

HIPo-Africa Organizational Profile



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1.0 Background

Harnessing Indigenous Potentials in Africa (HIPo-Africa) is a local *in-country capacity building organization* which uses participatory approaches in addressing fundamental community based health and social development initiatives by applying the concepts of Indigenous Knowledge Systems prevailing in specific communities into interventions. It is a non government organization which first started operation in 2008 as a consultancy firm but later created an NGO arm (HIPA) which was registered in May 2010. HIPo-Africa specializes in building capacities of international, regional, national and local health and social service delivery organizations.

HIPo-Africa was born out of the desire to strengthen organizational capacities by integrating Indigenous Knowledge Systems (IKS) into their interventions having realized that this knowledge system had a strong bearing on the service utilization patterns especially in the rural communities. This area of focus was a result of the numerous consultancy work done by the HIPo-Africa Directors in their individual capacities over the years. Capacity building of service providers has been elusive over time even where a lot of resources have been invested.

Core competences

To address this capacity building gap, HIPo-Africa has designed and applied a number of models which address issues of capacity building with IKS as a determinant factor among *service users* and an intervention design gap among *service providers*. The main areas of specialty include (but not limited to):

- Ecological approach to monitoring and evaluation of development initiatives
- Programme design and implementation management integrating IKS
- Capacity building with focus on IKS
- Resource mobilization
- Policy advocacy and monitoring
- Documentation and research on IKS
- Organizational development that looks at IKS as a binding and facilitating culture
- Financial systems strengthening
- Human resource management

The Vision

A transformed society with improved quality of life through application of indigenous knowledge and traditional systems

Mission

To sustainably build capacity of communities to improve their livelihoods through strengthening the linkages between indigenous knowledge and traditional systems; and biomedical health systems

Slogan

Indigenous knowledge for better lives

The organizational niche lies in fostering indigenous knowledge and traditional systems for improved quality of lives of rural communities through strengthening their socio-economic ideas geared towards harnessing their own environment for sustainable development. HIPo-Africa is supporting service providers and community based groups in Rakai, Moroto, Mukono and Wakiso districts in Uganda. It also provides direct health and social services through partnerships with District and Sub-county Local Government and other local CBOs and NGOs in 18 Districts.

The concept of Indigenous Knowledge systems (IKS)

Indigenous Knowledge Systems (IKS) can be broadly understood as knowledge and practices that have been accumulated and applied from one generation to another by a particular local (indigenous) community on account of living in a specified geographical area. This includes the different aspects of beliefs, knowledge, skills, practices and competences adopted by that community in a given environment for sustainable development. It is knowledge that has been handed down orally by the indigenous knowledge holders from one generation to another.

IKS is an aggregation of unique experiences inherent within a defined society and is a fundamental element in shaping the way a particular community behaves and thus influences their service absorption patterns. It is deeply rooted into the community social and practices, rituals, institutions and traditions which guide their relationships both internally and with other cultural groups surrounding them. IKS defines and differentiates one community from the other which aspect is important in designing social development interventions; a gap that is inherent in most programme designs which HIPo-Africa has set out to address in its capacity building approaches.

In its capacity building and service implementation models, HIPo-Africa acknowledges and harnesses the potentials of community indigenous knowledge holders (CIK-Holders) who are mainly traditional and cultural leaders, the elders and traditional health practitioners to influence their local communities in service uptake. They are considered as community gate keepers who can determine whether an intervention will take root in a community or not. HIPo-Africa also trains and works with individuals in a given community who are willing to volunteer their services to the communities they live in. Such individuals apply the HIPo-Africa IKS in mobilizing their communities for social development interventions and are referred to as Indigenous Knowledge Promoters (CIK-Promoters). In most cases, they are not part of the mainstream CIK-Holders. Use of CIK-Holders and promoters provides a strong foundation for lower level sustainability of community initiatives.

Documentation of Indigenous Knowledge Systems

HIPo-Africa has realized that documentation of IKS particularly in Uganda and Africa in general is still very weak. The fact that it is passed on orally from one generation to another creates a fluid situation where it can easily be lost in this era of technological advancement. A number of traditional practices and beliefs which used to regulate the way a given community lived and sustainably used their environments have been eroded by modernization, religious beliefs, modern education systems, the porous borders with different communities and influx of western culture. Even where efforts to revitalize them are being made, the sources of reference and their reliability have been weakened by the deaths of CIK-Holders.

HIPo-Africa Programme areas

HIPo-Africa interventions are implemented under four programmes and two support departments namely:

1. Innovative Community Care Initiatives Programme (ICCIIP)

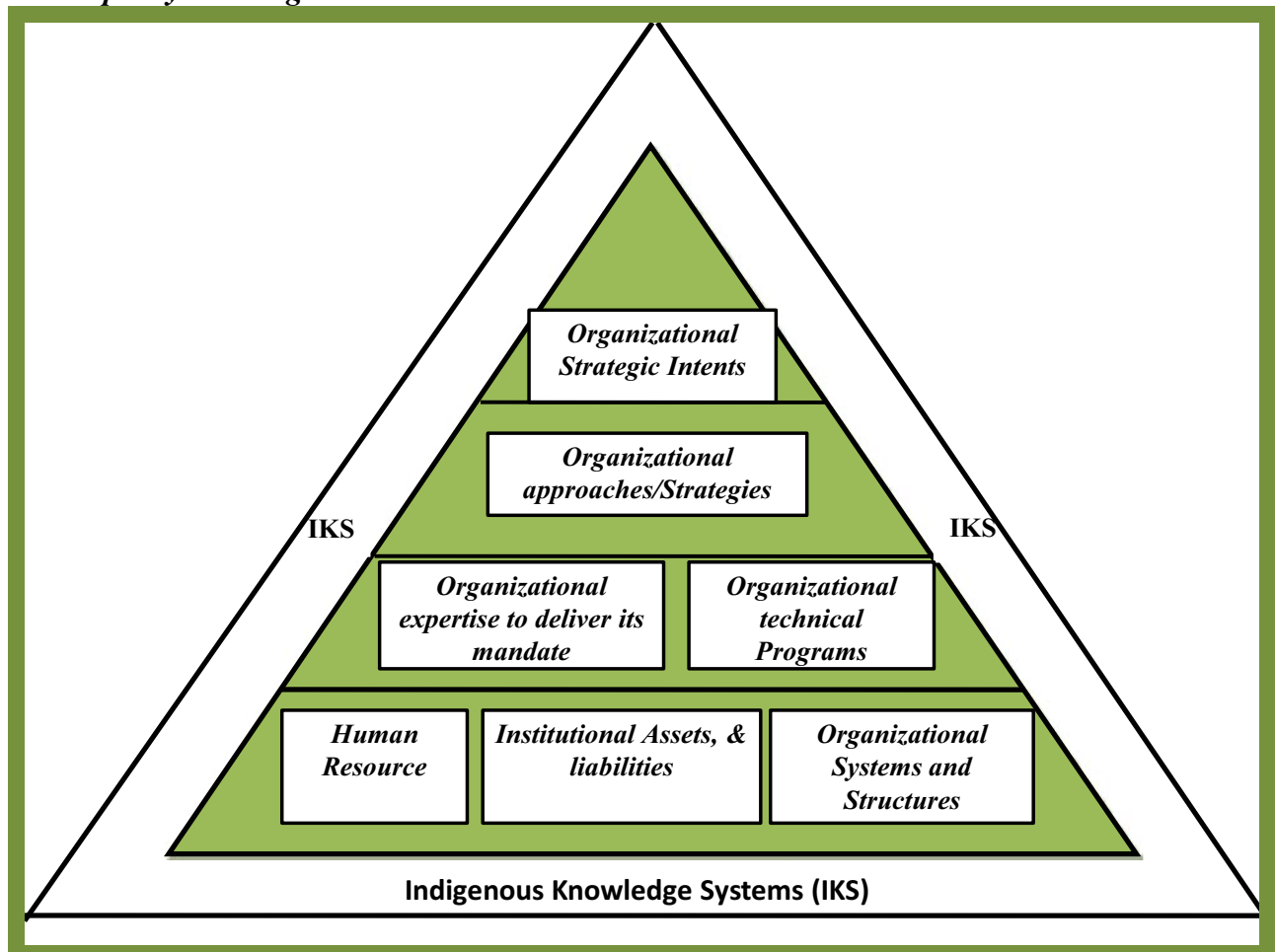
HIPo-Africa equips CIK-Holders and CIK-Promoters with appropriate knowledge and skills in community mobilization and the various aspects of health and social development initiatives which are applied to influence their communities in improving their livelihoods. The main approach is working with existing and organized community groups for specific self help projects like saving and lending groups and also conducts community sensitization on poverty eradication; and health related issues including HIV&AIDS prevention and care. These groups have been used to support

the poor and vulnerable groups who include children, women, the elderly, people living with HIV&AIDS and people with disabilities. It also builds working relationships between the groups and the local government structures, or any other organization to support their initiatives. This programme therefore supports all community efforts for improved health care focusing on: strategic planning to inform program/projects designing, reproductive health, HIV&AIDS and TB prevention and management, prevention, care and support, democratic governance, policy advocacy and monitoring, culture and social development, sustainable environmental management, human rights protection, women empowerment, child care and survival, sustainable agriculture interventions and nutrition.

2. Capacity Building Programme (CBP)

Under this programme, HIPo-Africa provides capacity building for community based and local NGOs through the modified the Mckinsey Capacity Building Framework. Under the framework, HIPo-Africa use different models which look at the organizations in their entirety focusing on the culture, the higher level aspirations, the strategies, programmes and systems and the foundation categories. The models use a systematic capacity building approaches which support particular organizations in different areas over time. HIPo-Africa implements its CBP through trainings, mentorship and experiential training with embedded elements of quality assurance, quality control, continuous quality improvement and quality standards. The modified Mckinsey Capacity Building Framework conceptualizes capacity building as comprising seven elements organized in the following categories as depicted and illustrated below:

The Capacity Building Framework



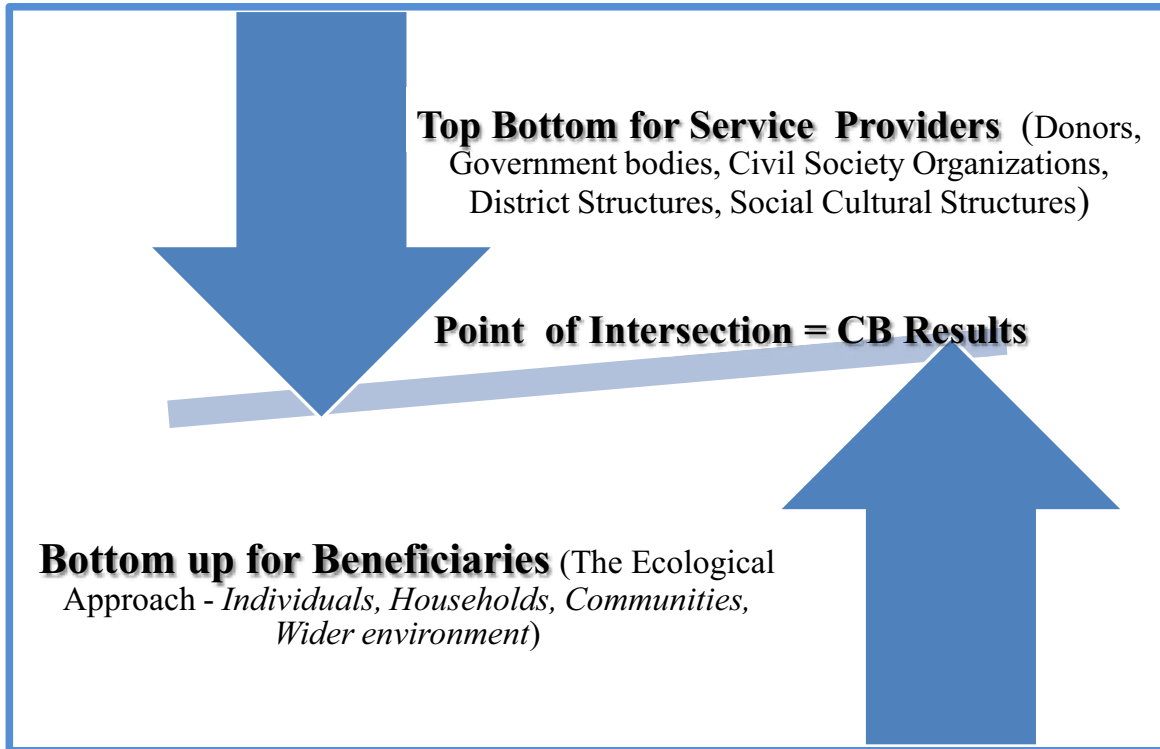
1. **Culture Category;** The organizational *Indigenous Knowledge Systems (IKS)* the connecting element. Defined as the relational mechanisms binding the organization together, including shared values and practices, behavioral norms, and most important, the organization's orientation towards performance.
2. **Superior Category** - comprises three elements; *Organizational Strategic Intent*s, source of organizational inspiration defined by the mission, vision, and overarching goals. *Organizational approaches/Strategy* defined by actions and programs aimed at fulfilling the organization's overarching goals, the *Organizational expertise to deliver its mandate* defined by the skills and capabilities, including performance measurement, planning, resource management, etc. The *Organizational Technical Programs* defined by all technical programs implemented by the organization in partnership with other development partners aimed at making impact in target groups, communities or organizations.
3. **Foundational category**, also with three elements: *Human resources* defined as the collective capabilities, experiences, potential and commitment of the management team, staff, and volunteers; *Institutional Assets, Systems & Liabilities* defined by the planning, decision making, knowledge management and administrative systems, as well as the physical and technological assets that support the organization; and *Organizational and structures* defined by the combination of governance, organizational design, inter-functional coordination, and job descriptions that shape the organization's legal & management structure.

By combining all the seven elements of organizational capacity, HIPA emphasizes the importance of examining each element both individually and in relation to the other elements as illustrated in some models bellow;

a) The Beneficiary – Provider Equilibrium (BePro-Equilibrium) Model

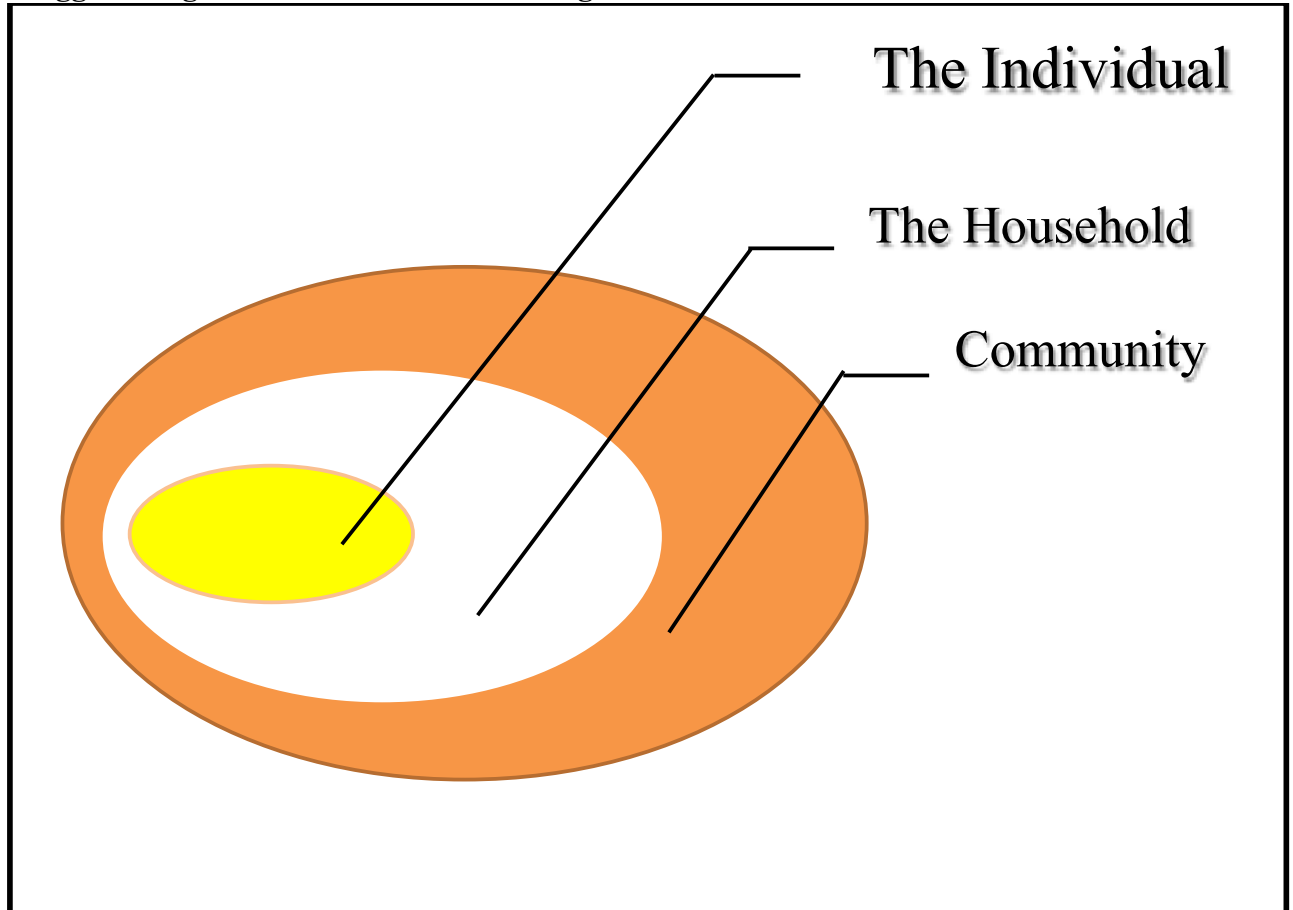
This Capacity Building model looks at empowering the service providers to integrate IKS into their interventions during design and implementation management levels. It also support the beneficiary communities and prepares them to uptake the services by strengthening their capacities to work with the service providers in identifying their needs, design, implement, monitor and evaluate interventions. The BePro-Equilibrium model ultimately supports creation of a point of intersection defined by indicators of capacity building results agreed upon with the different stakeholders whose capacities are to be built.

**The Beneficiary – Provider Equilibrium
(BePro-Equilibrium) Model**



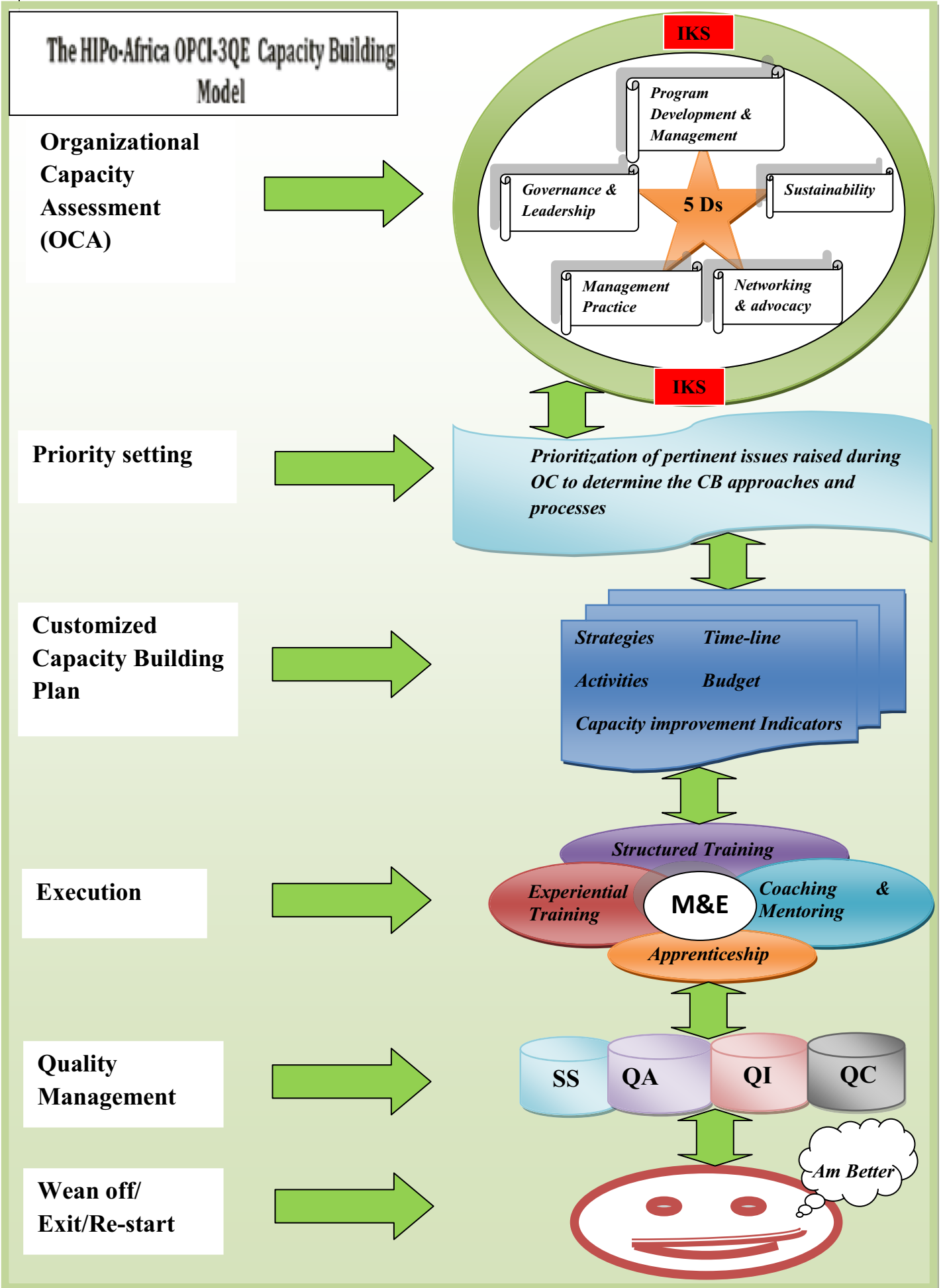
b) The Ecological Model to Monitoring and Evaluation of community based initiatives

HIPO uses the ‘Egg’ Model (*bellow*) to illustrate the ecological approach of assessing specific target beneficiary needs. It is the basis for developing indicators for monitoring and evaluation of outcomes at individual, household and community levels.

The ‘Egg’ Ecological Model to CB Monitoring and Evaluation**c) The OPCI-3QE Capacity Building Model**

This model provides a systematic approach to identification of capacity gaps, setting priorities, developing a capacity building plan which defines monitoring and evaluation indicators, execution and copying the quality measures. Depending on organizational needs the Capacity Building implementation process takes seven major steps and duration may be determined by several factors; organizational nature, culture, environment, level of development, structures and capacity of its leadership. The seven steps include;

1. Organizational Capacity Assessment (OCA)
2. Prioritization
3. Customized Capacity Building plan
4. Execution
5. Quality Management
6. M&E
7. Wean off or restarting the process



3. Grants Management Programme (GMP)

Under this programme, HIPo-Africa establishes Group Savings and Loan Associations (GSLAs) to support socio-economic security of its target groups. Through this programme, HIPo-Africa contributes to the national efforts in poverty eradication by improving household incomes and fostering the saving culture. While the primary targets for the grants are the GSLAs, HIPo-Africa also cater for individual grant applications using its set criteria. The GSLAs provide an opportunity for improved social cohesion and support within the community while at the same time acting as a forum for other learning and social development activities.

4. Indigenous Knowledge Information Management Programme (IKIMP)

This programme area derives its philosophy on indigenous knowledge systems as Africa's foundation to development. It provides a development paradigm which is radically different from the prevailing one. The notion of building on the indigenous knowledge systems and practices help communities avoid the assumption that the indigenous is never conducive to development and from pressing western capitalist rationality in our local conditions. In Uganda societies with limited health and medical facilities, members of the extended family bear the burden of health care including HIV&AIDS patients and orphans. HIPo-Africa is bent towards promoting the application of traditional and indigenous knowledge systems to promote sustainable health and social development in the underserved poor rural communities. It further advocates for policies that take into account the role of IKS and traditional practices in the social development paradigm. HIPo-Africa implements this programme area through research, advocacy, documentation and dissemination. This programme is further responsible for all communication and partnerships/networks establishment functions both internal and external and also houses the information technology functions.

HIPo-Africa partners and consultancy services

HIPo-Africa has worked in partnership with a number of organizations in its capacity building interventions. Some of these include Family Development Support Initiatives (FADSI) based in Kalisizo in Rakai district, Health Services for Generation (HSG). HIPo-Africa has also provided consultancy services to Baylor College of Medicine (Working with HSG) in evaluation of its programme on HIV services, Uganda National AIDS Services Organization in design and evaluation of its programmes; Regional AIDS Training Network (Nairobi) and Stellenbosch University (South Africa) in providing consultancy services to Help Aged Regional office in Nairobi. HIPo-Africa is in the process of establishing partnerships with Karamoja Traditional Healers and Health Systems Project (KATHES) and International Community of Banyakigezi (ICOB) Uganda Chapter with a view of providing capacity building support.

HIPo-Africa core staff

HIPo-Africa has a multidisciplinary team of professional associates in various fields that include: organizational development, monitoring and evaluations, indigenous knowledge management, curriculum development and review, training, public health and biostatistics, social work and research. Below are their brief resumes:



Name: Dr Ramadhan Hizaamu

Position: Executive Director

Expertise: *Public Health/HIV/AIDS, M&E & OD Specialist.*

Holds a Master of Public Health (MPH), Makerere University Institute of Public Health 2001-2003, Bachelor of Veterinary Medicine (BVM), Makerere University, 1984-1988, is an HIV&AIDS Fellow from Makerere University School of Public Health Fellowship Programme, holds a Diploma in Project Planning and Management and various Certificates in M&E and organizational development and capacity building. He has hands on experience in public health and HIV/AIDS programming gained from working with both Local Government and NGOs. His areas of expertise include; designing monitoring and evaluation systems using participatory and empirical approaches, quantitative and qualitative research, programme evaluation, data analysis methodologies using various soft ware data bases and community surveys using participatory methodologies, strategic planning and institutional capacity development. Dr. Hizaamu's working experience cut across programmes designing, implementation and M&E, supporting social development interventions. He worked as a Programmes Coordinator for Traditional & Modern Health Practitioners Together against AIDS and other Diseases (THETA) where he supported programmes coordination, design and implementation, strategic planning, resource mobilization proposal writing, maintaining donor relations, compile organizational reports, representing THETA at the Regional AIDS Training Network activities and developing quality assurance systems for implementing programs and monitoring and evaluation. While on his MPH programme and HIV&AIDS Fellowship training; he supported the Local Government decentralized systems in the Districts of Mukono and Jinja, specifically the District Health Offices in the development of the M&E system for AIDS Service Organizations in the district; and capacity building for the District Local Government, local NGOs and CBOs in managing Global fund activities. Dr. Hizaamu has accumulated a wealth of experience in corporate governance, he served as; Board member Uganda Red Cross society 1992-2000, Chairman Board Regional AIDS Training Network (RATN) 2007-2010, Board Member Action Group for Health Human Rights and HIV/AIDS (AGHA) 2004-todate and currently he is the Executive Director HIPA.



Name: Rwahwire Edward Patrick

Position: Director - Indigenous Knowledge Information Management.

Expertise: *Research and Advocacy Specialist.* Holds a Master of Public Health in Leadership from the Uganda Christian University-UCU, a BA-SWSA (Bachelor of Social Work and Social Administration) from Kampala International University-KIU and a Diploma in Adult Education and Social Research from Makerere University in Kampala. He has done a lot of research work both qualitative and quantitative academic and operations research. He has

attended several national and international workshops and conferences focusing on OVC programming. He has been involved in the implementation of UNICEF and CSF OVC programs in Central, Western and the Teso sub-region. He also enriched the UNICEF OVC programs in southern Uganda (Masaka, Sembabule and Rakai Districts) by introducing the idea of shelter, water and sanitation provision to orphan headed families. The idea was further strengthened by Shelter Afrique based in Nairobi and World Vision under her local OVC interventions. He has also attended trainings in gender main streaming into HIV/AIDS programs by the Regional AIDS Training Network-RATN a regional body based in Nairobi. He also has professional certificates in providing consulting services to small and medium sized enterprises and international management. With his training in safe motherhood management, Rwahwire provided technical guidance in advocating for community based-PMTCT up-take - 5 years USG funded project through Centre for Diseases Control-CDC and implemented by THETA in Tororo, Kumi, Lira, Oyam and Rakai Districts. He is also doing voluntary community health promotion and education focusing on adolescents' reproductive health, maternal and child health issues in the central region districts. He was also a consultant in revitalizing RUGADA (Rukungiri Gender and Development Association) that enabled the organization win a grant from Uganda Aids Commission/Civil Society Fund-UAC/SCF to implement HIV Prevention projects targeting in and out of school youth throughout Rukungiri, Kanungu and Bushenyi Districts. Currently Rwahwire is involved in building and strengthening community capacities to be able to make their own health as the only way to survive in the Ugandan environment where access to quality public health services is quite cumbersome. Patrick is working with HIPA as Director: Indigenous Knowledge Information Management, overseeing IKS research, documentation and dissemination processes, leads organizational advocacy and networking initiatives.



Name: Niwagaba Tumwesigye Consolata.

Position: Director - Capacity Building (CB).

Expertise: *Capacity Building Specialist.* Holds a Master of Social Sciences and Arts Education (MED) and Bachelors of Education (BED) from Makerere University, also a Diploma in Education from Kyambogo University. She has attained several short course certificates in; HIV/AIDS Programming and Implementation, Project Planning and Management, Public Administration and Management, M&E, Research Methods, Strategic Leadership and Management, Curriculum Design and Development, Quality Improvement, Client Engagement and Peer Education. Consolata brings to HIPA a wide range of technical experience including; Capacity Building, Quality assurance, Curriculum Design and Development, Participatory

Training approaches, Program Designing and Management, Policy formulation, data collection and analysis, programs implementation, monitoring and evaluation, Leadership and Strategic

Management skills. Her previous working experience; she has 12 years teaching experience in Secondary and tertiary institutions (1992-2004). Under Uganda Red Cross Society, she provided leadership and technical support in the initiation of Uganda Youth Empowerment Alliance (UYEA) and further coordinated the implementation of ABY/USAID project; an HIV/AIDS prevention strategy for youth, their peers, parents and communities in 15 Districts (2004-2005). Working with JSI-UPHOLD/USAID on behalf of MoES (2005 -2008), Consolata supported 45 Core and Non-Core Primary Teacher Collages (PTCs) to reach out to over 17,000 Primary schools, in designing Quality assurance mechanisms in the implementation of PIASCY. PIASCY is a country wide communication strategy for HIV/AIDS prevention, targeting all school going children their parents and communities. Consolata also managed Uganda Girl Guides Association (2005-2009) as a Chief Commissioner; supported the organisational re-branding and restructuring process as per WAGGGS guidelines, further offered technical support in the implementation of organisational community based projects; Abstinence Be-faithful for Youth (ABY) and Maternal Nutrition and designed organizational curricular. Working with THETA-Uganda, Consolata managed the Training and Capacity Building (TCB) Program; designing organisational curricular and overseeing the implementation of 3 Community based projects; Community Based-PMTCT, New Partnership Initiatives (NPI) and Civil Society Fund Catch Them Young (CTY), designed program curricular and initiated community support groups through Community Lay providers (CLPs/VHTs). At THETA-Uganda she also chaired the procurement committee. Consolata is currently working with HIPA as Director - Capacity Building (CB); designs CB models, oversees, implements, monitors and evaluates CB processes.



Names: Nakayima Flavia.

Position: Director - Monitoring & Evaluation (M&E)

Expertise: M&E Specialist. Holds a Master of Science in Clinical Epidemiology and Biostatistics (MSc. CEB), a Bachelor of Arts in Social Sciences (BA SS) and is a fellow in HIV/AIDS with School of public health and CDC. She is a behavioral researcher and M&E specialist with over 7 years experience in HIV and AIDS program design, program implementation, research, advocacy, monitoring and evaluation. She has participated in baseline and impact evaluations to inform program implementation and policies at local and international level, has designed programs for CBOs to roll off response to the plight of Orphans and other Vulnerable Children (OVC) and is an

international advocate for HIV drug-trials participants. She has render monitoring and evaluation consulting services to USG HIV/AIDS and reproductive health funded programmes in Uganda as an M&E Advisor, she will be responsible for ensuring that all project implementation out puts and outcomes are realized through designing accurate data collection tools that are user friendly to all levels of implementation. She is an adult facilitator in the areas of Gender Based Violence, HIV/AIDS mainstreaming, OVC programming in relation to both international and national frameworks, program design, monitoring and evaluation. She is an organizational development expert especially for organizations working with vulnerable children and commendably skilled in proposal writing, research, report writing and presentation as well as program design and management. Flavia is an advocate for HIV/AIDS trial participants at the international level with the AIDS Clinical Trial Group Network based in the United States of America and having a worldwide network. She is also a member of the JCRC Institutional Review Board as a community advocate representing views, values and opinions of the HIV infected people.

Names: Karubanga David

Position: Director – Information Technology (IT)

Expertise: *IT Specialist*. Holds a Bachelor of Computer Science of Makerere University, Higher and Ordinary Technical Diplomas in Engineering – Kyambogo Polytechnic. David has 10 years of practical expertise in Enterprise Networks, Database Management and design. He has an Engineering background and has demonstrated this in the leading power utility Company in Uganda and in the private sector. Currently David works with HIPA as Director-IT.