guy Winship, incoming FINCA-Uganda Country Director

USAID Mission Representatives

Ms. Dawn Liberi, USAID Mission Director
Dr. Becky Bunnell, USAID HIV/AIDS Advisor
Ms. Rebecca Rohrer, USAID Health and Population Officer
Ms. Annie Kaboggoza-Musoke, USAID Development Specialist
Ms. Jackie Wakhweya, USAID Microfinance Specialist
3 USAID Drivers (TBN)

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FACT SHEET

The AIDS Support Organization (TASO) Clinic Mulago Hospital

Tuesday, January 11, 2000

Scene Setter

Founded in 1987, The AIDS Support Organization (TASO) was the first indigenous non-governmental organization in Africa established to respond to a growing need to care for people with AIDS. Today, TASO is recognized around the world as a model program and a key component to fighting the HIV/AIDS epidemic. USAID has been one of the lead donors supporting TASO since the late 1980s and currently funds 30% of TASO's US\$2.2 million annual budget. You will visit the TASO clinic at Mulago Hospital, be briefed by Sophia Mukasa Monico, TASO Director, and meet some of TASO's clients (all of whom have AIDS) who come to TASO for counseling and health care. The TASO drama group will perform an HIV educational song used during TASO community outreach activities. (Photographs are discouraged at the clinic).

Background

In the mid 1980s, a small group of Ugandans, some with AIDS and some with family members with AIDS, began meeting to provide moral support to each other and advocate for better social and health care services for those with HIV. As a result, TASO was formally established. Today, TASO services include supportive counseling, HIV prevention education, basic medical care for opportunistic infections, treatment of other sexually transmitted diseases, and TB treatment and referral, and family planning services. In addition, TASO clients may receive food supplements, skills training for income generating activities, and mutual support through a day treatment program. Because TASO's approach has been to support the entire family affected by AIDS, TASO also has a program to address the special needs of orphans of their clients, which provides child counseling, supervision of guardians caring for orphans, and school fees for selected orphans. TASO has an extremely effective advocacy program aimed at decreasing stigma and discrimination and supports the development of government policies and programs to assist persons with AIDS. In addition, TASO has active community-based programs, which provide HIV prevention education and mobilize community level resources to socially and economically support families affected by AIDS.

Results

To date, over 600 AIDS counselors and thousands of community level volunteers have been trained by TASO. By the end of 1999, TASO had served over 57,000 clients in seven major urban areas of Uganda. And, more than 400 children have been assisted by the "orphan support" activities. Most importantly, studies have shown that most TASO clients have adopted HIV prevention behaviors. A majority of TASO clients (55% of males and 73% of females) report that they are not sexually active with any partner, and among those sexually active, 49% of males and 61% of females report that they are using condoms to prevent HIV spread and unwanted pregnancies.

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FACT SHEET

HIV/AIDS Research at Mulago Hospital Mother/Child Clinic – “Ward 11”

Tuesday, January 11, 2000

Scene Setter

The Mother/Child Clinic, commonly referred to as “Ward 11”, in Old Mulago Hospital in Kampala, Uganda is one of 7 global sites conducting “state of the art” research related to pediatric AIDS and mother-to-child HIV transmission. In partnership with US-based academic institutions, Makerere University in Kampala is the lead researcher. Recently, the most exciting and significant findings from their research includes the testing of the new drug, Nevirapine, which was found to reduce mother-to-child transmission by 50%. At only a cost of \$4 per dose, this new drug is a cheap, simple and feasible intervention for even the poorest countries. USAID provided the initial funds to build the lab itself, and the U.S. National Institutes of Health has been providing the funds to support the research activities. During your visit, you will meet Dr. Laura Guay, the lead Johns Hopkins University Researcher in Uganda as well as other members of the research team. You will hear about the different types of research conducted at the clinic and highlights from recent research findings, and have a brief tour of the clinic and lab facilities.

Background

“Ward 11” was established in 1988. Since that time, Makerere University, in partnership initially with Case Western Reserve University (CWRU) and currently with Johns Hopkins University (JHU), has focused on conducting high quality scientific research to understand better the factors leading to mother-to-child HIV transmission, the consequences of pediatric infection, and the interrelationships between HIV and other diseases such as malaria, Kaposi's Sarcoma, and TB. The overall goal is to find ways to prevent HIV infection in children and improve the lives of those children who are HIV infected. In 1997, “Ward 11” was selected as one of 7 international perinatal HIV Network (HIVNET) sites for clinical trials for the prevention of vertical transmission. In addition to the Nevirapine drug study, other research currently being conducted includes a study on vitamin A and its effects on HIV infected children and an HIV vaccine for prevention of HIV transmission through breastfeeding.

Since the research activities began, over 2000 families have participated in the research programs. Each family has had access to comprehensive pediatric services including immunization, health education, counseling, promotion of oral rehydration solution (ORS), and curative measures. Additional social services have been provided in conjunction with these health services such as patient transport, school scholarship programs, and a microenterprise loan program. On a monthly average, more than 800 children and 300 post-partum women access these services resulting in a 99% immunization rate among clinic attendees and an infant mortality rate which is less than 1/3 the national average for uninfected children.

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10

Divider Title: _____

FACT SHEET

USAID/Uganda Support for AIDS Prevention Activities with the Ugandan Military Lunch with Representatives of the "Uganda People's Defence Forces" Tuesday, January 11, 2000

Scene Setter

Between 1988 and 1996, USAID provided \$2.5 million to support the implementation of HIV/AIDS prevention activities in the "Uganda People's Defence Forces" (UPDF). As a result, the UPDF HIV/AIDS Prevention Program was formally established in 1994 and is recognized as one of the world's first and most effective military HIV/AIDS prevention programs. To date, over 2000 soldiers have been trained as peer educators, more than 53,000 soldiers and their dependents have received HIV/AIDS education, and Ugandan soldiers have distributed over 4 million condoms supplied by USAID. Most importantly, HIV prevalence has declined from more than 45% in the early 1990s to 26% today. During the luncheon, Senator Richard Durbin and Ms. Sandra Thurman will be dining with three UPDF representatives, Lieutenant Richard Rwangwoga, Manager for the UPDF AIDS Control Program, Warrant Officer Wamundu Cassettee, the Officer in Charge for Health Education in the UPDF, and Captain Stephen Talugende, a volunteer HIV prevention peer educator. Captain Talugende is HIV+.

Background

A turning point for President Museveni in realizing the extent of the AIDS epidemic in Uganda was upon receiving a telephone call in the mid 1980s from Cuban military authorities informing him that many of the Ugandan military personnel training in Cuba were HIV+. By the early 1990s, it was estimated that more than 45% of the Ugandan military was HIV+. Because of restrictions prohibiting direct USAID funding to the military, USAID provided funding through other mechanisms, such as World Learning, Inc. (WLI), a U.S. based private voluntary organization, to support HIV prevention activities in the Ugandan military. These activities included HIV testing and counseling, health education, STD treatment and prevention, condom promotion and distribution and post test clubs (a grass roots forum for moral support and continued counseling). As a result of these initial USAID-supported activities, the UPDF HIV/AIDS Prevention Project was formally established in 1994. Staffed with military personnel on temporary leave, the strategic focus of the project is to reduce HIV transmission among target UPDF personnel together with their civilian dependents and surrounding communities. Ugandan soldiers volunteer to become AIDS "peer educators". After training, these volunteers provide education to fellow soldiers, motivating them to use condoms and practice safer sex, and distribute condoms. In addition, an association of army personnel living with HIV/AIDS has been formed and is active in providing support to its members and education to the general community. Today, the UPDF test potential new recruits, those testing HIV+ are not accepted.

President Museveni has provided the critical leadership for military HIV prevention. The Ugandan military has been remarkably open in confronting the problem of the AIDS epidemic, and AIDS education, counseling, and condom distribution have been well accepted. Furthermore, Ugandan military officials support AIDS related research projects and have involved their HIV+ personnel on a voluntary basis; the first HIV vaccine trials in Africa are being conducted in Ugandan military groups.

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Divider Title: _____

WHITE HOUSE AND CONGRESSIONAL DELEGATIONS TO UGANDA

Congressional Delegation

Senator Richard Durbin, Agriculture, Defense, and Appropriations Committees

White House HIV/AIDS Delegation

Ms. Sandra Thurman, Office of National AIDS Policy

**Guest List for Lunch at Mamba Point Restaurant - Kampala (approx. 18 people)
January 11, 2000**

A. Backroom – “HIV/AIDS in the Uganda Military” (9 people)

“Uganda People’s Defence Forces” (UPDF) Representatives

Lieutenant Richard Rwangwoga, Manager for UPDF AIDS Control Program

Warrant Officer Wamundu Cassettee, Officer in Charge of UPDF Health Education

Captain Stephen Talugende, UPDF Volunteer HIV Prevention Peer Educator

Durbin Delegation

Senator Richard Durbin, Agriculture, Defense and Appropriations Committees

Mr. Bill Harris, HIV/AIDS Advisor to Durbin Delegation

Thurman Delegation

Ms. Sandy Thurman, Office of National AIDS Policy, White House

Dr. Michael Iskowitz, Office of National AIDS Policy, White House

USAID Mission Representatives

Ms. Dawn Liberi, USAID Mission Director

Dr. Becky Bunnell, USAID HIV/AIDS Advisor

B. Main Room – Discussions of HIV/AIDS in Uganda (9 people)

Thurman Delegation

Ms. Mary Fisher, Family AIDS Network

Ms. Kathleen Carr, Elizabeth Glaser Pediatric AIDS Foundation

Mr. Thomas Niblock, State Department, AF Economic Policy Staff

Ron Johnson, Member of Presidential Advisory Committee on HIV/AIDS

Durbin Delegation

Mr. Derrick Miller, RESULTS Congressional Liaison Officer

LTC Christina Anderson, Durbin escort

USAID Mission Representatives

Mr. Pat Fleuret, USAID Deputy Mission Director

Ms. Rebecca Rohrer, USAID Health and Population Officer

Ms. Annie Kabogooza-Musoke, USAID Development Specialist

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Divider Title: _____

FACT SHEET

THE AIDS INFORMATION CENTRE

Tuesday, January 11, 2000

Scene Setter

The AIDS Information Center (AIC) was the first voluntary anonymous HIV counseling and testing program in Africa and is currently the largest program in the world using new rapid tests to provide-on-site, same-day results. Countries around the world now use the AIC model as a key component to fighting the HIV/AIDS epidemic. USAID was the first donor to support AIC and currently is the lead donor funding 70% of AIC's annual budget of \$1.5 million. During your visit to AIC, you will be greeted by AIC clients singing HIV educational songs, hear a briefing by the senior management of AIC, hear a testimonial from a client who has benefited from the program, and tour the facilities.

Background

In 1987, the Government of Uganda instituted an aggressive AIDS information and education campaign with USAID and other donor support. This resulted in high rates of knowledge of AIDS and a public demand for HIV testing. By 1989 a group of Ugandan and international AIDS activists organized an effort to provide HIV counseling and testing. As a result, AIC was established and began providing services in Kampala in early 1990. AIC clients now receive not only HIV testing and counseling, but also syphilis testing and treatment, diagnosis and treatment for other sexually transmitted diseases, family planning services, and education and referral for tuberculosis testing and treatment. Long term support for behavior change and coping with HIV infection is offered through "Post Test Clubs" at all sites where clients, both those infected and those not, receive on-going counseling, provide mutual support, and conduct AIDS-education activities in various community settings. AIC now collects "user fees" from clients of approximately \$2.50 per visit to help offset program costs.

Results

Today, HIV counseling and testing is available in 22 of the 45 districts in Uganda. Within these districts, AIC has established a total of 48 direct and indirect HIV counseling and testing sites. In total, AIC has conducted over 700,000 counseling and testing sessions; in 1998 alone, over 55,000 tests were conducted. Over time, increasing numbers of AIC clients are female and increasing numbers come for pre-marital testing, indicators that behavior change is occurring and prevention messages are being followed. Women now constitute 50% of AIC's clients. AIC's efforts have contributed to the dramatic 50% decline in HIV prevalence in Uganda. Data from national sentinel surveillance surveys have shown consistent declines in HIV prevalence among young pregnant women since 1992. Studies recently conducted in Uganda, Kenya, Tanzania, Rwanda and Zambia have documented and finally validated the important role of HIV counseling and testing in helping people adopt and maintain risk-reduction behaviors to prevent further spread of HIV infection.

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FACT SHEET

NATIONAL COMMUNITY OF WOMEN LIVING WITH AIDS (NACWOLA) “THE MEMORY BOOK PROJECT”

Tuesday, January 11, 2000

Scene Setter

The National Community of Women living with AIDS was established in 1992 by three HIV+ women to provide emotional support for one another. Today, NACWOLA has become a national HIV advocacy program, which aims to break the isolation, stigma, and prejudice experienced by women living with AIDS to ensure that HIV+ women do not suffer abuse of human rights. One of their central activities, “The Memory Book Project”, focuses on creating an album with photos and a family history in an effort to improve communication between mothers living with HIV and their children. You will visit the headquarters of NACWOLA, located in Makindye neighborhood of Kampala. Beatrice Were, NACWOLA Director, who is HIV+, Prosovia Kasolo, Chairperson for NACWOLA Executive Committee, and Jaqueline Nabwire, the Memory Book Project Director will brief you on their activities. And NACWOLA members will share their personal experiences of coping with AIDS and its impact on their families. Some mothers and their children will show you their “Memory Book”.

Background

Since it was established in 1992, NACWOLA encourages the empowerment and self-sufficiency of HIV+ women through social support and income generating activities. NACWOLA works to ensure that HIV+ women are visible and have a voice in decision and policy making. Drama groups organized by members are active in outreach and community education efforts. With support from Save the Children’s Fund UK, NACWOLA developed a project to improve the communication between mothers living with HIV and their children. Called the “Memory Book Project”, it provides training to mothers so they are better able to talk with their children about their illness, learn about inheritance rights and will making, and develop contingency plans for the future. The project also helps mothers prepare an album with photos and information about the child, the mother, and the extended family, so that these children can retain knowledge of their family history. The “Memory Book Project” has become an extremely powerful tool in supporting AIDS orphans, and as a result of its success, several other organizations, including “The AIDS Support Organization” (TASO), have integrated this project into their activities.

Results

Today NACWOLA has a membership of over 46,000 women living in 18 districts of Uganda. In the initial pilot phase of the “Memory Book Project”, more than 150 women in different divisions of Kampala participated. The evaluation of the pilot documented that the process of preparing the Memory Book helped children become more supportive of their mothers, participated more actively in caring for their mothers when they became ill, and were better prepared for the future.

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



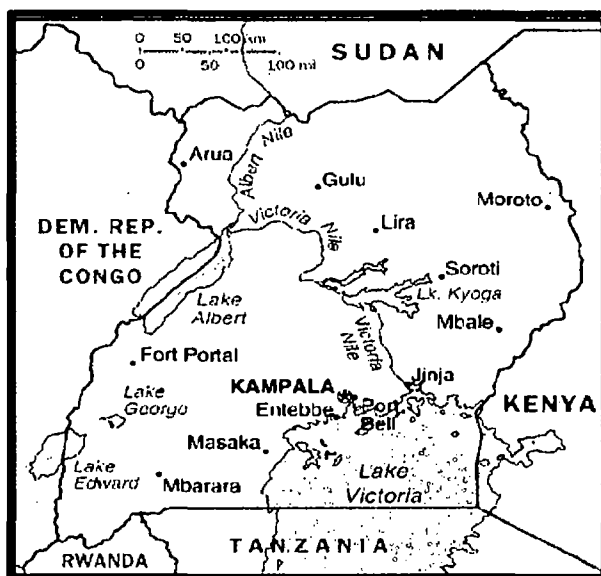
USAID UGANDA FACT SHEET

Uganda has embarked on an impressive path of macro-economic reform. The Government has liberalized economic policies, maintained sound macro-economic management, imposed strong fiscal discipline, and successfully curtailed inflation. The economy has grown at an average of six percent per year since 1986 (when President Museveni's National Resistance Movement [NRM] came to power). Inflation has decreased from over 200 percent in the 1980s to 7 percent as of August 1999. This major reduction in inflation was a result of the Government of

Uganda's (GOU) adherence to International Monetary Fund (IMF) conditionalities that set targets to reduce public sector expenditures and the national deficit. However, in recent months military expenditures associated principally with the Congo war have escalated, resulting in a failure to meet interim IMF spending targets. Corrective actions are underway and the IMF has recently conducted a favorable mid-year

review. Uganda was the first beneficiary of the Highly Indebted Poor Countries (HIPC) debt reduction program. The HIPC initiative has reduced Uganda's debt during the

deteriorating infrastructure. Additionally, the 13-year insurgency in the North and three year conflict in the west, and deeper involvement in regional conflicts, threaten Uganda's political stability and financial solvency. Further, while rebuilding a shattered country, Ugandans have had to cope with an especially severe AIDS epidemic. Natural resources, upon which much of the economy is based, are deteriorating due to lack of sustainable resource management policies and an expanding population. The future of multiparty democracy will influence many of these issues.



1998/99 period by \$37.2 million.

Uganda has made impressive strides toward an open and more transparent economy, with free markets and democratic reforms. Despite these impressive gains, however, major issues still confront Uganda's growth and development, including heavy indebtedness, a weak and inefficient financial sector, corruption, high levels of poverty, and a

USAID/Uganda's five year (1997-2001) Country Program Strategy aims to improve the standard of living in Uganda by: encouraging broad-based economic growth; conserving biodiversity and the natural resource base; increasing people's potential to be productive members of society through improved basic education and better health; improving public sector accountability and citizen participation in government

decision making; and providing assistance to northern communities affected by the years-long insurgency. In FY 1998, USAID provided over \$51 million in development assistance, \$29 million in Public Law 480 Title II food aid resources, and \$1.8 million in disaster assistance. It is anticipated that these levels will remain approximately the same for FY 1999 and FY 2000.

INCREASING BROAD BASED ECONOMIC GROWTH

Uganda's economy is predominantly agricultural—over 90 percent of the country's 20 million people are dependent on subsistence farming and light agro-based industries. However, development in this sector is constrained by limited access to appropriate technology and extension services, inadequate transportation systems, poor cultivation practices, insecure land tenure, poor marketing systems, out-dated price information, and unavailability of credit. USAID assistance directly addresses these constraints through efforts to: (1) increase the production of traditional subsistence food crops (e.g., cassava, oilseeds, maize and beans) and milk; (2) diversify and expand non-traditional agricultural exports, (e.g. cut flowers, fresh fruit and vegetables, oils and spices, cocoa, vanilla); (3) support micro enterprise development; and (4) increase access to financial services. USAID's activities directly reach about 250,000 farmers and their families and 60,000 micro businesses, of which nearly 70 percent directly involve women. USAID's efforts have led to significant increases in rural incomes through higher production of

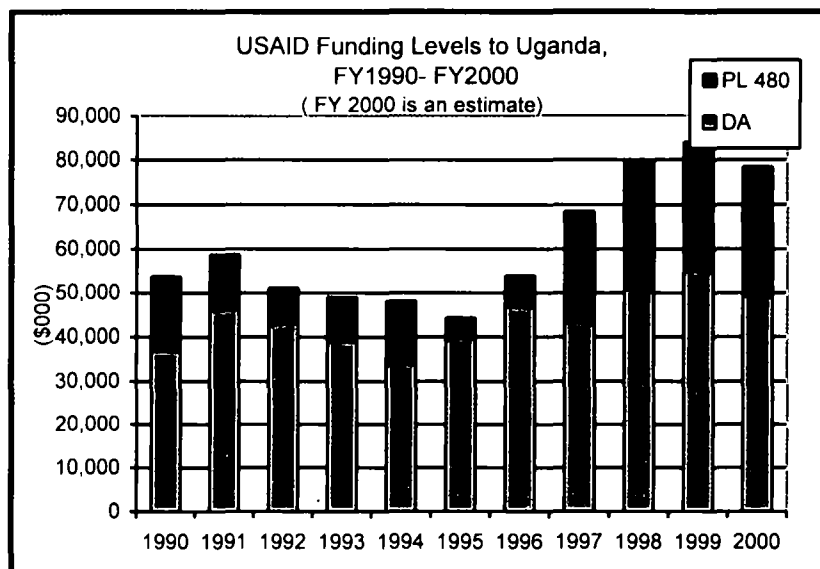
food crops and increased volume of non-traditional exports such as cut flowers, fruits and vegetables, and essential oils. Milk production and yields have also continued to increase with more than 10,000 farmers and association members trained and adopting improved technology and practices. Micro finance and enterprise development activities supported by USAID have resulted in 27,000 new savings accounts in 1998, bringing the national figure to 83,163 savers. Fifty percent of the new savers are women.

CONSERVING BIODIVERSITY AND UGANDA'S NATURAL RESOURCE BASE

Uganda contains unique ecosystems critical to the conservation of globally important biodiversity. Seven of the 18 biogeographic regions found in Africa are represented in Uganda. Uganda ranks fourth in Africa in number of bird spe-

conflict pose substantial environmental hazards. USAID's assistance addresses these constraints through support for national level policy development that promotes rational management and conservation of Uganda's natural resources. USAID focuses on capacity building in environmental management; promotion of improved technologies and systems to increase agricultural and fishery production while preventing degradation; management and use of biodiversity; environmental education; environmental health and pollution management; and stemming the threat of water hyacinth to Lake Victoria and riverine systems.

Through USAID's assistance, Uganda has improved its management of ten critical areas/ecosystems at risk of irreversible degradation. Among the parks benefiting from USAID resources are Queen



cies (over 1000) and third in number of mammal species (321). However, population pressures, poverty, unsustainable natural resource management practices, and continued

Elizabeth and Murchison Falls National Parks, both of which are demonstrating a continued recovery of elephant populations, an indicator for savanna ecosystem health. Eco-tourism growth is hampered, however,

by ongoing internal and regional conflict.

IMPROVING PRIMARY EDUCATION

Decades of civil strife left the Ugandan education system in shambles. When USAID assistance began in 1992, 45 percent of the teaching force was untrained, books were non-existent in virtually all schools, half the school-age population was not in school, and public expenditure on education was minimal. Primary education reform is one of the top priorities of the GOU. Uganda's ability to build a free democratic society relies on the knowledge, attitudes and skills of its citizens. In 1997, the GOU launched Universal Primary Education (UPE), a new policy that allows free education for four children in every family. UPE has more than doubled the student population in primary school, to

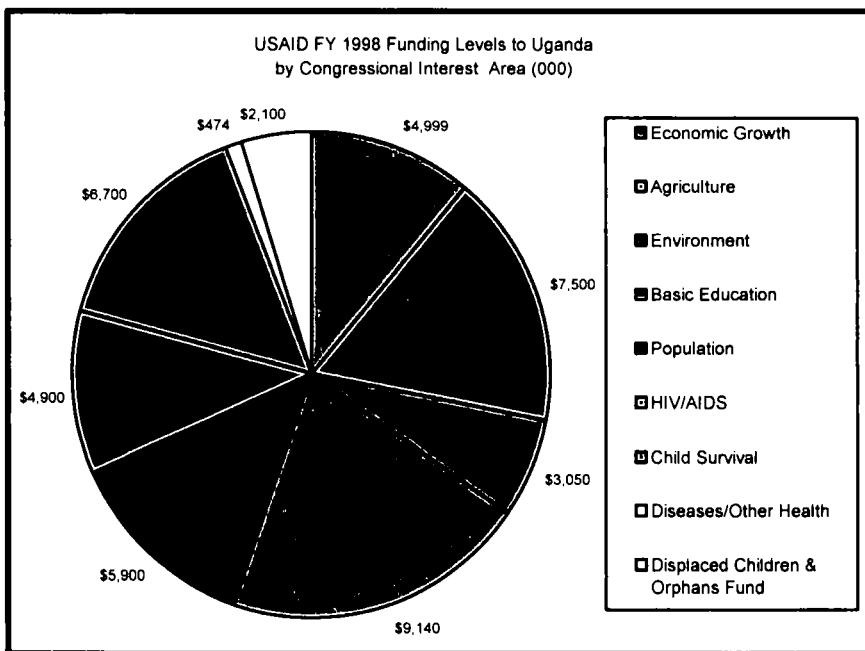
the classroom, improving teacher training programs, provision of instructional materials, maintaining GOU expenditures for primary education, and improving technical proficiency of local school administrators and civic organizations to effectively manage primary schools. USAID's policy dialogue program has served as a catalyst to open the textbook market to competition, improve teachers' terms and conditions of service, construct hundreds of classrooms, train over 21,000 teachers, and ensure transparency and accountability of school budgets. Ongoing activities focus on a massive, innovative teacher training program, the development of a national teachers' credit union, improving girls' participation and achievement in primary school, and mobilizing parents and community leaders to address such issues as nutrition,

help accelerate reforms nationwide.

IMPROVING REPRODUCTIVE, MATERNAL AND CHILD HEALTH

Despite improvements in a number of health indices in recent years, Uganda continues to suffer from high rates of fertility and infant and maternal mortality. The Total Fertility Rate in Uganda is 6.9 children per woman, constituting a fundamental constraint to development across all sectors. Nearly one in seven of these children will not live to see his or her fifth birthday, and maternal mortality is also high. A substantial portion of the adult population is infected with HIV, and Uganda may have one of the lowest life expectancies in the world as a result of AIDS.

USAID assistance has played a pivotal role in reversing some of these trends. The use of modern contraception increased nationally from 2.5 percent of married women in 1989 to 7.8 percent in 1995, resulting in a decline of fertility from 7.3 children in 1989 to 6.9 in 1998. In districts where USAID is active, contraceptive prevalence increased from about 12 percent in 1995 to nearly 20 percent in 1997. Although AIDS continues to be a major problem, HIV incidence (new infections) seems to be declining, and individuals seeking voluntary HIV counseling and testing have increased. The focus of USAID's program is to reduce fertility rates and maternal and child mortality and slow the transmission of HIV/AIDS. USAID resources support aggressive information, education and communication mass media campaigns that raise awareness of family plan-



5.3 million children. USAID's program, comprised of both policy dialogue and project assistance, focuses on increasing the availability of teachers in

girls' education, and parental responsibilities. USAID's success in the education reform program has helped leverage additional donor funding to

ning and maternal and child health services as well as HIV/AIDS prevention, testing and counseling. Also, USAID's social marketing program has become a major source of condoms and oral and injectable contraceptives. Training of health care providers is also a significant element of USAID's program efforts.

ENHANCING CITIZEN PARTICIPATION AND GOVERNMENT ACCOUNTABILITY

In 1996 Uganda held non-party presidential and parliamentary elections, completing the country's return to democratically elected civilian rule. The majority of USAID's assistance in this sector supports capacity building activities designed to enhance the competence and functioning of Parliament, civil society and local government. A smaller set of activities are aimed at strengthening the foundations of the judicial system, specifically re-codifying the Laws of Uganda and supporting improved legal education and training. USAID's support to Parliament has assisted it to become increasingly active, investigating allegations of executive branch corruption and mismanagement, and initiating legislation (a role previously confined to the executive).

In 1997, Uganda devolved nearly all central government

responsibilities and functions to 45 districts, a process completed with the holding of local council elections in May 1998. USAID's assistance is aimed at improving the capacity of local government officials, such as the newly elected local government councilors, to perform public sector functions in an accountable and transparent fashion. USAID also supports the development of effective non-governmental organizations engaged in advocacy, public policy development, and government oversight at the local level.

REINTEGRATION OF NORTHERN UGANDA

Northern Uganda includes ten districts and roughly five million people that have endured conflict and social disruption for more than a decade. The protracted conflict has disrupted farms, communities and civil institutions. There are roughly 350,000 internally displaced persons (IDPs); 160,000 Sudanese refugees; and 1,500 returned abducted children and their families in Northern Uganda. The vast majority of rural household savings -- 300,000 cattle and most other livestock -- have been killed or stolen from the pastoral communities. Economic and social indicators, while reflecting some improvement nationally, show that the North has not

participated in the growth occurring in the other regions of the country. USAID resources (Development Assistance and P.L. 480 Title II food aid) are used to provide opportunities for economic growth, improved health and sanitation, some environmental conservation, and a large humanitarian assistance program. These activities, implemented by non-governmental organizations, include USAID's new program to support the reintegration of Northern Uganda. USAID's new program, launched in September 1998, grew from the goals of the Greater Horn of Africa Initiative (GHAI) which are to improve food security and resolve prevent conflict. Because conditions throughout the North vary, this program encompasses emergency and transition activities that address a broad range of needs of the affected population and provide a link between relief and development. The major activities of the program are to meet critical emergency needs, such as supporting the recovery of returned abducted children, and providing food assistance for some 260,000 IDPs; generating employment to increase household income; and encouraging awareness and capacity to resolve and prevent disputes.

FOR MORE INFORMATION ON USAID'S PROGRAM IN UGANDA, PLEASE CONTACT:

Dawn M. Liberi, Director
USAID/Uganda
P.O. Box 7856
Kampala, Uganda
Telephone: (256-41) 235-879
Fax: (256-41) 233-417
E-mail: dliberi@usaid.gov

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



USAID UGANDA ECONOMIC GROWTH PROGRAM

Uganda's economy is based primarily on agriculture and agriculture-related enterprises. Nearly 90 percent of the population are rural based and derive their incomes from the agricultural sector. Thus, economic growth is heavily dependent on increasing agricultural production and productivity. Agriculture in Uganda must transform from subsistence farming to farming with greater commercial orientation. Over time, this transformation will lead to greater opportunities through associated multiplier effects, such as increased off-farm employment in agro-processing industries, creation of new supporting service sectors and input providers, and development of other new industries. The evolution and diversification of Uganda's economy are strongly linked to "agricultural transformation." Broad economic diversification into non-agricultural sectors, at least on a large scale, will take time and require considerable private sector investment. Thus, agriculture is the primary engine available to the population for achieving significant economic growth in the medium term.

Uganda has a rich land resource base. While there are areas of intense population pressure, only about 30 to 40 percent of the cultivable land (excluding forest, Na-



Non-Traditional Agricultural Exports: A rural family selling apple-bananas, a high value non-traditional export crop.

tional Parks, and permanent pasture) is being used. Contributing to poor land utilization are the low use of modern technology and agricultural inputs, as well as the lack of improved varieties for increased crop production poor roads and other physical infrastructure, and a variety of legal and institutional constraints to the purchase, sale and use of land. Insecurity in the North and West also makes it difficult for farmers to cultivate large areas on a regular basis. Land tenure is another issue constraining commercial opportunities.

Further, inefficient commodity markets, over-reliance on traditional export crops (tea, coffee, and cotton), lack of adequate infrastruc-

ture, and lack of effective financial services reduce the country's ability to attract investment and compete in global markets. Low productivity makes the country a higher cost producer of basic food crops than its neighbor, Kenya. USAID-funded experts estimate that maize and bean yields can be increased by 2 to 3 times with improved varieties, better agronomic practices and fertilizers. Although land-locked, Uganda can be a food exporting country.

The economic growth problem for Uganda goes beyond agriculture. Low productivity also affects manufacturing, services and tourism. The lack of a broad-based, skilled workforce and a weak enabling environment limit the private sector from being competitive both regionally and in broader global markets.

USAID'S ECONOMIC GROWTH STRATEGY

USAID's Economic Growth program focuses on increasing rural household incomes by (1) improving agricultural productivity to increase production of basic food crops and dairy products; (2) expanding opportunities for broad-based participation in the economy through non-traditional agricultural

exports; (3) developing small and micro businesses; (4) increasing the use of financial services by rural households and the agricultural sector; and (5) improving the enabling environment for business development. These interventions reach about 250,000 farmers and 60,000 micro-businesses, of which nearly 70 percent directly involve women. USAID's program is consistent with the Government of Uganda's (GOU) commitment to poverty reduction, agricultural modernization, food security, non-traditional agricultural export development and expanded trade and investment.

Increasing agricultural productivity

The major constraint facing agriculture is low agricultural productivity. Basic food security remains an important issue, owing to the low income base and lack of resources to produce or purchase adequate food.

USAID technological interventions – which include field demonstrations of improved seed, fertilizer storage technologies and agronomic practices are increasing productivity and driving production increases in many districts. As production of food crops (maize, beans, oilseeds and cassava) increases, Ugandan farmers have more food stocks for consumption and sale.

USAID interventions increased productivity of maize, beans and dairy products significantly in 1998 over the previous year. Cassava



Food Security: Entrepreneur selling beans, a staple food crop and basic source of protein for over 90 percent of the population.

production, decimated in prior years by the mosaic virus disease, made a remarkable recovery in 1998 after a three year USAID effort. USAID's technology improvement interventions, particularly under the Title II Program, have successfully introduced and disseminated improved, mosaic-resistant varieties. By the end of 1998, nearly 70 percent of cassava farmers whose crops were decimated by the disease were back to pre-mosaic production levels.

USAID's assistance, through the Investing in Development of Export Agriculture (IDEA) Project and P. L. 480 Title II program, has increased the number of field demonstrations of improved seeds, fertilizers and agronomic practices from 480 sites in 1997 to 4,000 in 1998, increasing the farmer clients from 80,000 to 250,000. These field demon-

strations have increased the use of inputs, including fertilizer over 1997 levels and increased yields, tripling sales of improved maize and bean seed varieties.

USAID's dairy sector activities focus primarily on productivity and are increasing milk production and value-added products. The Uganda dairy sector was decimated during the years of conflict. As a result, milk production and milk consumption decreased precipitously, negatively impacting the nutrition of the population. With the initiation of a national dairy campaign supported by USAID, urban consumption of milk is increasing. Coinciding with this growing demand, commercialization of agriculture services must occur to increase productivity and competitiveness. USAID through HPI and LOL has funded such activities as introduction of improved dairy breeds, artificial insemination, "zero-grazing" and pasture management, dairy product development and business management practices. USAID's partners in the dairy sector include Land O'Lakes and Heifer Project International, which implement these successful activities in Uganda.

Increasing Non-Traditional Agricultural Exports

Diversifying agriculture and building a strong non-traditional agriculture export base is equally important because it provides foreign exchange, expanded trade, greater investment and employment.

USAID, through the IDEA Project, has played a major role in the growth of Uganda's high-value, non-traditional agricultural export sector, which includes cut flowers, oils and spices, fruits and vegetables, vanilla and cocoa. Growth in export earnings of these crops has been impressive – from \$8.9 million in 1995 to over \$25 million in 1998. Exports of fruits and vegetables, such as green beans, passion fruit and chili peppers, have now attracted foreign supermarket representatives to Uganda to develop direct marketing outlets. One new farmer association with 150 producers initiated their first export operation in 1998 and is now exporting 2-3 tons of hot pepper per week with \$90,000 in sales per year. Fresh fruits and vegetables continue to show room for expansion in ethnic and specialty markets. Vanilla exports, which are marketed primarily to the U.S., continue to increase with a record high of 30 metric tons in 1998.

Capital investment in high value export crops continues to increase and provides stability to the industry, leading to more stable employment for Ugandans. The



Productivity: High yielding maize crop at Kawanda Agricultural Research Institute

cut flower industry alone provides employment to over 4,000 workers, most of whom are women. In addition, outgrower schemes have created employment for over 10,000 rural small holders and employees.

USAID's resources finance technical assistance and training that help support business planning, facilitate financing arrangements, secure overseas markets, identify foreign investors, conduct feasibility studies, and improve production technology.

Expanding Micro and Small Business Development

Expanding the number of micro-enterprises and small businesses, and at the same time increasing their competitiveness, will increase employment and productivity in Uganda. USAID interventions, through the Private Enterprise Support and Training Organizations (PRESTO) Project, include improving business planning and marketing, as well as improving the effectiveness of business associations, such as the Uganda Manufacturers Association and the Uganda National Chamber of Commerce and Industry, which fill an advocacy role and deliver services to entrepreneurs. To further improve Ugandan business skills and expose Ugandan businesses to modern technology and U.S. business expertise, USAID funds a technical specialist based in the Uganda Investment Authority (UIA) to forge linkages and joint ventures between the Ugandan and U.S. business community.

Increasing Financial Services

A sound financial sector is important as it relates both to the productivity of the agricultural sector and for business development in other sectors. For the agricultural sector, financial services are critical for servicing



Agricultural Technology: field demonstration trial of improved bean varieties and better cultivation practices

farm credit needs and agribusiness development and, therefore, need to be within reach of the rural population. For non-agricultural businesses, financial services need to be available in towns and cities where businesses tend to be located. The pervasive problem of agriculture credit relates to the inherent risk in agriculture and the limited experience of traditional commercial banks to lend to farmers. The Micro-finance Institution (MFI) approach has filled a niche, expanding rapidly through USAID leadership. Micro-finance is an important first step in Uganda for setting in place a bottom-up banking culture that will serve a large segment of the poorer population. USAID, through the PRESTO Project, has created the Center for Micro-finance that provides training and guidance to nearly 60 MFIs operating in Uganda and attracted the attention and

participation of other donors. In addition, USAID has recently signed an agreement with the BOU to put an export finance program in place. This program will provide short-term finance to exporters, primarily in the non-traditional agricultural export sector, with the aim of stimulating greater export volumes. The support to the Cooperative Bank through the CAAS Project and Title II Program, though not successful in terms of strengthening the institution, did generate significant increases in rural borrowing and saving. Most of the now closed branches have been purchased and reopened by other banks seeking to capitalize on up-country economic growth.

**Policy Reform for
the Private Sector**

To facilitate economic growth, national-level policy reform is

important in a number of areas. For agricultural diversification and expanding the export base, USAID targets policy issues such as fertilizer import programs, crop protection chemical regulations, import duties, tax incentives, export policy, quality assurance, and cross-border tariff structures. Likewise, USAID has achieved policy reform in the enabling environment for business development, achieving changes in government services that promote and facilitate domestic and foreign investment, as well as business transactions.

USAID will soon implement a Trade and Investment policy activity that will address export industry competitiveness, and trade facilitation related to World Trade Organization and regional trade agreements with COMESA and the EAC.

FOR MORE INFORMATION ON USAID'S STRATEGY FOR ECONOMIC GROWTH IN UGANDA,
PLEASE CONTACT:

Dawn M. Liberi, Director
USAID/Uganda
P.O. Box 7856
Kampala, Uganda
Telephone: (256-41) 235-879
Fax: (256-41) 233-417
E-mail: dliberi@usaid.gov

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UNITED STATES AGENCY
FOR
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**USAID UGANDA
ENVIRONMENT AND NATURAL RESOURCES PROGRAM**

Uganda's natural resource base is among the most rich and diverse in Africa. In its unique position between the East African savanna and the tropical forests of the Congo Basin, Uganda unites 7 of the 18 biogeographic regions found in Africa. This highly diverse landscape features rift valleys, highlands, mountain ranges, papyrus swamps, acacia savannas, and an extensive network of rivers and lakes. These varied habitats are home to abundant flora and fauna. Uganda ranks fourth in Africa in number of bird species (over 1000) and third in mammal species (321). Fifteen mammal species and subspecies are unique to Uganda. Nineteen species of primates are found in the country, including over half of the world's remaining population of mountain gorillas.

Managed wisely, Uganda's natural resources can provide a foundation for sustainable economic growth. The economic vitality of the country's agricultural sector - livestock, fisheries, subsistence and cash crops, as well as the forestry sector, depends on the health of all ecosystem components. Ecotourism is one of Uganda's fastest growing industries - in 1998, National Park revenues alone exceeded \$1.8 million. If



Biodiversity: Mountain Gorilla,
Bwindi Impenetrable National Park

conducted according to rigorous environmental standards, mining can be an important source of employment and foreign exchange. For positive economic growth trends to continue however, Uganda must proactively address threats to its environment and natural resources, or risk losing its most promising growth industries.

Despite Uganda's wealth of biodiversity and natural resources, several factors are undermining the conservation of these resources. The USAID environment and natural re-

sources program addresses these factors: (i) inadequate protection and management of ecosystems; (ii) underlying pressures such as poverty and population growth; and (iii) institutional, policy, and market limitations that favor over Exploitation of natural resources.

Most of Uganda's biodiversity is found in its natural forests, but a considerable amount is found in open waters, wetlands, and savanna. With approximately 13% of total land area within the protected area (PA)

system - National Parks, Wildlife Reserves, and Forest Reserves - a significant amount of Uganda's natural resources receives some level of protection. However, encroachment and land use conflicts with communities living within and adjacent to PAs; poaching, over fishing and poorly regulated use of forest and other resources threaten the integrity of the PA system.

USAID's BIODIVERSITY AND CONSERVATION STRATEGY

USAID's "Strategy for Biodiversity Conservation" identifies Uganda as a country containing globally important biodiversity; and as a priority country for



Sustainable Natural Resource Management: Boy returns from shea nut harvest, Lira District

support of biodiversity activities.

To assist Uganda in its conservation efforts, USAID is providing \$31.75 million over the period 1997-2002. USAID's program focuses on improving ecosystem management, reducing pressure on critical ecosystems and developing a supportive institutional and policy framework for conservation and sustainable development.

Improving Ecosystem Management

USAID is addressing the need to improve the direct management of ecosystems by developing sound natural resource management planning processes, and by building local capacity to produce and implement plans.

Within the PA system, USAID has developed a planning process manual and is assisting Uganda Wildlife Authority (UWA) to develop a management plan for Queen Elizabeth National Park and its surrounding wildlife reserves. The new UWA planning process also guides the work of other donor agencies in other national parks and reserves.

Outside the PA system, USAID supports the National Environment Management Authority's (NEMA) efforts to build local government capacity for sound environmental management. In Mbale District, a "best practices" guide for incorporating environmental concerns into District Development Plans was developed. In addition to

USAID ENVIRONMENT ACTIVITIES PRIOR TO 1997

USAID's current program builds on the success of its previous biodiversity conservation activities. Notable USAID assisted activities prior to 1997 include:

- Adoption of a National Environment Action Plan for Uganda;
- Promulgation of the framework environmental legislation - the "National Environment Statute" and the establishment of a National Environment Management Authority;
- Rationalization of institutions charged with wildlife management, and the establishment of the Uganda Wildlife Authority;
- Creation of six new national parks;
- Empowerment of local governments to manage their own natural resources;
- Promotion of national-level dialog on land tenure reform and adoption of Land Act;
- Re-establishment of Uganda as a nature-based tourism destination, and a ten-fold increase in tourism revenues for the national parks system;
- Promotion of protected area benefit sharing with surrounding communities; as well as responsibility for management shared with surrounding communities.

these planning efforts, USAID supports the countries surrounding Lake Victoria in their efforts to combat the lake's environmentally debilitating water hyacinth infestation by advising on the development and implementation of a regional management plan for control of this noxious aquatic weed.

This period, USAID intends to replicate these successful environmental planning processes in additional PAs and Districts, and to provide support to plan implementation.

Reducing Pressure on critical Ecosystems

Uganda's ecosystems are subjected to excessive pressures due to the subsistence needs of the population, lack of environmentally sustainable options for livelihood, and a high population growth rate.

These forces exert unsustainable pressures on Uganda's natural environment. In addressing these forces, USAID recognizes that conservation will be accepted only if actions in support of conservation do not constrain the economic development and well being of local populations. Affected populations must perceive value from conserving ecosystems.

USAID addresses this need by supporting relevant initiatives of local and international conservation and development organizations. Where possible and appropriate, these activities are linked to planning efforts highlighted earlier.

The following highlights several such initiatives:

- The *Environmental Protection and Economic Development Project*. Supports environmental planning and implementation in Masindi District, emphasizing relocation of encroached com-



Ecotourism: Amajambere Iwacu Community Group Campground, Mgahinga Gorilla National Park

munities in the Karuma Wildlife Reserve.

- The *Shea Project for Local Conservation and Development* supports conservation of the indigenous savanna woodland in northern Uganda by promoting non-destructive uses of the shea nut tree.
- The *Agroforestry Research Network for Africa* works to promote wood security and provide sustainable natural resource management options in the densely populated southeast and lakeshore regions as a means of reducing pressure on local natural forests.
- The *Mgahinga and Bwindi Impenetrable Forest Conservation Trust* provides sustainable financing to communities affected by conservation of southwest Uganda's rare afro-montane forest resources.
- The *Community Conservation for UWA Project*

successfully institutionalized greater participation in sharing of benefits from conservation, as well as local community participation in PA management.

- The *Ecotourism Development Project for Mgahinga Gorilla and Bwindi Impenetrable National Parks* successfully established gorilla tourism in Uganda, and has involved local communities in the provision of tourist services and in the sharing of national park revenues.

Supportive Framework for Conservation

USAID's environment and natural resources program recognizes that rational ecosystem management and reduced external pressures on ecosystems can only be sustained within the broader context of an enabling supportive framework that promotes biodiversity conservation.

Accordingly, USAID supports strategic initiatives in areas aimed at supporting long-term conservation. Several such activities are highlighted below:

- USAID assists the GOU and NEMA in developing policies, guidelines and regulations for implementing Uganda's National Environmental Action Plan (NEAP) and various new and unfolding environmental regulations. USAID has been particularly instrumental in the development of environmental assessment regulations. For NEMA to be effective in its overarching environmental oversight and monitoring role, lead agencies and ministries, as well as the empowered local governments must have the capacity to fulfill their responsibilities within Uganda's unfolding environmental policy and institutional framework. To this end, USAID supports

NEMA's efforts to build awareness and capacity among key agencies and districts.

- The merger of the former Game Department and UNP into the new Uganda Wildlife Authority (UWA) resulted in an unstable institution. USAID works closely with the World Bank and the European Union to ensure that the new UWA has the appropriate structure and capacity to handle its vital biodiversity conservation mandate.
- A new *Environmental Accountability* initiative will strengthen capacity of local environmental organizations to advocate for improved performance by government and non-government organizations in matters affecting the environment.
- Finally, USAID supports environmental education initiatives aimed at creating

a broad-based constituency for environmental management. The *Uganda Wildlife Education Center* focuses on teaching urban school-children the value of conservation, and the *Wildlife Clubs of Uganda* work with schools throughout Uganda to incorporate environmental education into school activities.

Uganda is an active player in the international environmental community as signatory to international conventions. Where appropriate, USAID monitors, advises, and supports Uganda's participation in such relationships. Among the international conventions that Uganda has signed, some of the better known and more active are the *RAMSAR Convention on Wetlands of International Importance*; *Convention on Biological Diversity*; *Convention on International Trade in Endangered Species of Wild Fauna and Flora*; and the *Global Climate Change Convention*.

FOR MORE INFORMATION ON USAID'S ENVIRONMENT PROGRAM IN UGANDA, PLEASE CONTACT:

DAWN M. LIBERI, DIRECTOR
USAID/UGANDA
P.O. BOX 7856
KAMPALA, UGANDA
Tel: (256-41) 235-879
Fax: (256-41) 233-417
E-mail: dliberi@usaid.gov

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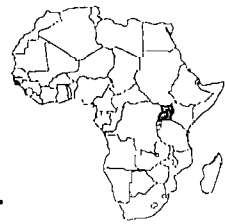
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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



USAID UGANDA PRIMARY EDUCATION REFORM PROGRAM

Uganda's ability to build a free democratic society relies on the knowledge, attitudes and skills of her citizens. This ability has been severely constrained by the poor quality and limited availability of basic education. Sustaining Uganda's economic recovery and spreading its benefits requires an accessible, effective education system. Evidence from other developing countries has convincingly demonstrated the link between investment in basic education, agricultural and manufacturing productivity, reduced fertility and poverty, improved income distribution, and the establishment and functioning of non-governmental institutions in civic society. USAID's decision

Decades of civil strife left the Ugandan education system in shambles. When USAID assistance started in 1992, 45 percent of the teaching force was untrained, books were non-existent in virtually all schools, and half the school-age population was not attending school. Between 1987 and 1992, the Government of Uganda, through the Ministry of Education and Sports, completed an extensive process to design the Primary Education Reform Program.



U.S. President and Mrs. Clinton and Uganda President Yoweri Museveni visit Kisowers School in Uganda

Commitment to basic education reform by both the GOU and the US was clearly demonstrated in 1998 when President Clinton launched the Education Initiative for Africa at Kisowers School in Uganda. During that visit, President Clinton promised Internet connection for the Kisowers School, enabling it to link up with its "sister school," Pinecrest Elementary, in Maryland, USA.

to support primary education reform in Uganda is based on the recognition of the role education will play in the country's continued revival and the links between human resource development and the achievement of the Mission's other programs.

Since 1992, primary education reform has been a top priority

of the Government of Uganda (GOU). In 1996, President Museveni announced the Universal Primary Education (UPE) program, allowing free education for four children in every family. The UPE policy is meant to provide a place in primary schools for nearly all Ugandan children by removing the burden of school fees from parents and guardians.

The policy also provides direct payment of per pupil capita-tion grants to individual schools. Overnight, the pri-mary school population doubled to 5.2 million students. While the political pronouncement sent shock waves through the system, a great deal of work has been subsequently com-pleted to put substance behind the pronouncement. The goal of UPE is to implement a sys-tematic reform of primary education by simultaneously changing, enhancing and transforming everything that would improve the quality of teaching and learning for Ugandan primary pupils.

USAID'S PRIMARY EDUCATION STRATEGY

USAID's strategy is to improve the quality of primary educa-tion through support for policy reform. The reforms include:

- Increasing the availability of primary schools;
- Improving the quality of in-struction;
- Improving support for girls' participation;
- Maintaining financial sup-port to the education sector; and
- Improving technical effi-ciency and institutional ca-pacity.

USAID supports primary educa-tion through the Support to Ugandan Primary Education Reform (SUPER) program. SUPER is funded by two mechanisms to accomplish ob-jectives in the sector: Non-Project Assistance (NPA) and Project Assistance (PA). NPA provides an annual grant for non-targeted budgetary sup-port, conditioned on the for-mulation and adoption of poli-cies that ensure an environ-

ment which maximizes the im-pact of scarce resources through improved manage-ment, sustainable and trans-parent financing mechanisms, and broad participation. Through NPA, the GOU has improved teachers' terms and conditions of service, increased GOU funding to primary educa-tion and ensured transparency and accountability. PA provides technical and training support to develop the capacity of the educational system, through the Teacher Development and Management System (TDMS), community mobilization, and educational research. Specific activities to improve access and quality include:

Increasing the availability of primary schools

With the dramatic increase in enrollment, maintaining mini-mum quality standards through system expansion of class-rooms, training of teachers and provision of instructional mate-rials are major components of

cent, compared to pre-UPE numbers; and

- convert the GOU's monop-oly on instructional material and text-books into a com-petitive market.

Improving the quality of instruction

The USAID/World Bank-supported TDMS brings serv-ices, programs and support directly to the schools. TDMS uses a decentralized network of outreach tutors attached to co-ordinating centers for in-service, refresher or manage-ment training of teachers and head-teachers. From 1995 to 1998, TDMS has been imple-mented in five stages (as indi-cated in the map), covering all government-aided schools in Uganda's 45 districts. The ex-cellent performance of TDMS has attracted other donor funding, including The Nether-lands and Irish Aid which are funding the last two phases of TDMS. In addition, the British development agency, DFID,

AFRICAN OWNERSHIP

The Mission's primary education program is an unparalleled ex-ample of African ownership. The GOU has spearheaded the ex-pansion of primary education and has adopted a policy of Uni-versal Primary Education which provides free education for up to four children per family. Over the past three years, the GOU has increased the percentage of the overall budget devoted to edu-cation from 23 percent to 33 percent, as well as the proportion of the latter dedicated to primary education (from 55 percent to 62 percent). The government also intends to build 40,000 new classrooms and add 120,000 trained teachers to the establish-ment over the next three years. These are ambitious goals, but send a strong signal of GOU ownership and commitment to moving forward with its education agenda.

USAID's program. USAID as-sistance has helped to:

- more than double the number of classrooms since 1997;
- increase the number of trained teachers by 24 per-

and the European Union are providing budgetary support to the GOU, in recognition of the government's financial com-mitment to TDMS.

Improved support for girls' participation in primary schooling

USAID is committed to expanding support for girls' educational participation. USAID has, therefore, implemented a unique program of incentive grants/promotion of girls' education, which has expanded coverage to 15 districts. This program challenges schools and communities to develop their own programs for enhancing girls' educational opportunities. In addition, in collaboration with USAID and other partners, the Ministry of Education (MOE) developed and adopted a national plan to promote girls' education. The National Plan for Girls' Education mandates the creation of a National Advisory Council on Girls' Education which will review programs and policies, identify needs, set priorities, and develop action plans. Also, in May 1999, the USAID's **Equity in the Classroom** initiative was launched in Uganda. The initiative will help build local capacity to address equity issues and track results in girls' education.

Improving technical efficiency and institutional capacity

USAID, in conjunction with the MOE, is working towards:

- improving district and school planning and management;
- community participation in school management; and
- rationalizing the Primary Teachers Colleges (PTC) system.

Under the NPA activities, the GOU has agreed to publicly display budgets at the central, district, and school levels to guarantee transparency in GOU

allocated funds to primary education while fostering greater civic involvement in public sector financing.

In line with the education reform program, in early 1999, the GOU reduced the number of Primary Teachers Colleges to 47, as a mechanism to provide more efficient and effective pre-service and in-service training and support programs for teachers within the available resources.

When the UPE program was launched in December 1996, it was recognized that it would have far reaching implications for the other education sub-sectors. The GOU has recently developed its strategic plan, a 5-year Education Sector Investment Plan (ESIP), and budget to support major expansion of the primary education system. Under the GOU ESIP, USAID expects to see 90 percent of Uganda's school-age children attending school and major system expansion over the next five years. USAID will continue to assist the GOU in achieving these goals.

Maintaining financial support to the education sector

The GOU's decision to increase the percentage of the recurrent budget for education from 9 percent in 1992 to 33 percent in 1998, more than quadrupled primary education expenditures, as well as increased teachers' salaries tenfold. In addition, the GOU contributes towards items, such as classroom construction, instructional materials and girls' education.

PROGRAM SYNERGIES

USAID support to primary education continues to forge linkages to other USAID programs,

such as democracy and governance and economic growth. While free education under UPE greatly increased enrollment, there were initial indications that parental and community involvement in the activities of the school were decreasing. As a result, USAID has significantly expanded its activities in community mobilization and focused efforts on the development of viable democratic and grassroots civic organizations. With the assistance of USAID policy reform, school management committees comprised of parents are now required to sign all school budgets and the receipt of monthly allocations of funds, thus stimulating greater involvement in the financial affairs of the school. USAID's education program has also used the successful economic growth approach of increasing access to financial services by rural Ugandans by extending this concept to teachers. USAID has supported the development of teachers' credit unions in two districts, which are used for payroll reform interventions. Increasing teachers' access to financial services, particularly savings, is having a direct impact on increasing household incomes, the key result under the Mission's economic growth program. Efforts are already being made to replicate these member-owned and democratically-based financial institutions in other areas.

USAID is also supporting the **Improving Education Quality** (IEQ) project, which enabled baseline studies (1995-97) to be undertaken to examine factors related to school effectiveness in Uganda. The findings of these studies contributed to policy decisions such as the use of textbook guidelines by the MOE and incorpo-

rated into teacher training incentive grants scheme to promote education of girls and establishing minimum national standards. Currently, IEQ has embarked on a complimentary research program that emphasizes qualitative research through participatory action methodology. This current project directly relates to

one of the key objectives of the Ugandan reform effort: to enhance community participation in educational quality and equity.

Conclusion

USAID's SUPER Program has been an immensely successful USAID intervention to support

improvement in Uganda's primary school system. The MOE-developed ESIP presents a strategic opportunity for USAID to continue to contribute towards Ugandan Primary Education Reform by extending and strengthening support for the education sector.

**FOR MOR INFORMATION ON USAID'S EDUCATION PROGRAM IN UGANDA,
PLEASE CONTACT:**

**DAWN M. LIBERI, DIRECTOR
USAID/UGANDA
P.O. BOX 7856
KAMPALA, UGANDA
TEL: (256-41) 235-879
FAX: (256-41) 233-417
E-mail: dliberi@usaid.gov**

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



USAID/UGANDA HEALTH SECTOR PROGRAM

Uganda has achieved success in maintaining sustained economic growth. Despite this growth, critical challenges remain, particularly in the health sector. Over 60 percent of the population is without access to clean drinking water, 55 percent of the population lives on less than US\$1 per day, and there are as many as 27,000 people per doctor. Most physicians are located in urban areas, and most rural people, the majority of Ugandans, are cared for primarily by nurse aids, nurses, midwives and physician assistants. Health issues in Uganda are affected by the high population growth rate (2.9 percent). At this rate of growth, Uganda's population of 21 million will double in 24 years. The average Ugandan woman will have close to seven (Total Fertility Rate is 6.9) children during her reproductive life. Of the seven live births, one child is likely to die due to preventable diseases before reaching the age of five. Infant mortality is between 81 and 97 per 1,000 live births (compared to 7 per 1,000 in the U.S.), and maternal mortality is 506 per 100,000 live births (compared to 10 per 100,000 in the U.S.), a figure widely thought to be underestimated. Although new HIV cases are declining among



IMPROVED REPRODUCTIVE, MATERNAL AND CHILD HEALTH

younger age groups, AIDS is still a serious problem. Tuberculosis (TB) and malaria are also major problems. In addition, less than 40 percent of children under the age of two have been fully immunized, and 38 percent of children under the age of four are short for their age (i.e. stunted, a measure of chronic under-nutrition, often accompanied by frequent illness).

Private expenditures on health care, including care from traditional healers, pharmacies and drug shops, and other private

practitioners are estimated to be 58 percent of the total (i.e. government, donor, and private) health expenditures, a significant resource base which could be applied to cost-effective and quality services. In addition, most health facilities in Uganda, including government facilities, charge fees for service (user fees). Although not a large proportion, these fees are retained by the facilities and complement official budget allocations.

While a number of missionary hospitals, to which the govern-

ment has recently begun to provide some funding, gives good care to significant numbers of people, the private-health sector is under-developed outside urban areas and largely unregulated.

USAID/UGANDA'S REPRODUCTIVE/MATERNAL/ CHILD HEALTH STRATEGY

Since 1992, USAID has provided support to improve the provision of health care services in Uganda. Virtually devastated prior to 1986, public-sector health services are still inadequate to meet the demands of a growing population.

USAID's health sector strategy in Uganda is designed to increase the use of voluntary family planning services, improve maternal and child health, and reduce the spread of HIV/AIDS. USAID funds substantial investments in training, supervision, and information-education-and-communication (IE&C) activities. In addition, a health-care-financing program is focused on improving sustainability of health services.

USAID's health activities are governed by a bilateral agreement with the Government of Uganda and implemented through the "Delivery of Improved Services for Health" (DISH) project, CARE International, and several USAID/ Washington technical assistance projects. Given the large number of donors in the health sector and the great need, the Government of Uganda (GOU) Ministry of Health (MOH) has selected specific districts in which donors implement activities. USAID funds activities in 15 of Uganda's 45 districts, covering

about 35 percent of the total population. The total funding level for FY 1998 was \$17 million. The FY 1999 resource level is \$17 million.

Increasing the use of voluntary family planning

Uganda's high fertility rate is directly linked to the low use of contraceptives. Nationally, only about 8 percent of married women currently use a modern form of contraception (the rate is higher - 20 percent - in districts where USAID is working).

Decreases in Uganda's total fertility rate are recent, going from 7.3 in 1989 to 6.9 in 1995. Prior to 1995, fertility had remained unchanged for 15 years with women, on average, having more than seven children.

Roughly 71 percent of women 15-19 years old have either already had a child or are pregnant. USAID approaches family planning as a basic maternal-and-child-health service, rather than a population activity. Spacing births at least two years apart can substantially reduce infant and child mortality, and reducing the number of births per woman, especially among women too young or too old, reduces maternal mortality.

USAID's family planning activities provide a wide range of short term and long-term contraceptive methods, training of health care providers, and communication of family planning messages to clients. Due to Uganda's low contraceptive prevalence rate, USAID's efforts focus on increasing usage of modern contraceptives, primarily short term methods such as condoms, through both the public and pri-

vate sectors. While recent service and sales statistics indicate a continuing upward trend in contraceptive utilization in both the public and private sectors, particularly dramatic has been the increase in purchases of socially marketed orals and injectables. Sales of orals rose by 23 percent in 1998 and those of injectables by 167 percent in the same time frame, indicating a high demand for these products. This demand is supported by the 1995 Demographic and Health Survey (DHS) finding that 29 percent of married women who are currently not using family planning expressed a desire for family planning. If this unmet demand were satisfied, contraceptive prevalence would increase to 44 percent and total fertility could decrease to 5.7 children per woman.

Reducing the transmission of HIV/AIDS

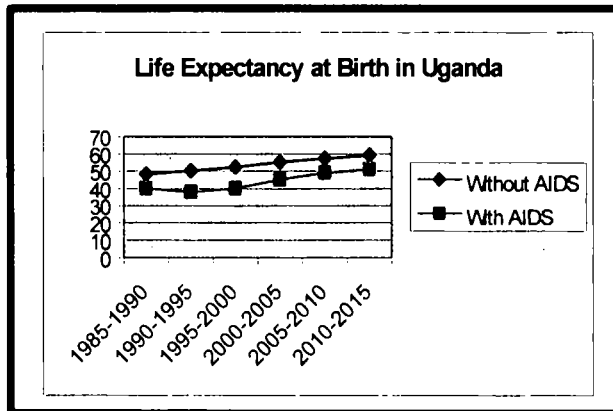
Of all the health efforts supported by USAID, activities to slow the transmission of HIV have continued to show the most dramatic results. According to the United Nations AIDS Agency (UNAIDS), approximately 10 percent of Ugandan adults (age 15 and over) are HIV-positive. The incidence of HIV infection in Kampala, however, has declined from 30 percent in 1992 to 12 in 1998.

USAID activities in the prevention and control of HIV/AIDS include upgrading the skills of health care providers in the prevention and treatment of Sexually Transmitted Infections (STIs), and in HIV testing and counseling, which is now available at 18 sites in eight districts. USAID

supports activities such as the social marketing of condoms, a mass media HIV public – awareness campaign, and community health education. Innovative projects USAID supports include those implemented by the AIDS Information Center (AIC), the first program in Africa offering voluntary and anonymous HIV counseling and testing, and The AIDS Support Organization (TASO) which offers counseling and support to HIV/AIDS victims and their families.

AIC has been a global leader in demonstrating that voluntary testing and counseling for HIV/AIDS leads to behavior change and helps control the spread of HIV infection and other STIs. With USAID funding, AIC has expanded its services to provide not only HIV/AIDS counseling and testing but also STI testing and treatment, family planning services, education and referral for TB testing and treatment, and long-term support for behavior change and coping with HIV infection through "Post Test Clubs." The current demand for voluntary counseling and testing (VCT) for HIV/AIDS in Uganda is high. In 1998, AIC provided VCT to 45,000 clients. Given the recent attention to mother-to-child transmission and the drug access initiative in Uganda, the demand for VCT is expected to increase. TASO's efforts have contributed towards the reduction in HIV transmission through behavior change by both the HIV+ clients as well as their family members and community. Since the start of the organization, TASO has served more than 50,000 clients in seven major urban areas.

TASO's activities include counseling, medical care, training and community mobilization as well as a "pilot" program to support children affected by HIV/AIDS. These support services for children under the age of 20 are in



high demand as TASO has already registered 105,000 orphans and anticipates that an additional 95,000 orphans will be registered by the year 2000. Services provided under the current effort and those which will be expanded with increased USAID funding under the special HIV/AIDS children's fund consist of: school fees and supplies; counseling of children and their families; protection of children's rights; advocacy on behalf of these children with local and national leaders; training to sensitize teachers to the special needs of children affected by HIV/AIDS; and The "Memory Project" which documents family information and parents' wishes regarding their children, serving as a guide to the children as they mature.

Improving Maternal/Child Health and Nutrition

USAID's assistance in maternal and child health focuses on antenatal care, providing care during birth and the post-partum period, improving management of ob-

stetrical complications, supporting the training and upgrading of skills of midwives, and focusing on maternal nutrition and better well child care. A significant intervention to reduce maternal deaths is ensuring that their deliveries are attended by trained midwives. To this end, USAID has supported the Uganda Private Midwives Association (UPMA) since 1991. UPMA has more than 500 members who provide private sector health services in urban, rural, and semi-rural communities nationwide. These health services include health education, antenatal care, delivery and postpartum care, family planning services, HIV counseling, STI testing and treatment, immunizations and minor curative services. Approximately 1 million clients are being served by the midwives of UPMA. With USAID support, more than 300 midwives have received training in lifesaving skills, family planning, and comprehensive reproductive health including the social marketing of various family planning commodities. Thirty-five midwives have received training in management and supervision and more than 146 have been trained in business management skills and community mobilization. Continuous Quality Improvement training and the development of quality teams has been established at individual clinics.

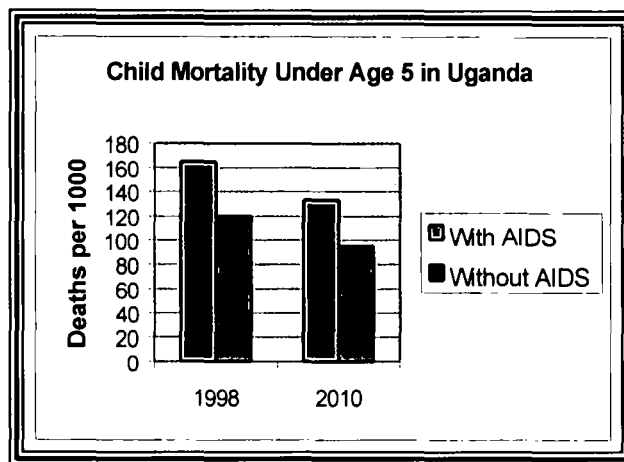
UPMA recently developed their first business plan, which includes strategies and income generating activities to promote future sustainability of UPMA. One of the long-term goals

within the business plan is for UPMA to own and operate a fee-for-service clinic and training center. With funding provided through USAID's local currency program, the Kasanga "Family Nursing Home" has become UPMA's first model clinic and training center. Financial projections indicate that the profit generated from the Kasanga clinic will substantially increase the Association's revenue and sustain its operations.

To date USAID's efforts in child survival have focused on support to National Immunization Days (NIDs) to eradicate polio. Eight NIDs have been conducted in the past two years with coverage rates exceeding 90 percent of children in the campaign communities. The Ministry of Health now plans to carry out NIDs along border districts and are also beginning to conduct Measles as campaigns in early 2000. In addition, educational programs have been designed to encourage mothers to exclusively breastfeed their children for six months. Beginning in November 1999, USAID/Uganda plans to add activities focusing on child health including malaria, respiratory infections, diarrheal diseases, and malnutrition.

The GOU recognizes that Uganda has an enormous malnutrition problem. In partnership with the MOH, USAID recently conducted an assessment to address key nutrition interventions. Recommendations from this assessment highlighted the need to: harmonize knowledge of and messages about malnutrition issues at the central, district and community

ing, improved health care provider skills, better counseling and expanded services have increased access to health care to meet the needs of women in all phases of their reproductive life. Modern contraceptive prevalence has increased from 12 percent in 1995 to currently nearly 20 percent. In 1998, antenatal visits increased to 214,000 visits, and 62 percent of mothers had an assisted delivery by trained staff, up from 53 percent in 1995. The greatest success has been the slowing of the rate of HIV transmission. HIV prevalence rates declined in 1998 from 8.3 percent to 6.6 percent among 15-19 year olds, and from 14.6 percent to 13.7 percent among 20-24 year old women attending antenatal clinics.



levels; develop a multi-pronged nutrition strategy; intensify efforts to address micronutrient deficiencies, such as Vitamin A and iron; and improve maternal, child and infant feeding practices at the community level. As a result of the Assent, the MOH, Washington/USAID support, is establishing a first ever National Nutrition coalition to bring together pastures to develop a natural nutrition strategy.

ACCOMPLISHMENTS

Overall, within the 15 districts in which USAID/Uganda is work-

OTHER DONORS

USAID is the major donor in reproductive health in Uganda. The United Nations Family Planning Association (UNFPA) and the British international development agency (DfID) also support reproductive health, but in different districts in Uganda. The World Bank is the largest donor in the health sector with active projects in STI prevention and treatment, district health planning, and nutrition.

FOR MORE INFORMATION ON USAID's PROGRAM IN UGANDA, PLEASE CONTACT:

Dawn M. Liberi, Director
USAID/Uganda
P.O. Box 7856
Kampala, Uganda
Tel: (256-41) 235-879
Fax: (256-41) 233-417
E-mail: dliberi@usaid.gov

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



USAID UGANDA DEMOCRACY AND GOVERNANCE PROGRAM

Uganda's recovery from a prolonged period of civil war and social dislocation has been one of Africa's major success stories over the past ten years. Bilateral and multilateral donor support has played a significant role in this recovery, supplying technical advice and economic support funds to carry Uganda through a major structural adjustment period which is by no means complete.

Since returning to Uganda in the early 1980s, USAID's programmatic focus has been primarily in the areas of economic growth and agricultural development, natural resource management, primary education, and reproductive, maternal and child health. In the past five years USAID has focused increasing attention on supporting Uganda's transition to democratic governance.

Uganda has completed the fundamental processes of democracy, such as: electing a Constituent Assembly in 1995; enacting a new constitution in 1996; holding presidential and parliamentary elections in 1996; and holding local government elections in 1998, thereby achieving full return to civilian rule. Despite these remarkable achievements, Uganda still faces many decisions and dilemmas in

pursuing further democratization and establishing transparent and accountable governance. One issue currently overshadows much of the political landscape in Uganda: the upcoming referendum which will determine the type of political system that will govern the country into the next century.

THE 2000 REFERENDUM

Since 1986 Uganda has operated under a Movement – or “no party” – political system. The Movement system under President Museveni's leadership is designed to eliminate the ethnic and religious sectarianism and violence that has plagued Ugandan politics since independence in 1960. In practice there is substantial political freedom with increasingly independent judiciary and legislative branches and a lively independent media. Under the Movement system, candidates run for elected office based on merit, rather than political party affiliation. Although political parties technically exist, they are banned from raising funds, soliciting membership, or officially supporting a candidate. No candidate for elective office can declare an affiliation with any political party. It is this ban that will be voted upon in the

USAID DEMOCRACY AND GOVERNANCE ACTIVITIES PRIOR TO 1996

USAID pursued several strategic interventions in the democratic governance area on a “target of opportunity” basis prior to 1996. These included:

- ♦ support for demobilization of soldiers and their reintegration into civilian life;
- ♦ technical advisory assistance to the Constituent Assembly Commission, the Constituent Assembly itself (in the form of a technical review of the draft constitution), and the Interim Elections Commission;
- ♦ support to civic education and domestic elections monitoring groups for both the 1994 Constituent Assembly and 1996 general national (Presidential and Parliamentary) elections;
- ♦ support to several human rights organizations to mount legal aid programs and/or to hold human rights awareness workshops and train paralegals;
- ♦ training of candidates for the Constituent Assembly (CA), via workshops run by the International Republican Institute (IRI), as well as women members of the CA, on constituency relations, issue identification, public speaking, fundraising, and coalition building;
- ♦ support to the Law Reform Commission to re-codify the Laws of Uganda (last codified in 1964); and
- ♦ training of women lawyers on the staff of the Ministry of Justice to pursue aggressive prosecution of men who defile (rape) young girls.

year 2000 referendum.

Parliament has passed the legislation that will govern the conduct of the referendum and the participation of political parties. As a part of the referendum process, the Constitution allows for a "canvas period" which began in July 1999. This period is designed to provide a platform for debate about the type of political system – movement or multi-party – that Ugandans prefer. To date, some of the existing opposition political parties have declared that they will boycott the referendum, stating that it is illegal to force a vote on the right of association, which is guaranteed in the Ugandan Constitution.

The U.S. Government Mission to Uganda (which includes the U.S. State Department, USAID and the U.S. Information Agency) is moving forward to provide support to Ugandan non-governmental organizations to monitor both the canvas period and the referendum vote and to conduct civic education programs.

USAID/UGANDA'S DEMOCRACY AND GOVERNANCE PROGRAM

In September 1997, USAID/Uganda approved a new democracy and governance program to help consolidate and deepen the democratization process currently underway in Uganda. USAID's strategic objective to increase citizen participation and accountable governance is a five

year, \$10 million program designed to extend democratic practices, solidify institutions of democracy and reinforce respect for democracy and the rule of law. This strategic objective focuses on four main areas of intervention: (1) enhancing civic participation; (2) strengthening local government; (3) strengthening Parliament; and (4) increasing the effectiveness of the justice system. The latter two activities (Parliament and justice system) are currently being implemented. The first two activities (civil society and local government) will be the focus of USAID/Uganda's activities to help strengthen and support the decentralization process in Uganda. Decentralization and the growth of civil society advocacy groups may hold the key to increased grass roots political participation and become the catalyst for building political and economic alliances which foster greater democratic development of the society.

DECENTRALIZATION

While decentralization is taking root, the capacity of the five levels of local government in Uganda's 45 districts to manage their additional responsibilities and resources is exceptionally weak. Local governments are in desperate need of capacity building which will assist them in setting priorities, managing GOU and local resources, and developing a positive, collaborative relationship with constituents in the communities. USAID is in

the final stages of awarding a multi-year project to an U.S. contractor that will need build capacity in both local government and civil society in eight target districts. Implementation is expected to begin in the last quarter of 1999. Much of the capacity building efforts will be targeted at women local government officials, who constitute one third of the locally elected officials. This focus on women in elected positions received support from First Lady Hillary Rodham Clinton, who pledged \$2 million to train women local government councilors during the historic March 1998 visit to Uganda of President and Mrs. Clinton. These activities will be implemented using indigenous non-governmental organizations, some of which are already USAID partners. All activities in this area will be coordinated in the same eight target districts to increase community understanding and integration of the training at the local level. In addition to the U.S. contractor, the Ministry of Local Government is a key USAID partner.

PARLIAMENT

The Ugandan Parliament enjoys political freedom as well as significant political power. The Parliamentary committee system is developing rapidly and has effectively challenged executive policies and ministries. The 271 member (one-third are women) Parliament has censured one of its own members and investigated several executive minis-

tries and has established a working Parliamentary Commission to oversee the administration and the institutional development of Parliament. However, its needs are many. USAID/Uganda's assistance to Parliament funds technical assistance, equipment and training to facilitate Parliament in fulfilling its mandated roles, including enacting legislation and utilizing its investigative powers to battle corruption and ensure transparency and accountability. The overarching goal is to build Parliament's technical capacity as a deliberative body.

The Parliament of Uganda has been actively laying the groundwork for a more proactive and dynamic legislative agenda. In late 1997 Parliament passed the first Member initiated piece of legislation, which established the Parliamentary Commission to manage the administration of Parliament and provided Parliament with its own budget to hire staff separate and apart from the government civil service system.

As one of its first activities, the Parliamentary Commission drafted, with USAID funded technical assistance, a three-year Modernization Plan. Parliament can now prioritize staffing and training needs, and better ensure adequate budget resources to meet its physical resource needs as well. Parliament has already hired 53 new staff, primarily in the Departments of Legislative Counsel; Research and Library; and Committee staff, all of

whom have received USAID sponsored training.

A large part of USAID-funded activities are focused on providing these newly hired staff with up-to-date equipment through which to gather information to support Parliament's legislative needs. A new Library and Information Center, including 15 new Y2K compliant computers, printers, scanners, copiers and dedicated Internet access, was completed in June 30, 1999. This information technology will allow Parliament's Members and staff to access information for use in decision making, and to disseminate information through Parlia-

ment and select other Members of Parliament, and one for selected Parliamentary staff. The Members' study tour took place in April 1999 while the Parliamentary Staff study tour was completed in May 1999. Training for Members of Parliament has included seminars on the budget process and improving committee operations. A two day conference on Effective Legislative Representation, held August 4-5, 1999, was attended by over 220 Members, 30 Parliamentary staff and 15 invited members of civil society and the media. The conference, opened by USAID Director Dawn Liberi and the Speaker of Parliament

CORRUPTION

Corruption has emerged as a serious issue affecting democratic governance in Uganda. The issue of corruption was a major component of joint donors' statement made at the Consultative Group Meeting (CGM) held in December 1998 in Kampala. The Ugandan Government has taken significant steps to address this issue, including the appointment of a new Minister for Ethics and Integrity, and the issuance from that ministry of a new "Government Policy and Action Plan to Fight Corruption." The donor community has established a process to work with the GOU to monitor progress in achieving the objectives of the Action Plan. USAID's program in democracy and governance helps build capacity within civil society and local government, and within the parliament and judiciary to increase public sector transparency and accountability.

ment's own website. The project is also helping Parliament to rebuild its Library, with the acquisition of over 5,000 new titles and hard copy resource materials. To complement these activities, USAID has funded two study tours, one for the Members of the Parliamentary Com-

Hon. Francis Ayume, included seminars on decentralization, government transparency and leadership strategies for women members. The Research Foundation of the State University of New York is USAID's implementing partner for this activity.

THE JUDICIARY

Uganda's judiciary is hampered by a lack of very basic tools, such as a complete and unified code of Uganda's laws. Citizen access to competent legal services is minimal, as the average Ugandan cannot afford to hire legal assistance. Many petty and juvenile cases languish for years before being heard, often with the defendant remaining incarcerated long past his constitutionally mandated arraignment period. USAID's role in increasing the effectiveness of the judiciary is at the entry level, working to provide improved legal education and creating a coherent and accessible set of laws and regulations. Approximately

one-third of the Laws of Uganda has been re-codified, and codification of the balance is expected by the end of the year 2000. The Uganda Law Reform Commission is USAID's implementing partner in the re-codification exercise. These activities are viewed as cornerstones for both political and policy reforms.

USAID also supports undergraduate legal education at Makerere University Law School by establishing a legal resource center, and graduate legal education at the Law Development Center by establishing the first clinical legal education program in Uganda and all of East Africa. USAID also funds graduate

training of Ugandan women lawyers in the Law and Advocacy for Women in Africa program at Georgetown University's Law School in Washington, DC. The lawyers earn a Masters of Law degree and work for six months at a legal advocacy organization in the United States.

Several graduates of this program have established NGOs, such as Akina Mama wa Afrika and Law and Advocacy for Women in Uganda, which are addressing legal reform and policy changes necessary to improve the lives of Ugandan women. USAID provides assistance to these organizations, along with other donors.

FOR MORE INFORMATION ON USAID's PROGRAM IN UGANDA, PLEASE CONTACT:

DAWN M. LIBERI, DIRECTOR
USAID/UGANDA
P.O. BOX 7856
KAMPALA, UGANDA
TELEPHONE: (256-41) 235-879
FAX: (256-41) 233-417
E-MAIL: DLIBERI@USAID.GOV

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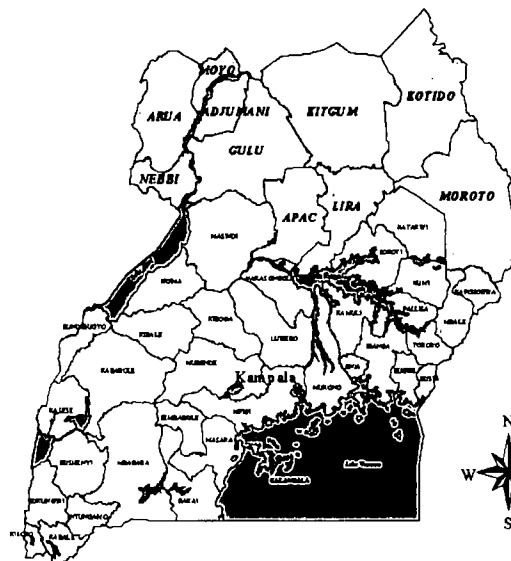
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT



USAID UGANDA NORTHERN UGANDA PROGRAM

One of the major constraints to Uganda's development is the protracted socio-political instability in Northern Uganda where internal conflicts are inextricably linked to larger regional security issues. Comprising nearly a third of the country, Northern Uganda is a vast and relatively sparsely populated area with considerable potential for agriculture and livestock development. Economic and social indicators, while reflecting some improvement, show that the North is not participating in the growth occurring in the other regions of the country. Conflicts have disrupted farms, communities and civil institutions. Death, dismemberment and abductions have been a reality among the civilian population. The vast majority of traditional savings – 300,000 cattle and most other livestock – disappeared among pastoral communities during the conflicts. Thousands of rural houses have been burned and looted; cash employment has sharply diminished; and perhaps 75,000 farming families are displaced. Education has been disrupted for the past decade with school-aged children abducted, schools destroyed, and teachers killed. Ending the insecurity in the North is critical to

The 10 Districts of Northern Uganda



increasing Uganda's overall economic well being and, in turn, cementing its political stability. The conflicts can be described as follows:

Gulu and Kitgum Districts.

These two districts in north central Uganda remain insecure due to continued attacks by the Lord's Resistance Army (LRA), a Sudanese-backed rebel group. The conflict has been the most enduring and destructive of the northern wars. As many as 350,000 people in these two districts are displaced as a result

of rebel incursions, abductions, and atrocities inflicted upon civilians. More than 10,000 children are estimated to have been abducted by rebels. Many have escaped or have been liberated, but face long term psychological and social problems as they attempt to rejoin their families and communities. Furthermore, the insecurity and its impact spill over into neighboring districts, particularly Apac and Lira.

Karamoja Region (Kotido and Moroto Districts):

Northeastern Uganda is home to the Karimojong ethnic group, a semi-nomadic group of clans with a strong culture of cattle raiding as a means of accumulating wealth achieving manhood and brides. The Karimojong are heavily armed with AK-47s. The men frequently raid other neighboring clans and ethnic groups in Uganda and Kenya, leading to instability and lack of investment and economic growth in the region. The region is semi-arid and prone to drought. Long-term targeted food assistance has been required by local populations. Frequent drought, cattle-hoarding, and cattle-raiding have contributed to the isolation of these districts

from economic growth occurring in the south and central regions of Uganda

West Nile Region (Moyo, Arua, Adjumani and Nebbi Districts). Located in northwest Uganda, this region is more ethnically diverse than others in the North and is home to approximately 140,000 Sudanese refugees. The majority of the Sudanese share similar ethnic backgrounds to the people of the West Nile. In 1994, in response to Uganda's support of the Sudanese People's Liberation Army (SPLA) in Southern Sudan, the West Nile Bank Front (WBNF), Reserve Front and Reserve Front II, supported by Khartoum and based in the Sudan and Democratic Republic of the Congo, began insurgencies along the Ugandan border designed to destabilize the current government. Since 1997, however, WBNF's activities have diminished, coinciding with the disruption of their bases in the Sudan (SPLA regained certain territory) and DRC (following the overthrow of former-Zaire President Mobutu) and Government of Uganda efforts.

USAID'S STRATEGY IN THE NORTH

Because of the complexities of the conflicts in the North, USAID developed, in close consultation with Embassy/Kampala, a strategy to integrate efforts that address the political, social and economic problems of the North. The strategy focuses on three interwoven sets of interventions: (1) Emergency Relief; (2) Transition; and (3) Sustainable Development. This integrated

strategy is designed to adapt to the different and changing nature of the conflicts, depending on the areas involved and the level of security present. USAID provides about \$30 million annually in assistance to the North, the majority of which comes in the form of emergency food relief.

(1) Emergency Relief Activities.

With the influx of refugees and the growing number of internally displaced persons (IDPs) during the past decade, emergency assistance has been critical to the refugees, IDPs, and affected communities. Food supplies,

primary education have also suffered.

In response to these problems, USAID's Food for Peace Office (FFP) has funded the World Food Program to implement emergency food aid programs that consist of food distribution and food-for-work projects. In addition, with funding from USAID's Office of Foreign Disaster Assistance (OFDA), Action Contre Faim, World Vision and International Rescue Committee have implemented activities for well/borehole drilling to provide access to potable water, health and sanitation facilities, and seeds and tool distributions in

THE ANGUISH OF NORTHERN UGANDA

To gain a better understanding of the situation in northern Uganda, USAID/Uganda funded an analysis and field survey in 1997 conducted by Robert Gersony. The resulting Gersony Report presents an historical account of the political/economic development of the northern insurgencies. The Report recommended that USAID develop a new activity that could provide rapid economic assistance specifically designed and targeted to accelerate post-conflict rehabilitation, reconstruction and revitalization in the North. Implementation of these activities would be based on an improvement in security conditions in targeted areas. Activity design is intended to provide the greatest amount of flexibility given the uncertainties of hostilities in the North. In September 1998, USAID designed a new \$10 million program - Improved Foundation for the Reintegration of Targeted Areas of Northern Uganda (RENU) to address these concerns. RENU, which will begin implementation in mid-1999, supports primarily "transition" activities, but also includes support for emergency activities.

basic sanitation, clean water and health services are unavailable for a large percent of the population. As a result, there has been an increased incidence of malnutrition, water borne diseases, and infant mortality. Educational programs especially

IDP camps. Emergency relief activities are, by their nature, short-term. These activities will be phased out as lasting stability is reached and people are able to return to their farms and livelihoods.

(2) Transition Activities

As areas become secure and displaced begin to resettle, USAID has supported activities intended to accelerate the transition from relief to sustainable development.

USAID's ongoing \$3 million Northern Uganda Food Security (NUFS) activity and the \$10 million RENU program (see box), authorized in September 1998, focus on rebuilding the social and economic fabric of the North and laying the foundation for more sustainable development activities. These activities may not achieve the same impact as larger national development programs because of the continued possibility of disruption by conflict. Transition activities encompass the following activities:

Agricultural and food security interventions, including training of farmers and farmers' associations, provision of improved seed types, establishment of agricultural resource centers, and improved marketing. These activities are designed to install hope and reactivate the local economies devastated by the conflicts. Through the agricultural interventions, farmers can rebuild and reestablish food supplies for consumption and sale through increased agricultural productivity and production. Partners include Aktion Afrika Hilfe and Appropriate Technology Uganda. To further increase food security

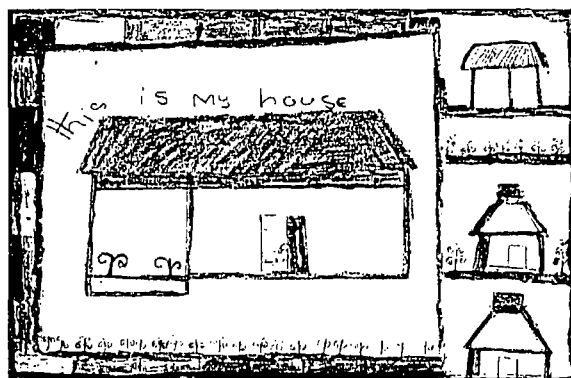
of the people in the North, USAID plans to begin implementation of a \$2 million, two year Employment/Income Generation Activity during September 1999, preferably in Gulu and Kitgum districts. The purpose of this activity is to stimulate local economies disrupted from chronic conflict and insecurity through generation of employment/income earning activities for local communities, which could include social works projects such as rehabilitation of

clinics. This activity is funded by the Greater Horn of Africa Initiative (GHAI), a U.S. Government initiative designed to support interventions that improve food security and reduce conflict throughout the Greater Horn region.

Psychosocial support to returned abducted children and their communities. USAID provides assistance for psychosocial needs of communities by helping to reintegrate and rehabilitate children affected by conflict. Red Barnet, a Danish non-governmental organization, is USAID's implementing partner in this effort. Additional planned activities will be implemented beginning September 1999 by non-governmental organizations in other districts of the North.

Conflict Prevention/Resolution.

The northern conflicts are the primary cause of lagging social and economic indicators in the North. Conflicts in the Karamoja districts are the most intractable given their decades-long history of raiding cattle from neighboring areas. USAID's support for conflict resolution will be through efforts to educate Karimojong children in conflict resolution activities through a new education program -- Alternative Basic Education for Karamoja (ABEK) -- funded by GHAI. Some support will also be provided to encourage community leaders to resolve disputes through peaceful means.



"I just want to go home and be with my family." A drawing by Christopher, 12, a returned abducted child in Northern Uganda.

From *Where is My Home? Children of War*, produced by UNICEF, World Vision, Red Barnet, GUSCO and AVSI.

The benefits of growth have been spread unevenly across the country, as reflected in the distribution of poverty, which has greater incidence in the north and east than in the south and west. Continued insecurity in the north has hampered that region's growth by discouraging investment. For example, the risk of theft or seizure has made farmers reluctant to purchase plow-oxen, which has constrained areas expansion or to invest in disease resistant crop varieties.

USAID/Uganda's Famine Early Warning System (FEWS) food security monitoring project.

schools, roads, bridges and

(3) Sustainable Development Activities.

USAID has supported sustainable development activities on a limited basis in different areas of the North even during the present period of instability. Examples include agricultural development; microfinance; environmental conservation; primary education; reproductive, maternal and child

health; and good governance. Sustainable development activities are long-term interventions designed to increase Uganda's economic growth, reduce poverty, and improve human and institutional capacity to meet the needs of its growing population. USAID partners include Mississippi State University, FINCA, Heifer Project International, Agriculture

Cooperative Development International/Volunteers in Overseas Cooperative Assistance, Techno-Serve, Chemonics, Academy for Educational Development, John Hopkins, AVSI International, and Deloitte, Touche, Tomatsu, CARE. ATU. Hunger Alert, National Farmers' Association, Catholic Relief Services.

FOR MORE INFORMATION ON USAID's STRATEGY FOR NORTHERN UGANDA, PLEASE CONTACT:

Dawn M. Liberi, Director
USAID/Uganda
P.O. Box 7856
Kampala, Uganda
Telephone: (256-41) 235-879
Fax: (256-41) 233-417
E-mail: dliberi@usaid.gov

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Reception in Honor of
Congressional Delegation to Uganda
Senator Richard Durbin, Agriculture, Defense, and Appropriations Committees
and

White House Delegation to Uganda
Ms. Sandra Thurman, White House National AIDS Policy Director

On Tuesday, January 11, 2000 - 5.30 - 7:30 p.m.
at the Residence of USAID Mission Director

GUEST LIST

HOST: **Ms. Dawn Liberi, USAID Mission Director**

- Durbin Delegation:**
1. Senator Richard J. Durbin
 2. Mr. Bill Harris, HIV/AIDS Advisor
 3. Mr. Derrick Miller, RESULTS congressional liaison officer
 4. LTC Christina Anderson, Escort
- Thurman Delegation:**
5. Ms. Sandra Thurman
Director, Office of National AIDS Policy (ONAP)
 6. Dr. Michael Iskowitz
Consultant, Office of National AIDS Policy (ONAP)
 7. Ms. Kathleen Carr
Executive Director, Elizabeth Glaser Pediatric AIDS Foundation
 8. Mr. Thomas Niblock, Deputy Director,
AF economic policy staff
Dept. of State
 9. Ms. Mary Fisher, Family AIDS Network

Guests:

10. Mr. Ron Johnson, Deputy Director
Member of Presidential Advisory Committee
On HIV/AIDS
11. U.S. Ambassador, Martin Brennan
12. Hon. Dr. Crispus Kiyonga, Minister of Health
13. Hon. Hajat Janat Mukwaya,
Minister of Gender, and Community Development
14. Ms. Rafina Ochago, Commissioner for Child Care and Protection,
Ministry of Gender and Community Development
15. Mr. Willy Otim, Child Care and Protection Dept.
Ministry of Gender, and Community Development
16. Mr. Sayyid Bukenya, Senior Probation Officer
Ministry of Gender and Community Development
17. Hon. Dr. Phillip Byaruhanga, Minister of State for Health
18. Mr. Wilson Wagonda-Muguli
Permanent Secretary, Ministry of Health
19. Dr. Sam Zaramba
Commissioner of Clinical and Community Health Services,
Ministry of Health
20. Professor Francis Omaswa
Director of Health Services, Ministry of Health
21. Dr. Sam Okware
Commissioner for Health Services, Ministry of Health
22. Dr. Alex Opio, Director of Communicable Diseases,
Ministry of Health
23. Dr. Elizabeth Madraa, AIDS/STD Control Program,
Ministry of Health
24. Captain Stephen Talugende, AIDS Prevention Program,
Uganda Peoples' Defense Forces
25. Maj. Rubaramira- Ruranga
National Guidance and Empowerment Network
for HIV/AIDS Program
26. Warrant Officer Wamundu Cassettee
Officer in Charge for Health Education
Uganda People's Defence Forces

27. Ms. Proscovia Kasolo, Chairman, NACWOLA
28. Ms. Ms. Beatrice Were, Director, NACWOLA
29. Ms. Mukasa Monico, Director, TASO
30. Mr. Tom Kityo, TASO Mulago Branch Manager
31. Ms. Jane Harriet Namwebya, Acting Director,
The AIDS Information Center
32. Mr. Sam Wangalwa, AIC Kampala Branch Manager
33. Ms. Pellucy Ntambirweki, Director, UWESO
34. Maggie Kigozi, Chairperson, UWESO
35. Mr. Peter Okualo, Country Director, FINCA
36. Mr. Guy Winship, Country Director, FINCA
37. Ms. Mary Margaret Nansubuga, Credit Manager, FINCA
38. Ms. Jacqueline Nabwire, Director, Memory Book Project
39. Mrs. Lucy Shilling, HIV/AIDS Project Coordinator
40. Mr. Robert Manham, Deputy Director,
Save the Children (UK)
41. Ms. Sandra Rwambuya, Case Western Reserve
42. Mr. Sam Ibanda, UNDP HIV/AIDS Advisor
43. Dr. Augusto Cosulich, Italian Cooperation
44. Dr. Peter Okware, World Bank STI Project
45. Dr. Peter Nsubuga, STI Project, Ministry of Health
46. Dr. Eli Katabia, Makerere School of Medicine
47. Dr. Fred Wabwire-Mangeni,
Director Institute of Public Health
48. Dr. David Serwadda, Institute of Public Health
49. Dr. David Kihumuro-Apuuli, Uganda AIDS Commission
50. Dr. Kadama, Commissioner for Planning,
Ministry of Health
51. Dr. Agathe Lawson, UNAIDS Country Representative

52. Mr. Michel Sidibe, Representative, UNICEF
53. Dr. Hatib Njie, Country Representative, WHO
54. Ms. Carol Jensen, UNICEF
55. Ms. Catherine Watson, Editor, Straight Talk
56. Dr. Nelson Sewankambo, Dean, Medical School
Makerere University
57. Dr. Peter Mugenyi
Director, Joint Clinical Research Centre
58. Dr. S. D. K. Sempala
Director, Uganda Virus Research Institute
59. Mr. Mike McCord,
Regional Director, FINCA
60. Dr. Donna Kabatesi
Traditional Healers and Therapies against AIDS
61. Dr. Roy Mugerwa,
Medical School, Makerere University
62. H. E. Saskia de Lang
Netherlands Charge, Kampala
63. H.E. Saleh B. Tambwe
Tanzania High Commissioner
64. H. E. Raymond Mhlaba
South African High Commissioner
65. Ms. Sheila Clapp
UNAIDS
66. Ms. Mary Mehan
Columbia Univeristy/Uganda Virus Research Institute
67. Ms. Kathy George, Case Western Reserve University
68. Dr. Laura Guay, John Hopkins University
69. Dr. Philippa Musoka, Dept of Pediatrics, Mulago Hospital
70. Dr. Robert Perry, John Hopkins University
71. Dr. Joseph Sherman, John Hopkins University
72. Becky Sherman, Ph.D., John Hopkins University

73. Professor Miiro, Makerere Medical School
74. Dr. Constance Ducar, Johns Hopkins University
75. Dr. Covey Duefield, Johns Hopkins University
76. Dr. James Phillips, Walter Reed Army Institute for Research
77. Dr. Jono Mermin, Centers for Disease Control and Prevention, Uganda Virus Research Institute
78. Dr. Claudia Schmidt, Case Western Reserve University
Old Mulago Hospital
79. Ms. Jessica Milman, Case Western Reserve University
Old Mulago Hospital
80. Dr. Jimmy Whitworth, Medical Research Council
Uganda Virus Research Institute
81. Dr. David Biryahwaho, Uganda Virus Research Institute
82. Dr. Robert Downing, CDC, Uganda Virus Research Institute
83. Ms. Olivia Nantongo, TASO
84. Edmund Gumisiriza – CDC Life Initiative (c/o AIC)
85. Ms. Anne Namutebi, Health & AIDS Reporter
The New Vision
- Mission Staff:** 86. Mr. Michael McKinley, Deputy Chief of Mission,
US Embassy
87. Mr. Patrick Fleuret, USAID Deputy Director
88. Ms. Rebecca Rohrer, USAID Health International
Development Intern
89. Dr. Becky Bunnell, USAID HIV/AIDS Advisor
90. Mr. Virgil Bodeen, USIS Public Affairs Officer
91. Maj. Mark “Duke” Ellington, Defence Attache,
American Embassy
92. Ms. Denis Rollins, USAID Program & Project
Development Officer
93. Ms. Annie Kaboggoza-Musoke, USAID Development
Assistance Specialist
94. Ms. Irene Miller, Physician’s Assistant, American Embassy,
Medical Unit

95. Dr. John Cutler, USAID Health Advisor
96. WO David Slyman, USA, Deputy Defense Attache,
American Embassy
97. Ms. Betty Nabirumbi, USAID Project Management Assistant
98. Mr. Jerre Manarolla, USAID
99. Mr. Patrick Rader, USAID
100. Mr. Ron Stryker, USAID
101. Mr. Gregory Farino, USAID
102. Ms. Jackie Wakhweya, USAID
103. Ms. Diana Atungire, USAID

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Divider Title: _____

**Guest List for Dinner @ EMR
IHO Sandra Thurman & Senator Richard J. Durbin
Monday, January 10, 2000, 7:30**

Senator Richard Durbin

Bill Harris, HIV/AIDS Advisor

Derrick Miller, RESULTS congressional Liaison Officer

LtC Christina Anderson, escort

Ms. Sandy Thurman, Dir., Nat'l Aids Policy, White House

Dr. Michael Iskowitz, National Aids Policy Office

Ms. Mary Fisher, Family AIDS Network

Ms. Kathleen Carr, Ex Dir, Elizabeth Glaser Pediatric AIDS Foundation

Mr. Ron Johnson, Member of Pres. Advisory Committee on HIV/AIDS

Thomas Niblock, Deputy Dir, AF economic policy staff

US Embassy

Amb Martin Brennan

DCM Mike McKinley

Randy Berry, Pol

Dawn Liberi, USAID Director

Pat Fleuret

Ron Stryker

Rebecca Rohrer

Patrick Rader

Becky Bunnell

Greg Farino

Dr. John Cutler

Partners (PL480)

Dr. Margaret Kigozi, Ex Dir, UIA

Scott McNiven, ACDI/VOCA

Michael Jones, WFP Director

Faith Henderson, AFRICARE Dir

Robby Muhumuza, World Vision Dir

Michael McCord, FINCA Af Reg Dir

Partners (HIV/AIDS)

Ms. Jane Harriet Namwebya, AIDS Info Center Acting Dir

Ms. Sophia Mukasa Moniko, TASO Dir

Ms. Beatrice Were, NACWOLA Dir

Ms. Pellucy Ntambirweki, UWESO Dir

Peter Okualo, FINCA Dir

Uganda Government and Others

Hon. Wilberforce Kisamba-Mugerwa, Min of Agriculture

Hon. Gerald Ssendaula, Min of Finance

Hon. Moses Ali, Min of Tourism, Trade & Industry

Dr. Steven Kagoda, PermSec, Min of Tourism, Trade & Indus.

Hon. Rebecca Kadaga, Min of Parliamentary Affairs

Hon. Margaret Zziwa, Chairperson, Caucus of Women MP's

James Mulwana, Private Sector Foundation

Total: 38

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Divider Title: _____

Bauzele

Cell Phone Numbers and Sheraton Room Numbers

Senator Richard Durbin Delegation	Cell	Room
Senator Richard Durbin	077-221284	1210
Bill Harris	077-221285	721
Derrick Miller	077-221286	727
Christina Anderson	077-221287	610

Ms. Sandy Thurman Delegation	Cell	Room
Sandra Thurman	077-221288	1216
Mary Fisher	077-221289	702
Kathleen Carr	077-221290	710
Michael Isikowitz	<i>56</i> 077-221293	712
Thomas Niblock	077-221292	614
Ron Johnson	077-221294	623

Sheraton Hotel	041-344590
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Jeff
338-6397
486 6188

WKS